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FACULTY OF GRADUATE AND
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Bonaventure Turyomumazima

AUTEUR DE LA THÈSE / AUTHOR OF THESIS

Ph.D. (Theology)

GRADE / DEGREE

Faculty of Theology

FACULTÉ, ÉCOLE, DÉPARTEMENT / FACULTY, SCHOOL, DEPARTMENT

**The Church's Pastoral Approach to the Practice of Healing Among the Banyankore of the
Archdiocese of Mbarara – Toward an Integrated Healing Mission**

TITRE DE LA THÈSE / TITLE OF THESIS

Achiel Peelman

DIRECTEUR (DIRECTRICE) DE LA THÈSE / THESIS SUPERVISOR

CO-DIRECTEUR (CO-DIRECTRICE) DE LA THÈSE / THESIS CO-SUPERVISOR

EXAMINATEURS (EXAMINATRICES) DE LA THÈSE / THESIS EXAMINERS

Ramón Martínez de Pisón

James Pambrun

David Perrin

Harold Wells

Gary W. Slater

LE DOYEN DE LA FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES /
DEAN OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

**THE CHURCH'S PASTORAL APPROACH TO THE PRACTICE OF HEALING
AMONG THE BANYANKORE OF THE ARCHDIOCESE OF MBARARA - TOWARD
AN INTEGRATED HEALING MISSION**

By

Bonaventure TURYOMUMAZIMA

**A dissertation submitted to the Faculty of Theology,
Saint Paul University,
in partial Fulfilment of the Requirements for the Degree of
Doctor of Philosophy in Theology**

Ottawa, Canada,



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395 Wellington Street
Ottawa ON K1A 0N4
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395, rue Wellington
Ottawa ON K1A 0N4
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Your file *Votre référence*

ISBN: 978-0-494-18111-9

Our file *Notre référence*

ISBN: 978-0-494-18111-9

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DEDICATION

This work is dedicated to the memory of St. Maria Benedict, a sister and friend, whose intimacy taught me to seek spiritual wisdom and learn how to love truly.

ABSTRACT OF THE THESIS

From time immemorial, the search for healing has been an essential and universal dimension of human life. Human beings are motivated by the natural and spontaneous instinct to preserve life in its entirety, especially when health is threatened by sickness or disease. The mission to heal belongs to all members of the human family, regardless of gender, race, age, or religion. The Church bases her mission to heal on this prerogative and on Jesus' mandate to his disciples to preach and heal.

This study is a theological and pastoral analysis of the Church's involvement in the healing ministry among the Banyankore of the Archdiocese of Mbarara. The research investigates the Church's pastoral activity in this regard, examining the successes but also the challenges encountered. From the hypothesis that a theological and pastoral analysis of the Church's approach to the practice of healing in the context of Christian living today, will help to develop an integrated healing mission for the Church in the Archdiocese of Mbarara, the study set out to investigate the Church's contribution to the healing ministry at the local or diocesan level. It is an attempt to discover how best the Church can use an integrated approach to healing to fulfill Christ's legacy.

As illustrated in Chapter one, the present study uses the contextual approach to theology inspired by Stephen Bevans' Anthropological and Synthetic models of contextual theology, and Theresa Okure's Incarnational paradigm as theological key to inculturating the Church's healing mission. The local Church is perceived as agent and mediator of healing. The present study takes seriously people's cultural and native practices of healing, while at the same time acknowledging the contribution of other healing traditions.

Grounded in the above approach, Chapter two of the thesis looks at the Church's past and present approach to healing in the Archdiocese of Mbarara. It becomes apparent that the Church's ministry of healing at this level lays greater emphasis on the medical model - through health care services offered in hospitals, dispensaries, medical clinics. Yet this approach alone is insufficient to care for all the sick and afflicted, and does not treat sicknesses that are not physiological in nature. People search for alternatives, thus showing that there is a need for a more integrated approach to healing.

Chapter three studies the Banyankore native concepts and practices of healing. The study reveals that because of their holistic world view, many sick Banyankore are attracted to native practices of healing. This discovery further emphasizes the need for integration: some of the native beliefs and practices of healing could enlighten the Church's healing ministry.

Chapter four is a christological analysis of the healing dimension in the various African faces of Christ. All the dimensions contribute toward the image of Christ the Divine Healer. In other words, Christ's healing ministry as presented in the New Testament, and the Gospels in particular, finds expression in the various metaphors or images employed by African theologians. In this way African Christology makes an invariable contribution toward an integrated approach to healing.

Chapter five highlights inculturation as theological key to help the Church in the actualization her healing mission. Just like Jesus' mission of healing was facilitated by his Incarnation, so does the success of the Church's healing mission depend on how much this mission is inculturated in the concrete lives of the people. Thus, inculturation, based on the incarnational model becomes essential for the realization of integral healing.

The last chapter proposes that the local Church mediate the various healing traditions: conventional medicine, native healing, and religious or faith healing. The search for integration in this regard requires that the local Church be attentive and learn the components of each healing tradition so as to contribute to healing the individual and the community as a whole. With the urgent need for integration in mind, the chapter makes various suggestions for improving the Church's healing ministry.

In the final analysis the study reemphasizes the need for the Church in Mbarara to adopt an integrated approach to healing. Even if this thesis focuses on one particular region of the Banyankore of the Archdiocese of Mbarara, the findings are pertinent for the rest of the Church in Africa as well as the universal Church. This work does not answer all the questions regarding healing, but it is certainly a valuable contribution in the search for an integrated approach to healing.

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ACKNOWLEDGEMENTS

My thanks and appreciation go to my parents who raised me and put me on the path of education, and whose love has helped me to reach this far. I am grateful to Most Rev. Paul K. Bakyenga of the Archdiocese of Mbarara, for sending me to do post graduate studies in Theology. For his continual financial and moral support I am very grateful.

My sincere gratitude goes to Professor Achiel Peelman, O.M.I, for his wisdom, patience and guidance while directing this dissertation.

I acknowledge with much appreciation the competent help of Agnes van Esbroeck who read the draft of my dissertation and corrected the English. My gratitude also goes to the following people who read parts of this dissertation and offered invaluable suggestions: Professor Peter Kanyandago of Uganda Martyrs University, Nkozi (Uganda), Mr. Enoka Bainomugisha, Rev. Fr. Leo Tinkatumire.

My thanks also go to Sr. Margaret Katyoko, Archdiocesan Health Coordinator, who provided me with data on Health care programs in the Archdiocese of Mbarara. Srs. Rose Ntegamehe of Ibanda Hospital, John Kanjobe, Lillian Baitwakakye, and members of staff St. Francis Project, Nyamitanga provided me with additional resources for my research and I am indebted to each one of them. I thank Franco Innocent Kashaija who willingly offered me means of transport and made it easy for me to reach offices and areas of interest during my research in Uganda.

Sincere thanks are due to Professor Normand Bonneau, Dean of Studies to the Faculty of Theology, previous Deans, and the members of the Faculty of Theology for their support and encouragement during my studies at St. Paul University. I am grateful to André Paris, Chief Librarian, and the library staff, for being helpful to me while doing my research. I am most grateful also to Marguerite Mondor, who invited and challenged me to take some courses in Clinical Pastoral Education, the insights of which added heart to my thesis. On a special note, I wish to acknowledge with much appreciation the pivotal role played by Rev. Colin Levangie Vice Rector Administration, Saint Paul University. Not only did Fr. Colin facilitate the provision

of bursaries from various Foundations to supplement my financial requirements, he was always there to listen to me in my times of need.

The Missionaries of Africa, the White Fathers, of the North American Province offered me bursaries that enabled me to complete a substantial part of my studies at Saint Paul University. To them I am very grateful. Special mention here is made of Rev. Guy Larouche, and the White Farther community at Argyle here in Ottawa, for their friendship and support during my stay in Ottawa.

I recognize with indebtedness the enormous contribution Rev. Msgr. Dennis Mikulanis, Pastor San Rafael Parish (San Diego, California), Rev. Fr. Bruce-John Hamilton, Pastor Church of the Assumption Parish (Powell River, BC); for the tremendous love and care I received from their Parish communities while on summer vacation, I am most grateful.

I am thankful to Rev. Fr. Lambert Bainomugisha for his friendship and support while together in Ottawa, and for all sorts of assistance given from back home in Mbarara (Uganda). A big thank-you to the family of Mr. & Mrs. Bill and Jean Walker (New Westminster, BC), and the family of Mr. & Mrs. Enoka Bainomugisha (Ottawa), for all the care and assistance. My thanks also go to Frances Tamar Abwongo and family for being very supportive to my academic endeavor.

In a special way I wish to thank Gilberte Carrière of St. André Avellin, Quebec, for her big heart, unfailing material and moral support.

Also my thanks go to Richard and Edita Ssentongo for all the help, and for being friends in times of need. Last but not least, I am grateful to Jane Frances Kusula who faithfully offered me constant encouragement, and accompanied me to a successful finish of my studies in Canada. May the name of the Lord be praised!

INTRODUCTION

The present thesis endeavors to investigate, as the title suggests, the Church's pastoral approach to the practice of healing among the Banyankore of the Archdiocese of Mbarara, in the hope of encouraging the Church to move toward an integrated healing mission. The context within which the Archdiocese of Mbarara operates compels us to undertake the present task of writing a thesis on healing. Humanly speaking, the Archdiocese of Mbarara faces situations on several fronts that result in conditions of malaise and poor health. To situate the Archdiocese in the larger context of Uganda and sub-Saharan Africa in general, one recognizes the effects of social political instability, poverty, and the scourge of AIDS compounded by inadequate health services, which weigh so heavily on the people of this region. The resulting sickness and disease affect various dimensions of human life (physiological, psychological, socio-cultural, moral, spiritual, and environmental), and call for an integrated approach to healing.

In spite of its troubles, the Archdiocese of Mbarara, like the rest of Africa, has its richness and its hope. To mention some, Africa's riches lie in her people (especially the youth), in their vitality, their resourcefulness, their joy and zest for life, even in the most intolerable conditions — qualities that we believe the Church can easily put to use, toward better health, and a future full of hope. It is within this context of crisis on one hand, and potential on the other, that we undertake the present study.

As regards the orientation and the division of chapters, here is how we shall proceed. The thesis is divided into six chapters, apart from the general introduction and conclusion. The thesis shall, so to speak, move from the *known* to the *unknown*, borrowing Leonardo Boff's three phases in one commitment of faith: *seeing* analytically, *judging* theologically, and *acting* pastorally. Within this framework, we shall devote chapter one to the introductory issues and methodological questions. The 'known' is what is presented in chapter two, which focuses on the description and analysis of the present situation in the Archdiocese of Mbarara in particular, and Uganda in general. Chapter three deals with anthropological issues regarding the practice of healing among the Banyankore. Chapters four and five tackle the subject of healing from the theological stance, while the last chapter (six) is more of a synthesis, dealing with recommendations to address the challenges and work toward the improvement of the Church's healing mission in Mbarara and elsewhere.

To elaborate a little more, in chapter two we shall begin by presenting data on the actual

situation of health in the Archdiocese, situating it within the wider context of the state of health in the country. We shall examine the Church's efforts in addressing sickness and disease, and see how effective those efforts have been. We shall argue that because believers are looking for alternative ways of dealing with affliction, it means that there is something lacking in the Church's pastoral methods. It implies that her healing ministry needs refocusing, if not a totally new orientation.

Chapter three of the thesis tackles anthropological issues, as part of the attempt to answer the question: why is the situation of health the way it is in the Archdiocese today? We shall examine some aspects of Banyankore traditions, concepts and practices of healing. We observe that the Banyankore, like most Africans, share a world-view that is more integrated and holistic in approach, and this may explain why many Banyankore have been to date more inclined to traditional forms of healing. The chapter shows how the encounter of Western civilization (including modern culture, and medical science) and Christianity with the African indigenous (endogenous) ways, has had an influence on what is happening today. We maintain that such background inquiry is essential in the quest for new ways and means of achieving integration in the healing ministry.

Chapter four attempts to propose a theology that can best inform the process of integration. We suggest the Christology of the African faces of Christ, highlighting how each 'face' contributes to and enriches the image of Jesus as Healer. We argue that perhaps Jesus' outlook on healing and his mode of operation provides a model for his disciples and the Church, to whom Jesus gave the mandate to preach and heal.

However, since the process of integration remains only theological speculation without praxis, Chapter five takes on inculturation as a suitable theological key to help realize the process of integration. The chapter explores Teresa Okure's incarnational paradigm as model for inculturation. By his Incarnation Jesus becomes not only archetype of inculturation and integration, but also source and model of the power of compassion. At the same time, compassion is viewed as the arch resource (among other resources) which motivated Jesus' healing ministry. As a result the chapter goes on to propose Christ Healer as liberator of healing traditions — native, Western (conventional) and Christian faith-healing.

Drawing from the preceding chapters, chapter six proposes that the local Church become the locus and mediator of the various healing traditions. It paves the way towards pastoral action.

From this kind of orientation, it is easy to see that this research is not intended to look

at healing from the perspective of medicine and physiotherapy; this is not a thesis on medicine. However, we shall not forget to acknowledge the contribution which modern medicine and science have made toward people's lives in the Archdiocese of Mbarara. Although we explore some of the Banyankore's cultural beliefs, customs and practices, this work is not to be mistaken for a thesis in anthropology. Our aim is to recognize and give due respect to the native concepts and practices, postulating that such a wealth of experience could be crucial to an integrated healing ministry. This research is also not a comprehensive investigation into faith-healing, even if it touches areas like prayers of healing, the possibility of miracles, and rituals of healing.

All in all, working from a theological-pastoral stance, we want evaluate the centrality of healing to the Church in Mbarara's mission. From modern science, traditional Banyankore experience, and Church practice, we seek "those things that are good and that deserve praise: things that are true, noble, right, pure, lovely, and honorable" (Phil 4:8) for an integrated ministry of healing.

What, then, are the expected results; and what are the challenges we are likely to encounter? The thesis sets out in search of ways and means of ensuring an integrated approach to the ministry of healing in the Archdiocese of Mbarara. We are bound to encounter a few setbacks in this research project. Among the Banyankore, just as in most traditional African societies, wisdom and practices have been (and still are) largely handed down orally. For instance, there are hardly any books written on the topic of healing among the Banyankore. The material we have at hand is in the form of research papers, pamphlets, and position papers for conferences (from the Archives of the Archdiocese). Most of this is unpublished material, usually not well documented. Although there is sufficient material to begin with, piecing together information from such sources is often arduous and presents plenty of drawbacks.

Another challenge that we face has to do with the multi-dimensional nature of the society on which our thesis is based. The Banyankore tribe constitutes a people with lots of commonalities, but there are certain divergences as well. For example, the tribe is made up of about five dialects. Some of the dialects found among the Banyankore tribe include the following: Bahima (Hamitic in nature), Bakooki (with Ganda origins, and some traits from Tanzanian tribes) Banyaruguru (also of Ganda origin, but also with influences from Bakonjo and Batooro tribes on Uganda-Democratic Republic of Congo border), Batagwenda (with some Ganda ancestry), and Banyabutumbi. The Bahima people are mainly cattle-keepers. The rest are either mixed farmers or purely agrarian in nature. Some of these groups have

influences that are not exactly of Banyankore origin. It is not uncommon to find in the healing realm unique socio-cultural traditions, beliefs and practices particular to each group. Moreover, Westernization (especially urbanization) has brought with it movements and social encounters that are multi-cultural in character. This means that what can be said of a group in one corner of the Archdiocese may not exactly be representative of the rest, and there is always the danger of generalizing. In addition, while it is true that the integrative approach has the potential to synthesize material in search of a harmonized approach to healing, and to life in general, there is always the risk of dealing with too much material and ending up not being sufficiently exhaustive.

However, even with such limitations, this research puts to use whatever is available in the most profitable manner. The presentation is quite thorough, accurate and adequately comprehensive. With such efforts, we expect our research to discover that the Church in the Archdiocese of Mbarara can make healing an indispensable dimension of her evangelizing mission. We envision a laying down of principles and resources that might help the Church to map out the way toward a better-coordinated and integrated healing mission.

CHAPTER ONE — METHODOLOGICAL QUESTIONS

This chapter is meant to give the general background, and set the tone of the whole thesis. It deals with preliminary issues, questions methodological: defining and clarifying terms; presenting the problem at stake; status quaestionis; research hypothesis; and methodology. In other words, we are clearing the ground by looking at earlier studies and contributions related to the topic, seeking to justify the need for further theological research. It is also an attempt to assert the significance and urgency of this research, in order to reaffirm the possibility of tracing a path toward an integrated approach to healing.

1.1. Definitions and Clarifying Certain Terms

We shall employ the word ‘Church’ (Greek: *kyriakon*: ‘thing belonging to the Lord,’ from the *ekklēsia* = Latin: *ecclesia*: ‘assembly’)¹ to mean two realities. Where it refers to the institutional aspect we shall use ‘Church leaders’. In the same sense, we may also talk of the ‘Church’s teaching’, or the ‘Magisterium’. Otherwise, ‘Church’ shall retain its wider meaning that is, all the people of God, this time under the jurisdiction of the Archdiocese of Mbarara. And although our research is focused on baptized Catholics, it may be hard not to think of other Christians, members of other religious traditions, and various people, all of whom benefit from the Church’s pastoral services in the districts of Ankore. When we talk of the ‘Banyankore’(people), moreover, we allude also to those individuals and groups who may not actually belong to the Banyankore tribe, but who enjoy the cultural values and traditions of the people of Ankore.

Although, the term ‘pastoral’ (Latin: *pastoralis*) may be interpreted as “Having the relationship of a pastor to people, or referring to elements relating to a pastor, we intend to view it generally, to embrace the care and nature of Christian faith.”² ‘Pastoral Approach’ here would then embody the ensemble of the ways and means in which the Church has attempted to discharge her healing role amidst the people of God. The Church’s healing ‘mission’ involves the actualization of the mandate given to her by Jesus Christ to go and continue his work — to preach and heal (Mk 10:7-8).

Other key terms, namely ‘disease’ and ‘sickness’/‘illness’, ‘curing’ and ‘healing’ will be used constantly in this dissertation; we need to shed some light on their use. ‘Disease’ refers to the

¹ See Donald, K. McKIM, *Westminster Dictionary of Theological Terms*, Louisville, Kentucky, Westminster John Knox Press, 1996, p. 49.

² Donald, K. McKIM, *Westminster Dictionary of Theological Terms*, p. 203.

malfunctioning of biological and/or psychological processes, while the term 'sickness' or 'illness' refers to the psycho-social experience and meaning of perceived disease. Illness involves processes of attention, perception, affective response, cognition, and valuation directed at the disease and its manifestation (i.e. symptoms, role impairment, etc.). But also included in the idea of illness are communication and interpersonal interaction, particularly within the context of the family and social network. Viewed from this perspective, illness is the shaping of disease into behavior and experience. It is created by personal, social, and cultural reactions to disease.³

In addition, 'curing' has to do with the psycho-physical elimination of the sickness, while 'healing' is associated with giving meaning to an illness, and also involves acceptance of one's condition. It entails making sense out of the situation; to be healed is to find meaning in one's experience of suffering. Healing is, then, a kind of liberating experience.⁴ Thus the term 'healing' shall be understood to mean the restoration and maintenance of an integrated well-being of the human person-in-community. In the words of Donald McKim, it is "the bringing of wholeness or soundness to all aspects of human life."⁵ Thus 'health' comprises well-being in multiple dimensions of life, since in the Christian view, God's desire for human wholeness includes both physical and spiritual concerns.⁶ Obviously, understood in this general sense, the 'practice of healing' or 'healing mission' would be too vast to

³ Arthur, KLEINMAN, *Patients and Healers in the Context of Culture*, Berkeley, University of California Press, 1980, p. 72, quoted in Stuart, BATE, *Inculturation and Healing*, Pietermaritzburg, Cluster Publications, 1995, p. 102; see also Arthur, KLEINMAN, *The Illness Narratives: Suffering, Healing & the Human Condition*, New York, Basic Books, 1988, pp. 31-55.

⁴ Take an example of a young man who has been a hockey star, and suddenly gets an eye injury. The eye is damaged, and despite all the medical efforts, the young man loses his eye. The wound is cured, leaving a scar with no physical pain at all. From the physiological point of view, this person has been cured. But he is actually not healed: he carries the bitterness of losing his eye (perhaps concerned about his physical appearance); he is hurting because he has forfeited his profession as a hockey player. This person is still ill: carrying inner scars of his injured life. And until he accepts his condition, he is still ill. See Margaret, SOMERVILLE, *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide*, Montreal & Kingston, McGill-Queen's University Press, 2001, p. 228; Stuart, C. BATE, "Does Religious Healing Work?" in *Grace & Truth: A Journal of Catholic Reflection*, Vol 12, No. 2, August 1995, pp. 5-6.

⁵ Donald, K. McKIM, *Westminster Dictionary of Theological Terms*, p. 125.

⁶ See *ibid*, p. 125. Healing is multi-dimensional and integrative; whereas curing is often limited in scope. The way Jesus healed is a good example of an integrated approach to healing. His approach is one of integrated healing, healing at every level, healing using different means; he does not make clear distinctions. See Shorter, AYLWARD, *Jesus and the Witchdoctor: An Approach to Healing And Wholeness*, Geoffrey Chappmann, London, 1985, pp. 10, 16.

exhaust within one thesis. Therefore, our approach shall be very selective, highlighting only those areas of major significance, and restricting ourselves to issues relevant to the process of integration.

1.2. The Problem

The people in the Archdiocese of Mbarara share in one way or another the lot of the African continent. The prevalence of sicknesses/illnesses and epidemics of all kinds continue to claim lives in large numbers among the Banyankore; the worst blow has come in the form of the HIV/AIDS pandemic that has prompted the devastation of multitudes in less than one generation. Over and above the misery caused by natural diseases, the Archdiocese of Mbarara has had a history marked by social unrest, intolerance, tribal and political conflicts. The Archdiocese is still home to numerous refugees and exiles, most of whom fled danger zones and came in search of security. Some of these end up in refugee camps where living conditions are at a bare minimum, and include a lack of food, and the risk of catching diseases due to poor sanitation. Such conditions set off a chain of more unfortunate events, and sometimes lead to loss of life. As a consequence, people here have a frighteningly low life-expectancy, and an unusually high mortality rate.

Worse still, the state of hospitals and dispensaries, and healthcare in general, that would act as remedy to treat the victims, leave a lot to be desired.⁷ Where services are available, most people find them too expensive to afford. The attempts by some governments and charitable organizations like World Health Organization (WHO), Caritas International, Caritas Uganda, and The Red Cross, are thwarted by the greater number of people needing help, and perhaps frustrated by individuals with selfish motives. It is also not uncommon that poor people fall prey to manipulation and exploitation by people with selfish motives. Sick people are sometimes exploited by certain medicine people as if they have all the solutions; or even preachers who make unrealistic promises of miracles, in the name of religion. Multitudes flock to them for answers to their predicaments, but unfortunately some people end up worse than they came.⁸ Over and above disease, and socio-political instability, the burden of poverty and

⁷ See Bertin, KIPANZA TUMWAKA, "Le ministère de guérison en Afrique. Chance et défi pour l'église," en *Nouvelle Revue théologique*, Tome 122/no. 3, juillet-septembre, 2000, p. 416.

⁸ The case of close to 900 people who fell victim of Kanungu fire and related atrocities, in the diocese bordering Mbarara, in South West Uganda, 17 March 2000. Most of the victims who died belonged to the sect known as 'The Movement for the Restoration of the Ten Commandments of God'; it was composed of some priests and a number of lay people, allegedly in the attempt to bring renewal in the

illiteracy makes things worse. As John Paul II's *Ecclesia in Africa* puts it, Africa is a wounded continent, with a people afflicted by many ills.⁹

Here, therefore, lies the heart of the problem we are seeking to address in this thesis. The fact that the ministry of healing does appear not to have a central place in the life of the Church of the region, in spite of so much woundedness, calls for further scrutiny. We need to understand why the urgency for the healing ministry is not highlighted. For instance, even after recognizing that Africa is a continent beset by all sorts of untold suffering and misery, healing does not appear as a major theme in the Special Assembly of Bishops for the Synod on Africa, and John Paul II's *Apostolic Exhortation Ecclesia in Africa*.¹⁰ Moreover, that healing has often been denied a broader scope, so that it has been made to operate in too narrow a mind-set, promoting one or two dimensions (e.g. hospitals, dispensaries, clinics, or other medical health care facilities), is incompatible with the human need for wholeness, and seems to disregard the beneficial contribution that other healing traditions would offer. Furthermore, there exist persistent tensions between Banyankore traditional forms of healing (native medicine) and cultural practices, Christian teaching, and modern scientific therapies.

1.3. Research Hypothesis

A theological and pastoral analysis of the Church's approach to the practice of healing, in the context of Christian living today, will help to develop an integrated healing mission for the Church in the Archdiocese of Mbarara.

Catholic faith. Most probably they were also in search of meaning in life.

⁹ See JOHN PAUL II, Post-synodal Apostolic Exhortation, *Ecclesia in Africa*, 14 December 1995, in AAS 88 (1996), pp. 5-82, English translation in Nairobi, Paulines Publications-Africa, 1995, No. 10.

¹⁰ The word healing appears only 3 times in the entire document, and even here only in passing. See JOHN PAUL II, *Ecclesia in Africa*, Nos. 10, 49, and 68, pp. 12-13, 37, 51-53. It is true, however, that some Synod Fathers called the attention of the Church to this need. The Synod Fathers took the image of Christ who came as the Good Samaritan with special concern for the person who was stripped, beaten and left for dead (see Lk 10:30 ff.). The message sent to the Church at the conclusion of the Synod, again stressed the attention that must be given to sickness and healing in the context of the whole process of inculturation in Africa. See "Message of the Synod," in SYNOD OF BISHOPS, in *L'Osservatore Romano* (English), No. 18, 4 May 1994, pp. 1-24, and passim. See Fernando, DOMINGUES, *Christ Our Healer: A Theological Dialogue with Aylward Shorter*, Nairobi, Kenya, Paulines Publications Africa, 2000, pp.49-50.

1.4. Status Quaestionis

Since sickness/illness and the corresponding search for healing are issues that concern all people, it is understandable that there are several studies that have been done before ours. The present research thus forms part of the wider spectrum in the age-old and on-going efforts to understand the significance of healing in the mission of the Church in the contemporary world.¹¹ However, our research is not without uniqueness; it is intended to contribute yet another dimension to the subject of healing. We want to situate the present research in the wider context of studies done on healing. The topic, however, is too vast to exhaust within one thesis; instead we shall restrict ourselves to issues relevant to our study.

On the subject of healing and related studies in general, Morton Kelsey, G. Loweth, and Francis Chinnapan, have made a significant contribution, especially from the perspective of history.¹² In the context of Christianity, these three authors indicate how healing has always formed part of the Church's mission, since the time of Jesus Christ and the Apostles. Studies in the history of healing demonstrate that through the centuries there have been shifts in its theological understanding, which in turn has influenced its practice. In this way the study of healing from the perspective of history reaches back to the roots of Christianity and helps to illuminate some dimensions (attitudes, practices etc.) that would otherwise remain unexplained. And although our research is not preoccupied so much with historical questions, we realize that the Christian concept of health, sickness and healing prevalent in Europe at the time of their missionary outreach, motivated the missionaries to introduce health centers, and influenced their attitude to native ways of healing among the Banyankore, and Africans in general. For instance, is it not true to say that the way the Church in the Archdiocese of Mbarara continues to perceive the ministry of healing today is in a certain sense still marked by initial strategies of

¹¹ Says Fr. Peter Coughlin, "No one doubts the need for healing in their own life or in the lives of others...Healing is important and, indeed, even necessary, if life is to be lived free of pain, infirmity and disease." Peter, COUGHLIN, "Healing Ministry in the Church Today," in *Companions of the Cross*, Spring Issue 2004, p. 6. For more on the urgency and Church's involvement in the ministry of healing today, see also *ibid*, pp. 6-9; Jean-Claude, LARCHET, *Le chrétien devant la maladie, la souffrance et la mort*, Paris, Les Éditions du Cerf, 2002, pp. 249-278.

¹² See See Morton, KELSEY, *Healing & Christianity*, Minneapolis, Augsburg, 1995; Gerald, LOWETH, "The History of Healing," in *Pastoral Ministry in Canada*, Vol, 14, No.3, September 1997; Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church: A Historical Moral Theological Study*, Pontificia Universitas Lateranensis, 1996.

evangelization?

From the cultural perspective, David Kinsley, Stuart C. Bate, and Aylward Shorter have made invaluable studies in research on healing.¹³ David Kinsley, in a cross-cultural study, discovered principles and values that are common to native societies, to Christianity and to modern medical science. He clearly demonstrates that the shaman, the faith-healer and the modern physician are operating from a similar theory or myth — only the socio-cultural settings make their activities appear different. From this point of view, the findings of David Kinsley are significant to our research, namely that they open up the possibility of integration in the Church's healing ministry. On the basis of common principles and values among various socio-cultural settings, this author has indicated that it is possible for native healers, Christians, and conventional medical practitioners to engage in practical dialogue. Indeed, Kinsley's efforts leave doors open for further research in this regard.

Stuart C. Bate,¹⁴ who has written considerably on inculturation and healing, and Aylward Shorter,¹⁵ who discusses the subject of native healing versus Christian healing, pursue the matters of culture and context, two interrelated and fundamental dimensions in the realm of healing. Their research and writings are to a large extent contextual and anthropological in approach, arising from their experiences in Africa where both have lived and worked. Both authors affirm that in order for Christianity to have a relevant and lasting impact on people's lives, it has to take African cultures seriously. Similarly, they insist that the healing ministry of the Church has to seriously consider and appreciate African world-views. Since health and sickness are often culture-bound,¹⁶ any efforts to alleviate affliction have to begin by trying to comprehend and appreciate cultural beliefs and values of the people in a particular society. They realize that traditional medicine is often part of the culture of the

¹³ See David, KINSLEY, *Health, Healing and Religion*, Upper Saddle River, New Jersey, Prentice-Hall, Inc., Simon & Schuster/A Viacom Company, 1996; Stuart, BATE, *Inculturation and Healing*, 1995; Stuart, BATE, "Catholics and Traditional Healers in History," 1999.

¹⁴ See Stuart, BATE, *Inculturation and Healing*, 1995; See also S., BATE, "Catholics and Traditional Healers in History," 1999.

¹⁵ See Aylward, SHORTER, *Jesus and the Witchdoctor*, 1985; see also Aylward, SHORTER, "Christian Healing and Traditional Medicine in Africa," in *Kerygma*, No. 46, Tome 20, 1986.

¹⁶ See Stuart, BATE, *Inculturation and Healing*, pp. 80, 103, 189, and passim.

people that use it, and as a result it is closely linked to their beliefs.¹⁷ A people's concept of health, illness/sickness, suffering and related subjects have to be listened to and understood, so as to better propose an effective remedy to their predicament. Both Bate and Shorter, have also discovered that African traditional medicine considers the human person as an integral somatic and extra-material entity and that disease can also be due to supernatural and psychological causes. It is, perhaps, from such a background that Bate and Shorter propose a holistic approach for a better ministry of healing in Africa.

The present research and investigation follows in the footsteps of Bate and Shorter, but in the context of the Banyankore, whose belief systems are generally not far removed from those of other Africans. Moreover, closer examination reveals that some of these African beliefs are consistent with some studies regarding healing, whereby illness can be divided into "four causal categories which are often interrelated. These are: Psycho-medical factors; Cultural factors; Socio-economic factors and Spiritual factors"¹⁸ It makes sense then, that our thesis proposes an integrated approach to healing because a multidimensional view of illnesses requires corresponding methods and types of treatment.

There is yet another perspective essential to our consideration, that of faith-healing and healing through worship. This is discussed by authors like Morris Maddocks, (on various aspects of the Christian Healing Ministry), Frederic Flach and R. Gardner (Faith, Healing & Miracles)¹⁹; Francis MacNutt and T. Harpur (Faith-Healing/Spiritual Healing)²⁰; H. Hutchinson (Healing in the context of Worship)²¹. Our contention is that while the Catholic Church has maintained the healing ministry on the sacramental level, through the sacrament of Anointing of the Sick, the Sacrament of Reconciliation/Penance, and the Mass, the contribution of faith-healing or spiritual healing did not

¹⁷ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, Ibadan, Nigeria, Spectrum Books Limited, 1993, p. 26.

¹⁸ Stuart, BATE, "Does Religious Healing Work?", p. 6; see also Bonaventure, TURYOMUMAZIMA, "The Traditional Healer among the *Abachwezi-Bashomi* of Ankore," in *Grace and Truth*, vol, 16, No.1, April 1999, p. 18.

¹⁹ See Morris, MADDOCKS, *The Christian Healing Ministry*, London, SPCK, 1995; Frederic, FLACH, *Faith, Healing & Miracles*, New York, Hatherleigh Press, 2000; Reginald, Frank GARDNER, *Healing Miracles: A Doctor Investigates*, London, Darton, Longman and Todd, 1987.

²⁰ Francis, MacNUTT, *Healing*, Notre Dame, Indiana, Ave Maria Press, 1974; Francis, MacNUTT, *The Power to Heal*, Notre Dame, Indiana, Ave Maria Press, 1977; Tom, HARPUR, *The Uncommon Touch: an Investigation of Spiritual Healing*, Toronto, McClelland & Stewart, 1994.

²¹ Harry, HUTCHINSON, *Healing through Worship*, Andover, Hampshire, Eye & Spottiswoode, 1980.

receive equal emphasis. It is in search of this very dimension that a number of believers in Africa have left the mainline Churches to join Pentecostal Movements, Sects and African Indigenous/Independent Movements (AICs).²² And it is only recently, with much reluctance and hesitation that the institutional Church is beginning to acknowledge the contribution of the Catholic Charismatic Renewal, where prayers for healing and the laying on of hands are offered. Flach, Gardner, Harpur, Agnes Sanford and Francis MacNutt testify to the fact that healing through prayer is an essential part of the Church's healing ministry. There is an inherent link, they insist, between faith or belief and healing. This wake up call has become so loud that it has necessitated the Congregation for the Doctrine of the Faith in Rome, to set down guidelines for the practice of healing in Christian circles.²³

On our part, in line with those who have done similar studies, we are saying that faith-healing needs to be given its rightful place, whether it be within a liturgical context, or through spontaneous prayer and the laying on of hands done in private. Ours, therefore, forms part of the need for on-going (theological) research to investigate the possibility of harmonizing spiritual healing, sacramental healing and miraculous healing, with conventional medicine and traditional culture among the Banyankore. Flack, moreover, points out the growing scientific appraisals and recognition, in the medical field nowadays, of the effectiveness of prayer as an instrument of healing.²⁴ And even if there may seem to be very few scientifically verifiable miracles of healing taking place, those that happen are too precious to be ignored.²⁵ Our conviction is that since prayer and belief (or more specifically faith, in the Christian context) seem to be trans-cultural, they too are a suitable basis for integrated healing. We, therefore, continue to reaffirm the urgent need for an integrated approach to healing in this regard.

African authors who have contributed significantly in our field of interest are Abayomi

²² See Kofi, A. APPIAH-KUBI, "Healing in Indigenous African Christian Churches," in *World Religions and Medicine*, Vol. 4, Goodacre, David, (ed.), Oxford, The Institute of Religion and Medicine, 1983, p. 55.

²³ See CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Prayers For Healing*, Boston, Pauline Books & Media, 2001. See also http://www.zenit.org/english/archive/documents/CDF_healing.html

²⁴ See Frederic, FLACH, *Faith, Healing & Miracles*, pp. 107-111.

²⁵ See Frederic, FLACH, *Faith, Healing & Miracles*, pp. 36-42; Frederic, FLACH, *Faith, Healing & Miracles*, pp. 8-9. As we shall indicate later, Flack makes a distinction between *extraordinary* and *ordinary* miracles, both of which are equally significant and are contributory to the ministry of healing.

Sofowora, Hans-Martin Hirt and Bindanda M'pia.²⁶ Like Bate and Shorter, they reveal the mindset of African traditional healers and their clients. Their studies go far in explaining how the African has employed native healing, in its various dimensions, for preventive, curative and protective purposes. They demonstrate how herbal remedies are like a 'medicine kit' with which every community, home, and individual person in Africa are familiar. For thousands of generations Africans have used traditional medicine to such an extent that it is deeply ingrained into their philosophy of life, work patterns, and daily existence. Not even Western culture or Christianity will make them surrender it. But change is a factor of life, especially in the face of interaction. And so our research hopes not only to safeguard whatever is noble in that longstanding African tradition, but also to challenge whatever must change toward an effective integrated healing ministry in the Church, especially in the Archdiocese of Mbarara.

We are not the first ones to do research on subjects that touch the topic of healing in Uganda. Studies on the same topic have also been done by people like Deogratias M. Byabazaire, (on the Contribution of Christian Churches to health care in Western Uganda), Edward Baingana-Muntu, B. Turyomumazima, and Pontian Betunguura (on Bachwezi-Bashomi cult in Archdiocese of Mbarara); John Baptist Bashobora (on Discernment of Spirits in Uganda); M. Mukamwezi, V. Okot, and P. Twesigye (on the search for Social Justice and Reconciliation); J. Hetsen and R. Wanjohi, (on healing through the sacraments).²⁷ Nevertheless, none of the above writers have approached the subject from

²⁶ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, 1993; Hans-Martin, HIRT, and Bindanda, M'PIA, *Natural Medicine in the Tropics: Tropical Plants as a Source of Health Care*, Kisubi, Uganda, Marianum Press, 1995. Other authors include: Bertin Kipanaza-Tumwaka (on the ministry of healing in Africa and its challenges) and A. O. Igenzoza (on Bible and healing in Africa). See Bertin, KIPANZA TUMWAKA's "Le ministère de guérison en Afrique," pp. 416ff. and A., O. IGENOZA, "Medicine and Healing in African Christianity: A Biblical Critique," in *African Ecclesiastical Review (AFER)*, April/June, 1999, Vol. 41, No. 2&3; Cécé, KOLIÉ, "Jesus as Healer," in Schreiter, R. J. (ed.), *Faces of Jesus in Africa*, New York, Maryknoll, 1995.

²⁷ See Deogratius, M. BYABAZAIRE, *The Contribution of Christian Churches to the Development of Western Uganda 1894-1974*, Frankfurt am Main, Peter Lang, 1979; Edward, BAINGANA-MUNTU, "Abachwezi-Bashomi in Ankore," in *Journal of African Religion and Philosophy*, Vol.1, No.2, 1990; Bonaventure, TURYOMUMAZIMA, "The Traditional Healer among the *Abachwezi-Bashomi* of Ankore," 1999; Pontian, BETUNGUURA, "The Healing Power of Barangi-Bacwezi Cult and its Impact on Christian Life in Rwanja Out-Station, Nyakishojwa Parish, Mbarara Diocese," (Being a partial Requirement for a Diploma in Theology), Kampala, National Seminary Ggaba, August 1986; John Baptist, BASHOBORA, *The Discernment of Spirits in the Life of Ugandan Christians: A Dissertation Submitted to the Faculty of Sacred Theology on the Pontifical University of St. Thomas Rome*, in Partial Fulfillment of the Requirements for the Doctoral Degree in Spirituality, Bologna, Edizioni Aspasia, 1993. See Vincent, E. OKOT-OBURU, *Reconciliation: A Moral Therapy for Uganda — A Search for Peace and Unity in the Socio-Pastoral*

our point of view. Byabazaire highlights the contribution of the Christian Churches in improving and modernizing the health care situation in Uganda, particularly in the Western region. However the question that partly preoccupies the present research is thus: if the Church's evangelizing ventures through medical missions have been a success, why are believers searching for answers elsewhere? Why do patients resort to traditional healers for consultation and divination? If the Church(es) and modern conventional medicine provide an answer, why do some search for healing by joining cults like the Bachwezi-Bashomi, and emerging sects and New Religious Movements? Our thesis is an attempt to investigate those avenues that Christianity and Western approaches to therapy have not fully exploited. We commend every effort employed by the Church in the area of health care, but we also add that these efforts would do even better in the movement of integration.

In addition, authors whose research includes the fields of social justice and reconciliation, give credence to our debate on integrated healing. For, if some sicknesses are a result of conflicts, instability, injustice, violence, and all sorts of social disharmony, the remedy ought also to touch the various levels of affliction (beyond the psycho-physical) in order to restore the victims' integrity. In the present research, we want that Okot's suggestion of reconciliation as a "Moral Therapy for Uganda,"²⁸ does not stop at conflict resolution on the socio-political level, but goes on to embrace the sacramental dimension (Sacrament of Reconciliation) as well.

What distinguishes the present research from those we have presented above, is its ambitious horizon. While these other studies concentrated on one aspect or level of the healing mission, in this work we endeavor to demonstrate that when the human person is sick/ill on any level, the effects touch all the other levels of the same person as an individual in community. As an approach to healing, therefore, we seek to identify the good in the various levels, and try to weave them together toward an integrated mission.

Again, this researcher is certainly aware of earlier efforts that propose a 'holistic

Teaching of Uganda Catholic Bishops, Romae, Pontificiam Universitas Lateranensis, 1987; Anne Marie, MUKAMWEZI KAYONGA, *Searching for Social Justice: A Challenge to Church and State in Uganda*, Roma, Pontificia Studiorum Universitas a S. Thoma Aq. In Urbe, 1987; Paulino, TWESIGYE, *War and Morality in Uganda: An Analysis and Evaluation of the Teaching of the Uganda Catholic Bishops on War and its Consequences*, Romae, Pontificiam Universitas Lateranensis, 1991; See Jac, HETSEN& Raphael, WANJOHI, *Anointing and Healing in Africa*, Spearhead No. 71, Eldoret, Kenya, Gaba Publications, 1982.

²⁸ See Vincent, E. OKOT-OBURU, *Reconciliation: A Moral Therapy for Uganda*, pp. 1ff.

approach', terminology that is sometimes used as a synonym for an 'integral approach'. Key among them are John A. Sanford's *Healing and Wholeness*, and Bernhard Häring's *In Pursuit of Wholeness: Healing in the Church Today*; M. H. Scharlemann's *Healing and Redemption: Toward a Theology of Human Wholeness for Doctors, Nurses, Missionaries and Pastors*, and A. Shorter, *Jesus and the Witchdoctor: An Approach to Healing and Wholeness*.²⁹ They base their arguments on the view of the individual person as a multi-dimensional organism, who should not be compartmentalized when it comes to healing. Holistic health also appears as a central theme in John Paul II's message for the Jubilee Day of the Sick and Health Care Workers in February 2000.³⁰ And we are also familiar with a whole range of material (outside the scope of this study), on Oriental medicine and New Age that proposes a similar approach.³¹

The holistic approach is not new in Uganda either; it is already included in the country's Catholic Health Care Mission Statement. "...These services [health services]," the Statement asserts, "are committed to a holistic approach in healing by treating and preventing diseases, with a preferential option for the less privileged."³² Outside Catholic Church circles, and in order to provide quality health care, the Ministry of Health in Uganda is already proposing "The Integrated District Health System"(DHS) as "The Conceptual Model of Reference of a DHS." This new approach is defined as "a system where all the elements are placed, organized and co-ordinated in view of a common objective, the care for a given population's health."³³

²⁹ See J. A., SANFORD, *Healing and Wholeness*, New York, Paulist Press, 1977; Bernard, HÄRING, *In Pursuit of Wholeness: Healing in the Church Today*, Liguori, MO, Liguori Publications, 1985; M., H. SCHARLEMANN, *Healing and Redemption: Toward a Theology of Human Wholeness for Doctors, Nurses, Missionaries and Pastors*, St. Louis, Concordia Publishing House, 1965; see also Aylward, SHORTER, *Jesus and the Witchdoctor*, 1985.

³⁰ In this document, holistic health "is understood as a state of complete and harmonious spiritual, physical, mental, social and environmental wellbeing of the individual and the community, within a family and society." See JOHN PAUL II, *Message of the Holy Father for the World Day of the Sick for the Year 2000: Contemplate the Face of Christ in the Sick*, 6 August 1999, p. 5.

³¹ See for instance Larry, P. CREDIT, et al., *Your Guide to Complementary Medicine*, Garden City Park, New York, Avery Publishing Group, 1998.

³² UGANDA CATHOLIC MEDICAL BUREAU (UCMB), "Mission Statement and Policy of the Catholic Health Services in Uganda," June 1999, p. 1.

³³ DIOCESAN HEALTH COMMISSION (DHC), "The Conceptual Model of Reference of DHS," Diocesan Health Office Archives, 2000, p. 1. Under Quality of Care, the project has the following in mind: "The system's objective is the delivery of "global, continuous and integrated care" in order to decrease

Obviously, our vision is already contained in the above approaches, proposed by the Catholic Health Care programs and the Uganda Ministry of Health. The difference in our approach lies in the fact that these others seek integration within the limits of conventional (Western) medicine. Ours, however, seeks to integrate the healing ministry from the wider scope: appreciating whatever is good from traditional medicine, spiritual/faith-healing, healing through the sacraments, counseling, etc. While earlier studies restricted themselves to specific dimensions, the search for integration in the present study embraces a global and multi-faceted dimension.

Working “toward integrated healing mission” in this sense would suggest taking into consideration all the dimensions of the human person, as an all-round total entity. Like David Kinsley who presents a cross-cultural perspective,³⁴ we acknowledge that there are common elements among traditional (native) healing, Christian healing, and conventional (modern) therapies. This research ventures to look at the contributions made by the medical field, certain New Religious Movements, and traditional healers, in order to highlight and appraise the positive areas in each of them, learn from their pitfalls, and make suggestions for a well-coordinated healing mission.

In brief, we wish to encourage the spirit of openness between the different dimensions. We propose a movement from merely recognizing and appreciating the contributions of each dimension, to daring collaborative efforts that eventually work toward an integrative horizon. “Integrative” in this sense is not to be interpreted as the merging of levels/fields in health care. Our efforts here are not to make everyone engaged in the healing ministry assume roles proper to others. For instance, it is not our intention to turn medical practitioners into faith-healers; nor is it feasible that ordained priests become medical doctors; or even that traditional healers begin administering the Sacrament of the Anointing of the Sick. Certainly, this would be unrealistic and a confusion of roles. This research envisions and encourages that each person in his/her domain develop an appreciation of the good in other spheres and conceive the possibility of consolidated team work, coordination or better still integration, when feasible.

suffering and increase people’s autonomy. We define [as] **continuous** that care delivered until the end of the episode of disease under treatment. As the determinants of any disease are more complex and articulated than its aetiological agent, the care of a sick person cannot make abstraction from conjoined problems (physical, psychological, social and environmental), but it has to consider the individual in its entirety: it must, in other ward [sic], be **global**. In order to do this, it is necessary that curative care, preventive care, promotive care and rehabilitative care, if necessary, be available in the context of the same unit: in this case we speak of **integrated** care.” UCMB, “Mission Statement and Policy,” June 1999, p. 1.

³⁴ See David, KINSLEY, *Health, Healing and Religion*, 1996.

1.5. Methodology

In our search for integration of the various dimensions of healing in the Archdiocese of Mbarara, and in order to give a satisfactory and credible response to our hypothesis, we propose a *contextual-theological* approach based on two of Stephen Bevans' models, namely the *Anthropological* and *Synthetic* models,³⁵ as the means to help us extrapolate from the wealth of Banyankore culture, modern therapies, and Christian tradition, whatever is good and useful for an effective healing ministry in the Church of Mbarara. The anthropological model has as its primary concern the establishment and preservation of cultural identity by a person of Christian faith. It centers on the value and goodness of *anthropos*, the human person. The recognition by this model that human nature, and therefore culture, is good holy and valuable, has far-reaching implications for the harmonization of traditional medicine and Christian healing ministry. The model necessitates attentiveness and continuous listening to a culture or heritage, keeping in mind St. Justin's concept of the 'seeds of the Word'.³⁶ The same model also requires respect for cultural values. In our research, we are taking the aspect of 'listening' very seriously, in order to have an accurate, objective and unbiased record of the concept and practice of healing in the various dimensions under investigation.

Hand in hand with the anthropological model, we have opted to apply the *synthetic model*. This model interacts well and complements the anthropological model, in the process of integrating traditional medicine, modern therapy and Christian healing. The anthropological approach emphasizes not only cultural identity but also continuity. Culture is not static, it is dynamic: culture grows, develops, and goes through a kind of evolution, especially when it meets with other cultures. For this simple reason the *synthetic model* is a practical complement to the anthropological model: it helps to balance insights from a particular culture, since as an approach it enables one to reach out to insights

³⁵ These models are taken from: Stephen. B. BEVANS, *Models of Contextual Theology*, Maryknoll, New York, Orbis Books, 1992, pp. 47-62 & 81-96.

³⁶ St. Justin suggests that each culture contains sees of the Word and is in a way preparation for the reception of the Gospel. See JUSTIN MARTYR. I *Apology*, 46:1-4; II *Apology* 7 (8):1-4, 10:1-3, 13:3-4, in <http://www.ccel.org/fathers/ANF-01/just/justap1index.html>; <http://miong2.tripod.com/cfc-sfc-southc6/id66.html>. See also VATICAN COUNCIL II, Decree on the Mission Activity of the Church, *Ad Gentes divinitus*, 7 December 1965, in AAS 58(1966), pp. 947-990, English translation in Flannery, A., (ed.), *Vatican Council II*, Northport, New York, Costello Publishing Company, Inc., 1996, No. 11, p. 825.

from other cultures and ways of thinking. It is also a model that takes social change seriously.³⁷ It recognizes the composite nature of human culture, defined as the situation in which men and women live — meaning that every culture can borrow and learn from every other culture. It operates as a kind of middle-of-the-road model — providing a continuum, and working toward a synthesis. It does not imply, however, that the model just puts things together in a kind of compromise (or a haphazard cocktail), on the contrary it seeks to develop in a creative dialectic, something that is acceptable to all standpoints. Another name for this model might be the “dialectical model,” or the “conversation model.”³⁸ Perhaps the strongest aspect of the synthetic model is its basic methodological attitude of openness and dialogue. We argue that the two models together (the anthropological and the synthetic) are a handy methodological medium for us in the context of integrating the Church’s healing ministry.

Nonetheless, these models require further supplementation. We shall supplement the above models with one employed by Teresa Okure, in which she uses the Incarnational paradigm as a model for the process of inculturation.³⁹ As happened in Jesus’ life, and that of the Early Church, Okure says that the movement toward genuine inculturation today should go through a process of three interwoven components/phases, namely: self-emptying (*kenosis*), selective assumption for transformation, and identification of resources for inculturation. Similarly, we suggest that the various healing traditions, traditional (native) healing, healing through prayers, and Western (conventional) medicine/therapies, be tested on the three-fold paradigm. Not everything is good in a culture; there are bound to be shadows and grey areas in each healing tradition. These are evaluated on the model of Jesus Healer. As method, Okure’s paradigm also enables us to identify from each dimension, each context, and each people, certain resources to begin with and use as the basis for harmonizing the healing ministry.⁴⁰

³⁷ See Stephen, B. BEVANS, *Models of Contextual Theology*, pp. 81-82.

³⁸ See *ibid*, p. 83.

³⁹ See Teresa, OKURE, “Inculturation: biblical/theological bases,” in Okure, Teresa. and van Thiel, P. et alii, (eds.), *Inculturation of Christianity in Africa*, (*Spearhead* Nos. 112-114), Eldoret, Gaba Publications, 1990, p. 57. In the words of Bosch, “inculturation consciously follows the model of the incarnation” (see John 17:18, 20:21, and Phil 2). See David, J. BOSCH, *Transforming Mission :Paradigm Shifts in Theology of Mission*, Maryknoll, New York, Orbis Books, 1995, p. 454.

⁴⁰ This, however, requires what Schreiter calls ‘continued listening’; developing a ‘listening heart’: that is, listening to a culture before trying to speak to it. To listen in such a way as to hear Christ already present in a given culture. See Robert, J. SCHREITER, *Constructing Local Theologies*, Maryknoll, New

With respect to methodology, we need to mention also that our use of the biblical references shall take on the approach used by narrative theologies, whereby scripture is given a pastoral interpretation; narrative theologians like Albert Nolan, Healey and Sybertz employ biblical texts not as proofs but to inspire theological discourse.⁴¹

In addition to biblical sources, our research shall consult relevant written material on healing, as well as various theological and biblical sources. We have used documentary material from Mbarara Archdiocesan archives (e.g. material from the proceedings of the Pastoral Council (s), and the First Diocesan Synod; decrees and pastoral directives etc.). We have also consulted minutes and conference notes from various diocesan departments and projects. Even if such information is not well documented, and most certainly not in book form, it adds valuable data on which to base our study and analysis. Also, *Emicwe y'Abanyankore* (a book written in the native language),⁴² which outlines the various cultural beliefs and practices among the Banyankore, will be particularly helpful.

Ours is not the first thesis to be written on the ministry of healing (in Africa). There are works that have been written using various approaches,⁴³ but our endeavor to use especially the contextual-theological approach (combining Steven Bevans' anthropological and synthetic models, together with Teresa Okure's paradigm on incarnation) as methodology toward integrated healing, is quite innovative. The fact that we are writing about a particular people, in a specific diocese, also gives our research singular uniqueness. It is hoped that this work will make a desirable contribution to a better understanding and practice of the healing mission in the Archdiocese of Mbarara, in Africa and in the Church universal.

York, Orbis, 1996, pp. 40-56.

⁴¹ See Albert, NOLAN, *Jesus Before Christianity*, Maryknoll, Orbis Books, 2002; See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, Nairobi, Paulines Publications Africa, 1996.

⁴² Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, Marianum Press, Kisubi (Entebbe), Uganda, 1963. This book, written in the native language, is a classical work which outlines the different cultural practices among the Banyankore, especially before contact with the Western culture.

⁴³ In fact, over and above the works we have sighted already, we recognize in particular that of Bertin Kipanza-Tumwaka who has written a thesis in this line. See Bertin, KIPANZA TUMWAKA, "Le ministère de guérison en Afrique," p. 417;

CHAPTER TWO — THE CHURCH’S EFFORTS TO BRING ABOUT HEALING IN THE ARCHDIOCESE OF MBARARA

2.1. Introduction

This chapter tackles the phenomenon of sickness and the ensuing response from the Church. It lays out facts and data regarding the state of health in the Archdiocese of Mbarara, as part of the health concerns in the whole country. It explains various types of sickness, alluding to the fact that each category needs a particular approach of healing. The chapter shall then endeavor to discover how the local Church in Mbarara has reacted amidst sickness and affliction, identifying pastoral strategies in each case. Questions that we shall attempt to answer are: has the Church’s response been sufficient, in that particular region and time frame? What challenges has the Church faced in the different sectors? In other words, the chapter gives the context, and sets the stage for the need for an integrated approach to healing ministry among the Banyankore of the Archdiocese of Mbarara.

2.2. Facts And Data — Situation Analysis

2.2.1. Location and Population

The Archdiocese of Mbarara, one of the 19 Catholic Dioceses in Uganda, was established in 1934 by the Missionaries of Africa (commonly known as the White Fathers). Before it became an independent Diocese, it formed part of the former Rwenzori Vicariate. The Vicariate covered the Dioceses with which the Archdiocese shares borders: that is, the Dioceses of Fort Portal in the North, Kasese to the West, Masaka in the East, and Kabale to the South-West. The extreme end of the diocese to the south also borders with the Diocese of Bukoba (Tanzania). The Archdiocesan Headquarters are located on Nyamitanga Hill in Mbarara Municipality, about 260 km. south-west of Kampala. Today, it covers the districts of Mbarara, Bushenyi and Ntungamo, with an area of 10,980 sq. km and a population of about 1,950,000 million people.⁴⁴

Further statistics may help place the data on the Archdiocese in the global picture of the whole country. According to Uganda Bureau of Statistics (UBOS), the Census of 2002 put Uganda’s population at 24.7 million.⁴⁵ That means that presently the Archdiocese of Mbarara is about 11.1% of

⁴⁴ See See <http://www.catholic-hierarchy.org/diocese/dmbar.html>

⁴⁵ Of this total about 49.6% are male and approximately 50.4% female. Over ten years ago Uganda’s total population was estimated at 21,400,000 people; that is, 49.1% males and 50.9% female, experiencing an annual population growth rate of approximately 2.5% (1991 Uganda Census). See <http://www.ubos.org/popu.html>

the country's total population. The number of Catholics is put at 900,000 people⁴⁶ from a total of 26 Catholic parishes, and several sub-parishes. Even if the Archdiocese is also presently inhabited by people who immigrated to the towns and commercial centers from the neighboring regions and countries, the biggest population is still predominantly of the Banyakore tribe. Of this population, individuals and communities in all sectors have known sickness, disease and often afflictions.

2.2.2. Types of Sicknesses and Diseases

Statistics of annual report from Comboni Hospital (a Diocesan hospital in the district of Bushenyi), give a sample of some of the physiological diseases that affect people in the Archdiocese. There is evidence of a high prevalence of communicable diseases, often due to poor sanitation and unhygienic conditions. Malaria, Acute Respiratory Infections (ARI), typhoid, syphilis, measles, gonorrhoea, diarrhea and vomiting, dysentery, Urinary Tract Infection (UTI), whooping cough, tuberculosis (TB), pneumonia, burns, scabies, Sexually Transmitted Diseases (STD) & HIV/AIDS, are sicknesses that afflict the population.⁴⁷ Malaria, however, has the highest prevalence, followed by ARI and STD/HIV.⁴⁸

Of all sicknesses that affect the people, it is important to single out HIV/AIDS. In June 1993 Mbarara District alone reported 1000 AIDS cases per million residents. Close to 10 years after, statistics record a drop from 24.3% (1991) to 10.0% (2000).⁴⁹ Actual AIDS cases may be much higher

⁴⁶ See <http://www.catholic-hierarchy.org/diocese/dmbar.html>. *Annuario pontificio* of 2001, put the number of Catholics at 853,500 people, recording an increase in Catholic population. See *Annuario pontificio per l'anno 2001* Roma, Tipografia Poliglotta Vaticana, 2001, p. 378.

⁴⁷ MEDICAL SUPERINTENDENT, *Comboni Hospital-Kyamuhunga Annual Report 2000*, Bushenyi, Uganda, p. 5. Unpublished.

⁴⁸ See F., PFAFF, et alii, "Medical Healthcare," Mbarara Diocesan Synod: Position Paper, 1986, p. 3. Current information confirms the same reality. See <http://www.ubos.org/health.html>

⁴⁹ It is significant to put this information in the global picture of Uganda's efforts to combat AIDS disease. A report prepared by Sam Okware (Commissioner, Health Services, Community Health, and his team from the Ministry of Health, Kampala) is quite significant. From only two AIDS cases in 1982, the epidemic in Uganda grew to a cumulative 2 million HIV infections by the end of 2000. But there was an immediate response in the fight against this threat. The AIDS Control Program established in 1987 in the Ministry of Health mounted a national response that expanded over time to reach other relevant sectors under the coordination role of the Uganda AIDS Commission. The national response was to bring in new policies, expanded partnerships, increased institutional capacity for care and research, public health education for behavior change, strengthened sexually transmitted disease (STD) management, improved blood transfusion services, care and support services for persons with HIV/AIDS, and surveillance system to monitor the

than the reported cases, since a good number of people may not present themselves for screening. Whether the figures be higher or lower, what is certain is that this pandemic has had repercussions far beyond the physiological ones. Some of the consequences reported in the district of Mbarara alone reveal a grim picture. Mbarara District has over 60, 000 orphans; 28% of households are female headed; and socio-economic types of disruption occur on the society, affecting not only individuals but also families.⁵⁰ Almost each and every family has been touched by the evil hand of this disease, in one way or the other. Also, the STD/AIDS disease is known to have had disastrous effects on agriculture, labor, nutrition, and education.

It may be of significance to place the physiological health situation of the Archdiocese in the general context, on the national level. According to the Burden of Disease Study in Uganda, by the Ministry of Health (MOH) in 1995, over 75% of the life years lost due to premature deaths were due to ten preventable diseases. Perinatal and maternal conditions (20.4%), malaria (15.4%), acute lower respiratory tract infections (10.5%), HIV/AIDS (9.1%),⁵¹ and diarrhea (98.4%) together account for over

epidemic. After a decade of fighting on these fronts, Uganda became, in October 1996, the first African nation to report declining trends in HIV infection. Among the areas that revealed decline was Mbarara, as the figures show. See S., OKWARE, et alii, "Fighting HIV/AIDS: Is Success Possible," in *Bulletin of the World Health Organization*, No. 79, 2001, pp. 1113-1120. See also, [http://www.who.int/bulletin/pdf/2001/issue12/79\(12\)1113-1120.pdf](http://www.who.int/bulletin/pdf/2001/issue12/79(12)1113-1120.pdf)

⁵⁰ Taken from REPORT, "St. Francis Family Helper Project," Nyamitanga, Mbarara, Uganda, March 2000, p. 7. See MINISTRY OF HEALTH (MOH), *Equity and Vulnerability: A Situation Analysis of Women, Adolescents and Children in Uganda, 1994 and Update 1996*, Kampala, Uganda, 1996. Furthermore, report prepared by Paul Bolton (The Johns Hopkins University) Lincoln Ndogoni (World Vision International), from the research conducted by World Vision Uganda and published under the title, "Cross-Cultural Assessment of Trauma-Related Mental Illness," indicates that the prevalence of HIV/AIDS can have far-reaching effects, both direct and indirect. Direct effects refer specifically to organic brain syndromes resulting from HIV that manifest with depression. Indirect effects include depression secondary to losses caused by HIV in both the infected—for example, loss of family, ability to function, lack of acceptance and lack of a future—and the uninfected—such as loss of family and friends, social and material support, and concerns about the future. The multiple and related losses may explain the high rate of depression. The results from Rakai and 8 parishes in Masaka (both in Central Uganda) show that the rate of depression is as high as 24%. Moreover, the finding that 3.7% of the sample reports significant suicidal ideation in just the last week of illness, is also of major concern. See <http://www.certi.org/publications/policy/ugandafinahreport.htm>

⁵¹ And although credited as a success story in the struggle against HIV/AIDS, Uganda still has one of the highest 'reported' levels of AIDS cases. A report by *Africa Recovery* of June 2001, says that "Uganda has recorded declining rates of HIV infection since 1993...Among patients suffering from sexually transmitted diseases at Uganda's leading hospital, Mulago, HIV infection rates fell from 44.2 per cent in 1989 to 23 per cent in 1999. This achievement can be attributed to four factors, according to Dr. Joshua

60% of the total national death burden. Others at the top of the list include tuberculosis, malnutrition with 38% of under fives stunted, 25% underweight for age and 5% wasted, trauma/accidents and measles.⁵² Infant mortality in Uganda is high. Only seven out of eight infants born in Uganda will live to the age of one year. In Mbarara District one out of six will die within a year of their birth. In addition, the rate of infant and child deaths for Mbarara District is 250 per 1000 live births in a year.⁵³ Stunting (low height for age) is quite prevalent in Uganda, even in areas known traditionally as high food producing zones. In Mbarara District 53.7% of the children aged 0 to 4 years are growth-stunted. This percentage is among the highest in the whole of Uganda. In all this scenario, however, we should mention that the top causes of illness in Uganda, especially malaria, ARI and diarrhea, are all preventable with a combination of hygiene and environmental management. Unfortunately, despite this pattern, the emphasis of spending on the principal illnesses continues to be curative rather than preventive.⁵⁴ As we shall point out later, in the Church's healing programs, prevention of sicknesses must necessarily go hand in hand with the curative measures. However, one can already see that just on the physiological/clinical level alone, to begin with, the Church in Mbarara is faced with an enormous task of ensuring that people's health conditions improve. Yet, the physiological dimension does not stand in isolation.

Apart from the heavy burden of infectious diseases, Uganda is also simultaneously experiencing a marked upsurge in the occurrence of non-communicable diseases (sometimes referred to as diseases of lifestyle), such as hypertension, cancer, diabetes, chronic heart disease, and mental illness.

There is evidence also of sicknesses that go beyond the physiological dimension. Recent information indicates that mental health disorders confer a heavy non-fatal disease burden on the

Musinguzi, the acting program manager of AIDS Control Program (ACP): the high level of political commitment to the fight against HIV/AIDS, openness about the epidemic, involvement of all sections of society and the government policy of decentralization. Even President Yoweri Museveni, 'got engaged in the fight early and encouraged other political leaders to do so,' Dr. Musinguzi told *Africa Recovery*." Fred KIRUNGI, "Uganda Beating Back AIDS: Leadership, Education and Openness are Key to Progress," in *Africa Recovery*, June 2001, p. 26; see also <http://www.un.org/ecosocdev/geninfo/afrec/vol15no1/15no1psf/151aid12.pdf>.

⁵² See Franz, PFAFF, et alii, "Medical Healthcare," p. 2.

⁵³ See REPORT, "St. Francis Family Helper Project," p. 6.

⁵⁴ See *ibid*, p. 6.

nation.⁵⁵ The year 2001 analysis shows that the situation has not improved. Dr. Fred N. Kigozi, the Director of Butabika Mental Hospital (Central Uganda) has said that between two to four million Ugandans suffer from psychological stress and mental stress disorder: he said that one in every 100 Ugandans suffers from severe mental disorder. "Assessment shows that three percent of Ugandans suffer from a major depression, while about 20 percent have a mental problem."⁵⁶ Amidst all this, the Archdiocese of Mbarara has a significant share. For instance of the patients who visit Mbarara Hospital (the main center for the three districts of Mbarara, Bushenyi, Ntungamo, and a big part of the Western Region), 30 to 40 per cent have complaints related to psychological disorders. This is another indicator for the Church that her healing ministry needs horizons broader than mere ordinary clinical facilities of hospitals and dispensaries.

It is interesting to see how the causes of the decline in mental health are linked with the socio-economic and political environment of the country since its independence. According to the report from the Uganda Ministry of Health (MOH), poverty among the population remains high with an annual GNP per capita of US\$300 and approximately 46% of the people living in absolute poverty (1995/96 Monitoring Survey, Ministry of Finance, Planning and Economic Development). Poverty is recognized to be the main underlying cause of the poor health situation almost everywhere in the country. Associated factors are the low level of literacy, inadequate provision and inequitable distribution of social services and amenities, and the general level of underdevelopment of the service infrastructure.⁵⁷ These, in turn, have been largely influenced by the type of governance, and decades of political instability in the country. Uganda has suffered under regimes of tyrannical rule, dictatorship, and repeated war situations for over two decades. As a result, the Church's healing task in this regard is bound to include programs that surpass combating social deprivation and physiological sickness.

Dr. Kigozi, cited earlier, points out that the number of Ugandans suffering from mental disorders and nervous breakdowns has shot up in the recent past because of the endless wars, psychosocial stress and poverty. For example, most cases of mental disorders are recorded from the northern part of the country, because of the war situation and other problems there. People have lost their loved ones during battles, assaults, kidnaping of boys and girls, while others have been forced into exile,

⁵⁵ See MOH, *Ministry of Health Policy*, Kampala, Ministry of Health, September 1999, p. 2.

⁵⁶ See <http://allafrica.com/stories/200111040062.html>; See also <http://www.CWNNews.com>

⁵⁷ See MOH, *Ministry of Health Policy*, p. 2.

or lived as refugees in and outside their own country. “Because of the war situation, socioeconomic problems, lack of counseling and rehabilitation services, many people have been traumatized and are on the verge of running mad,” Dr. Kigozi says.⁵⁸ The escalation of mental problems may not be as alarming in the Archdiocese of Mbarara as it is in some parts of the northern Uganda, which continue to experience insecurity from frequent rebel disturbances, but surely the people in the Archdiocese are not exempt.

Furthermore, the geographical location of the Archdiocese of Mbarara makes her vulnerable to the effects of migration and the mass displacement of peoples from war-ravaged areas. Over the years, the Archdiocese of Mbarara has been host to frequent waves of refugees from Rwanda and Congo. Some of the biggest refugee camps are Nakivale and Oruchinga, about 40 km south of Mbarara town, close to the border with Tanzania. Already by 1984 each of the two refugee settlements had the population of 16,011 and 11,019 refugees respectively.⁵⁹ According to US Committee for Refugees (USCR), in all Uganda hosted approximately 230,000 refugees at the end of 2000: some 200,000 from Sudan, nearly 15,000 from Rwanda, about 10,000 from Congo-Kinshasa, 1,000 from Somalia, and several thousand from various other countries. In particular, more than 2,000 Congolese lived at Nakivale camp in Mbarara District, while some 15,000 Rwandan refugees lived at the Oruchinga, Nakivale (far south of Mbarara town), and Kyaka II settlement sites in the country’s south.⁶⁰ Since then these numbers have been fluctuating, depending on the level of displacement. Obviously, unfortunate events like these leave their victims deprived of the bare necessities of life, and their lives derailed in more ways than one —ways that need to be addressed by the Church’s healing ministry.

It is clear, therefore, that a whole range of sicknesses affect the population, in a manifold manner: physiological, social, psychological, moral, spiritual, and even environmental. Because of these and many more types of sicknesses, life expectancy for Uganda is among the shortest in Africa. With current levels for the AIDS epidemic moreover, it was projected that life expectancy would drop to 40.7

⁵⁸ <http://allafrica.com/stories/200111040062.html>

⁵⁹ See statistical data in Anne Mary, Kayonga MUKAMWEZI, *Searching for Social Justice*, Appendix III, pp. ??

⁶⁰ See <http://www.refugees.org/world/countryrpt/africa/uganda.htm> US Committee for Refugees (USCR) is an organization which defends the rights of all uprooted people regardless of their nationality, race, religion, ideology, or social group.

years by the year 2000.⁶¹ Needless to say, the urgency is great: to have medical facilities in place, provide vaccinations against preventable diseases, ensure physiotherapy for the sick, and securing adequate pharmaceutical amenities. In the case of displaced persons (e.g. refugees), in situations where interpersonal and social bonds have been severed, leaving behind social disharmony, shattered dreams, morally broken lives, the Church's healing role is needed there as well.

Morality is brought into the picture here because of the prevailing political history. Due to the turbulent socio-political climate in Uganda in the past twenty decades, some people have been submitted to violent conditions; some people have engaged in crime, others taken on vengeful attitudes, while some have developed a kind of 'numbness' or indifference to human suffering. Under similar circumstances, it is not surprising that certain individuals have practiced corruption, bribery, embezzled public funds, in order to make ends meet; thefts and robberies (on highways), break-ins and all sorts of violence have sometimes menaced the population.⁶² This is what one may call moral decadence, side by side with spiritual degeneration — both of which call for inner conversion and spiritual healing.

Faced with the situation as we have described above, how does the Church ensure the health of her members, on different levels of human life? Sickness and disease on both individual and community levels, is a complex reality that can best be tackled integrally. To what extent has the Church in Mbarara employed such an approach?

2.3. Local Church's Response: Identifying Pastoral Strategies & Setbacks Involved

2.3.1. Gauging the Mission

For me personally the experience of being with so many sick, disabled and handicapped people, yet happy to be active members of the Church, carrying in their own bodies, the sufferings of us all, was very touching. Also, there was a very vivid realization that there is a lot of love among many who care for these sick people and do it with joy. Celebrating the Jubilee of the Sick with the Holy Father, whose health is also ailing, added a special note of solidarity to the sick people. The sick do indeed support us who are supposedly healthy!⁶³

⁶¹ See REPORT, "St. Francis Family Helper Project," p. 5.

⁶² See Vincent, E. OKOT-OBURU, *Reconciliation: A Moral Therapy for Uganda — A Search for Peace and Unity in the Socio-Pastoral Teaching of Uganda Catholic Bishops*, Romae, Pontificiam Universitas Lateranensis, 1987, pp. 36-51.

⁶³ UCMB, *Newsletter of the Uganda Catholic Medical Bureau*, Vol. 3, No. 1, June 2000, p. 20.

The insights from His Grace Paul K. Bakyenga, Archbishop of Mbarara Archdiocese on the occasion of the Jubilee Pilgrimage World Day for the Sick —Year 2000, do set the tone of the Church's pastoral approach to the ministry of healing, amidst the challenges facing the Church in his Archdiocese. First of all, there is acknowledgment of the tremendous presence of all sorts of sick and suffering people, with the accompanying task of responding to their cry. His words also echo the spirit with which this kind of ministry can best be tackled: love, solidarity, and dedicated service. As the Holy Father says, "Promoting 'health for all' is a primary duty for every member of the ...community; for Christians it is a commitment closely connected with their witness of faith."⁶⁴ And there is also a realization that by their heroic courage in the face of suffering, the sick remain a living testimony that one is able to discover meaning in affliction. With this conviction, and in collaboration with the government (through the Ministry of Health), and various Non-Governmental Organizations (NGO)s,⁶⁵ the Church has responded, by putting various ways and means in place to combat the oppressive situations wrought upon many by sickness. Fortunately, there have been moments of healthy collaboration between the government of Uganda and the relevant Church organs, although there is a feeling among Church circles that such coordination hasn't always been maintained.

2.3.2. Medical Care in Uganda: A Brief Historical Background

Right from the earliest beginnings health care has been an essential component of Missionary evangelization in Uganda. Why the interest in the healing ministry? According to Deogratias M. Byabazire, through medical work, the missionaries wished to kindle the spark of Christ-like pity and compassion among new and potential converts.⁶⁶ It was an undertaking whose basis was Christian charity and the healing ministry of Jesus Christ. The aim was also to relieve suffering and safeguard the

⁶⁴ Quoted in *ibid*, p. 16.

⁶⁵ Some of the Non-Governmental Organization operating in and around the Archdiocese of Mbarara include CARITAS International, CARE Uganda, The Aids Support Organization (TASO) etc., these offer education and awareness programs, and thus contribute significantly to disease control. Also in response to the difficult situation surrounding sickness and its causes, the Government of Uganda embarked on the modernization of agriculture, improvement of rural infrastructure, development of marketing opportunities, Universal Primary Education (UPE), Primary Health Care (PHC), and Water Sanitation. Apart from these means, the government has in place various organs, especially coordinated through the Ministry of Health (MOH); they include hospitals, dispensaries, and various other health units. See MOH, *Ministry of Health Policy*, p. 2.

⁶⁶ See Deogratias, M. BYABAZAIRE, *The Contribution of Christian Churches*, p. 79.

God-given gift of “health.”⁶⁷ For, as Dr. R. Y. Stones of the Church Missionary Society (CMS) was to insist,

No citizen of Christ’s kingdom can reach Christ’s ideal unless he has a healthy body, with a disciplined character and trained mind. Christ Himself never condoned ill-health as a means to personal sanctity, so every member of His Church must be endowed with health of body, mind and spirit if he is to reach Christ’s ideal for him.⁶⁸

The initial efforts in health care set the pattern for the Church’s later involvement. The health services of the Catholic Church in Uganda date back to the arrival of the Missionaries in 1879 who provided counseling, psychotherapy, and prescribed medication for the sick. Later on, whenever the early missionaries established a Mission, they would also open a Dispensary which, though limited in service, was of great benefit to hundreds of sufferers.⁶⁹ It soon becomes evident that even if the missionaries’ main objective was to preach the Gospel and evangelize the natives, in the process they witnessed untold suffering on the part of the people of Uganda. At the time, the country was experiencing epidemics of plague, sleeping sickness, and smallpox. In actual fact, it is reported that the Franciscan Sisters of St. Mary’s Abbey, Mill Hill, who arrived at Nsambya on 11th January 1903, embarked on the arduous task of taking care of those afflicted by the rampant epidemics (sleeping sickness and smallpox), and famine of the time.⁷⁰ In the face of the pressure of such epidemics, together with the problem of evangelizing a sick community, the missionaries saw it as a matter of urgency to care for the sick, hence the development of Church Health Services.⁷¹

Pursuing their commitment to health care, and in view of the increasing demand, the Catholic Church established health units and set up centers for the treatment of various tropical ailments

⁶⁷ UGANDA EPISCOPAL CONFERENCE (UEC), “Catholic Church Health Policy Guidelines in Uganda 1996-2000,” 1996, p. 3.

⁶⁸ See Deogratias, M. BYABAZAIRE, *The Contribution of Christian Churches*, p. 79.

⁶⁹ “It has been remarked,” writes J. Bouniol (W. F.), “that the care of the sick is an invariable feature of the White Fathers’ missionary work, and that every mission station is equipped with a dispensary. In Uganda, where many distressing diseases are unfortunately prevalent among the native population, these dispensaries are widely used. In the year 1927 the total number of patients treated by the White Fathers and White Sisters in Uganda was 471, 662.” Joseph, P.B. BOUNIOL, (ed.), *The White Fathers and their Mission*, London, Sands & Co., 1929, p. 208.

⁷⁰ See Yves, TOURIGNY, *So Abundant a Harvest*, London, Darton, Longman and Todd, 1978, pp. 74-75.

⁷¹ DHC, “Historical Background,” Mbarara, Diocesan Health Coordinator’s Office, n.d., p. 1.

including leprosy. Among the hospitals to be opened first in the country are Rubaga — Kampala Archdiocese (1899), Kisubi — Kampala Archdiocese (1904), Villa Maria — Masaka Diocese (1902), Nsambya — Kampala Archdiocese (1906), Naggalama — Kampala Archdiocese (1907), Virika — Fort Portal Diocese (1910) and Kamuli — Jinja Diocese (1914).⁷² These were started as small health centers, and gradually developed into hospitals.⁷³ Both the missionary Fathers, sisters and their close collaborators worked so hard that by 1937-38 there were 19 Catholic hospitals in Uganda with a total of 677 beds; and 689,475 out-patients had been treated during the same period in 72 dispensaries. In the four leprosy centers 336 patients were receiving care.⁷⁴ By 1950 there were almost 100 Catholic medical centers in Uganda. The network of health units belonging to the Catholic Church has grown over the years and presently covers the whole country. Most of the units are deep in the rural communities and cater for geographically disadvantaged areas.

However, for the venture of consolidating a successful health program, the missionaries had to ensure that there was personnel to run the dispensaries, hospitals and health centers that had been founded. Staff were initially recruited from overseas, but in subsequent years training schools for nurses and midwives were started. In the years that followed, the missionaries established Training Institutions to respond to the staffing and related needs in these Institutions. Young girls were, therefore, recruited and trained in Nursing and Midwifery Science. But the recruitment exercise and training was not that easy: for many years it was exceedingly difficult to get resident doctors, and health units in the vicinity of townships could only engage part-time physicians. For example, an Asian Doctor Ahmend by name, faithfully served Rubaga hospital in this manner until 1953 when the hospital got its first full time Doctor, Dr. Magdalene Oberhoffer of the Grail.⁷⁵ To their school for midwives founded in 1919, the Franciscan Sisters for Africa added a Nursing School at Nsambya in 1935. This school, along with one

⁷² UEC, "Catholic Church Health Policy Guidelines in Uganda" 1996, p. 3. Tourigny's account presents some differences in years, depending perhaps on the launching and opening first as dispensaries, and then later as hospitals. See Yves, TOURIGNY, *So Abundant a Harvest*, pp. 80-81.

⁷³ Yves Tourigny testifies to this when he says that "Since Mapera's [meaning Fr. Loudel, 'Mapera' being a native rendering for the French title 'Mon Père,' (Father)!] time a small dispensary had been a regular feature in all the mission, but Sisters, who were better trained in this work, could now develop the dispensary at Rubaga in such a way that within a few years they had there a modest hospital to receive the first victims of sleeping sickness." Ibid, p. 67.

⁷⁴ See *ibid*, p. 147.

⁷⁵ See *ibid.*, p. 148; UEC., "Catholic Church health Policy Guidelines in Uganda," 1996, p. 4.

at the Protestant hospital of Mengo (Kampala), were the first such schools in Uganda. By 1945 the number of Catholic nurses was sufficient to justify the foundation of the Catholic Nurses Guild,⁷⁶ with its headquarters at Nsambya hospital.

Another significant development in the Church's health care sector was the introduction of an administrative body at the national level known as the Catholic Medical Bureau, still in operation today.⁷⁷ As early as the 1950's Church Health Services gradually expanded and the present Catholic Medical Bureau was established in 1955. At the time of Catholic Medical Bureau's establishment, the following objectives were foreseen: one, to coordinate an ever-growing network of Health Services at the National and Diocesan levels. And second, to procure and distribute drugs, equipment etc. to Church health units. The Diocesan Health Offices were established in 1987 to act as a liaison for the Catholic Medical Bureau on the lower regional level. These were signs that the Church's medical apostolate was getting more and more organized. In fact since 1955, very little had been done to establish a "Common Church Health Policy," that would help to spell out the philosophy and aspiration of the Church in the health sector. It is only in June 1999 that the Mission Statement and Policy of the Catholic Health Services was published by the Uganda Medical Commission. Up to then, there were few national statements of goals or guidelines.

Before we conclude this sub-section, let us say a word about the Church's health care status alongside that of the government. One thing is sure: the Church's contribution in the medical field has been far from peripheral. And even if the Western type of medicine was first introduced in Uganda by the Imperial British East African Company as early as 1889, it was not readily available to the

⁷⁶ See Yves, TOURIGNY, *So Abundant a Harvest*, 1978, p. 148. Catholic Nurses Guild is an association made up mainly of professional or Registered Nurses. This association helps the nurses in networking, sharing of work experiences in view of improvement, as well as ensuring that in the places of work nurses' rights are recognized by the government, non-governmental organizations and various Churches.

⁷⁷ The Uganda Catholic Medical Bureau is the office of the Medical Commission (this was instituted by the Uganda Episcopal Conference as the health policy-making body of the Church), and the Executive Secretary of the Board of the Commission is the head of the Bureau. This linkage between policy and implementation is vital in ensuring permeation of church health policies into the entire system. There is evidence to show that ever since this body was created the Catholic health services in Uganda have been better organized and coordinated. Liaison and better working relations between the Church, NGO's and the Government have been established, for the betterment of medical programs in the country. The bureau's role in relation to dioceses is primarily co-ordination, animation, advisory, promotive and supportive in all health matters. See UEC., "Catholic Church health Policy Guidelines in Uganda," 1996, p. 6.

natives. It was the Missionaries who, eight years later in 1897, started medical services devoted mainly to Africans.⁷⁸ However, the role of the Church in health services later became complementary when the Government of the Colonial Administration established a Medical Department in 1902 to take charge of all health matters, and encourage the Local Administration to participate in the running of health services. During the 1960's Government Health Services were fully functional; the Church played only a supplementary role and was responsible for only 21% of the total Health Care. The 1970's, however, ushered in political upheavals that ended up with a decade of devastating wars, a deteriorating economy, rising inflation and physical destruction of the whole infrastructure, reducing the once good government Health Care service to an abhorrent state. During this same period, however, the Church Health Services continued to render commendable service to the community. The exodus of patients from government health facilities to the better functioning Church Health facilities led to the expansion of both the physical infrastructures and services rendered therein. The supplementary role of the Church became one of 'partnership'. Today, Non-Governmental Organizations and the Catholic Church together render 40-50% of the total health care in the country.⁷⁹

One can say, therefore, that on the national level the contribution of the Catholic Church in Medical care is unique and pivotal.⁸⁰ Through her various structures the Church, where possible, continues to liaise with governmental health organs, with Non-Governmental Organizations, and has helped to enhance the healing mission to the various parts of the country.

2.3.3. Healthcare Programs in the Western Region

In order to better focus on the health care services in the Archdiocese of Mbarara, it is important to historically situate it within the larger mission in the Western Region. In the 19th century people in Western Uganda were in poor health owing to the many diseases with which traditional medicines could not deal effectively. Cures of such diseases were first introduced into the region by the Christian missions, and, like education, medical work became part of the missionary enterprise.⁸¹

⁷⁸ See *ibid*, p. 3.

⁷⁹ See DHC, "Historical Background," p. 1.

⁸⁰ See UEC, "Catholic Church health Policy Guidelines in Uganda 1996," p. 11.

⁸¹ See Deogratias, M. BYABAZAIRE, *The Contribution of Christian Churches*, p. 79.

Like the process of evangelization itself, modern medical work had a humble and difficult beginning. The first simple dispensary in Western Uganda was established at Kabarole in Toro in 1899 by two missionaries of the CMS, R. Fisher and A. Allen, with the help of Kasagama. In their small dispensary they treated patients who suffered especially from the abscesses and wounds, at the time so common among the people. From these humble origins, began a more ambitious project, the establishment of a hospital. The very first hospital in Western Uganda was opened by CMS at Kabarole after the arrival of Dr. Ashton Bond in Toro in March 1903.

On the Catholic side, meanwhile, Fr. Achte, who, like all White Fathers of his time, had learnt something about medicine during his training, initiated simple medical work at Virika Catholic mission. Fr. Achte and his collaborators set up twenty-six huts to accommodate the sick. These simple medical services at Virika were continued until 1914 when the White Sisters opened a dispensary there.⁸²

Moreover, the success of the curative programs heavily depended on the preventive and promotional programs. Byabazaire shows clearly how the mission Churches understood and took with seriousness the saying that “prevention is better than cure”. He observes how one of the most serious health problems in the early days of evangelization in Uganda, Western Uganda in particular, was the high rate of infant mortality. One way of curbing such a high rate was to educate mothers in matters of simple hygiene, child-care, cleanliness and first aid. Child welfare clinics provided children with free preventive vaccinations against measles, small pox, polio and other common child diseases. In addition to such programs, medical missions began ante-natal clinics to care for expectant mothers. These educational programs taught mothers better feeding during pregnancy, how to avoid malnutrition and Kwashiorkor, among their children, hygiene, hospital and home delivery, various ways of improving cooking, proper feeding, and family planning. In addition, the medical workers mobilized rural people to cooperate and procure clean water, better houses, proper ventilation and good roads.⁸³

The pioneer medical efforts elsewhere in the Western Region which we have referred to above, set the pattern for what was to be done in other mission stations, especially in the Archdiocese of Mbarara. Each station provided some sort of medical treatment irrespective of whether the missionary personnel were medically qualified or not. Usually medical treatment was given in small rooms attached

⁸² See Joseph, NICOLET, *Yohaana Kitagaana, Mbarara (Uganda), Omuhanda gw'Okumanya*, 1987, pp. 21-22, 29-30; see also D. M., BYABAZAIRE, *The Contribution of Christian Churches*, p. 80.

⁸³ See *ibid*, pp. 86-87.

to the missionaries' houses. For example at Ibanda in Ankole, Candida Tiratumire, the first locally trained nurse, ran a tiny mission dispensary for many years. Catechist Yohaana Kitagaana is still remembered at Rugazi in Bunyaruguru and at Rushoroza in Kigezi (Kabale Diocese) for his simple medical services, which he made an essential part of preaching the Gospel, and whose success helped to attract converts to Christianity. He is reported to have treated numerous people of wounds. Father Joseph Nicolet (White Father) recounts in his book how numerous patients came flocking to Kitagaana, and how his fame as a healer spread.⁸⁴

Religious Congregations of women in particular have played a very important role in establishing Medical Units in the Archdiocese of Mbarara. The Sisters of Mary Reparatrix (Bashabirizi) started the Burigita First Aid unit in 1935, at Butare in Buhweju Parish. When Our Lady of Good Counsel Sisters (OLGC) came from Canada, they took it over (1945) and made it into what is now known as the Butare Dispensary. Nyamitanga dispensary started in 1936 with the help of Miss Theresa Kabanyogonya (later Sr. Helen). The Good Counsel Sisters joined her in 1938. In 1960 it changed hands to Daughters of Mary and Joseph. Mushanga dispensary was started by Sr. Noella (OLGC) in 1951 and the Grails took it over in 1959. In 1962 Ibanda was opened as an Aid Post of Nyamitanga dispensary by Sr. Brigid of the Congregation of Ladies of Mary (presently known as Daughters of Mary and Joseph — DMJ), who was later joined by Sr. Sylvia on the same Congregation. They both worked hard and in 1965 plans to extend it into a hospital were underway. MISEREOR, the well-known Church aid-organization in Germany, donated the greater part of the funds for the building of the hospital while the rest was raised locally. The hospital opened in 1970 and was entrusted to the religious Congregation of the DMJs.⁸⁵ At present, Ibanda Hospital is administered by Our Lady of Good Counsel Sisters (OLGC).

When the Good Counsel Sisters transferred their Mother house from Butare to Kyabirukwa (about 40km south of Mbarara) in 1964, they found it necessary to start a dispensary. In the late 70's, due to the increasing number of patients, the Catholic Church in the Archdiocese of Mbarara, through the initiative of the Christians themselves, founded new Medical Units. These Units include St. Benedict, Bubangizi dispensary, Rugazi, Nyakasiro, and Kakoma dispensaries. Later in 1991 when the Verona Fathers took charge of Kyamuhunga Parish, they also started a dispensary. It is, therefore, from

⁸⁴ See *ibid*, p. 80.

⁸⁵ See *The Link*, No. 54, June 1966, pp. 34-35. The Link was a diocesan publication on pastoral issues, etc. See also Deogratias, M., BYABAZAIRE, *The Contribution of Christian Churches*, pp. 84-85.

the primitive and limited services begun by missionaries, that presently the Catholic Church in the Archdiocese of Mbarara has flourishing medical services.⁸⁶

2.3.4. Medical Health Care Programs in Archdiocese of Mbarara

2.3.4.1. Curative Medical Care Programs

Curative Medical Care refers to treatment of the sick in dispensaries and hospitals. In the Archdiocese of Mbarara there are 20 health units in all. These are as follows: 9 units including one hospital in Mbarara District. That is: Buhungiro Dispensary, Kabuyanda Dispensary, Kakoma Dispensary, Nyamitanga Dispensary, Rubindi Dispensary, and Kyabirukwa Health Center and Kazo Dispensary. Bushenyi District also has 9 units including a hospital namely: Bubangizi Dispensary, Nyakashoga Dispensary, Nyakatsiro Dispensary, Rugazi Dispensary, Butare Dispensary, Bitooma Health Center, and Mushanga Health Center. Ntungamo District has 2 health units, including St. Lucia, which is a sub-dispensary or health center.⁸⁷ The two hospitals are Ibanda Hospital (in Mbarara District) with a 176 bed capacity, Comboni Hospital Kyamuhunga (in Bushenyi District) with a 100 bed capacity. In the year 2000 each of the health units, including the hospitals, handled a total of 153,103 patients, an average of 9,569 patients per hospital, with about 38 patients visiting per day.⁸⁸ For this number of sick people there 7 doctors: 4 working at Ibanda Hospital and 3 at Kyamuhunga Hospital. The average number of nurses working in hospitals, excluding student nurses, varies between at 60 and 80, while dispensaries and smaller units carry an average of 5 nurses for each health center.

2.3.4.2. Preventive and Promotional Programs

The Church realizes that her members are afflicted by sicknesses and illnesses that go beyond the provision of medical health; there is need to engage in programs that offer to the people social as well as counseling services. To this end the Archdiocese established the Social Services Commission, an administrative body with a priest in charge, and personnel involved in a number of

⁸⁶ See Franz, PFAFF, et alii, "Medical Healthcare," 1986, p. 2.

⁸⁷ See DHC, "Summary Report on Activities of Diocesan Health Office for Ms. S. Servae's Visit — 29 March 2000," p. 1.

⁸⁸ See statistical data in SOCIAL SERVICES DEVELOPMENT HEALTH COORDINATOR, Project to Support the Functioning of Diocesan Health Office of Mbarara Archdiocese 2001-2003, pp.1-5. The utilization data indicates Out Patients Department (OPD) first attendance, re-attendance, including immunization and antenatal. The figures were received from the respective unit reports.

programs. Under this structure falls the Office of the Diocesan Health Coordinator as well as structures that organize basic educational and developmental programs for communities (rural women and youth groups), counseling and relief aid services etc. Those that deserve particular mention are: the Community Basic Health Care/Primary Health Care (CBHC/PHC) programs; HIV/AIDS and Counseling teams; and Babies Home.⁸⁹ In this way the Archdiocese upholds the tradition begun by the Missionaries, of sustaining the preventive and promotional programs.

2.3.4.3. CBHC/PHC and Mobile Clinics

The Community Basic Health Care/Primary Health Care (CBHC/PHC) program is defined by World Health Organization (WHO) as “essential health care made universally accessible to individuals and families in the community through their full participation at a cost the community and the country can afford to maintain at every stage of their development, in a spirit of self-reliance and self-determination.”⁹⁰ Under this arrangement teams of workers and medical staff target communities because the well-being of the individual heavily depends on the involvement of communities, especially at the grass-roots. CBHC/PHC, therefore, entails the participation and involvement of the whole community in solving their own health-related problems within the community. The educators ensure that the planning, personnel and other resources all come from within the community. External assistance provides only limited technical advice.⁹¹

⁸⁹ See *ibid*, p. 5. In response to such challenges, which eventually impact on human well-being, on her part, the government of Uganda recently embarked on a major Poverty Eradication Program with emphasis on the modernization of agriculture, improvement of rural infrastructure, development of marketing opportunities, Universal Primary Education, (UPE), Primary Health Care (PHC), and Water and Sanitation. See MOH, *Ministry of Health Policy*, 1999, p. 2.

⁹⁰ In 1978, an international meeting of the World Health Organization held at Alma Ata in Kazakhstan called on the world's governments, all health and development workers and the world community to implement policies directed to the provision of Primary Health Care, saying “Primary health care is the key to attaining this target as part of development in the spirit of social justice... Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology... It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work....” See: <http://www.mmmworldwide.org/?article=Community+Based+Health+Care>.

⁹¹ See Franz, PFAFF, et alii, “Medical Healthcare,” 1986, p. 5. CBHC also involves working with local communities to ensure safe water supply. It provides programmes that address Care of the Carers, and the promotion of indigenous knowledge through development and use of plants that cure and the promotion of therapies that complement Western approaches to medical care. See: <http://www.mmmworldwide.org/?article=Community+Based+Health+Care>.

At present the Archdiocese has a total of 11 Community Basic Health Care/Primary Health Care (CBHC/PHC) programs, out of which 5 are very active and are attached to the existing health units. Among the active ones are: Mushanga dispensary, Rukinga and Ibanda Hospital. The other six are inactive due to lack of funds and are independent, that is, not attached to any health units. The medical units we have mentioned have made provision of facilities and staff to carry out the necessary educational programs to the respective communities. In addition, some units like Ibanda hospital, Mushanga, Nyakatsiro and Kyabirukwa dispensaries go beyond their Units by using Mobile Clinics. This type of service is useful in that the sick, who would not be able to reach the dispensary due to transport problems, are being served. It also diminishes the number of patients coming to the dispensary.⁹² However, as we shall see shortly, there are lots of other problems which remain to be addressed in this area.

2.3.4.4. Counseling Services in the Archdiocese of Mbarara.

Because of [the] stresses of poverty, increased by lack of education, many families are very unhappy. In such families, where poverty and illness such as AIDS are often present, other problems emerge, e.g. drunkenness, alcoholism, battering of women, physical and sexual abuse of children and severe depression. We are training counselors to intervene in such families in order to help people make some changes.⁹³

These words taken from the report of St. Francis Family Helper Project⁹⁴ (with its offices at Nyamitanga hill, Mbarara), represent some of the Church's efforts to broaden her healing ministry to include the area of counseling. As far as counseling is concerned, St. Francis Family Helper Project's

⁹² See F., PFAFF, et alii, "Medical Healthcare," 1986, pp. 6-7.

⁹³ REPORT, "St. Francis Family Helper Project," p. 13.

⁹⁴ The St. Francis Family Helper Project is one of the bodies that contributes to the cause in question. St. Francis Family Helper Project was founded in 1984 by a group of people interested in helping very poor children receive an education. Later, taking into account the needs of the society around, the scope was widened to include several other activities. The aims and objectives of this group include: promoting both formal and informal education in the target area (Mbarara area). This is done through sponsoring the formal education of poor children, through skills sharing and technical training with young adults and through training of farmers in sustainable organic agriculture. St. Francis Family Helper Project also has as aim to promote better nutrition, better home health care and better hygienic practices, with special attention to children, persons with AIDS, and other vulnerable groups. And lastly, the Project intends to promote better mental health and development through offering counseling services to individuals, families and groups. See REPORT, "St. Francis Family Helper Project," p. 4.

mission is to continue working with families, and counseling individuals and groups, so that they may be able to lead better lives. During the holidays children sponsored by the Project and who may be facing severe difficulties at home or in school, and who need emotional and mental as well as financial support, receive either individual or group counseling. Throughout the year individuals, families and groups from the Project's targeted area receive counseling, both at the Project or in their villages, whichever seems more appropriate.⁹⁵ At the same time, the department of counseling carries out one other function, that of training counselors. The project has a training program affiliated with the Catholic University of Nkozi (located about 120 km west of Kampala city), which grants diplomas to successful participants. The project trains nurses, teachers, social workers, and other professionals to carry out counseling in a variety of situations. We may say, therefore, that even if St. Francis Family Helper Project is not an enormous project, its contribution to community health care, particularly in the area of counseling, cannot be ignored.

However, to our knowledge, apart from the role played by St. Francis Family Helper Project, counseling ministry in the Archdiocese of Mbarara is far from being developed; only a limited number of people engage in this crucial ministry. For instance, to indicate how serious the need for counselors is, in the whole of Ibanda county only one counselor is officially appointed to specifically deal with counseling HIV/AIDS victims, namely Sr. John Kanjobe, a nun of Our Lady of Good Counsel (OLGC) congregation. In the annual report to the Medical Superintendent, Uganda Martyrs Hospital, Ibanda, she is quoted as saying: "My service is to offer ongoing counseling until somebody's death...It is through this service that I prepare them for a happy death."⁹⁶ Sr. John Kanjobe, stationed at Ibanda Hospital, is extremely devoted and actively involved with all sorts of people who come to her for counseling and advice. Unfortunately, she is alone in this enormous apostolate. Apart from these efforts, there are one or two other personnel attached to Government-run programs involved in counseling activities in Mbarara district. We are not aware of any staff from the Archdiocese involved in counseling in the districts of Bushenyi and Ntungamo. Moreover, with the limited number of staff around Mbarara and Ibanda, those involved do not measure up to the overwhelming numbers in need of counseling services. Obviously, the few that are involved also face all sorts of difficulties. Among the biggest

⁹⁵ See REPORT, "St. Francis Family Helper Project," p. 4.

⁹⁶ IBANDA HOSPITAL, Re: Annual Report on HIV/AIDS Activities and Counseling Services done in Uganda Martyrs Hospital — Ibanda During the Year 2000, 7 December 2000, p. 1.

hurdles Sr. John Kanjobe faces are lack of funds, means of transport to visit her clients in their homes, or to participate in the funerals of the deceased — a gesture that would be of much importance to the bereaved families, relatives and friends. Some homes are burdened with the orphans left behind by the victims of AIDS and other diseases, in the face of whom the work becomes even more formidable, without sufficient personnel and funding.

2.3.4.5. Ibanda Babies Home.

One other place in which the Archdiocese of Mbarara participates and contributes to the ministry of healing, is through Ibanda Babies Home, which cares for motherless abandoned babies. This center traces its origins to 1967 when nine babies were left abandoned at Mbarara government hospital after the death of their mothers. It was soon realized that instead of keeping these babies in the hospital (where they were in danger of being exposed to cross-infection, and due to several other inconveniences involved), they needed better surroundings for proper growth. The District Medical Officer at the time requested the Ankole Advisory Welfare Committee to set up a Reception center affiliated with the mission hospital. From 1969 onwards fund-raising activities were able to raise the necessary amount of money to establish this center. It was later entrusted to the then Catholic Diocese of Mbarara, which has been in charge since 1973. Today the Archdiocese facilitates and maintains Ibanda Babies Home under the Social Services Commission. A nun of the Congregation of Mary Mother of the Church (MMC), and a few local staff run the center. Being close to Ibanda Hospital is quite strategic: the babies who fall sick are assured of medical care. For the past 5 years the center has handled an average of 25 babies, so that in December 2001 there were a total of 28 children of varying ages.⁹⁷ Originally those in charge of the center planned to return the children to their extended families or to entrust them to foster parents as soon as they reached the age of reason.⁹⁸ Since 1973 nine (9) children have been given away through adoption or returned to their relatives.

The presence of this Babies Home is certainly another sign of the Archdiocese's commitment to protect human life, especially when it is most vulnerable. But there are many needs still to be met: the center itself is faced with some challenges in its day to day running. The Babies Home

⁹⁷ Here are a few statistics of the babies for the last 5 years: 1997 (23), 1998 (27), 1999 (24), 2000 (25), 2001 (28). See IBANDA BABIES HOME, Diary, Ibanda, Uganda, 1973---

⁹⁸ Deogratias, M. BYABAZAIRE *The Contribution of Christian Churches*, p. 87.

would have wanted to expand on its infrastructure to create room for more children, and also ensure better living conditions for the grown-up children on the campus. The center would like to start self-help projects to help in the running of the Babies Home, but there is hardly any extra money available. It is unfortunate also that Ibanda Babies Home is the only one in the whole Archdiocese for the three districts, meaning that several other babies are left without assistance.

2.4. Evaluation of Medical Care: A Ministry of Achievement and Overwhelmed Success

Our consideration of the Church's healing ministry so far, from the perspective of curative and preventive programs (conventional medical care), reveals a story of achievement but also persistent challenges. A few highlights in this regard are in order.

We indicated earlier how alongside the preaching of the Gospel, the missionaries also made use of simple medical facilities and personal talent to cure the locals of several maladies. In Mbarara and wherever else they went to evangelize, they set up small clinics or dispensaries for the purpose of improving the health of the evangelized. This apostolate benefitted people regardless of age, status or belief system. It is even reported that P. Lourdel (White Father) administered medication to Mutesa, the Kabaka [king] of Buganda, who was suffering from severe dysentery and saved his life. Because of that incident Loudel earned the title of 'king's physician', although he himself would insist on calling himself 'doctor without talent'.⁹⁹ Since these earlier times medical work, like education, has remained part of the Church's enterprise.

Objectively speaking, many people in the Archdiocese and Ugandans in general have improved their health to a considerable extent through the medical work of the Christian missions. Before the arrival of the Christian missions traditional medicine could not cope with the poor health situation of the populace. The missions introduced scientific medicine, and brought many diseases hitherto regarded as incurable under control. The missions spread the new remedies to as many people as possible through medical safaris and through the opening of dispensaries, maternity centers and hospitals at various points in the region. They also made intense efforts to prevent disease through the promotion of domestic hygiene, better nutrition and maternity care.¹⁰⁰

⁹⁹ See J., P. B. CUSSAC, *L'apôtre de l'Ouganda: le Père Loudel*, Paris, Librairie missionnaire, 1946, pp. 98-99.

¹⁰⁰ See Deogratias, M. BYABAZAIRE *The Contribution of Christian Churches*, p. 118.

The medical work of the Church has also traditionally been intimately connected with religion. Some health centers have maintained the practice of daily religious services and instruction as part of the normal life. At Ibanda Hospital, which has the privilege of having a clergy member as chaplain, the medical staff have the opportunity of celebrating Mass every day. Thus patients are treated not only physically but also spiritually, a combined treatment that is so important, since it is in accord with African tradition in which healing and spiritual power are integrated. Because of this, in the early days of missionary evangelization, it is not surprising that the ministry of healing helped in attracting converts to Christianity.

This spiritual element is perhaps what the Catholic Medical Bureau in Uganda has sought to broaden by attempting to introduce a holistic approach to medical services. The mission of the health services in the Archdiocese of Mbarara, in accordance with the official policy (as the UCMB Mission Statement indicates), is derived from the mission of the Church which has a mandate, based on the imitation of Christ and His deed, to promote life to the full and to heal. These services are committed to a holistic approach in healing by treating and preventing disease, with a preferential option for the less privileged. In addition to the holistic approach, since the individual is central to all activities of the catholic health services, a basic attitude of respect for the human dignity is the guideline for all who serve in these institutions.¹⁰¹ The spiritual character of Church-owned medical institutions has remained an attraction up to the present. It is not uncommon for people to bypass a government hospital or dispensary, where services are offered free of charge, to go to the mission where they have to pay, and allegedly feel more at ease.

The payment, however, is meager. All the health units in the Archdiocese, like all the health units under the Uganda Catholic Medical Bureau, are referred to as “Private-not-for profit” (PNFP) health services. This new title was introduced by the Churches in Uganda so as to make health services not belonging to the State more clearly identifiable. The Churches saw it to be important that these services do not operate for the aim of making profit (but rather with the concern of providing good services to those in need of health care). Fees have to be charged for service, but that these fees are lower than the actual cost of the service provided (subsidized services). This is in fact what happens now

¹⁰¹ See UEC, “Mission Statement and Policy,” 1999, p. 1.

in most PNFP hospitals and health units around the diocese.¹⁰² This is of great advantage to those who are not able to afford expensive medical services. And it is in accordance with the policy of the Catholic Church, namely that the poor not be denied health services because they lack the means to pay.¹⁰³

The Diocesan Health Office, of the Archdiocese of Mbarara, ensures that the services provided are guided by Christian ethics and the evangelical spirit. This office came into existence in 1984, with a full time Diocesan Health Coordinator — currently in the person of Sr. Margaret Katyoko. The Diocesan Health Coordinator is full time, appointed by the Bishop himself, and has a job description to oversee, supervise, coordinate, and facilitate the activities of the current 16 health care units. The goal is achieved through visits to units by the DHC, in facilitating health workers through workshops/seminars, and renewal courses to empower them with managerial skills. Coordination of this office is strengthened through liaising with the relevant organizations and institutions. The Diocesan Health Office works within the mission statement and policy of the Uganda Catholic Medical Bureau, which states that the provision of health services in the Roman Catholic Church in Uganda should spearhead the holistic approach, be integrated and continuous, of good quality, accessible and sustainable.¹⁰⁴

Despite the presence of health facilities, great efforts and achievements in the medical and the appropriate spirit in place, the picture is not as glorious as it appears. The Archdiocese faces challenges, some particular to the Archdiocese, but most of them similar to those faced elsewhere in the country. It is perhaps because of various limitations that people seek out alternatives to conventional medicine.

First of all, the medical units, personnel, and the facilities in the health care units are overwhelmed by the huge numbers they are meant to serve. For the 3 districts covered by the Archdiocese of Mbarara, with a population close to 2 million inhabitants, there are only 88 health units: 57 governmental, 20 Diocesan and 11 Other (NGO's). This means that there is only 1 (one) health unit for approximately 23,000 people. As we saw earlier, the Church has tried to bring medical services closer to the rural populace. However, geographical access to health care is still largely limited to about

¹⁰² Daniele, GIUSTI, "Not-For-Profit: What is It?" in *Uganda Catholic Medical Bureau Bulletin*, Vol 1, No.1, December, 1998, p.11.

¹⁰³ See UEC, "Mission Statement and Policy," 1999, p. 1.

¹⁰⁴ See *ibid*, p. 1.; see also DHC, "Project to Support the Functioning of Diocesan Health Office of Mbarara Archdiocese," 2001, p. 1.

49% of the population, i.e., population living within five kilometers of a health service unit.¹⁰⁵ Rural communities are particularly affected, mainly because health facilities are mostly located in towns along main roads. Sick people have to travel, often on foot to reach them. Those not able to walk, or whose families or relatives cannot afford quicker means of transport risk death before receiving medical attention. Worse still, not every health unit has a medical doctor, a situation impacting directly and often adversely, on patient care. Limited medical staff may be overworked and not have enough time to listen to the patients. Those admitted to hospital may not get the necessary individual attention. However, as we shall indicate later, almost every village has a native healer, readily available to clients. Is it any wonder that those in need prefer to go to such native healers, instead of having to walk long distances, or to queue up in long lines waiting to be served?

An additional challenge to conventional medicine in the Archdiocese of Mbarara and Uganda in general, is the lack of sufficient midwives.¹⁰⁶ From the global perspective in many countries, since 80% of the population live in rural areas, it means that conventional health systems still do not reach the majority of children and families in the developing countries,¹⁰⁷ and there are insufficient midwives for adequate village services. Of all deliveries in the world, 85% take place in developing countries and less than 50% of these deliveries are attended by trained medical personnel. It is not surprising that over the years, the number of maternal deaths from pregnancy and child birth has remained high. It is estimated that half a million women die in childbirth every year, and of these 99% occur in the developing world. Many of the deaths occur in the Sub-Saharan Africa, Uganda inclusive.¹⁰⁸ According to 1995 Uganda Demographic and Health Survey, maternal mortality was estimated at 506 per 100,000 live births.¹⁰⁹ Further research has shown that more than 60% of mothers are not attended

¹⁰⁵ In Mbarara District only 25% of the population lives within 5 kms of a health unit. There is one doctor for every 60,000 people within the District. See REPORT, "St. Francis Family Helper Project," p. 7.

¹⁰⁶ A sample-study carried out by Sr. Rose Ntegamahe (OLGC) in Ibanda Sub-district, attempts to illustrate how Traditional Birth Attendants (TBA) help fill in this vacuum. See Rose, N. NTEGAMAHE, *Post Natal Practices by Traditional Birth Attendants in Ibanda Subdistrict, Mbarara District, A Dissertation Submitted as Partial Fulfillment of the Requirement for the Award of Diploma in Medical Education of Makerere University, Kampala, Makerere University, 1996.*

¹⁰⁷ See *ibid*, pp. 5-6.

¹⁰⁸ See *ibid*, p. 1. See also Global Child Health News and Review, 1993, in <http://edie.cprost.sfu.ca/gcnet/gchnr-11.html#ChildHealth2000>

¹⁰⁹ See MOH, *Ministry of Health Policy*, p. 4.

by trained health personnel during child birth.¹¹⁰ Therefore, although health services throughout the world are expanding, 60-80% of the births in developing countries still take place outside of health facilities, supervised by trained or untrained Traditional Birth Attendants (TBAs). To these TBAs we shall return at a later time, but for the moment it is sufficient to note that traditional systems will continue to exist side by side with the modern system since the Traditional Midwives and healers remain the primary source of health care where medical personnel are unavailable.

Within this state of affairs, the last 10 years or so have seen the mushrooming of a number of small privately-owned health clinics, owned by individual doctors and/or trained nurses. While it is true that such private clinics have brought services closer to the people and saved many lives in danger, one cannot rule out certain abuses. Some nurses have inadequate training. At some clinics the main focus is on making money. There have been incidents of faulty diagnosis and inaccurate prescription of drugs. If hospitals lack medical equipment, and essential medicines, it is even worse in the tiny individually-owned clinics.

Other major problems in the health sector of the Archdiocese of Mbarara, are related to health care organization, management and financing. While coordination within the diocesan health care units themselves is well organized, the liaison between diocesan and governmental health care structures leaves room to be desired. There is insufficient collaboration between the public and the private sectors. "Despite the partnership declared at central level," says Dr. (Bro) Daniele Giusti, the Public Officer of Uganda Catholic Medical Bureau, "many obstacles still hamper the implementation of this partnership at district level." He points out, for instance, how the delegated funds (i.e., the subsidy the government is meant to contribute to Church-run health units), do not always flow as desired.¹¹¹ And there are similar delays, in the exchange of operations — something that creates unease and weakens bilateral relations.

Reports indicate that often diocesan units face the problem of inadequate funding: some of the units have depended mainly on funding from overseas. There is no guarantee that each year sufficient funds will arrive. Worse still, most of the health units do not have viable income-generating

¹¹⁰ For instance, information given by Uganda Bureau of Statistics indicates that in one district within the Archdiocese (Ntungamo), out of 15,780 women that gave birth, only 770 were attended to by a medical Doctor, 4,170 by Midwife/Nurse, while 3,490 were attended to by a Traditional Birth Attendant. 5,450 cases were handled by a relative, and 2,490 by others. See UBOS, <http://www.ubos.org/health.html>

¹¹¹ See UCMB, *Newsletter of the Uganda Catholic Medical Bureau*, p. 1.

activities for sustainability. The main source of income is user-fees.¹¹² Yet, most of the patients who come to these hospitals can barely afford to cover their medical bills. Most units have unpaid accounts, which most probably will never be paid. The question is: who will pay the rest of the money? Some contribution comes in from the diocese, but sometimes allocations may not come in time; and at other times, because of deficits in the diocesan budget, the health care sector is allocated less than is necessary. The balance is then expected to come from individual out-of-pocket payments. Indeed, the financial constraints continue to pose major challenges to Catholic medical care countrywide.¹¹³

Mal-distribution of human resources poses problems of its own. The Archdiocese has only one nursing school, Ibanda School of Nursing and Midwifery, whose output cannot satisfy the needs of all the health units. A few candidates to nursing are also sent to schools outside the Archdiocese, involving greater expenses of sponsorship. To make it worse, Government recruitment exercises affected staffing, in that many health workers (professionals) have joined the government, in search of a better salary. The hospitals Ibanda and Comboni are most affected by the shortages. Primary health care units also suffer from low staff morale due to poor pay and over-dependance on untrained personnel.¹¹⁴ And because medical staff in government health centers are better paid, (with pay-raise now and again) private units lose personnel.

All in all, we can say that in spite of all these efforts by the Church, what Kipanza says of the African continent in general still holds for the Archdiocese of Mbarara. He observes that the state of hospitals and medical services in post-colonial Africa is deplorable, citing lack of infrastructure and maintenance of the resources, lack of personnel adequately trained for the work, a bit of negligence here and there on the part of medical staff whose working conditions and remuneration leave a lot to be

¹¹² See DHC, Progressive Report on Health Coordination Mbarara Archdiocese for Year 1999, p. 2

¹¹³ This concern is summarized by the Catholic Bishops of Uganda as follows: "While the Catholic Church continues to uphold the principle of Christian Charity and the Healing Ministry of Jesus Christ, it should be noted that a lot of changes and reforms are continuing to take place in the country and the world in general. For example the Church Health Institutions are finding it increasingly difficult to acquire resources to run the existing services. This partly due to the global socio-economic problems, and possible donor fatigue which is hindering mobilization of additional support by church groups and networks abroad. The policy reforms in government, such as civil service re-organisation and restructuring, institution of a living wage, decentralization of powers and funds, have added another dimension to the already complex challenge." UEC, Catholic Church Health Policy Guidelines in Uganda 1996-2000, Kampala, 1996, p. 8.

¹¹⁴ See *ibid*, p. 2 ; MOH, *Ministry of Health Policy*, 1999, p. 3.

desired, and mismanagement in public administration to name but a few.¹¹⁵

What we have said about curative medicare programs could just as well be applied to preventive medicare programs. In the area of CBHC/PHC programs, the work is certainly overwhelming. There aren't sufficient personnel and funding to satisfy the enormous need. Yet, experience has shown that in day-to-day medical care at various units, the largest proportion of patients come with preventable diseases: intestinal worms, diarrhea and vomiting, anaemia, typhoid, dysentery, malaria/fever, gonorrhoea, syphilis, malnutrition, measles, whooping cough, scabies, TB, burns and many others.

On the national level, the collapse of the National Nutrition Surveillance System, as well as the nutrition rehabilitation services, has added further strains to the medical system. It has reduced effective prevention and management of acute malnutrition in Uganda. In addition, even the well-supported Expanded Program on Immunization records only 47% coverage of children as fully immunized before their first birthday.¹¹⁶ The Archdiocese of Mbarara is also caught up within the country's general precarious situation. Yet, if effective preventive measures were in place, if preventable diseases were checked, money spent on treating the patients could be used elsewhere, for example, for education and other important programs.

The Archdiocese of Mbarara has the Social Services Commission (now known as Caritas Mbarara), which provides various programs intent on promoting community education and socio-cultural development, especially in rural areas, to the less privileged members of society. The Social Services Administration sometimes organizes courses and various educational programs at Mushanga Community/Social Center (about 38 km on Mbarara-Ishaka Road), for youth and women. To the same Office also belongs St. Francis Family Helper Project, which has the following programs: Child Sponsorship Department, Skills Training Department (mainly tailoring) for school dropouts, Social Security Department (Sustainable Organic Farming and Health & Nutrition), and Counseling Department.¹¹⁷ Other times this Office has participated in providing relief aid on behalf of or in conjunction with Charitable Organizations like World Food Program, International Red Cross, etc. But at the same time Caritas Mbarara can only do so much: the Administration is often overwhelmed especially when it comes to the ever-increasing numbers of orphans, street children, school drop-outs,

¹¹⁵ See Bertin, KIPANZA TUMWAKA "Le ministère de guérison en Afrique," p. 416.

¹¹⁶ See MOH, *Ministry of Health Policy*, 1999, pp. 2-3.

¹¹⁷ See REPORT, "St. Francis Family Helper Project," pp. 1-7.

poverty-stricken slum dwellers, refugees, etc. Often there are not sufficient personnel to satisfy the needs of all the programs. For instance, only one priest, Fr. Rubumbira, is officially appointed as chaplain to the refugee camps at Oruchinga and Nakivale. The Office is increasingly running out of funds before achieving the set goals. And yet, even though not directly, on the socio-cultural level such services too would manifest another dimension in the Church's healing mission. But what sort of alternatives are the clients left with when they are faced with those drawbacks?

We already pointed out how the area of counseling is the most affected when it comes to provision of services. Yet, one cannot overemphasize the urgent need for such a healing ministry, considering the large number of HIV/AIDS sufferers, victims of socio-political unrest, conflicts due to abuse and other assaults, the presence of refugees from within and without the confines of the Archdiocese. "Poverty, chronic and terminal illness, marital problems, alcoholism, drug addiction, violence in the homes, and parent-child difficulties are amongst the problems that keep emerging,"¹¹⁸ indicate an ever-increasing and pressing need for counseling ministry. Yet, there are hardly any counselors, considering the enormous task to be addressed. The question is, in the absence of counselors, where do the victims seek assistance?

As the scholar Kipanزا noted, in spite of its undisputably good performance in some respects, a number of sick people in Africa find something unsatisfying about Western medicine. The anthropological world-view of the African envisages the person as a totality, perceived as a synthesis of the universe and a manifestation of cosmic energies. Western medicine, focuses on the individual, but the African sees the individual as a social being, one with the community both living and dead. Health for the African, is therefore, more than absence of sickness. Health for him is synonymous to harmony and well-being, including material prosperity, as well as good relationship with other people and with God.¹¹⁹ For most patients,

illness is an immediate symptom of a defective social relation with the people, nature, the ancestors or oneself. Therefore, a kind of medical treatment that only considers illness as a physical deficiency and isolates the patient in a hospital ward when what he needs most is the support of his friends, fellow believers and family seems to be a grotesque superstition on the part of the ignorant white man who confuses the symptoms

¹¹⁸ Ibid, p. 4.

¹¹⁹ See Bertin, KIPANZA TUMWAKA "Le ministère de guérison en Afrique," p. 416.

with the illness.¹²⁰

Based on such a world-view, it is not uncommon for relatives and friends of those admitted to hospital, to sneak local preparations to their loved ones to drink or smear on their bodies. Some of the medical staff have sometimes found herbs, roots, feathers, etc., stuck below a patient's pillow believed and intended to ward off evil forces.¹²¹ Individuals that engage in these alternatives are often sternly rebuked, or even dismissed from hospitals.

The Mission Statement from the Uganda Catholic Medical Bureau stipulates that Catholic health centers apply a holistic approach to meet the needs of the whole person, but as to whether the health centers have actually succeeded in being 'holistic' still remains to be debated. It can be said that even the few attempts made in this regard have not gone beyond the narrow confines and outlook of conventional medicine. It is true that among medical personnel the Church has often employed the religious, especially nuns and brothers, and all too rarely priests.¹²² Though patients have periodically been surrounded by an environment that takes care of their needs beyond the physiological afflictions, one feels that much more could have been done, to make their healing more integral. And it is precisely because of such loopholes that Western medicine has not only led to a general dissatisfaction with modern therapies provided by the government, Churches and NGOs, but has also precipitated a search for alternatives.

2.5. Catholic Charismatic Renewal in the Archdiocese of Mbarara

Even if Catholic Charismatic Renewal started primarily as a revitalization of the Church, the ministry of healing is one of its essential components. In this subsection we want to demonstrate how, since its introduction in the Archdiocese of Mbarara, Catholic Charismatic Renewal has offered yet another dimension of healing that medical health care has not been able to address.

It is not known exactly when the Renewal was first introduced in the Archdiocese. The earliest attempts were made by Fr. Roger Labonte, who tried to introduce the Renewal in the Diocese

¹²⁰ Jesus, Angel BARREDA, "New Religious Movements in Africa (NRM)- Independent African Churches (IAC)," in *Towards the Jubilee of the Year 2000: New Forms of Religiosity Challenges for Evangelization*, Roma, Pontifical Missionary Union, 1999, pp. 9-10.

¹²¹ See Peter, KANYANDAGO, "Inculturating the Ministry of Healing," Nkozi, Uganda Martyrs University, 4-5 June 2001, passim. Unpublished.

¹²² See UCMB, "Mission Statement and Policy," pp. 2 & 3.

in the early 1970s. But the influence of the Renewal could also have come through some of the major Seminarians from Mbarara who became members of Charismatic Prayer Groups in the Major Seminaries at Katigondo (Masaka) and Ggaba (Kampala). Being National Seminaries, these places were convenient places for organizing national Catholic Charismatic Conferences. Often major seminarians were active members, as organizers and participants. Even after their ordination, some priests that had been active members in the Renewal continued to attend Renewal Days organized by the National Service Team (NST) of Uganda Catholic Charismatic Renewal. Little by little some of those priests invited Charismatic priests to give retreats and Life in the Spirit Seminars (that is, about seven weeks' instruction on the meaning and activity of Charismatic renewal) in their respective places of appointment, and encouraged lay leaders to attend retreats, Spiritual Conferences and Renewal Days. Slowly, the Charismatic Renewal Movement has spread throughout the Archdiocese of Mbarara. It has the official go-ahead of the competent Church authority in the diocese.¹²³

Presently, Charismatic Renewal Movement is fully established in the Archdiocese with two full-time chaplains, namely Rev. Fr. John Baptist Bashobora (who is at the same time the Movement's Spiritual Director), assisted by Rev. Fr. Emmanuel Tusiime. In all, there are 287 prayer groups, in the 26 parishes of the Archdiocese, actively engaged in all sorts of activities and ministries.¹²⁴ Of their activities, the ministry of healing will be discussed in this thesis.

2.5.1. Charismatic Movement and Renewal Days

We have recognized the contribution of the Charismatic Movement in the renewal of the faith and, on church life. One of the means that the Movement has used to carry out the healing ministry is through retreats and Renewal Days. Apart from those that are organized on parish level by the various Parish Service Teams (PST), every year the Steering Committee or the Diocesan Service Team (DST), in collaboration with the National Service Team (NST) organizes a grand retreat. Over the years such retreats have taken place in different corners of the diocese. Such retreats which last close to a week, attract multitudes from all over the Archdiocese and beyond. The participants listen to God's Word, preached to them by the invited Guest speaker(s), and are then challenged to renew their faith and live

¹²³ Paul, K. BAKYENGA, *Okwegarura Busya omu Butumwa Bwaitu n'Omu Maani ga Mutima Orikwera* (Catholic Charismatic Renewal), 1998, p. 2.

¹²⁴ See table, in DIOCESAN SERVICE TEAM (DST), "DST Meeting held at Karama-Mbarara," 28th November-1st December 2000, p. 4.

according to gospel values. Attendees have the occasion to celebrate the liturgy of the Mass, which is usually vibrant with songs and drums, processions, and spontaneous prayers, and rich with meaningful symbolism. Unlike in ordinary celebrations, here members of the congregation have the opportunity to pray with the full expression of their being, even emotionally. During such gatherings, people find moments of quiet to speak to God; others find the occasions to express their joy in thanksgiving and praise, and others express their emotions through tears. All these are moments of healing for individuals and groups at various levels.

The Renewal days also offer opportunities for the Sacrament of Reconciliation. The general picture in the Archdiocese indicates that the numbers receiving the sacrament of Reconciliation, had decreased over the years. This could have come about because of an ensemble of reasons: it may be that Christians lacked an on-going catechesis on the sacraments. The influence from other Churches which insist on asking forgiveness directly from God, could have persuaded some Catholics away from the traditional practice of private confession. Or were pastors simply overwhelmed by numbers, unwilling to spend long hours in the confessionals? It is safer to maintain that a combination of these reasons have affected the celebration of this Sacrament. We have to admit, though, that it varies from parish to parish: there are some parishes where the sacrament of Penance is still popular. What is sure is that, in general, Charismatic Renewal has contributed to an increased appreciation of the sacrament of Penance. Experience has shown that during renewal days, organized by the Charismatic Movement, multitudes literally flock to priests for private confessions and counseling. The good thing is that these times are arranged in such a way that people have ample time to share and pour out their sins unrestrictedly. Here too, people are healed emotionally, spiritually, and socially, through forgiveness and with the determination to amend former ways and get on with their lives.

2.5.2. Sessions for Prayers of Healing

One of the distinctive marks of Charismatic Renewal is the practice of prayers for healing. Though it is done through ordinary prayers of intercession, at Mass or otherwise, the most common practice is the laying on/imposition of hands, invoking upon the sick the healing power of God. During the time of the renewal, a day is set aside for this special ceremony, usually towards the end of the week. Normally, it is done within the Sacrifice of the Mass, but it can also take place outside Mass and at any other suitable time. The assembly is divided into smaller groups, each with one or two leaders/animators who initiate the imposition of hands and prayers for healing. Each candidate mentions

the sickness for which they seek healing. Once the group has had some idea of what type of malady from which the person wishes to be delivered/relieved (it is not always easy to identify what the person is exactly asking for; there is always need for discernment and proper judgement in each individual case), the group then imposes hands on them in intensive prayer.¹²⁵

During one healing session, animator Fr. John Baptist Bashobora (also reputed to possess the charism of healing the sick), asked the participants to write on pieces of paper their petitions (indicating the ailments from which they needed to be healed), addressing them to Jesus. Over 1000 petitions were collected; to these the present author has had access. The petitions contain a wide range of needs. They can, however, be grouped in Francis MacNutt's three basic kinds of sickness, each requiring a different kind of prayer. The author identifies at least *four basic prayer methods* that need correct understanding and application in order to exercise a complete healing ministry. We juxtapose them to the corresponding sicknesses.¹²⁶

1. — Sickness of our spirit, caused by our own personal sin — This necessitates healing prayer for *repentance*.
2. — Emotional/psychological sickness and problems (e.g., anxiety) caused by the emotional hurts of our past — This kind requires prayer for *inner healing* ("healing memories," for emotional problems and related ailments).
3. — Physical sickness in our bodies, caused by disease or accidents — The remedy in this case is prayer for *physical healing*.
4. — The same author also points out how any of the above — sin, emotional problems or physical sickness — can be caused by demonic possession — Here one needs to apply prayer for *deliverance* (exorcism especially in cases of demonic oppression).

The advantage with the healing sessions (the kind that have been organized in Mbarara), is that there are always people gifted in the various areas of need — at least one in each category. And

¹²⁵ For better results, Francis MacNutt advises that the group should endeavor to know exactly what type of intention they need to address to God in prayer. He indicates that "there are four different kinds of basic healing differentiated by the kinds of sickness that afflict us and their basic causes. Unless we know these differences, we will not be able to help most people. In fact, we may harm them by insisting on one particular diagnosis and one particular method of prayer when a different diagnosis or a different type of treatment and prayer are needed." Francis, MacNUTT, *Healing*, p. 162.

¹²⁶ See Francis, MacNUTT, *Healing*, pp. 162-163. Emphasis in the original.

as we mentioned before, where an individual is in need of repentance, the group sends him or her to the priest, for the forgiveness of sins and counseling within the sacrament, where necessary. If the person is still in need of inner healing from the scars left by injurious past experiences, then the group prays over them again. The time taken for the imposition of hands and prayers depends on each individual case.

The experience of such big healing sessions have not been without good results. Related with the healing ministry, the minutes of the DST list a number of “wonderful works” God has done through the Movement, namely: mad people healed (21), deliverances from possession (persistent cases) (18), barren women who gave birth (17), the lame who walked (7), the bed-ridden who walked again (2), and deaf who received their hearing back (2). There are cases specifically mentioned as “miraculous healings.” These include: woman cured of hemorrhage (1), healed without going through operation (1), healed of cancer (1), healed of asthma (1), healed of high blood pressure (1), healed of ulcers (1). Other achievements are not directly related to individual healing, but are more in line with conversion and reconciliation. These include marriages legalized in Church (314), Protestants [Church of Uganda] received into the Catholic Church (126), People of other denominations received into the Catholic Church (64), witchcraft burnt (61), Pentecostal Church members received into the Catholic Church (?), Bachwezi Cult members who returned to the Catholic Church (15), those received from Bisaka Sect (13), those renewed (10), witch doctors who returned to the Catholic Church (?), cases of reconciliation and forgiveness in families (5).¹²⁷

Reports of (miraculous) healings and conversions are often dismissed by skeptics as cases of pretense and deception. Some skeptics base their disbelief on the staged healings by certain Christian sects, orchestrated in the media, to attract people to the rallies for personal aggrandizement and financial gain. Certain activities within the Catholic Charismatic Renewal Movement have in a similar way summarily been dismissed. It has also happened that during healing services certain members have been caught in the wave of emotion (amidst dancing and drumming), and have received only temporary relief from their sickness. It may be argued, moreover, that most cases of physical healing are mere claims, since they are usually not verified by medical doctors — although what matters really is not the scientific verification but the individual’s experience of being healed. And there are

¹²⁷ See DST, “DST Meeting held at Karama-Mbarara,” pp. 4-5.

many other inconsistencies that have discredited the healing ministry in the Catholic Charismatic Renewal Movement.¹²⁸ Doubts and questions may arise on some individual cases, but those should not overshadow signs that indicate that God is using Charismatic Renewal to bring healing and renewal to the people. In spite of the criticisms that of the pitfalls within different Prayer Groups and shortcomings in the leadership, the Movement has contributed to the ministry of healing and the growth of the Church in general. Since the early 70s when Charismatic Renewal Movement was introduced in Uganda, a good number of people have witnessed a change for the better in their Christian life, through conversion. Statistics in many ways show that the Movement has brought not only the healing of individuals and groups but genuine renewal, and has encouraged full participation in liturgical and sacramental life, by clergy and laity alike.¹²⁹ Indeed, it is through Charismatic Renewal Movement that several members in the Church have discovered that they possess spiritual gifts (charisms) for the building up of the Body of Christ.

The success of Charismatic Renewal in attracting large numbers is not simply because it offers more opportunities to the laity for active involvement in the activities of the Church and the work of evangelization. Members are not interested in the Renewal simply because of the lively liturgies, creative celebration of sacraments, and wide use of sacramentals, or the opportunity to express their deep-most feelings. Rather, it is because the Renewal has brought to the fore the centrality of the healing ministry in the Church. Charismatic Renewal guarantees a forum where believers can be listened to and have their yearning for healing directed to God as they pray and celebrate the liturgy.

Yet, despite the contribution made by the Charismatic Renewal, it has often been opposed, resisted, rejected, and persecuted, especially by the clergy. At best the Movement is still unpopular today,¹³⁰ among priests and religious, because it appears liberal and contrary to traditional

¹²⁸ See John Patrick, MBYEMEIRE "Towards a Theology of the Charismata for the Church in Uganda: A Challenge of Our Times," A Paper Given on the Occasion of Mbarara Archdiocese Pastoral Conference, 2000, p. 7. Unpublished; see also Didacus, RUHANGAMPAIRE, "Catholic Charismatic Renewal," A Paper prepared for the Occasion of Mbarara Archdiocese Pastoral Conference, 2000, pp. 7-10. Unpublished.

¹²⁹ See table (a), in DST MINUTES, "DST Meeting held at Karama-Mbarara," p. 4.

¹³⁰ Paddy Musana admits that in some ways Catholic Charismatic groups are "not yet fully integrated in the liturgical structures of the church." See S., KABAZZI-KISIRINYA, ed. et alii, *The Kanungu Cult-Saga: Suicide, Murder or Salvation?*, Kampala, The Department of Religious Studies Makerere University, 2000, p. 72.

religiosity.¹³¹ And if there are some parishes where the Movement has not been started, it might be largely because the Parish Priest and/or his Curate have not been in favor of it. Certain leaders in the Movement have had a number of clashes and bad experiences with some bishops and priests. This shows the need to understand the relationship between the gifts of the Holy Spirit (charisms) and the best way to put them at the service of the community vis-a-vis Church administration.¹³²

Some of the activities of the Movement have also come under scrutiny because of certain practices that tend to compromise personal privacy, dignity, and sometimes appear incongruent with traditional doctrine.¹³³ In this respect we wish to refer specifically to the spiritual crusades of Father Joseph Bill throughout the East African region. Many knowledgeable, informed and concerned Christians who have attended Father Bill's sessions have expressed worry on, at least three elements of his crusades which are clearly morally unacceptable.¹³⁴ Fr. Peter Kanyandago and two other theologians (Fr. John Mary Waliggo and Fr. Laurenti Magesa) point out such abuses, which people have complained about regarding Fr. Bill's healing ministry. Abuses include asking people who have committed abortion to physically separate themselves from the rest in order, as Fr. Bill seems to intend, to publicly acknowledge the hideous nature of the sin they committed. Certainly this violates the moral dignity and human right to privacy of these individuals, not to mention total disregard for the conditions for the administration of the sacrament of reconciliation. Another abuse is using a long prayer, to claim, as Father Bill often does, to have power to baptize all aborted children and that this "baptism" removes them from limbo to heaven. Such obviously is not in accordance with Christian teaching and practice

¹³¹ See Didacus, RUHANGAMPAIRE, "Catholic Charismatic Renewal," pp. 11.

¹³² On charisms and Church administration see from John Patrick, MBYEMEIRE, "Towards a Theology of the Charismata for the Church in Uganda," pp. 7-8 (take note of footnote 19); see also Didacus, RUHANGAMPAIRE, "Catholic Charismatic Renewal," pp. 11-13.

¹³³ Fr. John Mary Waliggo observes how "Some groups and members or even leaders of the Catholic Charismatic Movement behave in a manner that resembles cults. Some Catholics strongly question the power of some Priests and lay leaders to give the **exact number** of people cured of their diseases and the **exact time** and day when such cures would take place! They question the validity of such people curing AIDS! They question the methods being used at such prayer sessions throughout the night. They see a lot of 'religious manipulations and brainwashing done in the name of God by men of God!' John Mary, WALIGGO, "The Kanungu Tragedy and the Need to Identify, Describe and Point Out the Problem: A Sharing with the Bishops at their Study Session, 5-6th June, 2000," Kampala, 2000, p. 9. [bold emphasis in the original]. Unpublished.

¹³⁴ Peter, KANYANDAGO et alii, "A Statement on Aspects of Rev. Fr. Joseph Bill's Renewal Missions in East Africa: Letter," Kampala, 05-05-2000, p. 1. Unpublished. See also John Mary, WALIGGO, "The Kanungu Tragedy," pp. 9-10.

of Baptism. Lastly, Father Bill's practice of using as live examples the sins confessed to him in order to show his listeners the type of sins he has heard from previous sessions and places. Such practice endangers the "seal of confession" so essential for to the integrity of the sacrament of reconciliation.

There have been some instances where preachers in the Renewal have barred patients with clearly physiological sicknesses from seeking medical attention, and ordered them to depend on the miraculous power of prayer, instead of referring them to medical staff or physicians. Some unlucky ones who had terminal illnesses and who regularly depended on medication died, after being told to believe that a mere laying on of hands had healed them of their sicknesses. Does Charismatic Movement not presume too much when it fails to acknowledge alternative ways of healing, giving an impression that all healing is attributable or restricted to faith-healing? Certain leaders within the Renewal have been enthusiastic in the search for and burning of witchcraft. One would hope that such moves are well discerned so that the mistakes of early missionary evangelization are not repeated. It would be sad if Charismatic Renewal too attempted to get rid of the so-called satanic ways and paganism, and in the process also rejected wholesale traditional values of healing.¹³⁵ Can Charismatic Renewal claim to have an answer to cases that anthropologically belong to the realm of traditional beliefs and practices? It would be a pity, if as has been observed in some circles, instead of working toward integration in the healing ministry, the Renewal would develop tendencies of elitism, claiming that the movement alone has the answer to people's afflictions.

Peter Kanyandago and fellow theologians insist that while the contribution of (Charismatic) Movement and related renewal missions has generally been commended as "needed to awaken the people of God in his service and that of all his people...[certain doctrines and practices] cannot be accepted uncritically...They should be done in such a way that Christians are animated in healthy and sound doctrine, and in respect for the ... dignity of everyone."¹³⁶ In their letter the theologians appeal, especially to Bishops, for some form of relevant action about misleading aspects of Father Bill's crusades,¹³⁷ but their petition is at the same time a cry for better approaches to the Church's healing mission. Similarly, the Congregation for the Doctrine of Faith has also published a document,

¹³⁵ See DST MINUTES, "DST Meeting held at Karama-Mbarara," pp. 4-5.

¹³⁶ Peter, KANYANDAGO et alii, "A Statement on Aspects of Rev. Fr. Joseph Bill's Renewal Missions in East Africa," p. 1.

¹³⁷ See *ibid.*, p. 1.

correcting certain aberrations regarding the ministry of healing, while at the same time laying down some guidelines for the ministry to be coherent with the common practice of the Catholic Church.¹³⁸ For the Archdiocese of Mbarara, Rt. Rev. Paul K. Bakyenga's pastoral letter pointed in the same direction—trying to prevent some Charismatic doctrines, leadership and practices, from getting out of hand. Religious Movements (Charismatic could be considered one of them) have become increasingly popular in Africa. However, does conversion to such Religious Movements satisfy people's hunger for healing? Or could their religiosity lead to extremes the like of the Kanungu Cult/Saga — which we shall consider later?

2.6. New Religious Movements — General Overview

The New Religious Movements (NRMs) present themselves under various shades and different names and articulations. Since a lot has been written on this phenomenon already,¹³⁹ we shall mainly look at them in so far as they are a pastoral challenge to the Church in Uganda and particularly in the Archdiocese of Mbarara with respect to the healing ministry. The expression 'new religious movements' may be used to signify those within the Church (orthodox or unorthodox), but also others outside, which may appear in form of Sects, Cults, or what some writers prefer to call African Independent/Indigenous Churches.

According to Professor Mbiti, perhaps the most serious, though not unique, phenomenon of Christianity in modern Africa is the growth of independent or separatist Churches. At least one-fifth

¹³⁸ See CONGREGATION FOR THE DOCTRINE OF THE FAITH, "Instruction on Prayers for Healing" Rome, September 14, 2000, in http://www.zenit.org/english/archive/documents/CDF_healing.html; See also Paul, K. BAKYENGA *Okwegarura Busya omu Butumwa*, pp. 7-11.

¹³⁹ Some of the authors that have written on the Movements include: David, B. BARRETT, *Schisms and Renewal in Africa: An Analysis of Six Thousand Contemporary Movements*, London, Oxford University Press, 1968; See also V. E. W., HAYWARD, (ed.), *African Independent Church Movements: Published for the World Council of Churches Commission on World Mission and Evangelism*, London, Edinburgh House Press, 1963; Marthinus, Louis DANEEL, *Quest for Belonging: Introduction to a Study of African Independent Churches*, Gweru, Mambo Press, 1987; S., KABAZZI-KISIRINYA, ed. et alii, *The Kanungu Cult-Saga*, pp. 56-86; Vincent, S. KATO, "Movements, Sects and Cults: Causes, Dangers and Outcry of the People," Kampala, 2000. Unpublished. Also New Religious Movements have in recent years become a matter of concern for the Church in Africa, so that the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) bishops have issued two statements on them. See SECAM, *New Christian Movements in Africa and Madagascar, Accra, Meeting for African Collaboration*, Accra, MAC, 1992, and SECAM, *The Catholic Response to the New Christian Movements' Objections and Misunderstandings*, Accra, MAC, 1994.

of the Christians in Africa belong to these independent churches.¹⁴⁰ However, the statistics change rapidly. In 1970, there were exactly 6,000 independent African organizations with congregations totaling about 16 million. By 1987 there were about 10,000 independent churches and sects with a total of approximately 30 million faithful. Today, perhaps, a number of these may not even be considered Churches per se, but sects, or splinter groups. However, as a category, we have preferred to put them under the title New Religious Movements.

2.6.1. New Religious Movements in Uganda

Statistics available to us indicate that the number of adherents to these Movements in Uganda have gradually been increasing over the years.¹⁴¹ In 1970 Uganda had 30 of these sects, with a total membership of 55,000 people, who were 0.7% of the total population of Uganda. Before he was ousted from presidency, Idi Amin Dada had suppressed all sects declaring Catholicism, Anglicanism and Islam as the only religions allowed. But since he was overthrown in 1978, these NRMs have come back with new vigor and have continued to increase.

There are various Religious Movements or Cults in Uganda which have broken away from the Catholic Church,¹⁴² mainly in the Central and Western Region of Uganda. They include: the group of Mr. Anatoli Ssentamu at Byana, Villa Maria (in Masaka), known as the Monks of the Virgin Mary. He has now several 'Religious Sisters' professed, and some 'professed Religious Brothers'. There is also the group of Bwanda ex-Sister, Renata Naiga. The group is popularly known as Butebenkevu-Buteefu, Sserulanda — Nsulo ya Bulamu, which also operated in Bukuumi, Bunyoro (Hoima Diocese). Now the Movement has its headquarters in Kyotera, Rakai District. We have the shaking members of

¹⁴⁰ See John, S. MBITI, *African Religions and Philosophy*, Heinemann, London, 1985, p. 232; Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 299.

¹⁴¹ There are several sprinter groups that may in one way or another be considered under the title of "sects and cults". However, at present there are four major Religious Movements of this nature on which there are writings. These include, Holy Sprit Movement; Lord's Resistance Army; World Message Last warning; and Movement for the Restoration of the Ten Commandments of God. See <http://www.gospelcom.net/apologeticsindex/m08.html>

¹⁴² The Catholic Bishops of Uganda mention the following as having no legitimate authority to exist as public or private associations: The Movement for the Restoration of the Ten Commandments/Kanungu; the group of Mr. Anatoli Ssentamu at Byana, Villa Maria, in Masaka; Butebenkevu-Buteefu, Sserulanda-Nsulo ya Bulamu in Rakai District; the group of 'Ow'Obusobozi D. Bisaka' in Bunyoro, Tooro and parts of Buganda; and the Marian Workers of the Laity. See UEC, *Test the Spirits: Pastoral Letter of Catholic Bishops of Uganda to the Faithful on Cults, Sects and "Religious" Groups*, Kampala, 15th June, 2000, p. 3.

Yoana Maria Muzeeyi, operating at Kisenyi parish (Kampala) and in parts of Iganga, Busoga (Jinja Diocese). Others belong to the Marian Workers of the Laity as well. Their doctrines are based on messages from 'visionaries' and 'seers'. They have been very active in Nebbi diocese (North-Western Uganda). In Bunyoro (Hoima Diocese), Toro (Fort Portal Diocese) and parts of Buganda (Kiboga, Luweero — Kasana-Luweero Diocese) there is also Itambiro ly'Omukama Ruhanga Owamahe Goona Ery'Obumu Movement/Association (literally: Lord God of all Hosts Altar of Unity Movement/Association), of which Desteo Bisaka is founder and patron. Desteo Bisaka was a Catholic teacher and composer of Church music. His religion was temporarily banned by the government but soon it was re-registered. Bisaka is said to have had some seminary training in his younger days. He is also popularly known as 'Ow'Obusobozi Bisaka' (the Mighty one Bisaka).¹⁴³ In Acholiland (Northern Uganda — Gulu Diocese), we have the Holy Spirit Movement of Alice Lakwena and Joseph Kony. Writings about these two people clearly show that their hostility is based on some quasi-religious beliefs. Those who have had a chance to talk with ex-rebel returnees testify that the religious element in them is very strong and how every conversation with them begins with 'Praise the Lord'!¹⁴⁴ In Ankore (Archdiocese of Mbarara) and Kigezi (Kabale Diocese) was (and perhaps some traces of it live on still) the Movement for the Restoration of the Ten Commandments and other smaller groups which were formed from the main group of Mbuye group (Masaka).¹⁴⁵

At the time of writing we are not aware of any existing African Independent Church or New Religious Movement of Catholic origins operating within the boundaries of the Archdiocese of Mbarara. There is one whose leader, Desteo Bisaka, had attempted to introduce into the Diocese in the late 1980's, but he did not succeed at the time.¹⁴⁶ As we indicated, he now operates mainly in the neighboring dioceses of Hoima, Fort Portal, and Kasana-Luwero. Also, after March 17, 2000, when the members of the Movement for the Restoration of the Ten Commandments burnt themselves up in a

¹⁴³ Bisaka describes himself as "The Founder of the *Itambiro ly'Omukama Ruhanga Owamahe Goona Ery'Obumu*," (literally, 'Founder of the Unifying Altar of God of All Host'). For more about his doctrine and rule of life, see his own book: O., R. Owobusobozi, BISAKA, *The Book of God of the Age of Oneness We Are One in the Lord God of Hosts Disunity has Ended*, Kagadi, Uganda, Kapyemi Headquarters, 1987, p. 3, and passim.

¹⁴⁴ See John Mary, WALIGGO, "The Kanungu Tragedy," p. 8. See also Els, DE TEMMERMAN, *Aboke Girls: Children Abducted in Northern Uganda*, Kampala, Uganda, Fountain Publishers, 2001.

¹⁴⁵ See John Mary, WALIGGO, "The Kanungu Tragedy," pp. 8-9.

¹⁴⁶ See S., KABAZZI-KISIRINYA, ed. et alii, *The Kanungu Cult-Saga*, pp. 72-73, 75-76.

church, there are hardly any visible traces of remnants of this group. However, this does not mean that Christians from the Archdiocese do not have allegiance to some of the Movements we have referred to above. There are clearly some members from Mbarara who secretly belong to these Movements: they regularly travel to neighboring districts and towns to participate in the prayers and activities of such groups. Some Christians have confessed to have been members of, or still go to attend sessions and ceremonies at Desteo Bisaka's Church/sect. Moreover, beside the groups operating 'outside' the clear ambient of the Catholic Church, we have some groups within the main stream of the Catholic Church, whose behavior and teaching have created fears among Catholics and which need critical observation and guidance.¹⁴⁷

It may be of use to mention in passing that some of the Pentecostal Movements whose patrons/leaders set up temporary shelters and tents and preach in the open, have sometimes lured a few Catholics (with material help often in form of relief aid) to come out publicly and announce their conversion (their being 'saved') in front of others. But such cases are not many; and experience has shown that later such individuals come back to their original Churches.

2.6.2. New Religious Movements — Why Christians Join Them.

One of the African theologians, Kofi Appiah-Kubi observes that:

The most important reason why people join these Churches [or New Religious Movements] is HEALING...People invariably and quickly replied to the question, 'Why did you join?' by saying that they had been ill for a long time, had tried all forms of treatment, and had been directed, for example to prophet Prah, and behold they were as fit as fiddle. . . More often than not in most of the Churches... the original convert in a family or village was cured of some "incurable" disease during a healing service, or an annual convention. . . .¹⁴⁸

There are certainly other causes that have continued or continue to give rise to the phenomenon of NRMs. Fr. Fred Tusingire has given a good résumé of some of the pastoral situations

¹⁴⁷ Fr. John Mary Waliggo mentions three examples: Catholic Charismatic Movement, due to the exaggerated claims made by some members in this movement; plus the 'religious' manipulations and brainwashing done in the name of God by men of God. Secondly, he says that some people question the methods and messages given by Fr. Bill (as we mentioned earlier). Thirdly, he indicates how the secret nature in which Opus Dei recruits members, and their rather secretive way in which they operate also worries many Catholics. See John Mary, WALIGGO, "The Kanungu Tragedy," pp. 8-9.

¹⁴⁸ Kofi, A. APPIAH-KUBI, "Healing in Indigenous African Christian Churches," p. 55; See also Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 299.

and circumstances that may have led to the increase of NRMs.¹⁴⁹ It may be hard to pinpoint or single out one cause; these Movements arise out of a complex reality of the interaction between Christianity and its encounter with socio-cultural, political and religious situations in different regions. Thus, without going into details, it suffices to point out a few general underlying factors.

Some of the NRMs may have come about because of poor missionary methods of evangelization in the face of new cultures and traditions (including failure to inculturate or incarnate the Gospel).¹⁵⁰ It may be because of insufficiency in the Church's pastoral methods ill-adapted to the sign of the times. Perhaps these NRMs have come about also because of the scandal of divisions, and the Church(es)' failure to love (poor testimony of life). In a certain sense some of the new Churches seem to thrive on the weaknesses within the mainline Churches. Hence, we agree with Tusingire when he says that:

In reality the main causes for the success of these movements lies with the Church. The weaknesses in the way the members of the Church live and practice their faith, the way the Church carries out pastoral work and celebrates her liturgy all give good possibilities for the success of the new religious movements.¹⁵¹

As happens with certain syncretistic movements, some Church leaders and respected Christians could be attracted to the NRMs' teaching and practices simply because they claim to deliver their followers from the power of evil spirits, sorcery, magic and witchcraft. These are situations in which adherents find that mainline Christianity has failed to give an answer.¹⁵²

There is also the emotional aspect; this is also the realm in which most Christians grapple to find an answer. It has been remarked how in mission churches the atmosphere is simply dull for most Africans. NRMs are an attempt to find a place to feel at home, not only in worship but in the whole profession and expression of Christian faith. Beneath the umbrella of NRMs African Christians can

¹⁴⁹ See Frederick, TUSINGIRE, *Evangelization of Uganda: Challenges and Strategies*, (Doctoral Dissertation in Missiology) Rome, Pontificia Universitas Urbaniana, 1998, pp. 177-185. See also Frederick, NZWILI, "A Country of Prophets?: Bizzare Cults, Mixing Christian and Pagan Elements, Complicate the Problems of a Desperate Nation, in *The Catholic World Report*, January 2002, pp. 42-46.

¹⁵⁰ In Professor John Mbiti's words: "A fundamental cause which perhaps is not easily evident, is that mission Christianity has not penetrated sufficiently deep into African religiosity." See John, S. MBITI, *African Religions and Philosophy*, p. 233.

¹⁵¹ Frederick, TUSINGIRE, *Evangelization of Uganda: Challenges and Strategies*, p. 182.

¹⁵² See *ibid*, p. 183.

freely express their woundedness: shed their tears, voice their sorrows, present their spiritual and physical needs, respond to the world in which they live and empty themselves before God.¹⁵³

It is true that some people experience a kind of woundedness, which sometimes is brought about by estrangement and isolation. Modern changes have disturbed traditional solidarity, leaving an increasing number of African people with little or no support. The NRMs are attempts to establish new roots which may perhaps form a substitute for the disintegrating traditional solidarity. In NRMs often people know each other by name, get each other's attention to share a bit of personal history, on problems in the family, at work, etc.

Some of the woundedness, moreover, may have come about, as in the case of Uganda, because of the socio-political upheavals and the evil forces involved. In that case people who share a history of violence and injustice, may find a forum in these Movements to give testimonies of survival and success stories that raise spirits and provide some encouragement and hope to desperate hearts. For, unlike in mainline Christianity where the individual is lost in the multitude, the rather small groups of members of NRMs provide psychological areas where uprooted men and women find some comfort, a sense of belonging together, a feeling of oneness, and a recognition of being wanted and accepted. This too is an important aspect in the healing of the individuals and communities.

The manner of healing in these NRMs also is a point of attraction. Meinrad P. Hebga identifies three significant traits of healing in Africa that are practiced by NRMs. He writes that healing in Africa refers to a *holistic medicine* in that it treats the whole person. It is at the same time *community medicine* because the infirmity is a sign and expression of tensions, conflicts and breaks in equilibrium in the individual's relation with his/her neighbors. The individual is not sick in isolation but it is the whole social group to which he/she belongs that needs restorative healing. It is *liturgical medicine*; it is a celebration with the participation of visible actors. The drama unfolds between the officiator and the forces of good on the one hand, and the sickness and the forces of evil on the other.¹⁵⁴

Therefore, when one considers the context and experience out of which these African Independent Churches (or New Religious Movements) have developed, the validity of Appiah-Kubi's claim regarding the people's search for healing, begins to emerge. Whether those who go there actually

¹⁵³ See John, S. MBITI, *African Religions and Philosophy*, p. 234.

¹⁵⁴ See Meinrad, P. HEBGA, "Healing in Africa" in *Concilium*, Vol. 2, April 1991, pp. 61-63; See Jesus Angel BARREDA, "New Religious Movements in Africa," p. 9.

receive scientifically verifiable healing does not preoccupy us here. The fact is that some Christians have run away from mainline Churches to embrace and try out new possibilities. What are they looking for?

While reasons for the emergence of NRMs and their activities can be narrowed down to political, economic, and social deprivation and racial discrimination, like Appiah-Kubi, we contend that spiritual hunger is the main cause of the emergence of the NRMs. For in these Movements, religious needs of healing, divining, prophesying, and visioning are fulfilled by Christian means.¹⁵⁵ According to Nancy Schwartz, for instance, “the charismatic experience of healing, exorcism, ‘witchcraft’ negation and removal, prophecy, glossographia, dream interpretation and visions have been some of the most notable attractions in drawing members to Legio Maria of Africa Church Mission — one of the largest Independent Catholic Churches in sub-Saharan Africa.”¹⁵⁶

Without denying the possibility of other contributory motives, our contention is that those who subscribe to the NRMs are at least seeking to satisfy a hunger, to fill up a void, or to heal a kind of woundedness, or meet a need that has not been satisfied by their former religious or spiritual affiliations. At the heart of their spiritual hunger is the search for well-ness/well-being, or healing if you like. “Without reservation, James Ndyabahika concludes, [the] justification [of such NRMs] is: ‘we are because we heal’”.¹⁵⁷ Is it not a natural and spontaneous feeling to follow the person (healer) or join the ‘religion of life’ or better, the religion that gives life? The New Testament seems to point in this direction (see Mk 5:18-19). Unfortunately, there are some believers who have definitively severed their ties with the Catholic Church and chosen to remain in the new Religious Movements or sects/cults.

¹⁵⁵ Kofi, A. APPIAH-KUBI, and Sergio, TORRES, (eds.), *African Theology en Route*, Maryknoll New York, Orbis Books, 1981, pp. 117-118.

¹⁵⁶ N., SCHWARTZ, “Charismatic Christianity and the Construction of Global History: The Example of Legio Maria,” 1991, p. 1; Unpublished. See also Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 299.

¹⁵⁷ James, NDYABAHIKA, “The Spread of Non-Christian Religions in Africa; A Case Study of the Bacwezi-Bashomi Cult in south-west Uganda,” in *The Asia Journal of Theology*, Vol. No. 2, October 1995, pp. 291, 303. See also Frederick, TUSINGIRE, *Evangelization of Uganda: Challenges and Strategies*, p. 183.

2.6.3. The Kanungu Cult-Saga: Search for Healing Gone Wrong?¹⁵⁸

On March 17th 2000, more than 500 followers of the Movement for the Restoration of Ten Commandments led by Joseph Kibwetere perished in a blaze of fire in a church in Kanungu in Rukungiri district, about 240 kilometers southwest of Uganda/Kampala. Soon after the fire incident, several other victims from within the group were dug out of graves that were discovered at the homes of certain leaders of the Movement. Although the headquarters of this Movement were situated in the neighboring diocese of Kabale, and not in the Archdiocese of Mbarara, some of its early beginnings have their tentacles in Mbarara. All but one leader, plus a sizeable number of their followers originated in Mbarara. It is a fact that at the beginning the pioneers of the Movement first camped at Kibwetere's home in Ntungamo district. With their first followers (about 27 people), they started organizing courses and seminars at Kakoba, Mbarara, at the home of one Hilda Ruheesi. From there they organized various courses elsewhere, before the acquisition of land at Kanungu, which became the Movement's permanent headquarters.¹⁵⁹ Apart from Kanungu camp, there were other known branches elsewhere in Uganda. These were in Rutoma, Rubirizi and Rugazi in Bushenyi District; Kyaka in Kabarole District; and Buziga in Muranga village of Makindye Division, Kampala District.¹⁶⁰

Our study of this movement is selective, and basically tackled from the perspective of healing. The major guiding questions are: Why did members join such a movement or cult? Supposing that the Movement for the Restoration of the Ten Commandments of God had primarily a religious motive, did it also have anything to do with the topic of healing? We are convinced that this is a case of 'the search for healing gone wrong.' Is it not possible that behind the curtain of fanaticism (such groups have often been accused of being mere fanatics),¹⁶¹ lies a hidden quest for meaning, for healing? How did the Catholic Church (leaders) perceive and handle the Movement?

¹⁵⁸ While most of the information known on this movement has so far been from journalistic reports, our main source shall be the book published by Makerere University, after a committee of investigators from the Department of Religious Studies made research in and around Kanungu, and compiled a report of their findings. See S., KABAZZI-KISIRINYA, ed., *The Kanungu Cult-Saga*, p. 72.

¹⁵⁹ See *ibid*, p. 15.

¹⁶⁰ See *ibid*, p. 25.

¹⁶¹ Innocent Nahabwe, Journalist with *The New Vision* in Uganda, quotes Teresa (64), the wife of Kibwetere as saying: "that her family had been happy and peaceful until Kibwetere's fanatical commitment to the cult brought in confusion and division." *The New Vision*, Monday, March 27, 2000. See <http://www.newvision.co.ug/>

It is interesting to discover how the leaders of this movement had a history of problems. *Joseph Kibwetere* (68), the ‘chief apostle’ and main inspiration behind the movement, was “de iure” leader whose role was gradually reduced to receiving visions and instructions from heaven (Virgin Mary and God). He is seen largely as a man whose (socio-political) ambitions were not satisfactorily rewarded, before he turned to the ‘religious’ alternative. Furthermore, it is said that he had a history of mental illness. Here is a man who aspired towards power and yet was mentally not very sound!¹⁶²

Ceredonia Mwerinde (48),¹⁶³ who was considered the manager of every activity at the camp, was born in 1952 in Kanungu, at the site where the Movement headquarters was located. Not much is known about her early days, but it is said that she was a primary four drop-out and almost uneducated. Ceredonia does not seem to have had a decent past. Testimonies of those closely related to her reveal that Ceredonia was not all that religious before she became part of the Movement. She lived as a ‘con woman’ and her character was in some cases ‘unscrupulous’. It is said that together with her family, she was connected with sorcery and witchcraft. Ceredonia was associated with many deaths that were mysterious. An ex bar-tender and prostitute, she was emotionally unstable (had several successive husbands) and was a sort of a “social outcast” because of her lifestyle. However, beneath this image, she was a cold, ruthless and calculating woman. Also, she had a strong aspiration towards recognition and fame.¹⁶⁴ In fact to sum it all, Fr. Agostoni describes Ceredonia as “an ignorant person, a trickster, a murderer, for some time a drunkard, a primary school drop-out, and a self-proclaimed Sister, though she had gone to Church only five (5) times in eight (8) years.”¹⁶⁵

Fr. Dominic Kataribabo (64)¹⁶⁶ was known as the “movement bishop,” administered all the sacraments, taught, led worship and performed all related religious functions. Fr. Dominic was knowledgeable, admired for his exemplary life, eloquence, intelligence and pastoral zeal especially among the laity. He is reported to have executed his responsibilities well. However, Fr. Dominic was also an introvert, and had a reserved character. He was interested in his own thought and feelings and some people thought of him as a proud and ambitious man who was hungry for power. Beneath the

¹⁶² See S., KABAZZI-KISIRINYA, ed.et alii, *The Kanungu Cult-Saga*, 17-18, 48.

¹⁶³ See *ibid*, pp. 18-20, 48-49.

¹⁶⁴ See *ibid*, pp. 48-49.

¹⁶⁵ Tarsisio, AGOSTONI, “The Challenges of the Kanungu Tragedy,” Kampala, 2000, pp. 8-9. Unpublished.

¹⁶⁶ See S., KABAZZI-KISIRINYA, ed.et alii, *The Kanungu Cult-Saga*, pp. 20-22.

'urbane' appearance was a man driven by burning ambition to become a leading figure in the Church hierarchy to the extent that some people called him a 'hypocrite'. When these ambitions failed to materialize he seems to have been moved to despair and frustration. Dominic Kataribabo's name today has become widely known, not so much for his joining the Movement as a senior well educated catholic priest and for his contribution to the movement, but for the mass killings associated with the Movement. For, soon after the inferno at Kanungu, several mass graves were discovered in and outside his residence close to his parish of birth.¹⁶⁷

Here therefore, are three individuals who had problems on both personal and institutional levels, with a common denominator being the thirst for power, influence and recognition. These people seem to have had a history of problems on both a personal and an institutional level. Somewhere along the way, they became frustrated and disenchanted with the official church. This led them to become involved in the Movement as a way of living their religious life, as they saw and believed it.¹⁶⁸ With the exception of C. Mwerinde, who was rejected by her own people of Kanungu because of her tainted past, the other two used their status as 'seemingly' respectable people in order to recruit members to the movement but also used their manipulative skills to influence and totally control the lives of the movement members.¹⁶⁹

As regards the composition of the members in the group, it was mixed. The group was composed of people from different parts of the country and beyond, and from various religious backgrounds; it was heterogeneous in nature. The members came from various ethnic groups in Uganda namely: the Batooro, Bakonjo, Bahororo, Banyankore, Banyarwanda, Banyaruguru and Bakiga. Reports talk of some Baganda, and even Congolese. Contrary to what some sections of the media have reported, not all members were simple peasants.¹⁷⁰ It emerged that there were many who were educated and had a number of skills. There were teachers, carpenters, masons, businessmen, and ex-servicemen (police and army), ex-catechists, etc. On the question of religious background, although the founders and the first members were mostly of Catholic origin, it emerged that as the movement extended, people from

¹⁶⁷ See *ibid*, p. 49.

¹⁶⁸ See *ibid*, p. 43.

¹⁶⁹ See *ibid*, p. 50.

¹⁷⁰ Semwogerere Kyazze, editor of the *Sunday Monitor* (March 27, 2000), sees "The Movement for the Restoration of Ten commandments of God...as escapist measure that was largely taken up by the uneducated and suffering people." See <http://www.monitor.co.ug/>

other faiths and churches also joined. There were Protestants, Muslims and Seventh Day Adventists as well the unbaptized.

What is also clear is that the majority consisted of women and children, though men were also members. It is true that it is mostly women and children who died in the Kanungu fire.¹⁷¹ As a phenomenon, it is the case even in the mainstream churches that the majority of usual churchgoers are women and children. In this case there were more circumstances at play. It has come to light that many of the women who were recruited to the movement were vulnerable and had a history of problems: personal, social, emotional, domestic (harassment and abuse), marital (widows), medical (sickness) and financial/business (unemployment). A number of them were running away from oppression and marginalization, thus making themselves an easy target. As for children, where the mothers are, the children are likely to be. Is it true as it has been reported by journalists that many of the followers of the movement were AIDS victims? There is not verifiable evidence to this claim,¹⁷² but if it be true, the Movement would be some answer to them who hoped against hope.

Some joined the Movement for social security reasons because of certain promises. The promise of a life where all one's needs, e.g., food, shelter, clothing, education for the children would be taken care of, as well as guarantee of recognition, tempted many. No doubt the leaders in turn exploited and capitalized on this situation to the maximum.¹⁷³

A good number of the members could have genuinely been on a search for a deeper spirituality, trusting that this was yet another authentic "Marian" movement within the Catholic Church.¹⁷⁴

Was the Movement for the Restoration of Ten Commandments of God for these people a kind of response to a deep-seated search for meaning, for fulfilment and healing? Some other means could have been employed to bring about 'restoration', or 'renewal', but the Movement was chosen. Unfortunately, it was not a happy ending. For Joseph Kibwetere and Fr. Dominic Kataribabo at least,

¹⁷¹ Several reporters have confirmed this fact. John Kakande of the *New Vision* of 22 March, 2000 reports Prof. Edward Rugumayo saying in a ministerial statement that information received put the number of the mass suicide victims at 530, 78 of them children. *The New Vision*, 22 March, 2000, adds: "Police said they were treating the case as both suicide and murder, because the bodies of at least 78 children were found among the dead." See <http://www.newvision.co.ug/>

¹⁷² See S., KABAZZI-KISIRINYA, ed.et alii, *The Kanungu Cult-Saga*, p. 43.

¹⁷³ See *ibid*, p. 50.

¹⁷⁴ See *ibid*, p. 50.

we may say that the Movement was used as a spiritual means of escape from past disappointments and shattered dreams. Or might they have suffered from some form of delusional disorder? Was Ceredonia too searching for psychological escape (or fulfilment) out of the rejection by her own people, and as a spiritual compensation for her dark past? Whatever the motives were, their actions had repercussions that involved many more than themselves. Caught up in the schemes that were not of their making, followers were carried away by the wave of their leaders' sickness and fell victim of it.

The initial goal of the Movement appears to have largely consisted of religious renewal and a bit of socio-economic development. After the Movement established itself at Kanungu, locally known as Katate, soon the members nicknamed the site in the local language "*Ishayuriro rya Maria*", literally meaning "the place where Mary rescues her people," or a place of restoration. Why restoration? Fr. Agostoni suggests that the earliest beginnings of the Movement could have been an attempt to bring about renewal in society and the Church, through the restoration of the Ten Commandments of God, because the prevailing conditions in the society of the time provided the premises for it.¹⁷⁵ Prominent members in the Movement felt that the Church was not doing enough in terms of moral and spiritual renewal.¹⁷⁶ Would God soon intervene to punish sinful humanity, if nothing was done? These fears may partly explain the Movement's resorting to visions and the apocalyptic doctrine, especially about the end of the world (Millennianism).¹⁷⁷ In other words, it is as if the members felt that society and the Church needed, cleansing and healing. However, what started as a positive undertaking gradually developed into

¹⁷⁵ Fr. Agostoni seems to confirm our argument that the members in the Movement were searching for meaning, for renewal, for healing. Agostoni observes that, he (D. Kataribabo) wanted to restore the observance of the Ten Commandments. Nobody can condemn his good intentions. What was seen in Uganda is as follows: rebel groups who kill people, displace them. Raping women and girls was increasing, rampant corruption, embezzlement of public funds, innocent people sentenced to death, false testimonies, claims to full freedom of sex, unwed mothers, pregnant teenagers, etc. The majority of young people had abandoned many good, moral African traditions, but at the same time they never fully understood the principles of Christianity. The youth found themselves at a crossroads, they easily embraced whatever material/financial advantage attracted them. They might even betray their original faith. See Tarsisio, AGOSTONI, "The Challenges of the Kanungu Tragedy," pp. 4-5.

¹⁷⁶ Fr. Paul Ikazire, who abandoned the Movement before the events of Kanungu came to pass, testifies: "*We (Fr. Dominic and myself) joined the movement as a protest against the Catholic Church. We had good intentions. The Church was back sliding, the priests were covered in scandals, and the AIDS scourge was taking its toll on the faithful. The world seemed poised to end. Joseph Kibwetere and Caledonia Mwerinde, the leaders of the cult and some people came up with a vision that the only way to halt this eminent end of the world was to begin a movement that would enforce strict adherence to the ten commandments of God.*" Ibid, pp. 4-5. (Emphasis in the original).

¹⁷⁷ See John Mary, WALIGGO, "The Kanungu Tragedy," pp. 10, 11

something else, as later events would show. Perhaps their intentions were good, but the leadership of this Movement committed fatal errors of doctrine and lifestyle. For instance, with their ideas of a sinful humanity and a punishing God, the leaders of the cult terrorized people by postulating false predictions. In fear, people became completely submitted to them, and accepted an inhuman kind of life which included silence from dawn to dusk (sometimes 24 hours), little food, hard labor, long prayers, very little time given to sleep, etc. It is well known that lack of food and sleep makes people physically and psychologically weak and unable to take strong personal decisions. To complain would have been a sin that would lead one directly to hell! All lies. The leadership blindfolded the group to accept the authenticity of visionaries. They complied with deceptions, intimidations, and grave exploitations.¹⁷⁸ As violations of human rights, child abuse and even killings became rampant, the movement degenerated. The search for healing became a road to further sickness!¹⁷⁹

2.6.4. The Local Church vis a vis Kanungu Sect

Much as we condemn this suicidal act in the strongest terms, there is much to learn from it. What is the Lord telling us? No one can avoid looking back and looking forward. The first reaction is for all of us, to ask for God's forgiveness for whatever lack of clarity in our guidance for our beloved ones, as Bishops, Priests, Religious or as lay members of our Catholic Community...Then, we as leaders of the Catholic Church in Uganda, wish to repeat clearly that any form of religiosity that leads to separation from the Family of God in Uganda cannot be God-given.¹⁸⁰

The above message that was given by the Catholic Bishops of Uganda, following the mass suicide of Kanungu, is a good starting point in our reflection on the Church's pastoral concern, not only for the Kanungu sect, but for all New Religious Movements. First of all, the Kanungu tragedy becomes a wake up call toward critical self-examination. On what the Bishops call "lack of clarity in our guidance for our beloved ones...", Fr. John Mary Waliggo (a Ugandan priest, theologian and Church historian) questions: "Is there anything that has gone wrong? Is there something we should have done in our evangelization but which we have not done?" And he answers in the affirmative.¹⁸¹ The general

¹⁷⁸ See Tarsisio, AGOSTONI, "The Challenges of the Kanungu Tragedy," p. 6.

¹⁷⁹ See S., KABAZZI-KISIRINYA, ed. et alii, *The Kanungu Cult-Saga*, p. 48.

¹⁸⁰ UEC, "A Message to the Catholic Community and People of Good Will in Uganda Following the Mass Suicide of Kanungu," Kampala, Uganda Episcopal Conference, 21st March 2000, p. 3

¹⁸¹ John Mary, WALIGGO, "The Kanungu Tragedy," p. 12.

weakness in the Catholic Church in Uganda, he observes, has been slowness to read and interpret the signs of the times in order to provide timely guidance. This has partly come about due to alienation: evangelization and ministry have dealt more with crowds than encourage personal contacts, family to family visits. Moreover, modern administration of the Church has made it so difficult to have time for pastoral ministry amidst the people to fully know their anxieties, problems, fears, hopes and joys. Thus, the Catholic Church, in her evangelizing role, assumed that all the members in the Church were solidly one with their Shepherds (leaders), and failed to notice that in fact there had been clear break-away groups since the early 1970s.¹⁸² While commending the awareness campaign on HIV/AIDS, he suggests that the Church was slow to discover the impact of this pandemic on the religious faith and practice of the people. Yet, whatever person or group comes along claiming to have a cure for HIV/AIDS will straight away attract a large following. Waliggo laments the lack of new pastoral guidelines, since Vatican II, to the many devotions, some of which are rather excessively carried out, in an exaggerated manner. And in our case, apart from policies that govern medical health care, there were hardly any guidelines on the ministry of healing in general. Worse still there is little knowledge on cults in Uganda: cults centered on money; cults centered on search for knowledge (gnosis); cults centered on power, on healing; cults from abroad (e.g. Asia, USA, Europe and Latin America).¹⁸³

However, to say that the Church was totally unaware of what was going on, or to say that her leaders simply sat back and did nothing would be an exaggeration. In the case of the Kanungu saga, there is evidence to indicate that “the local religious leaders constantly warned their “flock” to beware of the movement and it’s members.”¹⁸⁴ For instance the two bishops of the Archdiocese of Mbarara, the birth place of the majority of its leaders, where the Movement first operated, tried hard to offer guidance to the leaders of this group and to prevent them from separating from the Catholic Church. Both Rt. Rev. John Baptist Kakubi (now Bishop Emeritus) and Archbishop Paul K. Bakyenga, the current Ordinary of the Archdiocese of Mbarara, set up teams to study the doctrine and activities of the Movement in its

¹⁸² New Religious Movements, sects and cults were actually preying on what journalist Crespo Sebunya, calls: “A frustrated population that increasingly saw the Catholic Church leadership remote to them.” See *All Africa News Agency*, Kampala (March 24, 2000). See <http://allafrica.com/uganda/>.

¹⁸³ See John Mary, WALIGGO, “The Kanungu Tragedy,” p. 12.

¹⁸⁴ S., KABAZZI-KISIRINYA, ed., *The Kanungu Cult-Saga*, p. 32.

initial stages. The teams made reports and submitted them to the competent authority.¹⁸⁵ Before they imposed sanctions on the leaders of the Movement, the Ordinaries were quite appealing and solicitous in their approach. Several letters and warnings were issued but to no avail. As the then Ordinary of the Diocese writes, it was “After a long and arduous period of consultations, prayer, discussion with you, by myself personally or others” that decisive steps were taken.¹⁸⁶ “We have made every effort possible on our part to leave all channels open for dialogue in the hope that a favourable solution to the present state of affairs.... You can recall the number of visits we have paid to you, and how earnestly we have entreated you to reconsider your stand, but disappointingly, no reciprocal move has been noted on your part,”¹⁸⁷ Rt. Rev. Paul K. Bakyenga was later to write.

The authorities in the Archdiocese of Mbarara were not the only ones concerned about the new Religious Movements. Bishops from the neighboring dioceses shared a common vision, realizing the divisive nature of such Movements, and the threat they posed to Christian unity and disruption of the faith. Rt. Rev. Adrian K. Ddungu, the Ordinary of Masaka Diocese at the time, also wrote a pastoral letter to priests, religious, and the laity of his Diocese addressing such issues and calling all Christians to walk together in faith and unity.¹⁸⁸ Since some of the Visionaries and members of the Movement for the Restoration of the Ten Commandments of God originated and operated in Kampala, Emmanuel Cardinal Wamala, Archbishop of Kampala, also consulted considerably with the bishops of

¹⁸⁵ See Andrew Avellino, MUGAIGA (secretary), et alii, “A Short Report about Mr. J. Kibwetere and 4 Other Visionaries,” Mbarara, April 1990, p. 7. However, at the time the report did not see the Movement as totally erroneous. Instead the team saw that “God is using this [the Movement] to call for a [sic] change in evangelization in our times...About Prayer and Renewal...a call for us to work for the spiritual renewal in our diocese. To teach the right approach to all devotions, Confraternities and Movements in Lay Apostolate...,” Andrew Avellino, MUGAIGA (secretary), et alii, “A Short Report about Mr. J. Kibwetere and 4 Other Visionaries,” Mbarara, April 1990, p. 7.

¹⁸⁶ Bishop John Baptist Kakubi wrote several letters: See J. B., KAKUBI, “Re: My Declaration on Our Mission to Preach and Teach the Public in Mbarara Diocese”: Letter, Mbarara, The Bishop’s Office, 21 Dec., 1989, p. 1; “Re: Your Withdrawal from Care of Souls,”: Letter, Mbarara, The Bishop’s Office, (date not indicated), p. 1; “Omw. Kibwetere na Bagyenzi Baawe...” (Mr. Kibwetere and your Colleagues): Letter, Mbarara, The Bishop’s Office, 21 May, 1991, p. 1. Similarly, the successor, Archbishop Paul K. Bakyenga, also kept on inviting the group to come back to the flock. See P. K., BAKYENGA, “Re: Frs. D. Kataribabo, P. Ikazire”: Letter, Mbarara, The Bishop’s Office, 18th January, 1991.

¹⁸⁷ P. K., BAKYENGA, “Re: Suspension of Your Priests Allowance from the Diocese”: Letter, Mbarara, The Bishop’s Office, 22 July, 1994, p. 1.

¹⁸⁸ A. K., DDUNGU, “Re: *Ekirangiriro ku by’Okulabikirwa mu Ssaza ly’e Masaka*,” (literally, “Declaration on Apparitions in the Diocese of Masaka”), Masaka, Bishop’s House, 31st May 1990, pp. 1-19.

Mbarara. And it was in this same spirit of pastoral guidance, soon after the tragedy of Kanungu, that the Catholic Bishops of Uganda wrote their Pastoral Letter, *Test the Spirits*.¹⁸⁹

2.6.5. Recapitulation

In all this, our contention is that judging from the history of the leaders of the Movement, socio-political and cultural ambience from which they and the rest of the members came, the method of recruitment, the doctrine, discipline and activities of the group, the formation of the Movement, the relationship with the Church and society around them, the Movement for the Restoration of the Ten Commandments of God was both a cause and a symptom of a sickness that called for healing. Why a symptom? Because the Movement would not be calling for restoration if there was no reason to convince members that such an appeal was genuine. Is it possible that everyone in the Movement was deceived? A cause, because in the end members of this group weren't fulfilled, nor were they healed; instead the gaping hole that the Movement was meant to fill, turned into an abyss, as the tragedy of 17th March 2000 unfolded. In the aftermath of the Kanungu event, perhaps out of frustration and disgust at what had taken place, some of the Christians (eg. Rugazi Parish)¹⁹⁰ vowed to return to traditional religious practices of their ancestors.

2.7. The Contribution of Traditional Healers

2.7.1. General Overview

[Christianity has]...hardly changed people's views on cause and management of diseases. Many people first consult native medicinemen and if these fail, then they go to hospitals. Alternatively they get admitted to hospitals but get secret visits from native medicinemen [sic] and do take both western medicine and herbs at the same time. It must be conceded however, that many patients get cured with traditional medicine.¹⁹¹

¹⁸⁹ See UEC, *Test the Spirits: Pastoral Letter of Catholic Bishops of Uganda to the Faithful on Cults, Sects and "Religious" Groups*, Kampala, 15th June, 2000, p. 3.

¹⁹⁰ Rugazi Parish is the home place of Frs. Dominic Kataribaabo and Paul Ikazire. The Movement for the Restoration of the Ten Commandments of God not only had followers in this place, but the people witnessed the horror of dead bodies being exhumed from the house of Fr. Dominic Kataribaabo.

¹⁹¹ Anatoli, WASSWA, "The Research of Herbal Medicines in Uganda," St. Luke Ganda-Health Club, Kiteredde-Masaka, 1991, p. 4. Bro. Fr. Anatoli Wasswa is a Munnkalori Brother, a local Religious Congregation in Uganda. He got interested in traditional healing methods and started a traditional Herbs Clinic, where many patients come to consult and receive medication for numerous sicknesses. Bro. Fr. Anatoli's words, therefore, are certainly based on the experience he has acquired over many years of

The words of Brother-Father Anatoli Wasswa are quite appropriate as an introduction to this section, since they reflect the people's refusal to abandon native means of therapy. Their continual use of native means hand in hand with conventional medicine, thus indicates how crucial the need is to integrate the ministry of healing. This, like the proliferation of NRM, is another challenge for the Church as far as the mission to heal is concerned.

It is true that Christianity has been in Ankore almost one hundred years now. Numerically, the majority of the population is Christian. As regards the self-propagation of the Church, the area has produced indigenous church leaders and personnel. The outstanding educational and social development institutions have all been influenced by Christianity. One could correctly conclude that Christianity is now firmly rooted in the area. But one is also correct in adding that Christianity in Ankore is far from being immune to the challenges, and what some consider to be 'threats' (to the Christian faith) from traditional religious beliefs and practices. This is most evident in the face of sickness and disease, and the way people resort to native means of healing.

Brother-Father Anatoli's observation is not an overstatement. From what he says we identify basic movements that characterize the practice of healing among the Banyankore (amongst whom Brother-Father Anatoli has worked). First of all, it is true that a good number of patients first consult traditional healers before even thinking of going to a health clinic or hospital. "The majority of the patients I treated, either as out-patients or in-patients," Dr. Andrew Collins testifies, "already had recourse to traditional medicine prior to presentation at the health clinic."¹⁹² The opposite is also true, there are some who first use conventional forms of therapy, and only later resort to traditional healing, when the former means have failed them. This second movement, we might say, has the biggest number of adherents. And then, in between there are those who use both means (or even other supplementary ones) concurrently; or they keep switching from one to the other. Over and above these categories there are two others: those who purely use conventional means, and have no use for traditional medicine,

researching and working with traditional healers and healing practices. His work goes as far back as 1980. He has his work-base in Masaka, a neighboring diocese to the Archdiocese of Mbarara, but also runs mobile clinics at Parish Stations in several dioceses around the country. He visits the Archdiocese of Mbarara at least once a month.

¹⁹² Andrew, COLLINS, *Issues Surrounding the Setting Up of Clinical Trials on Traditional Herbal Medicines in Uganda: Dissertation Submitted in Partial Fulfilment of the Requirements of the Masters of Science Degree in Infection and Health in the Tropics*, London, London School of Hygiene and Tropical Medicine, University of London, September 1999, p. 1.

despising it as unscientific, outdated and useless. And within this category is a small group who, on the basis of Christian beliefs or other religious (fundamentalistic) tendencies, think that traditional medicine contains elements incompatible with true Christian living. Since the coming of conventional medicine, it is impossible to imagine that there are people who entirely depend on only traditional means of healing.

It is evident from the presentation above, that traditional means of healing still have many adherents. Despite its global outreach, the comparatively young Western system of medicine has not replaced indigenous health systems as the worldwide health practice of choice. At least 80% of the population in most developing countries rely on traditional medicine as its primary source of health care.¹⁹³ In Uganda it is estimated that over 85% of people use traditional medicine for treatment of their diseases.¹⁹⁴ As a matter of fact, according to Dr. Collins, it is not just the poor and the ignorant who use traditional medicine, often the well educated and sensible, some even among the health care staff, also consult healers or take herbal remedies. It appears that the majority of people respect genuine herbalists and believe in their treatments.¹⁹⁵

The total number of traditional healers in Uganda is unknown, although a number of widely varying estimates have been made by researchers. A UNICEF 1987 publication states that there are traditional healers in every village in the country and their number may total 6,000 or more nationwide. Also the study of 229 traditional healers focusing on treatment of diarrhea diseases revealed the existence of 2 or more healers in every village visited. The number could even be bigger since the majority of traditional healers do not want to identify themselves as so.¹⁹⁶ The Traditional and modern

¹⁹³ See *ibid*, p. 2.

¹⁹⁴ See J., B. KARIM MUSASIZI, National Council of Traditional Healers and Herbalists Association (NACOTHA): Minutes/Mission Statement, Kampala, 1998, p. 3. Unpublished. Dr. Karim Musasizi is the Vice-President of NACOTHA; he operates in Kampala.

¹⁹⁵ Andrew, COLLINS, *Issues Surrounding the Setting Up of Clinical Trials on Traditional Herbal Medicines in Uganda*, p. 1. There is evidence (literature) to indicate also that herbal/natural remedies are increasingly becoming popular in Europe and North America, appearing under terms like 'alternative', or 'complementary' medicine. See for instance Norman, C. SHEALY, *The Illustrated Encyclopedia of Healing Remedies: Over 1000 Natural Remedies for the Prevention, Treatment, and Cure of Common Ailments and Conditions*, Shaftesbury, Dorset, UK, Element Books Limited, 1998; Larry, P. CREDIT, et al., *Your Guide to Complementary Medicine*; František, STARY, *The Natural Guide to Medicinal Herbs and Plants*, Twickenham, UK, Tiger Books International PLC, 1998.

¹⁹⁶ See AIDS PROGRAM ANNUAL WORKSHOP, "Working Together: Traditional and Modern Health Care Practitioners and HIV/AIDS," AIDS Program Annual Workshop, in *AIDS Link* # 39-40, n.d.,

Health practitioners Together Against AIDS and other diseases (THETA) study, for instance, identified 154 traditional healers in Kashari County alone (in Mbarara District), one of the least populated among the counties in the Archdiocese of Mbarara. With that average the estimates could soar to over 1500 traditional healers in the whole of the Archdiocese.¹⁹⁷ Yet it is estimated that in present day Ankore there is one doctor/physician to approximately 15000 people, thus confirming what is commonly held namely, that in the developing world, traditional practitioners far outnumber modern health professionals.¹⁹⁸ Let us mention two specific cases of traditional (native) healing: Traditional Birth Attendants (TBA), Bachwezi-Bashomi.

2.7.2. Traditional Birth Attendants (TBA).

TBA is defined as “A person (usually a woman) who assists the mother at childbirth and who acquired skills of delivering babies by herself or by working with other traditional birth attendants.”¹⁹⁹ Although health services throughout the world are expanding, 60-80% of the births in developing countries still take place outside the health facilities, helped by trained or untrained Traditional Birth Attendants. Of all deliveries in the world, 85% take place in developing countries and less than 50% of these deliveries are attended by trained medical personnel. Moreover, in many countries, 80% of the population live in rural areas and there are insufficient midwives for adequate village services. Similarly, conventional health systems do not reach the majority of children and families in rural areas of the developing countries.²⁰⁰ Hence, over the years the number of maternal

p. 4.

¹⁹⁷ See THETA, “THETA Outreach STD/AIDS Training Programme in Mbarara District: Status Report,” Mbarara, August 1999, p. 2. THETA is an indigenous NGO initiated by a collaborative effort between The AIDS support Organization (TASO) Uganda Ltd. and MSF-Switzerland. It began in 1992 as a clinical study in Kampala evaluating with traditional healers the effectiveness of local herbal treatment for selected AIDS-related diseases. The success transformed the project into an organization working with Traditional Healers (THs) in HIV/AIDS education and counseling and improved care. THETA is a mutually respectful collaboration between THs and Biomedical Health Practitioners (BHPs) in the fight against AIDS and other diseases. See THETA, “THETA Outreach STD/AIDS Training Programme,” p. 1.

¹⁹⁸ See AIDS PROGRAM ANNUAL WORKSHOP, “Working Together: Traditional and Modern Health Care Practitioners and HIV/AIDS,” p. 4.

¹⁹⁹ Quoted in Rose, N., NTEGAMAHE, *Post Natal Practices by Traditional Birth Attendants*, p. 5. Sr. Rosemary Ngabirano Ntegamahe is a religious nun of the Congregation of Our Lady of Good Counsel Sisters based in the Archdiocese of Mbarara; she is also trained medical nurse.

²⁰⁰ See *ibid*, pp. 5-6.

deaths from pregnancy and child birth has remained high. It is estimated that half a million women die every year, of these 99% occur in the developing world. Many of the deaths occur in the Sub-Saharan Africa, Uganda inclusive.²⁰¹ There is no reason, therefore, why Traditional Midwives should not be recognized globally, since they are as old as traditional societies all over the world. They are found almost in every village, and with or without legal permission will continue to attend births. In fact TBA conduct between 50-90% of all the deliveries²⁰² most especially in Africa, including Uganda. Traditional Midwives and healers remain a source of health care in locations which cannot be reached by medical personnel.

Sr. Rosemary Ntegamahe carried out a study in one small subdistrict of Ibanda about 60 kms north of Mbarara. The area is made up of Ibanda and Kazo counties (see Appendix I, map No. 5). At the time of the study the subdistrict served a population of about 212,657 people (1991 census). Being a rural area, the medical services and facilities are not accessible to the majority of the population. There is only one referral hospital — Uganda Martyrs Ibanda — in the area, and there are nine health units which offer maternal and child health services. The conditions have not changed much since the time Sr. Ntegamahe carried out her study in the 1990s. In all Sr. Ntegamahe identified and interviewed eighty (80) TBA, from the 14 villages of Kazo and Ibanda counties. Forty of these had never received any form of training in the ‘modern’ sense. The rest of the TBA had some kind of training.²⁰³ It is true that her study had certain limitations: it was done in one subdistrict and cannot be generalized to reflect other parts of the Archdiocese or country. And moreover, because of feelings of insecurity, some TBA were unwilling to be identified. But still her study offers some insight into how much traditional forms of healing are alive and still popular; her study indicates that even in the face of the advances in modern technology and conventional medicine, the use of traditional means for healing is still widely practiced.

2.7.3. Christian Faith vs. Traditional Healing Practices: The Abachwezi-Bashomi Cult

The religious practice under consideration is popularly known in the native language as ‘Abacwezi-Bashomi’. The cult takes its name from a combination of two words: ‘Bachwezi’ and

²⁰¹ See *ibid*, p. 1. See also Global Child Health News and Review, 1993, <http://edie.cprost.sfu.ca/gcnet/gchnr-11.html#ChildHealth2000>

²⁰² See Rose, N. NTEGAMAHE, *Post Natal Practices by Traditional Birth Attendants*, pp. 6-7.

²⁰³ See *ibid*, pp. 17, 20.

‘Bashomi.’ The word ‘Bachwezi’ derives from a legendary dynasty said to have occupied most of Central and Western Uganda, parts of Tanzania, Rwanda and Burundi. They are believed to have had mystical powers to assist people in hostile circumstances and to provide fertility, health, and the general well-being of families and communities. With time the spirits of such ancestors were considered to have joined the ranks of divinities. ‘Bashomi’, on the other hand, is a local name for Christians.²⁰⁴ Says Edward Baingana-Muntu, “In its present state, the cult shows Christian elements mixed in an awkward amalgamation with native religious beliefs and practices.”²⁰⁵ Even if such descriptions lead us to think of this cult as presenting “another face of syncretism”; and even though some writers would want to consider it among the New Religious Movements,²⁰⁶ our view is that it is still largely traditional in its operation, and we shall consider it so.

Many of the adherents of the cult are Christians (abashomi). In their rituals, the Bible and the Rosary have a very important role to play. They sing Christian songs and their prayers are said through Jesus Christ. They invoke the help of angels and saints (abarungi-‘the good ones’). However, ancestors have a prominent part in their rituals as well. Also, the use of local elements like gourds, milk pots, beads, grass for mulching the floor, indicates how the cult does not part with native practices.

The main preoccupation of the cult is healing.²⁰⁷ People go to the cult in search of solutions to predicaments for which medical care and Christianity have no answer: those who suffer barrenness, impotence, sicknesses attributed to evil spirits, and long illness. Adherents are often attracted by an approach to healing that takes care of the whole person, combining native herbs, prayers (incantations, invocations), songs, clapping, divination through trance, and related rituals.

2.7.4. Church Vs. Bachwezi/Traditional Healing: Successes and Pitfalls

The Church’s view of the Bachwezi-Bashomi and traditional healers in general, is

²⁰⁴ ‘Bashomi’ is taken from the days of missionaries who taught their converts not only prayers but also how to read and write; Christians were then called in the native language ‘abashomi’ (‘pray-ers’/‘readers’). For a more comprehensive study, see James, NDYABAHIKA, “The Spread of Non-Christian Religions in Africa,” pp. 291, 303ff; Frederick, TUSINGIRE, *Evangelization of Uganda: Challenges and Strategies*, pp. 182-183; and Edward, BAINGANA-MUNTU, “Abachwezi-Bashomi in Ankore,” 1990, pp. 53-56 and passim.

²⁰⁵ Edward, BAINGANA-MUNTU, “Abachwezi-Bashomi in Ankore,” p. 53.

²⁰⁶ See Frederick, TUSINGIRE, *Evangelization of Uganda: Challenges and Strategies*, p. 183.

²⁰⁷ See James, NDYABAHIKA, “The Spread of Non-Christian Religions in Africa,” p. 290.

dominated by skepticism and suspicion. Although some have tended to depart from the condemnatory attitude of the early Christian approaches, there is evidence to indicate that some pastors, preachers, and members of various Christian communities continue to summarily castigate believers who get involved with native healing practices. “The more radical ministers have sometimes carried out a crusade, going as far as burning down shrines of traditional practitioners.”²⁰⁸ According to the Charismatic Movement Diocesan Service Team (DST) report of December 2000, 61 cases/items of ‘witchcraft’ and 6 ‘Satanic shrines’ were burnt in that year alone.²⁰⁹ Some face disciplinary measures (penalties) for having been involved with traditional healers, before they are re-integrated in the Christian community.²¹⁰ Yet, the fact is that many flock to traditional healers for consultation and healing, some discreetly, others openly. Why do believers adamantly continue to consult traditional healers, in spite of opposition from their Christian communities?

It is not difficult to discover the reasons why, even with the availability of conventional medicine, and conversion to Christianity people (believers) still visit native healers. Let us reiterate some of the factors in this regard. Some of these have to do with access to health units, availability of medical staff, and the expenses involved. There are those who simply cannot afford the costs of transportation and related inconveniences, necessary to reach the health centers which are often very far away. Consultation fees and drugs prescribed are also an added expense that many patients cannot afford. And at the health centers, money has to be paid immediately on the spot; no services on credit. Some patients have also complained of medical staff that are impatient and mean — perhaps due to fatigue, because they work long hours and deal with multitudes.

On the other hand, consulting the native healer seems to offer more advantages for the clients. A patient can find a native healer available next door, one that has ample time to listen to all his/her health complaints, with no need for appointments or waiting long hours. The native healer does not insist on cash; he is ready to accept tokens and gifts other than money, and is even open to giving services and medication on credit. Patients and their relatives can present their predicaments to a healer that knows them by name, instead of having to confide in a stranger, who does not even speak their

²⁰⁸ Bonaventure, TURYOMUMAZIMA, “The Traditional Healer among the *Abachwezi-Bashomi of Ankore*,” p. 21.

²⁰⁹ See table, in DST MINUTES, “DST Meeting held at Karama-Mbarara,” p. 5.

²¹⁰ See Bonaventure, TURYOMUMAZIMA, “The Traditional Healer among the *Abachwezi-Bashomi of Ankore*,” p. 21.

language. The native healer is likely to assure the patients that they can come back at any time for further consultation. If the patients have all these advantages with the native healer, why not resort to Western medical care only as a last resort?

Again, as we noted above, it is not just the poor who consult native healers but the well to do as well. Even with a health center close by, and a physician available, some patients still prefer native healers. Why? Perhaps because in practice Western health care often does not share the African concept of human life or world-view, as far as sickness/disease and healing are concerned. The African (including Banyankore) approach to illness and the search for healing is more multidimensional, holistic, nature-oriented, and better integrated. Unfortunately, as Dr. Hans-Martin Hirt and Bindanda M’Pia observe, “One look at an Africa hospital ...[or pharmacy today] reveals that Africans are being treated the European way only, not nature-oriented.”²¹¹ Native approaches to healing attempt to make a balance between diagnosis, medication, and counseling — enveloping all with ritual. So, by going to the traditional healers, it would seem, Africans (Banyankore) are seeking to satisfy their hunger for healing on all levels. From time immemorial the native practitioner has existed in traditional society, consulted by the people, and respected. Would one still say, then, that traditional (native) healing practices have nothing good to contribute?

Traditional medicine, however, is not without grey areas.²¹² Because of little knowledge regarding the anatomy of the human body, some traditional practitioners have failed to make proper diagnosis. Some of the sicknesses that are largely physiological have sometimes been attributed to the spirits. Inaccurate diagnosis many times has led to arbitrary prescriptions. Collins testifies to “Delays in seeking western treatment as a result of taking herbal medicines [leading] to deaths and morbidity. Others had signs of scarification, while others came with aspiration pneumonia after being administered herbal remedies orally while unconscious.”²¹³ Bro. Father Anatoli observes how, “The native medicinemen...invoke the implication of spirits, thereby increasing fear in their patients. They attribute

²¹¹ Hans-Martin, HIRT, and Bindanda, M’PIA, *Natural Medicine in the Tropics*, p. 5.

²¹² For a more elaborate illustration of the pitfalls of traditional healing practices, see Bonaventure, TURKOMUMAZIMA, *The African Concept & Practice of Healing and the Church’s Mission to Heal: The Need for On-Going Dialogue. A Paper Submitted in Partial Fulfillment for PhD Research Course in Theology*, Ottawa, St. Paul University, June 1999, pp. 23-27.

²¹³ Andrew, COLLINS, *Issues Surrounding the Setting Up of Clinical Trials on Traditional Herbal Medicines in Uganda*, p. 1.

the cure of their patients to the strength of their intervention or mediation with the spirits.”²¹⁴ The native doctor’s explanation of disease evolves around spirits, or failure to observe a custom or religious practice, or misfortune due to unappeased angry gods. An accident like falling off a bicycle, infection like tuberculosis or obstruction of the gut will all be explained as witchcraft. The reason why such explanation is given is often to convince the patient that the native doctor has supernatural powers and that the patient should submit to his treatment and all the demands that the traditional healer may make. Involving spirits in the diagnosis (by use of divination in search of the root cause of the disease), however, sometimes leads to victimization of innocent relatives and neighbors. While “our traditional ceremonies, rites, taboos, medicines, etc., had deeply religious meaning, some ...[with] very positive elements of social cohesion,”²¹⁵ certain native healers named names: accusing some of being the cause of sickness. Such accusations bring conflicts and disharmony in society. Bro. Father Anatoli found out also that the antics of the native doctor were found to be in most cases, irrelevant to the curative powers of the medicines they administered. Provided that the proper diagnosis has been reached these medicines will work very effectively, freed from the fetters of superstition or witchcraft which is a profane culture.²¹⁶

Baingana-Muntu’s description of “Abacwezi-Bashomi” as a “cult that operates in obscurity and whose true colours have yet to be brought into daylight and identified”²¹⁷ could as well be applied to a number of activities carried out by traditional healers. While professional secrecy is not something proper to traditional medicine (Western medicine has often been secretive to protect economic and related interests),²¹⁸ the impression one gets is that the shroud of secrecy and mystery weighs down upon native medicine, so much so that it remains the monopoly of the medicineman who may use it to manipulate clients at will. It is true that there are a multitude of genuine native healers (especially in the villages), but one must also admit that there are those who do it for their own economic gain. Recently, healing has turned into a business in some towns. Others still practice medicine to promote interests like personal prestige, the checking of husband’s misconduct in domestic circles, and

²¹⁴ Anatoli, WASSWA, “The Research of Herbal Medicines in Uganda,” p. 5.

²¹⁵ See *ibid.*, p. 3.

²¹⁶ See *ibid.*, p. 3.

²¹⁷ See Edward, BAINGANA-MUNTU, “Abacwezi-Bashomi in Ankore,” p. 53.

²¹⁸ See Hans-Martin, HIRT, and Bindanda, M’PIA, *Natural Medicine in the Tropics*, pp. 6-7.

minimizing anti-social elements that have nothing to do with healing per se, and are not necessarily beneficial.²¹⁹

Traditional healers have sometimes operated and treated their clients under unhygienic conditions, exposing patients to further dangers of infection. Sr. Rosemary Ntegamehe observes such setbacks among the TBA, but it happens with several other traditional practitioners.²²⁰ Hence, traditional healing is not a final answer to the many sicknesses that afflict patients among the Banyankore of the Archdiocese of Mbarara.

In spite of these limitations, the trends seems to indicate that traditional forms of healing in Africa (among the Banyankore) will continue to operate alongside modern technology and conventional medicine. Those providing modern forms of healing would do well to recognize this fact and respond to it with openness, in accordance to the needs of the time. It is sad that in terms of global health planning, traditional practitioners are not considered as partners by western-influenced health policy makers.²²¹

2.8. Conclusion

We have so far, in this chapter, presented facts and data on the health situation in the diocese. We have considered how the Church has coped, trying to improve peoples' health in the face of various sickness and diseases, through health care programs and Charismatic Renewal. In our discussion we have argued that these means of healing have not fully satisfied people's search for integral well-being. Their search for further alternatives is a pastoral challenge to the Church's healing mission. We cited two specific areas namely: New Religious Movements, and traditional healers, whose approaches to healing persuade Christians to abandon their Churches, or to practice them concurrently. The third chapter will consider some of the aspects that led to this situation.

²¹⁹ SYNODAL PROCEEDINGS, "Syncretic Practices and Mbarara Diocese,"1986, p. 11; P., MORISCO, Paolo, "Incorporation of Traditional/Complementary Medicine Practice in the Health Sector Strategic Plan of Uganda: A Consultancy Report," Kampala, Italian Cooperation, December 1999, p. 4. Unpublished.

²²⁰ Rose, N. NTEGAMAHE, *Post Natal Practices by Traditional Birth Attendants*, pp. 42-54.

²²¹ See AIDS PROGRAM ANNUAL WORKSHOP, "Working Together: Traditional and Modern Health Care Practitioners and HIV/AIDS," p. 4.

CHAPTER THREE — THE TRADITIONAL PRE-CHRISTIANITY²²² PRACTICES OF HEALING IN MBARARA-ANKORE

3.1. Introduction

“Sickness and healing are such basic human experiences that it would be extraordinary if a [society or tradition] remained indifferent to them.”²²³ David Kinsley’s observation is quite valid: for, it appears that from time immemorial all societies have had various forms of coping with sickness and disease. Likewise, African societies, and Banyankore in particular, had their own traditional ways of healing, which were handed down from generation to generation. What is striking, however, is that even after the coming of Christendom, and the more sophisticated types of Western medicine and related therapies, the traditional model of healing continues not only to be practiced today, but it seems to have greater appeal in most cases. While reasons like the scarcity of health care facilities, poor infrastructure, lack of personnel, conventional medicine being too expensive for the common folk etc, may not totally be ruled out, throughout the present Chapter we shall argue that the most important factor why traditional healing is still popular among the Banyankore, is because of its multidimensional and integrated approach to affliction and healing. We shall maintain that this holistic dimension, which shapes the greater part of the African world-view, is also observable in the Banyankore traditional understanding of sickness and the accompanying practice of healing; it is also noticeable in the rituals and techniques medicine persons use to treat clients.

Therefore, our major preoccupation in this chapter shall be to address the question: what does the phenomenon of healing among the Banyankore traditional society involve? In this regard, we shall begin by investigating the foundations upon which healing in traditional Banyankore society is built, namely the beliefs and concepts that surround sickness and related afflictions. We want to explore Banyankore’s world-view and (theological) framework, in the face of disease and illness. For, we recognize that a people’s concept of life, the world-view they hold, and their sense of God and religion, have great influence on the way they live and go through the various situations of life, including sickness and disease. In our case, to better appreciate the Banyankore’s understanding of life and world-view it

²²² We use the word ‘traditional’ here to refer to what has been believed and practiced locally for generations, in contrast to what came from external (Western) influence. In no way should the use of the word ‘traditional’ evoke or carry diminutive connotations, something of lower grade, as some people have sometimes mistakenly perceived it. We have also deliberately used the term ‘pre-Christianity’, instead of ‘pre-Christian’, since some of the values, beliefs and practices in Banyankore culture, were truly Christian, even before the actual preaching of the gospel by missionaries.

²²³ See David, KINSLEY, *Health, Healing and Religion*, p. 85.

is important to place it in the wider context of African traditional society. From this background, we shall then look at the actual practices of healing. We shall try to detect the kind of approach(es) or methods of healing which help traditional society cope with sickness and disease. We shall also highlight certain rituals and ceremonies that accompany the process of healing.

By understanding the tradition beliefs and practices about sickness and healing, the Chapter seeks to serve as background to better appreciate the way the Banyankore perceive the Church's involvement in the healing ministry today. It also seeks to explain the socio-cultural setup in which the native culture has interacted with Christianity, and Western culture in general, including the practice of conventional medicine. The Chapter shall make use of Steven Bevans' anthropological model,²²⁴ as key to a better appreciation of the local cultural values, in relation to healing. It is by examining and appreciating the Banyankore cultural values: their world-view, concept of life regarding healing, that we can best discover ways and means of encouraging the process of integration in the Church's healing ministry today.

The Chapter shall conclude with a brief appraisal regarding the beliefs and practices of healing. The appraisal shall attempt to address itself to questions like: after more than a century of the Church's presence among the Banyankore, has there been any evolution? What has changed (is different) and what has remained the same? From the issues raised in the chapter, what may be those concerns that call for a new theological understanding, and/or pastoral re-adjustments and transformation?

There is one more important remark we wish to reiterate, however, before we plunge deep into the section. Although the Chapter presents Banyankore world-view and concept of sickness and healing as pre-Christianity phenomena, the beliefs and practices we are about to present cannot entirely be relegated to the past; they are certainly not extinct. Even if a significant percentage of the local population has embraced Christianity and its values, we must admit that consciously or unconsciously, deep down the pre-Christianity world-view on life, still persists in the minds of the present-day Banyankore, especially in situations of affliction. For, it seems that to totally abandon one's world-view is like denying one's (cultural) identity and losing one's personality.

²²⁴ See Stephen, B. BEVANS, *Models of Contextual Theology*, pp. 47-62.

Part I. Cosmological and Anthropological Foundations for the Understanding of Sickness and Healing Among the Banyankore

3.2. The African World-view and Concept of Life

[The African concept of life is] a deeper, broader and more universal concept which considers all living beings and visible nature itself as linked with the world of the invisible and the spirit. In particular it has never considered man as mere matter limited to earthly life, but recognises in him the presence and power of another spiritual element, in virtue of which human life is always related to the after life.²²⁵

Pope Paul VI's words give us a good starting point for our discussion. For the Africans life is not only multi-dimensional but holistic as well.²²⁶ "Life understood in a holistic or integral way," writes Professor Byaruhanga-Akiiki, "has been the central theme and preoccupation of African people from the beginning of creation."²²⁷ Traditional African society hardly dichotomizes life: the 'spiritual' and the physical worlds form one universe; life is revered in its entirety. What is true of life in general, also concretely applies to health as well. Traditional African society has the vision of reality where several aspects interpenetrate each other, but with religion at the center.

In the conception of the Africans, writes Laurenti Magesa, the universe is a composite of divine, spirit, human, animate and inanimate elements, hierarchically perceived, but directly related, and always interacting with each other. Some of these elements are visible, others invisible. They correspond to the visible and invisible spheres of the universe: the visible world being composed of creation, including humanity, plants, animals and inanimate beings, and the invisible world being the sphere of God, the ancestors, and the spirits. Placide Tempels referred to all these as "forces of life" or "vital forces." At the top of the hierarchy of the universe is the Divine Force, which is both the primary and the ultimate life-giving Power, God the Creator and Sustainer, the Holy.²²⁸

The Banyankore realize that their life exists within the complex whole of relatedness.

²²⁵ PAUL VI, Land of Africa: Message to the Countries of Africa, *Africae Terrarum*, 29 October 1967, in *AAS* 59 (1967) pp. 1074-1075, English Translation in Okure, Teresa. and van Thiel, P. et alii, (eds.), *Inculturation of Christianity in Africa*, (*Spearhead* Nos. 112-114), Eldoret, Gaba Publications, 1990, pp. 14-32.

²²⁶ See Anatoli, B.T. BYARUHANGA-AKIIFI, et alii, *Cast Away Fear: A Contribution to the African Synod*, Supplement to *New People*, No. 29, March-April, 1994, p. 31.

²²⁷ See Anatoli, B.T. BYARUHANGA-AKIIFI, et alii, *Cast Away Fear*, p. 31.

²²⁸ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, Maryknoll, New York, Orbis Books, 1997, p. 39; see also Placide, TEMPELS, *Bantu Philosophy*, (Trans. by Colin King), Paris, Présence africaine, 1969, pp. 44-46; see also *ibid*, pp. 20 & 34.

Life is caught in a triangular matrix of spiritual-human-environmental relationships. There are first the unbreakable ties to the Supreme Being (*Ruhanga* =Creator), who created the earth and everything therein for the human beings and their progeny. These ties are unbreakable because man's existence is ontologically dependent upon his Creator. God gave every people knowledge about life: that is, how to transmit, promote, protect, and heal it. And according to this view, the human person is indeed more than a spectator on the stage of life.²²⁹ The Banyankore believe that just as the human being owes *amagara* (life) and *amaani* (the vital force, strength) to God, they must also sustain and not diminish them. Human beings have to protect themselves from the elements that threaten this life-force in all its dimensions.

Closely related to the above view is the idea of person, and of good health.²³⁰ The idea of person in African (or Banyankore) tradition itself, is much more than merely the biological being. The Banyankore, like most of their African counterparts elsewhere, deal with a person in his/her entirety, the physical, the social, the psychological, the moral, the spiritual, and not just one aspect of the person. This holistic approach goes beyond the dichotomies between body and soul, spiritual and material, etc., which are often characteristic of Western culture.²³¹ To the Banyankore *amagara marungi* (good health) is not limited to well-ness in a psycho-physical sense, but rather well-being in an integrated manner, which includes lack of biological disease, and absence of 'dis-ease' at the level of association; it means enjoyment of harmonious relationships. In this kind of framework, it is only natural that in case of sickness affliction, what affects the body must necessarily affect the whole person, in a global sense.

Likewise, the African tradition believes in the interconnectedness of body-mind-soul-

²²⁹ See S., S. NYANG, *Islam, Christianity, and African Identity*, Battleboro, Vermont, Amana Books, Inc., 1984, p. 12.

²³⁰ For Africans health is defined in terms of the fulfillment of all the roles expected of a human person. Health is a state that entails mental, physical, spiritual, social and environmental (cosmic) harmony. Having health implies equilibrium in all these dimensions. Health as understood by Africans is far more social than biological. It tends to be seen within the unitary concept of psychosomatic interrelationships. It is not an isolated phenomenon but part of the entire magico-religious fabric — far more than the absence of disease. A healthy man, therefore, is one who has not been uprooted from the context of his primary solidarities, one who is in harmony with his fellows and the deities, one who is not destabilized or incapacitated. See E., M. UKA, (ed.), *Readings in African Traditional Religion: Structure, Meaning, Relevance, Future*, Bern, Peter Lang, Inc., European Academic Publishers, 1991, pp. 270-271. Health, therefore, is a sign of a correct relationship between people and their environment, with one another and with God.

²³¹ Michael, GREENWOOD, & Peter, NUNN, *Paradox & Healing: Medicine, Mythology & Transformation*, Victoria, B. C., Paradox Publishers, 1992, passim.

spirit; and in times of affliction, that is precisely what traditional healing seeks to address.²³² In the sick bay, it is not only the *visible body* of the sick person lying on the mat which is affected, but the whole person. As Eric de Rosny puts it, “Before your eyes you have a carnal envelope, the appearance of a human being, while this person’s double, the vital principle, the *invisible* dimension of the body which escapes ordinary eyes, is separated from it.”²³³ This representation of illness and healing is thus based on a different conception of the human being from that which governs the medical strategy of hospitals. In fact the African idea identifies very well with the ancient conception of *the body being in the soul*, presented by John O’Donohue.²³⁴

A bit of illustration is in order here. Among the Banyankore, for instance, when a mother says *omwana wangye nashasha* (literary, “my child has pain”), her statement is much more than ‘pain’, even when the child’s pain has a particular location in the body; she means rather *omwana wangye arwaire*, (“my child is sick”), that is suffering in a holistic sense. When it comes to sickness and disease, the picture the Banyankore have is similar to that projected by Placide Temples, where “Every illness, wound or disappointment, all suffering, depression or fatigue, every injustice and every failure: all these are held to be, and are spoken of by the [Africans] as, a diminution of vital force.”²³⁵ In this sense, the statement: *omwana wangye arwaire* (“my child is sick”), is often translated as *omwana wangye tayine maani* (“My child has no strength in him/her; my child has no [vital] force in him/her”). Beyond the physiological symptoms, the child’s unwellness may have social, moral, spiritual, and even environmental connectedness.

All in all, we can say that in traditional African understanding one cannot talk of sickness or of healing in isolation; these have to be considered within the global picture of life. Consequently,

²³² See Eric, de ROSNY, “The Longevity of the Practice of Traditional Care,” in *Concilium*, No. 5, 1998, p. 12.

²³³ Eric, de ROSNY, “The Longevity of the Practice of Traditional Care,” p. 12.

²³⁴ J. O’Donohue writes: “We must learn to trust the indirect side of ourselves. Your soul is the oblique side of your mind and body. Western thought has told us that the soul is in the body. The soul was thought to be confined to some special, small, and refined region within the body. It was often imaged as being white. When a person died, the soul departed and the empty body collapsed. This version of the soul seems false. In fact, the more ancient way of looking at this question considers the relationship of soul to body in a converse way. *The body is in the soul*. Your soul reaches out farther than your body, and it simultaneously suffuses your body and your mind. Your soul has more refined antennae than your mind or ego.” J., O’DONOHUE, *Anam Cara: A Book of Celtic Wisdom*, New York, NY, Harper Collins Publishers, 1998, p. 98. (Emphases added).

²³⁵ Placide, TEMPELS, *Bantu Philosophy*, p. 46.

it is right to say that sickness and disease, healing and healers are inspired by, and belong to “a world-view that is all embracing and religious.”²³⁶ For the Africans life is a complex reality but also the highest gift from God, sustained by God and interminable.²³⁷

3.3. Religion as Permeating the whole of Reality

The Banyankore are known to be quite religious people; traditionally, religion intermingles with all aspects of life. Religious meaning is attached to every aspect of life, every happening or event. “In practical terms, all African peoples are profoundly [Mbiti uses ‘notoriously’] religious,” says Zahan.²³⁸ In traditional society, everyone, without making an individual choice, becomes a member of the religion by virtue of his or her birth and upbringing and remains a member of the religion until his or her death.²³⁹ Similarly, Professor Peter Kasenene writing on Banyankore also indicates that “religious beliefs and practices play an important part in the people’s way of life and tend to provide their overall world-views...a pervasive matter manifested broadly in all the activities and social relations.”²⁴⁰ And “Because they touch the existential roots of people, sickness and healing relate directly to religious concerns.”²⁴¹

Traditionally, when a Munyankore happens to fall sick, his or her sickness must of necessity take on religious connotations. It should not be surprising, to date, that matters of life, health, sickness/disease, and the corresponding search for remedy are woven into a complex religious fabric. One is bound to believe, therefore, Professor Kasenene when he says that the secular/sacred dichotomy which may be observed in Ankore society today, is new and was introduced by Christianity and other

²³⁶ S., S. NYANG, *Islam, Christianity, and African Identity*, p. 16.

²³⁷ See Frederick, TUSINGIRE *Evangelization of Uganda: Challenges and Strategies*, p. 27; See M. NKAFU, *Il pensare africano come “vitalogia”*, Città Nuovo editrice, Roma, 1995, pp. 161-173.

²³⁸ D., ZAHAN, *The Religion, Spirituality, and Thought of Traditional Africa*, Chicago and London, The University of Chicago, 1979, p. 14; In fact, Pobe makes mention of the Akan (Ghana) proverb which says that: “no one teaches a child to know God...God is self-evident.” John, S. POBEE, *Toward an African Theology*, Nashville, Abingdon, 1979, pp.46, 76.

²³⁹ See *ibid*, p. 3. Again according to Professor John S. Mbiti, “Religion permeates into all the departments of life so fully that it is not easy or possible always to isolate it.” See J., S. MBITI, *African Religions and Philosophy*, Maryknoll, New York, Orbis Books, 1975, p. 1.

²⁴⁰ Peter, KASENENE, *Religion and Politics in Nkore (Religion and Politics in Nkore)*, Zomba, Malawi, Spot Publishers, 1993, p. 3.

²⁴¹ David, KINSLEY, *Health, Healing and Religion*, p. 85.

Western value systems.²⁴²

Specifically, before the coming of Christianity and Islam, the Banyankore had, and still have, a unified system of beliefs and practices about the Supreme Being (*Ruhanga*), and several other spiritual beings. It is a kind of hierarchy of spiritual beings, with the Supreme Being (God) at the apex, followed by divinities and spirits (*emandwa*, and *bazimu/mizimu*), and ancestors. These beliefs are organized, shared, and often expressed in various rituals, including sacrifices, offerings and prayers.²⁴³ Who are these spiritual beings? Our interest here lies in discovering the kind of role these spiritual beings play when it comes to sickness and healing. The scope of the paper can only allow us a few words on each of them.

3.3.1. Supreme Being (God=*Ruhanga*): the Source of all Life

The concepts and beliefs traditional Banyankore have on God, have influenced the way they view the origins of sickness and disease, the way they try to protect life from all sorts of threats, and the way the people seek to restore health when it is afflicted by the enemies of life. The Banyankore might not have had an idea of the triune nature of God²⁴⁴ but they never doubted the existence of a Supreme Being. To them, the existence of God is obvious and real. That creation and all life trace their origin to the Supreme Being (*Ruhanga*=God), is common knowledge, evident not only in every day

²⁴² See Peter, KASENENE, *Religion and Politics in Nkore*, p. 10.

²⁴³ See *ibid*, p. 2.

²⁴⁴ However, popular talk after the coming of Christianity sometimes sees in names like *Kabandize* (One who was first), *Kashangirwe* (One whom everyone found in existence), and *Kaahakaira* (the Ancient One), remote references to the Christian concept of the Trinity. But most probably these need to be understood within the categorization applied by Père Alexandre Seite, a French missionary White Father, who spent many years working among the Banyankore. He took great interest in the language and culture of the Banyankore, made a lot of research and wrote some works, both in French, and in Runyankore. His findings about the nature of God, may enlighten our understanding of God, in relation to life, sickness and health. In his view, names of God include: *Nyakashangwaho* or *Kashangirwaha* (He whom everyone found in existence), *Kaahakaira* (One who was always [here]), *Kakurukaaha* (the Ancient One), *Bugingo* (Life itself). These Seite puts in the category of ancient names which refer to God as eternal. In Seite's view, the more recent titles of God among the Banyankore include: *Nyakubaho* (One who Is or One whom all else found existing), *Nyakumereera* (One who lives forever), *Rutakirwa* (The Unequaled One, in age and might), *Rukirabyona* (Mightier than all/Almighty), and *Rutaremw*a (One who never fails). See A., SEITE, "Notes sur les moeurs Banyankore," Rome, Archives of White Fathers (AWF), n.d., p. 1. Unpublished. Yet, there seems to be no sufficient ground for making these distinctions in names.

conversation, but also in the names/attributes used to refer to this Being.²⁴⁵ The use of attributes like *Ruhanga* or *Nyamuhanga* (Creator) *Kazooba* (the great [One whose dwelling is the] Sun), *Rugaba* (Giver [of life]; one who gives/provides), *Mukameiguru* (One who owns and dwell in the heavens) — names that existed even before the dawn of Christianity — signifies that the human person is caught up in God's creative and providential abundance.²⁴⁶ In this regard, it is interesting to note that the native concept of God, in many ways, resembles the one preached by Christianity.

God is the ultimate or first cause of all that exists, something reflected in the names used to refer to him such as: Creator of all things, Molder, Begetter, Bearer, Maker, Potter, Fashioner, Architect, Carpenter, Originator, Constructor, and so on.²⁴⁷ What he made includes the visible and invisible universe, the heavens and the things there of, the earth and the things thereof.²⁴⁸ He created the world and everything in it, including not only human beings, animals, plants and so on, but spirits also. In addition, he invested the whole universe with a certain non-material kind of power or influence which manifests itself in various ways and on specific occasions in human beings and animals and even in natural phenomena, such as lightning, water-falls and mountains. The human person is able to tap and

²⁴⁵ In the words of Benedict K. Mubangizi, who also made research among old people that lived before the coming of Christianity and the dawn of Western cultures, "It is not exactly clear whether the Banyankore know of what nature God is, a spiritual being. But to them this Being is certainly invisible and far beyond people's ordinary comprehension; His bounty and activity is deduced from the created universe. Yet, this Being is not unconcerned about human affairs, since the well-being of everything depends on Him as provider and sustainer of life." Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p. 9. Mubangizi also suggests that "Asked the question, 'Who created you?' a typical pre-Christianity Munyakore is likely to answer, 'No one created me; my parents brought me into being.' That is on the individual level, it was not always clear to everyone that each person was created by God." Ibid, p. 9. However, most scholars on African cultures have no doubts that still on the individual level, even before the coming of Christianity Africans, in general, were aware of the Supreme Being as their Creator.

²⁴⁶ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p. 9.

²⁴⁷ These are what are referred to as the intrinsic attributes of God. God in Africa also has eternal attributes such as being self-existent, the first and the last, invisible, incomprehensible, mysterious and immutable. The moral attributes of the Supreme God include pity, kindness, love, comfort of God, faithfulness of God, goodness of God, the anger, the Will, the justice and the holiness of God. It is the notion of the moral attributes of God that strengthens the African traditional ethical sanctions and this in turn upholds the community solidarity. See E., M. UKA, (ed.), *Readings in African Traditional Religion: Structure, Meaning, Relevance, Future*, Bern, Peter Lang, Inc., European Academic Publishers, 1991, pp. 43-44; for more elaborate readings on the attributes of God; see also John, S. MBITI, *African Religions and Philosophy*, pp. 30-38.

²⁴⁸ John, S. MBITI, *An Introduction to African Religion*, London, Heinemann, 1975, p. 44.

put it to use, but God is the ultimate-source and symbol of that power and influence.²⁴⁹

God also sustains and upholds the things he has created. He looks after the universe, cares for it and keeps it together, so that it does not fall apart or disintegrate.²⁵⁰ God protects, guards, controls and saves his people.²⁵¹ God provides for what he has created; he provides sunshine, moonlight, rain, fertility and health of people, animals and plants; he provides plenty. People come to him and offer prayers, asking God for various needs, and to come to their rescue in times of trouble.²⁵² They feel that God is in charge. As creator, and sustainer of life and everything that exists, God is considered not only as the summit in the hierarchy of all reality, but also the wisest of all beings, the fullness of wisdom and goodness.

God's attributes have significant implications, especially in reference to the origins of sickness and disease. For instance, even if not everybody agrees with this view²⁵³ the Banyankore think of God as capable of causing his people to suffer great afflictions through disease, misfortunes, poverty, drought, famine, flood and death. Africans believe that these afflictions come to them, at least because God allowed it to happen. Quite often, however, they attribute it to a failure on their part: evil does not exist by itself, but comes as a result of man's disobedience. So, if a misfortune or a catastrophe or some serious sickness happens, the oracles (gods) must be consulted to find out what has displeased God and to try to correct it. Hence people seek to make amendments in prayers and sacrifices.²⁵⁴

Also God being at the summit of all that exists, God is given the highest honor. Among the Banyankore, as in many other African communities, the older the person is, the wiser he is thought to be and the more the respect due to him. Wisdom is the highest mark of respect.²⁵⁵ Because of that,

²⁴⁹ See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 43.

²⁵⁰ See John, S. MBITI, *An Introduction to African Religion*, p. 44.

²⁵¹ See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 44.

²⁵² See John, S. MBITI, *An Introduction to African Religion*, p. 46; E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 44.

²⁵³ Mbiti would say that Africans "believe that God only gives good things." John, S. MBITI, *An Introduction to African Religion*, p. 46

²⁵⁴ See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 44.

²⁵⁵ Since God is known to be the oldest being, it is only logical that He is the wisest and thus the highest respect is due to him. Among the Baganda (one of the neighboring cultural groups) God is referred to as "Liiso Ddene" (big eye), so that no one can escape his view no matter how dark it is or how far one tries to hide himself. See Frederick, TUSINGIRE *Evangelization of Uganda: Challenges and Strategies*, pp. 27-28.

culturally God may not be addressed directly in ordinary prayer. Generally he is to be approached directly in prayer by society or individuals only on occasions of the greatest importance or in great danger. Respect for His majesty requires that people do not rashly call upon His intervention in their affairs. They only resort to Him when all other means have been exhausted. He is the last resort after all the lower spiritual beings have been tried and have failed to help. Otherwise intermediaries such as the ancestral spirits and other spiritual beings are to be invoked and through them communication with God takes place.²⁵⁶

3.3.2. Divinities (*Emandwa & Abachwezi*)

Apart from the Supreme Being, Africans interact with what Mbiti categorizes as spiritual beings or divinities, spirits, and the living-dead or ancestors.²⁵⁷ Among the Banyankore, these beings include divinities or hero ancestors (*Emandwa & Abacwezi*), spirits in general (*Abazimu*). The *Emandwa* are the spirits of people who died hailed as renowned or heroes amongst their clansmen/tribesmen, especially the *Abacwezi*²⁵⁸ ancestors to kings, like Ndahura and Wamala. These gods or divinities have a multitude of names but those of the *Abacwezi* origin are the most known in Ankore, Kigezi, Tooro, Bunyoro, Buganda, and Karagwe (North-western Tanzania).²⁵⁹

Many people in Ankore and the surrounding peoples kept the memory of these great figures, even much later after their death. They viewed them as gods or divinities for veneration, offering them sacrifices, pouring to them libations, and confiding in them. This practice continued throughout the centuries up to our times. Some of these gods are male and others female, depending on the person being remembered. Some of these may belong to one clan, and are passed on to children's children in a hereditary manner. These gods may take on various representations: some may be represented by horns, pieces of wood, certain types of plants and trees (eg. *Emigorora*), and others by snakes or pythons. Each medicine person has his/her own particular god, as is convenient to them.²⁶⁰

The divinities share aspects of the Supreme Being, since it is believed that they emanated

²⁵⁶ See *ibid*, p. 28.

²⁵⁷ See John, S. MBITI, *African Religions and Philosophy*, pp. 75-91.

²⁵⁸ See Chapter Two of this thesis, section 2.7.3.

²⁵⁹ See the list of names as presented by Benedict K. Mubangizi, *Emicwe y'Ensi omu Banyankore*, Kisubi, Uganda, Marianum Press, 1963, pp. 14; see also Alexandre, SEITE, "Les notes sur les moeurs Banyankore," Archives of White Fathers, Rome, p. 15.

²⁶⁰ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 11-15.

from the Supreme Deity. Hence, they also serve as intermediaries between God and man. God is frequently worshiped through them and they receive day-to-day sacrifices.²⁶¹ People regard them as the convenient and appropriate channels through which they can reverence the Almighty. It is not uncommon for medicine people and other traditional healers to call upon the help of divinities through prayers, rituals and sacrifices. But, whatever power may be attributed to the divinities, whatever benefits people may have received from them, people ultimately turn to God in times of difficulties and troubles, when all else has failed, and when the divinities themselves cannot offer any help.²⁶²

3.3.3. Spirits (*Mizimu*) & Ancestors

The general belief among the Banyankore is that there are also ordinary spirits as well, and that depending on their nature (good or bad) they have some influence on human life, regarding sickness and health. Myriads of spirits are reported from every African people, but they defy description almost as much as they defy the scientist's test tubes in the laboratory. If we can pursue the hierarchical consideration, we can say that the spirits are the 'common' spiritual beings beneath the status of divinities, and above the status of human beings. They are the 'common populace' of spiritual beings. There is no clear information regarding the origin of spirits. Some spirits are considered to have been created as a 'race' by themselves. These, like other living creatures, are believed to have continued to reproduce themselves and add to their numbers. A few societies have an additional source of the spirits, believing that animals also have spirits described in human form, activities and personalities, even if an element of exaggeration is an essential part of that description.²⁶³

The general belief, however, is that the spirits are what remains of human beings when they die physically.²⁶⁴ Among the pre-Christianity Banyankore, the general belief was that when a person dies, only his/her spirit (*omuzimu* [singular], *abazimu/emizimu* [plural]) survives.²⁶⁵ As we just noted,

²⁶¹ See E., M. UKA, (ed.), *Readings in African Traditional Religion*, pp. 28.

²⁶² See *ibid.*, pp. 27-28.

²⁶³ See John, S. MBITI, *African Religions and Philosophy*, p. 79.

²⁶⁴ See John, S. MBITI, *African Religions and Philosophy*, pp. 78-79.

²⁶⁵ The literal meaning of 'Muzimu' is 'that whose dwelling is the underworld'. Since the dead are buried in the ground ['kuzimu'], their spirits have the underground, netherworld or subterranean regions as their dwelling. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 10-11; See also Alexandre, SEITE, "Les notes sur les moeurs Banyankore," p. 9; John, S. MBITI, *African Religions and Philosophy*, p. 80.

the name the Banyankore give to this category of spirits suggests the underworld as their proper dwelling place. However, since spirits are ubiquitous, some people designate different regions as their places of abode, e.g., above the earth, in the air, the sun, moon, stars, etc. The majority of people hold that the spirits dwell in the woods, bush, forest, rivers, mountains or just around villages. Thus, the spirits are in the same geographical region as human beings. This then makes the spirits human beings' contemporaries: they are ever with people, even though the spirits are invisible and humans do not actually 'see' them with their physical eyes.²⁶⁶ And because they are invisible, they are thought to be ubiquitous, so that a person is never sure where exactly they are.

Whatever be their abode, these spirits are sometimes believed to diffuse punitive influence upon the living members of society. The spirit of the deceased, for example, might come back to haunt and torture certain members of the family, especially if the person died disgruntled or unhappy. Some spirits are also blamed for causing certain sicknesses, and a sometimes thought to be behind the occurrence of some misfortunes. Such spirits are the most feared, since they are always very close to the family, as if in surveillance.²⁶⁷ In spite of some fears, however, the influence of such spirits is not always regarded as necessarily evil, since their actions are often geared toward enforcing discipline and morality among the living.

There is a category of spirits too, that are believed to have an impact on the well-being of individuals and communities — namely the ancestors or the "living-dead."²⁶⁸ Not every deceased member qualifies to be called an ancestor. Only those individuals (usually elders) that are known to have lived distinguished and respectable lives, and died honorably, join the ranks of ancestors for veneration.²⁶⁹

The ancestors seem to hold an in-between position: they are regarded as spirits in a sense that they are no longer visible. But they are not spirits in the sense that they are like divinities or God. Moreover, ancestors are acknowledged as ever present among the families to which they belonged while they were living human beings, albeit often as 'guardians' of families. Hence, a cardinal fact of

²⁶⁶ See John, S. MBITI, *African Religions and Philosophy*, pp. 80.

²⁶⁷ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 10-11

²⁶⁸ See John, S. MBITI, *African Religions and Philosophy*, pp. 83-91.

²⁶⁹ On the criteria for one to become an ancestor, see D., ZAHAN, *The Religion, Spirituality, and Thought of Traditional Africa*, pp. 49-50, and E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 47.

Banyankore belief, and African thought in general, is that the living and dead together form one community whose members are mutually dependent upon each other.²⁷⁰ Africans think of the ancestors as having the same emotions as the living members of the community. That is why they are entitled the “living-dead.”²⁷¹

In traditional society the ancestors, therefore, have a big say in matters of sickness and health. They can bless their folk or affect them adversely, they can bring peace or disaster. They are at the same time the invisible companions from whom human beings may demand protection in times of real danger, like famines, or sickness/disease. For this reason, the living take care not to offend them; they are appeased by rituals, abundant offerings and prayers, as soon as they are believed to have been offended. Similarly, sacrifices (meat) and offerings (e.g. beans, porridge, beer, etc.) are often made to them (spirits) so that they may not be forgotten and feel annoyed.²⁷² It is not uncommon among the Banyankore, especially the elderly, to see someone spill some water or beer onto the ground, before drinking, (in the name of removing froth/bubbles or dregs); or to drop a morsel of food on the floor (as if by mistake), when in fact he or she is feeding the invisible members of the family. And there are times when sacrifices, offerings, libations, and prayers are specifically offered on behalf of those stricken by illnesses to bring about healing.

Before we move on to other subsections, it may be of importance to mention that, because of their unique status and role as ‘guardians’ and ‘health care providers’ especially, traditional society has clung onto the belief in divinities, ancestors and spirits in general. Even after the coming of Christianity, we must admit that remnants of these belief live on, to date. Despite heavy attack from evangelizers criticizing such beliefs and rituals surrounding them, some people still resort to the spirit world for answers to their predicament, especially in times of affliction. On the part of the Church in Mbarara, therefore, this area seems to remain a pastoral challenge and a source of contention — although we must admit that elsewhere certain catecheses of the era of adaptation and inculturation have made some efforts to explain and integrate some of these beliefs into Christianity.²⁷³ It makes more sense to

²⁷⁰ See *ibid.*, p. 29.

²⁷¹ See John, S. MBITI, *African Religions and Philosophy*, pp. 83-91.

²⁷² See *ibid.*, pp. 10-11; See also Alexandre SEITE, “Les notes sur les moeurs Banyankore,” p. 9.

²⁷³ “And so Jesus Christ is above all spirits. He is our own Spirit [Ancestor], because we have been...born a second time by baptism. We are human beings, but we are also of the race of God, by our baptism. *Thus we have two lines of Ancestors.* The great spirit [Ancestor] is always Christ, God’s child, who died and who rose again. He is the firstborn from the dead. *After Christ, we can rely on other founding*

see the 'community' of spiritual beings, in constant liaison with their counterparts, humankind, especially in search of well-being.

3.4. Community life and Solidarity

Some discussion on community life and solidarity in traditional society is of paramount importance to our topic, because among the Banyankore community life provides the locus around which sickness and disease are perceived, and the ambience within which attempts to bring about healing are to be understood. And, often the bonds of solidarity are sources of life and strength for everyone in the community, although this does not totally exclude room for failures and abuse. Thus, solidarity in community life (*sensus communis*) also forms an essential part of Banyankore world-view, and that of traditional African society in general. While the Westerner's ontology is dominated by Descarte's *cogito ergo sum* — I think, therefore I exist — that of the African is *amatus ergo sum* — I am loved, I am recognized, I am related by blood, therefore I exist, or I exist because I belong to a family. S. A. Thorpe observation summarizes this idea well: "In Africa, ...every member of society is closely linked with the community. This creates a chain which binds each person horizontally to the other members of the tribe, and vertically to both the deceased ancestors and coming generations. Individuals cannot exist alone. They *are* because they *belong*."²⁷⁴ Or to reiterate Mbiti's expression, the individual may rightly say: 'I am, because we are; and since we are, therefore I am'.²⁷⁵ Moreover, as we noted earlier, the family which is the basic unit, consists not only of the living, but also of the dead, and the yet-to-be-born.²⁷⁶ As some African theologians like to put it, "In African cosmology, human life is

spirits. First, [we have] the Blessed Virgin Mary.... Then let us not forget our departed....If something has gone amiss in our homes, let us come together in church. Let us go there with all of our relatives, even our pagan ones, let us go there with the elder ones of the village....For now we have a sacrifice that is better than all of the old sacrifices....Let us offer this unique sacrifice in the celebration of the Mass." See NKONGOLO WA MBIYE, *Le culte des Esprits*, Kinshasa, Centre d'Études Pastorales, 1974, pp. 18-20, quoted in Robert, J. SCHREITER, (ed.), *Faces of Jesus in Africa*, Maryknoll, New York, Orbis Books, 1995, p. 117. Emphasis added. See also Bénézet Bujo's contribution in Browne, M., et al., *The African Synod: Documents, Reflections, Perspectives*, Maryknoll, New York, Orbis Books, 1996, pp. 139-151. Charles, NYAMITI, *Christ Our Ancestor: Christology from an African Perspective*, Gweru (Zimbabwe), Mambo Press, 1984.

²⁷⁴ S., A. THORPE, *African Traditional Religion: An Introduction*, Pretoria, University of South Africa, 1996, p. 120. Emphasis in the original .

²⁷⁵ See John, S. MBITI, *African Religions and Philosophy*, pp. 108-109.

²⁷⁶ See John, S. POBEE, *Toward an African Theology*, p. 49.

lived in three interrelated environments, i.e., embryonic, terrestrial and after-life.”²⁷⁷

Right from pre-Christianity era, there is evidence to indicate that Banyankore still value social cohesion and solidarity. This can be illustrated in the language, certain types of traditional art, and rituals. Language and art are replete with examples that point to the necessity of strong bonds in community life. The sense of solidarity, for instance, can be detected in proverbs like *Ageeteeraine nigo gaata igufa* (literally, “It is the teeth that are together/united that break a bone”); *Engaro ibiri n’okunabisana* (“Two hands are there to wash one another; i.e. one hand cannot wash itself”). In other words, an individual’s life only finds meaning in reference to, and within the community. And as the saying goes, *Omwishiki ku atwara aha mugongo ajumisa boona*, (“A lady who allows her virginity to be violated [and gets pregnant] soils the name of all her peers in the neighborhood”). This is another way of saying that what injures an individual wounds the community as well; and what pleases one brings joy to the rest.

Furthermore, Runyankore language points to a communal mentality. In day-to-day conversations and interaction, one notices the use of plural. The ‘We’ statements like ‘We saw him’, ‘We shall come,’ ‘Come in; we are in’ etc, even when it is one person referring to himself/herself, are widely used. Or sometimes in response to the question, ‘How is your health?’ the patient is more likely to answer *Turwaire* (“We are sick[ly]”), or *Tituri gye* (“We are not well”). The use of ‘We’ statements is not meant to escape personal responsibility, but it is a spontaneous way of affirming the togetherness that is in the people’s blood. It is as if the ‘I’ is lonely and insecure without the ‘We’.

There is also evidence from ordinary art. Even from the earliest pieces of art of Banyankore cultural society, one can decipher the sense of community. The drawings are replete with the use of circles, especially concentric circles. This kind of art, in many ways reflects what the people are used to: sitting around meals to eat; sitting around the fire at night for warmth, and to listen to stories and other types of entertainment. Above all most traditional houses (huts) have round shapes — reflecting the closeness of people to each other, in happier times and in worse.

Within this world-view, we realize also that community solidarity extends beyond the human ambience to include the environment, to nature, and the cosmos at large. Mbiti observes how the deep sense of kinship, with all it implies, does not only bind together the entire life of the ‘tribe’, but is

²⁷⁷ See Anatoli, B.T. BYARUHANGA-AKIIKI, et alii, *Cast Away Fear*, p. 31.

also extended to cover animals, plants and non-living objects through the 'totemic' system.²⁷⁸ "The universe" says Ikenga-Metuh, "is like a spider's web in which all beings are linked together by a network of relationships and interact upon one another."²⁷⁹

The background we have given above makes it easier to see how solidarity in community as a traditional value, relates to the topic of sickness and healing. To begin with, nature and the energies within help to promote health and contribute toward healing, in cases of sickness and disease. As we indicated earlier, nature is believed to abound with power (force or energy) and spirits, which may be revered and/or harnessed to one's benefit.²⁸⁰ Nature, moreover, provides the native people natural liturgical space for their prayers and rituals. As regulators of liturgical cycles, the sun, moon, stars, earth, animals, and plants directly influence people in prayer.²⁸¹ In these natural temples, and on the altars all around him, the traditional African offers prayers and sacrifices for various needs, including asking for health and well-being. Before the coming of missionary evangelizers, the Banyankore performed a number of rituals near or under a *murinzi* (literally, 'protector') tree, also in the native language called *ekiko*. Medicine people and heads of families in Ankore also made offerings and sacrifices on big rocks and on hills.²⁸² At the same time, these very 'altars' and 'temples' provided an abundant variety of medicines and herbs for healing.

Another implication that the concept of community bears on our topic, is that traditional healing has a social dimension. Community life among the Banyankore provides the locus around which sickness and disease are perceived, and the ambience within which attempts to bring about healing are to be understood. Often in times of sickness and affliction, the bonds of solidarity become sources of life and strength for everyone in the community. In fact, the traditional understanding is that as soon as one member falls sick, the whole community is sick too. As de Rosny observes, it is as if the sick individual is a symbol and symptom of the sickness at the social level. And the healer, in a certain way, cares for

²⁷⁸ See *ibid.*, p. 104.

²⁷⁹ See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 58.

²⁸⁰ See John, S. POBEE, *Toward an African Theology*, p. 48.

²⁸¹ Zahan presents this as the major reason why the idea of a man-made temple as a place of worship is foreign to the African 'believer'. Instead, four classic elements of water, earth, air, and fire provide a convenient ambience for his 'temples'. He is resolutely turned toward the cosmos, where nature offers the human soul a vast range of supports on which to 'seat' his prayers. See D., ZAHAN, *The Religion, Spirituality, and Thought of Traditional Africa*, pp. 19-31.

²⁸² See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp.35-36. There may be some people who still perform these rituals, but secretly.

the community through the healing of the person.²⁸³ Likewise, within this understanding, the work of healing becomes everyone's concern — the visible family of relatives and friends collaborate with the invisible family of the living-dead, the ancestors, towards the restoration of people's well-being.²⁸⁴ Therefore, the sickness of an individual and the search for healing find meaning in the context of the community. However, the same bonds may also turn into lines of weakness through which the individual becomes morally vulnerable and culpable in the face of affliction.

3.5. Enemies of Life and Sources of Affliction

3.5.1. Basic Considerations

Traditional medicine attributes the source of affliction to a network of interrelated causes. It is important to begin by investigating these causes, since the search for healing, and/or prevention of disease depends on establishing the source(s) of affliction. Briefly, five causes of disease according to traditional medicine, outlined by Sofowora²⁸⁵ are:

²⁸³ Eric, de ROSNY, "The Longevity of the Practice of Traditional Care," p.10. "*Who is the sick person?* He or she is essentially the member of the family. In the sick bay, this is not just an isolated individual, visibly spread out on a mat; in reality the whole family is sick. The patient is the living sign of an ill which affects this family of which he or she is an integral part, to the degree that the invalid identifies with the family and the family recognizes itself in the invalid. What is usually called *illness* at hospital would be better translated *symptom*, the symptom of an evil which is gnawing at the group. Ultimately the illness of an individual becomes the occasion[...] for recognizing the conflictual situation of the family." Eric, de ROSNY, "The Longevity of the Practice of Traditional Care," pp.10-11.

²⁸⁴ See Eric, de ROSNY, "The Longevity of the Practice of Traditional Care," pp.11-12.

²⁸⁵ Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, pp. 26-28. David Westerlund explains the causality of disease in humans in three ways. There is the "religious (superhuman)" causality, which presupposes "a belief that human beings in different ways are influenced by or dependent on suprahuman or spiritual powers such as God and spirits of nature." Then there is the "social (human)" causality, which "refers to relations between living human beings, which in Africa frequently entail a supranormal component." Witchcraft and curses serve as examples, even though, as will be shown below, "witchcraft" is often used as an all-embracing term for affliction-causation. Finally, there is the "natural (mainly physical)" causation. "Natural, or mainly physical, explanations [of disease causation] refer to entities of nature, that is, the effects of, for instance, insects, germs, natural substances, forces or conditions, such as certain food, the weather or lack of equilibrium of some basic elements in the body." See David, WESTERLUND, *Pluralism and Change: A Comparative and Historical Approach to African Disease Etiologies*, Stockholm, University of Stockholm, 1989, p. 179. See also S., BJERKE, *Religion and Misfortune: The Bacwezi Complex and the Other Spirit Cults of the Zinza of Northwestern Tanzania*, Oslo, Universitetsforlaget, 1981, pp. 112-132; Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 172-173; See also Alex, OJACOR, "The Phenomenon of Evil in African Thought," in *African Christian Studies*, Vol. 18, No. 2, June 2002, p. 107.

1. — *Physical ailments*. These are diseases caused by injurious elements entering the human system through food, drink, skin, etc.
2. — *Psychological causes*. Grouped under this sub-title are diseases caused to the human person when his or her will is not in harmony with the laws of nature. The diseased body is said to be sometimes affected by a diseased state of the mind. Some people tend to believe that they are sick when in actual fact nothing is wrong with their system (hypochondria). Hypochondria amounts to the depression of mind often centered on imaginary physical elements. Among the Banyankore, for instance, a wife may fail to conceive, because she believes she has been cursed by a disgruntled relative. Or, someone ostracized from his clan may become a wanderer and eventually die by the roadside.
3. — *Astral influences*. It is known in occult science that the radiation from cosmic agents, e.g. sun, moon and planet, have an influence on human beings either for good or evil. Although they do not specifically see the moon as cause of madness, it is generally believed among Banyankore that lunatics become more violent during the appearance of the full moon.
4. — *Moral-spiritual causes*. Evil thoughts, evil desires, and machinations by enemies (i.e. by influences) including soul projection or evil telepathic messages are all grouped together under this category. Disease caused by evil spirits, witchcraft, curses, would probably also come into this class.
5. — *Esoteric causes*. Diseases originating from soul, or those caused by the deeds of an individual in his former life (before reincarnation), are said to be esoteric causes. Whereas, there seems not to be indications of the belief in reincarnation, the Banyankore believe in the attacks from ghosts of dead relatives, etc.

From the outline some issues need to be clarified a little further. First of all, even if the causes of sickness have been neatly outlined, in reality traditional mentality believes that there is a progressive interconnectedness in the search for the origins of affliction. Consistent with the multidimensional and integrated approach, among the Banyankore, and African traditional cultures in general, religious, social, and natural causes of affliction cannot be seen as entirely separate and unconnected. Rather, they all constitute stages in the psychological/spiritual awareness of an immoral situation. The order of conceptual awareness and any attempt at analysis and understanding of an affliction usually, though not necessarily always, begins with a natural explanation of causation. Unless witchcraft, spirit, ancestral, or divine displeasure are immediately suspected, a natural cause is first sought and then initially accepted as the reason for a particular happening. Disease that happens in this

way is “just a disease.”²⁸⁶ Under such circumstances, there are medicines and ordinary remedies, in form of herbs and roots with medicinal qualities, that are applied to “drive the disease away.”

If the particular affliction does not grow in seriousness, the natural explanation will suffice. However, when affliction grows worse, as often happens, the second and third clusters of causality (social and moral/religious) are never far away from the African’s mind. In fact, it is more correct to say that social causality is already contained in the first understanding of affliction-causality. If one trips on a stone while walking, for instance, one will realize and accept the fact that one has just tripped. Yet lingering at the back of one’s mind will be the questions, Why me? And, why did I trip at this particular moment? Why didn’t the person I was walking with trip? Why did I take this particular side of the path where the stones are? It is never questioned that sometimes people hurt themselves on stones along the path or that some snakes are poisonous and can kill. The issue at the social level of affliction-causation is different. The issue is “why the snake bit the particular person and not the one walking immediately in front of or behind him; it is not why tuberculosis killed Y but why the disease attacked Y instead and not Z?”²⁸⁷ To answer these questions satisfactorily, we must resort to human or moral/religious causality — issues that will be treated in the next subsection.

The second clarification that requires emphasis is that among the Banyankore, some sicknesses are mostly ‘culture-specific’. Traditional medicine is often part of the culture of the people that use it, and as a result it is closely linked to their beliefs.²⁸⁸ This is in agreement with David Kinsley’s observation that, to a great extent, illness is culturally defined. The etiology, symptoms, likely outcome, and treatment of specific illnesses often are distinctive from one culture to another and may reflect peculiar beliefs, customs, or tensions that are prominent in that culture.²⁸⁹ For that matter, some ailments are often termed ‘African diseases’ and considered elusive to Western scientific medicine. In some situations of sickness among the Banyankore, one is likely to hear people, elders in particular, remarking: *Egi endwara ti y’Ekijungu; n’ey’Ekinyankore* (literally, “This sickness is not Western; it is native”). They would be implying that both the diagnosis and treatment require native healers.

²⁸⁶ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 173.

²⁸⁷ See O., K. MUTUNGI, *The Legal Aspects of Witchcraft in East Africa With Particular Reference to Kenya*, Nairobi, East African Literature Bureau, 1977, p. 18; see also See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 174.

²⁸⁸ Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, 1993, p. 26.

²⁸⁹ David, KINSLEY, *Health, Healing and Religion, A Cross-Cultural Perspective*, p. 80.

Thirdly, it is significant to realize also that the traditional African understanding of sickness and related complaints, involves a wider spectrum than the conventional psycho-physiological one — the reason, some writers believe, why traditional healers in Africa have a greater appeal to patients.²⁹⁰ The traditional understanding also embraces the even the environment and ecosystems. According to Laurenti Magesa, sickness and disease are to be understood in the wider sense of ‘affliction’.²⁹¹ Sickness may come in the form of calamities: blight, failure to kill game or acquire food, murderous anger, and all kinds of anti-life phenomena that may emerge in society, whether they are personal, social, physical, psychological or natural. These calamities may be generally categorized as affliction, usually perceived as illness or disease. There is disease if rains do not fall so there is no food in the land, or if too much rain falls and crops are spoiled, or if cattle do not give birth so there is a shortage of milk. Any failure that befalls the individual or the community is interpreted as disease. Human illness, of course, forms the deepest core of this conception.²⁹² Within the wider spectrum, moreover, and because traditional medicine considers man as an integral somatic as well as an extra-material entity, disease can also be attributed to a whole range of supernatural causes arising from the displeasure of ancestral gods, evil spirits, the effect of witchcraft, or the effect of spirit possession. In fact, traditional medicine is a system which places greater emphasis on the psychological and spiritual causes of disease than does Western medicine.²⁹³ In brief, Onunuwa says, “illness as understood by Africans...is believed to have got several causes. Some may be entirely physical while others may have both physical and mystical causes.”²⁹⁴

Another remark that needs to be highlighted, as regards the causes of sickness and

²⁹⁰ See O., J. LAMBO, *The Healing Powers of Herbs with Specific Reference to Obstetrics and Gynaecology*, in *African Medicinal Plants*, Sofowora, E. A., (ed.), Ife, Nigeria, University of Ife Press, 1979, p. 23; Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, 1993, p. 26.

²⁹¹ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 172-173.

²⁹² See *ibid.*, p. 172.

²⁹³ Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, 1993, p. 26. Although modern science tends to overlook these dimensions, Bannerman has observed that this kind of belief is still to some extent held by the industrial countries. So it would be wrong to attribute magical, irrational, and superstitious ideas to any group of countries or level of industrial or educational development. The psychological aspect of traditional medical practice looms very large and is perhaps the strength of this form of medicine and its practitioners, for, even in strictly somatic cures, the traditional practitioner often depends heavily on manipulating the psychology of his patient before prescribing a treatment. Quoted in Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, pp. 26-27.

²⁹⁴ E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 274.

disease is the common belief (among the Banyankore): that there is no one who 'simply' falls sick. *Omunyankore tayefeera* ("No Munyankore dies a natural death") goes the popular saying. In other words no one gets sick merely by means of common infections through germs, bacteria, viruses, etc. John Roscoe observes that among the Banyankore, it was seldom that people assigned any natural cause to illness, even if there were times when it was evident that no supernatural cause need be looked for. Old age was regarded as sufficient reason for serious illness, for they thought that the gods called away old people who had fulfilled their allotted time upon earth. They acknowledged too, that fever might be contracted by eating too freely of beef from a cow that had died of some disease, or by going out in the sun when it was too hot. In most cases, illness was attributed to the agency of some god or ghost, or to magic conveyed by an evildoer.²⁹⁵ And even accidents do not just happen; there must be something or someone that causes it.²⁹⁶

Nevertheless, within the maze of interrelated causes, and even if natural causes are never excluded, it may be said that traditional society generally believes that almost all illness, disease or whatever endangers human life, carries with it religious and moral implications. This may explain the fact that, even when the sickness is obvious and medication is available to cure it, people would still consult the medicine persons.²⁹⁷ And that is why, traditionally, morality and religion are of such paramount importance in the unraveling of the cause(s) of disease, the approach to healing, as well as in the healing methods used.

3.5.2. Breach of Morality at the Root of Disharmony

Among the Banyankore, as in African traditional religion and life in general, moral order is a central theme. For without moral order the harmonious interconnectedness that ensures well-being is disrupted, and affliction loosed upon creation. Africans believe that for the orderly maintenance of the world, through the divinities and the ancestors, the Supreme Being has laid down norms and set patterns or codes of conduct. They know that in order to sustain the well-being of human society, certain things which are morally acceptable ought to be promoted, while those morally disapproved by the Deity must not be done.

²⁹⁵ John, ROSCOE, *The Banyankole: The Second Part of the Report of the Mackie Ethnological Expedition to Central Africa*, Cambridge, The University Press, 1923, p. 134; see also pp. 135-143.

²⁹⁶ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 15-16.

²⁹⁷ See *ibid.*, pp. 15-16.

Moral order, therefore, dictates the necessity of good morality among human beings. In what does morality consist among the Banyankore, and in the wider context of African tradition? Morality consists of ethical values among individual within the community. Ethical values, in turn, derive from the nature of God himself, who is essentially good. Good human character, for instance, is conceived as a reflection and imitation of the perfect nature of the Supreme Deity. Gentle character it is which enables the rope of life to stay unbroken in one's hand; it is good character that is people's guard. Good character shows itself in those qualities that promote social harmony among human relationships. In every African society these are well known for, doing the contrary results into evil and its consequences. We can make a distinction between 'moral evil' and 'natural evil'.²⁹⁸ Moral evil pertains to what people do against their fellow human beings. By 'natural evil' we mean those experiences in human life which involve suffering, misfortune, diseases, calamity, accidents and various forms of pain. But as we saw for the African peoples there is an inherent link between moral and natural evils. What lies behind the conception of moral 'good' or 'evil', is ultimately the nature of the relationship between individuals in a given community or society.²⁹⁹ So, often the focus lies on promoting good ethical conduct.

In traditional society, therefore, the indirect (and sometimes direct) consequence of disharmony, is believed to cause affliction, sickness and disease. One of the major issues that disrupts life's equilibrium and brings about disharmony is the breach of morality, that is, by doing "things forbidden, things not done."

²⁹⁸ Evil is such a complex idea and happening that it would be rash to attempt a simple definition. Antagonism, destruction, deformation, disease, accident, death, affliction, suffering, and such-all these come under the title 'evil'. But broadly speaking, evil is a privation, the absence of some good which should be present. In Christian theology the issue of privation appears to be a challenge to the goodness of God, and has been debated by every theologian since the advent of the Judaic and Christian faiths. Such a problem does not really exist in traditional African society. For African society, starting with a spiritual ontology (that the world of humans is surrounded by hosts of spirit-beings), attributes evil to personal forces, which are able to affect and influence a person's life for good or evil. Thus an earthquake or flood is explained as the anger of some spirit-being at some wrongdoing, hidden or not, in the society. An unsuccessful or difficult delivery is attributed to the violation of family taboo or to infidelity by the expectant mother. In other words, evil is the confluence of anger from the spirit-world and a human being's waywardness. The two are not contradictory. See John, S. POBEE, *Toward an African Theology*, pp. 99-100. Ray also adds that, unlike Western religions, African thought does not conceive the source of evil to be a fallen god or spirit like Satan or the Devil. Instead, the source of evil is located in the human world among the ambitions and jealousies of people. The source of evil is thus demonic humanity: the witch or sorcerer. See Benjamin, C. RAY, *African Religions: Symbols, Ritual, and Community*, Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1976, p. 150.

²⁹⁹ See John, S. MBITI, *An Introduction to African Religion*, pp. 212-213, 214.

And although the immediate motive behind the consulting the medicine person is to know the source of trouble, and to bring about cure, there is more to it. The reason here goes back to the African world-view: the search for restoration of harmony in human relationships and the cosmos around him. The world ought to be harmonious, balanced, and good.³⁰⁰ Accordingly, misfortune, which means imbalance and disharmony in the universe, does not just happen. If and when it does, it is because there is a malevolent cause, either human or suprahuman. Morality demands that these causes of disruption and affliction in human life, and their motivations, be identified. Even if the wrongdoer happens to be the victim; it is still important that the fact be known and something be done about it.³⁰¹ It means, then, that the more morality is ensured, the more harmony there is, and the less affliction. Magesa puts this idea in a nut shell:

Africans quickly draw ethical conclusions about thoughts, words, and actions of human beings, or even of “natural” cosmological events, by asking questions such as: Does the particular happening promote life? If so, it is good, just, ethical, desirable, divine. Or, does it diminish life in any way? Then it is wrong, bad, unethical, unjust, detestable. This most basic understanding of morality in African Religion is incorporated systematically in the people’s way of life. It is expressed in their traditions, ceremonies and rituals.³⁰²

The following two subsection single certain specific elements, in order to illustrate how the network of traditions, that is, how the observance or breach of morality may bring about positive or negative consequences respectively, depending on the choices people make.

3.5.2.1. Totems and Taboos

Among the Banyankore, the ethical code of conduct is enshrined and expressed in a network of traditions, ceremonies and rituals that cover all that involves human existence, and the physical-spiritual environment. Such may be called the ‘things done’, which are known to each member of society. And this ethical code of conduct is preserved and protected by a set of taboos and totems, the

³⁰⁰ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 35-76 for a more detailed consideration of the African world-view.

³⁰¹ See S., BJERKE, *Religion and Misfortune*, p. 114; See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 174-175.

³⁰² Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 77. In the words of Dopamu, those things that diminish life are what society knows as “things forbidden, things not done.” See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 29.

'don'ts, the 'things forbidden.' In reality, beyond the observation of taboos and other prohibitions, also lies the obligation of each member of society to fulfill rituals and ceremonies that often accompany the rhythm of life, from birth to death; everyone is expected to maintain good social attitudes and behavior.

The subject of taboos and totems is vast, and we may not attempt to exhaust here, since it covers a variety of social-cultural issues beyond the topic of healing. Our concern here is how observance or non observance of them impacts on the individual and the community in terms of sickness and health. As we noted before, there are numerous clans among the Banyankore, and the various people's that came to settle in Ankore.³⁰³ And each of the clans have their particular distinctive beliefs, rituals and ceremonies, with the corresponding set of totems, taboos, and symbols. However, there is an ethical code of conduct 'written' in totems and taboos that must be generally respected by all. The code includes a wide range of subjects from the less serious matters regarding simple etiquette, to those of graver nature.³⁰⁴ It is important to first grasp the nature of totems and taboos, and how they relate to each other, before we tackle their impact.

What are totems and taboos? There seems to be only one word used in Runyankore to describe both totem and taboo, namely *Omuziro* (from the verb *kuzira*, literally 'to refuse', 'to shun' or detest something').³⁰⁵ What Sigmund Freud wrote many years ago about the Australian native people in *Totem and Taboo* is applicable to the religious conception of totem in Ankore and Africa in general. Using the language of Freud, we can describe a totem as any species of animal, or less often a plant or species of it, or even in some cases a force of nature, such as rain, water, or lightning, which is perceived to have a special relationship with a given clan. The totem is seen to incorporate or be an expression or representation of an ancestor of the entire clan. It is exclusive to it, for it is not possible that two different clans of the same tribe have the same totem.³⁰⁶ Among the Banyankore, the totem is understood as a distinctive mark or symbol of identity for the members of a particular clan, perhaps in the way a flag does

³⁰³ see Amos, BETUNGUURA, *Enganda z'Abantu Abari Omuri Nkore (Clans of People in Ankore)*, Kampala, Development Systems, n.d., p. 29.

³⁰⁴ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 117-150.

³⁰⁵ See Joseph, NICOLET, "Notes sur quelques traditions religieuses en Lukyiga (Kabale) et Mpololo et sur le cas "Nyabingi" en Lukyiga-Ruanda," Kabale, Rome, Archives of White Fathers, 1928, pp. 7-9. Unpublished.

³⁰⁶ See Sigmund, FREUD, *Totem and Taboo : Resemblances Between the Psychic Lives of Savages and Neurotics*, Trans. by A. A. Brill, New York, Vintage Books, 1946, p.5; Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 75.

for people belonging to one state.³⁰⁷ A totem cannot harm any of its members. But the obligation is mutual: if the totem cannot harm its tutelaries, the members of the clan of that totem must also not kill or harm it in any way. For example, they must not eat the meat of their totemic animal. "Any violation of these prohibitions is automatically punished."³⁰⁸ This prohibition is what constitutes a taboo.

According to Hutton Webster, taboos may be described, then, as systems of prohibitions with regard to certain persons, things, acts, or situations. The objects considered as taboo are perceived to contain within them a certain assumed danger that always has repercussions against anyone who transgresses them. The danger need not be explained and in many cases it is not; neither is it perceptible to the senses, the belief is that it is there, and sooner or later the consequences of transgression invariably boomerang upon the transgressor. It is for this reason that taboos have great moral authority. A taboo amounts simply to an imperative thou-shalt-not in the presence of the danger apprehended. That any breach of the prohibition was unintentional or well-intentioned matters nothing; no allowance is made for either the ignorance or the praiseworthy purpose of the taboo-breaker.³⁰⁹

The connection between totems and taboos in African ethics consists in their convergence to constitute a moral ambiance or to erect moral codes that are intended to serve harmony and the order of the existence of the universe. They are experienced in day-to-day life and are passed from one generation to another to be safeguarded by society, to direct its behavior and that of its individual members. Their origin may be obscure or unknown, but that is not important. What is of consequence is, once again, their purpose: to preserve harmony and to keep chaos at bay. It follows, then, that moral interest in totems and taboos does not usually go beyond their aim. What is important is that the general consequence of diminishment of life results from harming totems or transgressing taboos. Taboos are in a sense their own explanation: breaking them causes otherwise inexplicable calamity, and calamity happens if they are (whether knowingly or unknowingly) transgressed. Taboos exist to make sure that the moral structure of

³⁰⁷ Père Joseph Nicolet writing while in Kabale, Uganda, observes that just as people in the West recognize each other by their "family names", so do the Banyankore by their clans. As soon as two people come to realize that they are of the same clan, even if they are not related by blood, and even if they had never met before, they consider themselves as brothers or sisters, that is, *ab'oruganda rumwe* ("people of the same clan"). See J., NICOLET, "Notes sur quelques traditions religieuses en Lukiya," p. 8. Unpublished. On the various clans among the Banyankore, their origins and significations, see Amos, BETUNGUURA, *Enganda z'Abantu Abari Omuri Nkore*, pp. 1-17; on clans and their taboos, see also Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 145-148.

³⁰⁸ See Sigmund, FREUD, *Totem and Taboo*, p.5

³⁰⁹ H., WEBSTER, *Taboo: A Sociological Study*, New York, Octagon Books, 1973, pp.13 & 17.

the universe remains undisturbed for the good of humanity.³¹⁰ All in all, taboos play a significant role in the ethical duty of transmitting and preserving life; and the breach of taboo endangers the health and well-being of society. Breach of taboos constitutes wrongdoing, and like in most African cultural groups, among the Banyankore wrongdoing can never be neutral. It always has consequences to the perpetrator, and very often to the perpetrator's community.

Let us now look more closely at the implications of observance or non-observance of taboos, in relation to sickness and affliction in general. Taboos have degrees of severity: depending on the values they are intended to safeguard or the ethos they are meant to encourage.³¹¹ There are certain taboos, whose infringement would have graver consequences: some sicknesses, for instance, have been blamed on the violation of certain taboos. To cite a few of such examples, among the Banyankore, certain types of skin rash commonly referred to as *Ibugane* (literally, 'rendezvous', or misfortune) have been attributed to someone coming into contact with twins or even their mother, before certain rituals have been performed.³¹² Similar to what Magesa describes of Africans in general, taboos among the Banyankore include also those concerned with sexuality, the two most significant being against intercourse during menstruation and taboo against incest.³¹³ A man who has intercourse with a woman

³¹⁰ See David, PARRINDER, *West African Religion: A Study of the Beliefs and Practices of Akan, Ewe, Yoruba, Ibo, and Kindred Peoples*, London, Epworth Press, 1961, pp. 172-175. For a synthesis of totemism and taboo, see also A., R. RADCLIFFE-BROWN, *Structure and Function in Primitive Society: Essays and Addresses*, New York, The Free Press, 1965, pp.117-52; See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 76.

³¹¹ Some taboos among the Banyankore were established almost exclusively to ensure discipline and social etiquette. For instance, a child will be told that if he or she were to call his or her grandparents by name, that child's teeth would fall out. The meaning behind is to inculcate in the child the good habit of respect for elders, by using the more intimate titles of 'grandpa'/'grandma'. Children may also be told that if they told stories during the day, spirits/or ghosts would kidnap them. The rationale behind is to encourage story-telling at night, so as to discourage children sitting idle and wasting time by telling long stories during the day, instead of helping their parents with work. Or some taboos would prevent children from sitting on kitchenware like grindstones, mortars, that if they did so, one of their parents would die. Behind the taboo is the effort to preserve the hygiene of items used in the preparation of foodstuffs, since some of the children would sometimes not have clothes on. From these examples, then, taboos would be like a simple facade that veils and preserves certain ethical and cultural values.

³¹² For a series of rituals and ceremonies surrounding the birth of twins, see Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 123-124. According to J. Nicolet, some people recount of having been stricken by *Ibugane* (skin rash) after eating some food at the neighbor's and the food happened to contain their *muziro* (totem). See J., NICOLET, "Notes sure quelques traditions religieuses en Lukyiga," p. 9. Unpublished.

³¹³ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 149-152.

in her menses, for instance, might become sick or even lose his virility.³¹⁴ Similarly, instances of miscarriage, and sometimes barrenness have been blamed on failure to observe certain taboos on the part of partners. In Africa, HIV/AIDS has generally been linked with sexual misconduct. This, perhaps, could partly explain why, in most African communities moral stigma hangs over the HIV/AIDS victims. Some think that their plight is a punishment from God for their sins (e.g. breach in morality); after contracting the disease they feel so guilty that they do not want people to know they have it.

Connected with the concept of taboos is the issue of cursing. Some sicknesses, it is believed, may come about because of failure to honor important social norms, especially respect due to elders. In the event of displeasure, an elder may utter a curse (*omukyeeno*, noun from *okukyeena*= 'to curse' to utter bad words), as a form of administering justice. The basic principle here is that if a person is guilty, evil will befall him according to the words used in cursing him. By the use of good magic, it is believed, a person can curse an unknown thief or other offender. But most of the curses are within family circles. The operative principle is that only a person of higher status can effectively curse one of lower status, but not vice versa. The most feared curses are those pronounced by parents, uncles, aunts or other close relatives against their 'juniors' in the family. Cases have been reported among the Banyankore, where a wife fails to conceive, allegedly because her paternal aunt (*Ishenkazi*) or maternal uncle (*Nyinarumi*) were not given the share of the customary dowry entitled to them during the marriage ceremonies. And because of such an omission these relatives were disgruntled, and they uttered 'bad words' like "*Kabure oruzaaro*" ("May you never have children").³¹⁵ The worst is the curse uttered at the death-bed, for once the pronouncer of the curse has died, it is practically impossible to revoke it.³¹⁶ In fact what Magesa mentions of the Akamba tribe of Kenya, is true of the Banyankore, namely that a dying parent's curse upon property or people "was believed to retain its harmful effects to the third and fourth generations."³¹⁷ However, if one is not guilty then the curse does not function. Formal curses are feared

³¹⁴ See *ibid*, p. 151.

³¹⁵ See John, S. MBITI, "Notes sur les Banyankore." Rome, White Fathers Archives, 1968, p. 12. Unpublished. Seite gives a long list of several other formulations of curses, and observes that the words "*Bakandoga*" ("Some person cast a spell on me") is closely related to "*Bakankyeena*" ("Some person cursed me") see *ibid*, pp. 12-13.

³¹⁶ John, S. MBITI, *African Religions and Philosophy*, p. 211.

³¹⁷ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p.155. We have to realize that because of the inner dynamics and interconnectedness of African Religion's moral codes, disrespect for elders implies disrespect for the ancestors as well, for the elders are their visible "representatives" on earth. See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant*

much in African societies, and this fear, like that of witchcraft, helps to check bad relationships especially in family circles.³¹⁸

Furthermore, anti-life attitudes like enmity among members of a family, lineage, or clan may be part of the chain of wrongdoing that might not only contribute to an individual's malady, but also inevitably affect the larger community,³¹⁹ and the rhythm of the universe as well. The weather may change adversely, perhaps causing suffering from drought or floods, cows might mysteriously die, lightning might strike, a house may burn down, a child might die. This is the case with other kinds of wrongdoing as well, such as theft or murder. Abundance in nature affirms that the moral codes of the community have been observed. Conversely, in the event of a problem in nature, the cause undoubtedly lies in human behavior; it must be investigated, discovered, and rectified, for it is an enemy of life.³²⁰

Finally, the question of at rights can be summed up in one important conclusion, namely: **that although the conception of morality in African Religion demands that both individuals and communities refrain from wrongdoing, it demands much more than merely avoiding the transgression of rules and taboos: it requires people to *consciously pursue right behavior*.** In fact, it is the pursuance of right behavior, rather than the avoidance of wrong, that is the distinguishing mark between an authentically good (or moral/ethical) person *omuntu muzima*, (literally, 'the real person') and one who is not truly so. In other words, among the Banyankore, Magesa's categorization applies: that "ethical behavior requires what we may call a "maximalist" approach to doing good, rather than a "minimalist" attitude of simply avoiding wrong attitudes and actions."³²¹ It is true to say that wrongdoing, or the contravention of moral codes of conduct is most abhorred in traditional society. Attempting in any way to break any of the community (moral) codes of behavior, endangers life; it is bad, wrong, or "sinful."³²²

Life, p.167.

³¹⁸ John, S. MBITI, *African Religions and Philosophy*, p. 211.

³¹⁹ The action or conduct or 'sin' of any member of the community can affect the other members for good or for evil. As the famous African writer, Chinua Achebe puts it proverbially in his novel, "...if one finger brought oil it soiled the others." C., ACHEBE, *Things Fall Apart*, London, Heinemann, Educational Books, 1975, p.114.

³²⁰ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p.154; see also See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 15-16.

³²¹ Ibid, p. 168.

³²² There are some investigators who thought that either Africans have no concept of sin or they only have an imperfect notion of it. In fact, Pobee makes reference to the first Anglican missionary to the Gold Coast (present-day Ghana), Rev. Thompson as saying: "As to their sense of vices and virtues they have only cold and unaffecting notions of both...Spiritual matters made no impressions on them." John, S. POBEE,

Hence, all moral customs, whether known or unknown, require observance. In fact, less well-known codes and taboos present greater danger since it is possible to transgress them without being aware of it. Ignorance, though, seldom exempts one from the consequences of a transgression, although it may occasionally lessen the force of the shame or ease any violation in wrongdoing.³²³ But most critical of all, is do good; avoid evil, in order to ensure harmony.

3.5.2.2 Witchcraft, Sorcery, and Magic as Sources of Affliction

It seems to be a routine belief in traditional society that the commonest and most vicious cause of affliction is masterminded by human agents through witchcraft, sorcery and magic. In fact, even if other causes are not ruled out,³²⁴ witchcraft among the Banyankore, and in traditional African society

Toward an African Theology, p. 102. But Pobee is quick to point out that Thompson and others who share his views, are representative of a long line of Western students of Africa who have claimed that before the advent of Christianity, Africans had no sense of sin or at best belonged to a shame culture. To them, sin is Negro as virtue is White. See *ibid.*, p. 102. Yet such claims were only a misconception of the way Africans perceive sin, and could not stand the test of time. We find Laurenti Magesa's explanation of the African concept of sin quite enlightening. It is, in fact, coherent with what the Banyankore uphold. Magesa indicates that what is elsewhere conceptualized and explained as "sin" or "evil" is better expressed in African tradition by the concept of "wrongdoing," "badness," or "destruction of life." This does not imply that the more abstract notions of sin and evil are non-existent in African religious consciousness; it is to say, however, that the moral perspective of African tradition is quite concrete and pragmatic. The concept "sin/evil" seems to give less emphasis to wrong or bad *actions*, which emanate from *bad people*, people who have an "evil eye" or "bad heart," which the African religious consciousness prefers. In African tradition, sin is always attached to a wrongdoer and, ultimately, the wrongdoer is a human person. The sense here, then, is that sin and evil do not and cannot exist in human experience except as perceived in people. It is people who are evil or sinful, whether or not they are aided by invisible forces. For, even when invisible forces intervene in human life to cause harm, it is more often that not because they are "used" by evil people, or are manipulated by forces on earth. Otherwise, these spirits (though without physical bodies of their own) are personalized by the African religious mentality to express their badness in what they do as "bodied" beings. It is people or personalized beings who are evil, precisely because they actually entertain bad intentions, utter bad words, or engage in wrong deeds. In other words, they are incarnations of evil powers, at least for the time they behave in an anti-life manner, that frustrate the flowering of life and life-energies. *In African religious mentality, evil is often embodied, evil is incarnated.* See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp.161-162. (Emphasis in the original). Therefore, Africans have always had the sense of sin. From the beginning, God has put his law in people's hearts, and has endowed them with the sense of right and wrong. And the African is conscious of the fact that wrongdoing sickens the community. See E., M. UKA, (ed.), *Readings in African Traditional Religion*, p. 30.

³²³ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp.166-167.

³²⁴ It is sometimes believed that God may call old people to leave this life (at death). Generally, both in death and in illness God is normally left out of the picture, even though people believe that if he did not allow it the person would not be sick or die. See John, S. MBITI, *An Introduction to African Religion*, pp. 112, 152. Furthermore, it is also believed that the ancestors may cause illness and suffering. In such cases,

in general, is often conceived as the highest form of wrongdoing and a malicious enemy of life. In Shorter's words, "Witchcraft is a kind of penumbra of human wickedness, an inborn preternatural power to harm and kill, enjoyed for its own sake."³²⁵ Here lies the explanation: African tradition believes that the Supreme Being put a certain power or force in the cosmos, which the human person may use for good or evil purposes. Witchcraft, sorcery, and magic represent some of the ways in which those supernatural and supra-human energies are manipulated to inflict human beings and the environment around them with sickness of all sorts. In reference to African religion Taylor observes that "No distinction can be made between sacred and secular, between natural and supernatural, for Nature, Man and the Universe are inseparably involved in one another in a total community." The human person is part and parcel of "The Unbroken Circle."³²⁶ It is within this holistic world-view, and the inherent interconnectedness between the religious, social, moral, and natural causes of affliction, that we can appreciate the human person's manipulation of mystical power and evil forces to cause affliction.

What, then, is witchcraft? The term used for 'witchcraft' in Runyankore, *oburogo* or *irogo* (*omurogi*=person who practices witchcraft or poison; *okuroga/oburogi*=verb, 'to cast spells'), is a generic term that includes a wide variety of practical realities, ranging from simple means like the use of ordinary poison, to the use of supernatural means e.g. sending evil spirits to someone over a distance.³²⁷ Similar to what John O'Donohue observes among the Baganda and Banyoro peoples of Uganda, the distinction

"[the specialist may divine that]... the cause of the illness is due to his dead father, whose spirit is complaining that he did not brew beer for him and no longer remembers him." See Michael, GELFAND, *The Spiritual Beliefs of the Shona*, Gwelo, Mambo Press, 1977, p. 78; See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp.166-175. Thus, the deceased father is angry for being neglected. The sick person, then, must realize his neglect of responsibility and correct the situation. On other occasions some people in Banyankore traditional society claim to be attacked by spirits. As in the case of the ancestor, the *muzimu* (spirit) the deceased parent possesses one of the children and makes him/her sick, because the parent died unhappy about an issue. In his/her sickness the possessed is heard to speak the exact voice of the deceased parent. The voice usually puts forward the complaint, and mentions what can be done to placate it. Ordinarily, ancestral spirits may cause affliction because they desire sacrifices and offerings. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 10-11.

All in all, as we noted earlier African traditional society generally believes that all illness must have an explanation: someone or something is blamed for it. Even in the case of 'purely' natural causes, it is believed that a particular person will only fall sick or die because some human or other agent has brought it about. See John, S. MBITI, *An Introduction to African Religion*, pp. 214-215.

³²⁵ Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 95.

³²⁶ John, V. TAYLOR, *The Primal Vision: Christian Presence amid African Religion*, London, SCM Press, 1963, p. 72; also quoted in John, O'DONOHUE, *Magic and Witchcraft in Southern Uganda*, Kampala, Uganda, Gaba Publications, n.d. no. 36, p. 30.

³²⁷ See *ibid*, pp. 22-23.

between the witch and the sorcerer may be clear enough in theory, but in practice the two categories tend to overlap, and there seems to be a feeling that the professional *murogo*, the person who makes his living by selling injurious techniques or services, is in some sense himself evil.³²⁸ Both witches and sorcerers use their magical powers to do evil. Those who practice witchcraft, evil magic and sorcery are the very incarnation of moral evil. They are, by their very nature, set to destroy relationships, to undermine the moral integrity of society, and to act contrary to what custom demands. Therefore, such people are also instruments of natural evil — at least people associate them with it, so that when accidents, illnesses, misfortunes and the like strike, people immediately search for the agents of evil, for witches, for sorcerers and for neighbors or relatives who have used evil magic against them.³²⁹

In Runyankore there appears to be two terms that are interrelated. The word *omurogo* (or witch) may be used in the sense indicated by Magesa: it “may be applied to a [malevolent] witch, a sorcerer; a witch-doctor, a herbalist” or anyone considered to have more power than that of the average person, and uses that power to do harm.³³⁰ *Omurogi*, on the other hand, may refer to anyone who carries out acts like those of a witch. Both words include intentions, actions and all machinations premeditated to bring harm to human life/beings and their habitat. There are some whom society knows to commit malicious acts, and belong to the circle of *abacecezi*. In the singular the word *omucecezi* (literally, ‘one who dances with rattling sounds’, especially at night — night dancer) means wizard or sorcerer. Even if these distinctions are made between such people and the witches, in our opinion the difference is only a hair’s breadth; all of them are equally anti life.³³¹ The image given of a witch or sorcerer is that of an antisocial person: morose, unsociable, disagreeable, arrogant, ambitious, sly, ugly, dirty, lying envious, shifty-eyed, staring. The witch or sorcerer is thus both an antisocial person and anti-human being.³³²

Secrecy is perhaps an important distinguishing feature of sorcery³³³: direct physical

³²⁸ John, O’DONOHUE, *Magic and Witchcraft in Southern Uganda*, p. 31.

³²⁹ See John, S. MBITI, *An Introduction to African Religion*, pp. 213.

³³⁰ See Cosmas, HAULE, “Bantu Witchcraft” and *Christian Morality: The Encounter of Bantu Uchawi with Christian Morality -An Anthropological and Theological Study*, Schonek-Beckenried, Nouvelle Revue de Science Missionnaire, 1969, pp.20-26; Laurenti, MAGESA, *African Religion*, p. 180.

³³¹ Shorter says that, “Although sorcery is a technique and not an inborn power like witchcraft, the issue of its distinction from the latter is complicated by the fact that many African languages use a single word for both sorcerer and witch. This is not merely a semantic problem, for quite often people in Africa consider that only a witch would be wicked enough to practise sorcery.” Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 99.

³³² See Benjamin, C. RAY, *African Religions: Symbols, Ritual, and Community*, p. 150.

³³³ See A., SHORTER, *Jesus and the Witchdoctor*. p. 103.

violence is not sorcery, but all clandestine assault — whether in Western terminology the means used are ‘natural’ or ‘mystical’ — comes into that category. As many traditional societies in Africa see it, it is also the malevolent intention, and the furtiveness, rather than the means used to express malevolence, that define sorcery.³³⁴ It is not surprising, from this perspective, that Lucy Mair, puts straightforward first in her list of recognized methods of sorcery in Buganda; and in Bunyoro, Beattie tells us, putting poison in another’s food, or burning down his house, is seen as an act of the same order as burying ‘medicine’ in a spot over which an enemy will pass: all are *burogo*, witchcraft, sorcery.³³⁵ In Magesa’s words, “sorcery [this can be said of witchcraft] diminishes the force of life by the use of medicine.”³³⁶ What Lucy Mair and Bettie say of Baganda and Banyoro respectively, applies to Banyankore as well. As noted earlier, African tradition believes that the Supreme Being put a certain power or force in the cosmos, which the human person may use for good or evil purposes. The medicine-doctors, and herbalists normally use their power in benevolent ways to heal people. But as soon as they use the same power malevolently, they qualify as witches or sorcerers. May be that is why in people’s mentality, ordinary healers are only a hair’s breadth from ‘witchdoctors’; and both are equally feared. In general, moreover, it can be said that the power of witchcraft is not a prerogative of only certain individuals. Every human being has this potential power; so that in fact, every human being is potentially a witch. In the great majority of people this power is latent, dormant.³³⁷

All in all, witchcraft can be summarized in one sentence: “Witchcraft is *the* enemy of life.”³³⁸ In the African mentality, everything wrong or bad in society and in the world, and, most particularly, various afflictions, originates in witchcraft. There is no kind of illness or hardship at all that may not ultimately be attributed to witchcraft. As Evans-Pritchard observed among the Azande,

If blight seizes the ground-nut crop it is witchcraft; if the bush is vainly scoured for game it is witchcraft; if women laboriously bale water out of a pool and are rewarded by but a few small fish it is witchcraft; if termites do not rise when their swarming is due and a cold useless night is spent in waiting for their flight it is witchcraft; if a wife is sulky and unresponsive to her husband it is witchcraft; if a prince is cold and distant with his subject it is witchcraft; if a magical rite fails to achieve its purpose it is witchcraft; if, in fact, any

³³⁴ See J., O’DONOHUE, *Magic and Witchcraft in Southern Uganda*, p. 29.

³³⁵ See Lucy, MAIR, *An African People in the Twentieth Century*, London, 1934, p. 250 & J., H. M. BEATTIE, “Sorcery in Bunyoro,” in Middleton and Winter (ed.), *Witchcraft and Sorcery in East Africa*, London, 1963, p.29; see John, O’DONOHUE, *Magic and Witchcraft in Southern Uganda*, p. 29.

³³⁶ Laurenti, MAGESA, *African Religion*, p. 210.

³³⁷ See Laurenti, MAGESA, *African Religion*, p. 182.

³³⁸ *Ibid*, p.182.

failure or misfortune falls upon any one at any time and in relation to any of the manifold activities of his life it may be due to witchcraft.³³⁹

In the light of the above presentation, certain issues need further examination. First of all, that some people do practice sorcery, witchcraft or evil magic, is real: something attested to even by present day writers.³⁴⁰ Beliefs and practices involving witchcraft and related activities are not phenomena that exclusively belonged to the ancients for, they live on to date among the Banyankore, and several other African societies.

The kind of framework we have just tackled above helps us to understand why consulting a healer to name the cause of sickness (in view of finding the cure), is a central part of healing in African traditional society.

Part II: The Practice of Healing Among The Banyankore

After having analyzed the cosmological and anthropological foundations of sickness and healing, we now tackle traditional medicine — the umbrella word, which includes the ways and means of preserving health from various afflictions. We saw how, traditional society views sickness to be one of the unfriendly agents that threaten life here on earth. It is an enemy which the African tries to fight, avert and eradicate. It is, therefore, important to examine the various dimensions which traditional society considers part of the process of healing. Under the practice of healing (traditional medicine) we shall proceed as follows: we shall begin with the clarification of terminology used in traditional medicine; we shall talk about participants in the role of healing, with special emphasis on traditional healers. And finally we'll briefly identify certain rituals and paraphernalia used in the healing ceremonies.

3.6. Traditional Medicine: Clarification of Terminology

What is traditional medicine all about? Two definitions (they are, perhaps, more of descriptions) are in place, one given by Dr. Hans-Martin Hirt and Bindanda M'Pia. These two authors define traditional medicine as: "the sum total of all practices, methods, treatments, supplementary materials and attempts of any kind (material or other) which, for ages, have enabled man to protect

³³⁹ Evan, E. EVANS-PRITCHARD, *Witchcraft, Oracles, and Magic Among the Azande*, Oxford, Clarendon Press, 1937, p. 63. See Laurenti, MAGESA, *African Religion*, p. 182.

³⁴⁰ See Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 99.

himself from sickness, to relieve suffering and to bring about healing.”³⁴¹ The second definition is that of Abayomi Sofowora, who describes tradition medicine as “the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing, or eliminating a physical, mental, or social disease and which may rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing.”³⁴² The latter definition agrees with that given by World Health Organization in a publication of 1978.³⁴³

It is important to comment also in what sense we should understand ‘medicine.’ Magesa warns us that in African tradition, it is important to realize that whatever is done to promote healing — the process of restoring the force of life — is in itself a force. It is therefore understandable that African tradition categorizes a range of forces as ‘medicine,’ in addition to herbs and other physical curative material.³⁴⁴ As S. F. Nadel realized among the Nupe of Nigeria, medicine goes beyond physical substances or the treatment of diseases of the body. Medicine also means, and perhaps principally so, any power that has (greater) influence over other powers.³⁴⁵ Whatever strengthens the power of life is good medicine and all power contrary to life (such as witchcraft) is bad medicine. Because the power and procedures of diviners, mediums, and medicine-doctors often overlap, they are not always clearly distinguishable.³⁴⁶

Hence, in traditional healing we may identify the following components, namely: *phytotherapy* (treatment with plants), practiced by herbalists (known in Runyankore as *abashakiizi*= ‘herb gatherers’; from the verb *kushakiira* = ‘to gather’ herbs); *psychotherapy*, carried out by medicine priests and wise men/women; and *spiritopsychotherapy*, exercised by seers and based on visions and dreams.³⁴⁷

First, traditional medicine is an integral aspect of African societies since time immemorial. In Africa traditional medicine is not a recent phenomenon/science. It has always existed and

³⁴¹ Hans-Martin, HIRT and Bindanda, M’PIA, *Natural Medicine in the Tropics*, p. 15. (The definition in the original text was written in large print).

³⁴² Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 2.

³⁴³ Quoted in Hans-Martin, HIRT and Bindanda, M’PIA, *Natural Medicine in the Tropics*, p. 16; see M., A. MAKINDE, *African Philosophy. Culture, and Traditional Medicine*, p. 97; see John, S. MBITI, *African Religions and Philosophy*, p. 104.

³⁴⁴ Laurenti, MAGESA, *African Religion*, p. 212.

³⁴⁵ See S., F. NADEL, *Nupe Religion: Traditional Beliefs and the Influence of Islam in a West African Chieftdom*, New York, Schocken Books, 1970, p. 132.

³⁴⁶ See Laurenti, MAGESA, *African Religion*, pp. 212-213.

³⁴⁷ See Hans-Martin, HIRT and Bindanda, M’PIA, *Natural Medicine in the Tropics*, p. 15.

has been practiced longer than is usually perceived. The Banyankore, like other peoples elsewhere in Africa, knew how to cure and care for themselves using plants even before the white colonialists arrived and introduced their 'modern' medicine. Even certain surgery techniques like suturing of blood vessels (*okushandaga n'okurumika*, that is a combination of tattooing and cupping)³⁴⁸ were carried out and preventive measures existed. As Hans Martin and Bidanda observe, "Millions of African people survived for millions of years in an extremely hostile climate. We have to acknowledge that pre-modern medicine was highly developed."³⁴⁹ And those traditional healing methods have been handed down from generation to generation. And although some of these practices have been forgotten, in the villages there are pockets of people (e.g various kinds of healers) who still practice the medicine of their ancestors.

Second, traditional medicine is based on experience and observation. Rather than use laboratory experimentation and analysis as is used in conventional medicine, traditional medicine depends more on past experience and observation handed down from generation to generation (elements that are not foreign also to present-day therapies).³⁵⁰ And since knowledge and experience were transmitted to later generations, often within each tribal group, traditional medicine bears elements of particular cultural groups — like illness, traditional medicine tends to be culture-specific.³⁵¹ We should also mention, in this regard, that traditional medicine relies very much on tangible experience — the tactile dimension. Touching, in traditional Banyankore culture, is an important component of healing. Touching (feeling), a topic that we shall elaborate on at a later time, is quite handy for the medicine people, especially, in diagnosing symptoms and causes of sickness — something consistent with the Banyankore cultural philosophy, where seeing goes hand in hand with touching. *Amaisho g'Omunyakore gatuura omu ngaro* (literally: "The eyes of Omunyakore are in the hands"), the saying goes!

³⁴⁸ John, ROSCOE, *The Banyankole*, p. 141. Among the Banyankore, cupping involved the taking of blood from the temples or the head, and the instruments were the end of a cow's horn and a small knife. A few scratches were made with the knife, the place was moistened with water, and the broad end of the horn held over it, while the air was sucked out through a small hole in the pointed end of the horn, which was then closed with a plug of fiber inserted by the tongue when the air was exhausted. When a certain amount of blood had been drawn off the cup was removed. Tattooing or blistering was done with a small round iron about four to six inches long and a quarter of an inch in diameter or smaller, which was inserted in a wooden handle. The iron was heated until hot enough to raise a blister and was then applied to the skin quickly in several places. Sometimes two or three irons would be fastened together to make more blisters. See *ibid*, pp. 141-142.

³⁴⁹ Hans-Martin, HIRT and Bindanda, M'PIA, *Natural Medicine in the Tropics*, p. 15.

³⁵⁰ See David, KINSLEY, *Health, Healing and Religion*, pp. 168-198.

³⁵¹ See *ibid*, pp. 80-81.

Third, traditional medicine is closely related to moral and religious concerns elements, perhaps, not immediately obvious in the definitions. If morality and religion among the Banyankore and other African peoples, are closely related to sickness, morality and religion must remain equally critical in the endeavor to restore the vital force. For that reason, and because sickness and healing are so closely related to ethical and religious concerns in most cultures, healers tend to be religious specialists of one kind or another; traditional therapy also tends to involve a form of network involving religious rituals, and carrying religious or moral implications.³⁵² Since sickness causes disruption in the holistic system, healing becomes part of the whole complex religious attempt by human persons to bring the physical and spiritual aspects of the universe as well as people who live in it into that desired harmony.

Fourth, consistent with the world-view and the anthropological outlook we considered earlier, traditional medicine is holistic and integral in approach. Basically, traditional medicine has the features observable in any standard therapies as we have them today: it combines the elements of diagnosis, protective, preventive, and the curative dimensions, all aimed at preserving and ensuring health care. However, the scope of traditional medicine is wider than that of conventional medicine: since it embraces the social/community, and environmental aspects, it has the quality of being all-embracing and integrative. Both Shorter and Peelman testify to this characteristic namely, that among the Africans (and non-Western traditional cultures in general), one finds still integral or unified (integrated) therapies, centered on the person as such, rather than on the sickness/illness; and these therapies are practiced in an environment where communion with nature remains largely intact. This integral practice of healing operates (or is aimed) at five levels of wholeness: environmental, physical, psychic-emotional, social and moral-spiritual.³⁵³ In most African societies, therefore, healing combines herbal medicine, psychotherapy, physiotherapy, psychology, surgery and religion. The healing rituals, conducted by a priest-healer, diviner or medicine person usually involves confession, atonement, forgiveness and reconciliation. The community is involved in the ritual healing process.

Therefore, the process of traditional healing is not a matter between two people, the healer and the client; it is often a community exercise. The healer does not monopolize the healing activity. The healer knows that because the sickness of an individual affects the community, the restoration of health

³⁵² See David, KINSLEY, *Health, Healing and Religion*, p. 2.

³⁵³ See Achiel, PEELMAN, "Une force sortait de lui" & Aylward, SHORTER, "Christian Healing and Traditional Medicine in Africa," in *Traditional Medicine Challenging the Mission of the Church*, in *Kerygma*, No. 46, Tome 20, 1986, pp. 35 & 51.

is better achieved when neighbors, relatives and friends get involved in the healing rituals.³⁵⁴ In all these activities, women play a big role. In fact, in traditional society, the role of healers is more or less equally shared by both men and women. In fact, Baingana-Muntu makes a striking observation, namely that in Ankore society which generally is male-dominated, most *Abachwezi-Bashomi* mediums are women.³⁵⁵ Yet, this is in contrast to conventional medical practice: for a long time, there were very few women physicians, and even now the number of doctors in Mbarara who are women is strikingly low, compared to that of men doctors. Could this also partly explain why a number of women feel more comfortable to visit female traditional healers, who are more likely to understand their problems, rather than face medical male practitioners?

All in all, the traditional model of healing requires that all participants (and most especially experts), involved in the art or science of healing are generally expected not only to know and name the causes of affliction, but also to prescribe antidotes or cures for the problems, and ensure the safety of individuals and the community.

3.6.1. Specialists and Healers among the Banyankore

Since traditionally the causes and source of affliction in Banyankore society take on a multi-dimensional nature, healing and the agents of healing are likely to take on a multi-facial character. There is a variety of persons engaged in the work of healing, and restoring harmony in individuals and the community. First of all, it is significant to mention, that although the role of healing, in general, belongs to the healers and specialists in their various categories, it is not every sickness that always requires such people. Just as it is always recommended that each family has First Aid kit handy, in case of accidents or common ailments, traditionally Banyankore people possess a profound knowledge of simple remedies, meant to alleviate ordinary sicknesses, like fevers, bruises, and various aches and pains. Women, most especially mothers, since they have the duty of looking after the health and well-being of children, they are kind of moving encyclopedias of herbs and various medicines. When a man falls ill,

³⁵⁴ See Bonaventure, TURYOMUMAZIMA, "The Traditional Healer among the *Abachwezi-Bashomi* of Ankore," p. 24.

³⁵⁵ See Edward, BAINGANA-MUNTU, "Abachwezi-Bashomi in Ankore," pp.72-73. See also Bonaventure, TURYOMUMAZIMA, "The Traditional Healer among the *Abachwezi-Bashomi* of Ankore," p. 24.

it was the duty of his wife to look after him and to inform his relatives of the matter. If it seems to be some slight ailment, she will doctor him herself, using ordinary means.³⁵⁶

Roscoe indicates also how in traditional society some forms of treatment do not require the presence of medicine people. Instead, a number of herbs and roots are applied to cure minor complaints like stomach aches, worms, and headaches, swellings on the limbs (such as abscesses), or for pains in the chest. Where it is still the practice, people sometimes resort to cupping or bleeding and blistering, for what is considered minor trouble, by the friends of the patient without the aid of the medicine person. Blistering is practiced for headache and cold in the head, when the blisters are made on the head; for cold in the chest, when they are made on the chest; and for rheumatism, when they are made wherever required.³⁵⁷ However, if the application of ordinary remedies proves ineffective, and the illness increases, the wife summons another friend or relative who might have more knowledge in medicines. If that fails and they think it necessary they call in a medicine person that he or she might by an augury find out the cause of the illness and how to deal with it.

This is where the role of the specialists and healers comes in. In Ankore, like elsewhere in traditional Africa, there are persons who, by virtue of their knowledge and skill, are distinguished and recognized as 'specialists', also popularly known under titles like, 'sacred personages', 'special men/women', 'sacred specialists.' Different terms are used for each of these specialists, but sometimes the terms used to describe them overlap, just like their nature and role might overlap. The list includes, medicine-men and women (*abafumu/abaraguzi/abashaho*), rainmakers (*abaigi*), Kings, Queens and rulers (*Abagabe, Abahindakazi, n'abakama*), priests (*banyakatagara*), prophets, forth-tellers/fortune-tellers/soothsayers (*bakareebi*), etc.³⁵⁸ These personages contribute, each in their own way, to the re-establishment of integrity in the jig-saw puzzle of life. We shall restrict ourselves to the role of medicine people.

3.6.2. Medicine People (*Abafumu*)

Among the Banyankore the role of restoring harmony to the individuals and the community specifically belongs to specialists in medicine, known as *Abafumu* (plural for *Omufumu*), in

³⁵⁶ See John, ROSCOE, *The Banyankole*, pp. 135-136.

³⁵⁷ See *ibid*, pp. 141-142.

³⁵⁸ For a comprehensive treatment of each one of these specialists, See John, S. MBITI, *African Religions and Philosophy*, pp. 166-193.

the native language. In Ankore traditional society, *Omufumu* (from the verb *kufumura*, to 'pierce' or 'penetrate' — has the rendering of one who 'pierces secrets, mysteries, riddles, and things hidden'),³⁵⁹ is the chief practitioner of traditional medicine or traditional healer. His duties are many and varied, and overlap with those of other specialists.³⁶⁰ *Omufumu* is one whom Sofowora describes as

a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal, and mineral substances and certain other methods. These methods are based on social, cultural, and religious backgrounds as well as on the knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental, and social well-being and the causes of disease and disability.³⁶¹

The above description raises some points of interest concerning the nature of the medicine person, worth following up. The medicine person is usually native, and lives amidst the people for whom he or she works. In the case of Ankore, Benedict K. Mubangizi makes a distinction between ordinary healers (*abararaguzi* — who practice only within their locality), and medicine people (*abafumu* — chief healers, who may travel far and wide) in order to find clients.³⁶² John Roscoe calls *bafumu* "higher medicine-men" while *abaraguzi* are "those of lower class."³⁶³ But we would not insist on such distinctions, since they are not really crucial, and might not even arise in the actual practice of healing. More significant, however, is that unlike the Western practitioner who is sometimes an outsider and seems 'separated' from his/her clients, the medicine-person is often indigenous, lives amidst his community, and participates in its activities; often he too is usually a farm worker like anybody else.

Furthermore, becoming a medicine a person does not just come about haphazardly; often there is some training involved. The particular ways a person is called may be varied and complex, says Magesa.³⁶⁴ Like it happens in several other African societies, among the Banyankore there is no fixed rule governing the 'calling' of someone to become a medicine person. This may come when he is still young and unmarried, or in his or her middle life. In other cases, a medicine person passes on the profession to his son or other younger relative. There are medicine people who believe that spirits or the living-dead have 'called' them, in dreams, visions or in waking, to become medicine people. In every case, however,

³⁵⁹ See Alexandre, SEITE. "Notes sur the Banyankore," p.2.

³⁶⁰ See John, S. MBITI, *African Religions and Philosophy*, p. 168.

³⁶¹ Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 1.

³⁶² See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p. 20.

³⁶³ John, ROSCOE, *The Banyankole*, p. 30.

³⁶⁴ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 216.

medicine people must undergo some form of training, formal or informal. In Ankore some *bafumu* (medicine people) were known to have been trained in regions as far away as Bwamba, Bukonjo, Buganda in the neighboring districts of Toro, Kasese, Masaka-Kampala respectively, or even Karagwe in Tanzania.³⁶⁵ After the pattern mentioned by Magesa and Mbiti regarding specialists in other African societies, certain medicine people in Ankore had to go through long, expensive and rigorous training.³⁶⁶ And, depending on the trainer, the procedure could require a lot of scrutiny and discipline. Each teacher has his or her own regulations for their trainees, such as refraining from eating meat of certain animals (e.g. elephants, house-rats), and various plants, and from sexual intercourse or bathing for several days³⁶⁷ when one has eaten certain medicines from one's teacher.³⁶⁸ There are many who have a less formal training, at least through a kind of apprenticeship. Among the Banyankore apprenticeship is commonly known as *okukwata enshaho* (literally, "holding the [medicine-person's] bag"). The trainee would accompany his or her teacher's healing errands, often carrying the bag of medicines, and learning on the job.³⁶⁹

Again, although there might be some imposter medicine people, who on their own simply apply tricks (to serve their own selfish interests), as Mubangizi says,³⁷⁰ being medicine a person is serious business. On the whole healers are influential people, though in some societies they might not hold official position outside their professional duties. The skill and success of medicine people vary, naturally,

³⁶⁵ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p. 20.

³⁶⁶ Among the Zulu, according to Henry Callaway, the prospective diviner (*inyanga*) begins to waste away. "At first he is apparently robust; but in process of time he begins to be delicate, not having any real disease, but being very delicate." He becomes very particular about food, avoiding many types of food he used to eat previously. With time he feels constant pain and "dreams of many things." He is brought to the diviners, who at first may mis-diagnose his condition. After a long period of time, perhaps as long as two years, the signs that he is possessed by the spirits of divination become evident. He yawns frequently: "he has slight convulsions, and has water poured on him, and they cease for a time. He habitually sheds tears, at first sight, and at last he weeps aloud, and in the middle of the night, when people are asleep, he is heard making a noise, and wakes people by singing; he has composed a song, and men and women awake and go to sing in concert with him." R., CALLOWAY, "The Initiation of a Zulu Diviner," in Peek, *African Divination Systems: Ways of Knowing*, Indiana University Press, Bloomington & Indianapolis, 1991, p.28; see Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 216-217.

³⁶⁷ *Omufumu wakurogire takanaabaga*, literally, "The medicine-person who bewitched you has never bathed," goes a popular Runyankore saying — indicating, perhaps, that a dirty medicine person carries a more powerful negative force, and is capable of causing graver harm to his or her victims.

³⁶⁸ See Evans, E. EVANS-PRITCHARD, *Witchcraft, Oracles, and Magic Among the Azande*, Oxford, Clarendon Press, 1937, pp.202-250, for fuller and more detailed account of the training of medicine people.

³⁶⁹ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p. 20.

³⁷⁰ See *ibid*, p. 20.

from person to person. In some cases it is believed that the medicine person possesses special gifts or powers obtained either through birth or eating certain ‘medicines’.³⁷¹ In this regard, Kinsley mentions prestige, having impressive titles and credentials, intense knowledge of illness based on their own experience, as important characteristics of effective healers.³⁷² Plus, there is a standard of living, and quality of life that society expects of them as medicine people, be it men or women — for there are both women and men in this profession. Their personal qualities might vary, but medicine people are expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern people’s needs and not be exorbitant in their charges. However, in spite of such high expectations, recognition of the medicine person by the community may take on some ambivalence: he or she might be revered when he uses his power to bring about healing and to do good; but he could also be feared and resented when he or she manipulates the same powers and uses them to bring harm to the community. But in general, effective healers are often portrayed as exuding confidence, especially in front of patients.³⁷³

However, in another sense, for their success traditional practitioners do not depend on their art; they regard themselves as working for a hierarchy of invisible powers — ancestors, deities and God himself. This is so much the case that they do not claim the title ‘healer’: it is God who heals. In contrast to the sacral vision of sickness and healing, hospital medicine sees itself as essentially ‘secular’ and depending on the competence of the hospital doctors.³⁷⁴ Healey observes how this conviction is well brought out in the names Africans give to God.³⁷⁵ Therefore, in the African conception, God is the Great Healer; He is the real physician, the traditional healer is an instrument. As the Akan (Ghana) proverb says, *People cure, God heals*.³⁷⁶

³⁷¹ See John, S. MBITI, *African Religions and Philosophy*, pp. 167.

³⁷² See David, KINSLEY, *Health, Healing and Religion*, pp. 78-79.

³⁷³ See *ibid*, pp. 78-79.

³⁷⁴ Eric, de ROSNY, “The Longevity of the Practice of Traditional Care,” pp. 9-10.

³⁷⁵ ‘Giver of Blessings,’ ‘Real Physician,’ and ‘True Diviner.’ Jesus Christ is described as ‘Chief Diviner,’ ‘Doctor-Diviner,’ ‘Great Healer,’ ‘Great Physician,’ ‘Healer of Eternal life,’ ‘Perfect Healer,’ ‘Spirit Medicine of Life,’ and ‘Supreme Healer.’ See Joseph, HEALEY & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 300.

³⁷⁶ See J., HEALEY & D. SYBERTZ, *Towards an African Narrative Theology*, p. 300. Writers like Sherwin Nuland and Herbert Benson are proposing a distinction between the science of curing disease and the art of healing the patient’s illness. In this sense, to *cure* is to treat diseased organs and tissues, looking not at the person but the pathology. On the other hand, to *heal* is to render patients at ease as whole persons within the structure of their spiritual world-view, their families, and their culture. Healing is largely about restoration that begins inside the patient. See Paul, J. PHILIBERT, “Transitions in the Meaning of Health and Health Care: A First World Perspective,” in *Concilium*, No. 5, 1998, p. 6. See also S., B. NULAND,

Another pivotal dimension we may point out about medicine people, is that their practice of medicine reflects the multidimensional and integrated nature of healing in traditional society. Their vocation as healers, training and practice of medicine, are such that they are meant to operate (or are aimed) at the five levels of wholeness, we hinted on earlier.³⁷⁷ Although we talked of the presence of ‘specialists’ in traditional society, there is no such a thing as specialization, at least in the sense the word is used in conventional medicine. The roles of the *Omufumu* or medicine person in society are varied, but at the same time inseparably interrelated. The medicine person knows a bit of everything, and his practice of medicine combines the physiological, psychological, social, environmental, moral, and spiritual dimensions. *Omufumu* is a herbalist or medicine-doctor — one with knowledge and power to prevent or cure disease or other afflictions. Hence, *Abafumu* acquire knowledge in matters pertaining to: the medicinal value, quality and use of different herbs, leaves, roots, fruits, barks, grasses, powders, smoke from different objects like the excreta of animals and insects, shells, eggs and so on; the causes, cures and prevention of diseases and other forms of suffering; magic, witchcraft and sorcery, and how to combat (or even use) them; the nature and handling of spirits and the living-dead; and various secrets some of which may not be divulged to outsiders.³⁷⁸

Furthermore, *Omufumu* is also a consultant: and because a medicine-doctors often rely on divination for their practice, there is often a merging of the roles: the medicine doctor is at the same time diviner. In the words of Magesa, “These experts are generally expected not only to know the causes of calamities, but to prescribe antidotes or cures for these problems. Their responsibility is to advise on measures to be taken to restore the force of life.”³⁷⁹ In brief, the traditional healer’s role is all-embracing and incorporates all the facets of healing. This multi-dimensional nature of medicine is also reflected in the healer-client rapport, and the various traditional healing methods and techniques involved.

“Doctors and Deities,” in *The New Republic*, October 13, 1997, p. 33; Herbert, BENSON, *The Wellness Book: The Comprehensive Guide to Maintaining Health and Treating Stress-Related Illness*, New York, 1993.

³⁷⁷ See Achiel, PEELMAN, “Une force sortait de lui” & Aylward, SHORTER, “Christian Healing and Traditional Medicine in Africa,” in *Traditional Medicine Challenging the Mission of the Church*, in *Kerygma*, No. 46, Tome 20, 1986, pp. 35 & 51.

³⁷⁸ See John, S. MBITI, *African Religions and Philosophy*, pp. 167-168.

³⁷⁹ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 193.

3.6.3. Traditional Healing Methods and Techniques

The methods and techniques used by traditional healers are as many as the healers themselves, and as varied as the situations that require the healers' attention. However, for the purpose of our study, we shall highlight a few, under the following sub-topics: Consultation, Diagnosis and Divination; Treatment, with emphasis on herbal medicine; Prayers, Offerings and Sacrifices. In each case we shall seek to underline the holistic and integral vocation of the healer.

3.6.3.1. Consultation, Diagnosis and Divination

Although consultation, diagnosis and divination, will be highlighted individually for clarity's sake, in practice they complement each other; they form one triad of efforts between healer(s) and their client(s), in search of healing. The central concern in consulting healers, and the healer's search for meaning (through diagnosis, divination, etc.) form part of the attempt to make sure that the forces of life prevail over the powers that seek to destroy it.

As regards consultation, we may affirm that in pre-Christianity Ankore, going to see a medicine person formed part and parcel of ordinary living; it was part of life.³⁸⁰ The practice of consulting healers or medicine people, may have been mitigated by the conversions to Christianity, and the influence of Western civilization, but in some areas it continues to date. Situations in which people might seek the help of a healer or medicine person (diviner) still exist — they span every aspect of life. The kind of complaints that clients do bring to the traditional healer are numerous, and of many kinds.³⁸¹ Gunter Wagner gives a good summary of concerns that people bring to the medicine person (diviner) for consultation. They include sudden and violent illness; persistent disease of any kind; gradual physical deterioration despite treatment; visits by ghosts or spirits; encounter with creatures associated with witches (such as owls or hyenas); suspicion of having been bewitched; sterility or undue delay of pregnancy; complications during pregnancy or birth; impotence; sudden insanity; death by lightning; accidents; death suspected of witchcraft; disease or a lack of productivity in cattle; repeated poor harvest

³⁸⁰ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p.16-17. Evans, E. EVANS-PRITCHARD, *Witchcraft, Oracles, and Magic Among the Azande*, pp. 261-262 lists similar circumstances that would lead a person to consult a diviner. See also Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 214-215.

³⁸¹ See Kofi, A. PPIAH-KKUBI, "Healing in Indigenous African Christian Churches," p. 61.

while others reap well; poor human relations; bad omens; and epidemics and other suspicious events on a large scale.³⁸²

However, Mubangizi says that consulting medicine people is not just for times of affliction or for curative purposes; some people did (and still do) consult for preventive and protective reasons as well. A warrior intending to go for battle would consult to know whether it is okay for him to go, and to ensure that he will be secure. A parent may consult on behalf of his son intending to go on a dangerous errand, for the safety reasons. A housewife may go to the medicine person to be sure that her husband loves her, or to see whether the in-laws have something against her. Some visit the medicine people to find the cause of their barrenness or childlessness; in cases of frequent miscarriages, to know what causes them. Or why some couples beget only girls, and are in search of a baby boy — so important for inheritance purposes. Others are seeking for an explanation as to why she failed to get married.

Some people consult to ensure fecundity for their produce, and for material prosperity. Others go there to ask for blessings for success in their enterprises: craftsmen, potters, iron-smiths, sculptors, etc. If someone is in conflict with a neighbor, they may want to ask for a favor to win the case. Someone whose property has been stolen, may also go to seek the help of a medicine person in an attempt to discover the culprit, and/or recover those goods. A king may want to ensure that the neighboring king is not intent on attacking his kingdom. Unfortunately, instead of consulting to bring about healing, there are times when people enticed the medicine persons to do harm to their counterparts.

Traditionally, as in any type of healing, consultation necessitates diagnosis in order to determine the cause of the affliction or sickness. The traditional healer uses his or her own diagnosis: he or she examines the patient by looking at the symptoms and signs.³⁸³ As happens in conventional

³⁸² See G., WAGNER, *The Bantu of Western Kenya: With Special Reference to the Vugusu and Logoli*, Vol.1, London, Oxford University Press, 1949, pp. 221-222. See also Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 214. As we observed earlier, in the face of persistence sickness, and when ordinary means of healing have not worked, people suspect forces beyond the ordinary (curses, witchcraft, evil spirits, disgruntled gods, etc), necessitating consultation with the medicine person for diagnosis and possible cure. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 15-16.

³⁸³ Through visual examination, traditional practitioners look at the eyes, skin, urine, and feces. This may be surprising but just as the conventional doctor examines his patients, so also does the adept traditional doctor: especially in cases of jaundice or 'yellow fever' (yellowing of the eyes) or rashes on the skin. Because he or she does not have a system of the laboratory (in the occidental sense), for the performance and interpretation of tests, the traditional healer uses his own sensory organs to carry out biological examination. For instance the healer tastes urine for the presence of sugar in diabetic; smells sores of putrefaction needing potent antimicrobial agents; observes the color of vomited food, which sometimes indicates an ingested poison. In addition, insects like ants are used as a diagnostic tool in diabetes. If a diabetic patient urinates

medicine, the patient describes his or her symptoms to the doctor. The difference here is that the patient says very little to the traditional practitioner; in many cases it is the latter's task to diagnose the disease through various means of divination. Whereas in conventional medicine the doctor can use a stethoscope to examine the patient for signals from the body organs, often the traditional practitioner uses his experience and observes the patient for any gross abnormality in posture or breathing.³⁸⁴ In traditional healing, diagnosis also involves watching the patient's attitude (especially in early mental cases) and gestures. This observation can be cleverly extended to include relations, to find out whether the disease being observed is a family trait. Heritable diseases in conventional medicine (e. g. asthma or sickle-cell anaemia) are similarly investigated, but this is a common component of a traditional healer's method of diagnosis. The traditional healer sometimes listens to the patient's stories, using this opportunity to observe the patient, and later inquires into the health of the patient's relations.³⁸⁵ On the whole, the medicine person gives much time and personal attention to the patient, which enables him to penetrate deep into the psychological state of the patient.³⁸⁶

The traditional practitioner does not depend only on observation and experience; he or she might employ various means of diagnosis, depending on the type of sickness.³⁸⁷ Consultation of an oracle about the patient, through divination, is another possible route to diagnosis of a particular ailment (especially in sorcery, witchcraft, and attack by evil spirits) and also to the appropriate treatment. As we noted before, suffering, misfortune, disease and accidents in traditional mentality, are sometimes seen as 'religious' experiences, so that the visual, biological, surface symptoms cannot adequately explain the cause of the affliction. The (mystical) root cause must also be found, and either counteracted, uprooted, or punished.³⁸⁸ And the most effective way of discovering the source of trouble is through divination.

in the back garden and the site is infested by ants this is good indication to the traditional healer that the patient has sugar in the urine. Such urine would be visited by ants within one hour. Clinical examination is severely hampered in traditional healing, due to lack of instruments like the stethoscope, patella, thermometer, etc. See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 30.

³⁸⁴ See *ibid.*, p. 28-29.

³⁸⁵ In comparison, it is not rare to hear complaints that the modern doctor gives the impression of having no time for his patient at all (the queue of patients outside is long). The conventional doctor, on the other hand, is often jokingly described as one who prescribes even before the patient finishes his list of complaints! See *ibid.*, p. 29.

³⁸⁶ See John, S. MBITI, *African Religions and Philosophy*, pp. 168.

³⁸⁷ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 30.

³⁸⁸ See John, S. MBITI, *African Religions and Philosophy*, p. 170.

Divination constitutes the third component of the investigation into the sickness and the search for a remedy. Let us first discover who the diviner is, before we discuss what the process of divination entails.³⁸⁹ Among the Banyankore a diviner is the *kareebi* ('seer'), one who sees much more than any ordinary person can see. As Magesa notes, the diviner's scope of competence is extremely wide. But typically, the diviners' main duty is to link human beings with the living-dead and the spirit world. In a sense, diviners are mediums or intermediaries between worlds. Through them messages are received from the other world, so that human beings are given knowledge of things that would otherwise be difficult or impossible to know. In this regard, diviners are 'instruments' of higher powers. It is from the gods (the divine), and often on their behalf, that the diviners function.³⁹⁰ Often, mediums function in this role only when 'possessed' (and possession has degrees) by a spirit, otherwise they are normal people without specialized abilities.³⁹¹

What, then, does divination entail? In African tradition, divination systems are "ways of knowing."³⁹² Divination takes on various forms ranging from use of simple rituals to the more complex ones involving possession, according to the circumstances. For our purpose we'll restrict ourselves to only three broad and inclusive categories. The first category, the manipulation of certain specific mechanical objects and the interpretation of the results, which is by far the most widespread. Second is the observation and interpretation "in specially prepared conditions," of the behavior of a live animal or some aspect of a dead one. These first two constitute augury, that is, the art of discovering and foretelling (future) event(s) through the observation and interpretation of signs and omens. Third, there is divination by what can generally be referred to as possession by spiritual powers.³⁹³ Among the Banyankore, the

³⁸⁹ Interestingly, in Runyankore language the word *okuragura* means not only to 'treat/heal', but also has the rendering of 'divining' (uncovering and naming) the root cause of the affliction. The significance here is that, although the office of mediums and diviners is sometimes presented as distinct from that of medicine people, the distinction is merely academic; among the Banyankore especially, often the same specialists play the role of both medicine persons and diviners.

³⁹⁰ See Laurenti, MAGESA, *African Religion*, p.216.

³⁹¹ See John, S. MBITI, *African Religions and Philosophy*, pp. 171-172.

³⁹² Laurenti, MAGESA, *African Religion*, p.214.

³⁹³ See J., H. M., BEATTIE, "Divination in Bunyoro, Uganda," in J. Middleton,(ed.), *Magic, Witchcraft and Curing*, Garden City, New York, The Natural History Press, 1967, pp. 211-231; Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 220.

various techniques used by diviners have been studied by Mubangizi and Roscoe,³⁹⁴ and it is upon their discoveries that we shall depend in the following considerations.

Sometimes the medicine person who is called in to a case might discover by augury the cause, for upon this the treatment depended. Variations on the theme of divination through augury are known among the different clans of the Banyankore. But basically it is by observing and interpreting the signs, shapes and positions of various objects that the diviner found out whether a witch or spirit has caused the illness, advise the patient(s) on the procedure necessary to propitiate whichever is the cause, and often (though not always), prescribe the right herbal remedy to cure the physical damage already sustained by the patient.³⁹⁵

Another form of divination for diagnosis is communication through a trance, usually achieved through the work of mediums; Magesa calls it mediumistic divination.³⁹⁶ The traditional practitioner possessing this ability enter into a trance as soon as a patient arrives, or after some rituals.

³⁹⁴ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 17-19; John, ROSCOE, *The Banyankole: The Second Part of the Report of the Mackie Ethnological Expedition to Central Africa*, pp. 28-30, 136-137.

³⁹⁵ See Michael, GELFAND, *The Spiritual Beliefs of the Shona*, pp. 24-25; Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p.213; John, ROSCOE, *The Banyankole*, p. 136. Diviners among the Banyankore use several articles: a selection of sticks, pumpkin and castor oil seeds (*entetere & enshoga*), millet grains (*oburo*), straws (*enshekye*), cowries shells (*esimbi*), leaves of certain herbs (*omubiriizi, omwetango, enyabarashana, ekarwe, or omunyeganyegye*), bones, stones, lumps of mud, pots of water, or *entondo* (grass-hoper like insect), etc. These may be manipulated singly or in combination, and depending on the position, pattern or shapes they take on the ground or bark cloth etc, the medicine person is able to tell whether there is a problem or not. A diviner, for instance, might use a cup of millet (*oburo*) and six, twelve, or fourteen bits of stone or lumps of mud. He made a noise as if spitting on the cup of millet and stated his desire to them, saying "Tell me what is the cause of the illness; is it the ghost of so-and-so?" or, "Is it magic worked by so-and-so?" He then threw the millet from the cup with the bits of stone or mud and watched their position as they fell on a piece of skin which he had spread for the purpose. This told him the cause of the illness. See John, ROSCOE, *The Banyankole*, pp. 136-137; see also Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 17-18. There are cases where a medicine person "was given a fowl which he killed to examine the intestines. Should he find small specks upon these, he pronounced the case hopeless and proceeded to determine the length of time the patient had to live. This he told by examining the specks on the lungs, inserting a finger to stretch them and counting the markings." See John, ROSCOE, *The Banyankole: The Second Part of the Report of the Mackie Ethnological Expedition to Central Africa*, p. 136; see also Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p.18. It would also be bad omen of some calamity to happen, if some species of birds (e. g. *kanyamunyu* =wagtail, *enkombe*=dove), or reptiles like a snake or *ekihangare*=agama lizard, fell from the house or tree and died in the compound. Sometimes a diviner would be required to interpret the meaning of such an event, although the interpretation given by members of that particular household would ordinarily suffice. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, p.19.

³⁹⁶ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 229.

While he or she is in a trance the words spoken by the practitioner are noted and usually the callers (patients) give a positive sign or response to let the practitioner know whether or not he is correctly diagnosing the problem. In some cases the practitioner can actually communicate with spirits in his or her trance. In this case the practitioner will attempt to link up with the spirit of the person (say an ancestor) who is causing the problem for the family. Through the practitioner, the spirit narrates what is wrong, as well as the sacrifice necessary to appease the gods.³⁹⁷

Another mediumistic system of divination employs a sacred divining instrument, such as *mahembe* (horns), which become the elements through which the powers speak — Mubangizi calls this *okugambisa emandwa* (making spirits/gods speak).³⁹⁸ In such an event, the horn itself, or the horn through the mouth of a person, audibly articulates the oracle, providing direct verbal communication. Such ceremonies are mostly conducted in darkness mostly at night, and are surrounded by a lot of secrecy, so much so that the clients are not able tell whether the often incomprehensible mysterious noises and sounds uttered by or through ‘horns’ (can be bamboo too) are actually messages from spirits/gods or are merely deceptive concoctions by the diviner.³⁹⁹

Although it does not exactly fall under the realm of divination, we might also include in this section, the use of mind changing drugs to provoke mediums or clients to point out the cause of a certain affliction. Some traditional medical practitioners use a mind-changing drug in their diagnosis of a disease. This drug could be administered as a snuff, or smoked, or ingested orally. After taking the drug, the patient talks freely and whilst in this uninhibited state reveals the story of his or her life as well as his sickness. Some of these drugs are also used to detect culprits: a witch, for instance, might be made to confess whether she is responsible for causing ill-health or fatal injury to someone. In the process of talking (perhaps fearing death) the witch would tell of all the people she had killed, either directly by poisoning her victim or through witchcraft.⁴⁰⁰ Similarly, the medicine person may smoke such a drug to facilitate ecstasy be easily led into a trance. And there may be ways that mind-changing drugs could be

³⁹⁷ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 31. See also John, S. MBITI, *African Religions and Philosophy*, p. 172 for a more detailed description of the ritual involving a diviner in a state of a trance. Another description along similar lines is given by Magesa. See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 231.

³⁹⁸ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 27-29.

³⁹⁹ Mubangizi's view is that the so-called *kugambisa emandwa* ('making spirits speak') is mere lies and deception staged by *abafumu*, and not genuine divination. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 27-29.

⁴⁰⁰ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 31.

useful in this regard. All in all, the use of mind changing drugs technique, serves the same goal as other modes of divination, to probe into the unknowns and discover the hidden cause(s) of sickness in view of providing treatment.

3.6.3.2. Treatment: Herbal Medicine

The multidimensional vision that motivated people to consult the medicine people, is the same one that animates the ways and means of healing, in the attempt to preserve the integrity of life. Since, in African traditional healing the patient is seen as a complete whole, treatment too is offered to restore his/her balance in an integrated manner. After proper diagnosis is made, the medicine person goes on to prescribe some form of treatment, curative, preventive, or protective, (in many cases it is actually a combination of these dimensions), depending on the discoveries that were made during the investigation. This implies that herbal medication incorporates the multidimensional aspect, characteristic of African traditional healing.

Treatment through herbal medicine is, perhaps, the most common practice of healing among the Banyankore. Today, the use of herbal remedies remains the most popular means of healing in villages and townships of Ankore, and Africa in general. Herbal healing is also the more acceptable form of traditional healing, to non-participants in African traditional cultures, on condition that it does not include the accompanying rituals. The knowledge of herbal medicines is orally handed down by the elders to the younger generations, although we must admit that some of it has been lost because of lack of written records. Even outside the compound of the medicine people, ordinary folk use herbal medicines to combat sickness. In some cases, before, during and after resorting to medicine people for help, individuals apply their knowledge of herbs to alleviate simple maladies.⁴⁰¹

However, again it is the medicine persons who are believed to be the experts in this field. The healers' extensive medicinal powers and knowledge of curative and protective herbs are generally

⁴⁰¹ Writers, even outside Uganda, like Larry P. Credit and his associates, acknowledge how more and more people are beginning to recognize the effectiveness of these remedies. Throughout history, people have turned to plants not only for food, shelter, and clothing, but also when confronted with disease and pain. Herbal medicine uses the roots, stems, leaves, and flowers of plants for medicinal purposes. Over time and through trial and error, herbal medicine expanded into an effective system of health care. However, with the development of chemically manufactured substances, this approach did become somewhat obsolete, or at least overshadowed. Yet, today, as we look for safer healing techniques with fewer side effects, many individuals are turning to the natural healing properties of plants. See Larry, P. CREDIT, et al., *Your Guide to Complementary Medicine*, pp. 70-73;

inherited, acquired through friendship, or purchased.⁴⁰² Mubangizi points out the fact that medicine people possess knowledge of herbal remedies and various types of medications that they apply in conjunction with consultation and divination — which further affirms the interconnectedness of the healing techniques. Their medicines are made from plants, herbs, powders, bones, seeds, roots, juices, leaves, liquids, minerals, charcoal and the like. These and many others, medicine people prescribe and administer to patients, and a number get cured. Some of these are given to sick people in form of solutions to drink, roots for chewing, powder to sniffing at, or ointment for rubbing directly onto the skin, or applied on fresh tatoos.⁴⁰³ Mubangizi admits that herbal medication is quite effective in curing diseases/sicknesses like coughing, malaria, stomach worms, ring worms, scabies, simple bruises as well as fractures, fresh cuts, wounds, and abscesses. It is important to remember though, that in the past, this kind of healing was done through the medium of spirits (*emandwa*).⁴⁰⁴ And as Magesa notes, “Because medicine-doctors, men and women, often rely on divination for their practice, it is sometimes difficult to distinguish between diviners and ‘pure’ medicine-doctors.”⁴⁰⁵

Although the medicine prescribed may contain only a single active item, it is often a multi-component mixture and there is a reason for this: some of the components are there as preservatives, others to act as flavoring agents, while others are coloring agents. This practice of adding non-medical components to a preparation, moreover, is not uncommon in conventional pharmaceutical practice, where pediatric preparations, for example, are not only flavored but are also colored. Multi-component preparations are also preferentially prescribed in traditional medicine because, in a single decoction, the patient is treated for all his ailments, even those that may not have been diagnosed. This contrasts sharply with conventional medicine where the patient may have three or four different tablets

⁴⁰² See L., MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 210.

⁴⁰³ The intravenous route of administration, which is popular in conventional medicine, is conspicuously absent in the application of traditional drugs. However, the equivalent of subcutaneous injection or vaccination in conventional medicine is also found in traditional medicine. Incisions are made on the skin (often to the face, chest, or ankle) with a razor blade or the sharp edge of a piece of broken glass and powdered drug rubbed into the incision, presumably to allow direct absorption of active constituents of the drug through capillaries. The drug which is rubbed into the incision (sacrification) is usually made by burning various herbs together giving an almost charcoal-like product. See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 34.

⁴⁰⁴ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 20, 27-30. See also Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 210. See also Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 33.

⁴⁰⁵ Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 209.

and/or capsules to take, as well as receiving an injection. Both the traditional and modern methods of prescription practice can result in drug interaction problems.⁴⁰⁶

Other related types of treatment in this field include hydrotherapy, heat therapy, bloodletting (cupping or venesection), bone setting, and all sorts of massage, including spinal manipulation, and some types of surgery. Although we may not have to elaborate on each one of these, only a few remarks on some are in order.

Hydrotherapy is a simple and convenient mode of treatment that many traditional healers use. In traditional medicine water in the cold, hot, or vapor state is often used with or without other drugs (e.g with aromatic herbs or mineral salt) for treatment.⁴⁰⁷

Regarding heat therapy, radiant heat from a coal fire in a coal pot or heat generated by burning firewood are used to treat certain ailments. The heat source often has powdered/herbal aromatic herbs or animal material such as skin, fat, feathers, or hair/fur added to it. Women use this therapy to treat diseases and complications related with reproduction, etc.⁴⁰⁸ It is a common practice in traditional healing for medicine people to ask a patient to sit close the fire, after smearing their bodies with herbal ointments, to help the medication seep into the skin. This form of treatment can, perhaps, be compared to infra-red massage in modern physiotherapy.⁴⁰⁹ Some of these heat therapies may also be used in combination with hot and cold baths we mentioned above.

⁴⁰⁶ See also Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 33.

⁴⁰⁷ A cold bath is sometimes prescribed as an invigorating agent for the weak patient but surprisingly not for one that is febrile, in contrast to the practice of conventional medicine. Hot baths on the other hand (with or without the addition of herbs), are prescribed for fever (the patient sweats profusely after the hot bath and this usually brings his temperature down), rheumatism, headaches, and pain all over the body, as well as general *debility*. Hot water or steam is also used for therapeutic purposes in the form of sauna or cleansing sauna, the patient covering himself and a pot of or basin of hot water containing herbs with a blanket or bark-cloth. Sometimes a piece of cloth is dipped into very hot water, the water squeezed off, and the hot damp cloth pressed onto an affected part of the body. A similar type of treatment known as *eshabiko* (from the verb *kushabika* literally, 'soaking') is used mostly by mothers as a treatment for infants. A variety of herbs are boiled and then placed on a basin, and a piece of cloth, stem of a young banana plant, or boiled herbs themselves are dipped into the contents, and the solution squeezed off, and the hot damp stuff pressed onto all over the body, or onto an affected part of the body. The same herbs could be used in an early morning cold birth as well. See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, pp. 35, 36. This method of treatment may be likened to the sweat-baths (sweat lodges) among the Native Americans. Achiel, PEELMAN, *Christ is a Native American*, Ottawa, Novalis-Saint Paul University, 1995, pp. 167-169.

⁴⁰⁸ See John, ROSCOE, *The Banyankole*, p. 121.

⁴⁰⁹ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 36.

Another element of traditional healing that needs to be commented upon is a combination of massage (known in Runyankore as *okukanda*), bone-setting and surgery.⁴¹⁰ Massage is a common practice in traditional healing among the Banyankore. Medicine people perform it on their patients, or recommend that it be carried out on the patient, by members of the patient's family.⁴¹¹ Massage also is applied to treat simple joint and bone sprains. However, there are cases in Ankore where traditional bone setters are known to repair compound fractures.⁴¹²

As we have indicated above Roscoe recognizes the presence of surgeons (*abagyengi*) among the Banyankore even in pre-Colonial times. He talks of surgeons who treated the wounded, e.g. removing a barbed arrow or a spear which was left in a wounded limb.⁴¹³ Surgeons used sharp knives of various shapes and sizes, arrow heads, needles, abstraction cups (as used in blood letting), and sharp flat splinters of reeds (as in used in the cutting of umbilical cord), in traditional surgery.⁴¹⁴ With the coming of the more sophisticated surgical procedures, provided in hospitals and health care centers, traditional surgery seems to be less and less practiced today. *Abarumuuzi* (specialists in treating snake bites), sometimes also use simple surgical operations, although often tying a piece of cloth containing

⁴¹⁰ It should be noted that not every medicine person has competence in this area; this realm seems to have its own experts, but who are also recognized by traditional society as healers. Their approach to healing follows that of their counterparts: it is holistic and integral.

⁴¹¹ Gentle pressure is applied to various aching muscles of the body (with the tip of the fingers and the palm), which have been treated with some aromatic, oily dressing. Among the Banyankore, cow ghee is the most common ointment used in massage therapy. Massage is used both in conventional and traditional medicines for muscle strains, and to improve the general circulation as well as the functioning of the nerves. It is often supplementary to other forms of treatment and can be likened to physiotherapy in conventional medicine. See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 38.

⁴¹² Roscoe describes such occurrences among the Banyankore: "A special surgeon (*abagyengi* sic=*omugyengi*) was called in to treat bone fractures. In the case of a broken limb he applied some herbs, bound the limb to splints, and kept it thus until the fracture had healed. In the case of a skull fracture, the surgeon removed any splinters of bone, bound herbs over the wound and left it to heal. From time to time he put on fresh herbs, using kinds which he had found by experience to have healing properties..." John, ROSCOE, *The Banyankole*, p. 161. In fact some bone setters are said to be so skilled in the art that they can heal fractures which do not respond to treatment in modern hospitals. See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 38. One famous bone setter, to whom people flock, is called Paul Butamaguza; he lives in Kagamba, a region south-west of Mbarara town. Among the Banyankore some clans (*Ababungi/Abagyengi*) are even known to have the charisma of bone setting.

⁴¹³ John, ROSCOE, *The Banyankole*, p. 161.

⁴¹⁴ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, pp. 41, 45.

remedial herbs around the bite is sufficient.⁴¹⁵ In present day traditional society, the number of healers in this category too seems to be getting smaller and smaller.

One last classification which needs special mention is that of obstetrics and gynecology. As we indicated earlier in Chapter two, the specialist is often termed a traditional birth attendant (TBA), or traditional midwife. Traditional midwives, like in conventional practice, provide women with both pre-natal and post-natal care. Certain herbs and special diet are prescribed to an expectant mother, to which she adheres with meticulous discipline. At the time of giving birth, there are herbs that are given, and certain ceremonies performed to facilitate a smooth birth. Even in former days, it appears that certain TBA had such a mastery of this science, that there was the least of danger for the baby and the mother.⁴¹⁶

A note on preventive/protective medicine, before we leave this subsection. Apart from preventing ailments through cleanliness and simple hygiene, traditional medicine believes in the use of medicated rings, amulets, waist leather bands, special necklaces, or as part of hair decorations for children, all of which are sometimes worn as a preventive measure or 'talisman.' Other medicines are applied to an incision on the skin (*orushandago*=a kind of tattoo) specifically to protect against the effects of evil forces (e.g. witchcraft). In addition to these, regular sacrifices were made as preventive measures against the wrath of those gods, which it is believed, leads to periodic epidemic diseases like smallpox, plague etc.⁴¹⁷ These practices are no longer a common occurrence in our times.

⁴¹⁵ See Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, p. 44.

⁴¹⁶ Describing a similar event, Roscoe says: "Some women preferred to remain on their beds, but as a rule the midwife took the cord of a net used for carrying milk-pots and secured it to a rafter near the door, spreading a carpet of newly gathered grass below it; upon this the woman squatted, holding the rope, while the midwife sat behind her, supporting her, until the child was born. There was seldom any difficulty, and even in a case of cross-birth the women were generally able to force back the child and turn it so as to get correct presentation and save both mother and child. Death during child-birth was almost unknown." John, ROSCOE, *The Banyankole*, p. 110. Roscoe also mentions women with knowledge of herbs that could instantly induce abortion, although such were not pro-life practices. See *ibid*, pp. 121-122.

⁴¹⁷ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp.31-32; These protective/preventive medications, however, Mubangizi considers to be completely impotent. They include: medications prescribed to bring about luck, fecundity or prosperity; love potions; protective charms against misfortunes and dangers of all sorts. In this category he includes also *engisha* that is the protective charms (in form of pieces of wood, cloth, feathers, seeds, etc.). These items take their name from the Runyankore noun *omugisha*=blessing, good luck), and are meant to contain and bestow well-being to those who use them. The medicine person collects such articles and then says/sings incantations over them to infuse them with spiritual powers (*okuhamura*), and the potency to heal, or ward off evil forces. These are usually worn as amulets, on legs, fingers, or may be woven in the hair, and often around the neck. They are worn by both adults and children, and sometimes animals. They can also be buried in certain corners of the house or compound, and in the fields or gardens. However, these 'gods', Mubangizi insists, form part of the medicine

From what we have considered above, there is no doubt that medicine people among the Banyankore, have a remarkably high standard of knowledge in herbal, and related therapies. In traditional society the compound of the traditional healer is the most frequented, largely perhaps, because of the multidimensional and integrative approach to healing. In their practice of medicine, traditional healers, in addition to herbal medicine, they use various ceremonies, in order to heal the whole person — body, mind and spirit.

3.6.3.3. Prayers, Offerings and Sacrifices

“Practitioners of herbal medicines usually depend on spirits for their knowledge and they must make sacrifices and offerings to those spirits from time to time.”⁴¹⁸ These words of Magesa re-emphasize further the interconnectedness of various aspects in traditional healing. Just as herbal healing often goes hand in hand with certain rituals, there is an inherent liaison between prayers, offerings, sacrifices, and herbal medicines.

What role does prayer play in African traditional healing, and life in general? Tokunboh Adeyemo is correct to describe prayer as the “commonest act of worship” in Africa.⁴¹⁹ John Mbiti characterizes the practice of prayer as “one of the most ancient items of African spiritual riches.”⁴²⁰ And central to prayer is the preservation of life, through prayers of healing.⁴²¹

Among the Banyankore, like elsewhere in Africa, when life is threatened or weakened, prayer is most abundant, both private and public: prayer is a means of restoring wholeness and balance in life. There are some, but very few, formulas in African prayer. At the time of writing, we are not aware

people’s lies and tricks to take advantage of the vulnerable, in order to enrich themselves. See Benedict, K. MUBANGIZI, *Emicwe y’Ensi omu Banyankore*, pp.30-32;33ff. See also A. SEITÉ, “Notes sur les Banyankore,” p. 7; Abayomi, SOFOWORA, *Medicinal Plants and Traditional Medicine in Africa*, pp. 41, 45.

⁴¹⁸ Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 210.

⁴¹⁹ T., ADEYEMO, *Salvation in African Tradition*, Nairobi, Evangel Publishing House, 1979, p. 35.

⁴²⁰ John, S. MBITI, *The Prayers of African Religion*, Maryknoll, New York, Orbis Books, 1975, p. 2; see Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 195.

⁴²¹ See Aylward, SHORTER, *Prayer in the Religious Traditions of Africa*, Nairobi, Oxford University Press, 1975, pp. 60-67. Aylward Shorter points out that health and healing are most important values in African traditional religion, connected as they are with the fundamental theme of life. Sickness, for the African, is a diminution of life, a threat posed to life, and healing is an activity second only to that of giving life. Hence, petition for healing is probably the most common subject of prayer...addressed to other divinities or spirits besides the Supreme Being himself. See Aylward, SHORTER, *Prayer in the Religious Traditions of Africa*, p. 60.

of any book on Banyankore traditional prayers. Normally, African prayer expressions are not standardized; rather, every prayer is uttered to fit the occasion and the current frame of mind of the one who utters it.⁴²² Aylward Shorter's collection of prayers from various parts of Africa includes a section on prayers for health and healing. And it is immediately evident how much these prayers are pragmatic: they tell God "about this wound," ask for healing of "fever and illness," call upon God to "spit upon us the medicine," to "help through these roots," so that "sickness be slight," and that "we not be tormented with maladies..."⁴²³ Like their other counterparts on the continent of Africa, as they pray (sometimes offering sacrifice), healers in Ankore asked for protection from all affliction, or removal of it. Indeed, the dominant motif in such prayers is petition for the protection and flourishing of life in its entirety, not just physiological health.⁴²⁴

Similarly, various types of offerings and sacrifices⁴²⁵ in traditional society among the Banyankore are, in most cases, inclined toward asking for good health and prosperity. The ceremony of 'feeding gods' or 'spirits' (sacrificing=*okuterekyerera emandwa* or *abazimu*), for instance, aim at asking for healing from sickness, or to bring about some other form of general well-being unto the individual or community.

The nature of the ritual includes identifying items for the sacrifice, and the ceremony itself. They might include: cows, sheep, goats and beer/wine. The poor who cannot afford a whole cow bring its head (with horns on it); instead of a goat or sheep, some offer a kid/lamb. Instead of a pot of beer those who have less are allowed only a sizable gourd. One offering lifts up the beer/wine container presents it to the gods/spirits, and takes a sip on it. The head of the house or a distinguished elder is the one who immolates the victim and offers saying: "You [name of the god or ancestor/spirit] take this beer, and this meat, and let my patient be well again." Pieces of meat are then roasted, so that he and those with him partake of it. It is a must that everyone present shares on the sacrifice, while some meat is kept for those who are absent to eat later. The one offering also ritually throw some pieces upward to the Supreme

⁴²² See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 195, 196.

⁴²³ See Aylward, SHORTER, *Prayer in the Religious Traditions of Africa*, p. 60. See also Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 197-199.

⁴²⁴ See *ibid*, pp. 197, 199.

⁴²⁵ In our consideration of offerings and sacrifices among the Banyankore, we shall closely follow the account given by Mubangizi, See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 33-45. See also John, ROSCOE, *The Banyankole*, pp. 26-28, 39-40, 48, 50, 87-88, 137. See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 201-209; and John, S. MBITI, *African Religions and Philosophy*, *passim*.

God saying: “Have your share, *Nyamuhanga!* Behold yours, *Kazooba!* Here is yours, *Rugaba!* — as if invoking on the Trinitarian God. At the end of the ritual, the remaining beer is left at the place of sacrifice so that the head of the household continues going there for further intercession and invocation, as long as the need is not yet met or the patient not yet recovered. However, only very little of the meat is served at the place of sacrifice, the rest of it is taken home and is eaten normally with no rituals involved.⁴²⁶

Apart from the sacrifices offered by individuals or small groups (e.g. at the level of families), there are sacrifices involving multitudes, an entire clan or tribe, or several of them together. Such a ceremony is called *okusiguura* (literally, ‘honoring the contract’ or ‘fulfilling the promise’ once made).⁴²⁷ Similar to the ritual of *okusiguura* is the general convocation or sacrificial ceremony, but this time involving strictly members of one clan, follows a similar pattern, is called *omuhambo* (singular for *emihambo*= ‘herbs of good fortune’). Everything else in this ceremony is almost the same as in the previous one, except that in this one there is much use of various ritual herbs, symbolic of peace, abundance and prosperity. Everyone participating in the sacrifice ritually rubs these herbs on their bodies asking of the gods well being and special favors.⁴²⁸ In all the above activities, there is always combined effort: individuals and groups each play the roles proper to them at the appropriate time. But central to

⁴²⁶ See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp.33-34.

⁴²⁷ See *ibid*, pp. 34-35. The ceremony of this kind of sacrifice has close similarities with the one we have described above. On the very day of sacrifice, as agreed upon before, all the people first gather at the family of an elder, who is at the same time custodian of the god of the clan. They adorn around the neck of the animal for sacrifice, leaves of certain plants. They would move in procession toward the hill of sacrifice, with the elder ahead of the group, holding a staff of *omugorora* plant in hand, as he sprinkles out a solution of herbs and invoking peace upon them. On arrival at the spot of sacrifice, they assemble near a *murinzi* (literally, ‘protector’) tree, also called *ekiko*. Before immolating the animal, the chief presider (elder), first does the ritual of presentation of the items for the offering to the gods (i.e. the victim and beer). All partake of the sacrifice as usual, and some of the pieces of meat, as well as beer/wine libations are thrown sky-ward to the Supreme Being. During the same ceremony each household, husband and wives, adorn themselves with their charms (symbols or representations of their gods and family spirits). They make peace with the gods for negligence, and other ‘sins’ against them; renew their allegiance to them, present the needs, and ask for whatever favors that each one wishes to receive from the gods. For some, this is the occasion to solemnly welcome new gods or those family spirits that had been neglected or not yet initiated in the family — something similar to idea of the ‘unknown gods’ among ancient Greeks. At the end of the ceremony, each household takes its share of the meat, which will be presented to the household god(s)/sprit(s) at the family shrine, thus marking the completion of the whole ritual. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 35-36.

⁴²⁸ See *ibid*, pp. 36-37.

all the rituals and ceremonies is the medicine person; traditionally he or she is recognized as the healer per excellence.

3.7. Traditional Healing: A Brief Critique

We assert that the multidimensional and integrated understanding of the human person, health, sickness, and all forms of affliction, plus the accompanying means of restoring harmony, is a richer and more attractive model of healing. For, rather than merely treat diseases, traditional healing seeks to heal the whole person; it is holistic and does not fragment personality. The African view of illness goes beyond the illness which is seen. The symptoms may indicate greater force that may be supernatural or mystical. Rather than merely examining objective reality (which scientific medicine appears to concentrate on), the African approach searches for meaning; what is the meaning of life, why me and not her or him? Why now and not later? Each disorder is put in the wider context that is social, spiritual, and cosmic. In all this the traditional healer's role consists in reestablishing harmony, and reinserting the client in his or her place within the cosmic-and-human order, which he or she had before his/her sickness. Moreover, within this understanding, the healers' efficacy does not just come from herbs, nor from its global character; it is rather, the healer's capacity to integrate reality.⁴²⁹ Healing in African tradition is, therefore, a search for well-being, wholeness and ultimately liberation from all that denies one to be human.

However, one major criticism that has sometimes been raised regarding this model, especially spearheaded by Alyward Shorter, is that "[The Africans] tended, not merely to recognize the interrelation of the levels of wholeness or of sickness, but to confuse them."⁴³⁰ While the traditional model insists on affliction being multidimensional, there are those who think that certain sicknesses can be termed purely physiological or at most psychosomatic, without reference to moral or spiritual dimensions. For instance, to claim that an accident (resulting in head injuries) requires a religious interpretation, would be echoing the danger that Peelman points out, that of exaggerating the superhuman causes of sickness and of healing: excessive 'spiritualization' (good spirits) or exaggerated 'demonization' (evil spirits).⁴³¹ But, in our opinion, the complaint about mixing up levels seems to apply

⁴²⁹ See Eric, de ROSNY, *L'Afrique des guérisons*, Paris, Éditions Kathala, 1992, pp. 31-32.

⁴³⁰ See Aylward, SHORTER, "Christian Healing and Traditional Medicine in Africa," p. 51.

⁴³¹ Achiel, PEELMAN, "Une force sortait de lui," in *Traditional Medicine Challenging the Mission of the Church*, *Kerygma*, No. 46, Tome 20, 1986, pp. 35-36.

more to the interpretation of, rather than the model itself. For, it is true that what takes place on the physiological level has impacts on the other aspects of the human person. A soccer star who loses a leg is not just sick bodily, but also psychologically, socially; his injury affects not just him as an individual but also his soccer team, at the community level.

We mentioned earlier how the community dimension, is central theme in traditional healing. Community life among the Banyankore provides the locus around which sickness and disease are perceived, and the ambience within which attempts to bring about healing are to be understood. Often the bonds of solidarity are sources of life and strength for everyone in the community. Within the philosophy of "I am, because we are....," sick people might find comfort and support within the warmth of the community. However, the same bonds may also turn into lines of weakness through which the individual becomes vulnerable and culpable in the face of affliction. For example, in hospitals, sometimes sick people might lack privacy and restful moments because of too many visitors.

An important area that also needs to be critiqued is that of witchcraft, sorcery, magic, divination, and taboos. Should we dismiss such beliefs and practices as unreal? Like Shorter there are some people who think that "the belief that an actual rite contains an automatic power of its own, without reference to any other agency physical or psychical, is mistaken."⁴³² Since witchcraft, sorcery or magic are issues that embrace too wide a range, it is perhaps not advisable to dismiss them as nonsense. However, to think that every ailment has as its origin witchcraft, or to assign every kind of affliction to the machinations of witchcraft, would once again re-echo the loophole of ambivalence and confusion, that Shorter talks about.⁴³³ However, one needs to appreciate the fact that traditional society sees these phenomena as an evil amidst them, causing them much affliction. For, as Shorter himself is quick to acknowledge: "Even if the means taken to harm another are objectively groundless, they are intended to harm and, further may have chance effects, social effects, psychical or even effects on the victim. The intention to harm and action to realize that intention are seriously culpable and contrary to charity."⁴³⁴

Similarly the following question needs to be asked: do all taboos carry an enduring value? There are some people nowadays who are quick to dismiss all taboos, as useless beliefs that were kept because of ignorance and superstition. Adherents of this view think that the more people are educated,

⁴³² Aylward, SHORTER, *Jesus and the Witchdoctor*, pp. 99-100. See also Anatoli, WASSWA, "The Research of Herbal Medicines in Uganda," p. 4.

⁴³³ See Aylward, SHORTER, "Christian Healing and Traditional Medicine in Africa," p. 51. See also A., PEELMAN, "Une force sortait de lui," pp. 35-36.

⁴³⁴ Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 100.

and become scientifically aware, the more taboos are likely to fall into desuetude. Others simply take them lightly or even challenge them: they may deliberately eat, drink, or come in contact with what normally would be considered their taboo, and nothing happens to them. There are some, especially from the younger generation, who have grown up ignorant of most taboos, and similar prohibitions. Here lies the pastoral challenge: being able to find some kind of appropriate approach to the issue of morality and taboos?

Furthermore, the issue of ritual in African traditional healing, has been one of the most controversial points. In many instances medicine people surround cures with elaborate ritual: taboos and all sorts of prohibitive instructions, that many think are unnecessary.⁴³⁵ It would seem, moreover, that most of these ceremonies which do appear unnecessary, are meant to protect the healer's credibility, so that where the medication fails to bring about a cure, the healer could attribute the cause to the client's omission of certain details. But again, should African medicine be summarily dismissed as unscientific and nonsensical, because of such flaws in simple ceremonies? There seem to be some ceremonies which are necessary and good for obvious reasons: a healers may demand from the client to take the medication immediately there and then, to avoid medications turning poisonous or going bad. A medicine person might also ask the clients to smear medication on the body in the shade, to evade skin rashes due to sunburns, etc. Perhaps some ceremonies are strategic too: by allowing a degree of participation, certain rituals may psychologically attune the client toward his/her own healing process. In this sense the patient would not remain a passive recipient, but one who gets involved in their own pilgrimage toward recovery.⁴³⁶

⁴³⁵ Examples of ceremonies that appear superfluous include: one carrying medication from the healer must be careful not to meet a dog; that the medication be seen by one to take it, and no one else; smearing oneself with medicated ointment only with the right hand, while seated on a pounding mortar; what remains of the medication be thrown in a mashy well; on his/her way back from the well, that one does not look backwards or swallow saliva. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 29-31.

⁴³⁶ Kinsley remarks that, "In cases where healing involves traveling to a permanent sacred place, the process of a healing journey or pilgrimage becomes central and features in the healing process. Preparations for the journey and the journey itself may be as important, or more important, to the healing process than the actual rituals and therapies undergone at the sacred shrine itself...In the case of a healing journey, the assumption is that to make contact with the healing powers of the gods (saints, spirits, or ancestors) one must undertake a pilgrimage to their dwelling place. The sacred and healing power of the gods and spirits is concentrated at certain points; to be at those points is to benefit from that power...Pilgrimage also suggests another important part of many healing scenarios, namely, the importance of directly involving the patient in her own cure. In most healing rituals the patient is the center of attention and has a clear part to play. She will be asked to confess her sins, sing, chant, dance, or perform some ritual gestures. In very few cases does the patient remain entirely passive. It seems to be understood in most cultures that to mobilize a person's

Such rituals may also have been meant to underscore the interconnectedness of, and interdependence between, humanity and the rest of creation. Roots or leaves or parts of animals or birds boiled in water or pulverized in fire form the basic ingredients or medicine. All of these elements — plants, animals, water and fire, represent the major forces of nature.⁴³⁷ And applying these elements at the cross-roads, or near a marsh, would be to insert oneself amidst nature and to reaffirm that he or she is integrated in it.

Finally, a few more comments on the role of the healers (medicine person) traditional society. From what we considered above, the medicine persons are in effect both doctors and pastors to the sick people. Medicine persons symbolize the hopes of society: hopes of good health, protection and security from evil forces, prosperity and good fortune, and ritual cleansing when harm or impurities have been contracted. These men and women (medicine persons) are not fools: they are on the average intelligent and devoted to their work, and those who are not simply do not prosper or get too far. As in any country or profession, there are those who deliberately cheat their fellow men and women for the sake of gain and publicity. In actual fact there are some patients who have been lured by the medicine people through deception and have lost their lives, because of the delay to have recourse to proper diagnosis and treatment. Some genuine medicine people are also involved in harmful practices in the course of performance of their duties. Whatever abuses may be apparent in the activities of medicine people, it would be extremely unjust to condemn their profession.⁴³⁸ Medicine people are the friends, pastors, psychiatrists and doctors of traditional African villages and communities.⁴³⁹ In fact, every village in

healing powers, the patient herself must be physically or mentally engaged. Participation in the pilgrimage is a very effective way of mobilizing the whole being in the healing process. It is an active, energetic quest for healing by the patient herself.” David, KINSLEY, *Health, Healing and Religion*, pp. 77-78.

⁴³⁷ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, p. 210.

⁴³⁸ Mubangizi recognizes the role of medicine people in their attempt to bring about healing. He also commends their knowledge and use of herbal remedies and various types of medications that they apply in conjunction with consultation and divination. In general, however, we find Mubangizi’s attitude towards these healers rather skeptical and portrays them as simply manipulative, mere tricksters who use magic, tricks and lies to attract customers. He even quotes some of the *abafumu* as saying *Otaine kishuba tarikurya* (literally “One who does not know how to lie cannot eat!”). While some believe that medicine people have the capacity to use evil forces and send harm or damage to humans and property, Mubangizi shoves it all aside as a sham; and that people are only deceived, caught amidst sickness and their own vulnerability and ignorance. The amazing thing, however, is that it is not just the illiterate and the so-called ignorant who consult medicine people; sometimes even the learned from the elite class do get involved. See Benedict, K. MUBANGIZI, *Emicwe y’Ensi omu Banyankore*, pp. 19-20; see pp. 17, 21-25.

⁴³⁹ See John, S. MBITI, *African Religions and Philosophy*, pp. 171.

Ankore, and in Africa in general, has a medicine person within reach, and he or she is the friend of the community. He or she is accessible to everybody and at almost all times, and comes into the picture at many points in individual and community life.⁴⁴⁰ It would be unfair to let the vocation of a medicine person be compromised or lost, under the pretext that society knows better because of advancement in science and technology from the Western world.

Today, even in the presence of modern health care facilities, there is evidence to indicate that a considerable number of patients still consult native healers — as if there is a thirst that is not quenched. Our view is that so long as people see sickness and misfortune as a complex whole, of physiological and ‘religious’ experiences, the traditional medicine person will continue to exist and to thrive. For that purpose a great number of patients will resort to both hospital and traditional practitioners, without a feeling of contradiction, although if they are Christian or ‘educated’ they might only go secretly to the medicine person or follow his/her treatment.⁴⁴¹

3.8. Conclusion

Our study of Banyankore beliefs and practices in the domain of sickness and healing, was meant to highlight the values that society held dear in search of an answer to their afflictions. When Western culture and Christianity came some of those cultural practices became suspect, and there are traces of this cultural vulnerability still, especially in the area of native healing practices. As Paul VI puts it correctly, “The split between the Gospel and culture is without a doubt the drama of our time, just it was of other times. Therefore every effort must be made to ensure a full evangelisation of culture, or more correctly of cultures. They have to be regenerated by an encounter with the Gospel. But this encounter will not take place if the Gospel is not proclaimed.”⁴⁴² We assert, therefore, that a better understanding of the Banyankore’s traditional experience and practice of healing can contribute greatly to the Church’s mission to heal. The search for an integrated understanding and practice of healing, however, can better be achieved by establishing a solid theological foundation — based on Scripture and Christian Tradition.

⁴⁴⁰ See *ibid*, pp. 166.

⁴⁴¹ See *ibid*, p. 170.

⁴⁴² PAUL VI, Apostolic Exhortation, *Evangelization in the Modern World, Evangelii Nuntiandi*, 8 December 1975, in AAS 58 (1976), pp. 5-76, English translation in Flannery, A., (ed.), *Vatican Council II*, vol. 2, Northport, New York, Costello Publishing Company, Inc., 1982, p. 719.

CHAPTER FOUR — THE HEALING DIMENSION IN THE AFRICAN FACES OF CHRIST

4.1. Introduction

In the previous two chapters we described a people faced with affliction and in search of healing. Chapter two highlighted pastoral efforts of the Church, especially in the Archdiocese of Mbarara, to address sickness and disease. The means employed are: medical health care programs; administration of the sacraments of healing; counseling services; and more recently the introduction of prayers of healing through the Catholic Charismatic Renewal. We noted that this remains a formidable task, because of the numerous challenges in each sector. We observed that the major challenge here is the need for an integrated approach to healing. Chapter three, from an anthropological perspective, examined pre-Christianity (traditional) approaches to healing among the Banyankore. There we observed how among the Banyankore both the world-view regarding health and sickness, and the practice of healing, are holistic in approach. This being largely the reason why traditional methods of healing persist in popularity, to date. The present chapter (four) is an attempt to offer some Christological insights on the search for healing, insights that reflect the African situation. We shall proceed by first presenting an overview of African theologies, which form a background and foundation to the development of various Christologies in Africa. We shall briefly present several metaphors, images, and names used by African theologians to understand Christ, using African categories of thought. We shall single out a few of these categories and metaphors and discuss them, indicating how some of the aspects bear a healing dimension. Here the word 'dimension' refers to the perspective or angle from which the Christologies are envisaged or elaborated. The question that concerns us most, and which we seek to address in the following discussion is: from the Christological point of view could one identify, in the various faces of Jesus, a healing dimension that will offer meaning and hope for a continent besieged by affliction?

4.1.1. Overview of African Theologies

There are three main types of African theology today. African inculturation theology is considered to be the oldest and most popular brand of theological reflection on the continent. *African inculturation theology*, is also referred to as *African theology*, *South African black theology*, and *African liberation theology*.⁴⁴³ Briefly stated, this theology is an attempt to give a cultural context or African expression to the Christian faith.

The second type, South African black theology, takes after American black theology, which has as its aim the relating of the gospel message to the social situation of segregation and

⁴⁴³ See Justin, S. UKPONG, *African Theologies Now: A Profile*, (Spearhead No. 80), Eldoret, Kenya, Gaba Publications, February 1984, pp. 4-5; see also Justin, S. UKPONG, "Emergence of African Theologies," in *Theological Studies*, Vol. 45, 1984, pp. 501-536; Charles, NYAMITI, "African Christologies Today," in Schreiter, Robert, (ed.), *Faces of Jesus in Africa*, Maryknoll, Orbis Books, 1991, pp. 12-13.

oppression during the days of apartheid. Black theologians believe that the Gospel speaks to such situations, being the Good News to liberate both the oppressed and the oppressor.⁴⁴⁴

The third form is African liberation theology, found especially in independent sub-Saharan Africa. Its theological approach is broader than the one of South African Black theology, in that it endeavors to integrate the theme of liberation into the rest of the African cultural background. It is closer to Latin American liberation theology.⁴⁴⁵ These three theologies, mainly contextual, have developed out of the attempt to discover a theology that is concretely applicable to the African situation.⁴⁴⁶

It is from the above theologies that various Christologies have developed. Theologians seek to answer the basic question: "Who is Christ for the African?" But this question cannot be properly answered unless one knows first who Christ is *in himself*.⁴⁴⁷ There is a growing realization that Christology in Africa will only be meaningful once put in the context of our daily lives. Christ must be seen to identify with humanity's suffering, weakness, and pain. For instance, what does it mean to tell an African that God was made flesh and dwelt among them in the midst of hunger, oppression, loss of dignity, suffering and pain? If Christ is not concerned about our political, economic, and spiritual realities of existence, he will not be relevant in Africa. We need Christ who in his humanity suffers with us, is deprived with us, fights with us, and identifies wholly with our situation.⁴⁴⁸ Thus we see the urgent need for using appropriate images of Jesus Christ.

⁴⁴⁴ See Justin, S. UKPONG, *African Theologies Now*, p. 4.

⁴⁴⁵ See Charles, NYAMITI, "African Christologies Today," p. 13.

⁴⁴⁶ Stephen Bevans mentions a number of other factors which have contributed to the development of contextual theologies in African and other Third World countries. These factors include: a general dissatisfaction, in both the First and Third Worlds, with classical approaches to theology, the oppressive nature of older approaches, and the growing identity of local churches, most of which contribute to the necessity of the development of truly contextual theologies. For these factors, and more elaboration, see Stephen, B. BEVANS, *Models of Contextual Theology*, pp. 5-7.

⁴⁴⁷ See Charles, NYAMITI, "African Christologies Today," p. 15.

⁴⁴⁸ See *ibid.*, pp. 68 & 69.

4.1.2. African Images/'Faces' of Christ⁴⁴⁹

A number of theologians in Africa,⁴⁵⁰ have developed a variety of categories, metaphors, images, and names for Jesus Christ within the African context. They have indicated how in African Christology, Jesus takes on various faces. These include ancestor, elder brother, elder, healer, liberator, chief, king, guest, host, and master of initiation. Among the many categories/metaphors used by African theologians, we shall identify a few and see how these faces of Jesus in Africa have a healing dimension, which up to now theologians have not sufficiently nor clearly described.⁴⁵¹ Only the category/face of Jesus as healer has, perhaps, been given fair reflection, but even so it is not without need of further elaboration. We shall base our reflections on only five of the 'faces', namely: Jesus as ancestor, Jesus as elder brother and friend, Jesus as liberator and victor, Jesus as host, and Jesus as healer. Just these five have been chosen, not because the rest of the images are unimportant, but because we are convinced that these five signify with greater clarity the healing dimension, and thus carry more relevance for the Archdiocese of Mbarara in particular, and the entire African context in general.⁴⁵² Note that healing here is to be

⁴⁴⁹ Joseph Healey and Donald Sybertz have compiled a list of African names, titles, images, descriptions and attributes of God, Jesus Christ, Mary, etc. The same authors mention that of 631 names, gathered from 102 local African languages in 30 African countries, 219 refer to God the Son (Jesus Christ). The names, titles, images, descriptions and attributes of Jesus Christ have four major characteristics and themes: a) concrete, graphic, down-to-earth names (e.g. African Freedom Fighter [Kenya], Axe That Fears No Thistles [Luba, the Congo]); b) Relational and relationship names (e.g. Ancestor Who Is the Source of Life [Ewe-Mina, Togo]; One Who Intercedes for Us [Swahili, East Africa]); c) Great and powerful ruler names (e.g. Chief [Akan, Ghana; Sukuma, Tanzania]; Hero Who Never Flees Before the Enemy [Luba, the Congo]; Supreme Healer [Luo, Kenya]). d) Diviner/Healer names (e.g. Great Physician [Chewa, Malawi and Zambia]). These names provide an insight into how Africans feel, think and believe about God, Jesus Christ. They help to construct a functional African Christianity, in particular a functional African Christology. See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 81-82, 84; see also *ibid*, p.15.

⁴⁵⁰ African theologians who have contributed to doing Christology from within an African context include: Abraham Akrong, Kofi Appiah-Kubi, Kwame Bediako, Bénézet Bujo, Emilio J. M. de Carvalho, Jean-Marc Ela, Teresa Hinga, François Kabasélé, Kä MANA, Peter Kanyandago, R. Buana Kibougi, Cécé Kolié, Laurenti Magesa, S. Maimela, Ukachukwu Chris Manus, John S. Mbiti, Takatso Mofokeng, J. N. K. Mugambi, Gwinyai Muzorewa, Anne Nasimiyu-WAsike, A.O. Nkwoka, Albert Nolan, Charles Nyamiti, Mercy Amba Oduyoye, Pashington Obeng, Efoé Julien Pénoukou, John Pobee, A.T. Sanon, Harry Sawyerr, Enyi Ben Udoh, P. N. Wachege, John M. Waliggo, and Douglas W. Waruta, to name only some of them.

⁴⁵¹ We mention here only those theologians whose images of Jesus have not been singled out for deeper study. François Kabasélé, and John Pobee have suggested the metaphor of Christ as Chief; Ukachukwu Chris Manus, talks of Christ as King, while A.T. Sanon, develops the image of Christ as Master of Initiation. The rest of the theologians shall be mentioned under the various 'faces' as they are introduced.

⁴⁵² Sawyerr, moreover, rejects use of titles like 'chief' and 'king', suggesting that they are images which are particularly vulnerable as descriptions for Jesus Christ. Among the reasons he gives, we give only a few: a) chiefs lost their pristine power and influence in the old days of colonial rule; in the new independent states their positions are, generally speaking, quite precarious. b) the chiefs of African tribesmen have never been readily accessible to the ordinary people. At best they are always approached through middle people.

understood, not in the narrow physiological sense, but in the broader and more holistic perspective we have previously emphasized. It includes the physiological, psychological, socio-cultural, spiritual and environmental dimensions.

4.2. Christ as Ancestor

4.2.1. Ancestorship in African Tradition

Obviously, it is impossible to expose the healing dimension of Christ as Ancestor in an intelligible manner to those who have no knowledge of the African concept of ancestor, notably non-participants in Africa culture(s). Hence, before speaking about the healing dimension of this Christology, it is essential that we start with a short section on ancestral veneration in black Africa.⁴⁵³

No uniform system of beliefs and practices of this cult exists in black Africa. Traditions concerning ancestors vary among the different ethnic communities. In fact, one will find differences of detail even within the same ethnic group. Thus, generalizing from these conceptions is difficult. Moreover, the ancestral veneration which will be described is not found in each and every African traditional community.⁴⁵⁴ Nevertheless, the cult belongs to the majority of the African peoples. In spite of the differences, there are many elements shared in common by many ethnic groups. This fact justifies the assertion that there is a conception on ancestors and their cult held in common among black Africans. The following exposé will deal with this prevailing view.⁴⁵⁵

Who are these ancestors? What roles do people believe ancestors play in day-to-day life? Nyamiti defines an ancestor as “a relative of a person with whom he has a common parent, and of whom he is mediator to God, archetype of behavior and with whom — thanks to this supernatural status acquired through death — he is entitled to have regular sacred communication.”⁴⁵⁶ Thus, **ancestorship in the African sense comprises five principal elements (a) natural blood (or non-blood) relationship, (b) supernatural status, (c) mediation, (d) exemplarity, and (e) entitlement to regular sacred**

c) again chiefs and kings generally live in walled settlements and are therefore not exposed to the ordinary contacts of their subjects. See Harry, SAWYERR, “Jesus Christ — Universal Brother,” in Shorter, A., (ed), *African Christian Spirituality*, London, 1978, p. 66.

⁴⁵³ See Charles, NYAMITI, “The Trinity from an African Ancestral Perspective,” in *African Christian Studies*, Vol. 12, No. 4, 1996, p. 38

⁴⁵⁴ Nyamiti mentions the Masai of Eastern Africa as a typical example. See Charles, NYAMITI, *Christ as Our Ancestor*, Zimbabwe, Mambo Press, 1984, p. 15. See also Donald, J. GOERGEN, “The Quest for the Christ of Africa,” in *African Christian Studies*, Vol. 17, No. 1, March 2001, p. 6.

⁴⁵⁵ See Charles, NYAMITI, “The Trinity from an African Ancestral Perspective,” p. 38

⁴⁵⁶ Charles, NYAMITI, *Christ as Our Ancestor*, p. 23.

communication.⁴⁵⁷ These elements are sufficiently common within the African concept of ancestor to render them helpful in the construction of an African theology.

A short commentary on each of these five dimensions is in order. The first element, **natural blood (or non-blood) relationship**, has to do with kinship between the ancestor or ancestress and his or her earthly kin. In most cases the ancestor is also considered to be the source of life of his terrestrial relatives. Kinship is an indispensable factor in African ancestral relationships. No one can be an ancestor of an individual who is not related to him. It is for this reason that rituals for the dead, without any particular reference, do not belong to the ancestral cult. And although there are cases where ancestral relationship is not founded on family ties (e.g. when the basis is common membership in a religious or secret society), these relationships rarely go beyond tribal limits.⁴⁵⁸

The second element involves what can be described as the supernatural, superhuman or sacred status of the ancestor, acquired usually (but not invariably) through death. Thanks to his/her death an ancestor is believed to enjoy a sacred status with special magico-religious powers that can be beneficial or harmful to his earthly kin. Such status includes superhuman vital force and other spiritual qualities obtained through nearness to the Supreme Being.⁴⁵⁹ Therefore, one can distinguish two elements which characterize the African conception of ancestor relationship, namely: a) *natural relationship* between the ancestor and his earthly relatives; and b) *supernatural or sacred status* acquired by the ancestor through death. The natural relationship is usually based on parenthood, but more rarely, brotherhood. It can also be founded on common membership in a clan, tribe, religious or secret society. Thus the basis for natural relationship can be consanguineous or non-consanguineous. These natural ties are believed to continue to exist after the death of the individual.⁴⁶⁰

Thirdly, thanks to their superhuman condition and nearness to the Creator, the ancestors are considered to be mediators between the Supreme Being and their earthly kin. The idea of mediation is very common in African society. The king, or an important person in African society is never addressed directly, but through a linguist or mediator. Similarly, the ancestors who are close to the Fount of Life

⁴⁵⁷ See *ibid.*, p. 103.

⁴⁵⁸ See Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," p. 39.

⁴⁵⁹ Thus, for instance, both bodily and spiritual qualities are ascribed to the ancestors: invisibility or visibility in human but unusual form, capacity to enter into and possess human individuals or brute animals, capacity to consume food or drinks, special nearness to the Supreme Being, ability to exist anywhere—although ancestors are believed to have localities of preference (e.g. shrines, particular trees or bushes, graveyards, etc.). At times the ancestral spirits are presented with ambivalent features: they can be benevolent to their earthly kin, but they are also feared. When they are forgotten or neglected by their descendants, they are said to manifest their anger by sending to their descendants bodily or spiritual calamities. Their anger is usually appeased through prayer and ritual offerings or oblations. This is an indication of the belief that ancestors are entitled to regular sacred communication with their earthly relatives. See *ibid.*, p. 39.

⁴⁶⁰ See Charles, NYAMITI, *Christ as Our Ancestor*, p. 15.

play the role of mediators for the living people when these want to address God.⁴⁶¹ Although mediation is ascribed to the dead in many African societies, it is not an indispensable factor of ancestral status.⁴⁶² It is important to add, in this connection, that human ancestors, though close to the Supreme Being, are not likewise adored.

The fourth element has to do with the exemplarity of behavior in community. Kabasélé indicates that not every deceased can be considered an ancestor. Only the person who has given life is worthy of such status. It must be one who lived honorably, without hatreds, lies, or stealing, debauchery..., one who died a natural death satisfied, and in the presence of those who will lay him or her to rest. The one who died a violent death, or whose body was left abandoned in the bush with no burial, cannot join the ranks of the ancestors, for such death soils the universe.⁴⁶³ Hence, no one can enjoy ancestral status without having led a morally good life, according to African moral standards. For an ancestor is regarded both as a community model of conduct, and as source of tribal tradition and stability.

The last element worthy of comment upon is the common belief that the ancestor is entitled to regular communication with his earthly kin through prayers and ritual donations (oblations). In spite of the fear manifested at times towards ancestors,⁴⁶⁴ the living are naturally drawn to ritual

⁴⁶¹ John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," in Hearne, Brian, (ed.), *The Paschal Mystery of Christ and of All Humankind (Spearhead No. 59)*, Eldoret, Kenya, Gaba Publications, October 1979, p. 52.

⁴⁶² Nyamiti even claims that it is, indeed, absent from the ancestral cult of some communities, and some anthropologists believe that it is a later-comer into the cult, probably due to Christian influence. Besides, although the Creator Himself is acknowledged as Ancestor by some tribal groups, no mediatory role is ascribed to Him by such communities. see Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," p. 40.

⁴⁶³ See François, KABASÉLÉ-LUMBALA, *Le Christianisme et l'Afrique: Une chance réciproque*, Paris, Édition Karthala, 1993, pp. 22-23. See also François, KABASÉLÉ-LUMBALA, *Alliance avec le Christ en Afrique*, Athènes, 1987, p. 287. Nyamiti observes, however, that although in some tribes, proper burial with appropriate funeral rites is another necessary condition for the ancestral mode of existence, this condition is not universal. Thus it was non-existent among those societies in which the dead were not buried, but thrown into the bush. See Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," p. 41. It is, for instance, worth-noting that there is no mention of the tombs or burial ground of the Bagabe (kings) of Ankore before the coming of Christianity. Only the tombs of Nuwa Mbaguta, and Charles Godfrey Gasyonga II, who reigned during the Christian era exist. Mubangizi mentions some of the burial rites of kings, but he does not say where they were buried. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi Omu Banyankore*, pp. 136-137.

⁴⁶⁴ Explaining the ambivalence (i.e. a mixture of reverence and fear) surrounding the ancestral spirits, Nyamiti suggests that at times fear is due, partly, to the sense of sacredness of the ancestors. According to historians of religions, the sacred is experienced as *tremendum et fascinosum*, i.e. tremendous and fascinating at the same time. This is the sense in which the ambivalent behavior toward ancestors in Africa is to be understood — fear and attraction. Even in the Runyankore language, the word *kutiina* means both 'reverence' and 'fear'. However, it is also believed that when the ancestors are forgotten or neglected by their descendants, they are said to manifest their anger by sending to their descendants bodily or spiritual

communication with their deceased kin. This communication is a sign of love, thanksgiving, confidence and homage to an ancestor from his earthly relatives. The ancestor is expected to respond benevolently to such prayers and rituals by bestowing bodily and spiritual goods upon his kin, as a sign of his love, gratitude, faithfulness and respect toward them.⁴⁶⁵ In fact, the living and their ancestors form a totality in which a cosmic solidarity is lived and expressed through prayer and ritual.⁴⁶⁶

To better appreciate the interaction between the ancestors and the living, it is important to enter once again into the traditional African world-view. Here the power that makes life possible is everywhere the same — in plants, in animals, and in human beings.⁴⁶⁷ Human life, being part of nature, is also a constant cyclic process of becoming. This process has certain distinguishing moments or turning points: birth, adolescence, marriage, and death. Yet each of these only marks a particular point in the process of becoming. Those in the community who are alive are in one stage; those who are the 'living-dead' (that is, those who are not living as we are here) are simply in a further stage. The community contains both the living and the 'living-dead.' The 'living-dead' are not thought of as being in another world; they are just in a different part of this world. The transition to this other part of the world is sometimes symbolized as a land journey, often including the crossing of a river, perhaps because in the natural world rivers form natural boundaries between one part and another.⁴⁶⁸

The 'living-dead,' in this view, are quasimaterial beings. As ancestors, they are prized and respected. Their lives are ones of serenity and dignity, given over to concern for the well-being of the living members of their families and clans. No notion of a heaven (a life of bliss) nor of a hell (a life of torment) is mentioned. Neither is there the notion of a pale, empty afterlife, as seen in Homer. Nor is there a notion of resurrection. The afterlife portrayed here is a simple, natural continuation of the life we know. There *are* differences, just as living in the desert on this side of the river is different from living in the forest on the other side of the river. But the life of the 'living-dead' is not a wholly foreign existence, nor is it a threatening one.⁴⁶⁹ Unlike Christian saints whose dwelling place is in the heavens (with God), as

calamities. Their anger is usually appeased through prayer and ritual offerings or oblations. This is an indication of the belief that ancestors are entitled to regular sacred communication with their earthly relatives. See Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," pp. 39-40.

⁴⁶⁵ See *ibid*, pp. 41-42; see also Charles, NYAMITI, *Christ as Our Ancestor*, p. 16; and pp. 88ff.

⁴⁶⁶ See Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," pp. 39-40.

⁴⁶⁷ See K., A. OPOKU, *West African Traditional Religion*, Singapore, Far Eastern Publishers, 1978; see also K., A. OPOKU, 'Death and Immortality in the African Religious Heritage' in P. Badham & L. Badham (eds.), *Death and Immortality in the Religions of the World*, New York, Paragon House, 1987, pp. 9-21.

⁴⁶⁸ See Charles, A. CORR, Clyde, M. NABE, and Donna, M. CORR, *Death and Dying, Life and Living*, 3rd Edition, Belmont, CA, Wadsworth/Thomson Learning, 2000, pp. 515-516.

⁴⁶⁹ See *ibid*, pp. 515-516.

if they are far-removed from earthly affairs, the ancestor continues to be a living member of the community, even though not in the ordinary earthly sense.⁴⁷⁰

4.2.2. Christological Significance of Ancestorship

Could African traditional beliefs on ancestors be utilized for the purpose of Christian theology and practice? Some theologians have suggested that certain categories taken from African tradition could help build a meaningful Christology, equally relevant to the African context and the universal Church. African theologians have depicted or qualified Christ's ancestorship in various ways. Each in his own way begins with African ancestral beliefs and practices and tries to **confront** these with the Christian teaching on the Christ. This demands — in Bujo's view — an ascending Christology showing that "being wholly African and authentically Christian are not incompatible."⁴⁷¹

Briefly, we now present various theological insights regarding the 'face' of Christ as an ancestor. Building on the African world-view and traditional ancestral experience, Bénézet Bujo of Congo sees Christ as the 'proto-ancestor,' the 'unique ancestor' an ancestor par excellence. Bujo's view is tied up to the theology of the Incarnation.⁴⁷² He believes that the African can rejoice because God, after speaking to us at various times and in various ways through our forefathers, in these last days now speaks to us in his Son whom he has appointed as His unique ancestor, and from whom proceeds life for all posterity (Heb 1:1-2), and from whom derive all claims to be ancestor.⁴⁷³ In this way the Incarnation enables the God-man to become the unique and privileged locus of total encounter with the rest of the (African) ancestors, even as it allows the ancestors to become the locus where we encounter the God of salvation.⁴⁷⁴ Thus, the mystery of Christ is the source of life and the highest model of all ancestorship.

Furthermore, Bujo argues that Christ as proto-Ancestor can be the foundation of a 'narrative ethic' which affirms that if Christ is proto-Ancestor, source of life and fulfillment, then our human conduct must model itself on and re-enact the memory of his passion, death and resurrection.⁴⁷⁵ We shall return to this point shortly, when we consider the healing dimension and Christ's ancestorship.

⁴⁷⁰ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 7.

⁴⁷¹ Bénézet, BUJO, "A Christocentric Ethic for Black Africa," in *Theology Digest*, Vol. 30, No. 2, Summer 1982, p. 144; Charles, NYAMITI, *Christ as Our Ancestor*, p. 8.

⁴⁷² See Bénézet, BUJO, "A Christocentric Ethic for Black Africa," p. 143. For a more detailed study of Christ as Ancestor, see also Bénézet BUJO, *African Theology in Its Social Context*, translated from the German by John O'Donohue, Maryknoll, New York. Orbis Books, 1992.

⁴⁷³ See Bénézet, BUJO, "A Christocentric Ethic for Black Africa," pp. 143-143.

⁴⁷⁴ See *ibid*, p. 143; see also Charles, NYAMITI, *Christ as Our Ancestor*, p. 8.

⁴⁷⁵ See Bénézet, BUJO, "A Christocentric Ethic for Black Africa," p. 144; see also Charles, NYAMITI, *Christ as Our Ancestor*, p. 8. Says Bujo elsewhere, "Those who contemplate Jesus can find values and norms which can be integrated into their own lives so that they provide inspiration for responsible conduct." Bénézet, BUJO, *African Theology in its Social Context*, p. 87.

Also, since in Black Africa an ancestor is the main pillar on which a community or clan rests, seeing Jesus Christ as Proto-Ancestor can inspire the vitality of the community of believers in both a spiritual and organizational way.⁴⁷⁶

Pobee, writing from the context of the Akan tribe of Ghana, speaks of Christ as the Great and Greatest Ancestor — in the Akan language *Nana*.⁴⁷⁷ Abraham Akrong, also from within the worldview of the Akan of Ghana, speaks of Christ as *Nana*, but adds the warrior dimension of Christ as warrior-ancestor and hero ancestor.⁴⁷⁸ Like Bujo, Pobee insists on Christ's superiority over that of other ancestors, saying "by virtue of being closest to God and as God. As *Nana* he has authority over not only the world of men but also of all spirit beings, namely the cosmic powers and ancestors."⁴⁷⁹

In the same vein as Bujo and Pobee, John Mutiso-Mbinda elaborates on Christ's unique ancestorship by saying that "When Christ enters this world of the African, he seems to point people both further back and further forward. He fills the entire world, and transcends even the ancestors and embraces all creation."⁴⁸⁰ Christ is the first-born of all Creation who has 'passed-over' to the Father, and has been lifted up so that he can draw all things to himself.⁴⁸¹ In this sense, Mutiso-Mbinda links Christ's ancestorship with the Paschal Mystery, Jesus' passion, death and resurrection. Just as ancestors are considered to be mediators and intermediaries, and guarantors of solidarity, stability and progress in the community of the living, so too does Christ play such a role, but in a more superior and universal way, with those who have a real communion of life with Him.⁴⁸²

For Efoé Julien Pénoukou, whose society of origin is the Ewe-Mina of Togo, Christ is *ancêtre-joto*, meaning the Ancestor who is the Source of Life. According to Pénoukou, Christ is the 'Universal To-Be-There-With' the human being and the cosmos.⁴⁸³

Charles Nyamiti of Tanzania who has perhaps written most extensively on the subject, presents Christ as both our Brother and our Ancestor, or more accurately, our Brother-Ancestor. Using

⁴⁷⁶ See Bénézet, BUJO, "On the road Toward an African Ecclesiology: Reflections on the Synod," in *The African Synod: Documents, Reflections, Perspectives*, compiled and edited by Africa Faith & Justice Network, with Maura Browne, Maryknoll, New York, Orbis Books, 1996, p. 140.

⁴⁷⁷ See John, S. POBEE, *Toward an African Theology*, pp. 94-95.

⁴⁷⁸ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," pp. 7-8.

⁴⁷⁹ John, S. POBEE, *Toward an African Theology*, p. 94; See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 7.

⁴⁸⁰ John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," p. 51.

⁴⁸¹ See *ibid.*, p. 52.

⁴⁸² See Charles, NYAMITI, *Christ as Our Ancestor*, p. 9. The historical Jesus lived the African ancestor-ideal to the highest degree. Jesus manifests those qualities which Africans attribute to their ancestors. See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 8.

⁴⁸³ See Efoé, Julien PÉNOUKOU, "Christology in the Village," in Schreiter, Robert, (ed.), *Faces of Jesus in Africa*, Maryknoll, Orbis Books, 1991, pp. 42-46.

a synoptic presentation of parallelisms, Nyamiti has identified a number of elements regarding ancestors and applied them to Christ our Brother-Ancestor. (Since we have previously explained most of these elements we present here only how Nyamiti applies them to Christ.) For instance, a) Christ's relationship to us stems from His consanguinity with us through His Adamite origin. It is also grounded on the supernatural status He acquired through His death (and resurrection) which linked His humanity more closely to the divine family; b) The supernatural status endows Christ the man with supernatural powers and mediation between the Father and His human brethren; c) Christ, especially in virtue of His resurrection whereby He acquired His "adulthood," is for His living brethren a model of conduct and source of Christian tradition and stability; d) Regular supernatural communication is carried out between Christ and His followers. Christians contact Him through prayers and ritual offerings (especially the sacrifice of the Mass), and Christ communicates to them supernatural and bodily benefits; e) Neglect of this contact on the part of Christians is an offence against Christ, who is then entitled to send bodily or spiritual calamities to his negligent brethren. His anger is appeased by prayer and ritual activities accompanied by a sincere change of heart; f) Christ visits Christians through those priests or any other fellow Christians with whom He mystically identifies Himself. He even makes direct contact with His living brethren through the sacraments, especially where He is believed to be really present. In virtue of His divinity Christ is everywhere, and with His body can be anywhere, although He has abodes of preference such as heaven, Churches and tabernacles; and g) The first person of the Trinity is the common and immediate Father and Mother of Christ and His earthly members.⁴⁸⁴ Thus for Nyamiti, the image of Christ as our Brother-Ancestor, harmonizes well with traditional Christology, and this can help African Christians obtain a deeper understanding of Christ.

Nyamiti shares the image of Christ as Brother-Ancestor with François Kabasélé, also from the Congo, who sees Christ as an elder brother-ancestor.⁴⁸⁵ In this thesis, however, we prefer to treat the image of Christ as 'Elder Brother' separately. Moreover, traditionally the term ancestor is not restricted to one category of 'brother', since an ancestor could be a grandfather or grandparent-ancestor, uncle-ancestor, aunt- ancestor, cousin-ancestor, etc.

In summary, the qualities of Christ's ancestral mode of being are His Ancestorship's uniqueness and superiority, His power and authority, His being the vital source and His mediation. Bujo speaks of how the Ancestorship of the Redeemer fulfills the African ancestral aspirations. And together with Pobeé, he clearly shows how Christ's Ancestorship is relevant to the traditional and modern African ways of living. Of importance also is the link which Bujo and Mutiso-Mbinda draw between Christ's

⁴⁸⁴ See Charles, NYAMITI, *Christ as Our Ancestor*, pp. 19-20. On the last element, some theologians (basing on evidence from Scripture, and the teaching of some Fathers of the Church) suggest that God can be considered both as Father and Mother. See for example, Hans, DIETSCHY, "God Is Father and Mother," in *Theology Digest*, Vol. 30, No. 2, Summer 1982, pp. 132-133.

⁴⁸⁵ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 7.

Ancestorship and His Paschal mystery.⁴⁸⁶ On a superlative note, the historical Jesus lived the African ancestor-ideal to the highest degree. Jesus manifests those qualities which Africans attribute to their ancestors. Yet the concept as applied to Jesus is only applied analogically. Jesus is not one ancestor among many, but *the* ancestor par excellence. The title Proto-Ancestor for instance, signifies that Jesus did not only realize the authentic ideal of the God-fearing African ancestors, but also infinitely transcended that ideal and brought it to completion.⁴⁸⁷ He is the source of new life, the Fount, the Head. He sustains his entire line of humanity because he embraces the origin and the end, as the One in whom all people come together in a common destiny.⁴⁸⁸

The words of Emmanuel Milingo do sum up the role of Christ as Ancestor. Says Milingo: Giving Jesus the title of Ancestor is not just giving Him an honorary title. Jesus fits perfectly into the African understanding of ancestor. He is more than that, but we can find in Him all that we Africans are looking for in our ancestors. This is a very noble title, because when we consider Jesus as an ancestor, it means that he is to us an elder in the community, an intercessor between God...and our community, and the possessor of ethereal powers which enable Him to commune with the world above and with the earth. He is able to be a citizen of both worlds. This is the availability of Jesus.⁴⁸⁹

4.2.3. The Healing Dimension of Christ's Ancestorship

From what perspective can the Christology of ancestorship be envisaged as contributing to healing? We suggest that Christ's ancestorship does represent a healing value from two interrelated levels that are consistent with the African world-view as well as the nature of ancestors, namely: a) His being the vital source; his uniqueness and superiority as Proto-Ancestor are aspects that relate to His authority and capacity as protector; and b) Jesus' being Mediator and intermediary between the spiritual world and the world of the living.

At the first level, the face of Jesus as Ancestor contributes to the area of healing in two ways. He is the vital force through which life is transmitted and flows, as well as the mediator between the spiritual and physical worlds. These views are not only quite consistent both with the African world-view and the role of ancestors, but are closely related with the area of healing.

In black Africa, ancestral veneration is intimately united with the traditional world-view. In this world-view, a central element is that life is understood as sacred power (vital force). The ideal of African culture is coexistence and strengthening of vital force in the community and the world at large. This ideal is one of the basic motivations of ancestral cult. Traditionally, an ancestor is sometimes

⁴⁸⁶ See Charles, NYAMITI, *Christ as Our Ancestor*, p. 9.

⁴⁸⁷ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 8.

⁴⁸⁸ John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," p. 52.

⁴⁸⁹ Emmanuel, MILINGO, *The World in Between: Christian Healing & the Struggle for Spiritual Survival*, MacMillan, Mona, ed., London, C. Hurst & Company, 1984, p. 78.

considered to be the source of life for his/her earthly kin. That is why in many African societies ancestral status is closely linked with procreative fecundity. In some (but by no means all) communities, a person without offspring cannot become an ancestor. Hence, the African desires to have many children who will remember him and ritually communicate with him. An ancestor on his part, is expected to reward these ritual communications with benefits such as health, long life and begetting of children.⁴⁹⁰ There is, a continual and mutual life-giving exchange, through living memory expressed in ritual; and the vital force in the descendants. Thus the ancestor plays a role in channeling and transmitting the vital force within the community and so impacts the vitality and life of the community. We must speak first of giving life, before we can discuss how this life needs healing.

It is not hard to see how the above idea harmonizes with the New Testament image of Jesus. In Johannine tradition, Jesus is the way, the truth and the *life* — the way to the Father (Jn 14:6). Jesus who is Word, is the source of life (Jn 1:4). He is the Word of life, and the source of eternal life (1 Jn 1:1-2). In the Acts of the Apostles, Peter directly refers to Jesus as Author of life (Acts 3:15). Such scriptural references do underline the life-giving dimension of Jesus, as Proto-Ancestor and source of the vital force who gives life and gives it in abundance (Jn 10:10).

Jesus' Ancestorship would, moreover, not stop at being the source and transmitter of life, but have the role of preserving this life from threat. Coherent with the African world-view, Jesus' uniqueness and superiority as Ancestor might offer assurance of protection over the threat of evil forces, including malevolent spirits. Throughout Africa, people see the world and the whole of creation as sacred. God permeates every aspect of life of being. However as we indicated earlier, there exist also a multitude of spirits: both good and evil spirits, as well as the living-dead who have died recently. In the traditional African world-view, evil, which includes sickness and all sorts of affliction, is caused by evil spirits and human beings who collaborate with them, sorcerers and witches, for example. The realm of the spirits has certain powerful elements that haunt human beings, and the visible world also contains many elements that are mysterious: the heavenly bodies and any natural aspects that cannot be adequately explained fall under this category.⁴⁹¹ When adversity strikes, certain people feel threatened and become suspicious of evil influence. At this time some people resort to traditional oracles for divination in search of solutions. These practices are not likely to change until African people see Jesus Christ as being in the hierarchy of the spirit-world that is of our ancestors, and that as one of our ancestors, the Ancestor par excellence, He guards the clan, the tribe, and the community from evil forces.

Jesus' struggle against the forces of evil is not an uncommon phenomenon in the Gospel narratives. The Gospels indicate that Jesus' mission was directed at establishing the Reign of God. Jesus' miracles are presented as *dynamis*= 'acts of power'. These were the weapons Jesus used to reclaim people

⁴⁹⁰ See Charles, NYAMITI, "The Trinity from an African Ancestral Perspective," pp. 38-39.

⁴⁹¹ John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," p. 51.

and the world from the dominion of evil. When Jesus healed the sick or resuscitated the dead, he was breaking the Satanic power that manifested itself in illness and death.⁴⁹² The Kingdom which Jesus set out to establish is a kingdom that seeks to defeat Satan or the devil. Thus the Reign of God means that God is setting the world to rights, saving humankind from sin, sickness, and evil and establishing a new order of things.⁴⁹³

Moreover, Jesus deserves to be an ancestor, not just because he died and rose from the dead, but because he conquered all his enemies — death, sin and Satan. “He is an [ancestor],” Milingo explains, “in a sense that he is greater than all His enemies. He is an all-powerful elder, and we are clearly right to seek protection from one who is all-powerful.”⁴⁹⁴ Christ Proto-Ancestor’s continual presence is promised when he says: “And I will be with you always, to the end of the age” (Mt 28:20).

In the African context, Ancestors also seek to maintain and reestablish peace in society. This aspect ties in well with the role of Christ in Christian Revelation. Often in African tradition sickness is seen as a disruptive lack of equilibrium on various levels of life. In such situations Africans turn to the ancestors and ask for a restoration of order. Therefore, seeing Christ as Ancestor assuming this role, would be a useful image for Africans. It has also been often pointed out that the goal of Christ’s redemptive and ancestral mission was to restore the original peace and harmony between God and humanity lost by sin. The consequences of this separation upon humankind were spiritual and physical, and the devil now had dominion over them. According to traditional Christian belief this disturbance caused, among other things, bodily diseases and death, as well as devil possession. Hence, as Jesus combated these evils, He was fulfilling His soteriological and ancestral mission to reestablish the original happy condition of mankind by removing the unhappy consequences of the Fall.⁴⁹⁵

The second point that relates Christ’s Ancestorship to healing, is His role as Mediator and intermediary between the spiritual world and the world of the living. As we noted earlier, ancestors who are close to God play the role of mediators for the living people when they want to address God. Ancestor mediation becomes even more crucial in times of sickness and other types of affliction, when the ancestor

⁴⁹² Raymond, E. BROWN, *An Introduction to New Testament Christology*, New York/Mahwah, Paulist Press, 1994, pp. 64-65. For a more extensive study on the nature of Jesus proclamation of the Kingdom (parables, miracles, etc.), see John P. MEIER, *A Marginal Jew: Rethinking the Historical Jesus*, New York, Toronto, Doubleday, 1991-2001, pp. 398-506, 509-873.

⁴⁹³ See Morris, MADDOCKS, *The Christian Healing Ministry*, p. 18; see Raymond, E. BROWN, *An Introduction to New Testament Christology*, p. 61.

⁴⁹⁴ Emmanuel, MILINGO, *The World in Between*, pp. 78 and 79-80. Elaborating on how seeing Christ as the Ancestor is illuminating and transformative, Mutiso-Mbinda says: “Among us, yet beyond us, he [Christ] is the Word that was Spoken at the beginning of creation, the Light that shines in the heart of every human being, the Alpha and the Omega.” John, MUTISO-MBINDA, “Anthropology and the Paschal Mystery,” p. 51.

⁴⁹⁵ See Charles, NYAMITI, *Christ as Our Ancestor*, p. 55.

receives prayers, offerings and sacrifices. Because of the supernatural powers ascribed to ancestors, they are believed to have the capacity to heal bodily ailments. Not infrequently do sick people approach their ancestral shrines to implore a restoration of health as well as protection from further diseases. Healing power is thus an important ancestral quality in African traditional beliefs. It is therefore appropriate, and even useful, to examine Christ's healing function in connection with his Ancestorship.

Now Christ, embracing all creation including the ancestors, transcends everything because in his risen body he makes all things one with God. In this sense, Christ can be presented in a very meaningful way for Africa as the only mediator through whom we go to the Father. In fact, various African names already bring out Christ's role as mediator, names such as: Bridge Between God and Human Beings, Chief Intermediary, Chief Mediator, Great Mediator, Intercessor, Intermediary, Intermediary Spirit Between God and People, One Who Intercedes for Us, Organic Medium, and Synthesis of All Mediations.⁴⁹⁶

A central element to the healing ministry is seeing Jesus Christ's Ancestorship in connection with intercession. Just as African ancestors intercede for their earthly relatives and friends, Christ is our arch-intercessor with God. This teaching is both Scriptural and consistent with Christian doctrine. The Letter to the Hebrews often speaks of Christ who is able for all time to save those who approach God through him, since he always lives to make intercession for them (see Heb 7:24-25). In the profession of Faith (Creed) Christians proclaim that Jesus "ascended into heaven and is seated at the right hand of the Father", where he is actively interceding for humankind (see Heb 1:3). "We have an advocate with the Father, Jesus Christ, the righteous" (1 Jn 2:1). "There is also one mediator between God and humankind, Christ Jesus, himself human, who gave a ransom for all" (1 Tim 2:5). In the Eucharist Jesus Christ's active and on-going intercession is made available to people here and now. Christians unite themselves to humankind's Ancestor-Intercessor in his total offering to the Father. Thus, the sacrifice of the Eucharist remains a sign that brings Christ's healing and saving activity to this time and place.⁴⁹⁷ Yet in spite of all this, Archbishop Milingo indicates that for many people, Jesus is still only vaguely understood as a living person who is continuously interceding for us before the Father. "We have often failed to portray Him as a living person," says Milingo, "because we have not learned the ways by which our people commune with their ancestral mediators."⁴⁹⁸

Furthermore, Christ's role as Ancestor-healer may be connected with the healing role of (canonized) saints. In fact, Nyamiti has developed a theology on Christ's ancestorship to us through the

⁴⁹⁶ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 84.

⁴⁹⁷ See *ibid*, pp. 84-85.

⁴⁹⁸ Emmanuel, MILINGO, *The World in Between*, p.81.

saints.⁴⁹⁹ In the history and practice of Christian devotion certain believers habitually pray to the saints, and make pilgrimages to shrines (e.g. of the Blessed Virgin Mary) in search of healing. Certain saints are believed to have procured for sick people miraculous cures. Some saints, like St. Peregrinus, are prayed to specifically by cancer patients. Saints are not only models of Christian living, but also channels of special favors from God. Saints are truly 'ancestors in the faith'⁵⁰⁰ whose lives and example are best understood in relationship to Jesus Christ.

Finally, a few general observations are in order. There are obvious parallels between Christ's healing function and that of the African ancestor. In both cases the healing is brought about supernaturally by the power of the ancestor. Like in African tradition, healing act of Jesus is sometimes mediated by the prayers of His descendants. Moreover, the healing function in each case functions as a means of contact between ancestor and descendants,⁵⁰¹ especially through ritual.

There are nonetheless basic differences that distinguish Christ's ancestorship from the traditional African concept, which need to be clarified. Firstly, while there may be cases in which magic is attributed to the healing power of the African ancestor, Christianity totally excludes the idea of magic from Christ's power or activity. Besides, it is in virtue of His innate capacity that the God-man heals His descendants, whereas the African ancestor derives his supernatural power from God alone. What is also important to note is that although there are instances when Christ healed men in response to their petition, this was not invariably so. In any case it is always the Savior's primary and free initiative that is the source of the miraculous healing, either by inspiring men to ask for such healing, or through gratuitous healing without any petition on the part of those concerned.⁵⁰² That being said, it is believed that human ancestors also gratuitously grant favors of health and well-being to their earthly families.

Secondly, it may be said that Jesus fulfills and corrects African solidarity. How does he accomplish this? As we indicated earlier, in most African societies, ancestor cult and solidarity are limited to the family, to the clan, or to a particular people. An ancestor belongs to one ethnic group, and is not shared or venerated by other groups. This fact often influences the perception of traditional African solidarity in general. Is it not true that in traditional society often solidarity is perceived within the confines of clans and tribes, excluding other peoples? Is this not part of the origin of the parochial mentality which has at times furthered tribalism, ethnic exclusivism, and the resultant social disharmony, which is sickness in itself?

⁴⁹⁹ See Charles, NYAMITI, *Christ as Our Ancestor*, pp. 96-151.

⁵⁰⁰ See THE UGANDA CATHOLIC HIERARCHY, *Celebrating Our Ancestors in the Faith: Pastoral Letter of the Catholic Bishops of Uganda in Preparation for the Centenary of the Death of the Uganda Martyrs*, Kisubi, Uganda, St. Paul Publications, November 15, 1984.

⁵⁰¹ See Charles, NYAMITI, *Christ as Our Ancestor*, p. 55.

⁵⁰² See *ibid*, pp. 55-56.

In the Gospels, Jesus is faced with a similar situation: a kind of narrow solidarity based on the Hebrew notion of collectivity. Albert Nolan indicates how the Jews, through the ages to our own day, have manifested a remarkable sense of solidarity. Solidarity was felt from the basic family unit to the extended family, to others like one's friends, fellow-tradesmen, social group, to the confines of an elitist 'sect' like the Pharisees or the Essenes.⁵⁰³ For all the good that it represents, such group loyalty and solidarity sometimes has negative consequences — e.g. exclusivist mentality and prejudice. Consciously or unconsciously, there are in today's society individuals and societies who base their identity upon the loyalties and prejudices of race, nationality, language, culture, class, ancestry, family, generation, political party and religious denomination. Love and loyalty become just as exclusive as they ever were.⁵⁰⁴

Jesus challenges this kind of mentality, even in the most radical way. He extends one's neighbor to include one's enemies (Mt 5:43-44; Lk 6:27-28, 32). He demonstrates that group solidarity (loving those who love you) is no virtue. Even thieves do so. Instead, Jesus appeals for an experience of solidarity with humankind, an experience that is non-exclusive and not dependent upon reciprocity because it includes even those who hate you, persecute you or treat you badly. He indicates that Christian brotherhood is the reciprocal love of those who share the experience of living in solidarity with all humankind and therefore with one another (see 1 Thess 3:12). Jesus is asking for detachment and open-mindedness: what he is asking for is that the group solidarity of the family be replaced by a more basic solidarity with all humankind. In his relationship with his own family and with his mother in particular, Jesus insists that any close and mutual solidarity between them would have to be based upon the living out of God's will (Mk 3:31-35; 9:37; Mt 10:40; Mt 25:40, 45; Lk 11:27-28).

From his attitude toward other people that do not belong to 'our family', 'our clan', 'our tribe', 'our group', 'our ancestry' or 'our country' who are "not following with us" (Mk 9:38), it is easy to see how Jesus not only enriches the meaning of ancestorship and solidarity, but Jesus re-shapes the African ancestor image into one which welcomes all peoples, regardless of age, gender or race, thus re-establishing the kind of social harmony that brings about life and healing.

Thirdly, Jesus' teaching and life also challenges the African image of ancestorship, especially with regards to the death of the ancestor. As we noted earlier, traditionally only the person who dies a natural death can become an ancestor. One who dies a violent death, or whose body is left

⁵⁰³ See Albert, NOLAN, *Jesus Before Christianity*, pp. 59-60. Writes Nolan, "Ties of blood (one's own flesh and blood) and of marriage (one's flesh) were taken very seriously indeed. Not only were all members of the family regarded as brothers, sisters, mothers and fathers to one another but they identified themselves with one another. The harm done to one member of the family was felt by all. The shame of one affected all. Any man could say to an outsider, 'Whatever you do to the least of my brothers, you do to me,' or 'Whenever you welcome one of my kinsmen you welcome me.' To his own kinsmen he could say, 'Whoever welcomes you welcomes me; whoever is ashamed of you is ashamed of me.' Not that it was necessary to say it. It was taken for granted." Ibid, pp. 59-60.

⁵⁰⁴ See *ibid*, p. 60.

abandoned in the bush with no burial, cannot join the ranks of the ancestors for, such death brings pollution to the universe.⁵⁰⁵ As it was in Jewish society, this way of thinking was linked with morality: misfortune was attributed to wrong-doing, and prosperity to 'righteousness', or being at rights with the gods/spiritual world. Jesus' teaching however, challenges this philosophy by indicating that misfortune isn't necessarily a result of sin. Those Galileans who met a violent death at the hands of Pilate, or those people who were killed when the tower of Siloam fell on them, were not the worst offenders, says Jesus (see Lk 13:1-5). He also corrects the disciples who linked the man's blindness to sin: "Neither this man nor his parents sinned; he was born blind so that God's works might be revealed in him" (Jn 9:1-3).

Yet, it is not only his teaching that confronts some tenets of African ancestorship. Jesus' own passion and death, are a further challenge. Although he dies a violent death (crucified) it does not prevent him from becoming the Ancestor par excellence. Jesus assumes death as a means of victory over sin and death. Says Jesus, "...I lay down my life in order to take it up again...I have power to lay it down, and I have power to take it up again" (Jn 10:17-18). In this way the Gospels affirm that even if Jesus dies a violent death on the cross, he at the same time consciously assumes this sacrifice out of love for the world, and for the salvation of humankind. Interestingly, Jesus' death on the cross, even though it would have been considered a curse in Jewish culture (see Gal 3:13; Mt 27:3-10; Acts 1:18-19), did not prevent him from having a proper burial. In fact, the Evangelists are quite particular and detailed about the dignified manner in which Jesus' burial is conducted. The body is wrapped in a clean linen cloth, and is laid in a new tomb, which had been hewn in the rock, (see Mt 27:57-61; Mk 15:42-47; Lk 23:50-56; Jn 19:38-42). The Gospels mention that Jesus' body was even embalmed with spices and ointment, according to the burial custom of the Jews (Lk 23: 56; Mk 16: 1; Jn 19:39-40). Therefore, Jesus' Crucifixion and death on the cross, rather than stand in the way of his ancestorship, virtually enhance it. Jesus' death is a triumph that makes him a unique Ancestor, an Ancestor par excellence. Consequently, Jesus redeems not only the Jewish and African traditional teaching about misfortune and sin, he also brings healing to those whose loved ones meet with misfortune, and hope to all those who innocently die violent deaths. It can rightly be said that through his own personal experience of death and resurrection, Jesus Proto-Ancestor heals and elevates to a higher level the very notion of African ancestorship.⁵⁰⁶

Above all, it is the redemptive aspect of our Lord's healing function that differentiates it most from that of the African ancestor. Whereas the healings gained by human ancestors for their

⁵⁰⁵ See François, KABASÉLÉ-LUMBALA, *Le Christianisme et l'Afrique*, pp. 22-23. See also François, KABASÉLÉ-LUMBALA, *Alliance avec le Christ en Afrique*, p. 287.

⁵⁰⁶ To adapt Bujo's way of expression, Jesus *confirms* the positive elements of African anthropocentrism...but he also *corrects* and *completes* African traditional and modern customs. See Bénézet BUJO, "A Christocentric Ethic for Black Africa," pp. 145-146; see also Charles, NYAMITI, *Christ as Our Ancestor*, p. 8. (Emphasis in the original text); Aylward, SHORTER, "Ancestor Veneration Revisited," in *AFER*, Vol. 25, No. 4, 1983, pp. 197-202.

earthly relations are basically limited to earthly existence, Christ's healing mission takes on a salvific dimension. Although it may be said of the healings that Christ performed during his earthly ministry, "that these activities lacked the plenitude of redemptive and ancestral worth, because it is only after His resurrection that the Redeemer could operate in fullness His messianic function."⁵⁰⁷ Moreso, Christ's healings are efficacious signs of His salvation. They realize inchoatively what they signify, bringing out the guarantee of Messianic salvation which will find its completion in the eschatological kingdom. Accordingly, the healings of Jesus have apologetical and salvific functions: they manifest Christ's power, love, messianity and divinity, and are destined to bring about in persons the beginning of the future glory reserved for them at the Parousia. It should be clear that Christ' healing ministry takes on these characteristics because he is a far superior ancestor to ordinary ancestors; his divine nature and authority give his actions a soteriological character.

Finally, it is of use to mention that the image of 'Christ as Ancestor' has been criticized. Perhaps the strongest critic of 'ancestor' as a helpful christological title has been Aylward Shorter.⁵⁰⁸ It has also been felt that 'ancestor' cannot be a fitting image for Christ, since their state as ancestors, spiritual beings ('mere spirits'), falls far short of Christ's state — the Risen One from the dead. Weaknesses and criticisms aside, the major strength of an ancestor Christology is that it enables the development of a Christology that is both thoroughly African and thoroughly Christian. Even if ancestor traditions wane, or become less significant in the face of westernization, the concept of ancestor and its accompanying world-view remain particularly African. In fact, as Volker Kuster observes, the image of 'Christ as Ancestor' enriches and fulfills the African concept of ancestorship.⁵⁰⁹ Of course no African

⁵⁰⁷ Charles, NYAMITI, *Christ as Our Ancestor*, p. 56. Nyamiti further argues that "the healings did not usually transform the patient's condition to a supernatural and eschatological state as that which will be effected in the just after their resurrection. What they did was, normally, the simple removal of the ailment and the restoration of the bodily health of the patient without effacing the sinful condition and its consequences in him. Thus for instance when Lazarus was raised from the dead his body was not transformed to the state of glory, but was simply made to resume its former natural life with all its possibility of suffering, sinning, and death. That is why these miraculous healings cannot be unqualifiedly identified with the eschatological salvation properly so called. They are its preparations, signs, and means to bring it about in us." *Ibid*, p.56.

⁵⁰⁸ See Aylward, SHORTER, "Conflicting Attitudes to Ancestor Veneration in Africa," in *AFER*, Vol. 11, No. 1, 1969, pp. 27-37. His is a positive appraisal of the role of ancestors in African Christian life, but he expresses hesitancy with respect to its value in christology. See also Aylward SHORTER "Ancestor Veneration Revisited," pp. 197-203. He argues, for instance, that "...whereas the 'ancestor' concept does not illuminate or develop our understanding of the person and role of Christ, the person and role of Christ can and does illuminate and redeem the African understanding of the ancestor." Aylward SHORTER "Ancestor Veneration Revisited," p. 202.

⁵⁰⁹ Says, Volker Kuster, "Jesus did not only realize the authentic ideal of the God-fearing Ancestors, but he also infinitely transcended this ideal and brought it to new completion." Volker, KUSTER, *The Many Faces of Jesus Christ*, New York, Orbis Books, 1999, p. 75. In the same line Bujo also adds the following:

theologian proposes an ancestor Christology to the exclusion of traditional titles for Jesus. But “Jesus, our ancestor,” inculturates Jesus within African cultures. It inserts Jesus into African soil. It incarnates Jesus as God’s Word in an African context. It is an African Jesus. Jesus is our ancestor, an ancestor of all Africans, the Proto-Ancestor of us all, the new Adam, our new ancestral origin, through whom the descendants attain life, healing and well-being.⁵¹⁰

4.3. Christ as Elder Brother and Friend

4.3.1. Elder Brotherhood and Friendship in African Tradition

The Christological appreciation of elder brotherhood and friendship requires some form of background from African tradition. There are two complementary ways in which we want to consider the image of brotherhood, the wider sense and the more restricted sense. In the first place, traditionally elder brother may be understood in the ordinary way as the oldest boy in the family, even when he is preceded by a girl. This is the strict sense of the term ‘elder brother’ commonly shared by most societies, even outside the African continent. However, there is a model that is particular to African tradition, perhaps because of the so-called *extended family* setup. Within the African traditional concept of kinship, each individual is a brother or sister, father or mother, grandparent, or cousin, or brother-in-law, uncle or aunt, or something else, to someone. That means that in the context of kinship everybody is related to everybody else.⁵¹¹ Traditional society has always searched for a way of widening the circle of brotherhood. In this wider sense, everyone is a brother or sister to the other, sometimes including even those outside the family nucleus.⁵¹² This means that a man or woman who meets one older than he or she, may call him ‘my elder brother.’

“Jesus Christ becomes the sole center of attraction, drawing all things to himself (Jn 12:32), and, through his cross, consecrating the whole of that African humanity for which the ancestors so earnestly yearned.” Bénézet, BUJO, *African Theology in its Social Context*, p. 87.

⁵¹⁰ See also Donald, J. GOERGEN, “The Quest for the Christ of Africa,” p. 8.

⁵¹¹ Bukenya offers a significant insight: “Characteristic of Bantu kinship is the extension of the classificatory terminology — father, mother, brother, sister, — which are applied not only to one’s close kin but also to all clan members in such a way that among kinsmen a man has many ‘brothers’, ‘sisters’ etc., whose circle extends indefinitely within the clan. This type of brotherhood is manifested in the unity and solidarity which animate the kinship group which, through its communitarian way of existing, is the source of life....” Deogratias, BUKENYA, *Bantu Mukago and Christian Fraternal Solidarity: an Anthropological and Theological Study*, Roma, Pontificia Universitas Lateranensis, Academia Alfonsiana, 1976, pp. 35-36. On the explanation of *extended family*, and more on family relationships, see See John, S. MBITI, *African Religions and Philosophy*, p. 106-107.

⁵¹² See John, S. MBITI, *African Religions and Philosophy*, p. 104.

Bukenya observes that in spite of the security and well-being offered by the bonds of community and social organization, people still feel the need to widen their circles of relationship in order to create a larger field of interaction. There is a feeling that one cannot content oneself with remaining only in the kinship group which, though good, helpful and efficacious, may sometimes become a kind of ghetto.⁵¹³ Also, as a way of minimizing clan and tribal conflicts, Bantu societies⁵¹⁴ established a special bond by which those who ritually share the bond of relationship take an oath to live as brothers/sisters.

In all these relationships, respect is an essential value: harmonious respect among equals, but most especially the younger generation before elders — for the older one becomes, the higher the regard with which he or she is held by those under him/her. The older member, on his part, reciprocates by treating those under him with benevolence.

The narrower sense of 'elder brother', or 'first-born son' needs elaboration.⁵¹⁵ On a note of concern, in most African patrilineal societies, females are of marginal social accountability. In such societies the desire of every man is to have sons to succeed him. Celibacy is rarely appreciated in traditional life. In procreation, failure to conceive a male becomes something of very serious concern not only to the man but also to the wife.⁵¹⁶ Among the Banyankore the wife whose first baby is a boy is rewarded much more than one who first gives birth to a girl. When a male child is anticipated and a female is born instead, in most cases she is given names that connote disappointed expectation. The name, *Boonabaana*, (literally: 'even girls are children') among the Banyankore is sometimes given to the girl connoting reluctant acceptance of the newborn. A man's quest for male offspring may lead him and

⁵¹³ See Deogratias, BUKENYA, *Bantu Mukago and Christian Fraternal Solidarity*, p. 37.

⁵¹⁴ Who are the Bantu? "...characteristic of their language is the universal term 'Muntu' (plural: *Bantu*) which means persons or human being. It is from this word that W.H.I. Bleek (1827-1875) coined the term 'Bantu' which since then has been used to refer to those 'indigenous people who inhabit the southern half of Africa' — Africa south of the Sahara — 'excluding the Hottentots, Bushmen, Pygmies, also the Masai and other hamitic tribes found in Central or East Africa'." Cosmas, HAULE, "Bantu 'Witchcraft' and Christian Morality," in *Nouvelle Revue de Science Missionnaire*, Schöneck-Beckenried, 1969, p. 4; see also Deogratias, BUKENYA, *Bantu Mukago and Christian Fraternal Solidarity*, p. 19.

⁵¹⁵ The Bantu notion of eldest child, eldest sibling, focuses on the notion of anteriority. See François, KABASÉLÉ-LUMBALA, "Christ as Ancestor and Elder Brother," in Schreiter, Robert, (ed.), *Faces of Jesus in Africa*, Maryknoll, Orbis Books, 1991, p. 121. In our case this category combines the two meanings in the Runyankore language: it may be taken as *omwojo mukuru omuka* ('eldest boy in the family'), or *omujigaijo* ('first-born son').

⁵¹⁶ See A., O. NKWOKA, "Jesus as Eldest Brother (Okpara): An Igbo Paradigm for Christology in the African Context," in *Asian Journal of Theology*, Vol. 5, No. 1, 1991, p. 90.

his wife to unpleasant experiences like polygamy/polygyny in defiance of Church rules.⁵¹⁷ In some extreme cases the failure to beget a male offspring has led to dislike of the wife and eventual separation/divorce.

Within the above cultural setting, it is not difficult to understand the unique place and respect given to the first-born son, or elder brother. In African traditional society the first-born boy or eldest brother has special honor and privilege. The eldest of the elders is the lineage head. In patrilineal societies the eldest son receives the family inheritance from his father. Even in youth, he is looked up to by his younger brothers and sisters. This difference is seen in a proverb of the Luba Ethnic group in the Congo: "It is never the earth that gives its gift to the rain, but the rain that gives its gift to the earth."⁵¹⁸ Traditionally, the eldest brother represents an example to follow, except in the case where he does not conduct himself as an 'eldest brother.' It is not enough to have seen the light of day before the others in order to have the above-mentioned prerogatives. One has to prove his worth. Here, as in all social groups, there are individuals who fail to live up to the expectations of the community in performing the role with which they have been entrusted. Those are the ones to whom Kabasélé's expression the 'melancholy-eldest' applies.⁵¹⁹

Among the Bantu, even the children of the elder brother will always be 'elder' vis-a-vis those of the younger. Even if the latter are chronologically older, the line issuing from the elder will always be 'upstream'. The other line will always owe it a corresponding deference and respect.⁵²⁰ The Runyankore proverb says that: *Kakuru takurirwa* (literally, "Once ahead/first, always ahead/first") — meaning that the elder takes precedence. Others often make sacrifices for him to succeed. In some cases he gets the best food, the best clothing and educational opportunities. He is usually the first to get the bridewealth (dowry) for marriage. While the father is alive, the eldest boy becomes the family's second-in-command. Among the Banyankore, as is the case elsewhere in African tradition, the eldest brother is expected to carry on the family line, especially through male children.⁵²¹ He is not only charged with the responsibility of caring for his younger brothers and sisters, but also has the duty of looking after his aging or aged parents, and bury them honorably.

⁵¹⁷ See A., O. NKWOKA, "Jesus as Eldest Brother (Okpara)," p. 90.

⁵¹⁸ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 83.

⁵¹⁹ See François, KABASÉLÉ-LUMBALA, "Christ as Ancestor and Elder Brother," p. 122.

⁵²⁰ See *ibid.*, p. 121.

⁵²¹ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 83.

The metaphor of elder brother is complemented by the one of friendship. In itself, friendship is a grid relationship, not a group relationship, but it is a special kind of grid relationship. It is a loving mutuality between two equal individuals (not necessarily in terms of age), the relationship of two individuals paired in a single, shared role. In some societies it takes on the individualist model, described by Shorter: a “relationship [that] is exclusive to the two individuals. It is a unique relationship, characterized by mutuality, terminality, privacy, autonomy, unpredictability and instrumentality.”⁵²² But Shorter admits that friendship is not incompatible with community. For instance, in African traditional society there exists a model of friendship that is open-ended, or community-oriented. Among the Banyankore, and in African tradition in general, friendship is one of the best ways of crossing the barriers of family, clan, or tribe. Friendship, a highly valued and primary human relationship, can take on various degrees, including one described by Bukenya: *Mukago* or *Obunywani/Ubunywani*, a *brother-like friendship* traditionally known as blood-brotherhood.⁵²³ Faithfulness to blood-pact friendship is considered to bring about blessings, well-being and prosperity to the parties involved. If on the other hand, fidelity to the commitment of mutual solidarity is broken, it is believed that instead of prosperity there will be misery and death.⁵²⁴

Whether it be the individualist model or the community-oriented one; whether it is friendship achieved by blood pact or the ordinary form of *omukago/obunywani* (friendship),⁵²⁵ among the Banyankore, as in the rest of African traditional society, it creates a bond of mutual solidarity which manifests itself in all fields of life for the well-being of all those who are affected by the relationship.

⁵²² Aylward, SHORTER, *African Culture. An Overview*, Nairobi, Paulines Publications Africa, 1998, p. 101.

⁵²³ It is outside our scope to consider the concepts of *Mukago* or *Obunywani/Ubunywani*, but this is a type of friendship that is usually sealed in a very solemn way by a ritual in which the friends exchange mutually their blood. See Deogratias, BUKENYA, *Bantu Mukago and Christian Fraternal Solidarity*, p. 37. More specifically, says Bukenya: “Blood-brotherhood is an alliance or covenant established between two, or occasionally several, persons by a ritual act in which the parties exchange mutually their blood declaring themselves to have become like brothers and creating with this a perpetual bond of fraternal mutual solidarity which is to be manifested in all fields of life, both for the well-being of the parties themselves, of their relatives, and of all those whom the relationship may concern in one way or other.” Ibid, p. 51. See also Aylward, SHORTER, *African Culture. An Overview*, p. 102.

⁵²⁴ See Deogratias, BUKENYA, *Bantu Mukago and Christian Fraternal Solidarity*, p. 60.

⁵²⁵ Notice that among the Banyankore nowadays, the words *Mukago/Omukago* (blood-pact friendship) and *Obunywani* are used interchangeably and are often employed in daily language to mean the same thing — ‘friendship’. Traditionally, however, *Omukago* is more restricted to blood-pact friendship, while *Obunywani* refers to ordinary friendship.

Solidarity may be referred to as the consciousness or awareness of a corresponsibility which manifests itself in diverse spheres as a duty of unity and collaboration. This solidarity may spring out of altruistic love, which means the awareness of the duty of rendering services to other people not just because they are in need, but also — and above all — because they are persons and friends. Among the Banyankore, friendship is both affective (loving) and effective (committing to responsibility).⁵²⁶ Friends help each other in good times, but most especially in times of vulnerability. Out of friendship, people are drawn to care for each other in times of sickness and any other type of adversity. As the English saying goes: “A friend in need is a friend indeed.”

From the above considerations, we may surmise that the images of brotherhood and friendship do complement one another, and form a vital basis for building a meaningful Christology for Africans.

4.3.2. Elder Brother and Friend Christology

While theologians like Kabasélé and Nyamiti have combined the image of Christ as Elder Brother with that of Ancestor, so that they speak of Christ as Ancestor and Elder Brother, Brother-Ancestor, etc.,⁵²⁷ we have preferred to combine in Christ the images of ‘Brother’ and that of ‘Friend’. Both the image of Brother-Ancestor and Brother-Friend are meaningful images, and are consistent with African Christology which is ‘relational’ in nature.⁵²⁸ The metaphors of Christ as ‘Brother’ and ‘Friend’, enhance the one of ‘Christ-Ancestor’ significantly. We think that Brother-Ancestor may suggest a Christ of the ancient past, quite removed from the present reality — an image that may perhaps have less appeal to the younger generation. The metaphor of ‘Christ Brother-Friend’ not only narrows the age-gap and enhances fraternity, but also represents a Christ that is more intimate and close to everyone here and now. Our choice of this image is in agreement with the research that Donald Goergen conducted among students. His study revealed an image of Christ who is ‘friend’, ‘good friend’, ‘personal friend’, ‘brother-friend’/‘elder brother-friend’.⁵²⁹ It would seem also that the image of ‘Christ Brother-Friend’, perhaps more than that of Christ-Ancestor, complies with African folk, oral, and popular theology. Thus, as do

⁵²⁶ See *ibid.*, pp. 69-73.

⁵²⁷ See for instance François, KABASÉLÉ-LUMBALA, “Christ as Ancestor and Elder Brother,” pp. 116-127; and Charles, NYAMITI, *Christ as Our Ancestor*, pp. 1-151.

⁵²⁸ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 82.

⁵²⁹ See Donald, J. GOERGEN, “The Quest for the Christ of Africa,” pp. 21-22.

Nkwoka and Sawyerr, we propose the image of Christ the Elder Brother par excellence, the Universal Brother, and the Eldest Brother of the Anointed Ones.⁵³⁰ Harry Sawyerr suggests calling Christ the Elder Brother, “the first born among many brethren who with him form the Church, in which there is no distinction of race, sex, color, or social condition.”⁵³¹ Christ is our Universal Brother in whose likeness Christians are ordained to be conformed (Rm 8:29; 1 Jn 3:2). Comprised in this image of Christ Brother, is the image of Christ who is Friend.

Before we touch upon its healing dimension, let us mention also, that the image of Christ Brother and Friend is consistent with Biblical teaching. The New Testament writers convey many Christological titles, either directly or indirectly. Perhaps the most serious and significant of these is the Son of God title (see Mk 1:11; 9:7). From the testimony of New Testament writers, “Jesus is by nature the Son of God, while believers in Christ are sons by adoption (Gal 4:5; Eph 1:4, 5). Thus the brotherhood of Jesus with regenerated humankind is inseparably tied up to his Divine sonship.⁵³² Other parallels include Christ who is the “firstborn within a large family” (Rm 8:29), “the image of the invisible God, the firstborn of all creation” (Col 1:15). “Jesus is not ashamed to call [his followers] brothers and sisters” (Heb 2:11). In some contexts, Jesus specifically presents himself as a brother to humankind: “Behold my mother and brothers,” (Mk 3:34); “whoever does the will of God, the same is my brother, and my sister, and my mother” (Mk 3:35). It is clear from this declaration that Jesus admits all his disciples and all believers to the same honorable rank as if they were his nearest relations, irrespective of distinctions of color, race, status, or sex.⁵³³ Says Sawyerr, “the Christian is in symbiosis with Jesus Christ our elder brother, the first-born of many brethren.”⁵³⁴ This is a unique opportunity which no other religion offers humankind. But Jesus is not just a brother. He is the Eldest of all his brothers and sisters;⁵³⁵ he is Elder

⁵³⁰ See Harry, SAWYERR, “Jesus Christ — Universal Brother,” pp. 65-67; see also A., O. NKWOKA, “Jesus as Eldest Brother (Okpara),” pp. 94-99; Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 83-84; P., N. WACHEGE, *Jesus Christ, Our Muthamiki (Ideal Elder)*, Nairobi, Phoenix Publishers, 1992.

⁵³¹ Harry, SAWYERR, “Jesus Christ — Universal Brother,” p.67; see also Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 84.

⁵³² See A., O. NKWOKA, “Jesus as Eldest Brother (Okpara),” p. 94.

⁵³³ See *ibid*, p. 95.

⁵³⁴ Harry, SAWYERR, “The Living and Dead in Fellowship with God,” in Shorter, A., (ed), *African Christian Spirituality*, London, 1978, p.130.

⁵³⁵ A., O. NKWOKA, “Jesus as Eldest Brother (Okpara),” p. 95.

Brother to all humankind, he is our Universal Brother.⁵³⁶ And such an idea of Jesus as our Elder Brother, argues Nkwoka, is perfectly understandable, due to the role that the elder brother has in African traditional society and culture.⁵³⁷

But Jesus Christ is not just Brother; the New Testament presents him also as friend. He is a friend to the marginalized, the despised, “a friend of tax-collectors and sinners” (Mt 11:19; Lk 7:34). Jesus habitually calls his followers friends (Lk 5:20; 12:4, 14). His disciples are friends of the bridegroom, who is himself (Jn 3:29). He even has personal friends (Jn 11). “No one has greater love than this, to lay down one’s life for one’s friends” (Jn 15:3). “You are my friends...I do not call you servants any longer, because the servant does not know what the master is doing; but I have called you friends, because I have made known to you everything that I have heard from my Father” (Jn 15:14-15). It is with these ideas in mind that we can understand the healing dimension of the image of Christ Elder Brother and Friend.

4.3.3. Christ as Elder Brother and Friend: The Healing Dimension

Christ’s healing image as Elder Brother and Friend can be seen from two perspectives, namely Christ’s identification with the marginalized; and His ministry of caring for the most vulnerable. It is an undeniable fact that the African continent can be considered, in many ways, a continent in crisis. The socio-political situation reveals many pockets of instability and violence, because of wars and rebel insurgencies. Examples of such situations abound: Sub-Saharan Africa is particularly affected, including countries like Sudan, Uganda, the Democratic Republic of Congo, Congo Brazzaville, Ethiopia, Somalia, Sierra Leone, Ivory Coast, and Liberia. Because of fighting so many have lost their lives; while multitudes have had to flee their homes. In the northern part of Uganda certain children have been abducted and made into soldiers and forced to kill their own people. Some young girls have been made wives to rebels, and others forced into slavery. The refugee population on the continent has more than doubled in the last decade or so. As we mentioned in the second chapter, the Archdiocese of Mbarara shares not only the lot of refugees, but also other effects of this kind of crisis. Africa is a continent of the displaced, the homeless, the abandoned, and the neglected. Kanyandago sums it up appropriately: “Africans have been

⁵³⁶ See Harry, SAWYERR, “Jesus Christ — Universal Brother,” p.65.

⁵³⁷ A., O. NKWOKA, “Jesus as Eldest Brother (Okpara),” p. 97.

weeping, and have been made to weep, for a long time.”⁵³⁸ Amidst such an uncomely and unfriendly environment, many are searching for a brother and friend for consolation; they need healing.

The image of Christ as Brother and Friend, takes on a healing dimension in as far as caring for the most vulnerable of society are concerned. If we take into account the fact that in African tradition the elder brother in a family has the responsibility to care for his younger brothers and sisters, especially in those situations when parents die and leave them orphans; if we consider the fact that the eldest has the duty to look after his aging parents, and must bury them honorably, then we can appreciate Christ’s healing role in circumstances of vulnerability.

On the African continent HIV/AIDS is increasingly taking its toll.⁵³⁹ in some cases parents have died leaving many orphans with no one to care for them. In sub-Saharan Africa the number of orphans is estimated at 11 million, and will likely double in a few years to come. Children are left in the hands of their brothers and sisters, who often themselves are minors. Amidst such crisis, the role of ‘elder sibling’ taking care of his/her younger ones, has taken on a greater importance. Many grandparents are left caring for their orphaned grandchildren, often without livelihood. It is equally true that the AIDS pandemic has created the scenario where old men and women are left helpless, with no one to care for them, because they have lost their sons and daughters to AIDS. In such cases it is a relative within the extended family, a good friend or neighbor, who takes them in and provides for them as far as resources will allow.

Worse still, in many parts of Africa, the traditional forms of community life which used to embrace orphans and seniors, are giving way to more individualistic models. With the corresponding increase of autonomy, lifestyles that have become less community-oriented. And with the increased urbanization, where the householder and his wife go out to work, children are left in the hands of baby-sitters, while the aged end up in nursing homes. But for many, institutions like Orphanages, Nursing

⁵³⁸ Peter, KANYANDAGO, “Introduction,” in *The Cries of the Poor in Africa: Questions and Responses for African Christianity*, Kanyandago, Peter, (ed.), Kisubi, Uganda, Marianum Publishing Company Ltd. 2002, p. 1.

⁵³⁹ Says Magesa, “...Africa has the highest number of HIV-positive and AIDS-infected people of the entire world. While, generally, Africans cannot afford patented medication that can reduce the suffering and prolong the lives of AIDS sufferers, cheaper, generic brands are not allowed in Africa.” Laurenti, MAGESA, “African Renaissance: the Jubilee and Africa’s Position in the International Context,” in *Marginalized Africa: an International Perspective*, ed. by Kanyandago, Peter, Nairobi, Paulines Publications Africa, 2002, pp. 21-22. For further reading on HIV/AIDS, see Normand, BONNEAU, et al., *AIDS and faith*, Ottawa, Novalis, 1993.

Homes, and Nursery schools do not provide the desired warmth and care usually found in African traditional community or family circles. Often individuals who find themselves in such places, are left isolated, feeling lonesome and wounded.

The above circumstances call for a Christology of Jesus Christ who not only identifies with the less fortunate, but who is a brother to them, calls them friends, “my friends”(see Jn 15:14-15). We believe that such contexts call for the Christology of Elder Brother and Friend, in whom the most vulnerable would discover the Christ who cares and heals.

Friendship is a source of life and healing in another way — through life-giving intimacy. Because good friends share intimacy and tenderness, friendship becomes a source of joy. The company, quality time, and leisure they share is bound to increase their happiness. Lou Torok has demonstrated that joy and laughter bring healing and life. “Laughter Can Be Good Medicine,” Torok entitles a whole chapter.⁵⁴⁰

Listening to each other is also a fundamental aspect of friendship. Friends listen to each other’s problems, even when there are no answers to be found. Donald Peel writes: “Everyone loves a good listener...People like to be listened to. Not only do they like it; they need it. Giving understanding and attentive ear really helps them. It makes them your friends as well.”⁵⁴¹ But there is more to a listening ministry than just making friends; an active and creative listener makes the other feel significant, worthwhile, and raises his spirits. In that sense, the act of listening itself is healing. That is what good friends provide to each other, life and healing. Moreover, one can also use the art of listening for purposes that grow out of caring, prompted by a concern to demonstrate the love of Christ and to help other people.⁵⁴²

The Gospels speak of Christ having a special intimacy with the ‘little ones’, (see Jn 13:33). The ‘little ones’ are usually symbolized in the children, whose example Jesus employs several times in his teachings. “Let the little children come to me, and do not stop them; for it is to such as these

⁵⁴⁰ Lou, TOROK, *When You Hurt*, New York, Society of St. Paul, 2000, pp. 13-17. Barbara Johnson also writes, “...there is something about joy and laughter that is engaging and even therapeutic, especially when things aren’t going very well...Pain has MANY faces, and the universal cure is laughter — not because we try to deny the truth, but because we have learnt to face it, absorb it, and smile through it.” Barbara JOHNSON, *Splashes of Joy in the Cesspools of Life*, Dallas, Texas, W Publishing, 1992, pp. 6-7.

⁵⁴¹ Donald, PEEL, *The Ministry of Listening: Team Visiting in Hospital and Homes*, Toronto, Anglican Book Centre, 1980, p. 33.

⁵⁴² See *ibid*, p. 33 & 29.

that the kingdom of heaven belongs.’ And he laid his hands on them...” (Mt 19:13-15; Mk 10:13-16; Lk 18:15-17). He himself wants their company, and he teaches that they should be welcomed (see Mk 9:36-37). Jesus is concerned about the welfare of the weak. He desires that they be helped in their most basic needs: “...and whoever gives even a cup of cold water to one of these little ones in the name of a disciple...none of these will lose their reward” (Mt 10:42; Mk 9:36-37, 41-42). He defends them and denounces in the strongest terms anyone intent on harming them or acting as a stumbling block/scandal to them (see Mt 18:6-7; Mk 9:42-48; Lk 17:1-2). “Take care that you do not despise one of these little ones; for, I tell you, in heaven their angels continually see the face of my Father in heaven” (Mt 18:10). He cares that none of them be lost; he is even ready to take priceless risks for the sake of those who go astray for, “it is not the will of your Father in heaven that one of these little ones should be lost” (see Mt 18: 12-14; see Lk 15:1-7). Often Jesus uses the example of children to teach about humility, and uses their attitude as model for candidacy to the Kingdom of heaven: “for the least among all of you is the greatest” (Lk 9:48). Jesus reassures the little ones with words of comfort and promise: “Do not be afraid, little flock, for it is your Father’s good pleasure to give you the kingdom” (Lk 12:32). The Gospels go even further to indicate how Jesus is identified in the most vulnerable: the hungry, the thirsty, the stranger(s), the imprisoned, the homeless, the naked, the sick. “I tell you solemnly,” says Jesus, “in so far as you did this to one of the least of these brothers [and sisters] of mine, you did it to me” (Mt 25:40; for entire text see 25:31-46). Those who do the will of God are Christ’s true kindred (Mk 3:31-35; Mt 12:46-50; Lk 8:19-21).

There are further indicators in the New Testament of how Christ our Elder Brother and Friend has nobly fulfilled his role of taking care of his brothers and sisters. The Scriptures say that “he went about doing good” (Acts 10:38). The term that best expresses his brotherly-friendly role is *stewardship*. Stewardship implies conscious and appropriate caretaking.⁵⁴³ Jesus fulfills in an excellent way the image of the good and faithful steward or prudent manager, of whom the parable speaks, “whom his master will put in charge of his slaves, to give them their allowance of food at the proper time” (Lk 12:42). Christ is the example and model of service to all who seek to be brothers and friends to those that need healing. “I have given you an example, that you also should do as I have done,” he says (Jn 13:15). Jesus Christ is indeed our Ideal Elder and Friend par-excellence.⁵⁴⁴

⁵⁴³ See Kylea, TAYLOR, *The Ethics of Caring: Honoring the Web of Life in Our Professional Healing Relationship*, Sant Cruz, California, Hanford Mead Publishers, 1995, p.76.

⁵⁴⁴ See P., N. WACHEGE, *Jesus Christ, Our Muthamaki (Ideal Elder)*.

As we shall see in the section on hospitality, receiving strangers and caring for the less privileged in society, are part and parcel of African cultural life. The Christian concept of service to humanity, especially to the less privileged, is tantamount to serving the 'brothers' and 'friends' of the Son of God, and helping their wounds to heal.⁵⁴⁵

The image of elder brother in African tradition should not be romanticized. Some elder sons may be considered unsuited for the role of 'elder brother'. Certain socio-political contexts on the continent of Africa show that there exist some flaws in kinship, and family life. The spirit of fraternity is missing, and this might undermine the metaphor of Christ Elder Brother. Instead of contributing to well-being and harmony in society, some people may have brought about wounds of all sorts. Kanyandago has argued that the debacle of the African continent is the result of both external and internal factors. For instance, "the African elite has also contributed to the crises on the continent. Political leaders have betrayed their people. They have preferred to enrich themselves at the expense of the people, and some have practically sold their countries..." through nepotism, corruption and other malpractices which disqualify them from being 'their brothers' keepers'.⁵⁴⁶ In spite of this darker side of the image, we still think that those who feel betrayed by their own people, due to poor leadership, or those who experience harassment, exploitation, and all forms of abuse, at the hands of their own brothers and sisters, can find comfort and healing in the image of Christ-Friend. Christ remains the ideal Brother, the ideal Friend toward whose model and example all earthly brothers and friends aspire.⁵⁴⁷

Jesus' friendship and caring love take on even greater depth: "No one can have greater love than to lay down his life for his friends" (Jn 15:13). As Nkwoka says, Jesus our Elder Brother "risked everything to give us everything."⁵⁴⁸ For "for the Son of God who loved me and gave himself for me" (Gal 2:20), no sacrifice is too great.⁵⁴⁹ In our view, this is a meaningful image which might recall the Bantu practice of blood-pact friendship, even if it is a traditional practice that is waning or becoming

⁵⁴⁵ See A., O. NKWOKA, "Jesus as Eldest Brother (Okpara)," p. 98.

⁵⁴⁶ Peter, KANYANDAGO, "Anthropological History and Interpreting African History and Culture," Paper presented to the SORAC 2002 International Conference, Montclair State University, Upper Montclair, New Jersey, 7-9 November 2002, pp. 19-20.

⁵⁴⁷ Wachege prefers to speak of Christ as 'Muthamaki' (ideal elder). See P., N. WACHEGE, "Dialogue Between an African Christology and Karl Rahner's Christology," in *African Christian Studies*, Vol. 8, No. 1, March 1992, p. 13, and passim.

⁵⁴⁸ A., O. NKWOKA, "Jesus as Eldest Brother (Okpara)," p. 98.

⁵⁴⁹ See *ibid.*, p. 98.

extinct in some societies on the continent. The concept of ultimate sacrifice gives Christology of Christ as Friend a profound healing dimension.

Lastly, let us make a few general observations. Unlike the metaphor of Christ as Ancestor, which may have weakened as Christianity lessened the role of ancestor in traditional society, the Christology of Brother and Friend as a healing metaphor has the advantage of timelessness; it may be applicable at any time in history without danger of being outdated. In addition to being timeless, the images of 'brother' and 'friend' have a universal value, and their Christology may contribute to the whole Church. This Christology is built on real anthropological contexts. Persons who consider themselves brothers/sisters normally care for each other. However, the metaphor is not without some limitations. The use of 'Elder-Brother' may not be gender sensitive; the term 'Elder-Sibling' may be preferable as a more inclusive term, even if its use may appear to compromise the masculinity of Jesus. And again there are those whose elder brothers may not have been as fraternal as desired. Also when some family member is lacking in the qualities expected, the one hurt is ever cognizant of the ideal that is not being met. They desire that type of loving care, and are in search of one who will fulfill these as yet unmet needs. Christ Elder Brother, then would be even more meaningful to them. These limitations however, are an invitation to work towards the ideal, and do not mean that the image is irrelevant.

4.4. Christ as Liberator and Victor

The Christ-Event, the act of salvation or redemption of the human race by Christ, can be described in terms of liberty, the happiness of every human person, the breaking of every kind of chain that binds humanity — in a word, humanity's emancipation (see Lk 4:18-19; Gal 5:1). Consequently, in Africa, the question for Christians must be posed straightforwardly: As followers of Christ, how do we participate in the advancement of the liberation that Christ is and brings?⁵⁵⁰

As in Latin America and elsewhere in the world, the image of Christ Liberator and Victor in Africa has emerged from within the praxis-oriented, context-aware, and politically conscious liberation theologies. The question we want to address in this sub-section is: how relevant is liberation theology to African Christology?

⁵⁵⁰ Laurenti, MAGESA, "Christ the Liberator and Africa Today," in *Faces of Jesus in Africa*, Schreier, Robert, (ed.), Maryknoll, Orbis Books, 1991, pp. 153-154.

4.4.1. The Place of Liberation Theologies in African Christology

Though liberation theology has its roots in Latin American socio-political conditions that are a little different from those in Africa, it is still a relevant theology for a number of reasons.⁵⁵¹ First, liberation theology builds on the liberating dimensions already existant within the African traditional socio-cultural context. Bujo argues that the concept of liberation is not new to African life, since it is already contained in African traditional society. He contends that the liberating dimension is reflected in several components of the African world-view, namely life as holistic, and as a unity; in the special place accorded to ancestors; and the African ethic with its anthropocentric vision.⁵⁵² More specifically, Bujo adds: "As regards liberation, why do so many African Christians return to the traditional practices for comfort in times of crisis? It is by no means unknown for a Christian to seek the sacraments of the Church in the morning and go off into the bush in the evening to consult the witchdoctor. This surely suggests that the African finds more comfort and liberation in the traditional practices than in the rituals of the Christian Church. Thus it may not be asserted too quickly that there is no element of liberation in the traditional religions of Africa."⁵⁵³

Second, there is an inherent interconnectedness between theologies on the African continent. Because of the close link between culture and social conditions, theologians increasingly see liberation theologies in Africa as complementing the theologies of inculturation. They see the interconnectedness between cultural analysis and social analysis. Liberation must be a liberation of the African cultures as well as social and economic liberation.

In fact Wachege suggests that it is the interconnectedness between inculturation and liberation that gives liberation theology in sub-Saharan Africa its uniqueness. Wachege argues that globally and in terms of *content*, liberation theology is one and the same all over. Nevertheless, the *manner* of theologizing taking into account one's milieu, people's world-view, mentality, aspirations...in their concrete historical existence, liberation theology is multiple. With this background, Wachege

⁵⁵¹ Liberation theology arose in Latin America as a Christian reflection in the context of the liberation movement in that continent. See Justin, S. UKPONG, *African Theologies Now*, pp. 46-47; see also Gustavo, GUTIÉRREZ, *A Theology of Liberation*, London, SCM Press, 1974, pp. ix, 25-27, and passim; Leonardo, BOFF, *Jesus Christ the Liberator: A Critical Christology for our Time*, Maryknoll, New York, Orbis Books, 1978; Sergio, TORRES and Virginia, FABELLA, (eds.), *The Emergent Gospel from the Underside of History*, Maryknoll, New York, Orbis Books, 1977.

⁵⁵² See Bénézet, BUJO, *African Theology in its Social Context*, pp. 17-37.

⁵⁵³ Ibid, p. 31.

proposes to call this approach to theology, which takes into account even the African traditional religions and cultures, *African Inculturation-Liberation Theology*. Apart from the obvious theological richness created by the link, and avoidance of the weakness found in some trends of liberation theology like Black theology,⁵⁵⁴ there are further advantages to taking this kind of approach. It attacks the evil of oppression from within, and thus avoids the error of isolating the problem of socio-economic and political oppression from its social and cultural background. Also this approach immediately leads to a theology of integral liberation, and easily avoids the danger of political reduction in theology. Thus a Christology of liberation constructed in this manner, for instance, is much less prone to see Christ as nothing but a political revolutionary.⁵⁵⁵ Hence there is the growing awareness that there can be no inculturation apart from socio-political liberation, and no liberation apart from inculturation and the Africanization of Christianity.⁵⁵⁶

Third, the link between inculturation theologies and liberation is crucial, because both evangelization and salvation are aimed at all people, and on the whole person. A criticism of some early theologies of liberation was their almost exclusive emphasis on liberation in socio-economic terms to the neglect of the whole person. One can not overemphasize the need for Christian theology and the churches to be attentive to this facet of human existence. Is it not true that the Church in the past spoke of salvation in almost exclusively spiritual or other-worldly terms, to the neglect of the whole human being? So perhaps a shift in perspective had to go far in the opposite direction in order to achieve a balanced appreciation of an integral liberation that is both attentive to the interiority and exteriority of human personhood.⁵⁵⁷ As Desmond Tutu writes: "Liberation theology challenges other theologies...to become more truly incarnational by being concerned for the whole person, body and soul."⁵⁵⁸

⁵⁵⁴ One of the trends of liberation theology that has come under hot criticism is Black theology. For a comprehensive discussion on this subject, see Byang, H. KATO, "Black Theology and African Theology," in *Evangelical Review of Theology*, Issue No. 1, October 1977, pp. 35-45.

⁵⁵⁵ See P., N. WACHEGE, "African Inculturation-Liberation Theology," in *African Christian Studies*, Vol.8, No. 1, March 1992, pp.49-50. For more advantages to doing this kind of theology over the one taken by many liberation theologians (especially in Latin America), and the future of Inculturation-Liberation theology in Africa, see P., N. WACHEGE, "African Inculturation-Liberation Theology," in *African Christian Studies*, Vol.8, No. 1, March 1992, pp.52-54. See also Donald, J. GOERGEN, "The Quest for the Christ of Africa," p.11.

⁵⁵⁶ See *ibid*, p.11.

⁵⁵⁷ See *ibid*, p.12.

⁵⁵⁸ Desmond, TUTU, "The Theology of Liberation in Africa," in Appiah-Kubi, Kofi, (ed.), *African Theology en Route*, Maryknoll, Orbis Books, 1981, p. 168.

Fourth, Biblical tradition and the theology of Incarnation in Jesus Christ, point in the direction of integral liberation. Paul VI affirms that "...evangelization will not be complete unless it constantly relates the gospel to men's actual lives, personal and social...It must deal with community life in society, with the life of all nations, with peace, justice and progress. It must deliver a message, especially relevant and important in our age, about liberation."⁵⁵⁹ Catholic teaching affirms how, "Taken by itself, the desire for liberation finds a strong and fraternal echo in the heart and spirit of Christians."⁵⁶⁰ At the same time, the Christian message traces the theme of liberation back to Scripture. The aspiration for liberation, as the term itself suggests, repeats a theme which is fundamental to the Old and New Testaments — it designates a theological reflection centered on the biblical theme of liberation and freedom, and on the urgency of its practical realization.⁵⁶¹ Éla writes: "The Bible, which speaks of God and human beings in the same breath, always includes in the deliverance of God's people their political, economic, and social liberation. — without, however, its being reduced to these."⁵⁶² The faith must be inscribed in a historical context and be expressed in a praxis, for it must manifest, in comprehensible signs, the Christian message of liberation in Jesus Christ.⁵⁶³ In his Incarnation, Jesus experienced oppression and proclaimed liberation (Lk 4:18-19). Jesus Christ preached the Good News to people of varying categories; and his message and mission were addressed to the whole person, in all the dimensions of life. It can rightly be said that Jesus harmonized inculturation and liberation; he lived and

⁵⁵⁹ PAUL VI, Apostolic Exhortation *Evangelization in the Modern World*, *Evangelii Nuntiandi*, 8 December 1975, in AAS 58 (1976), pp. 5-76, English translation in Flannery, A., (ed.), *Vatican Council II*, vol. 2, Northport, New York, Costello Publishing Company, Inc., No. 29, p.723; see also Nos. 30-39, pp. 723-727.

⁵⁶⁰ SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Certain Aspects of The "Theology of Liberation,"* Boston, Daughters of St. Paul, 1984, No. 1, and passim.

⁵⁶¹ See SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Certain Aspects of The "Theology of Liberation,"* No. 4, and passim.

⁵⁶² Jean-Marc, ÉLA, *African Cry*, Maryknoll, Orbis Books, 1986. p. 90.

⁵⁶³ See *ibid*, p. 87.

preached an inculturated liberation.⁵⁶⁴ The same can be observed in his healing ministry: his healings sought to liberate the whole person.

The Church is keen to remind persons doing liberation theology, never to lose sight of the global nature of salvation and the Gospel message.⁵⁶⁵ The Church warns against “the one-sided tendencies which reduce the richness of the Gospel message and transform the proclamation and witness to the faith into an element of exclusively human and social liberation...”⁵⁶⁶ Even in terms of missionary activity, the Church admonishes that it is not right to give an incomplete picture of missionary activity, as if it consisted principally in helping the poor, contributing to the liberation of the oppressed, promoting development or defending human rights. “The missionary Church is certainly involved on these fronts but her primary task lies elsewhere: the poor are hungry for God, not just for bread and freedom. Missionary activity must first of all bear witness to and proclaim salvation in Christ, and establish local churches which then become means of liberation in every sense.”⁵⁶⁷

Fifth, as in Israel and Latin America, liberation theology in Africa seeks to address forces that undermine people’s dignity and integrity, both collective and personal. In Africa, liberation theology

⁵⁶⁴ The ‘prophetic’ dimension of Jesus as liberator claims a significant part of his ministry. Just as religion and society could not be separated in Jesus’ world, so likewise in Africa. Religion is coterminous with life. Liberation for Jesus is grounded in a right relationship with God, precisely because a relationship with God cannot be so confined. To love God with one’s whole heart is to love God’s people as well, to desire justice, and to stand in solidarity with those disadvantaged by the social structures of our world. Jesus reached out to social outcasts and those branded as sinners. Jesus himself stands in this prophetic tradition. See Donald, J. GOERGEN, “The Quest for the Christ of Africa,” p.13; See Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, Collegeville, Liturgical Press, 1986, pp. 146-176; Albert, A. NOLAN, *Jesus Before Christianity*.

⁵⁶⁵ The Church’s teaching cautions against reducing the Good News and the movement of liberation to a mere amelioration of the social, political and economic conditions of the oppressed, and the unjust situations. “The radical experience of Christian liberty (see Gal 5:1) is our first point of reference. Christ, our Liberator, has freed us from sin and from slavery to the Law and to the flesh, which is the mark of the condition of sinful mankind. Thus it is the new life of grace, fruit of justification, which makes us free. This means that the most radical form of slavery is slavery to sin.” SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Certain Aspects of The “Theology of Liberation,”* Ch. IV, No. 2, and passim.

⁵⁶⁶ JOHN PAUL II, Post-Synodal Apostolic Exhortation, *I Will Give You Shepherds, Pastores Dabo Vobis*, 25 March 1992, AAS 84 (1992), pp. 70-77, English translation, Boston, Daughters of St. Paul, 1992, No. 7, pp.16-19.

⁵⁶⁷ JOHN PAUL II, Encyclical Letter, *The Mission of the Church, Redemptoris Missio*, 7 December 1990, in AAS 83 (1991), pp. 249-340, English translation, Nairobi, St. Paul Publications — Africa, 1990, No. 83, p.138; see also JOHN PAUL II, Encyclical Letter, *The Mission of the Church, Redemptoris Missio*, No. 83, pp. 137-138.

has the task of re-affirming humanness and personal dignity. In Bantu languages this is uniquely described as 'Ubuntu' (*Obuntu-buzima* or simply 'Obuntu' in the Runyankore language). 'Ubuntu', a concept difficult to render into a Western language, means 'humaneness', or 'true humanness'. It may also mean 'Africanness or African personality.'⁵⁶⁸ Archbishop Desmond Tutu calls *Ubuntu* the very essence of being human. In Desmond Tutu's theological model, *Ubuntu* has a touch of the divine, since human identity is defined in the image of God (*imago Dei*). Tutu believes that God created humans as finite creatures made for the infinite.⁵⁶⁹ *Ubuntu* implies personal dignity, since persons carry on them the splendor of *imago Dei*. Therefore, *Ubuntu* is the motivating force behind human graciousness. In Runyankore, as in several Bantu languages, when we want to give high praise to someone we say, 'Ebi shi n'omuntu-muzima'; 'Hey, so-and-so has *obuntu*'. It means that this person is generous, hospitable, friendly, caring and compassionate.⁵⁷⁰

But there is more to it, *Ubuntu* embraces community and the integrity of creation.⁵⁷¹ To have *ubuntu*, Tutu further explains, ...is to say, 'A person is a person through other persons'. It is not, 'I think therefore I am'. It says rather: 'I am human because I belong, I participate, I share'. A person with *ubuntu* is open and available to others, affirming others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed, or treated as if they were less than who they are.⁵⁷² This image of person in the community, is further understood in the vertical and horizontal dimensions of creation.

A number of scholars agree that African humanness and integrity (*ubuntu*), have been violated and diminished, by forces external and internal to the continent. Two writers help to illustrate this point, namely John Mary Waliggo and Peter Kanyandago. In his paper "The North and Africa: A Question of Justice," Waliggo argues that for generations Africans have suffered from a multi-faced injustice, reflected in the psychological, historical, economic, political, cultural and religious oppression.

⁵⁶⁸ See Michael, BATTLE, *The Ubuntu Theology of Desmond Tutu*, Cleveland, Ohio, Pilgrim Press, 1997, p. 124.

⁵⁶⁹ See *ibid*, p. 5.

⁵⁷⁰ See Desmond, M. TUTU, *No Future Without Forgiveness*, New York, Doubleday, 1999, pp. 31-32, see also p. 103.

⁵⁷¹ See Michael, BATTLE, *The Ubuntu Theology of Desmond Tutu*, p. 5.

⁵⁷² See Desmond, M. TUTU, *No Future Without Forgiveness*, p. 31.

Psychologically, the black color and blackness⁵⁷³ have been used by colonial powers to promote racism, discrimination and marginalization of the black people. Africa's culture and different way of life have often been despised. African traditional religion has been downgraded, reduced to animism. Historical oppression came in the form of the ancient and modern slave trade, colonization of the African continent, and then by neo-colonialism.⁵⁷⁴

Similarly, using anthropological history (including the externalist and internalist approaches) as a tool to interpret African history and culture, Kanyandago demonstrates that Africans have, in various ways, been dehumanized, deprived of their *ubuntu*. Kanyandago observes how Africans and their cultures have been for a very long time considered suspect. He says that Westernization has produced a triple negation in Africa. The first negation is denying that Africans are fully human. Kanyandago's address to the Bishops of Uganda (Uganda Episcopal Conference) is quite revealing: "Doubts at one time were raised as to whether Africans can indeed be Christians. The bottom line in this regard was that the humanity of the Africans was being questioned. Even today we still have people, including Africans themselves, who believe that Africans are less human, at least in some areas, than other people," he says.⁵⁷⁵ This is an anthropological negation. It extends beyond the borders of the continent. In the USA, Charles Murray and Richard Herrnstein published a book called *The Bell Curve* (1996) in which they set out to prove that blacks are by nature less intelligent than all other races.⁵⁷⁶ Westernization further denies that Africans have the right to enjoy their own material resources. This is an economic negation. It promotes unjust practices which prevent the African farmer receiving value for

⁵⁷³ Waliggo observes that, "By the time people of the North met black people, the word and concept of "black and blackness" had already been overloaded in the languages of the North. Before the 16th century the Oxford English Dictionary describes black in these words: 'deeply stained with dirt; soiled, dirty, foul; having dark or deadly purposes, malignant; pertaining to or involving death, deadly; baneful, disastrous, sinister... iniquitous, atrocious, horrible, wicked. Indicating disgrace, censure, liability to punishment.' Black was an emotionally partisan colour, the handmaid and symbol of baseness and evil, a sign of danger and repulsion." John Mary, WALIGGO, "The North and Africa: A Question of Justice," (Kairos of African Synod), Rome, 29th April, 1994, p. 3. Unpublished.

⁵⁷⁴ See John Mary, WALIGGO, "The North and Africa: A Question of Justice," pp. 3-9. Unpublished.

⁵⁷⁵ Peter, KANYANDAGO, "Inculcating the Ministry of Healing," Nkozi. Uganda, Uganda Martyrs University, (Talk For the Bishops' Study Session) 4 – 5 June 2001, p. 3.

⁵⁷⁶ See Charles, MURRAY and Richard, HERRNSTEIN, *The Bell Curve: Intelligence and Class Structure in American Life*, New York, Free Press, 1996. Years earlier there was a study in USA which showed that blacks were not as smart as other races, but it was later shown that the data was fudged or fake! Also, IQ tests were not culturally sensitive at all.

what s/he labors. Lastly, because of these two negations, many Africans have come to believe that they are inferior human beings. Because of this, some Africans hate their colour, languages and cultures. This is self-negation, and it can be called cultural pathology or deculturation.⁵⁷⁷

However, both Waliggo and Kanyandago admit that some Africans have had a part to play. For instance, while on the one hand the influence of the policies and practices of the West have impoverished Africa anthropologically and economically, on the other hand, the African elite have aggravated what slave trade and colonialism did to the continent through mismanagement and corruption.⁵⁷⁸ Often the African image or *ubuntu* is further diminished by other conditions such as rampant poverty, various types of conflicts, including intertribal/ethnic and civil wars, the spread of epidemics and sicknesses, e.g. AIDS, for which some Africans share responsibility. Liberation Christology cannot but examine these issues.

Furthermore, the relevance of liberation Christology may be examined from a historical perspective. The early beginnings of liberation theology in sub-Saharan Africa may be traced back to the pre-independence era. Hopeful that Africa's independence movements and the establishment of new nation-states would remedy many of Africa's social, economic, and political troubles, certain theologians⁵⁷⁹ chose to focus more on the recovery of African traditions, religions, negritude, and inculturation. The trend of these first attempts toward liberation theology was cultural and religious retrieval. Independence however, did not bear all the fruits anticipated. Many had hoped that independence would transform society, but contrary to the hopes entertained it turned out to be mere 'flag independence'. This expression suggests the resulting disillusionment and disappointment.⁵⁸⁰ Hence, there

⁵⁷⁷ See Peter, KANYANDAGO, "Anthropological History and Interpreting African History and Culture," p. 19. One can see Frantz, FANON, *The Wretched of the Earth*, Harmondsworth, Penguin Books, 1967 and Frantz, FANON, *Black Skins, White Masks*, New York, Grove Press, 1967, on the phenomenon of self-negation. On the question of poverty and impoverishment, see Engelbert, MVENG, "Impoverishment and Liberation: A Theological Approach for Africa and the Third World," in Gibellini, Rosino, (ed.), *Paths of African Theology*, Maryknoll, New York, Orbis Books, 1994, pp. 154-165.

⁵⁷⁸ See Peter, KANYANDAGO, "Anthropological History and Interpreting African History and Culture," pp. 19-20.

⁵⁷⁹ Goergen observes that the first generation of sub-Saharan theologians began to emerge in the late 1950's marked by the publication of Bujo's *Des prêtres noirs s'interrogent*. See Bénézet, BUJO, et al., Cerf, Paris, 1956/1957. See the analysis of Josiah U. Young III in his *African Theology, A Critical Analysis and Annotated Bibliography*, Westport, CT, Greenwood Press, 1993. See also Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, p. 11.

⁵⁸⁰ Kodwo, E. ANKRAH, "Church and Politics in Africa," in Appiah-Kubi, Kofi (ed.), *African Theology en Route*, Maryknoll, Orbis Books, 1981, pp. 155-156.

followed a second wave of sub-Saharan theologians engaged in social and political analysis. They directly confronted the crises affecting African political, economic, and social life with an awareness that Christianity must have something to say to these issues or it has nothing to offer Africa at all. In doing so, these theologians benefitted from the work of the South African liberation theologians who had been developing their own black theology to address the problem of racial segregation, along liberation lines.⁵⁸¹

Lastly, there is a certain newness that liberation theology brings to African Christology, especially from the perspective of Jesus Christ as victor over death. In most types of African Traditional Religion there does not seem to be any belief in redemption, in resurrection from the dead, in eternal life, in permanent life after death as taught by Christianity.⁵⁸² Yet, Christianity and liberation theology emphasize the theme of Jesus' victory over sin and death. By God's power, Jesus overcame death. He is greater than death. In the light of the many African fears and superstitions connected with death, Christ's victory over death and his resurrection to new life are even greater. He overcame the evil powers of witches and witchcraft. Instead of death, he has the 'Medicine of Life'. In fact Christ himself is the 'Medicine of Life' and the 'Medicine of Immortality.' Hence, the unique contribution of Christianity to African religion is saving human beings from sin and death as the permanent end of human existence and then granting them salvation in Jesus Christ. Thus, Christianity brings something new and essential to African religion. The resurrection is the key to the 'newness' of Christian preaching.⁵⁸³ In here lies the liberating newness and challenge that Christ puts before African societies.

Thus we see that the movement of liberation theology is not only alive and well, but also a relevant theology for the continent of Africa. It is true that the first efforts of African theology were not focused on liberation motifs. But today Africa has its own liberation theologians as well as theologians

⁵⁸¹ See Basil, MOORE, (ed.), *The Challenge of Black Theology in South Africa*, Atlanta, John Knox Press, 1973; Allan, BOESAK, "Liberation Theology in South Africa," in Appiah-Kubi, Kofi (ed.), *African Theology en Route*, Maryknoll, Orbis Books, 1981, pp. 169-175; Desmond, TUTU, "The Theology of Liberation in Africa," in Appiah-Kubi, Kofi (ed.), *African Theology en Route*, Maryknoll, Orbis Books, 1981, pp. 162-168; see also Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, pp. 11-12.

⁵⁸² Healey mentions the example of the Masaai Ethnic Group as one of the African peoples who believe strongly that there is no after-life. Death is the end. They show this dramatically by throwing dead bodies out in the wilderness for the hyenas to eat. Historically, they have had very little interest in Holy Week and do not attend or participate in Easter Sunday celebrations in any great numbers. See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 233.

⁵⁸³ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 232-233. The ancestor belief obviously shows that Africans did not see death as a permanent end to human existence. Upon this belief Christianity added the idea of salvation, and resurrection from the dead.

of reconstruction, the latter constituting something of a third wave or new generation in African theology.⁵⁸⁴

It is along these lines that a number of African theologians, e.g. de Carvalho, Éla, Healey, & Sybertz, Kä MANA, Magesa, Maimela, Mofokeng, Nolan, Obeng, Oduyoye,⁵⁸⁵ have developed Christological themes based on liberation theology. Issues that liberation theologians seek to address are numerous, and beyond the scope of this thesis. However, it is important to mention that liberation Christology in Africa, as in Latin America, is part of the “attempt at reflection, based on the Gospel and the *experiences* of men and women committed to the process of liberation in the oppressed and exploited [peoples].”⁵⁸⁶ To use the words of Tutu “Liberation theology more than any other kind of theology issues out of the crucible of human suffering and anguish. It happens because people cry out, “Oh, God, how long. Oh, God, but why?”⁵⁸⁷ Thus, using various scriptural motifs the teaching of the Church and the social sciences, liberation theologians continue to search for relevant answers to practical questions. What does Christ have to say to a continent that is ‘rich but rendered poor’? What does the Gospel have to say

⁵⁸⁴ See Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, pp. 11-12.

⁵⁸⁵ Some works of the above mentioned liberation theologians include: E. J. M., de CARVALHO, “Who Is Jesus Christ for Africa Today?” in *African Theological Journal*, 10, No. 1, 1981, pp. 27-36; Jean-Marc, ÉLA, “The Church — Sacrament of Liberation,” in *The African Synod: Documents, Reflections, Perspectives*, compiled and edited by Africa Faith & Justice Network, with Maura Browne, Maryknoll, New York, Orbis Books, 1996, pp. 131-138; Jean-Marc, ÉLA, “Christianity and Liberation in Africa” in Gibellini, Rosino, (ed.), *Paths of African Theology*, Maryknoll, New York, Orbis Books, 1994, pp. 136-153; Jean-Marc, ÉLA, *African Cry*; Jean-Marc, ÉLA, *My Faith as an African*, Maryknoll, Orbis Books, 1988; Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, Nairobi, Paulines Publications Africa, 1996; Kä MANA, *Théologie africaine pour temps de crise*, Paris, Karthala, 1993; Kä MANA, *Christ d’Afrique*, Paris, Karthala, 1994; Laurenti, MAGESA, *The Church and Liberation in Africa*, (Spearhead No. 55), Eldoret, Gaba Publications, 1976; Laurenti, MAGESA, “The Ethics of Liberation,” in *AFER*, vol. 22, No. 2, April 1980, pp. 101-110; Laurenti, MAGESA, “Christ the Liberator and Africa Today,” pp. 79-92, reprinted in *Chemins De La Christologie Africaine, Enraciner L’évangile, Initiation Africaines Et Pédagogie de la Foi*, Paris, Desclée, 1986, pp. 109-125, translated and reprinted in *Faces of Jesus in Africa*, Schreiter, R. (ed.), Maryknoll, Orbis Books, 1991, 151-163; Simon, S. MAIMELA, “Jesus Christ: The Liberator and Hope of the Oppressed Africa,” in Pabee, J. S. (ed.), *Exploring Afro-Christology*, Frankfurt, Peter Lang, 1992, pp. 31-41; T., A MOFOKENG, *The Crucified Among the Crossbearers: Towards a Black Christology*, Kampen, 1983, pp. 227-263; Engelbert, MVENG, “Impoverishment and Liberation,” pp. 154-165.

⁵⁸⁶ Justin, S. UKPONG, *African Theologies Now*, p. 47 (emphasis in the original text).

⁵⁸⁷ Desmond, TUTU, “The Theology of Liberation in Africa,” in Appiah-Kubi, Kofi (ed.), *African Theology en Route*, Maryknoll, Orbis Books, 1981, p. 163. “The cause of the bewilderment,” Tutu continues, “is not the traditional form of the problem of evil, i.e., ‘Why is there suffering and evil in the universe of a good God?’ No, the burning question is not ‘Why is there suffering?’ but the more immediately pressing one of ‘Why do we suffer so?’ Why does suffering seem to single out us...?” Desmond, TUTU, “The Theology of Liberation in Africa,” p. 163.

to a people faced with politics and social structures that intensify the cries of the poor? How could the faith equip Christians, and Africans in general, to face the debt burden and marginalizing systems in a globalized world? How is Christ liberator to millions of Africans who are displaced, refugees, sick, plagued with HIV/IDS, or dying?⁵⁸⁸ How can Christ be Good News to the African continent? In our case, all these questions can be summed up in one question: Does the image of Christ as Liberator and victor convey any healing message for the suffering peoples of Africa? Maimela asks, “Can the Crucified Jesus be the Liberator and Hope for Africa?”⁵⁸⁹ Remarkable is the fact that the image of Christ as liberator is not foreign to popular or folk theology in Africa. Despite the negative factors associated with Christianity in Africa, Christ is still seen as liberator. Among the Akan of Ghana, Christ is referred to as the *Agyenkwa*, ‘Rescuer’.⁵⁹⁰ Among the Banyankore the image of Christ appears in people’s names like *Mucunguzi* (Redeemer), *Mukiza* (Savior), *Muhanguzi* (Victor), *Musinguzi* (Victor), etc. The question is: do the people also see some aspects of healing in these renderings of Christ as Liberator and Victor?

4.4.2. Christ Liberator and Victor: The Healing Dimension

Generally speaking, healing and liberation are inherently interconnected. It can be said that every effort to bring about healing is at the same time some movement toward liberation. And in view of healing as integration, the process of liberation is a form of healing. In this way, it can be said that Christ’s mission of liberating people brought about healing as well. Magesa’s view of liberation can help bring this point into perspective. He writes:

When we speak of Jesus as Liberator, then, we refer to his assurance of solidarity with us, particularly but not exclusively as church, in the struggle — his struggle — to diminish poverty among the masses of the people. It is a struggle to prevent the untimely death of millions of children due to malnutrition, poor hygiene, and lack of medical care. We refer to Jesus’ life example in cultivating a better person and a better world. We refer to his commitment to forming the rule of God by refusing to accept as right sinful structures of religious or civil domination, corruption, and tribalism. Christ is Liberator because he is at once the foundation, the inspiration, the basic reason, and the guarantor

⁵⁸⁸ PAUL VI, Apostolic Exhortation Evangelization in the Modern World, *Evangelii Nuntiandi*, pp. 723-724.

⁵⁸⁹ See Simon, S. MAIMELA, “Jesus Christ: The Liberator and Hope of the Oppressed Africa,” p. 34; see also *ibid*, pp. 34-41.

⁵⁹⁰ See Mercy, Amba ODUYOYE, *Hearing and Knowing: Theological Reflections on Christianity in Africa*, Maryknoll, Orbis Books, 1986, p. 98; Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, p. 13.

of the ultimate success of the struggle for the liberation of the human person, for development and healing — idealistically, through the church. Our Christology is thus also concretely ecclesiology: Christ as Liberator; the church as ideally the agent and articulator of Christ's liberation in the world. This is the sum of the content of a liberating christology.⁵⁹¹

Within this wider understanding, how then, does the face of Christ Liberator and Victor offer healing to people in Africa? Keeping in mind the challenges in the healing ministry, presented in Chapter two, and the general crisis on the continent of Africa, we suggest that the healing role of Christ Liberator and Victor, primarily becomes manifest when people perceive him as animating the movement of liberation at all levels — socio-cultural, political, environmental, and spiritual. There is healing on the level of conscientization, in as far as the face of Christ-Liberator provides the oppressed with a crucial understanding of their particular situation.⁵⁹² Healing takes place when people realize that Christ-Liberator inspires the movement toward understanding and interpreting their history, thus assuming a conscious responsibility for their own destiny. As we observed earlier, there exist certain sicknesses associated with psycho-social situations of injustice, socio-political unrest or malpractices. These call for justice and peace and healing. Emancipation from such negative forces in society and the gradual conquest of true freedom, leads to the creation of a new person in a qualitatively different society.⁵⁹³ Ultimately, Christ-Liberator and Victor offers healing on the more profound level, the spiritual level. In the Bible Christ is presented as the one who liberates the human person from sin, which is the ultimate source of all disruption of friendship, injustice and oppression. When we say that Christ makes the person truly free, we mean that he enables the person to live in communion with him; and this is the basis not only of all human brotherhood/sisterhood, but also of harmony with the universe. Without reference to

⁵⁹¹ Laurenti, MAGESA, "Christ the Liberator and Africa Today," p.158. Éla puts it in another way, "Christ came to save and free humankind, their hopes, their aspirations, their struggles and sufferings, their successes and failures. Total liberation concerns man in all the dimensions of his being, of his existence. This liberation involves not only the spiritual and interior order, it has a direct effect on actual life, individually and collectively." Jean-Marc ÉLA, "The Church — Sacrament of Liberation," p. 137. Indeed, Christ liberated all people and the whole person.

⁵⁹² Says Gutiérrez, "In the first place, liberation expresses the aspirations of the oppressed peoples and social classes, emphasizing the conflictual aspect of the economic, social, and political process which puts them at odds with the wealthy nations and oppressive classes." Gustavo, GUTIERREZ, *A Theology of Liberation*, p. 36. See also John Patrick, MBYEMEIRE, *A Theological Analysis of the Problem of Justice and Peace: The Contribution of the Special Synod for Africa and the Church in Uganda*, (Doctoral Thesis in Dogmatic Theology), Rome, Pontificia Universitas Urbaniana, 1997, p. 70.

⁵⁹³ See Gustavo, GUTIERREZ, *A Theology of Liberation*, pp. 36-37; see also John Patrick, MBYEMEIRE, *A Theological Analysis of the Problem of Justice and Peace*, p. 71.

Christ there cannot be true and full liberation. Without reference to Christ there is no liberation theology,⁵⁹⁴ and no true healing. This is the framework within which one can understand the healing role of Christ Liberator and Victor.

From the general background given above, we wish to identify specific areas in which the image of Christ as Liberator and Victor offers healing. Three areas are of particular importance, namely 1) Christ Liberator heals by helping people realize their *Ubuntu*; 2) Christ Liberator heals by empowering the downtrodden with 'the will to arise'; and 3) Christ Liberator offers healing by inspiring people to reconstruct their lives and move toward African renaissance.

4.4.2. 1. Christ' Healing as Reconstituting *Ubuntu*

In the African context, Christ's healing role as Liberator and Victor involves primarily the affirmation, and in some cases, reconstitution of humanness and personal dignity, which we termed *ubuntu*. Christ's face as Liberator and Victor brings healing in as far as his person does not discriminate against the less privileged; his good news honors the human person, regardless of social status. Jesus's key-note address in the synagogue of his hometown, Nazareth, paves the way for a new kind of liberation, integral liberation, the liberation that seeks to restore personal and communal integrity. In the person of Jesus the prophecy of Isaiah which speaks of God's will to liberate his people, was being realized. Anointed by the Spirit of the Lord, Jesus sets out on the program of bringing good news to the poor, proclaiming release to the captives, restoring the sick to wholesomeness through various types of healing, letting the oppressed go free, and proclaiming the year of the Lord's favor (see Lk 4:18-19; Is 61:1-2). These elements appear prominently in Jesus' public ministry.

In his ministry Jesus does not discriminate: he demonstrates that the message of the Kingdom is as much for the rich as it is for the poor. Jesus habitually associates with the poor, women, children, 'the little ones', and the despised, whom in the Beatitudes he addresses as 'blessed'/'happy', because the Kingdom of heaven belongs to them. (see Mt 5:1-11; Lk 6:20-26). In fact, the Beatitudes suggest that the good news is primarily for the poor (in spirit) (see Mt 5:3, 11). Jesus is accused of being friends with sinners and tax collectors (see Mt 9:11; Mk 2:16; Lk 5:30); and they in turn enjoyed his company (Lk 15:1). The Pharisees and Scribes of his time grumbled against Jesus' practice of welcoming sinners and eating with them (Lk 15:2).

⁵⁹⁴ See Gustavo, GUTIÉRREZ, *A Theology of Liberation*, p. 37; see also John Patrick, MBYEMEIRE, *A Theological Analysis of the Problem of Justice and Peace*, p. 71.

It is important, however, to emphasize the fact that Jesus did not idealize poverty and deprivation. On the contrary, his concern was to ensure that no one should be in want. It was to this end that he fought possessiveness and encouraged people to be unconcerned about wealth and to share their material possessions.⁵⁹⁵ To the 'little ones' of Africa, and all those who have been made to feel small, Jesus' indiscriminating regard is healing and liberating, since it recognizes the personal worth of each. The children of Africa who lack or are denied prestige, and who are often thought of as mere numbers, can look unto the face of Jesus Liberator and rejoice in their personhood, even as they enjoy his company.

In addition, we suggest that the metaphor of Jesus as Liberator and Victor offers healing to Africans, in his mission the human person takes precedence over all else. Institutions, laws, customs, and all authority come second, especially where the life and dignity of the human person are at stake. Jesus is ready to break the Sabbath laws and clash with Jewish authorities, in defense of, and for the good of the human person. He says that it is permissible for his hungry disciples to pluck ears of grain and eat them as they walk through the wheat fields on the Sabbath (see Mk 2:23-28; Mt 12:1-8; Lk 6:1-5). "The Sabbath was made for humankind; and not humankind for the Sabbath" (Mk 3:27). Jesus cures the man with a withered hand on the Sabbath, even in the face of bitter opposition. Defending the life of the individual, Jesus asks the defenders of the Sabbath law: "Is it lawful to do good or to do harm on the Sabbath, to save life or to kill?" (Mk 3:1-6; Mt 12:9-14; Lk 6:6-11). Moved with pity for the suffering individual, Jesus stretched out and touched the leper and healed him, even if it was against the Jewish law to do so (Mk 1:40-45; Mt 8:1-4; Lk 5:12-16). It was an abomination, and a breach against Levitical law to approach lepers, since they were considered 'unclean'. (Lev 13:1-14:54). Jesus does not repudiate the woman with a flow of blood who touched him in search of a cure; instead he admires her: "Daughter, your faith has made you well; go in peace, and go healed of your disease" (see Mk 5:25-34; Mt 9:20-22; Lk 8:43-48). It was considered unclean to be touched by, or to touch a woman under hemorrhage (Lev 15:19-30). In order to save life, Jesus enters Gentile (pagan) territory and does a number of cures there, even if he risks profanation (see Mk 7:24-30; Mt 15:21-28). And perhaps to demonstrate that even economic interests are nothing compared to the value of one human being, Jesus performs a miracle, which to some may appear an economic disaster. Jesus does not hesitate to see a herd of two thousand swine perish in the sea, for one individual's well-being (Mk 5:1-20; Mt 8:28-9:1; Lk 8:26-39). This is because liberation for Jesus is grounded in a right relationship with God, but it is not confined to one's

⁵⁹⁵ See Albert, NOLAN, *Jesus Before Christianity*, pp. 53.

relationship with God, precisely because a relationship with God cannot be confined. To love God with one's whole heart is to love God's people as well, to desire justice, and to stand in solidarity with those disadvantaged by the social structures of our world. Jesus reached out to social outcasts and those branded as sinners. Jesus himself stands in this prophetic tradition of siding with the marginalized.⁵⁹⁶

The healing dimension for the African peoples lies in recognizing in Jesus Liberator and Victor, the face of one who gives them pride of place, before any other human institution. Jesus stands opposed to the enemies of *ubuntu*. Those living under constant fear of dictatorial governments may hear from Jesus Liberator and Victor, words that demand justice, mercy and faith from their leaders (see Mt 23:23). In places where the legal systems are twisted and oppressive, Jesus' liberating message is uncompromising: "The law was made for man, man was not made to serve and bow down before the law." Jesus articulates for Africa, and the rest of the world, the two quite different ways in which power and authority are understood and exercised. It is the difference between domination and service. For the good of the human person, the latter must be given precedence. Those peoples, especially in countries sagging under the International Debt burden, will find in Jesus one who stands by their side. "The most astounding statement about the Kingdom of God," says Nolan, "is not that it was near but that it would be *the kingdom of the poor* and that the rich, as long as they remain rich, would have no part in it" (see Lk 6:20-26).⁵⁹⁷ Indeed, Jesus the Liberator's message to the powers that be, who use the 'mighty dollar' to exploit the have-nots, is that they risk forfeiting the rewards of the Kingdom.

Above all, the greatest enemies against *ubuntu*, are Satan, sin, death, and sickness.⁵⁹⁸ Through his death and resurrection, Jesus has won victory over the greatest of enemies, sin and death. In Christ risen from the dead, the dry bones in Ezekiel's vision, so to say, take on flesh; those who live under the valley of death regain their hope in life (see Ezek 37:1-14). Finally, in Christ Liberator and Victor, people on the continent of Africa can apply to themselves the following words from St. Paul:

"For this perishable body must put on imperishability, and this mortal body must put on immortality...and then the saying that is written will be fulfilled: 'Death has been swallowed up in victory.' 'Where, O death, is your victory? Where, O death, is your sting?'...the sting of death is sin...But thanks be to God, who gives us the victory through our Lord Jesus Christ" (I Cor 15:54-57).

⁵⁹⁶ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 13.

⁵⁹⁷ Albert, NOLAN, *Jesus Before Christianity*, pp. 50. Emphasis in the original.

⁵⁹⁸ See Michael, HARPER, *The Healings of Jesus*, London, Sydney, Hodder and Stoughton, 1986, pp. 23-24.

Christ Liberator is able to heal because he is both Warrior and Victor. It is he who saves, who rescues in desperate circumstances where rescue and salvation are much needed.⁵⁹⁹

4.4.2. 2. The Will to Arise: Christ's Healing as Empowerment

We propose that Christ's face as Liberator and Victor will do for Africans much more than restoring their personal dignity and reconstituting their *ubuntu*. It is bound to empower them with the will to arise and move on, and ultimately lead African society to a rebirth, the Johannine 'being born again' (see Jn 3). Empowerment is an important dimension in integrated healing. It is not enough to be cured; one requires also the strength to carry on. How will Jesus' liberation bring about this healing dimension to Africans? We must turn to Jesus' public ministry for some insights.

The action of empowerment is manifested in some of Jesus' miracles of healing. It is not without significance that, in some of his healings/miracles Jesus often took people by the hand and raised them to their feet. Africans can visualize Jesus Liberator and Victor doing to them what he did for the people of his time. For instance, when Simon's mother-in-law was in bed with a fever, and they told him about her, "[Jesus] came and took her by the hand and lifted her up. Then the fever left her, and she began to serve them" (Mk 1:30-31; 7:33; 8:23). In another incident, having exorcized the boy of the unclean spirit, "...Jesus took him by the hand and lifted him up, and he was able to stand" (Mk 9:27). In the miracle of restoring the little girl to life, "[Jesus] took her by the hand and said to her, 'Talithatcum,' which means, 'Little girl, get up'! And immediately the girl got up and began to walk about..." (Mk 5:41-42). Jesus also commands the paralytic, "I say to you, stand up, take your mat and go to your home" (Mk 2:11//). The 'walking' here signifies the empowered moving on.

Africans might discover in these examples the Jesus who consistently offers encouragement. To the leader of the synagogue whose son was being attacked by spirits, and was anxious about his son's well-being, Jesus said, "Do not fear, only believe..." (Mk 5:36//). To calm the disciples down, terrified of ghosts/spirits, as they cross the lake in a boat at night, Jesus says: "Take heart, it is I, 'do not be afraid.'" (Mk 6:50). To people like Peter, hesitant before the overwhelming ministry, Jesus says, "Do not be afraid, from now on you will be catching people" (Lk 5:10). Millions of African children, abandoned and rejected, may be empowered by the Jesus who took the little children up in his arms, laid his hands on them, and blessed them. (Mk 10:16).

⁵⁹⁹ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 13.

In some situations, Jesus shows that he was not just concerned with a bodily cure; in addition to physical healing, he often desired social re-integration for the sick. That is why after cleansing the lepers, he told them to “go and show themselves to the priest, and offer for their cleansing what Moses commanded as a testimony to them” (see Mk 1:44; Lk 17:14). Just as the sickness of the woman who had been hemorrhaging for twelve years had far-reaching implications upon her life, including being considered an outcast,⁶⁰⁰ Jesus’ healing meant for her a kind of reintegration on various levels. Moreover, some of Jesus’ miracles were symbolic; many of them were ‘signs’.⁶⁰¹ Often physical healing signified spiritual healing and inner transformation. Jesus’ healing gave one the inner strength and motivation that the recovering person needs to move on. This is the dimension in healing that the metaphor of Christ Liberator and Victor would suggest to the Africans, at the individual level and level of society. In this sense, Christ Liberator and Victor suggests to the African people what Teresa Okure describes as ‘the will to arise.’⁶⁰²

4.4.2. 3. Christ Liberator and Victor as Agent of Rebirth and Hope

The will to arise, that Christ Liberator and Victor arouses in those that he has healed, begins the movement towards rebirth and new hope. Although Jesus disassociated himself from the Jewish mentality which claimed that sickness and misfortune struck people because they had sinned (see Jn 9:1-3; see Lk 13:1-5), he did not deny that suffering could come about as a consequence of evil or sin.⁶⁰³ Perhaps that is why Jesus admonished the man he had cured from a long illness saying, “Now you

⁶⁰⁰ Teresa Okure has the following to add: “...the woman does not seem to have a family or relatives who care. She seems to have been struggling on her own. She may have been either a widow or a woman automatically divorced by virtue of her ailment which automatically rendered her an outcast of society, a permanent source of uncleanness (see Lev 15:25-30).” Teresa, OKURE, “The Will to Arise: Reflections on Luke 8:40-56” (“The Will to Arise”), in Mercy Amba Oduyoye, et al., eds., *The Will to Arise: Women, Tradition, and the Church in Africa*, Maryknoll, New York, Orbis Books, 1997, p. 227.

⁶⁰¹ In the words of Shorter, “Jesus is presented to us as a wonder-worker and a worker of wonders that were also signs of an inner, spiritual reality.” Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 11. It is, however, not necessary here to enter too much into the details of exegesis on the meaning of “sign” in the Johannine tradition. In this context, “sign” should be taken as a kind of “signpost” or pointer to an inner or higher reality.

⁶⁰² See Teresa, OKURE. “The Will to Arise,” p. 221-230.

⁶⁰³ The Gospels present a kind of ambivalence: on one hand Jesus seems to dismiss sin as cause of suffering, on the other he urges his listeners to repent, lest something worse happens to them. “At that very time there were some present who told him about the Galileans whose blood Pilate had mingled with their sacrifices. He asked them, ‘Do you think that because these Galileans suffered in this way they were worse sinners than all other Galileans? No, I tell you; but unless you repent, you will all perish as they did. Or those

are well again, be sure not to sin any more, or something worse may happen to you” (Jn 5:14; Lk 13:1-5). That is why Jesus’ liberation sought to transform people from within, since “it is from within, from the human heart, that evil intentions emerge...All these evil things come from within...”(Mk 7:21-23). Often the heart of the problem, is the problem of the human heart! It is with regards to the situation on the continent of Africa, characterized by evils such as poverty, oppression, deprivation, political repression and denial of human rights and freedom,⁶⁰⁴ that Christ Liberator and Victor challenges all those who have a hand in it, toward real conversion, a serious change of heart. After healing and empowerment, Africans will discover in the face of Christ Liberator and Victor the summons to renewal, the movement toward a rebirth, both on the individual and communal levels.

Rebirth as a dimension of healing for the continent amidst crisis, has been presented as an African cry for African renaissance. Africa is not without her own indigenous models for true development. They lie in the healing of the person, the integrity of the community, respect for creation, and the preservation of the environment.⁶⁰⁵ Theologically speaking, Christ Liberator and Victor, who as if a sinner, passed through the darkness of Good Friday (darkness signifying human failure and irresponsibility towards individuals themselves, and all the distortions of human existence), carrying away the sin of the world (see Is 53:7-11; Jn 1:29; 1 Cor 15:3; Gal 1:4). This is the heart of, and inspiration behind the African renaissance. Therefore, the Victorious Christ is the source of hope because He gives humankind new perspectives on life. In Christ there is liberation and hope for Africa because in Him men and women are won and are empowered to overcome evil.⁶⁰⁶ As John Paul II writes, “The subject of proclamation is Christ who was crucified, died and is risen: through him is accomplished our full and authentic liberation from evil, sin and death; through him God bestows ‘new life’ that is divine and eternal.”⁶⁰⁷

eighteen who were killed when the tower of Siloam fell on them--do you think that they were worse offenders than all the others living in Jerusalem? No, I tell you; but unless you repent, you will all perish just as they did”(Lk 13:1-5).

⁶⁰⁴ See Simon, S. MAIMELA, “Jesus Christ: The Liberator and Hope of the Oppressed Africa,” p. 34.

⁶⁰⁵ Laurenti, MAGESA, “African Renaissance,” p. 23.

⁶⁰⁶ See Simon, S. MAIMELA, “Jesus Christ: The Liberator and Hope of the Oppressed Africa,” pp. 34-41.

⁶⁰⁷ JOHN PAUL II, Encyclical Letter, The Mission of the Church, *Redemptoris Missio*, No. 44, pp. 75-76; see also CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Certain Aspects of the “Theology of Liberation,”* Ch. IV, No. 2, and passim; T., A MOFOKENG, *The Crucified Among the Crossbearers*, p. 228. On the subject of Christ’s victory over suffering, sin and death, and its implications

Finally, amidst the hope for the African renaissance, the metaphor of Christ Liberator and Victor, also becomes the motivating factor for a theology and process of reconstruction.⁶⁰⁸ With the challenges confronting Africa in our epoch (political, economic, cultural, social, moral and spiritual), there is a need to move from the problematic of cultural identity and social-economic liberation (all theologies of insurrection against the West, as some theologians call them)⁶⁰⁹ to a new vision: from insurrection to reconstruction. A solid Christology must be at the heart of the theology of reconstruction, not out of deference to the Christian faith but because Christ is essential to the creation of a human future. Christ is the embodiment of the logic of love to which Africans and the world must turn. Christ is the catalyst of reconstruction, the ethical and political energy, the force of our spirit, the power of conscience.⁶¹⁰ To put Christ at the center of theology and life is to transform Africa from within and to transform the world.

4.5. Christ as Host and Master of Hospitality

In particular, note must be taken of the ever growing importance in our society of hospitality in all its forms. From opening the door of one's home and still more of one's heart to the pleas of one's brothers and sisters, in a special way, the Christian family lives out the Apostle's recommendation: 'Practice hospitality' (Rom 12:13), thereby imitating Christ's example and sharing His love, to welcome the brother or sister in need...(Mt 10:42).⁶¹¹

John Paul II's above words of exhortation to Christian families are a fitting introduction to another Christological metaphor, 'Christ as Host and Master of Hospitality'. This metaphor is deeply

in an African setting, see Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 203-253.

⁶⁰⁸ J.N.K. Mugambi seems to be the first to initiate the idea of a theology of reconstruction, clearly suggesting a shift in the paradigm for African theology from 'liberation' to 'reconstruction', especially in his work, J. N. K., MUGAMBI, *From Liberation to Reconstruction: African Christian Theology After the Cold War*, Nairobi, East African Educational Publishers, 1995. However, our exposition looks further than Mugambi and Kä Mana, and suggests that the themes of 'liberation' to 'reconstruction' contain the healing dimension.

⁶⁰⁹ See J. N. K., MUGAMBI, *From Liberation to Reconstruction*, pp. 10-17; Kä MANA, *Théologie africaine pour temps de crise*, pp. 87-202; see Kä MANA, *L'Afrique va-t-elle mourir: Bousculer l'imaginaire africain — Essai d'éthique politique*, Paris, Les Édition du Cerf, 1991, pp. 53-152.

⁶¹⁰ See Kä MANA, *Christ d'Afrique*, pp.103-105; see also Donald, J. GOERGEN, "The Quest for the Christ of Africa," pp. 14-15.

⁶¹¹ JOHN PAUL II, Post-Synodal Exhortation, The Role of the Christian Family in the Modern World, *Familiaris Consortio*, 22 November 1981, AAS 73(1981), pp. 81-191, English translation, Boston, Daughters of St. Paul, 1981, No. 44.

rooted in the rich traditions of African hospitality, and founded on Christ's teaching and example. Writers and theologians who have been instrumental in developing this theme, whose works we shall refer to in this study, include Enyi Ben Udoh, John S. Mbiti, Kwame Bediako, Healey & Sybertz. We shall begin by discussing the significance of seeing Christ as host, rather than a mere guest or stranger in Africa. Our study will then indicate how the value and practice of hospitality among Africans liaises with Scriptural sources and enriches the image of Christ as Host and Master of Hospitality. Finally, as we have done with earlier themes, our investigation of this metaphor will seek to discover the healing dimension in Christ Host and Master of Hospitality.

4.5.1. Christ, Stranger, Guest or Host in Africa?

How do Africans perceive Christ? There are some for whom Christ is a stranger, given the fact that Jesus was imposed on Africa during the colonial and missionary period.⁶¹² Says Mutiso-Mbinda, "The image that most African Christians have of Christ is that he is an 'expatriate', like the missionary priests they see—a product of the West, an alien to Africa."⁶¹³ In some areas of Africa Christ is a stranger, partly because of the ambivalence in which the Good News was preached. Christ was not totally accepted, since he was presented wrapped in a mantle of a Christianity with various agenda.⁶¹⁴ Christ in Africa remains too often a Western Christ. Jesus' status in Africa is then similar to that of an illegal alien, "an alien who comes to us as he travels different parts of the globe."⁶¹⁵ We must admit also that Jesus Christ as a stranger is in itself a powerful image and has been proposed by others inside and

⁶¹² Under the title, 'Expatriate Jesus', Joseph G. Donders, writes: "Many 'old boys' from very devout Christian schools, remain brave followers of Jesus Christ. Others, however, are very outspoken in their refusal of that same Jesus of Nazareth. Their reasons are often the same. They say and write things like: Jesus is a stranger in Africa, he is an expatriate, he is from another world, he is a product from the West, he is an imperialist, he is a colonialist, he is pretentious. You cannot be faithful to African Culture and obey him; you cannot be yourself as an African and be a Christian. He is an alienator...He really is a stranger..." Joseph, G. DONDERS, *Jesus, the Stranger: Reflections on the Gospels*, Maryknoll, New York, Orbis Books, 1978, pp. 207-209. The original text is in poetic form.

⁶¹³ John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," p. 51.

⁶¹⁴ Christianity was used as a tool, a 'mighty lever' to help open up the avenues of legitimate commerce, "whilst civilization will advance as the natural effect, and Christianity will operate as the proximate cause of this happy change." T., F. BUXTON, *The African Slave Trade and Its Remedy*, London, Frank Cass, 1940, pp. 510-511. See also Kwame, BEDIAKO, *Theology & Identity: The Impact of Culture Upon Christian Thought in the Second Century and Modern Africa*, Oxford, Regnum Books, 1992, pp. 228.

⁶¹⁵ Enyi, Ben, UDOH, *Guest Christology: An Interpretative View of the Christological Problem in Africa*, Frankfurt am Main, Verlag Peter Lang, 1988, p. 167.

outside Africa. For, is it not a fact that true knowledge of Christ is itself a gift?⁶¹⁶ Thus, the African has to wrestle with a double mindedness — a Christian identity and yet the alienness of Christ.⁶¹⁷ How then can Christ feel at home or welcomed in Africa?

Enyi Ben Udoh of Nigeria responds to the above dilemma in a positive way by proposing the image of Christ as Africa's guest. Udoh develops a christology focused on the image of Jesus as a guest who becomes kin.⁶¹⁸ Whereas the title of guest does not totally remove the veil of foreignness from Christ, it makes him a more welcome personage in Africa. In fact, one of the African names for Jesus Christ is 'Our Guest'. Just as he was guest of several people in the Scriptures: at the wedding in Cana (Jn 2:1-11), Simon the leper (Mk 14:3-9), Mary Martha and Lazarus (Lk 10:38-42; see Jn 12:1-8), Zacchaeus (Lk 19:1-10), Christ is a Guest to the Africans, and the guest of all people everywhere.⁶¹⁹ The metaphor of Christ as guest to Africans is symbolized in the printed inscription often seen on the walls of many homes in East Africa, "CHRIST IS THE HEAD OF THIS HOUSE, THE UNSEEN *GUEST* AT EVERY MEAL, THE SILENT LISTENER TO EVERY CONVERSATION".⁶²⁰ The metaphor of guest, in this sense, reflects the enthusiasm and generosity characteristic of African hospitality, with which Christ is received and accepted. Hence, the face of Christ as Guest, is not without signification in terms of healing, a topic to which we shall return later.

Guest, however, is a limited metaphor to some extent, since the metaphor does not fully integrate Christ into the lives of the people. This reality is brought out by Udoh's powerful descriptive imagery which describes a certain double-mindedness on the part of the African people:

[The metaphor of guest] does not extend Christ's status beyond that of a visitor, beyond that of human. At best it places him on equal footing with us. Again, because of that limitation many a Christian finds him or herself searching for answers outside of Christ. Torn in different directions like a robe in a tug of war, they behave in ways similar to that of a dog who flung away the healthy bone from its mouth to grab its shadow and came

⁶¹⁶ As Jesus himself says, "No one can come to me unless he is drawn by the Father who sent me," (Jn 6:44; see Mt 16:17). There is a sense in which Christ remains a stranger: "It is very true to say that Jesus is a stranger to many, may be even to all of us. He is a Jew, he is an Asian, from Asia Minor, but nevertheless from Asia," adds Donders. Joseph, G. DONDERS, *Jesus, the Stranger*, pp. 207-209.

⁶¹⁷ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 26.

⁶¹⁸ Enyi, Ben, UDOH, *Guest Christology*, p. 167.

⁶¹⁹ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 175.

⁶²⁰ See Aylward, SHORTER, "Christianity and the Theology of African Resistance," in *CHIEA: African Christian Studies*, Occasional Paper, No. 2, June 1985, p. 22. (Emphasis added).

home with neither one. But also unlike the dog, they prefer to keep the bone and its shadow together — African religious practices and the Christian faith, that is — without actually making the best use of either one. Thus, many have lived in contradiction and uncertainty, unable to transcend the discrepancy, unwilling to choose between the two possibilities.⁶²¹

The metaphor of Christ as Africa's Guest should serve as transitional title to him becoming kin. Thus, once acknowledged that Christ is first and foremost a guest, the process of naturalization can take place. One remains an outsider until initiated into the beliefs and practices of African societies and communities.⁶²² For, as Udoh clearly points out, a christology designed to deal with the profound yearnings and pressing questions which the African Christian alone can raise about their faith, will have to go beyond the mere symbolism of guest. Such an endeavor will have to unveil the magnificent radiance and influence of Jesus to Africans more fully than is now done. To project Christ as our own is urgent and indispensable task. It is a task intricately tied up with the need voiced by several theologians, the need to inculturate the gospel, to make Jesus Christ at home in Africa.⁶²³ It is only after we have engaged the problem on that level that we can speak meaningfully of Christ's role toward Africa's healing, progress, dignity and salvation as a continent.⁶²⁴

That being said however, there does exist a debate among writers as to whether Christianity should actually be considered an African religion, in which case Christ would already be at home.⁶²⁵ The debates that favor this point of view are lengthy and beyond the scope of this thesis.

⁶²¹ Enyi, Ben, UDOH, *Guest Christology*, p. 167.

⁶²² See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 26.

⁶²³ See for instance, John Mary, WALIGGO, et al, *Inculturation: Its Meaning and Urgency*, Kampala, St. Paul Publications — Africa, 1986, p. 12; See also F., B. WELBOURNE, and B., A. ODOT, *A Place to Feel at Home: A Study of Two Independent Churches in Western Kenya*, London, Oxford University Press, 1966.

⁶²⁴ See Enyi, Ben, UDOH, *Guest Christology*, p. 168.

⁶²⁵ Professor Ali Mazrui, in his book *The Africans: A Triple Heritage*, uses arguments based on geography and history. Ignoring the Biblical renderings, he claims that Moses (from whom Christian tradition traces the Torah), and the Semites may originally have been Egyptian (African), and so "was Christianity, which was born out of the Semitic womb." Ali, MAZRUI, *The Africans: A Triple Heritage*, London, BBC Publications, 1986, p. 37. He argues, moreover, that before the borders were defined by Europeans, Africa extended beyond the Red Sea, as far as the Middle East (including Palestine), the traditional cradle of Christianity. For a more elaborate presentation of Mazrui's claims, read Chapter One: "Where is Africa?" in Ali, MAZRUI, *The Africans: A Triple Heritage*, pp. 23-40. Mbiti and Bediako, follow up Mazrui's claim to make a case for Christianity as a truly African religion. Mbiti says that "historically, Christianity is very much an African religion." John, S. MBITI, "The Future of Christianity in Africa, 1970-2000," in *Communio Viatorum*, Vol. 13, No. 102, p. 19; See also John, S. MBITI, *African Religions and Philosophy*, pp. 229-230.

However, if Mazrui, Mbiti and Bediako's claims are correct, Christianity has been on the continent long enough to merit the status of an indigenous, traditional and African religion. Another point that enlightens this argument is the consistent distinction made between the phenomenon of Christianity — especially in its cultural embodiment as the missionary religion brought to Africa — and the Christian Faith. The latter fulfills the aspirations and intentions implied in Africa's indigenous cultures.⁶²⁶ Such a view implies that Christ is at home in Africa, if not truly African. And as kin, Christ rightly assumes the role of being Host and Master of Hospitality.

4.5.2. Hospitality and the African Culture vs. Biblical Tradition

There are few, if any, values more characteristic of traditional African life than that of hospitality. African traditions of hospitality and generosity are deep and sincere. The culture has a tremendous spirit of welcoming. For instance, in East Africa the commonest word a guest hears on approaching a home is *karibu* (the Swahili word for 'come close' or 'welcome').⁶²⁷ Among the Banyankore, similar sentiments are expressed in the Runyankore word *Twakushemererwa* (literally, 'we are delighted to see you'), and in the greeting *Kaije buhooro* (literally, may you continue to come, in peace).

So far as Mbiti is concerned, Christianity's deep roots "in the history of the continent" (even if only in parts of it), prior to the massive invasion of "third opportunity", is a fact of great significance for an adequate understanding of the fortunes of the Christian faith in Africa. For it means that there is a sense in which the success of the modern missionary enterprise of the nineteenth and twentieth centuries may be seen as the fuller establishing of what, after all, was an already existing Christianity. That implies that the European connections of the Christian presence in Africa in the more recent phase of its development, must not be overstated. Instead, due weight ought to be given also to the African antecedents and participation, in order to do justice to the place and significance of the Christian faith in African life. See Kwame, BEDIAKO, *Theology & Identity*, p. 304. 229-230. Observing the traditions and pious legends, Baur asks, "Do not these traditions... reveal the conviction that Christianity existed early in Africa and that deep in their hearts Africans are truly Christians?" John, BAUR, *2000 Years of Christianity in Africa, an African History 62-1992*, Nairobi, Paulines Publications Africa, 1994, p. 21. For a more elaborate presentation of the debates in favor of Christianity as an African religion, see Kwame, BEDIAKO, *Theology & Identity*, pp. 303-311; see also John, S. MBITI, *African Religions and Philosophy*, pp. 221, 229-231.

⁶²⁶ See John S. MBITI. "African Indigenous Culture in Relation to Evangelism and Church Development," in Cassidy Michael and Verlinden Luc (eds.), *Facing the New Challenges — the Message of PACLA* (Pan-African Christian Leadership Assembly), December 9th -19th, 1976), Nairobi, Kisumu, Evangel Publishing House, 1978, p. 90; see also Kwame, BEDIAKO, *Theology & Identity*, pp. 311-312.

⁶²⁷ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 168; see also Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 26. .

Writers like Jomo Kenyatta, Healey & Sybertz have emphasized hospitality as a truly African value.⁶²⁸ Hospitality is genuinely African. All of the religious traditions in Africa emphasize the importance of hospitality in general, notes *Instrumentum Laboris* of the 1994 Special Assembly of the Synod of Bishops for Africa.⁶²⁹ And if we search for christologies that are both truly African and also truly Christian, it would be appropriate that we build on this pre-eminent African tradition. The word 'welcome' in its various indigenous language derivatives, symbolizes and embodies African life. The true African is always a host. To be African is to be a host. Therefore, an indigenized African Jesus is also a host, indeed host par excellence, a master of hospitality.⁶³⁰

If we accept the view that Christianity is no longer a Western religion, African christology has to admit that Jesus is truly African. Yet, as Goergen emphasizes, Jesus is not only African; he is the pan-ethnic universal host, a host to Africans and also to non-Africans. He is especially host to the poor, the rejected, those without status in society, and to women. Jesus welcomes all into the realm of God.⁶³¹

Up to now we have spoken of host as being an individual. Yet, in African mentality it is not the individual that is host. Coherent with the collective mentality distinctive of African tradition, hospitality in Africa often takes on a community dimension. It might be a family or clan into which the guest is welcomed, but the guest brings joy to the whole neighborhood, not just that one family. As we shall see, this becomes an important element with regards to healing in the metaphor of Christ as Host and Master of Hospitality.

Evidently, such an approach to African christology is consistent with the biblical image of Jesus. One of the fundamental characteristics of the biblical, earthly Jesus was his solidarity with people. He welcomed them, and they felt welcomed by him. He acknowledged their innate human dignity and they could sense his respect for them. His warmth toward humanity is reflected in the parables, which we may call 'parables of invitation or welcome' in which everyone is invited to the wedding banquet (Mt 22:2-10; Lk 14:15-24). His hospitality is also exhibited in a number of miracles:

⁶²⁸ See Jomo KENYATTA, *Facing Mt. Kenya*, Nairobi, Kenway Publications, 1992, esp. pp. 41-52; See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 168-202. Kenyatta indicates that African hospitality has, sometimes, even been taken advantages of by foreigners. See Jomo KENYATTA, *Facing Mt. Kenya*, esp. pp. 44ff; Kwame, BEDIAKO, *Theology & Identity*, pp. 225ff; Enyi, Ben, UDOH, *Guest Christology*, p. 126.

⁶²⁹ 1994 Special Assembly for Africa of the Synod of Bishops, *Instrumentum Laboris*, No. 105. See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 194, 202.

⁶³⁰ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 26.

⁶³¹ See *ibid*, p. 27.

in the multiplication of the loaves and fish, Jesus played host to the crowds, not only nourishing them through word but also providing for them with food (see Mk 6:30-44; Mt 14:13-21; Lk 9:10-17; Jn 6:1-14). We see him breaking bread; at the meals he shared (Lk 24:28-31; Jn 21:9-13). All these aspects find their climax in Jesus' Last Supper with his disciple-friends, at which time he washed the feet of his guests and made a blood covenant with them. And his invitation as Host continues perpetually in the Eucharist, where the celebrant reminds us of Christ's invitation: "Happy are we who are called to his supper."⁶³² Hence, the image of host can undergird both biblical and liturgical christologies.

Pauline christology further develops the theme of Christ's hospitality. In Christ, says St. Paul, there is neither Jew nor Greek, neither slave nor free, neither male nor female (Gal 3:28). Similarly, in Christ who must also be indigenously African (but who transcends our human categories), there is neither Igbo nor Yoruba, neither Hutu nor Tutsi, neither Muganda nor Munyankore, neither Latin American nor North America, neither African nor European. In Christ we all experience both our dignity and our equality. In him the fences of ethnocentrism, and the walls of prejudice give way to brotherhood and sisterhood. In Christ there is no superior or inferior. In addition, similar to the African collective mentality, Pauline christology talks of the Mystical Body of Christ. In this sense, Christ as Host and Master of Hospitality becomes a corporate personality in the community of believers.

Finally, as Goergen clarifies, "Christ Jesus is an African host, but a host to all of Africa, respecting while at the same time relativising tribal and ethnic identities, affirming our identities and yet challenging us to see our human identity and solidarity as well. Jesus is the universal host of all peoples."⁶³³ In Christ Host and Master of hospitality, Africans find not only equality, but also fraternity and healing of all wounds of division.

4.5.3. Christ as Host and Master of Hospitality: The Healing Dimension

The face of Christ as Host and Master of Hospitality embodies a healing dimension. In this sub-section, we shall explore this dimension from the perspective of rejection vis-à-vis acceptance; Christ as healing the wounds of division through reconciliation. We shall consider the role of the community (Mystical Body of Christ) as host, and its role in celebrating healing. Finally, as a kind of evaluation, we shall touch on the interrelatedness of the metaphors of stranger, guest and host as significant healing metaphors for African christology.

⁶³² See *ibid*, p. 28.

⁶³³ See *ibid*, p. 27.

4.5.3.1. Christ's Hospitality as Healing Acceptance

Rejection is a key theme that needs to be examined in relation to the troubled continent of Africa and its need for healing. There is the risk of generalizing, but we share Waliggo's view that double rejection, from without and within, is at the heart of Africa's suffering. From this rejection come all attitudes which continue to oppress Africa and intensify suffering. This rejection leads to a failure to seriously think of lasting solutions to the unnecessary suffering on the continent. Although we shall not recount the history of it all, for lack of space, Waliggo shows that throughout the centuries and on different levels (racial, social, cultural, political, religious etc), the African has faced rejection and isolation from powerful outsiders and powerful insiders.⁶³⁴ Does Christology, then, offer some insights to this situation?

The theme of rejection is a very important and central theme in the entire biblical message, but we shall concentrate on the life and ministry of the historical Jesus.⁶³⁵ In summary, Jesus of Nazareth, in his historical existence, experienced rejection on many occasions. He was accepted by

⁶³⁴ See John Mary, WALIGGO, "African Christology in a Situation of Suffering," in Schreiter, Robert, (ed.), *Faces of Jesus in Africa*, Maryknoll, Orbis Books, 1991, pp.171-173. Among the outsider 'rejectors', Waliggo hints on the pitfalls of both the colonial era, and the early Christian approaches to evangelization. See *ibid*, pp.171-173. Post-independence history reveals that Africans have often been rejected by their own political, economic, and social rulers. See John Mary, WALIGGO, *Africa Faces Democracy*, Proceedings of The Africa Faith and Justice Network's Annual Meeting, Washington DC, The African Faith and Justice Network, March, 1994, pp. 3-7. And to many ordinary African Christians, even the majority of African theologians are included among the "rejectors" of their own people. Their theologies lack prophetic insights and witness; they lack a sense of urgency and relevance; and consequently they do not appeal to the people they should minister. The ordinary believer is left marginalized, if not left out. See John Mary, WALIGGO, "African Christology in a Situation of Suffering," p.173.

⁶³⁵ See for instance, Waliggo's summary of examples from the Old Testament. John Mary, WALIGGO, "African Christology in a Situation of Suffering," p.174. Some incidents of rejection in the life of Jesus include the following: At his birth, there was no place for him and his parents in the inn. And as John tells us: "He came in his own domain and his own people did not accept him" (Jn 1:11). Having spoken so well in the synagogue of his birthplace, his own people dismissed the message with disdain: "This is Joseph's son, surely?" They took him to the brow of the hill their own town was built on, intending to throw him down the cliff (Lk 4:29). When he started calling disciples to follow him, Nathanael at first rejected him: "From Nazareth?...can anything good come from that place?" (Jn 1:46-47). When he performed miracles, the Pharisees and Scribes attributed his powers to Beelzebul, the Prince of Devils. During his agony in Gethesemane, he was abandoned by his closest companions. When Pilate asked the crowd whether to release Jesus or Barabbas, it rejected Jesus and called for the release of Barabbas. On the cross, between two murderers, Jesus felt abandoned even by his Father and so He cried out: "*Eloi, Eloi, lam sabachthani*: My God, my God, why have you abandoned me?" (Mk 15:34). He died as a rejected, a common criminal. See *ibid*, pp.174-175.

only a few, was despised and misunderstood by many, and was several times seriously falsely accused. In the end, through envy, jealousy, ignorance, and malice he was done away with.

It is by way of these biblical insights, that we suggest that Africans will find healing in the image of Christ as Host and Master of Hospitality. Christology in Africa is about how the Word became flesh in this context of rejection and poverty. Africans will find in Christ not only one who identifies with the rejected, but also one who heals by his welcoming acceptance. Ironically, the Lord who accepted and welcomed everyone, was the most rejected! In Christ, the theme of rejection takes on new meaning for Africans. As Waliggo indicates, it is no longer the sinful, the evil, or the enemies of God and people that are rejected, but usually the innocent, the just, and the God-fearing.⁶³⁶ African people wherever they are, especially victims of years of racial profiling, victims of HIV/AIDS or leprocy who feel judged and rejected by their own communities, will find refuge and healing in Christ.

The Gospels reveal that during his earthly ministry Jesus already identified with the rejected (see Mt 11:19; Lk 7:34), and cared for them. In his generosity Jesus recommends that the less privileged take priority among the invitees to banquets: “But when you give a banquet, invite the poor, the crippled, the lame, and the blind. And you will be blessed, because they cannot repay you, for you will be repaid at the resurrection of the righteous” (Lk 14:13-14). Jesus was person-centered and was inclusive in approach too. He welcomed all sorts of people without discrimination. Jesus did not let rank, position or wealth influence his relations with the people. These distinctions are often barriers for the lowly, yet, Christ’s guests were often the marginalized, the bruised, the voiceless.⁶³⁷

Christ’s earthly ministry demonstrated acceptance, listening, and generosity. These are essential elements to healing. And we propose that they are the very elements that the metaphor of Christ as Host and Master of Hospitality, inspires in those Africans involved in the healing ministries.

4.5.3.2. Christ-Host as Healing the Wounds of Division through Reconciliation

Earlier, under the section on the healing dimension of Christ’s Ancestry, we indicated how Christ challenges the parochial mentality, tribalistic tendencies, and ethnocentrism present in some African communities. Under this section, we would like to suggest that Christ as Host and Master of Hospitality challenges divisive mentalities, from the perspective of reconciliation. The crisis on the

⁶³⁶ See *ibid*, p.175.

⁶³⁷ See John, S. POBEE, “In Search of Christology in Africa: Some Considerations for Today,” in Pobe, J. S. (ed.), *Exploring Afro-Christology*, Frankfurt, Peter Lang, 1992, p. 16.

African continent described earlier in this thesis, is partly the result of wounds wrought by division of all sorts. In some sections of society there still exist deep-seated hatred and a desire for revenge that hinders social harmony and stability.

Some of the wounds of division have unfortunately been brought about by religious denominationalism. Since the coming of Christianity, in parts of east and central Africa there have been conflicts between Protestant and Catholic Churches. Long-standing conflicts in Uganda, even infiltrated Party politics and left behind an attitude of suspicion between Christians of would-be sister Churches. Despite efforts towards ecumenism, bitter wrangles and fights have at times erupted, leaving each side more bitter than before. Professor Peter Kasenene has well documented the divisive influence of multiple religions and the political rivalry they created in Ankole and nationally.⁶³⁸ To date, similar seeds of division and friction are traceable elsewhere on the African continent, where multiple religions, including Islam, exist.

Inter-tribal conflicts and racism have caused additional wounds among African peoples. From time to time there are reports of inter-tribal unrest among some societies on the continent, right from Nigeria, to the Congo, Burundi, and to some extent in Uganda. Such ethnic conflicts saw a climax in the Rwandan genocide of the 1990's. The many years of racism under the Apartheid system in South Africa, left behind a wounded people. On top of this, there is rebel activity, war between certain states. These have led to more bitterness and woundedness in African societies and this creates a greater need for reconciliation.

The society in which Jesus lived was not without wounded individuals. Jesus lived and preached in a society characterized by various religious sects, political uprisings, and prejudices against certain groups of people. There were disagreements between the Saducees and the Scribes & Pharisees; Herodians formed one party, and the Zealots another. There were people like Publicans (Tax-collectors), who were categorized as sinners and disliked. Such situations created hostilities and wounds.

Christ as Host and Master of Hospitality sets a challenging example to Africans to move towards reconciliation and healing, since both the theology and praxis of his ministry reflect the basic values of African hospitality. Africans find in Christ one who welcomes those who carry the wounds of separation and sin. In his Parables, a classic of which is the return of the Prodigal son (Lk 15:11-32),

⁶³⁸ See Peter, KASENENE, *Religion and Politics in Nkore*, pp. 103-157. See William, B. ANDERSON, *The Church in East Africa, 1840-1974*, Nairobi, Uzima Press Limited, 1981, pp.22-33, and passim.

Jesus demonstrated how God is Host to such persons. Africans will realize that Jesus called Matthew, a tax-collector, to be one of the apostles (Mt 9:9-13; Mk 2:13-17; Lk 5:27-32), and live and work with people that were likely to detest his company. Jesus accepted fellowship with Judas, one who later betrayed him. St. Paul summarizes well the challenge: "...now in Christ Jesus you who once were far off have been brought near by the blood of Christ. For he is our peace; in his flesh he has made both groups into one and has broken down the dividing wall, that is, the hostility between us." (Eph 2:13-14).

Africa is not without examples of persons or groups who have acted as hosts and agents of reconciliation and healing. Notable among them are Julius Nyerere (former president of Tanzania), and Nelson Mandela (retired president of South Africa). These leaders have invited and hosted leaders of warring factions (in countries like Burundi, Congo, Rwanda), and mediated efforts towards reconciliation and peace. Nelson Mandela was the mastermind behind the Truth and Reconciliation Commission (TRC), whose work has contributed to the healing of wounds, not only of individuals but of the nation as a whole.⁶³⁹ Presidents Nyerere and Mandela, and other leaders/states on the continent of Africa, who open their doors for round-table conferences in search of reconciliation, peace and healing, are exercising a value that is already deeply entrenched in African tradition. That is the way disputes and conflicts have traditionally been solved, amidst the council of elders, which acts as host and reconciler to disgruntled parties. However, Christ moves this value even a step further from the divisive element previously mentioned. As Host and Master of hospitality, Christ opens the door to all parties (guests) without discrimination based on race, gender, or religious affiliation. While respecting each person's identity, Christ heals the wounds of division, by strengthening the bonds of human solidarity. Indeed, a christology of hospitality (or theology of welcoming) is closely connected to confronting all kinds of social, racial and sexual discrimination. Hospitality as an African cultural value and a deeply Christian value challenges the pervading individualism, selfishness and exclusivism of the contemporary world.⁶⁴⁰ True healing will come about when Africans genuinely embrace Christian-African hospitality.

We must mention also that Christ's healing role as Host and Master of Hospitality, is enriched by the Pauline christology of the Mystical Body. "For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ" (1 Cor 12:12; Eph 4). Under this christology, Christ as Host and Master of Hospitality, welcomes and heals in His

⁶³⁹ See Desmond, M. TUTU, *No Future Without Forgiveness*, for the origins, make-up, and achievements of the Truth and Reconciliation Commission (TRC) in South Africa after the fall of Apartheid.

⁶⁴⁰ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 188.

members, the Church, and the Christian community. For, as St. Paul says, "If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it" (1 Cor 12:26).

Some of Jesus' parables often indicate the participation of the community in a person's healing. For instance, the feasting at the return of the Prodigal son (Lk 15:11-32), becomes an essential part of the process of the son's reconciliation and healing. Joy comes with healing, but it can also be said that healing happens to the individual, as well as the community, within the event of celebrating and rejoicing. It can be argued that in Jesus' parables of the prodigal son, the lost sheep, and the lost coin (see Lk 15:1-7, 8-10, 11-32), the prodigious father is as much healed as the prodigal son; the owner of the lost sheep experiences healing as much as the sheep that was lost; healing comes to the sinner, as much as it does to the community that welcomes him back. It seems that the feasting at the return of his younger brother, becomes a moment of outpouring, reconciliation and healing for the disgruntled elder brother (Lk 15:25-32). This gives us the sense of Christ, not only suffering, but also being healed in His members.

These ideas resonate with the African experience. Consistent with the collective mentality of traditional Africa, the whole community participates in the healing of one or several of its members. As we indicated earlier, in many cases it is not one individual who is host, but the whole community which welcomes and celebrates. In many African societies, a meal, at which people eat and drink together plays an important role in such celebrations.⁶⁴¹ Thereby the community has a share in the healing, as its members celebrate and rejoice in the restorations of one or more of their own. *Let the guest come so that the host or hostess may benefit (get well)*, says one African proverb.⁶⁴² Thus African communal hospitality becomes the basis for understanding the welcome and healing Christ as Host and Master of Hospitality, in his Mystical Body, brings to individuals and communities. Ritually, Christ's hospitality and healing are experienced and celebrated in the liturgy of the Holy Eucharist and related rituals and prayers.⁶⁴³ Thus, in His Mystical Body the Church, Christ as Host and Master of Hospitality, is present in the various

⁶⁴¹ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 254-290.

⁶⁴² The proverb is popular among the Haya of Tanzania, and the Luyia of Kenya. See *ibid*, pp. 168, 173. (Emphasis in the original text).

⁶⁴³ Jim Mcmanus demonstrates how the Eucharist plays a central role in healing; for instance, he describes how at various stages during the Mass prayers are raised to God, in search of healing, healing of the whole person. See Jim, McMANUS, *The Healing Power of the Sacraments*, Bandra, Bombay, India, St. Pauls, 1993, pp. 73-84. In addition, Martin Israel writes about sacraments in general, and also mentions the Eucharist as a healing Sacrament. See Martin, ISRAEL, *Healing As Sacrament: The Sanctification of the World*, London, Dalton, Longman and Todd Ltd., 1984, pp. 69-76.

African communities as they open their arms to strangers, enemies, dissenters, etc., bringing about much needed healing.

4.5.3.3. Christ as Stranger, Guest, and Host: Interrelated Metaphors of Healing

Christ as Host and Master of Hospitality as an image must not supplant the healing value of the face of Christ as Stranger, and as Guest. Instead, the three metaphors do complement each other. Both in African and Biblical traditions, Christ as Stranger, and as Guest, are equally powerful images.

Among the Banyankore, even if people normally consult medicine people familiar to them, the role of the alien or non-participant in the culture, is not underrated. Sometimes among the Banyankore, of which the present writer is participant, magical/mysterious powers capable of effecting healing, are attributed to portions or medication gotten from foreign lands. Often, medicine people say that the paraphernalia or medicines they are using are 'from far' to convince their clients of the vitality of their remedies. In the oral tradition, stories abound which speak of a stranger or passerby, who sojourned in a home, and because he was well received, rewards the sick member in that family with healing.

Stranger-centered christology bears timeless value. The New Testament word for 'hospitality' is *philoxenia*, 'love of strangers.' Biblical tradition emphasizes the call to "extend hospitality to strangers" (Rm 12:13). As in the Bible, African tradition believes that mistreating strangers provokes a curse from God (gods/spirits), while treating them kindly bestows blessing.⁶⁴⁴ African traditional society, in general, seems to associate hospitality rendered to those come from afar with well-being. In this way, a passerby could also be an agent of healing. That is why the metaphor of Christ as Stranger would carry a lot of significance to Africans in terms of healing. Christ who comes amidst Africans as a Stranger, if he is well received and accepted will bring healing to the sick.

Furthermore, the face of Christ as Guest in African tradition is not without connection to the healing ministry. In African tradition the guest brings new things (for example, medicine, seed) that could help the life of the residents. Sometimes the local people got well by using the new medicine. Sometimes, the visitor comes with new knowledge and is able to diagnose the sickness that appeared strange to the hosting family. Hence the proverb, *A visitor is the one who points out where the roof leaks.*

⁶⁴⁴ Both the Law of Moses, and Prophetic literature oblige God's people to be nice to aliens living among them, in order to avoid God's anger and live prosperously in the land (Ex 22:21-24; Deut 27:19; Jer 7:6; see also 23:9; Lev 19:10; 19:33-34; Jn 1:11-12).

To some extent, the proverb we referred to earlier, *Let the guest come so that the host or hostess may benefit (get well)*, sometimes carries a literal meaning. Africans are always eager to extend hospitality and tender care to visitors, strangers and guests. For in the eyes of African peoples, *The visitor heals the sick* (African proverb). This means that when a visitor comes to someone's home, family quarrels stop, the sick cheer up, peace is restored and the home receives new strength. Visitors are therefore social healers, family doctors in a sense.⁶⁴⁵

The above idea resonates with the Benedictine motto: *A guest comes, Christ comes.*⁶⁴⁶ By applying this christology to their lives, Africans will experience the face of Christ, the savior who comes as the Guest and heals all sicknesses — physical, social, psychological and spiritual. Africans will see Christ bringing salvation to their homes, as he did to Zacchaeus (Lk 19:1-10). In Christ they will see the healing Guest par excellence. Through their relationship with Christ human beings get well. Christ is the Great Guest-Healer. He heals people of all sicknesses, through the Eucharist and the other Sacraments. As Christians they reflect on the Word of God. They visit the sick and pray over them.

But above all, Africans might see the face of Christ as Host and Master of Hospitality. In the members of His Mystical Body the Church, the poor, refugees, street children, homeless, and despised, will see Christ extending to them a welcoming and healing hand. In this way, Christ's words will come true: "I was hungry and you gave me food...I was a stranger and you welcomed me...I was sick and you took care of me..." (Mt 25:35-36). Therefore, in harmony with the integrated approach, we suggest that the three faces of Christ, the Stranger, the Guest, and the Host and Master of Hospitality, harmonize toward a rich christology of healing.

⁶⁴⁵ John, S. MBITI. "The Forest Has Ears." in *PHP [Peace, Happiness and Prosperity]*, Vol 7, No. 7, July 1976, p. 23. See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, Nairobi, Paulines Publications Africa, 1996, pp. 174, 200.

⁶⁴⁶ Chapter 53 of the Rule of St. Benedict (written in 540 AD) states: "All guests who present themselves are to be welcomed as Christ, for he himself will say: 'I was a stranger and you welcomed me'" (Mt 25:35). See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 193, 201.

4.6. Christ as Divine *mufumu/nganga* (Healer)⁶⁴⁷

In many parts of Africa the medicine person or *nganga* provides a framework within which to conceptualize the person of Christ, and develop a christology of healing. In Chapter three, Part II of this dissertation, we discussed the role of specialists, medicine people in traditional society, and the healing techniques they use. Even if the discussion centered mainly on the Banyankore, the material is fairly representative of African traditional society (not without some differences, depending on the region), and is sufficient foundational background to understand the metaphor of Christ as Healer. Borrowing from the views of theologians like Domingues, Healey, & Sybertz, Kibongi, Kirwen, Kolié, Obeng, Shorter, the present chapter shall examine some of the roles Christ as Healer assumes in the African context. Subsequently, we shall ask the questions: to what extent may Christ as Healer in Africa assume the role of witchdoctor, diviner, medicine-man, *nganga*? What is the place of Christ vis-à-vis other healers? We shall propose some insights of our own (possibly overlooked by African theologians), and then make a few concluding observations.

4.6.1. Christological Dimensions of Christ as Healer in Africa

The theologians we have named above, will help us to discuss the question: to what extent may Christ as Healer in Africa assume the role of witchdoctor, diviner, medicine-man, *nganga*? Can Christ be perceived as ‘witchdoctor’? Shorter seems to have initiated the discussion toward the use of ‘witchdoctor’ as a Christological image.⁶⁴⁸ However, the image ‘witchdoctor’ or ‘medicine-man/woman’ is still undergoing a kind of evolution. Among the titles used for Christ in Ankore, the words *omufumu* and *omuraguzi* which would be the Runyakore rendering of the word ‘healer’ are significantly missing in translations (like the Bible, books of Rites, song books), liturgical rituals, and vocabulary commonly

⁶⁴⁷ ‘*Nganga*’ or one of its cognates is the noun used in many Bantu languages (in countries like South Africa, Mozambique, Zimbabwe, Zambia, Malawi, Tanzania, Rwanda, Uganda, Democratic Republic of Congo, Gabon, Guinea Bissau) for the medicine-person (healer). See Matthew, SCHOFFELEERS, “Folk Christology: The Dialectics of the *Nganga* Paradigm,” in *Journal of Religion in Africa*, Vol. XIX, Fasc. 2, June, 1989, pp. 158, 175. For a comprehensive overview of its occurrence in Bantu languages, see M., GUTHRIE, *Comparative Bantu*, vol III, Westmead, Gregg International Publishers, 1970. ‘*Nganga*’ is the equivalent of *Omufumu* in the Runyakore language.

⁶⁴⁸ Shorter makes a comparative study using the person of Jesus and that of the witchdoctor: “Jesus...used the techniques of popular healers and exorcists of his time, and to that extent, at least, he was like a traditional divine-healer or witchdoctor,” says Shorter. Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 16.

used in Churches. Instead, commonly preferred are the more general and neutral titles, including *Mutambi* (literally, 'one who cures, helps, or offers relief'; the verb *ku-tamba* may also carry connotations of 'offering sacrifice', with intent to restore well-being), and *Mukiza* (healer in a holistic sense, or rescuer; remotely, the verb *ku-kiza* may as well imply 'to save'). In our view, however, the titles *Mutambi* and *Mukiza*, are terms not limited to the healer in the traditional sense, since they may apply to any person who cures/heals, or offers some kind of rescue. It is mostly Christian songs/hymns (liturgical and non-liturgical) from different Churches that portray Christ as *Mutambi* or *Mukiza*.⁶⁴⁹

What are the reasons for this? What makes the words *omufumu* and *omuraguzi* unpopular? It could be due to the fact that the translation, 'witchdoctor,' used by the pioneering evangelizers for 'native healer', continues to carry negative overtones. Also, among Christians, and in the West, some may find 'witchdoctor' too strong given negative associations with the word 'witch'. Alternatively, these titles may have been deliberately avoided, simply because they are intrinsically part of the traditional religion and therefore, in the eyes of the official Church, too patently tainted with syncretistic connotations?⁶⁵⁰

Yet, as Goergen observes, 'witchdoctor' itself need not be perceived negatively, any more than doctor is. The witchdoctor is the doctor who treats witches, whose expertise is knowledge of witchcraft and how to deal with it. He is not a sorcerer. In contemporary terms, he practices alternative medicine.⁶⁵¹ If the witchdoctor is acknowledged as one engaged in what preoccupies most people in traditional society, namely the attempt to cope with phenomenon of evil; if it is understood that in traditional society, preoccupation with witchcraft is the primary manner of trying to understand the reality

⁶⁴⁹ In Catholic liturgy, the use of Christ as *Mukiza* is found in the Runyakore Christmas hymn: *Mwehuute mwije tumuramyē; mwesime weeza ni Mukiza* (literally: 'Hurry, come and worship; give thanks for He (the Newborn) is Rescuer/Savior/Healer'). The other example of Christ as *Mukiza* appears in the hymn 'In Praise of the Holy Cross': *Guhaisibwe, guhimbisibwe, Omuti, omuti gw'Omusharaba; ogwaitirweho, ogwabambirweho, Mukama waitu Mukiza-nsi* (literally: Hail, hail, the Tree, the Tree, on which our Lord, Healer/Savior of the world, was crucified.'). The other title for Christ is used in one of the Evangelical Church songs: *Mumwijeho natamba, Yesu natambira boona; Mumwijeho natamba...natamba, natamba n'oburwaire*. (literally: 'Come to Him, come to Jesus, He heals/cures/relieves/saves everyone; come to Him, He heals/cures/relieves/saves...he heals, He heals even sicknesses, etc. See MBARARA DIOCESE, *Tuhimbise Mukama: Ekitabo Ky'Ebyeshongoro n'Eshaara z'Abakristo*, Kisubi, Uganda, Marianum Press, 1995, p.135, and passim. Notice that some verses of the song on p. 135 are missing in the *Tuhimbise Mukama* song book. See also "Guhaisibwe", song No. 9, in Benedict, K. MUBANGIZI, *Mweshongorere Mukama*, Kisubi, Uganda, Marianum Press, (1975?), p. 28.

⁶⁵⁰ See Matthew, SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," p. 159.

⁶⁵¹ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 9.

of evil, and how to cope with it; if the image represents Africa's struggles to deal with the reality of evil, then the unease and hesitation with which the term 'witchdoctor' could be applied to Christ may decrease.⁶⁵² Moreover, in Africa, the 'witch' is the most powerful image of what *not* to be. Thus, Christ is a non-witch, a witch healer, or doctor, a physician who has power over the powers of evil, ideas that well harmonize with Christ's healing ministry in the New Testament.

In addition, we must also observe in what sense African christology may make use of the image of the diviner for Christ. As we observed earlier, the institution of healing in the African context includes also the role of the diviners, or seers. A summary provided by Michael Kirwen, helps to highlight the major preoccupations of diviners in Africa:

Diviners are the moral analysts, the charismatic leaders, the functionary priests of the traditional religions. Diviners know the African traditions regarding God, the ancestral spirits, the world, and life after death. In fact their very authority as religious leaders derives from traumatic, supernatural encounters with the spirit world that has turned them into mediums of the ancestral spirits. Diviners stand as salvific mediators between the living and the dead. And, since they are present to both realities, they are able to make known the desires, requests, and demands of the ancestral spirits.⁶⁵³

If we have quoted Kirwen at length, it is because he raises important points that can enlighten a christology based on the role of a diviner. In as far as the healer is a diviner, he or she is called upon to diagnose the nature and cause or causes of any form of misfortune, or evil. The diviner has to penetrate not only the immediate causes, but also the mystical ones, which in African mentality may include: the evil wishes of witches and sorcerers, the anger of spirits affronted by neglect of themselves or the sufferer's obligations towards the kin, breaches of taboo and omission of ritual, and rightful curses by appropriate persons.⁶⁵⁴ The diviner's diagnosis examines how the individual's personal attitudes and activities (including moral conduct) may have caused disturbances in the moral-social order/environment.

⁶⁵² We must admit, however, that even in traditional society, the healers are not without an aura of ambivalence on them, a certain ambiguity which, on one hand makes society revere them, and on the other evokes some fear. At one time people feel attracted to the healer for help, and at another they would rather keep a distance from them. After all, it would seem that in African tradition especially, when it comes to the realm of divinity, mystery, authority, the elements of respect and fear are not mutually exclusive. See Matthew, SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," p. 163.

⁶⁵³ Michael, C. KIRWEN, *The Missionary and the Diviner*, Maryknoll, New York, Orbis Books, 1996, pp. xxii-xxiii.

⁶⁵⁴ See Matthew, SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," p. 161.

Divination becomes, in a way, a kind of social analysis, and the patient's treatment requires that tensions and aggressions in the group's system or relations be brought to light and exposed to ritual treatment.⁶⁵⁵

Christology in Africa may not push that the image of Christ as healer embraces exactly the person of the diviner. But it is important to recognize that even though he did not go in for divination as such, there are indications in the Gospels that the historical Jesus possessed a mysterious knowledge about the conditions of people he healed. He knew that life was a complex reality, affected in a global way. For instance, Jesus knew that the paralytic was in need of moral healing (See Mk 2:5). As Shorter observes, Jesus viewed his healing as a means of inaugurating the Kingdom or Reign of God. Curing the sick was a sign of the more fundamental restoration of health and wholeness, of forgiveness and reconciliation which typifies God's reign. Jesus revealed as well as healed.⁶⁵⁶

The other point that the quotation from Kirwen raises, is that the diviner is someone who himself has suffered, and who therefore understands suffering. It would not be far-fetched to recognize in the diviner the characteristics of a wounded-healer, or what others prefer to call a 'healing healer'.⁶⁵⁷ And the image of a wounded-healer is a familiar image that is readily applicable to Christ.⁶⁵⁸ The difference, however, between ordinary diviners and Christ, is that the former remain mere human beings, vulnerable — subject to feelings of greed and revenge.⁶⁵⁹

Furthermore, in African societies diviners take on a priestly role, mediating earthly beings with the spiritual world. Christ, like the traditional diviner-healer, reveals God to humanity, the difference being that Christ does so much more adequately than the diviner. Diviners, for that matter, are not just social analysts; they are also creators of meaning and potential prophets. They may alternate between the

⁶⁵⁵ See *ibid*, p. 161.

⁶⁵⁶ See Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 11.

⁶⁵⁷ Although the concepts and ideas behind the notion of 'wounded healer' are solid, Rick Matthis prefers the term 'healing healer', to capture better what is really occurring. The reason is that people who choose to help others, whether they be similarly afflicted or not, are participating in their own healing. They are healing their own physical and psychological wounds. And this is a process that is going to take some time. That is why Matthis does not call it the *healed* healer either, because in many instances the healing is going to take a long time, perhaps a lifetime. See Rich, MATHIS, *Prayer-Centered Healing: Finding the God who Heals*, Liguori, Missouri, Liguori Publications, 2000, Introduction, p. 86.

⁶⁵⁸ See Aylward, SHORTER, *Jesus and the Witchdoctor*, pp. 9, 15, 236; Achiel, PEELMAN, *Christ is a Native American*, Ottawa, Novalis-Saint Paul University, 1995, p. 172; George, LEACH, *Hope for Healing, An Invitation to Hope and Healing through Personal and Social Relationships*, Toronto, Daniel Books of Toronto, 1978, p. 95.

⁶⁵⁹ See Matthew, SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," p. 162.

role of prophets and diviners according to the demands of the situation.⁶⁶⁰ Also, the healer vacillates between the role of healer and visionary. Since African christology recognizes without ambiguity the priestly and prophetic roles of Christ, it would not be hard to have the dimension of diviner enrich the image of Christ as Healer.

Finally, we should note that it is difficult to determine which expression we should prefer, whether healer, diviner, medicine man, or witchdoctor. We are dealing with the African concept, known in many Bantu languages by the noun *nganga* or one of its cognates. As we have noted above, the role of *nganga* combines a wide range of activities. What is important in the complex network of these roles, is that the *nganga* is primarily concerned with the promotion of good fortune and the counteraction of misfortune. And if Christ is to take on the role of the *nganga*, he has to be recognized as the kingpin of the African communities and whose scope of activity embraces more or less everything affecting an individual and his/her surroundings.⁶⁶¹ In the holistic and integrated paradigm of traditional healing, Christ as Healer has to be for the African one to whom people turn in every kind of difficulty. Christ has to be recognized as a doctor in sickness, a priest in religious matters, a lawyer in legal issues, a policeman in the detection and prevention of crime... One who fills a great need in society, and whose presence gives assurance to the whole community.⁶⁶²

4.6.2. Christ Amidst African Healers: Exploring Further Horizons

The question we want to address in this subsection is: How does the biblical Jesus help to enrich the metaphor of Christ as Healer in the African context? A deeper exploration of Christ's healing mission, especially as presented in the New Testament, helps to further illumine the role of Christ as Healer in African Christology. A look at some key characteristics of Christ's healing mission, demonstrates how his approach to healing, might challenge, enlighten, heal, and facilitate the harmonization of traditional healing values into a richer christology of healing.

⁶⁶⁰ See *ibid.*, p. 163.

⁶⁶¹ See *ibid.*, p. 161.

⁶⁶² M., GELFAND, *Witch Doctor: Traditional Medicine Man in Rhodesia*, London, A. van Gennep, 1964, p. 55; see Matthew, SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," p. 160.

Jesus' healing mission was part of the proclamation of the reign of God, it targeted the whole person, in view of salvation. New Testament sources indicate that healing was a significant dimension of Jesus' ministry.⁶⁶³ Jesus preacher and teacher, prophet and sage, is often given greater attention today. But healings and exorcisms are also widely attested in the NT, and in material that meet modern critical biblical criteria.⁶⁶⁴ At the same time, many authors agree that Christ's healing mission formed part of the wider mission of the proclamation of the Kingdom of God, or the reign of God. Therefore, Kolié's reference to Jesus "primarily as a healer" should, be viewed in this broader context of the reign of God and the message of salvation that Jesus comes to proclaim. For, even if a look at the Gospels clearly reveals that healing was often at the center of his ministry, Jesus' whole mission should not be reduced to that of an arch-healer. Kolié admits that "Jesus' credibility was not tied to miracles or cures . . . For Jesus, healing. . . is not an end in itself, but a starting point."⁶⁶⁵

The healing ministry of Jesus clearly demonstrates that he came to liberate the human person from all oppressive forces, so that the reign of God will be the source of health for all people. That is why Jesus engages in healing the sick of all sorts of diseases and infirmities, exorcizing those possessed by demons, and raising the dead — all of which formed part of the struggle to overrun the realm of Satan, and all forms of evil. As we said earlier, Jesus' used miracles or 'acts of power' (*dynamis*), as weapons against all forms of evil, including sickness and death.⁶⁶⁶

Christ's healing ministry often targeted inner life, the whole person. "Jesus is presented to us as a wonder-worker and a worker of wonders that were also signs of an inner, spiritual reality, says Shorter."⁶⁶⁷ Moreover, healings and exorcisms need not be separated from the preaching. They were preaching — preaching in deeds rather than words. The symbolic actions in Jesus' ministry were as

⁶⁶³ See Donald, J. GOERGEN, *The Mission and Ministry of Jesus*, pp. 170-176; Donald, J. GOERGEN, "The Quest for the Christ of Africa," p. 9. In fact, in Cécé Kolié's view, "...in his programmatic discourse, borrowed from the prophet Isaiah, Jesus presents himself primarily as a healer" (Lk 4:18-19). Cécé, KOLIÉ, "Jesus as Healer," p. 128.

⁶⁶⁴ See for instance, John, P. MEIER, *A Marginal Jew: Rethinking the Historical Jesus*, pp. 398-506, 509-873; Raymond, E. BROWN, *An Introduction to New Testament Christology*, pp. 60-70; Michael, HARPER, *The Healings of Jesus*, pp. 11-178.

⁶⁶⁵ Cécé, KOLIÉ, "Jesus as Healer," p. 144.

⁶⁶⁶ See Raymond, E. BROWN, *An Introduction to New Testament Christology*, pp. 64-65.

⁶⁶⁷ Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 11.

important as the parabolic stories. Both reflect Jesus the healer — healing in words and in deed — the two always being integrated in Jesus for whom praxis was never separated from proclamation.⁶⁶⁸

It is in this broader perspective that the metaphor of Christ as Healer is to be understood. Within this framework, Christ as Healer, then, harmonizes well with, but also challenges the traditional healer's role, to orient itself toward the health of both the individual and community. The healer's role becomes a struggle to liberate people and the world from all oppressive forces. The healer and his/her activities are no longer the center, but the person to be healed, in view of realizing the unconditional grace and goodness of God.⁶⁶⁹ Thus, Christ as Healer proposes the model of healing that is integrated in approach, and is also fulfilling, since it announces the reign of God, and includes the message of salvation for Africans and the whole of humanity.

The face of Christ as Healer in African christology also bears the marks of the Paschal Mystery. It is in Christ that sickness and the wider mystery of human suffering finds its deepest meaning. Human suffering does find meaning in Christ, because Christ drew closer to, and entered the world of human suffering. In the first place, Christ spent a big part of his ministry bringing relief to those who suffered in one way or another — summarized by the phrase: “He went about doing good” (Acts 10:38).⁶⁷⁰ At any rate, Christ drew close above all to the world of human suffering through the fact of having taken this suffering upon His very self, even unto death on the cross.⁶⁷¹ This is what has been identified as Christ's ‘power-in-weakness’, which offers healing.⁶⁷² In the end, Jesus is not only an extraordinary healer, he is above all the *wounded healer*. “To speak of Jesus as the Wounded Healer is to focus on His healing by His wounds and eventually by His death...It is this paschal mystery ...[in

⁶⁶⁸ See Donald, J. GOERGEN, “The Quest for the Christ of Africa,” pp. 9-10.

⁶⁶⁹ See Morris, MADDOCKS, *The Christian Healing Ministry*, pp. 18-21.

⁶⁷⁰ See JOHN PAUL II, Apostolic Letter, On the Christian Meaning of Human Suffering, *Salvifici Doloris*, 11 February 1984, AAS 76 (1984), pp. 201-250, English translation, Boston, Pauline Books & Media, 1984, No. 16, p. 22. Poel indicates that “The deep compassion that Jesus showed for the suffering of mankind and the many miracles of healing he performed reveal that alleviating suffering was one of the essential dimensions in his messianic mission.” Cornelius, J. VAN DEL POEL, *Wholeness and Holiness: A Christian Response to Human Suffering/ A Theology of Health Care Ministry*, Franklin, Wisconsin, Sheed & Ward, 1999, p. 90.

⁶⁷¹ John Paul further explains: “During His public activity, He experienced not only fatigue, homelessness, misunderstanding even on the part of those closest to Him, but, more than anything, He became progressively more and more isolated and encircled by hostility and the preparations for putting Him to death.” See JOHN PAUL II, Apostolic Letter, On the Christian Meaning of Human Suffering, *Salvifici Doloris*, No. 16, p.22.

⁶⁷² See Achiel, PEELMAN, *Christ is a Native American*, p. 173.

which] He releases His Spirit for ultimate healing.”⁶⁷³ Hence, in a sublime manner, “Central to the Christian’s faith and whole philosophy of history stands the cross. From it shines out a redemptive inevitability: within it lies the reservoir of power, whose waters hold the salvific medicine for the healing of creation.”⁶⁷⁴

The question however, is: does the metaphor of Christ as Healer present to Africans the message of the cross for the sake of it. Are we really invited to believe in ‘a God who seemed to love suffering,’ a God who would find satisfaction in human misery, asks Peelman? Jesus’ Father is not the God of death but the God of life, the living God. He is not a God who loves suffering, but a God who commits himself faithfully with respect to the total well-being of the world he has created. In Jesus, this God revealed himself as someone who stands beside us in our daily efforts to combat all forms of evil and all the causes of evil. This is what Jesus himself was committed to when he freely gave his life for the salvation of the world.⁶⁷⁵ By his Paschal Mystery, Christ as Healer, therefore, gives meaning to human suffering and offers the healers, and all believers in Africa the message of hope.

Furthermore, the paradigm of Christ as Healer offers to African christology a model of compassion in healing. The Paschal Mystery which we have discussed above, was also deeply engraved in Jesus Christ’s love for humankind. From the very start, Jesus’ preaching and healing ministry were marked by a powerful current of *compassion* — which in turn sprung from his willingness *to-be-with* (availability) the afflicted, the oppressed, being deeply moved by their affliction. The Gospels present to us a Jesus as someone who was not afraid to express his emotions: love, tenderness, anger, sadness, and above all compassion.⁶⁷⁶ His sentiments and sincere human feelings constitute the basis for his commitment to the cause of the Kingdom. Moved and profoundly shaken by human misery, he sets out to liberate his people of all sorts of misery and anguish. *Power came out of him*, says Luke the Evangelist (Lk 6:19)! This was God’s loving-saving act in Jesus Christ (Lk 1:35; 4:36; 5:17). We suggest that the face of Christ as Healer approaches and re-presents the African continent in crisis, with the same

⁶⁷³ George, LEACH, *Hope for Healing*, p. 95. As Isaiah writes, “...he was wounded for our transgressions, he was bruised for our iniquities; upon him was the chastisement that made us whole, and with his stripes we are healed” (Is 53:5; 1Pt 2:24-25). See Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 15.

⁶⁷⁴ Morris, MADDOCKS, *The Christian Healing Ministry*, p.62.

⁶⁷⁵ Achiel, PEELMAN, *Christ is a Native American*, p. 173.

⁶⁷⁶ See Achiel, PEELMAN, “Une force sortait de lui,” pp. 39-40.

compassion in a more urgent fashion. The face of Christ as Healer inspires also the African healer, and all engaged in the mission of Africa's reconstruction.⁶⁷⁷

Furthermore, the metaphor of Christ as Healer is better understood within the faith perspective. In the New Testament, Jesus' miracles of healing emphasize the significance of faith.⁶⁷⁸ The authors of the gospels show that, in and through the actions and the words of Jesus, God himself is at work, a God who liberates his people by the faith that he creates in them. Throughout the gospels, Jesus always follows the same pattern: faith leads to healing, not *vice versa*.⁶⁷⁹ Jesus does not seem to perform healings to stir up faith in his person. He calls those who are looking for signs and proofs an evil generation (Lk 11:29). He constantly revolts against the popular mentality that tries to manipulate God. Jesus' healing activities are not the causes of faith. They are presented rather as the consequence of faith. Jesus always seems to count on the power of faith that is in his people as well as on the power of his own prayer: "Whatever you ask for in prayer with faith, you will receive" (Mt 21:22). For Jesus, "All things can be done for the one who believes" (Mk 9:23). Often Jesus uses the expression: "your faith has saved you/has made you whole (restored you to health)" (Mt 9:22; Mk 5:34; 10:52; Lk 8:48; 17:19; Lk 7:50; 18:42; 22:32). This sublime affirmation aims at two things: to let God remain God (one should not try to control this all-powerful God), and to call upon the internal dynamism of the human person, upon human confidence and responsibility. Jesus' vision of faith is one that aims at offering inner dynamism to the sufferer. We see this in the example of the paralytic (Jn 5:1-18): it was from within himself that the old paralytic found the power to stand up ... but he could not have done it without the respect and tenderness which Jesus manifested towards him.⁶⁸⁰ By insisting on the central role of faith, it seems also that Jesus intended to drawing focus away from himself, as the sole cause of healing, and let the afflicted participate in their own process of healing. "In such circumstances," says Mathis, "it is as if the faith of the person in need combined in some way with the power of Jesus to produce the desired healing."⁶⁸¹

⁶⁷⁷ See Kä MANA, *Théologie africaine pour temps de crise*, passim.

⁶⁷⁸ Says Rich Mathis, "Jesus healed the faithful, and he often did so with a message attached to the healing...He showed us the power of faith and the supremacy of love. Jesus' healing miracles underscore the early Christian emphasis upon faith and love." Rich, MATHIS, *Prayer-Centered Healing*, pp. 21-22; see Eric, de ROSNY, *L'Afrique des Guérisons*, p. 182.

⁶⁷⁹ See Achiel, PEELMAN, *Christ is a Native American*, p. 172.

⁶⁸⁰ See *ibid*, p. 172; see also Bernhard, HARING, *Healing and Revelation: Wounded Healers Sharing Christ's Mission*, Slough, St. Paul Publications, 1984, passim.

⁶⁸¹ Rich, MATHIS, *Prayer-Centered Healing*, p. 24. Commenting on inner dynamism and the determination necessary to allow the process of healing, Teresa Okure says: "But the woman had one great

The African traditional model of healing does not preclude the role of belief, since in many cultures some kind of belief seems to be at the heart of every healing.⁶⁸² However, Christ as Healer, elevates simple belief (represented by the inner human capacity to facilitate one's healing), to the level of faith in the transforming-healing power of God in Jesus Christ. Amidst the suffering on the continent of Africa, the faith perspective is crucial, especially against the background of attitudes like fatalism and victimization. Looking at the evils of poverty, famine/hunger, disease, illiteracy, wars...some people, including Africans, tend to hold a pessimistic view regarding the continent's future. Amidst the overwhelming situation of suffering facing the continent, we suggest that the faith dimension that Christ proposes, counterbalances feelings of resignation. Christ's perspective of faith is not the type that encourages attitudes motivated by false stoicism, passive resignation or pious submission. Certainly, Christ's faith dimension does not endorse the attitudes of those people whom Caroline Myss refers to in her book *Why People Don't Heal and How they Can*, as living in "comfort with their discomfort!"⁶⁸³ The constant lamenter(s), who feels that the Africans are victimized,⁶⁸⁴ and think that answers must come from outside, stand to benefit from this faith perspective. Christ as Healer's faith perspective is one that inspires hope. As the Bishops of Africa declare during the Synod on Africa, "we want to say a word of

asset, namely, her determination to be cured and to take her rightful place in society. It was this determination which led her to brave the crowd and find her own way of touching Jesus. We are not told the cause of her illness; it could not have been of her own making. Merely by being a woman, she was most susceptible to suffering from hemorrhage. But she did not allow herself to be defeated by these natural circumstances. Without her personal determination, she would not have been cured. The desire and the responsibility to be healed lay squarely with her: because she had the will to be healed, she found a way to be healed. Most importantly she found someone to heal her, to affirm her desire to be rid of her infirmity: 'Your faith has made you well, go in peace' (Luke 8:48). She became healed, well, 'whole,' because her courage spoke louder; rose higher, and waxed stronger than the many fears, taboos, prohibitions, and inhibitions traditional in her society, as well as the confirmed hopelessness of her situation. Jesus' remark, 'Daughter, your faith has made you well' (Luke 8:48), refers to this determination of hers." Teresa, OKURE, "The Will to Arise," pp. 227-228.

⁶⁸² Sherry, Hansen STEIGER, *The Power of Prayer to Heal and Transform Your Life*, New York, Penguin Putnam Inc., 1997, pp. 234-238; see also Andrew, WEIL, *Spontaneous Healing: How to Discover and Embrace Your Body's Natural Ability to Maintain and Heal Itself*, New York, Ballantine Books, 1996, passim; Larry, DOSSEY, *Prayer is Good Medicine*, San Francisco, Harper Collins, 1996, pp. 9-34, and passim.

⁶⁸³ See Caroline, MYSS, *Why People Don't Heal and How they Can*, New York, Three Rivers Press, 1997, p. 13.

⁶⁸⁴ Caroline Myss says that such people are usually preoccupied with 'the language of woundology'. And that to most people, the idea of giving that up is too shattering. See Caroline, MYSS, *Why People Don't Heal and How they Can*, p. 21.

hope and encouragement to you, Family of God in Africa, to you, Family of God all over the world: Christ our Hope is alive; we shall live!”⁶⁸⁵ Nevertheless, even faith does not solve the whole mystery of sickness and human suffering. Says Mathis, “Like anything else, we can easily make mistakes by focusing on one aspect of faith. A lot of errors take place in thinking that faith in God will always lead to perfect health. All good people, and even saints, get sick and die.”⁶⁸⁶

Finally, we must comment on Christ as Healer, in relation to the role of ritual in African christology. A number of scholars agree that compared to shamans of his time, Jesus employed less ritual in his healing ministry. Though spiritual and psychological factors also played an important part in Jesus’ approach, his style of integrating body and soul did not include the accouterments of traditional healers. He used no elaborate rituals, no sacred temples, and no secret potions. If anything characterized his healing, it would be his words and his healing touch.⁶⁸⁷ Yet, this is not to suggest that Jesus minimized the role of symbolism and ritual in healing. Some scholars take note of two different kinds of healing gestures mentioned in the life in Jesus’ healing ministry, and in the New Testament—namely, ‘touch’ and ‘laying on of hands.’⁶⁸⁸ In fact, of forty-one references to Jesus’ healing ministry in the Gospels, twenty-two are stories of healing work with an individual.⁶⁸⁹ Of these specific cases, fourteen (64 percent) involve touch along with Jesus’ words of comfort and exhortation. Some of the healings that Jesus carried out seem to have had a touch of detail, simple but elaborate ritual. On occasions, Jesus’ touch was accompanied by words, a prayer, or a sigh and other actions. Jesus often used physical items (sacramentals) to raise the expectant trust of the sick. For instance, in Jn 9:6-7, when a blind man came

⁶⁸⁵ See JOHN PAUL II, Post-synodal Apostolic Exhortation, *Ecclesia in Africa*, pp. 14-15; Cecil, McGARRY, (ed.), *What Happened at the African Synod?*, Nairobi, Paulines Publications Africa, 1995, pp. 7-9. As the Bishops of Africa declare during the Synod on Africa, “we, the Bishops of Africa, together with all the participants, ...want to say a word of hope and encouragement to you, Family of God in Africa, to you, Family of God all over the world: Christ our Hope is alive; we shall live!” Cecil, McGARRY, (ed.), *What Happened at the African Synod?*, p. 32.

⁶⁸⁶ Rich, MATHIS, *Prayer-Centered Healing*, Introduction, p. xiii.

⁶⁸⁷ See Zach, THOMAS, *Healing Touch: The Church’s Forgotten Language*, Louisville, Kentucky, Westminster/John Knox Press, 1994, p. 15; see also Achiel, PEELMAN, *Christ is a Native American*, p. 171.

⁶⁸⁸ See Zach, THOMAS, *Healing Touch: The Church’s Forgotten Language*, p. 15; see also Godfrey, DIEKMAN, “The Laying On of Hands in Healing,” in *Liturgy*, Vol. 25, 1980, pp. 7-10, 36-38; Charles, W. GUSMER, *And You Visited Me: Sacramental Ministry to the Sick and the Dying*, New York, Pueblo Publishing, Co., 1984, p. 163.

⁶⁸⁹ See Morton, KELSEY, *Healing and Christianity*, pp. 79, 55-57. Kelsey uses the list compiled by Percy, DEARMER, *Body and Soul*, London, Isaac Pitman & Sons, 1909.

to him seeking healing, he made a paste out of dirt and saliva, put the paste (one sacramental) on the man's eyes, then told him to go wash in the pool of Siloam (another sacramental).⁶⁹⁰ These items did not possess magical qualities. Instead, these were the physical elements (or sacramentals), that Jesus used in order to raise the blind man's expectancy that healing was in the process of taking place.⁶⁹¹

It is our conviction that Jesus' healing model in the New Testament, may inspire African Christology toward a better appreciation of the metaphor Christ as Healer, in relation to the areas we have underlined: the role of ritual, the importance of faith, the centrality of compassion, situating sickness and healing within the Paschal Mystery — all in relation to salvation and the reign of God.

4.7. Evaluation of Metaphors

There is great need in Africa as well as throughout the world for personal healing --physical, mental, emotional, spiritual. But not only for personal healing. Economical, political, social, tribal, and national wounds are staggering. Can Jesus' healing power reach these wounds? As we ponder this question, Jesus the healer becomes Jesus the liberator ... The two are not separable. Healing need not imply only personal needs and, in an African context, always implies something communal. The nations of Africa have been wounded by the slave trade, colonization, the post-colonial formation of the nation-states, neo-colonialism's, economic dependency, intertribal violence and war, the corruption of many post-independence national leaders, and on and on. Could not the healing Jesus have a strong appeal in Africa today? Is he not what Africa needs now more than ever?⁶⁹²

Goergen summarizes well the point we want to make here. For, as Goergen indicates, from the historical, sociological, economic, political, point of view Africa stands in need for healing, healing in a holistic and integrated manner. If there is a paradigm that is urgently relevant for the African continent, it is one of Christ as Healer. Indeed, any christology and ecclesiology in Africa which fails to emphasize this dimension risks ignoring a subject of poignant relevance.

In this chapter we have discussed various metaphors or faces of Christ proposed by African theologians. We have endeavored to discover the healing dimension in each of those metaphors. However, we want to insist that there is no one single metaphor that sufficiently expresses the person of

⁶⁹⁰ “[Jesus],... spat on the ground and made mud with the saliva and spread the mud on the man's eyes, saying to him, ‘Go, wash in the pool of Siloam’ (which means Sent). Then he went and washed and came back able to see.” (Jn 9:6-7).

⁶⁹¹ See Leo, THOMAS with Jan, ALKIRE, *Healing as A Parish Ministry: Mending Body, Mind, and Spirit*, Notre Dame, Indiana, Ave Maria Press, 1992, p. 151.

⁶⁹² Donald, J. GOERGEN, “The Quest for the Christ of Africa,” p.10.

Christ the Healer. In effect, the healing Christ in Africa has the face of Ancestor, Liberator, Guest, Brother-Friend....But again, Christ supercedes (is much more) than each one of these and all of them combined.

Jesus both *is* and *is not* 'ancestor' in the African sense, both *is* and *is not* 'healer-diviner' in the African sense. Christ *is* and *is not* in each of the metaphors used on him. On the one hand, the names or titles or metaphors tell us something real and significant about who Jesus is. But on the other hand, it is Jesus in a separative way, who tells us what being an ancestor, brother and friend, liberator, host is all about. It is Jesus who manifests the true healing that each of these faces seek to represent. Christ supercedes all models, is the fulfillment of all models, but without necessarily overshadowing human beings on whom those metaphors are applied. He is the perfect Face of the Healer we are still to discover, or is still unfolding, the inexhaustible... Thus, these names could not be applied to Christ literally without any flexibility, without theologizing the names, without realizing that they are functioning as metaphors for Jesus.⁶⁹³

The discussion above, however, may also raise some theological questions, as to whether Christ can be so much at home as to assume the various metaphors. For instance, is it appropriate to take traditional terms (names/metaphors) like ancestor, host, healer, etc., and christianize them, or 'christify' them? Who is expected to conform to the customs of the house, and who for that purpose has to submit himself to a process of inculturation? Is it Christ or African traditions?⁶⁹⁴

Christ is both particular and universal. As a particular individual, he belonged to the Jewish nation and culture; but as the risen One he is no longer limited to one particular culture. Because he is the 'universal man', Africans can see him in terms of their own culture. As the Logos of God, he has planted many seeds of his word in African tradition and religion, as everywhere else; and this is why we can certainly discern the lineaments of 'the one who was to come' in the gropings and explorations of traditional religions. Christ, as the one who fulfils all that is human, is at home in Africa as elsewhere in the world, and this image needs to be central to the Church's proclamation of Christ in Africa, if it is not to be rejected as a mere foreign importation.⁶⁹⁵ Likewise, it can also be said that the process of inculturation is not one way, but a movement which involves inter-dependence. In that sense, Christ and

⁶⁹³ See Donald, J. GOERGEN, "The Quest for the Christ of Africa," p.18.

⁶⁹⁴ See Matthew SCHOFFELEERS, "Folk Christology: The Dialectics of the Nganga Paradigm," pp. 158-159.

⁶⁹⁵ See John, MUTISO-MBINDA, "Anthropology and the Paschal Mystery," p. 51.

the various metaphors can be transformations of each other. It is also natural and appropriate for theological language to use human images to express spiritual/supernatural realities.

We should mention that the use of these metaphors has christological relevance for the universal Church as well. It seems that the woundedness that Goergen mentions, is not uniquely a phenomenon of the African continent, but of most societies around the world. Moreover, the metaphors are rooted in Scripture, and are images that are familiar in many cultures even outside Africa. Another advantage with the faces of Christ we have suggested, is that they cut across issues of gender (except for the image 'brother'), color, race and religion. Therefore, the African Christ as Healer, offers himself to the universal Church as a way to re-discover who Christ is for us today. To the world and the Church, the subject of healing is a challenging one; it requires deeper and continuous exploration.

4.8. Conclusion

It is important to realize that African christology is also concretely ecclesiology. The faces of Christ as Ancestor, Brother & Friend, Liberator, Host & Master of Hospitality, and Healer, are concretely manifested in the members of His Mystical Body, the Church. As we noted earlier, the Church is ideally the agent and articulator of Christ's liberation and salvation in the world.⁶⁹⁶ The Christ-Event, the act of salvation or redemption of the human race by Christ, can be described in terms of liberty, the happiness of every human person, the breaking of every kind of chain that binds humanity — in a word, humanity's emancipation (see Lk 4:18-19; Gal 5:1). Consequently, in Africa, the question for Christians must be posed straightforwardly: "As followers of Christ, how do we participate in the advancement of the liberation that Christ is and brings?"⁶⁹⁷

⁶⁹⁶ See Laurenti, MAGESA, "Christ the Liberator and Africa Today," p. 158.

⁶⁹⁷ See *ibid*, pp.153-154.

CHAPTER FIVE — THE INCARNATIONAL PARADIGM AS MODEL OF HEALING MINISTRY

5.1. Introduction

The faces of Christ, which we considered in the last chapter, have as their basis and inspiration the mystery of the Incarnation. In this chapter we shall consider the role of inculturation as theological key for the understanding and practice of healing, especially in the context of the local Church. However, since Teresa Okure suggests that inculturation operates better when inspired by the incarnational paradigm, we shall argue that it is by use of this paradigm that the gospel can best interact with the culture and bring about the desired transformation within the local Church. Thus, to better appreciate how the healing ministry may be facilitated by this interaction, it is imperative to situate the process of inculturation within the mystery of the Incarnation.

Basing itself on the Incarnational paradigm, the following reflection is organized around three basic elements involved in inculturation. The first two, self-emptying (*kenosis*), and selective assumption for transformation usually lead to the third one: identification of resources for inculturation, whose concrete application within the local Church of Mbarara Archdiocese shall be considered in the last chapter. We shall discuss these elements, especially in relation to Jesus' own healing mission, and identify the possible obstacles he encountered. Drawing from the Christological considerations of the healing faces of Christ, we shall examine the assets (resources) which Jesus Christ had to accomplish his task. Finally, we shall also try to point out how this particular paradigm might apply to the healing mission of the local Church today. We want to answer the question: How may the Incarnational paradigm assist the local Church in Mbarara overcome and/or cope with the challenges of sickness and affliction?

5.2. Inculturation and Healing: Basic Considerations

The effort to establish the link between inculturation and healing requires that we first examine the significance of the movement of inculturation. 'Inculturation' may be understood as the process which refers primarily to the dynamic relationship between the local Church and 'its own culture,' that is, the culture of its own people.⁶⁹⁸ As Bishop Peter Sarpong points out, inculturation is best

⁶⁹⁸ See Ary, Roest CROLLIUS, "What is so New About Inculturation," in Crollius, Ary Roest, and Nkéramihigo, Théoneste, *What is so New About Inculturation*, Rome, Centre Cultures and Religions, Pontifical Gregorian University, 1984, pp. 1-18. See Peter, K. SARPONG, "Inculturation and the African Church," in *Shalom*, Vol 6, No. 2, 1988, especially pp. 77-78 for a brief summary of the evolution of the terminology relating to inculturation. For a wider survey, see Justin, S. UKPONG, *African Theologies Now*, pp. 23-27; Aylward, SHORTER, *Toward a Theology of Inculturation*, London, Geoffrey Chapman, 1988;

defined by theologians, as ‘incarnation’.⁶⁹⁹ This definition finds a firm backing in the teachings of Vatican II and in the post-Conciliar pronouncements of Paul VI and John Paul II.⁷⁰⁰ Genuine inculturation should be based upon the mystery of the Incarnation, seen not only as a mystery and as an event in the person of Jesus of Nazareth, but as a process to be carried on in history till the end of time. Thus, *our understanding of the mystery of the Incarnation should serve as a solid foundation for understanding inculturation, and the practice of healing.*⁷⁰¹

Our effort to understand inculturation in the Banyankore context and other African contexts, thus requires us to identify the two realities, that must be united and mutually enriched. These two realities are our Christian faith — the *Good News* of Jesus Christ, and our African reality of peoples in their various cultures.⁷⁰² Consequently, the entire process of inculturation is one of *integration*, both in the sense of an integration of the Christian faith and life in a given culture and of the integration of a new expression of the Christian experience in the life of the universal Church.⁷⁰³ Within this model of the integration or ‘union of realities’ (i.e., inculturation), reflected in the meeting of Church and various cultures, we can understand the healing mission.

John Mary, WALIGGO, et al., *Inculturation: Its Meaning and Urgency*, pp. 11-14; Achiel, PEELMAN, *L'inculturation: l'Église et les cultures*, Ottawa, Novalis, 1989; See also F., B. WELBOURNE, and B., A. OGOT, *A Place to Feel at Home*, passim.

⁶⁹⁹ See Peter, K. SARPONG, “Inculturation and the African Church,” in *Shalom*, Vol 6, No. 2, 1988, p. 78. The Bishops of AMECEA overwhelmingly opted for the term ‘incarnation’, as opposed to ‘adaptation’ or ‘indigenization’, during the 1974 Synod of Bishops in Rome. See AMECEA Documentation Service February 11, 1974, cited by Aylward Shorter, *African Christian Theology*, London, Geoffrey Chapman, 1975, p. 150. However, during his visit to Africa in 1982, Pope John Paul II did not hesitate to use the term ‘Africanization’ for ‘inculturation’. See his “Address to the Bishops of Zaire, 3 May 1982, Kinshasa,” in *African Ecclesiastical Review (AFER)* Vol. 22, No. 4, 1980, p. 223; also in *Africa: Apostolic Pilgrimage*, John Paul II, Boston, St. Paul Editions, 1980, pp. 62-63.

⁷⁰⁰ See VATICAN COUNCIL II, Pastoral Constitution on the Church in the Modern World, *Gaudium et spes*, 7 December 1965, in AAS 58(1966), pp. 1025-1120, English translation in Flannery, A., (ed.), *Vatican Council II*, Collegeville, Minnesota, Liturgical Press, 1980, Nos. 53-62, pp. 958-968, especially No. 58, pp. 962-963; PAUL VI, Apostolic Exhortation, Evangelization in the Modern World, *Evangelii Nuntiandi*, No. 2, pp. 711-712; US CATHOLIC CONFERENCE, Washington, 1976, pp. 16-17; JOHN PAUL II, Encyclical Letter, The Redeemer of Man, *Redemptor Hominis*, 4 March 1979, in AAS 71 (1979), pp. 257-324, English translation in Miller, Michael, (ed.), *The Encyclicals of John Paul II*, Huntington, Indiana, Our Sunday Visitor Publishing Division, Our Sunday Visitor, Inc., 2001, Nos. 8-11, pp. 56-61.

⁷⁰¹ See Teresa, OKURE, “Inculturation: Biblical/Theological Bases,” in Okure, Teresa, and van Thiel, Paul, et alii, (eds.), *Inculturation of Christianity in Africa*, (*Spearhead* Nos. 112-114), Eldoret, Gaba Publications, 1990, pp. 57-58.

⁷⁰² See *ibid*, p. 58.

⁷⁰³ See Ary, Roest CROLLIUS, “What is so New About Inculturation,” p. 14.

In his study on healing, Stuart C. Bate has ably and extensively demonstrated the link between inculturation and healing, and that inculturation might be considered as theological key for the interpretation of the sickness-healing phenomenon.⁷⁰⁴ Why this link? Because the proclamation of the Gospel usually happens within a certain culture (Jewish, Greco-Roman, Euro-American, African), inculturation is fundamental to the process of evangelization, of which the healing ministry is a major component. Moreover, there is often a link between sickness and culture. “Whilst it is true that research has shown that many diseases affect people without regard to culture, economic status, or other social, geographical and historical factors, it has also become clear to anthropologists that the question of sickness and health has a strong cultural component,” says Bate.⁷⁰⁵ In fact some sicknesses are mostly ‘culture-specific’.⁷⁰⁶

Bate further argues that on the transformative stage⁷⁰⁷ inculturation can be understood in terms of the healing of culture. Thus, the process of inculturation actually becomes a process of healing or rather the healing ministry should become the major manifestation of the inculturation process.⁷⁰⁸ This dialogue of the living exchange between the Church and the culture (inculturation), as Vatican II puts

⁷⁰⁴ See Stuart, C. BATE, *Inculturation & Healing*, Pietermaritzburg, Cluster Publications, 1997, p. 19. Although Bate’s study has South African society for its context, a lot of the insights might also apply to other contexts, especially in Africa. See also Stephen, OWOAHENE-ACHEAMPONG, *Inculturation & African Religion: Indigenous & Western Approaches to Medical Practice*, Frankfurt, Peter Lang Publishing, Inc., 1998.

⁷⁰⁵ Stuart, C. BATE, *Inculturation & Healing*, p. 101.

⁷⁰⁶ According to Kinsley, to a great extent, illness is culturally defined. The etiology, symptoms, likely outcome, and treatment of specific illnesses often are distinctive from one culture to another and may reflect peculiar beliefs, customs, or tensions that are prominent in that culture. See David, KINSLEY, *Health, Healing and Religion, A Cross-Cultural Perspective*, p. 80.

⁷⁰⁷ According to Roest Crollius, inculturation comprises three moments or events, namely the translation, assimilation and transformation moments. In the *translation* moment the evangelization and Church implantation occur in the categories of the sending Church. In a second, *assimilation* moment the Church is assimilated into the local culture and ethos. In the third, *transformation* moment, the local Church in dialogue with its own culture seeks to transform that culture into a genuine Christian culture. These three moments in the process of inculturation, which are dominant in consecutive stages, but which, given the continuous development of culture and the nature of the local Church — both particular and universal — never cease to be concomitant. Clearly the moments are not discrete in actuality and occur at different rates in different contexts of the culture. See Ary, Roest CROLLIUS, “What is so New About Inculturation,” p. 14; see also Stuart, C. BATE, *Inculturation & Healing*, pp. 19-20, 244.

⁷⁰⁸ See *ibid*, p. 19.

it,⁷⁰⁹ serves also as a theological key for the local Church to develop a culturally mediated pastoral response to sickness and suffering in general.⁷¹⁰

Having established to the best of our ability within the scope of this research, the meaning of inculturation, and how it can help facilitate the understanding and practice of healing, let us now examine the way in which inculturation happened concretely in the life of Jesus, and how his mode of operation helped advance his healing mission to the present day.

5.3. Incarnational Paradigm — Christ as Healer: Three Basic Elements

It is important that we look at the identity and mission of Jesus Christ, because for us too the mystery of Christ and his definitive role in God's plan of salvation hold the key to a true understanding and correct implementation of inculturation and the healing ministry. In the following reflection, therefore, we shall try to present and clarify the basic elements involved in the Incarnational paradigm in relation to the role of Christ as *mufumu* or *nganga* (healer), pointing out what sort of impact this movement might have on the local Church of the Archdiocese of Mbarara, and the African continent in general.

5.3.1. Self-Emptying or *Kenosis*

Jesus Christ's incarnation consisted in self-emptying or *kenosis*, in the Greek language (Phil 2:6-11; Jn 1:1c, 14).⁷¹¹ Whilst biblical scholars debate endlessly the precise meaning of this 'self-emptying', this much is clear: that by Incarnation, Christ emptied himself, not of his nature as God, but of the divine mode of operating. He did this in order to substantially create space in himself for the humanity, which he was to assume, own and live. This is a mystery which we accept in faith, but it constitutes an integral part and necessary aspect of inculturation. Christ's divinity, somehow, had to allow for his humanity.⁷¹²

⁷⁰⁹ See VATICAN COUNCIL II, Pastoral Constitution on the Church in the Modern World, *Gaudium et spes*, No. 44, pp. 946-947.

⁷¹⁰ See Stuart, C. BATE, *Inculturation & Healing*, pp. 259-266.

⁷¹¹ In the context of the Gospel of John, the Greek term *kenosis* makes reference to Jesus' voluntary renunciation of the divine glory (see Jn 17:5, 24; Phil 2:6) to become a human being (enfleshed), a servant up to offering himself as sacrifice on Calvary. Some exegetes also link Jesus' self-emptying to the Suffering Servant in Isaiah 53, especially verse 12.

⁷¹² See Teresa, OKURE, "Inculturation: Biblical/Theological Bases," p. 62.

We need to point out at this stage, that the Early Church also had to undergo a similar experience of self-emptying. Okure points out that self-emptying for the Jewish Christians entailed rejecting most of their inherited prejudices and religious practices, and changing their elitist self-image or separatist attitude towards gentiles.⁷¹³ Jesus' self-emptying and that of the Early Church Christians was however not just a factor of inculturation; as we shall see shortly, it had theological and pastoral implications for the healing mission. In a later section, we shall also indicate some areas in which the Church may need some purification or self-emptying so as to better fulfill her role in the healing ministry.

5.3.2. Jesus' Selective Cultural Assumptions and Transformations

Selective assumption for transformation is another essential element of inculturation in the life of Jesus and the Church. This section, therefore, attempts to address the following questions: What did Jesus assume? What did he question? What did he want to transform? Jesus' person, words and deeds responded to these questions, and this had profound implications for his healing ministry.

What, then, did Jesus assume? By his incarnation, Jesus became fully human. As a human being, Jesus accepted *in toto* the finite conditions of our human existence (Heb 2:17). He accepted all, except sin. Christ's assumption of humanity was a manifestation of deep love, and of "a feeling of deep esteem" for what is human.⁷¹⁴ But his assumption of humanity meant also that Jesus was fully immersed into the cosmic limitations of space and time, a kind of initiation into the experience of human vulnerability, in its totality.

In addition Jesus immersed himself into a specific historical culture, the Jewish culture. He spoke the language of the time, ate their food, wore their clothes, and submitted himself to the worthy ideals and practices of their culture and religion. He mixed freely with everybody, even sinners, visiting their homes and bringing salvation (Lk 19:1-10).⁷¹⁵ In addition, Jesus Christ used the Jewish people's life-experiences, their concepts and their ordinary activities, as the medium for revealing and teaching about the mysteries of the Kingdom of God. As we noted earlier, to a certain extent, Jesus also assumed certain practices that were current among healers and exorcists of his time. In all these and similar instances,

⁷¹³ For a more detailed discussion of the Early Church's self-emptying, See *ibid*, pp. 65-67.

⁷¹⁴ JOHN PAUL II, Encyclical Letter, The Redeemer of Man, *Redemptor Hominis*, especially Nos. 8-12, pp. 56-63; see also Luke 2:52.

⁷¹⁵ See Teresa, OKURE, "Inculturation: Biblical/Theological Bases," p. 62.

Jesus Christ manifested a deep and profound respect for the values and way of life of the Jewish people.⁷¹⁶ All in all, Jesus Christ assumed not only the human nature and condition, but identified himself fully with humanity.

However he did not simply accept and endorse indiscriminately everything he found in the Jewish culture. Jesus Christ concretely and effectively *challenged his Jewish culture, in order to purify and transform it.*⁷¹⁷ Subsequently, his approach to the mentality and culture of his time had significant implications for the healing ministry, from which the Church today may take lessons.

As healer, Jesus radicalizes and transforms the whole understanding and practice of healing. First, during his public ministry Jesus challenged and sought to transform healing practice by focusing on faith. As we observed earlier, Jesus did use some rituals. He used a bit of saliva, or had physical contact with the sick persons. He touched them, took them by the hand or laid his hands on them. He sometimes applied a paste of mud. There is a sense in which Jesus did indeed make use of spontaneous prayer to heal, but his understanding of what was happening in such cases differs widely from that of the holy men of his day who prayed for rain or cures. They relied upon their own holiness, their own esteem in the eyes of God; Jesus relied upon the power of faith.⁷¹⁸ Jesus, by insisting that “everything is possible for anyone who has faith” (Mk 9:23), meant that God’s grace, God’s gifts (including healing) were abundantly available to everyone; no one category of people has a monopoly on divine providence. Both sinner and righteous share from God’s abundance.⁷¹⁹

⁷¹⁶ See *ibid*, p. 63. Likewise, the Early Church had to undergo selective assumption experience. For the Early Church Christians, this experience consisted, first and foremost, in their effort to understand the mystery of Christ, to lay hold of him, and to put on or adopt his mind. Just as Jesus had to grow to maturity in humanity (Lk 2:51-52; Heb 5:7-12), so did his disciples have to learn to personally ‘enter into Christ’, to ‘appropriate’ and assimilate the whole of the reality of the Incarnation and redemption, in order to find themselves. For them, Christ had to become the standard, the determining factor, and the principle for assessing the value of everything: themselves individually and as community, life, their traditional religion and their culture — so that only Christ mattered. The centrality of Jesus Christ in the life of the Early Church, meant that all discriminations based on race, sex, culture, education and social status would be eliminated. Putting on the mind of Christ, as St. Paul calls it (Phil 2), challenged the negative attitude towards gentile culture or way of life, misjudging it to be generally sinful, so that everyone would be viewed as a new creation in Christ Jesus. Hence the Early Church teachers felt quite free to use gentile concepts and life experiences in proclaiming the Gospel, and in the development of theology, as the need arose. See *ibid*, pp. 67-69.

⁷¹⁷ See *ibid*, p. 63.

⁷¹⁸ See Albert, NOLAN, *Jesus Before Christianity*, pp. 37-38.

⁷¹⁹ In fact, by teaching and example, contrary to the current Jewish orthodoxy, Jesus demonstrated that the sinners deserved more urgent attention, in order to come out of their predicament. Jesus’ argument

Over and over again we are told that Jesus said to the person who has been cured, “Your faith has healed you” (e.g. Mk 5:34). This is a remarkable statement, which lifts Jesus out of any of the contemporary categories of physician, exorcist, wonder-worker or holy man. As Nolan observes, Jesus is in effect saying that it is not he who has healed the sick person, by means of some psychic power or by some special relationship with God. Nor is it to be attributed to the effectiveness of some magical formula, or even to the simple medicinal properties of saliva. He is not even saying, at least not explicitly, that the person was healed by God. “*Your faith* has healed you.” This claim is a step further from “everything is possible for *God*” to “everything is possible for *anyone who has faith*.”⁷²⁰

For, the person who has faith becomes like God—all-powerful. Faith, for Jesus, is an almighty power, a power that can achieve the impossible. For Jesus, the only power that can heal and save the world, the only power that can do the impossible, is the power of faith. This faith is not the same as subscribing to a creed or a set of doctrines and dogmas. It is rather a conviction, albeit a very strong conviction. It is the conviction that surmounts doubt, hesitation and any kind of tendency towards fatalism. For that reason, faith is very closely related to hope. Faith is a good and a true conviction. It is a conviction that something can and will happen because it is good and it is true that goodness can and will triumph over evil. In other words it is the conviction that God is good to humanity and that God can and will triumph over all evil. The power of faith is the power of goodness and truth, which is the power of God.⁷²¹

This is perhaps the reason why Jesus endeavored to inspire faith in his listeners and those whom he healed. To one who has faith, God’s goodness is reflected in the gift of healing. In a way, Jesus is also demonstrating that healing is not a reward to be earned, it is a gift from God to be thankfully received. We need to realize that although we can and should do many things to aid healing, the final choice of whether or not healing occurs remains in God’s hands. There are many things we do that seem

was that: “Those who are well have no need of a physician, but those who are sick; I have come to call not the righteous but sinners” (Mk 2:17//). Hence, Jesus will not hesitate to associate with tax collectors and sinners, and make friends with them in order to bring them healing. Says Kelsey, “For Jesus, righteousness and sin were not black and white opposites. People were righteous when they lived out the love displayed by the loving Abba who made the sun to shine on both good and evil people, when they ceased judging other people, when they remained in contact with the loving God and had that Spirit working within them...The loving God revealed in Jesus of Nazareth wants to draw all people into the orbit of love, not to destroy the offender.” Morton, KELSEY, *Healing & Christianity*, Footnote 13, p. 74.

⁷²⁰ Albert, NOLAN, *Jesus Before Christianity*, p. 38.

⁷²¹ See *ibid*, pp. 38-40.

to aid the healing process and many others that we know will hinder it, but in the final analysis healing is not a reward but a gift to be received in faith. Hand in hand with the efforts to take care of the material aspect, the Church in the Archdiocese of Mbarara will seek to emulate the Master's example and be ready to inspire Christ-like faith among the people,⁷²² especially those in vulnerable situations. The question is: is the Church really the Sacrament which perpetuates such healing faith in Jesus Christ?

Second, Jesus' transforms the healing practice by challenging the contemporary understanding of the link between sin and sickness. Jesus' attitude to the sick helps us confront the controversial question: **Is sickness a result of sin?** Significantly, the Lord refuses to buy into the philosophy which sees sickness as a direct punishment for personal or communal sin; and well-being as God's reward to the righteous.⁷²³ The story of Job had already challenged this Old Testament mentality, but the society of Jesus' time still held onto it (see Jn 9:1-3). **Sickness may well be a result of our actions, but it is not a punishment from God for our sin.**⁷²⁴ Sickness and suffering befall all people — saint and sinner alike. The difference comes about in how one handles the suffering. Instead of letting their sickness (or the gossips and backbiters of this world) make them feel separated from God, just because they are sick, they look for God to work in their life and for the chance to be strong in times of weakness. Instead of seeing their sickness as a defeat, they seek to know how God can make their situation “work together for good” (Rm 8:28, see also v. 18).

⁷²² Faith, in this sense, is the opposite of what Archbishop Kiwanuka calls “lack of a heart that loves Religion and loves God.” That is why the Archbishop promises to “petition God so that He may fill Christians with deep and profound faith to enable them overcome all the difficulties they may encounter in the service of their Religion...that they may receive a strong and genuine faith according to the wish and will of God.” See John Mary, WALIGGO, *Archbishop Joseph Kiwanuka: A Man of Vision*, Kisubi, Uganda, Marianum Press, 1992, p. 29; see also Joseph, SSERUNJOGI, *Self-support of the Local Church Based on Canon 222, §§ 1-2 and the Apostolic Exhortation Ecclesia in Africa, with Special Reference to Uganda*, Romae, Pontificia Universitas Urbaniana, 1998, p. 238. For similar reasons, in his Doctoral dissertation, in the context of self-support of the local Church, Joseph consistently proposes faith-lifting, before fund-raising. See Joseph, SSERUNJOGI, *Self-support of the Local Church Based on Canon 222, §§ 1-2 and the Apostolic Exhortation Ecclesia in Africa*, passim.

⁷²³ The generosity of God overflowed through Jesus Christ to many people of all ages, even to Gentiles, who according to the records in the New Testament, were just sick, plain and simple. Their sicknesses were neither related to their sin nor to satanic influences. See Michael, HARPER, *The Healings of Jesus*, p. 84.

⁷²⁴ Jesus attitude challenges people who, looking for something they can use to put other people down, sometimes use any sickness or suffering as a ‘sign’ that the sick person is not as good as them. Perhaps, their problem isn't the sick person or the sickness — it might be that such people are trying to express an undisclosed need.

Third, Jesus healing ministry transforms healing practice by challenging the understanding or expectation of miracles. It is likely that the miracle stories which have been handed down to us in the gospels include embellishments and exaggerations and that they also include accounts of events that were not originally miracles or extraordinary marvels. Nevertheless, after this has been taken into account, it appears as an indubitable historical fact that Jesus did perform miracles, and that he did exorcize and heal people in quite an extraordinary manner. Yet, how did Jesus perceive miracles, and how are we to understand them? Miracles are very often thought of, both by those who believe in them and by those who do not, as events, or purported events, that contradict the laws of nature and as such cannot be explained by science or reason.⁷²⁵ The Bible does not divide events into natural and supernatural. God is, in one way or another, behind all events. A miracle in the Bible is an unusual event which has been understood as an unusual *act of God*, a mighty work, and not because it contradicts the laws of nature. It is narrow and ambiguous to see miracles as such.⁷²⁶ The laws of nature are no criteria at all for deciding what is a miracle and what is not. Something may well contradict the laws of nature as they are known to us at any given time without being a miracle or act of God, e.g. acupuncture, extrasensory perception, bending forks with one's mind, and the feats of Indian yogis. On the other hand something may be a miracle even though it can be explained by perfectly natural causes. Instead, certain acts of God are called miracles or wonders because of their ability to astonish and surprise us. Therein lies the true meaning of miracle: it is an act of God which in its power and unusualness causes us to wonder and marvel.⁷²⁷

For Jesus, miracles were signs, as they are often called in the Bible — signs of God's power and providence, justice and mercy, of His will to save and liberate.⁷²⁸ Of course, even though Jesus

⁷²⁵ Flach says: "The first definition of the word miracle in the dictionary is "an event or action that apparently contradicts known scientific laws and hence is thought to be due to supernatural causes, especially an act of God." Frederic, FLACH, *Faith, Healing & Miracles*, New York, Hatherleigh Press, 2000, pp. 8-9.

⁷²⁶ See Albert, NOLAN, *Jesus Before Christianity*, pp. 40-41.

⁷²⁷ The Latin derivation of the word 'miracle' is the noun *miraculum*, which means "a strange thing"; the verb, *mirari*, means to "wonder at"; the adjective *mirus* means "wonderful." Frederic, FLACH, *Faith, Healing & Miracles*, p. 9.

⁷²⁸ See Albert, NOLAN, *Jesus Before Christianity*, pp. 41-42. This is also the sense in which Flach perceives miracles. For, whereas he describes events that apparently contradict the laws of nature as *extraordinary miracles*, Flach uses the term *ordinary miracles* to include happenings that are quite improbable, such as recovering from an illness when the doctors hold out very little hope for you, or completely unexpected coincidences that change the course of our lives for the better; coming upon insights into our lives that lead us to become better people. In fact, the word 'miracle' is commonly used to describe the wonders of life, the birth of a child, the spring flowers blossoming, the hoot of the great owl perched high in a lofty locust tree, the earth itself and the stars above it. After all, these are truly marvelous things that

did not set out to prove anything, his miraculous success did show that God was at work liberating his people because of the faith that Jesus had engendered in them. Therefore, pastoral workers today will realize that Jesus' miracles of healing were not meant to be works of a supernatural nature that contradict the laws of science. Similarly, pilgrims to shrines and holy places in search of healing, and faith-healers involved in the ministry of healing through prayer, may be encouraged to avoid the 'miracle mentality' and seek to have faith as their primary focus so as to allow God continue his liberating role in them.

With respect to the purpose of miracles, nothing shows more clearly how different Jesus was from the people of his generation. The Pharisees were constantly demanding from him a "sign from heaven," and each time he refused to attempt anything of the kind. What they were looking for was some kind of spectacular miracle which would authenticate his mission and prove conclusively that he was a prophet sent by God. Jesus resists this kind of quest, and calls the generation which demands a miraculous sign a wicked and unfaithful generation (Lk 11:29//).

There is today, as in Jesus' time, the temptation to justify the Church's (healing) ministry by means of heavenly proofs and signs. Confronted with so much pain and suffering, especially where recourse to human efforts seems to offer no solution, some might be lured into the search for the fascinating or miraculous — as is sometimes observable in the phenomenon of New Religious Movements, cults and sects. Hence, Jesus' approach is an important contribution which might enlighten the work of healing, especially in view of the efforts of the Catholic Charismatic Renewal, prayer groups, and faith-healers of various religious backgrounds.

Fourth, Jesus ministry of healing transforms healing practice by demonstrating a remarkable spirit of openness to different kinds of healing and healers. Jesus may have grown up in a tradition that did not see any conflict between the practice of medicine, and the role of prayer in healing. It is possible that Jesus' respect for health care workers stemmed from the Jewish world-view as presented in the Book of Ecclesiasticus: Jewish people had respect for physicians, pharmacists, medicine, and saw them as contributing to human health, as much as prayer did.⁷²⁹ Jesus also commissioned his

would never have been possible but for the hand of God." Frederic, FLACH, *Faith, Healing & Miracles*, p. 9.

⁷²⁹ The passage from Ecclesiastes deserves to be quoted *en bloc*: "Honor physicians for their services, for the Lord created them; for their gift of healing comes from the Most High, and they are rewarded by the king. The skill of physicians makes them distinguished, and in the presence of the great they are admired. The Lord created medicines out of the earth, and the sensible will not despise them. Was not water made sweet with a tree in order that its power might be known? And he gave skill to human beings that he might

followers to use oil in healing, which, from the story of the Good Samaritan constituted a simple dressing for wounds.⁷³⁰ Also, as just mentioned above, Jesus seems to suggest that the role of healing is not a monopoly of his followers. He discouraged his disciples from having the attitude of intolerance toward other healers: "John said to him, 'Teacher, we saw someone casting out demons in your name, and we tried to stop him, because he was not following us.' But Jesus said, 'Do not stop him; for no one who does a deed of power in my name will be able soon afterward to speak evil of me. Whoever is not against us is for us.'" (Mk 9:38-40).⁷³¹

To sum it up, it can be said of Jesus that even though he assumed much of the Jewish culture and religious faith tradition, his teaching and approach to healing, opened up new horizons for transformation. For instance, he outrightly condemned excessive ritualism and empty externalism in religious practices as well as the oppressive exercise of authority (or control) by the Jewish religious leaders. Jesus rejected distorted ideas about God, sin and holiness, about who and what was ritually and spiritually clean and unclean.⁷³² He made God's grace and healing equally accessible to those ready to

be glorified in his marvelous works. By them the physician heals and takes away pain; the pharmacist makes a mixture from them. God's works will never be finished; and from him health spreads over all the earth. My child, when you are ill, do not delay, but pray to the Lord, and he will heal you. Give up your faults and direct your hands rightly, and cleanse your heart from all sin. Offer a sweet-smelling sacrifice, and a memorial portion of choice flour, and pour oil on your offering, as much as you can afford. Then give the physician his place, for the Lord created him; do not let him leave you, for you need him. There may come a time when recovery lies in the hands of physicians, for they too pray to the Lord that he grant them success in diagnosis and in healing, for the sake of preserving life" (Eccles 39:1-14). In fact this passage from Ecclesiastes, seems to suggest an integrated approach to healing. Apart from honoring physicians and pharmacists, for their competence and skill to heal, the passage suggests that their effectiveness comes from giving God the first place in the role of healing. In the search for healing, moreover, the consultation of physician is meant to go hand in hand with prayer and the offering of sacrifice.

⁷³⁰ See Aylward SHORTER, *Jesus and the Witchdoctor*, p. 10.

⁷³¹ We should note that Jesus' attitude of openness enables the healing ministry to continue in, and outside of the Church. As John Paul II writes: "Sharing in the joys and hopes, sorrows and anxieties of the people of every age, the Church has constantly accompanied and sustained humanity in its struggle against pain and its commitment to improve health. At the same time, she has striven to reveal to mankind the meaning of suffering and the riches of the Redemption brought by Christ the Saviour...This presence should be maintained and encouraged for the benefit of the precious good of human health, looking carefully at all the inequalities and contradictions in the world of health-care that still exist...This commitment does not derive from specific social situations, nor should it be understood as an optional or fortuitous act, but is an intransgressible response to Christ's command: 'he called to him his twelve disciples and gave them authority over unclean spirits, to cast them out, and to heal, every disease and every infirmity'" (Mt 10:1, 7-8). JOHN PAUL II, *Message of the Holy Father for the World Day of the Sick for the Year 2000*, pp. 1 & 3.

⁷³² See Teresa, OKURE, "Inculturation: Biblical/Theological Bases," p. 63.

receive from His bounty. Because of all these, Jesus' ministry met with great opposition and he had to pay a high price for it.⁷³³ But he was not intimidated. In a similar manner, those who wish to follow Jesus example today, must be prepared to accept the reality that this process has never been easy: there will always be hesitations, complaints, and conflicts. As it was not easy for the immediate disciples, as the Acts of the Apostles demonstrates; it may not be that smooth for the Church of our time either.

5.3.3. Compassion as the Axis of Jesus' Integrated Healing Ministry

In this section we shall discuss the centrality of compassion in Jesus' healing ministry, illustrating how the same theme carries significant implications for the healing ministry in the local Church of the Archdiocese of Mbarara and elsewhere in the world. The crucial nature of compassion as a resource for healing in Jesus' ministry and that of the Church, compels us to examine it more closely. Here is how we shall proceed. We shall begin by illustrating by examples that compassion summarizes Jesus' healing ministry. Finally, we shall examine how compassion forms the axis around which other aspects or components of Jesus healing ministry can be situated.

Compassion summarizes Jesus' healing ministry. As we observed under the image of 'Jesus as Healer', Jesus had the tremendous resource of compassion, which attracted multitudes to him for healing, and from which it may be argued, all other resources find inspiration and fulfillment. In fact it may rightly be said that the power, goodness, and love of God for humankind were incarnated in Jesus' loving compassion for the people, especially those who came to him for healing.

The gospels are replete with examples illustrating Jesus' loving compassion, especially toward the sick and afflicted. The various types of miraculous healings are deeply symbolic and have Jesus' loving compassion at their heart. Out of compassion, Jesus cleanses a leper: And Jesus, *moved with compassion*, put forth his hand and touched him, and said, 'I will; be clean' (see Mk 1:40-45). The Gospel tells us how Jesus saw the great multitude, and *was moved with compassion toward them*, and he healed their sick.⁷³⁴ Jesus healed the two blind men seated by the wayside: "Have *mercy* on us, O Lord, Son of

⁷³³ He had to bear with accusations as being considered to be a sinner (Jn 9:24); as leading people astray (Jn 7:47-48); as breaking traditional religious observances, and even blaspheming against God himself (see Jn 5:18; Mt 26:63-66). See Teresa, OKURE, "Inculturation: Biblical/Theological Bases," p. 63.

⁷³⁴ See Fred, Francis, BOSWORTH, *Christ the Healer*, Grand Rapids, Michigan, Fleming H. Revell, 1996, p. 67.

David.” So Jesus *had compassion* on them, and touched their eyes: and immediately their eyes received sight, and they followed him.⁷³⁵ He shared the sorrow of the widow of Nain, and raises the dead to life. In an incident involving not physical, but inner suffering, Jesus saw the multitudes and was *moved with compassion*, because they were faint-hearted and were scattered abroad, as sheep with no shepherd. It was clear to the disciples that God’s love and compassion were being made manifest in Jesus Christ.

Compassion, therefore, may be considered as the axis around which we can situate at least five basic elements or dimensions of Jesus’ healing ministry — those elements constitute a model and offer basic guidelines for healing ministry of the local Church. The five elements which we want to briefly discuss include the following: Jesus’ integrated approach to healing; his fundamental option for the poor; his identification with sinners; an approach whose ultimate aim is the service and promotion of life; and finally, Jesus personal lifestyle as illustration of how to achieve this goal.

Jesus’ healing ministry was integrated and multi-dimensional in approach. For Jesus, healing is more than just physical healing. His compassion for the sick takes on a deeper dimension and is connected with God’s mercy. This is evident in the above mentioned episode when Jesus healed two blind men (see Mt 20:29-34). Here the blind men asked for the mercy of having their eyes opened, and Jesus granted unto them the mercy of healing, proving that healing is mercy as well as forgiveness. The sick, in those days, when seeking *healing*, asked for *mercy*. In our day most people think of mercy as applied only to the sinner, not knowing that His mercy is also extended to the sick.⁷³⁶ And as John Paul II explains, “Mercy—as Christ has presented it in the parable of the prodigal son—has the interior form of the love that in the New Testament is called agape. This love is able to reach down to every prodigal son, to every human misery, and above all to every form of moral misery, to sin”⁷³⁷

A clear example that illustrates how Jesus healing brought about integrity of life, is the healing of the woman with a hemorrhage (Mk 5:25-34; Luke 8:43-48). The vocabulary used in the text, and the cultural set-up of the time indicate that this woman’s sickness was not just physiological but had other serious implications. “Now there was a woman who had been suffering from hemorrhages for twelve years; and though she had spent all she had on physicians, no one could cure her.” Leviticus 15:19-

⁷³⁵ See *ibid*, p. 68.

⁷³⁶ See *ibid*, p. 68.

⁷³⁷ See JOHN PAUL II, Apostolic Letter, *The Mercy of God, Dives in Misericordia*, 30 November 1980, in AAS 72 (1980), pp. 1177-1232, English translation, Boston, Pauline Books & Media, 1980, No. 6, p. 22.

33, stipulated that a woman with any flow of blood, was considered impure, and would have to live in seclusion, until she has been cleansed. If any woman in her ordinary menses was unclean, more so was the case of this woman, who had been hemorrhaging for twelve years. Therefore, on the social level this woman was considered an outcast.⁷³⁸ She was also economically drained, and perhaps impoverished, since “She had spent all her money, but instead of getting better she got worse all the time.” Worse still, on the level of morality, people thought that so much suffering was a sign that the victim had been cursed by God, due to sin. So, by the time the woman came to Jesus, this woman seems to have been in a hopeless situation on several fronts. Hence, by Jesus saying to her “Daughter, your faith has made you well; go in peace,” it meant that Jesus’ miracle had restored her to health in a manifold manner. The woman had been made whole, not only physically, but psychologically and in community.

We mentioned earlier that Jesus’ mission took on the fundamental option for the poor and the less fortunate, and it is partly because of this that he had to suffer. Our discussion about Jesus’ closeness to sinners will bring out this point more clearly. For now it suffices to say that this example in this regard might be an inspiration to staff working in health care facilities in the Archdiocese of Mbarara, and other developing countries where workers find themselves surrounded by multitudes of the less fortunate. Service to such people, as happened in the life of Jesus, is something that involves choices, and sometimes risks. Every free choice involves suffering. God gives everyone the freedom to choose as well as the knowledge both that life involves choices and that choices involve compassionate responses to the suffering of others. Only choices that are made in love can transcend that suffering.⁷³⁹

Jesus’ compassion is entrenched in how he makes himself selflessly available to sinners and his identification with them. This is the quality we referred to earlier as Jesus’ willingness *to-be-with*. Jesus welcomed and identified with sinners. Rather than trying to separate himself from them, to avoid ‘contamination’ from the so-called ‘unclean’, as Jewish customs demanded in specific cases,⁷⁴⁰ Jesus

⁷³⁸ Teresa Okure has the following to add: “...the woman does not seem to have a family or relatives who care. She seems to have been struggling on her own. She may have been either a widow or a woman automatically divorced by virtue of her ailment which automatically rendered her an outcast of society, a permanent source of uncleanness (see Lev 15:25-30).” Teresa, OKURE, “The Will to Arise,” p. 227.

⁷³⁹ See Daniel, P. SULMASY, *The Healer’s Calling: A Spirituality for Physicians and Other Health Care Professionals*, New York, Paulist Press, 1997, pp. 104-105.

⁷⁴⁰ Notice that according to the Book of Leviticus, Lepers in Jewish society were social outcasts as long as they were considered unclean (Lv 13:1-14:57). That is why those who were healed of leprosy were obliged to show themselves to the priest, and make some offering as proof and assurance to society that they were well again (Lv 14:1-7).

went out of his way to mix socially with beggars, tramps, tax collectors and prostitutes. Contrary to Middle East (Oriental) etiquette, Jesus accepted such people and approved of them to the extent and that he actually made friends, and shared table-fellowship with sinners. Even if to some Jesus' attitude was scandalous, the effect upon the poor and the oppressed themselves was miraculous. By accepting them as friends and equals, Jesus had taken away their shame, humiliation and guilt. By showing them that they mattered to him as people, he gave them a sense of dignity and released them from their captivity. The physical contact which he must have had with them as they shared at table, must have made them feel clean and acceptable. And because Jesus was looked upon as a holy man of God and a prophet, they would have interpreted his gesture of friendship as God's approval. They were acceptable to God, which implied God's forgiveness of their sins.⁷⁴¹ Profoundly moved and disturbed by human misery, Jesus committed himself to liberate his people from sin, from every form of anguish and suffering.⁷⁴²

The result of Jesus' gratuitous unconditional acceptance of sinners, was a kind of healing or salvation which people experienced as relief, joy, gratitude and love. Their grateful love and uncontrollable joy (exemplified in the experience of the sinful woman with Jesus — see Lk 7:37-50), were a sure sign of their liberation from sin, and other kinds of affliction. Joy was in fact the most characteristic result of all Jesus' activity amongst the poor and the oppressed. There can be no doubt that Jesus was a remarkably cheerful person and that his joy, like his faith and hope, was infectious. Some authors even refer to the existential impossibility of being sad in the company of Jesus.⁷⁴³ The joy came about because Jesus made them feel safe and secure. It was not necessary to fear evil spirits, evil men or storms on the lake. Jesus not only healed them and forgave them, he also dispelled their fears and relieved

⁷⁴¹ See Albert, NOLAN, *Jesus Before Christianity*, pp. 45-48. In Oriental thought forgiveness also meant the cancellation or remission of one's debts to God. To forgive someone is to liberate them from the domination of their past history. God forgives by overlooking one's past and taking away the present or future consequences of past transgressions. Jesus' gesture of friendship did exactly that. It meant that Jesus overlooked their past and refused to hold anything at all against them. This had far-reaching impact as far as healing was concerned. Because sickness was conceived to be one of the consequences of sin, healing came to be seen as one of the consequences of forgiveness. Sickness was thought of as a punishment for sin, the price that one may be called upon to pay because of one's debt to God. If one was liberated from the sickness, it showed that one's debt must have been canceled. See Albert, NOLAN, *Jesus Before Christianity*, pp. 48-49.

⁷⁴² See Achiel, PEELMAN, *Christ is a Native American*, p. 170.

⁷⁴³ See Edward, SCHILLEBEECKX, *Jesus: An Experiment in Christology*, English translation, New York, Sheed & Ward, 1968, p. 95; quoted in Albert, NOLAN, *Jesus Before Christianity*, p. 51.

them of their worries. His very presence had liberated them.⁷⁴⁴ Yet, Jesus did not think that he had the monopoly over making people feel safe. His is the invitation and task for the Church also, to be the sacrament of peace and joy amidst and in spite of the sorrowing. As Jesus and his disciples did, the present Church has the legacy of being a beacon of compassion to the suffering masses of our time. In the multiple forms of struggling for life, in the responsibilities of those who devote themselves to transforming society through *passion* and through *compassion*, members of the Church will learn to emulate what the disciples of Christ have accomplished in the history of the people, and manifest the healing power of God.⁷⁴⁵

Jesus' model of compassion to the wounded and his identification with sinners to bring them God's forgiveness and healing, have critical implications for the mission of the Church in the Archdiocese of Mbarara and elsewhere, which call for further discussion. Jesus did not claim to have a monopoly over compassion, faith and miraculous cures. What he wanted to do most of all was to awaken the same compassion and the same faith in the people around him. The mission to heal is largely a manifestation of Jesus' compassion in all its dimensions,⁷⁴⁶ towards society's afflicted. If the Church is the sacrament of Christ, the divine Healer, if every Christian is another Christ called to carry on this mission of healing or 'wholing', then the believer has to make present to the world the salvific love of the Redeemer. And healing is the most convincing demonstration to most people that the living God is with us, that God is love and that he cares for each one of us.⁷⁴⁷ Compassion is a virtue that is

⁷⁴⁴ See *ibid*, pp. 50-51.

⁷⁴⁵ See Mercy, Amba ODUYOYE, and AMOAH, "The Christ for African Women," in Fabella, V. and Oduyoye, M. A., (eds.), *With Passion and Compassion: Third World Women Doing Theology*, Nashville, Abingdon, 1979, p. 168.

⁷⁴⁶ To have compassion is *to love tenderly, to pity, to show mercy, to be full of eager yearning*. Such love, moreover, may as well have the nuance of the readiness to share in someone's affliction. The Greek word *sumpathes*, (translated 'compassion') means to suffer with another — (see Heb 10:34; 5:2). A mother's compassion for her suffering child makes her not only willing to relieve the child, but to suffer if she cannot. See Fred, Francis, BOSWORTH, *Christ the Healer*, Grand Rapids, Michigan, Fleming H. Revell, 1996, p. 67. Hence, compassion, applied in situations of affliction, may be understood as the practical expression of charity, that self-less love which reaches out for the betterment of the other, and at the same time mediates divine healing. Nevertheless, it is the type of compassion that is open to the mysteriousness of human nature and its vulnerability in situations of suffering. Thus, one can already appreciate the strength and relevance of love-compassion as theological pillar to integral healing. The profound nature of this theme, is brought about by the example of Jesus' ministry of healing.

⁷⁴⁷ See G. LOBO, "Why Christian Hospitals?" in *VIDYAJYOTI Journal of Theological Reflection*, Vol. XLI, No. 10, November 1977, p. 448. "To the man out of whom Jesus had expelled demons, he says: "go home to thy friends, and tell them how great things the Lord hath done for thee, and has had *compassion*

tremendously needed in the hearts and souls of the people of the Church. Without compassion, we will not be able to accept the healing power of the Spirit. We also need to be compassionate for our own well-being so that God can operate within us as He wills. God cannot give us the healing that we need unless we have been sufficiently gentled by compassion to accept the healing that God has in store for us.⁷⁴⁸ This means that, as it was in Jesus' healing ministry, those involved in the various dimensions of healing mission today, are to be motivated by the primacy of love-compassion. For instance, theologies and tendencies toward power (in the sense of abuse of authority), legalism, formalism, bureaucracy, etc., which sometimes get into the way of people's yearning for healing, are to be softened by the spirit of charity. "Modern theology," Bosworth remarks, "magnifies the *power* of God more than it magnifies His *compassion*; his power more than it does the great fact that 'the exceeding greatness of his power (is) to usward.'"⁷⁴⁹

The question we might ask is: why did Jesus take the integrated approach to healing? Why choose to be on the side of the poor? Why associate with sinners? It may be argued that the ultimate goal in making such choices was simply to be at the service and promotion of life. Jesus dedicated his entire ministry to this noble cause. The call to follow the example of Jesus is a demanding one. All those mandated to perpetuate Jesus' mission of healing, must make sure they proclaim the *Gospel of Life*, and not the culture of death, or *conspiracy against life*.⁷⁵⁰ As Paul VI would put it, this implies the building

on thee." (Mk 5:19-20)." Fred, Francis, BOSWORTH, *Christ the Healer*, pp. 68-69.

⁷⁴⁸ See Chuck, GALLAGHER, *Call to Healing: A Way of Life in the Church*, New York, William H. Sadlier, 1982, pp. 77-78

⁷⁴⁹ Fred, Francis, BOSWORTH, *Christ the Healer*, p. 63.

⁷⁵⁰ See JOHN PAUL II, Encyclical Letter, The Gospel of Life, *Evangelium Vitae*, 25 March 1995, in AAS 87 (1995), pp. 401-522, English translation in Miller, Michael, (ed.), *The Encyclicals of John Paul II*, Huntington, Indiana, Our Sunday Visitor Publishing Division, Our Sunday Visitor, Inc., 2001, Nos. 7-28, pp. 686-703. John Paul II, has constantly and passionately appealed to the Church and members of the human community, to build the civilization of life, rather than the culture of death. For instance, the Roman Pontiff observes that, in some health care institutions, where abortions and euthanasia are legalized, "a culture of death [which] seeks to impose itself on our desire to live, and live to the full." See JOHN PAUL II, Homily at Cherry Creek State Park, Feast of the Assumption, Denver, Colorado, 1993, No. 3. See <http://www.columbia.edu/cu/augustine/arch/jp2/denver17.html>. "[For,] on the horizon of our era," John Paul II remarks, "there are gathering ever darker 'signs of death': a custom has become widely established—in some places it threatens to become almost an institution—of taking the lives of human beings even before they are born, or before they reach the natural point of death." JOHN PAUL II, Encyclical Letter, The Holy Spirit in the Life of the Church and the World, *Dominum et Vivificantem*, 18 May 1986, AAS 78 (1986), pp. 809-900, English translation, Miller, Michael, (ed.), *The Encyclicals of John Paul II*, Huntington, Indiana, Our Sunday Visitor Publishing Division, Our Sunday Visitor, Inc., 2001, No. 57, pp. 289-290. See JOHN PAUL II, Encyclical Letter, The Holy Spirit in the Life of the Church and the World, *Dominum et*

of a 'civilization of love',⁷⁵¹ to counteract whatever is anti-life.⁷⁵² Therefore, efforts towards integrated healing are to work in the direction of saving life and not destroying it. Scientific research and discoveries in the area of technology and medicine, are to endeavor to improve the quality of life, and not become a threat. Similarly, native healing traditions, and alternative therapies are equally accountable in this regard. Charismatic and faith-healers, both in mainline Churches and Independent Religious Movements, must ensure that all of their spirituality and devotions are geared toward the preservation of life. The goodness of God and the love of Jesus Christ, oblige all healing traditions to the same mission of saving human life, in its integrity. For people working with the sick and the less fortunate in Mbarara Archdiocese and elsewhere in Africa, the following dictum from St. Augustine bears decisive urgency: "Love and do what you want."⁷⁵³ It is an invitation to practice that love which is stronger than death,⁷⁵⁴ the mission to make God's desire for joy among his people more manifest.

How then was this goal realized in the life of Jesus, and how can it be achieved in the Church's healing ministry today? Jesus possessed certain resources that enabled him to fulfill his mission. Chief among them was his fundamental conviction that he was doing the will of God the Father who sent him. Jesus, therefore, did not have to be afraid of losing anybody's favor; or even of upsetting the people.⁷⁵⁵ Jesus was aware that the work of God might sometimes be hindered or compromised by human agendas. Socio-religious doctrines, customs and traditions among the Jewish community of Jesus' time stood in the way of the commandments representing the will of God. This still occurs in present day

Vivificantem, pp. 686-703. See also Miller's explanatory summary on John Paul II's teaching about the 'culture of death,' Michael, MILLER, (ed.), *The Encyclicals of John Paul II*, Huntington, Indiana, Our Sunday Visitor Publishing Division, Our Sunday Visitor, Inc., 2001, pp. 664-680.

⁷⁵¹ See PAUL VI, *Insegnamenti di Paolo VI*, XIII (1975), p. 1568 (close of the Holy Year, December 25, 1975). See JOHN PAUL II, Encyclical Letter, The Mercy of God, *Dives in Misericordia*, No. 14, pp. 131-135.

⁷⁵² See JOHN PAUL II, Encyclical Letter, The Holy Spirit in the Life of the Church and the World, *Dominum et Vivificantem*, No. 57, pp. 289-290.

⁷⁵³ Quoted in Sylvain, CHARRON, *Pourquoi Je Suis Toujours Catholique*, Montreal, Evangelization 2000, 2003, pp. 93-95.

⁷⁵⁴ See JOHN PAUL II, Homily at Cherry Creek State Park, Feast of the Assumption, Denver, Colorado, 1993, No. 8. See <http://www.columbia.edu/cu/augustine/arch/jp2/denver17.html>

⁷⁵⁵ As Okure explains, "...Jesus had the firm conviction that his very mission was to save and transform people's lives and their culture. Hence, it was out of question for him to accept to be misled by the people, and compromise with what was false in the culture and attitude of his people, or be afraid to challenge the *status quo* for fear of the consequences to himself personally." Teresa, OKURE, "Inculturation: Biblical/Theological Bases," p. 64.

societies. Jesus chose to do God's will by healing a crippled woman, "a daughter of Abraham whom Satan bound for eighteen long years," rather than keep the Sabbath, which would have pleased the Jewish officials (Lk 13:10-17). Here is a big lesson for the ministry of healing. In situations of conflicting loyalties, especially where the life and dignity of the individual and/or community are concerned, God's will takes prominence. Jesus' legacy to his followers is the conviction that none of the components of culture, including politics, economics, ethics, aesthetics and religion,⁷⁵⁶ can compromise the will of God to save people's lives. Moreover, Jesus insists, "Whoever does the will of God is my brother and sister and mother" (Mk 3:35).

Secondly, Jesus had the great resource of his own personal integrity. He had no selfish interests to protect, nor personal glory to seek. He was totally free to carry out the mission of liberating truth from his Father, stressing that only the truth would set one free. Similarly, personal integrity is crucial for persons and institutions mandated to help the sick and suffering receive integral healing. Qualities of personal integrity in healthcare such as selfless service, justice, universality and equality, a spirit of total dedication and transparency, and total respect for life, also ensure healing and liberation to the afflicted. Malpractices in the medical profession and healthcare circles, would contradict the interests of human liberation encouraged by Scripture and the Church's teaching. As St. Paul advises, "For freedom Christ has set us free. Stand firm, therefore, and do not submit again to a yoke of slavery" (Gal 5:1).⁷⁵⁷

In summary, Jesus' superabundant compassion, his identification with and acceptance of sinners, his conviction and determination to do God's will, his unquestionable personal integrity, and his unflinching faith, are an inspiration for his disciples of all times. In this regard, Okure mentions how the values which the Early Church Christians possessed for the task of inculturation were all rooted in their commitment to Jesus and his mission. She indicates how, the Church leaders of the time, with the same conviction of proclaiming the Good News of the Kingdom to all peoples, were humble enough not to quench the Spirit, but aligned themselves with the action and good pleasure of the Holy Spirit (Acts

⁷⁵⁶ Mugambi describes culture as "the cumulative product of people's activities in all aspects of life, in their endeavor to cope with their social and natural environment. Its components include politics, economics, ethics, aesthetics and religion." J., N. K. MUGAMBI, *From Liberation to Reconstruction*, p. 16.

⁷⁵⁷ See UEC, "Mission Statement and Policy of the Catholic Health Services in Uganda," 1999, p. 1; see also CATHOLIC HEALTH ASSOCIATION OF CANADA, *Health Care Ethics Guide*, Ottawa, Canada, Catholic Health Association of Canada, 1998, Nos. 1,3,16, pp. 21, 22, 25.

15:28). She points out how sometimes this process demanded considerable sacrifice of the apostles and other disciples : in most cases it meant that they had to undergo a self- emptying, to do ‘violence’ to themselves and to their whole cultural upbringing so as to emulate Christ’s example.⁷⁵⁸ Today the Church in the Archdiocese of Mbarara, Africa and elsewhere, is being called upon, through the process of inculturation, to share the same vision and mission of Christ as did the Early Church Christians. Success will come about if the Church today is willing to undergo the process of self-emptying and of selective assumption for transformation. In this case the challenge is particularly urgent in the ministry of healing.

5.4. Christ Healer as Liberator of the African Healing Traditions

The success of the Church’s healing ministry for individuals and communities in the Archdiocese of Mbarara and Africa in general, depends heavily on how much Christ Healer is allowed to liberate the various healing traditions in Africa. These include the indigenous/native healing practices, conventional methods of healing, and various aspects of religious or faith-healing. Why consider native healing traditions? As previously seen, the process of inculturation modeled on the incarnational paradigm demands that a people and their culture undergo a process of self-emptying, as in the life of Jesus and the Early Church. This is crucial because in some cases segments of a culture might be rooted in human understandings or perceptions that are based on human and Christian ‘disvalues’ rather than on human and Christian values. In this sense one may even speak of such a thing as a ‘sick culture’ in need of healing and liberation.⁷⁵⁹ This liberation then enables the culture to become truly human and truly Christian. Also, bearing in mind that the African world-view is holistic in nature, individuals and communities can not possibly experience genuine healing when there is disharmony in the universe, society or the surrounding environment. There is need for a kenosis to allow Christ’s liberating light to illumine the culture and its healing traditions, so as to guide them toward a conducive atmosphere for genuine healing.

But the Banyankore culture is not an isolated entity: the Archdiocese of Mbarara has had external influences. Therefore, we must also consider the healing traditions which were introduced to this part of Africa with the coming of Christianity and Western culture. These outside influences also need

⁷⁵⁸ See Teresa, OKURE, “Inculturation: Biblical/Theological Bases,” pp. 69-70.

⁷⁵⁹ See Robert, J. SPITZER, et al, *Healing the Culture: A Commonsense Philosophy of Happiness, Freedom and the Life Issues*, San Francisco, Ignatius Press, 2000.

to undergo the process of self-emptying, so that the grey areas in them are touched and liberated by Christ Healer. We begin by highlighting some of the areas in African culture that need to experience Christ's liberating presence, laying particular emphasis on Banyankore native healing traditions.

5.4.1. The Purification of African Self-Images

As it did in the life of Jesus Christ and his first disciples, inculturation demands of the African peoples a committed disposition to self-emptying. The self-emptying we are describing, has both positive and negative components, many of which have direct or indirect references to the subject of healing.

On the negative side, Africans would need to clear the ground, first of all: by ridding themselves of negative self-images, particularly of the colonized and consumer-oriented mentality which leads them to look down upon things African as being from the 'bush' or 'third rate,' while attaching undue importance to things European or Western. In the area of healing, this mentality manifests itself, especially by Western educated elites, in the blanket rejection of all practices used by natives to treat patients. Even the non-educated have sometimes been brainwashed by the colonial mentality. They regard native therapies as 'local' or 'traditional' (meaning 'unscientific' and of low grade), in contrast to the so-called 'conventional' (implying 'scientific' and 'modern') means of healing from Western countries. Yet, some authors have indicated that there is a lot of ambivalence surrounding these words, since all healers work out of a specific tradition,⁷⁶⁰ and what is locally produced whether in Europe or Africa, may actually be modern.⁷⁶¹

⁷⁶⁰ Says Bate, "The term traditional healer...has come to have a rather specific meaning in the African context referring to those healers who work within the context of 'traditional' African culture which is usually understood as African culture unsullied by missionary influence from the major world religions. This is the African 'tradition' of which these healers are traditional healers. In fact, however, *all healers work out of a tradition* even though they may not refer to themselves as traditional healers. This tradition is the culture from which they emerge and so sometimes they are referred to as 'cultural healers'." Stuart, C. BATE, "Catholics and Traditional Healers in History," p. 52.

⁷⁶¹ To illustrate this ambivalence, Dr. Hans-Martin Hirt and Bindanda M'Pia, write: "Juice of unripe pineapple used in Africa (by experience) to stimulate digestion is regarded 'traditional' there; in Europe it is suddenly (scientifically recommended) considered 'modern'. Millions of Africans only live today thanks to quinine, which is effective against malaria. Quinine is available in all forms: tablets, shots, syrups etc. But quinine is simply an extract of the bark of the cinchona tree. Cinchona trees grow in the Tropics. Quinine thus is a 'traditional' medicine. A Spanish missionary learned the secret of its working from an Indian healer. That's why we say: Every herbal product with approved effectiveness is 'modern'. But all medicine made

Jesus' person and message can help liberate Africans from the above mentality. For, as we discussed above, Jesus Christ embraced the Jewish culture and most of its traditions. He was not afraid to be called a Nazarene, even if that part of the country was far from being considered famous (Jn 1:45-46). Moreover, as Shorter points out, Jesus *was* a kind of [traditional healer], if only because he adopted the practices of traditional healers of his own time.⁷⁶² Judging from Jesus' willingness to use symbols and practices from the Jewish culture, and enrich them with new meaning, it is difficult to see him outrightly condemning the rituals and ceremonies used by traditional healers in Ankore and Africa in general. Besides, Africans traditionally wish to promote whatever gives life in abundance. Hence, unless Africans see themselves, their values, their customs and their way of living as good in themselves, they will never want to place them at the service of healing.

We mentioned earlier the attitudes of fatalism and victimization, related to low self-image and esteem, of which the Africans need to empty themselves. We want to reecho the need for Africans not to allow the burden of misery on the continent to overshadow their sense of confidence. Africans have yet to heed the lessons of history. The African-American academic, Dr. Maulana Karenga, summed up our plight very succinctly when he stated that until we break the chains of mental slavery, African liberation is not only impossible — it's unthinkable. For one cannot achieve, what one cannot even conceive.⁷⁶³ Christ's liberating faith and courage is an inspiration to the peoples of Africa in this regard. It is remarkable how frequently Jesus is said to have assured and encouraged his listeners with words like: "Don't be afraid," "Don't worry" or "Cheer up".⁷⁶⁴ Both Church and civil leadership will learn from the example of Christ how to help dispel people's fears and worries and give them hope in the future. It is "necessary to combat Afro-pessimism at all costs, and to give confidence to Africans, as Africa is not just the continent of bad news, as it is often presented," said Cardinal Martino on his recent visit to Nairobi, Kenya.⁷⁶⁵

of natural substances is at the same time a traditional, local, native product of the country of its origin!" Hans-Martin, HIRT and Bindanda, M'PIA, *Natural Medicine in the Tropics*, pp. 16-17.

⁷⁶² See Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 16.

⁷⁶³ See Maulana, KARENGA, *Kawaida Theory: An African Communitarian Philosophy*, Timbuktu, Mali, University of Sankore, Press, 2003, passim.

⁷⁶⁴ See Albert, NOLAN, *Jesus Before Christianity*, p. 51.

⁷⁶⁵ See "Cardinal Martino Laments Africa's Plights, Urges Solidarity to Deal With Conflicts, Epidemics and Debt," February 25, 2004, in <http://www.Zenith.org>

From a global perspective, the Banyankore and Africans in general also need to empty themselves of tribalism or ethnicism, with its allied concepts of divisiveness and sectarianism. The need to empty themselves of this vice can hardly be over-emphasized. It must not be brushed under the carpet, or reacted to defensively. Tribalism in its manifold expressions has indubitably crippled not only the growth of the Church in African countries, but has impacted the area of sickness and health and adversely hindered the progress of healing. In many African countries, parochial mentality has been at the basis of political wrangles, nepotism, and political decisions as to what region should get health care benefits or not. In some regions, ethnic based prejudices and clashes, have caused sicknesses related to the effects of social unrest, such as psychological disorders and vulnerability to health hazards in refugee situations. Unfortunately, many in Africa continue to nurse the wounds of disunity: physical, psychological, social, and spiritual. And unless Africans see themselves as ONE people, ONE family, ONE destiny, and ONE history, division and conquest is not only probable, it is inevitable!

Tribalism, like racism, warns Paul VI is: “foreign to the mind of Christ”, “contrary to God’s intent”, and an “obstacle to the building up of the Church and just society.”⁷⁶⁶ Tribalism runs drastically counter to the mission of Jesus, and to the core of the Gospel message. Tribalism imprisons and impoverishes those who practice it. It divides society, discriminates against and excludes some people.⁷⁶⁷ Tribalism or exclusivist mentality not only weaken efforts toward the badly needed social cohesion in Africa, but is a shouting contradistinction to the African values of solidarity and community life.

In direct opposition to tribalism, Jesus came specifically to liberate, enrich, gather together, reconcile and reunite all peoples to God and to one another in his own person (Eph 2:11-22; Jn 11:52; 2 Cor 5:19). Anyone who does not gather with Jesus Christ, scatters (Mt 12:30; Lk 11:23). His healing ministry testifies to this reality. He healed Jews and Gentiles alike; he did not ask people their origin, race or religious affiliation before healing them. His healing ministry was open to all. Allegiance

⁷⁶⁶ JOHN PAUL II, “Address to the Nigerian Bishops,” Lagos, February 15, 1982, in *Pope John Paul II in Nigeria, February 12th-17th, 1982, Homilies and Addresses Complete and Unabridged*, Port Harcourt, Marian Books Center, 1982, p. 38. See also “The Pope in Nigeria,” in *L’Osservatore Romano*, Fifteenth Year, Special Issue on Popes Journey...All his Discourses. Special Edition in English, March-April 1982, p. 21, where the words “*the importance of unity and concerted action*” are emphasized. PAUL VI, “To the Inaugural 1969 SECAM, Kampala,” in *AFER*, Vol 2, No. 4, 1969, p. 405, also warns against the danger of “exclusive racism”, “egotistic tribalism”, and “arbitrary separatism”. See Teresa, OKURE, “Inculturation: Biblical/Theological Bases,”p. 85.

⁷⁶⁷ See *ibid*, p. 74.

to Christ and succumbing to tribalism are thus mutually exclusive. Indeed, Christ Healer's message and example can help liberate Africans from the evil of division.

5.4.2. Beyond Syncretism and Religious Dualism

Christ Healer liberates African cultures from the tendencies of dualism and parallelism that may harm, compromise or interfere with the process of authentic integration. The commonest term that has been used to express this reality is 'syncretism'.⁷⁶⁸ A syncretic Christianity would be, for instance, a Christianity mixed with African Traditional Religion. One of the great challenges of inculturating the gospel in Africa today is to overcome and break down the dualism and parallelism between Christianity and African Traditional Religion. This means living in one holistic world, rather than trying to balance two worlds. Christianity is not just an overcoat worn on the outside while the traditional values are worn on the inside. Christianity and African Traditional Religion are not meant to be like water and oil that will simply not mix.⁷⁶⁹ In African Christianity, healing is one of the major areas in which this ambivalence has been most evident. The song that Jean-Marc Éla quotes from the Democratic Republic of Congo (Zaire) is very revealing: "Christians, how unhappy you are, Mass in the morning, diviner at night! Amulet in your pocket, and scapular round your neck!"⁷⁷⁰ Thus, in the area of healing, and Christian life in general, it is feared that syncretism has created a kind of an uncomfortable mixture of world-views, a melange of faiths, an ambivalence that leads to a double existence. The Church, in Africa and elsewhere, is constantly in search of the ways and means to build bridges between the Gospel and the various cultures, and thus work towards integration.

⁷⁶⁸ Says Koyama, "The word *syncretism* derives from the Greek *synkretizein* meaning 'to make two parties join against a third'. The term originally signified a political alliance. The Dutch humanist Erasmus of the sixteenth century latinized the word giving it the meaning of an eclectic mixture in philosophical and theological doctrines." Kosuke, KOYAMA, *Three Mile an Hour God: Biblical Reflections*, Maryknoll, New York, Orbis Books, 1980, p. 64. As regards the understanding of 'syncretism', however, we have to be careful: there are different views, some of which may not be acceptable to certain Churches, especially which seem to contradict those churches' identity.

⁷⁶⁹ See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 303-304.

⁷⁷⁰ Jean-Marc, ÉLA, *My Faith as an African*, p. 139. Healey further observes in this regard that "There is an on-going dualism in many African Christians' religious beliefs...They keep one foot in the beliefs of their African Traditional Religion and one foot in Christianity...they maintain the Christian faith when life is gay and happy, but hold to the indigenous faith when the fundamentals of life are at stake." See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 294.

How then may Christ Healer liberate people and their culture to bring about the desired harmonization? We must begin with the fundamental question: is syncretism necessarily suspect? Is every occurrence of syncretism necessarily harmful? Even without any suggestion of mixing, the question of the meaning of religion is a formidable one. How do religions or world-views mix with, influence or penetrate each other? That is a complicated question to answer. Perhaps syncretism is abhorred by many Christians often for too simple a grasp of the issue involved.⁷⁷¹

Shall we say that an African, who has lived a predominantly African culture all his/her life, with all that that involves, including the native practices of healing, must not bring his/her African background to the new faith in Christ? Must he or she be purged, or purified of his essential nature? This would be too abstract and next to impossible. The mother culture, like the mother tongue, will follow a person throughout life. He or she wears it as he or she wears his/her skin.⁷⁷²

The Christian faith, expressed powerfully in every page of the New Testament, also speaks with the accent of the mother culture, Judaism; and later with a Greco-Roman, and Euro-American culture. There cannot be any such a thing, as the *ecclesia pura*, the non-mediated Church, the non-translated truth and doctrine — a Christianity chemically pure, so to speak, and in a non-adapted form. God is not 'chemically pure' as long as he calls himself the God of Abraham, Isaac and Jacob (Ex 3:15-16). Jesus is not 'chemically pure' as long as he calls himself "Jesus of Nazareth" (see Jn 18:5-7), a Jew. He was not 'pure' in the sense that he let himself be involved with or 'contaminated' by a concrete culture and history. The *incarnation* — the Word which 'became flesh' was the *in-culturation* for it 'dwelt among us' (Jn 1:14).⁷⁷³

Moreover, culture, like language, is continuous reality. African culture and language(s) reach back thousands of years. And culture is a process in which there is much bringing of 'gifts' from other cultures and religions. No culture is pure. No history, no religion, no language, no race, no

⁷⁷¹ See Kosuke, KOYAMA, *Three Mile an Hour God: Biblical Reflections*, p. 64. The fear of syncretism is evident not only in the Catholic Church, but also in other Christian denominations and evangelical Churches. See for instance H, CONN, *Eternal Word and Changing Worlds: Theology, Anthropology and Mission in Dialogue*, Grand Rapids, Michigan, Zondervan, 1984, pp. 176-184; Stephen, B. BEVANS, *Models of Contextual Theology*, p.17. See also Carl, Frederick STARKLOFF, *A Theology of the In-Between: The Value of the Syncretistic Process*, Milwaukee, Marquette University Press, 2002.

⁷⁷² See Kosuke, KOYAMA, *Three Mile an Hour God: Biblical Reflections*, p. 65.

⁷⁷³ See *ibid*, p. 65.

philosophy is 'pure'. There are only interactions, adaptations, assimilations, integrations and disintegrations. Culture is the process of reception-rejection.⁷⁷⁴

So the African brings his/her African personality, cultural heritage, religion, and morality, into the new faith in Jesus Christ. In most areas there may be no clashes. For instance, in as far as the principle of 'Do good; avoid evil' is respected by both, most religions agree. African culture and African religion teaches many noble and good things. The clash occurs rather on the question of affirmations regarding key beliefs which determine peoples' allegiances. It is here that one has to ask: in what way does the African culture and religion help the one who decides to become a Christian on his or her road to salvation? Proper resolution of this question normally marks the success of integration and inculturation as such.

The person who converts to Christianity cannot say, surely, that salvation in African Traditional Religion (including its belief systems and rituals) is identical with salvation in Jesus Christ. To this individual, both religions represent a search for salvation, but now if he or she is convinced and believes in Jesus Christ as his/her savior, this person's turning to African Religion must in some way change. Still he or she may have a grateful memory of how the African Religious heritage nourished his/her spiritually before he or she came to Jesus Christ. His/her previous spiritual training will be a great asset as he or she begins his/her new spiritual life in Jesus Christ. Or would it be a hindrance? This person is syncretic only if he or she insists that the salvation in African Religion and Jesus Christ are identical. If he or she is able to distinguish the gifts of his/her heritage and his/her new faith, then his/her attitude will not be syncretic but responsible and discerning. His/her life will be greatly enriched. Like it was for St. Paul, coming to know Christ, will surpass everything else (see Phil 3:7, 8).⁷⁷⁵

The name of Jesus does not stand for demolition. Jesus does not destroy everything of one's former education or formation upon conversion. Instead, Jesus inspires this person to find out ways in which he or she can make use of his/her African heritage. Conversion is not an experience of demolition but of resurrection. The African will worship and act with the spirit trained in respecting his/her cultural and religious heritage.

Are we saying that there is no such a thing as syncretism? No, there is. When we bring all to bow at the name of Jesus we are not syncretic. But if we place the name of Jesus with any other

⁷⁷⁴ See *ibid*, pp. 65-66.

⁷⁷⁵ See *ibid*, pp. 66-67.

name and say that there is really no difference between it and the other names we become syncretic. In the realm of healing, bringing the African religious customs, orientations, and rituals, to his presence is not syncretic. It is an ecumenical movement; a process of integration. Such movement of harmonization is a spiritually awakened one. It is an exciting spiritual and culturally refreshing experience. One should see his or her own culture as blessed and enriched.⁷⁷⁶ Cults like Bachwezi-Bashomi and New Religious Movements (with all the rituals and ceremonies involved) in Ankore, and elsewhere in African must be evaluated from this background.

It is with the above perspective in mind, that some authors take a more positive approach to syncretism, and place less emphasis on possible distortions in an encounter between religion and culture than on the cultural changes that result. This point is very strongly brought out by L. Luzbetak, when he says that:

A syncretism-free Church is an eschatological hope, not a reality. A positive attitude is called for also because syncretism often indicates human needs and demands responses to true human values, such as a tribe's appreciation of its traditions and ancestors. Finally, syncretism can also provide important clues to a mission strategy. Syncretism may thus be a bridge and an accelerator in the acculturative process from unchristian to Christian ways and beliefs....⁷⁷⁷

From the discussion above, the 'self-emptying' in the domain of healing, involves the 'bringing all to bow' at the name of Jesus, and recognizing his Lordship (Phil 2:10-11; see also Rm 14:11).⁷⁷⁸ This essential principle can act as a guide in certain sicknesses and cases (psycho-physical, socio-cultural, diabolical etc.), where Western medicine has proven ineffective and those afflicted have resorted to traditional healers, diviners, and 'alternative medicine.'⁷⁷⁹ Instead of approaching the issue

⁷⁷⁶ See *ibid*, pp. 67-68.

⁷⁷⁷ Louis, J. LUZBETAK, *The Church and Cultures: New Perspectives in Missiological Anthropology*, Maryknoll, New York, Orbis Books, 1988, p. 369. See also Henry, G. BURGER, "Syncretism, An Acculturative Accelerator," in *Human Organization*, No. 25, pp. 103-115; Stephen, B. BEVANS, *Models of Contextual Theology*, p.119, and p. 17. See also Louis, J. LUZBETAK, *The Church and Cultures*, pp. 360-173; J., D. GORT, et alii, (eds.), *Dialogue and Syncretism: An Interdisciplinary Approach*, Grand Rapids, Michigan, Eerdmans, 1989; Robert, J. SCHREITER, *Constructing Local Theologies*, pp.144-158; M., M. THOMAS, "The Absoluteness of Jesus Christ and Christ-Centered Syncretism," in *Ecumenical Reveiw*, vol. 37, 1985, pp. 387-397.

⁷⁷⁸ Says St. Paul, "Therefore God also highly exalted him and gave him the name that is above every name, so that at the name of Jesus every knee should bend, in heaven and on earth and under the earth, and every tongue should confess that Jesus Christ is Lord, to the glory of God the Father." (Phil 2:10-11).

⁷⁷⁹ See John, BAUR, *2000 Years of Christianity in Africa, an African History 62-1992*, pp. 276, 332-333, 334-335.

of syncretism (the same can be said of magic and witchcraft, which we are about to discuss) with suspicion, outright condemnation and heavy-handedness, as happened in the past, the Church might encourage healers and clients to see their beliefs and practices under this new light of Christ. By drawing all things to himself (see Jn 12:32; See 3:14), Christ Healer liberates all peoples, religious traditions, and cultural heritage, to give them new meaning and new life.

5.4.4. African Healing and the African “Magical World-View”

Furthermore, Christ Healer liberates native healing traditions from beliefs and practices that are against life and promotes those that increase life. Some of the aspects that have often come under critical and suspicious scrutiny belong to the so-called ‘magical world-view’ which, some writers suggest, influences not only the way society functions, but also promotes witchcraft, sorcery, tribalism, cursing, and related issues in African communities.⁷⁸⁰ Apparently, the domain under discussion contains some loopholes that need to be liberated by Jesus Christ. Magesa illustrates so well how many of the traditions in African culture seek to promote life.⁷⁸¹ However, there are beliefs and practices that not only contradict the moral principle, ‘Do good; avoid evil’, which we cited above, but which tend to undermine life. It would require a book of its own to discuss each one of these in detail, since they cover such a wide spectrum. We can only comment on some that are within the confines of this dissertation. The healing ministry, in this regard, has significant hurdles to be addressed.

Christ needs to heal the native concepts and practices from fear, deception and victimization, or ‘scapegoating’. As we mentioned earlier, in the African tradition natural causes are rarely sufficient to explain the cause of sickness or misfortune. Often, there is the desperate attempt to find other causes to the question: “why me of all people?” There is the fear that the sick person(s) have been stricken by misfortune because of failing to keep certain taboos and traditions, which in turn has angered the spirits or gods. Also, within this world-view, when misfortune or illness strikes, there is always the possibility that this has been caused by someone’s evil intent or thoughts, that is by evil magic of sorcery or

⁷⁸⁰ See Jim, HARRIES, “The Magical World-view in the African Church: What Is Going On?,” in *Missiology: An International Review*, Vol XXIV, No. 4, October 2000, pp. 487-502. According to Jim Harries, the ‘magical world-view’ “presumes that physical and social reality originate from the good or bad will of people (dead or alive) and/or the gods. In turn, that success and prosperity of poverty and failure in life then depend on maintaining appropriate relations with the above....” Jim, HARRIES, “The Magical World-view in the African Church: What Is Going On?” pp. 487 & 491.

⁷⁸¹ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, passim.

witchcraft. In an attempt to find the cause of misfortune some people become scapegoats when divination singles them out as witches or sorcerers, and hence a danger to society. Sometimes such people are hunted down and beaten to death, fined or thrown out of the district. In some cases one may not rule out cases of guesswork and sheer victimization, due to false information from diviners.⁷⁸² Obviously, such accusations and counter accusations cause antagonisms and disrupt social harmony, so that on very little or no grounds at all, people seek vengeance, etc. "In this area," Harries concludes, "we find one of the most horrific side effects of the magical world-view. People who believe in witchcraft, in blaming another person for any misfortune that one meets, propagate jealousy, suspicion, distrust, and hatred within a community."⁷⁸³

What we can deduce from the above, is that sometimes the African integral approach to healing is not without some flaws. For instance, Shorter indicates that there has often been some ambivalence and confusion surrounding the five levels of wholeness (that is the physical, social, psychological, spiritual, and environmental). Sickesses like malaria, TB, or sexually transmitted diseases, which may clearly be physiological, are attributed to mysterious causes. "[The Africans] tended, not merely to recognize the interrelation of these levels of wholeness or of sickness, but to confuse them," says Shorter.⁷⁸⁴ Peelman points out the resultant exaggeration of superhuman causes of sickness and of healing: excessive 'spiritualization' (good spirits) or exaggerated 'demonization' (evil spirits).⁷⁸⁵ So we see that regarding the five levels of wholeness, the African integral approach to health and healing sometimes involves ambivalence and confusion. However, this is not to put down the African contribution to matters medical.

Ironically, the African approach to healing has at times been a threat to the very life it intends to safeguard. Occasional instances of human sacrifices have been reported.⁷⁸⁶ Mbiti says that "in African Religion even human beings are sometimes killed or sacrificed because of people's beliefs and

⁷⁸² See John, S. MBITI, *An Introduction to African Religion*, p. 111.

⁷⁸³ See Jim, HARRIES, "The Magical World-view in the African Church: What Is Going On?" pp. 493.

⁷⁸⁴ Aylward, SHORTER, "Christian Healing and Traditional Medicine in Africa," p. 51.

⁷⁸⁵ See Achiel, PEELMAN, "Une force sortait de lui," pp. 35-36.

⁷⁸⁶ For instance, in his inaugural speech of Sunday, January 25, 2004, Most Rev. Henry Luke Orombi, 7th Archbishop of the Anglican Church of the Province of Uganda, mentions the resurgence of "witchcraft including human sacrifices," as one of the many challenges facing Christianity in Uganda. See <http://uganda.anglican-mainstream.net/art2.asp>

practices.”⁷⁸⁷ And in connection with a search for a cure during affliction, Mbiti adds that “the Akamba [of Kenya] ...in case of severe drought they formerly sacrificed a child which they buried alive in a shrine.”⁷⁸⁸ Such practices are gradually dying out, due to pressure from Christian circles and Human Rights groups.

Some healers are simply liars: they deceive their clients to get money and other fringe benefits from them. Certain healers financially exploit their patients, while others sexually abuse women who come to them for consultation and healing.⁷⁸⁹ However, one must admit that exploitation and abuse happens in other healing traditions, including conventional medical circles. Sometimes native healers in Africa surround what would be genuine medication with unnecessary rituals and exaggerated ceremonies, masquerading to have mysterious powers or increase their fame. Even when they clearly know that they are not competent enough to handle certain cases, they refuse to admit it, so that patients who would have sought help elsewhere die in their hands. Some healers are criticized for scandalously performing their healing sessions in darkness, raising suspicion of something unbecoming going on.

How then is Jesus Christ’s person and ministry of healing to liberate Banyankore or African native concepts and practices of healing? Jesus Christ came so that all may have life, life in abundance. His ministry did not contain erroneous, harmful or destructive forces. The Book of Acts testifies: “how God anointed Jesus of Nazareth with the Holy Spirit and with power; how he went about doing good and healing all who were oppressed by the devil, for God was with him.” (Acts 10:38). He taught and healed openly, saying nothing in secret. He taught that lies, deception, and acts of murder, belong to the devil the “father of lies” (Jn 8:44). When he healed, he did not seek personal gain, or fringe benefits. This is not to give an impression that healers should not get some benefits, when they genuinely treat their clients. Moreover, in African tradition the fee has always been minimal, considering the status of the client. Jesus Christ had no tricks to hide, nor exaggerated rituals, that would manipulate those who

⁷⁸⁷ See John, S. MBITI, *An Introduction to African Religion*, p. 196.

⁷⁸⁸ *Ibid.*, p. 59 .

⁷⁸⁹ An article on the visit with Salongo Mbogo, one of the native healers in Makindye, one of the suburbs of modern day Kampala City, Uganda, throws some light on the abuses we are talking about. “We never sleep with people’s wives,” Mbogo says, “they come, we give them treatment and they go, that’s all...But sometimes those women come back to thank us for a job well done; sometimes they offer themselves for sex.” However, he agreed that some pseudo doctors demand for sex from their clients as part of the process of treatment, others ask for human sacrifice or fleece their unsuspecting clients.” See Emmanuel, N. MUGARURA “Traditional Healers — We Never Sleep With People’s Wives,” in *The New Vision*, Feb 6-12, 2004. See <http://www.newvision.co.ug/>

came to him for healing. In this way, Jesus Christ Healer, is an example and a challenge to African native healers, to revive those moral traditions and values that promote abundant life.

Christ challenges the African native mentality, which seems to exclude suffering in innocense. Not every sickness or misfortune must have a causal explanation. To be human is to be vulnerable to sickness and degeneration. Moreover, one explanation to the puzzle of sickness is the Christian teaching that God has a purpose even in suffering (e.g., see Heb 12:1-13). That, our suffering completes, albeit in a limited way, the work of Christ (1Pt 4:13-14). To suffer is a privilege. It is not something to be avoided or to run away from at all costs, whether through magical means or other.

We would like to conclude the above comments by acknowledging that the area of witchcraft, magic, sorcery, and curses, is one in which Africans have been gravely misrepresented by non-Africans. Misrepresentation is apparent in the terminologies used, and/or simple misunderstanding or failure to grasp the complexity of African concepts and lifestyle. For instance what is described as the 'magical world-view,' might appropriately be called the 'mystery-animating mentality', one that is almost entirely mediated by the spiritual/divine reality. "Definitions are often unhelpful," Harries admits, "when they impose a false limitation on the breadth of meaning which words otherwise carry."⁷⁹⁰ Also in this world-view, the "rational legal and economic systems," relegated to the Western world-view, are mistakenly thought to be unknown to Africans. Yet, life governed by the magical world-view is extremely complex, with numerous rules and traditions to maintain order and prosperity in society. In addition, contrary to what is usually believed, magic is not primitive, unsophisticated, and confined to the uneducated and the dull. It can be extremely sophisticated. Though in different forms, magic has been cited in more advanced societies.⁷⁹¹ It is real, and it works. Such a debate goes on to emphasize how much this whole area needs a more positive, objective and unbiased approach. In the final analysis, the Christian evaluation of the so-called 'magical world-view', ought to be based on how much it falls short of the way of life that is lived under a genuine acceptance of the all-encompassing power of the great mighty God and acknowledgment of the cleansing power of his Son Jesus Christ.⁷⁹²

⁷⁹⁰ Jim, HARRIES, "The Magical World-view in the African Church: What Is Going On?" pp. 496. "Frazer's evolutionary-based definition," writes Harries, "is still widely accepted among many anthropologists, that is, that religion is petitioning and worshipping a great sovereign being, whereas magic is the attempted forceful manipulation of occult powers that are assumed to exist by 'less advanced' people. Hence, magic is relegated to the realm of the backward and the ignorant." Ibid, pp. 496.

⁷⁹¹ See *ibid*, pp. 488.

⁷⁹² See *ibid*, pp. 491.

In chapter three we mentioned a number of native therapies practiced in Africa. Let us conclude this section by mentioning a whole range of weaknesses, more technical than conceptual, to such native means of healing. These pitfalls are not necessarily particular to native healing alone, but to the realm of alternative medicine in general. The native healing approach, like other alternative approaches, has many benefits and advantages. In fact, even elsewhere in the world, alternative therapies are quickly gaining recognition and becoming increasingly mainstream. But just like conventional medicine, native and alternative therapies have their own drawbacks. Here are the most important ones.⁷⁹³

—Many claims of effectiveness have not been proven through research and scientific studies. Experience alone is not enough to ascertain the effectiveness of certain therapies. Some methods may have been used for generations, but there may not be clear evidence that they actually work. Despite the enormous attention given, some natural methods and products have not been proven effective and may be worthless.

—There are few standards for formulations and ingredients, and few standardized guidelines for taking or using alternative products effectively. Some medicines are prescribed in raw form— unprocessed and often unpackaged. And even when they are labeled, the label may not accurately tell you what you're getting. In some cases basic standards of hygiene leave a lot to be desired. Some healers use unanesthetized (disinfected) skin-piercing instruments from one patient to another, hence the risk of transmitting sicknesses like HIV/AIDS. Minimal research has been done to establish effective and safe dosages, and no blood tests exist to determine whether the patient is taking the correct amount. Mystery surrounds native or alternative therapies: often clients do not know exactly what they are taking, how much to take, or if the medication is strong enough to produce the claimed or desired effects.

—Native or alternative medicines do not always save you money.⁷⁹⁴ Most native healers normally ask for a small consultation fee and later, if the client appreciates, he/she may bring a token of appreciation. Kayira, one of the native healers, compared traditional medicine to priesthood. “We do work, not because it is well paying but because you are rendering a service. Those who appreciate give

⁷⁹³ The outline is inspired by the writings of Dr. Larry Altshuler. See Larry, H. ALTSHULER, M.D., *Balanced Healing: Combining Modern Medicine with Safe & Effective Alternative Therapies*, Gig Harbor, Washington, Harbor Press, Inc., 2004, pp. 33-47.

⁷⁹⁴ Dr. Altshuler, cautions: “The marketing of alternative medicine can lead you astray. Be wary of hype! Because herbs and supplements are not subject to the same regulation as drugs, their manufacturers can claim all sorts of benefits without having to back up their claims. If it sounds too good to be true, it probably is.” Larry, H. ALTSHULER, M.D., *Balanced Healing*, p. 34.

you what they can afford,” he said.⁷⁹⁵ Yet, in such arbitrariness some clients find themselves taken advantage of by certain healers. Moreover, because of the lack of reliable information and research, one can end up wasting a great deal of money trying to find what works and what doesn't, or buying the most expensive brand, which is not necessarily the most effective. And one may be wasting money by taking a lot of supplements, some of which may counteract the effects of others.

—Native therapies, like other alternative approaches, can have side effects and hidden dangers. Many popular supplements and herbs, as well as treatment procedures, can be just as dangerous as conventional medicine. It's not necessarily true that 'natural' equals 'safe'. Many alternative products can cause allergic reactions, side effects, and even damage the body. Because of unspecified doses, some clients have overdosed themselves to death. Indeed, ineffective alternative treatments can be harmful. It can be dangerous when you self-diagnose and self-medicate for a condition that requires a conventional treatment.

—Education, training, and qualifications for alternative practitioners are often inconsistent or lacking. Research on native or alternative methods is inadequate. Compared with conventional medicine, there is little research on alternative approaches, and much of the research that does exist is fraught with problems.

5.5. Some Additional Reflections on Western Healing Tradition and on the Christian Faith-Healing Tradition

As we said earlier, the Archdiocese of Mbarara has considerably been exposed to a number of external influences, so that the Banyankore culture and healing tradition can no longer be seen in isolation. Operating in the Archdiocese are conventional medicine and faith-healing, traditions which came with Christianity and Western culture. Recent times have also seen an increase in other alternative therapies, especially oriental medicine. These healing traditions too need to undergo the process of self-emptying, so that the shadowy areas in them are touched and liberated by Christ Healer. It is not our intention to present a detailed critique of each of these traditions. However, since conventional medicine

⁷⁹⁵ See Emmanuel, N. MUGARURA “Traditional Healers — We Never Sleep With People's Wives,” in *The New Vision*, Feb 6-12, 2004. See <http://www.newvision.co.ug/>

and Christian faith-healing traditions claim a prominent position in the Archdiocese of Mbarara, a few comments on them are in order.

5.5.1. Conventional or Western Healing Tradition

The coming of Western civilization to Africa, introduced an additional healing tradition to the continent, under the auspices of conventional (western) medicine. As we saw earlier, the contribution of conventional therapies to the lives of people in Mbarara Archdiocese, to Ugandans, and the whole continent, is invaluablely enormous. The medical achievements of the twentieth century have saved countless lives and helped millions of people. However, this is not to suggest that its record is impeccable; the fact that patients seek alternative ways of healing, might mean that there is a way in which Western medicine has failed them. For instance, modern medicine tends not to perceive the human person as an integral whole, but focuses on and treats a malfunctioning body part, instead of exploring the whole being. Western therapies are also more inclined to the rational, avoiding the religious dimension in the practice of healing.⁷⁹⁶ It is a rare physician indeed who searches beyond the symptoms of physical illnesses to find the impact of ideas and feelings on a patient's physical health.⁷⁹⁷ In addition, some medical physicians have been criticized, not only for being too rational when dealing with patients, but that they also seem to be rather mechanistic or heartless. As a result, the doctor-patient relationship becomes rather impersonal and distant. There are other problems with the Western or medical model of health care that one could mention,⁷⁹⁸ but we have chosen to refer to those that directly relate to the present research.

⁷⁹⁶ There can be no doubt that modern medicine has fewer religious features than most healing, cultures, and scenarios. Indeed, one of the chief features of modern medicine, is its claim to be rational and scientific, by which is meant that it does not presume mystical or religious causes or therapies. Modern medicine largely defines itself as nonreligious, even antireligious, when it comes to its philosophy and techniques of healing. See David, KINSLEY, *Health, Healing and Religion, A Cross-Cultural Perspective*, p. 151. Kinsley, however, has demonstrated that, even if modern medicine in theory tries to disassociate itself from religion, it has its own ideology, 'myths' and rituals. In fact, many of the features found in premodern and nonmodern healing contexts persist in modern medicine and, in some ways at least, there is a dimension to modern medicine that is not modern at all. See David, KINSLEY, *Health, Healing and Religion, A Cross-Cultural Perspective*, pp. 151-176.

⁷⁹⁷ See Michael, GREENWOOD, & Peter, NUNN, *Paradox & Healing: Medicine*, pp. 4, and *passim*.

⁷⁹⁸ For a more detailed coverage of the flaws in modern medicine, See Larry, H. ALTSHULER, M.D., *Balanced Healing*, pp. 11-23.

The above weaknesses stand in sharp contrast to native healing traditions, which are more person and community-oriented, qualities that are at the same time Christian. Not only that, the weaknesses we have just mentioned, render conventional therapies less attractive, and often lead patients and their families to seek alternatives. At the same time, these weaknesses further emphasize the need for more dialogue and integration by the different healing traditions. While some of the above flaws that we have outlined are more technical and can be solved by simple adjustment, there are those that have more to do with the general concepts and philosophy of conventional medicine. These need to undergo a certain degree of self-emptying, to be liberated by the example of Jesus Christ Healer. For instance Jesus' example of compassion for the sick and afflicted, his attention to everyone, regardless of age, gender, race or status, his ability to spot the needs of individuals and listen to their cries, his willingness to be with the lonely, and to identify with those at the fringes of society, are a challenge to the more impersonal, distant and mechanistic approach in conventional models of dealing with the sick. Medicare practitioners will recall that Jesus was quite open to the healing traditions of his day: for instance, he referred to the efficacy of oil on wounds, and may have recommended it to his disciples for use in the healing ministry.⁷⁹⁹ Jesus was not only respectful of other healing traditions, Shorter thinks that Jesus *was* a kind of [traditional healer], if only because he adopted the practices of traditional healers of his own time.⁸⁰⁰ And as noted above, Jesus had no desire to monopolize the healing mission by restricting it to those of his own circles. Indeed, his attitude and example may help liberate those members of the Church, who are involved with conventional approaches to healing ministry.

5.5.2. Christian Faith-Healing Tradition

Another area that needs self-reexamination and a touch of liberation from Christ Healer is that of healing through liturgical prayer, administration of Sacraments, and faith-healing. The Church in the Archdiocese of Mbarara has maintained the Catholic tradition of administering the Sacraments of healing to believers (including the Sacrament of the Anointing of the Sick, and the Sacrament of Reconciliation). And even if there is no documentation to testify to this fact, there is no doubt that the

⁷⁹⁹ Given the rich symbolism associated with oil in biblical times and Jesus' openness to the use of substances in gestures of healing (Lk 10:33-34; Jn 9:6-7) and of his kindness (Mt 26:6-12), it is likely that he would have used oil on occasion.

⁸⁰⁰ Aylward, SHORTER, *Jesus and the Witchdoctor*, p. 16.

Lord has quietly brought healing to His people through the work of ordained ministers who celebrate these sacraments. Even against the odds of overwhelming numbers in parish communities, having to travel long distances, and other pastoral challenges involved, ministers continue to participate in this important dimension of the healing ministry. We also mentioned earlier in this thesis, that the presence of Charismatic Renewal in the Archdiocese has led many believers to a renewed love for the Sacrament of Confession. Thanks to the active participation of the Charismatic Renewal, more and more Christians are able to participate in Masses and para-liturgical sessions for healing.

However, while the benefits in this domain far outweigh the shortcomings, healing through prayer has its flaws, and no discussion can be complete without addressing them. We have to admit that in the Catholic Church, the healing ministry as such is still new. It was not until Vatican Council II, in the 1960s, that the Roman Catholic Church restored the ministry of healing, which had been lost over the centuries. Before Vatican Council II, one may talk of an excessively sacramentalized style of healing. Generally, the healing ministry practiced at the bedside or in public worship had been prayerful, quiet, and reflective — in what might be called a ‘sacramental’ style.⁸⁰¹ Rather than being seen as the Sacrament of Healing, the Sacrament of the Anointing was more *Extrema Unction* (sacrament of the dying), involving emphasis on forgiving the sick persons their sins, and preparing them to meet their God. These traces are still evident to date, and there are signs to indicate that the Church’s theology is still oscillating between physical and spiritual healing.⁸⁰² There is still a tendency to talk of spiritual healing or the healing of the soul, and not so much of physiological or emotional healing.

The post-Vatican movement which is stirring in the mainline Churches, (as well as in the Catholic Church through Catholic Charismatic Renewal), and focuses more on the activity of the Holy Spirit, including healing, is not yet well accepted. This style reflects more the Pentecostal movement. Both streams, the sacramental and Pentecostal, are not yet well integrated in the Catholic Church. Consequently, it seems there is still a bit of hesitation on the part of Church administration to fully embrace the healing ministry through prayers and faith-healing, for fear of betraying authentic Catholic

⁸⁰¹ See Gerald, LOWETH, “The History of Healing,” p. 10.

⁸⁰² See Gisbert, GRESHAKE, “The Anointing of the Sick: The Oscillation of the Church Between Physical and Spiritual Healing,” in Chauvet, Louis-marie and Tomka, Miklós (eds.), *Illness and Healing* (*Concilium* 1998/5), London, SCM Press, 1998, pp.79-88.

tradition.⁸⁰³ Some of the fear stems from the attempt to use the healing ministry as a means of proselytization. False claims about miracles of healing which allegedly take place during open-air conventions, often orchestrated on TV and the media, not only put off some people, but also tend to harm genuine ministry of prayers for healing. In the Catholic Church, the rush to the mushrooming shrines, excessive fascination with signs and miracles of healing, claims of powers of healing from 'visionaries' have had a negative impact on this dimension. Certain other abuses are perpetrated by some healers who stage healing sessions for personal gain. All these shortcomings do not shed a positive light on healing through worship, sacraments, and other forms of prayer.

Therefore, all these areas need some degree of kenosis. Those involved in this type of healing, need to take after Christ's model of healing. When he healed, Christ sought no personal interests of his own: he healed in accordance with the will of his Father, and to announce the reign of God. He resisted the temptation to perform signs, miracles and wonders, to prove the power of God, or as a means of impressing people to convert them. Christ instituted the Sacrament of Healing, and not the Sacrament of the dying, even though the dimension of spiritual preparation for the dying is not to be excluded. Christ exercised and promoted an integrated model of healing that caters to all the dimensions of the human person. Hence, Jesus Christ is not only Healer par excellence, by challenging the various ministries of healing and guiding them to better approach, but also liberator and fulfiller of all types of healing traditions. This fact has significant ecclesial and pastoral implications for the healing ministry in the Church.

5.5. Conclusion

In this chapter we have argued that the incarnational paradigm provides the necessary disposition and openness for the movement of inculturation and takes it seriously. As it happened in the life of Jesus Christ, the Church experiences the three-fold process: kenosis, selective assumption for

⁸⁰³ Such hesitation seems to be implied in the steps taken to provide disciplinary norms to guide the healing ministry in the Catholic Church. See CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Prayers for Healing*. English Translation, in Boston, Pauline Books & Media, 2001, pp. 25-29. Precaution not to let the healing ministry go out of hand, may be read in the removal and silencing of Archbishop Emmanuel Milingo of Lusaka, Zambia, which some authors call "a sad chapter in the history of inculturation in Africa." See Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 298. See also John, BAUR, *2000 Years of Christianity in Africa, an African History 62-1992*, pp. 332-335.

transformation, and the identification of resources for the ministry. This process of inculturation, in turn, is key to the facilitation of integrated healing, especially at the level of the local Church. We have also emphasized the fact that each healing tradition has a domain that needs some purification, taking Christ Healer as model. In the present age of globalization the Archdiocese of Mbarara is bound to experience further developments in the fields of medicine and technology, and with these modern advancements it will face new challenges, including ethical issues like contraception, cloning, and euthanasia. Apart from the Catholic Charismatic Renewal, the increasing number of Faith-healing Churches, New Religious Movements, and sects to which the sick turn in times of affliction, may not always produce the desired results. A case in point is the Kanungu saga, in which many people lost their lives. There are several grey areas in the native healing traditions too that still require transformation by the Gospel. The next chapter will discuss how the Archdiocese of Mbarara can best use the resources at hand to realize the mission of healing at the level of the local Church.

CHAPTER SIX — THE LOCAL CHURCH AS AGENT AND MEDIATOR OF HEALING TRADITIONS

6.1. Introduction

Drawing from the content of the preceding ones, the present chapter seeks to forge a way toward pastoral action. In other words, this chapter endeavors to arrive at a synthesis. Using the theological reflection (christological and ecclesiological) as basis, it seeks to establish grounds for an on-going dialogue between Church's involvement in the healing ministry, past and present (Chapter two), the native culture and traditional healing experience (Chapter three), emerging African christologies, with emphasis on healing (Chapter four). The three chapters represent, to some extent, the various 'healing traditions' (the medical model, native/alternative healing practices, and Christian rituals of healing, including faith-healing, the use of sacraments & sacramentals, and specific prayers for healing). The movement of inculturation based on the Incarnational Paradigm (Chapter five), serves as theological key to situate the various healing traditions in the context of the local Church, viewed as agent and mediator.

The aim here is to help the local Church develop a harmonized pastoral strategy: to identify some priorities for the healing ministry within the local Church. For instance, what are the short term projects that might help the Church respond to particular and urgent needs? What are the long term projects for basic renewal or improvement of the healing ministry? What kind of principal elements or guidelines might best help persons and institutions intent on working under an integrated model of healing? What viable resources exist that could help the process of integrated healing? We presume/suggest that the local Church already has a number of resources in place. The church's organizational network and structural organs offer an advantage in this regard. The necessity for on-going creativity and innovation granted, we argue that it is probably easier to work with the resources at hand, before attempting to invest in new systems. We suggest that the local Church is the privileged place for both the kind of dialogue/movement to which we referred above, and the praxis of the healing mission.

Hence, in this chapter we shall proceed by looking at the local Church as locus of healing and liberation. We shall consider basic orientations or resources for the Church's renewal and healing. We shall suggest some areas in which the Church may attempt the process of integration in her healing ministry. Finally, the chapter will identify priorities for pastoral action, short-term and long term projects, to help the local Church forge a way forward toward the realization of her healing mission.

6.2. Local Church as Locus of Healing and Liberation

We propose the local Church as a privileged place for the ministry of healing and liberation. This is done as a pastoral strategy to address ourselves to the challenges facing the Archdiocese of Mbarara in the healing ministry, which we discussed in chapter two. Consistent with the primary understanding in the New Testament, which was reaffirmed by Vatican Council II, the universal Church actually finds its true existence in the local churches; these, and not the universal Church, are the pristine expression of Church.⁸⁰⁴ As Bosch writes, “The church-in-mission is, primarily, the *local* church everywhere in the world.”⁸⁰⁵ The universal Church viewed as preceding local churches is a pure abstraction since the universal Church exists only where there are local Churches. The Church is the Church because of what happens in the local Church’s *kerygma* (proclamation), *martyria* (witness), *leitourgia* (liturgy or worship), *koinonia* (communion: building community and solidarity), and *diakonia* (service). At the same time, it is important to notice that there is an essential interrelatedness between the universal Church and local churches. The Church is, really, a family of local Churches, a communion of communities, in which each should be open to the needs of the others and to sharing their spiritual and material goods with them. It is through the mutual ministry of mission that the Church is realized, in communion with and as local concretization of the Church universal.⁸⁰⁶ Unity in diversity is visibly

⁸⁰⁴ See VATICAN COUNCIL II, Dogmatic Constitution on the Church, *Lumen Gentium*, 21 November 1964, in AAS 57 (1965), pp. 5-71, English translation in Flannery, A., (ed.), *Vatican Council II*, Collegeville, Minnesota, Liturgical Press, 1980, No. 26, pp. 381-382; see also David, J. BOSCH, *Transforming Mission*, p. 380. Vatican II uses two terms: ‘local Church’ and ‘particular Church’ to express this reality. There are also a few references to ‘indigenous’, ‘new’ and ‘young’ Churches. All these terms are found in the document *Ad Gentes divinitus* as follows: ‘indigenous particular Churches’ (No. 6), ‘young Churches’ (Nos. 16, 19, 20, 21, 22), ‘local Church’ (Nos. 20, 27), ‘particular Church’ (Nos. 19, 20, 22). See VATICAN COUNCIL II, Decree on the Mission Activity of the Church, *Ad Gentes Divinitus*, passim. For more elaborate considerations on the notion ‘local Church’, see Stuart, C. BATE, *Inculturation & Healing*, pp. 238-243.

⁸⁰⁵ David, J. BOSCH, *Transforming Mission*, p. 378. (Emphasis in the original text). With Bate, “we wish to emphasize the understanding of this concept [of local Church] which sees it as the fullness of the Church in a place rather than a piece or section of the Church covering a certain area.” Stuart, C. BATE, *Inculturation & Healing*, p. 238.

⁸⁰⁶ See David, J. BOSCH, *Transforming Mission*, p. 380. Vatican II indicates ten characteristics or criteria which can be said to describe the ‘definite point’ when the assembly of the faithful can truly be described as forming a ‘particular/local Church’. The assembly of the faithful: (1) is rooted in the social life of the people; (2) is to some extent conformed to its culture; (3) enjoys a certain stability; (4) enjoys a certain permanence; (5) has its own priests (although insufficient); (6) has its own religious and laity; (7) has its own ministries and institutions: to lead the people of God, and to spread the faith; (8) is under the leadership of its own, autochthonous bishop; (9) is involved in civil and apostolic action in the state; (10) has fostered its

expressed in the notion 'local Church'. It is therefore within the local cultural groups or communities that the Church can concretely realize the reign of God, and perpetuate Christ's healing and liberation to humanity.

How then does the local Church, like the Archdiocese of Mbarara, tackle the tasks and pastoral challenges regarding sickness and suffering, which we discussed earlier? How does the local Church facilitate dialogue between native concepts and practices of healing with the Christian Gospel? How do the healing 'faces' of Jesus concretely find ecclesiological expression in African culture, at both the individual and communal levels? How does "The expression, that is, the language and mode of manifesting [the] one Faith...be original, suited to the tongue, the style, the character, the genius and the culture of the one who professes this one Faith...," as Paul VI says?⁸⁰⁷

6.3. Two Basic Orientations or Resources for the Healing Ministry

The Church in the Archdiocese of Mbarara in particular, and elsewhere on the continent of Africa, has resources which we consider essential to facilitate the process of inculturation and integration in the healing ministry. We shall point out examples that we consider prominent. First, there is presence of the rich native traditions, of which healing forms a central part, which have existed for thousands of years, and which have resisted and survived the winds of external influences. Second, the current socio-political and economic climate in most countries of Africa, serves as another great resource for the betterment of the healing ministry. The Church's appreciation of these resources might help identify priorities for a richer healing ministry.

6.3.1. Cultural Revitalization: Respect for the Local Cultural Traditions

The native traditions that abound on the continent of Africa, most of which are repositories of rich religious and cultural values, are an asset to the Church's healing ministry. As we observed in chapter three, the African world-view and concept of life, holistic in nature, and catering to

own theological, psychological and human studies which allow elements of the 'tradition to be grafted onto their own culture'. See VATICAN COUNCIL II, Decree on the Mission Activity of the Church, *Ad Gentes Divinitus*, No. 19, pp. 835-836; see also Stuart, C. BATE, *Inculturation & Healing*, p. 239.

⁸⁰⁷ PAUL VI, "To the Inaugural 1969 SECAM, Kampala," p. 35.

the needs of the total person, represents a great resource that can help encourage the process of integration in the Church's healing ministry. The tradition of community life and solidarity in native culture, not only prevents scenarios of sicknesses borne out of loneliness and isolation, but also provides a conducive environment for *s'entraide* — for the ministry of caring and healing the sick.⁸⁰⁸ In addition, the theme of healing occupies a central place in the life of Africans: “Africans often ask questions about healing; the concrete lives of Africans are closely connected with sickness, suffering and healing,” the African Synod Fathers write.⁸⁰⁹ Despite the grey areas in native practices of healing, there are various cultural healing rituals which the Church might explore to enrich her healing mission. We believe that the insights derived from such an experience could offer a unique opportunity for inculturation, for an improved healing ministry, and for several other aspects in the life of the Church and the world today.

Therefore, following the example of Jesus Christ and his immediate disciples who, in their ministry of preaching and healing, read the signs of the times in their own cultural contexts, respected the Jewish (Semitic/oriental) culture and built on it, the Church faces renewed urgency to respect native cultural traditions. All participants in the mission of the Church today are faced with this challenge, which Schreiter calls the need for ‘continued listening’; developing a ‘listening heart’: that is, listening to a culture before trying to speak to it. To listen in such a way as to hear Christ already present in a given culture.⁸¹⁰ Within this new outlook, the missionaries shall also approach the work of evangelization with great cultural sensitivity and respect for native values. They will realize that there is no such a thing as a bad cultural value, since there is something sacred, something of the divine that God sowed in each culture. Hence, non-participants in a culture will learn to approach each people, seeking to identify the ‘seeds of the Word’ embedded in people’s native traditions. As Robert Rush writes, it is imperative that “the missionary is seen not as a pearl merchant but as a person engaged in a treasure hunt. His main concern is not to sell anything. He is often not even — or not for long — the chief hunter. The missionary goes to a country that is not his own to help the people there in a treasure hunt that is, and must be, mainly

⁸⁰⁸ As Okure observes, the values emphasized by traditional societies, namely commonalty, community, sense of belonging, collaboration...all of which are also cherished Gospel values, are crucial for the health of individuals in society, and for the success of the healing ministry. See Teresa, OKURE, “Inculturation: Biblical/Theological Bases,”pp. 75-76.

⁸⁰⁹ The 1994 Special Assembly for Africa of the Synod of Bishops, *Instrumentum Laboris*, No. 89, quoted in Joseph, HEALEY, & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 304.

⁸¹⁰ See Robert, J. SCHREITER, *Constructing Local Theologies*, pp. 40-56.

theirs.”⁸¹¹ All these efforts underline the need for greater awareness regarding the essential nature of native traditions, and the necessity of cultural revitalization. In this perspective, native cultures are appreciated as mediating the ministry of healing.

However, the Church will avoid the romanticization of culture. Culture is not something static, it is dynamic. Cultures grow and change as they come into contact with other influences; and since there is no perfect culture as such, there is a need for openness to learn from other traditions. Inter-cultural dialogue is healthy, and can facilitate mutual enrichment between the healing traditions.

6.3.2. From Liberation to Reconstruction: Time for Integration

The history of the African peoples and the socio-political and economic climate on the continent represent the ‘signs of the times’ from which to learn. If well interpreted these phenomena might well help the Church model a healing ministry that is suitable to the needs and aspirations of Africans. In this way, such wealth of experience becomes another resource not only for the process of inculturation, but also for the movement toward integrated healing. The Church might seize the moment of trials and tribulations that beset the continent to develop a better healing ministry. For instance, the post-colonial period did not only come with the independence of states on the continent, but it also created greater consciousness for the people to re-discover their identity as Africans. Since then, there has been a call for self-acceptance, self-reliance, self-development on all fronts: politically, educationally, economically and culturally.

At the same time, the emphasis in Africa today is not so much the cry to be liberated from foreign domination and manipulations by external powers (although this cannot be totally ruled out), but the search for justice, peace, social stability, eradication of poverty and progress. Above all, there is a shift in paradigm in theological and socio-political consciousness: the movement from liberation to reconstruction. There is growing need for reconstruction at various levels: personal (through a change of heart or conversion), cultural in its broad sense (to ensure that the social structures are in tune with the needs of the people), and ecclesial. Broadly, ecclesial reconstruction includes management structures, financial policies, pastoral care, human resources development, research, family education, service and

⁸¹¹ Robert, T. RUSH, “From Pearl Merchant to Treasure Hunter,” in *Catholic Mind*, September 1978, vol. LXXXVI, No. 1325, p. 7.

witness. The theme of reconstruction is made attractive by the fact that it highlights the necessity of creating a new society within the same geographical space, but across different historical moments.

It is within this framework that both civil society and the Church have put in place various facilities and infrastructure to ensure that people lead healthier lives. They include health care programs, organizations, commissions, hospitals, dispensaries, clinics, hospices, and counseling centers. These efforts, however, do not exclude the global consciousness, but remain open to the contribution of the international community. For instance, African governments are willing to benefit from the contribution of science and technology in medicine, various types of alternative therapies, and several fields of research from the developed world. But again, what is received from outside is meant to complement, and not to supplant local resources.

Taken seriously, the above climate does favor both the process of inculturation, and the search for integrated healing. Situated in this broader perspective, the Church's healing mission ceases to be viewed as an isolated entity, but as one of the many dimensions of the people's search for self-reconstitution, as individuals and as a community. The healing ministry is embraced as part of the mission of reshaping the nation, and the search for the African renaissance.

6.4. The Process of Integration: Three Dimensions or Traditions

The process of developing an integrated and effective healing ministry is a formidable yet essential task for the Church. This is because the health condition of people has enormous implications on Church life, since it will naturally dictate the pastoral programs, the approach, the means, and the life of the pastoral ministry. In here lies the reason why we have consistently underlined that the ministry of healing be given prominence of place in the life of the local Church.

Christianity does not teach us to accept pain stoically, to regard it as a fatality or an obscure enemy, but it teaches us to derive reasons for love from the cosmic and human condition of suffering. It does not stop at giving meaning to suffering, but also involves itself actively in giving relief to suffering people as a tangible sign of their salvation. It seems logical that only when one has had at least a foretaste of relief from one's suffering of anguish, pain, sickness, and sin in this world, can one be able to understand the ultimate healing or salvation. Christianity does offer healing through its organized and visible form, the Church. J. C. MacGilvray in his work, *The Quest for Health and Wholeness*, points out that the Christian Church has probably had a longer history of involvement with

health care than any other institution; and she can take pride in pioneering medical care in many countries around the world.⁸¹² This is also true for Uganda, and a number of countries in Africa, as we noted in the historical account on the Church's involvement in health care in Uganda.

It also goes without saying that, since the human person is an integral being: body, soul and spirit, the ministry of healing needs to establish a balance between these three dimensions, and to understand the environment in which the persona lives. Like Jesus and his immediate apostles, the Church today is mandated to follow the same method and model for establishing the reign of God: preaching, teaching and healing, thus to save the whole person. In this sense, the commission to heal (Mt 10:7f) is nothing but the unfolding of the great commission (Mt 28:18ff) under the somatic aspect.

The project of identifying priorities and possible areas of integration, requires that we revisit the various expressions of the healing ministry. The manifestations of the Church's involvement in healing, which we considered in the course of this thesis, may be summarized under the following categories, namely: the medical, liturgical/sacramental, pastoral and charismatic healing ministries.⁸¹³

These healing ministries are to be situated within the context of the Church's overall pastoral concern for the sick. And although we might treat them separately for the sake of study, these manifestations should be seen as forming an integrated whole in the Church's healing mission. Judging from the symptoms and manifestations, certain sicknesses are particular to a dimension (e.g. one may talk of physical, psychological, or spiritual diseases), requiring a response that corresponds to that particular ailment. However, as we have argued all along, the restoration of harmony in the human person, requires a certain degree of coordination between the various dimensions of healing. Thus, because of the integrated nature of the human person, it is imperative that efforts to determine the appropriate pastoral strategy for healing be coordinated. Let us now look at some areas in which integration could possibly be realized.

⁸¹² See James, C. MacGILVRAY, *The Quest for Health and Wholeness*, Tübingen, German Institute for Medical Missions, 1981, p. 1. See Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 53.

⁸¹³ See Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, pp. 53-67.

6.4.1. The Participation of the Local Church in the Medical Healing Ministry

The medical healing ministry, to begin with, gives room to various opportunities for integration. As we saw in chapter two, the Uganda Catholic Medical Bureau (UCMB) Mission Statement and Policy stipulates already the holistic approach to healing as guideline for all Catholic health care providers. This guideline is a step in the right direction, and it has significant implications for integrated healing. Taken seriously, such a guideline encourages the application of the Bio-Psycho-Social-Spiritual-Model of healing in health care facilities.⁸¹⁴ However, this model needs to be more contextualized. For instance, within the Bio-Psycho-Social-Spiritual-Model of healing, research and medical practice could also take into consideration the cultural and environmental components of sickness and disease. Medical practice needs to become more conscious of what Magesa calls the ‘relationship imperative’ in the African mentality.⁸¹⁵ Applied to sickness and healing, the ‘relationship imperative’ recalls the *sensus communis* (community solidarity) and *amatus ergo sum* (I am cared for, therefore I exist) which, as we saw, dominate African ontology, and are regarded crucial in moments of affliction. This would particularly be handy in places like hospices, nursing homes (where they exist) and Babies Homes (orphanages), so that those in situations of vulnerability due to terminal illness, old age, or lack of parents, are able to experience the warmth of the family. It is important for conventional medical health care providers to realize that, for Africans *okujanjaba* (care of the sick) can be more important than *okuragura* (treatment or medication). In some cases, still conscious of the need for the patient’s privacy, hospitals could look into the possibilities of complementing the treatment of the sick by employing group therapy, through the efforts of nurses, and in liaison with the patient’s family. Borrowing from African values of community care through extended families, *mikago* (friendships), and activities of social reintegration, all of which minimize the chances of a person’s isolation and estrangement, may help enrich medical sciences such as Psychotherapy, Psychoanalysis and Counseling, which we shall consider shortly.

Moreover, there is a serious need for medical practitioners and policy makers in African health care to seek ways and means of balancing the individual-oriented, disease-focused model

⁸¹⁴ See Barbara, Montgomery DOSSEY, and Cathie, E GUZETTA, “Holistic Nursing Practice,” in *Holistic Nursing: A Handbook for Practice*, 3rd edition, Dossey, Montgomery Barbara, et alii, eds., Gaithersburg, MD, 2000, pp. 5-25; See also Michael, GREENWOOD & Peter NUNN, *Paradox and Healing: Medicine*, passim.

⁸¹⁵ See Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 64-71.

characteristic of conventional medical practice, with the community-conscious, person-centered model used by native healers. The much needed balance could be facilitated by adopting the 'meaning-giving model' in alleviating human suffering.⁸¹⁶ In many African societies illness is experienced as the direct or indirect result of infringing moral codes, violating taboos, or even bewitchment. In many cases, the sick person must confess his moral transgressions; it is frequently assumed that unless such actions are confessed, often publicly, healing cannot take place.⁸¹⁷ Rather than try to ignore or rubbish such stories from their clients as superstition or nonsense, medical staff could seek ways of engaging the clients in a discussion of their experiences. We do not think it would sound like assuming roles that are beyond medical practice for a physician to ask their patients matters regarding family background, their relationships, social climate, and discuss with them whether regulating possible conflicts might ease the burden of their afflictions. This, of course, needs to be done tactfully, without compromising genuine prognosis, diagnosis, and prescription of medication, especially in those sicknesses that are dominantly physiological. Sometimes what the patients want is no more than availability and *creative listening*.⁸¹⁸ The medical model of healing could emulate the example of native healers, and leaders of African Independent Movements, who are known to have remarkable skills in listening and availability. Some native healers are such good listeners that, combining this art with the ritual of touch, they are believed to effect healing. Listening and touch enables them to assume the patients' sickness, through the process known as transference, or taking on the disease of the patient.⁸¹⁹ Even within the tight schedules and long queues, it is advisable that physicians and their co-workers make provision for such skills and values.

⁸¹⁶ See Lino, CICCONE, *Salute & Malattia: Questioni di morale della vita fisica*, Milano, Edizioni Ares, 1986, p. 16-17; see also Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, pp. 53-67.

⁸¹⁷ See David, KINSLEY, *Health, Healing and Religion*, p. 71.

⁸¹⁸ In defining creative listening, Donald Peel distinguishes between passive and active listening. "In passive listening the other person talks and you listen. You may say, 'Aha, yes, aha, mmm, yes, ahum, aha...'", that is, you make sounds to indicate to the other person that he or she has your attention... In active listening [one] indicates by his replies that he's caught the patient's mood, her feeling, her concern. He thus provides an opportunity for the speaker to express more feeling if she wishes, or to clarify or expand on what she's already said." Donald, PEEL, *The Ministry of Listening*, pp. 34-35. Leo Thomas and Jan Alkire go further to say that listening deeply, which includes the qualities of accurate empathy, non-possessive warmth, and genuineness, promotes healing; it is a divine activity. See Leo, THOMAS with Jan, ALKIRE, *Healing Ministry: A Practical Guide*, Kansas City, MO, Sheed & Ward, 1994, pp. 53-64; on the characteristics of a good pastoral listener, see also Leo, THOMAS with Jan, ALKIRE, *Healing Ministry: A Practical Guide*, pp. 65-79.

⁸¹⁹ See David, KINSLEY, *Health, Healing and Religion*, p. 71.

Learning from native healers, requires on the part of medical practitioners, a certain degree of openness and readiness to dialogue. In some African countries like Ivory Coast, Nigeria, Ghana (West Africa), Swaziland and Botswana (in Southern Africa), there is closer collaboration between conventional medical staff and native healers, to the extent that the former have put in place a system of referrals, so that patients who need to do so can go and consult native healers, without any guilt feelings. Some hospitals have allowed native healers room to construct booths in the vicinity of hospitals and dispensaries to enable patients who want to consult alternative therapies to do so. Some have encouraged their patients to try herbal remedies and other forms of traditional healing, especially in those cases of diseases like HIV/AIDS, cancer, psychological illnesses, where conventional medicine has not had significant breakthrough, or remedy at all.⁸²⁰

In this regard we would like to commend the work of Brother-Father Anatoli, a Roman Catholic priest, whose healing ministry we referred to in chapter two. While he specializes in native practices of healing (mainly using herbal remedies), he has medical doctors on his team to handle sicknesses that need clinical treatment. Brother-Father Anatoli stands out as an example of the much desired integration: as a native healer, he diagnoses and prescribes herbal remedies; as a priest he heals spiritually; and the doctors on his team offer conventional treatment for physiological problems. Would it be too daring for certain hospitals to have native healers around them? Obviously, such radical steps might not apply everywhere, but it does no harm to try them out, under controlled conditions of experimentation and research.

This kind of readiness to dialogue, would also require that medical schools and training institutions for doctors, midwives, nurses, infirmarians, include in their academic curriculum humanities like sociology, cultural anthropology, and related studies, adapting them to the African world-view and concept of life. Medical staff may have to be taught the essential nature of faith, belief, religion and spirituality and their role in healing.

In our earlier discussion, we mentioned the fact that Churches were the first ones to pioneer the work of healing, through the establishment of health care centers. We also mentioned that in the Archdiocese of Mbarara and other parts of Uganda, the religious still play a pivotal role in hospital

⁸²⁰ See for instance, Charlotte, OJA et al., *Cooperation Between Modern and Traditional Health Practitioners in the Struggle Against HIV-AIDS in Botswana: A Minor Field Study Report*, Gothenburg, Sweden, The Nordic School of Public Health, 1994, pp. 1-22.

ministry. Often the Diocesan administration makes sure that a chaplain is appointed for each Church-owned hospital or dispensary. And sometimes provision is made that there is a priest to do visits to patients in government health facilities in the neighborhood.⁸²¹ This is indeed a commendable apostolate, coherent with the traditional African view in which religion is part and parcel of sickness and healing. In addition to priest-chaplains, the creation of teams of lay people, specifically formed with the necessary skills to act as multi-faith chaplains in health care centers, may not only encourage the participation of lay people in this work, but may also enrich the healing ministry. This, moreover, would be consistent with the 1986 Mbarara Diocesan Synodal Acts, where it is stipulated that “The Lay people...pay attention to the problems of the sick in hospitals.”⁸²²

The scope of this study does not allow us to exhaust the areas we have discussed above. However, our presentation is meant to underline the fact that integration in the medical healing ministry is a viable possibility, in which the Church could invest to ameliorate the healing ministry.

6.4.2. The Pastoral and Charismatic Dimensions of the Healing Ministry

The pastoral and charismatic healing ministries present another domain in which the Church could investigate the possibilities of integration in her healing mission. The Church as a healing and caring community has been deeply involved in giving relief to the sick and suffering brethren. Apart from her involvement through medical care, the Church’s pastoral concern for the sick and afflicted may be manifested in compassionate accompaniment, beneficent assistance, meaning-giving and actions towards change. In unfortunate situations that tend to overwhelm ordinary forms of treatment, such as in the cases of epidemics and the HIV/AIDS pandemic, sympathy or solidarity in charity towards the fate or destiny of the sufferer offered by the Christian community, can be considered to be compassionate accompaniment. Similarly, beneficent assistance is actualized where the Church responds to the needs

⁸²¹ The general ruling laid down by the 1986 synod says: “The clergy shall respond as promptly as possible to sick calls unless the priests are lawfully impeded.” MBARARA DIOCESAN SYNOD, *Mbarara Diocesan Synodal Acts: Decrees, Exhortations, Five Year Plan*, Mbarara, 26 August-6 September, 1986, No 27, p. 5.

⁸²² MBARARA DIOCESAN SYNOD, *Mbarara Diocesan Synodal Acts*, No 78, p. 10.

of the sufferers, through various works of mercy, Good Samaritan actions, and the establishment of religious institutions to take care of the sick and dying.⁸²³

The presence of the charismatic healing ministry in the Church is also a privileged occasion for individuals, to use the unique gifts ('charisms') given to them by the Holy Spirit for building up the community.⁸²⁴ The 'charism of healing' is that lasting and extraordinary gift which some people receive from God, which is practiced in various circumstances and special situations. Yet this is not a monopoly of the few, but something God may grant to any member of the believing community. Jesus used the charism of healing to fulfill the messianic promises of liberation.⁸²⁵ Jesus communicated and transmitted his charism and ministry of healing to the apostles and their successors. The Acts of the Apostles abounds with instances of the charismatic healing ministry. In the Roman Catholic Church, charismatic healing exists in shrines dedicated to the memory of saints, e.g. Our Lady of Lourdes, Fatima, etc., and in the provisions for verifiable healings required in the canonization process. And as we indicated in chapter two, a number of healings have also taken place through the work of the Catholic Charismatic Renewal in the Archdiocese of Mbarara. Indeed, charismatic healing is a gift that believers in Christ are invited to employ to continue the ministry of healing.

Against the above background which combines the pastoral and charismatic healing ministries, we want to discuss the contribution of counseling, faith-healing through prayer groups, and the laying-on of hands, and visiting the sick. Let us now examine the possible areas of integration to better facilitate the Church's healing mission in this domain.

We begin with the controversial and often hotly debated sphere of witchcraft, sorcery, magic, taboos, and curses. The Church can benefit from the contribution of pastoral and charismatic ministries of healing in this area, beginning with a catechetical approach adapted to the African worldview of sickness and healing. As we mentioned earlier, traditional African mentality often attributes the

⁸²³ The New Testament is full of references concerning Jesus ministry of healing and that of the Apostles. See for instance on Jesus: Is 35:5-6; 61:1-3; Jer 33:6; Mt 11:3-6; Lk 4:21; Acts 6:8; 8:5-11; 10:38; 13:9-12; 14:8-12; 15:12; 19:11-16). See Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, pp. 63-65.

⁸²⁴ See Regis, A. DUFFY, *A Roman Catholic Theology of Pastoral Care*, Philadelphia, Fortress Press, 1983, p. 27; Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 57.

⁸²⁵ See Dionisio, BOROBIO, "An Enquiry into Healing Anointing in the Early Church," in *Concilium*, No. 2, April 1991, pp. 37-38; Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 55.

occurrence of sickness, disease, and all sorts of affliction to the malignant influence of evil, including: evil spirits, bewitchment (through bad people who use sorcery and evil magic), curses from disgruntled members of the family, the breach of moral codes, and the like. Even if natural causes of sickness are never totally excluded, we may say that these terms are used as almost synonymous in meaning with illness, misfortune, and death. Sickness is experienced as the direct or indirect outcome of evil. This is something real, whether empirically ('scientifically') verifiable or not; and irrespective of whether it makes sense or not to the non-participant in this world-view. Within this framework, therefore, it may be more meaningful for those involved in the healing ministry to enter the African mentality and treat the sick according to the way they *perceive* or *experience* suffering.⁸²⁶

Working from the empiricist/rationalist bias of modern Western culture, which tended to absolutize the medical model as the main form of dealing with illness, too many Western missionaries have been mistaken for generations in perceiving witchcraft and its allies as being in some mysterious upper spiritual realm. In that realm, it is assumed that the greater spiritual power of God has already totally defeated them. Yet, if the above is true, that the terms witchcraft and illness are almost synonymous as the latter is always thought to be caused by the former, then to say that a Christian is not affected by evil magic is in effect to say that a Christian is always happy, wealthy, and never becomes sick or suffer misfortune! Through an inadequate understanding of the linguistic semantics of the magical societies they have been working in, missionaries have been inadvertently propagating the prosperity gospel. They have in effect taught that Christians do not have troubles and do not get sick. This teaching, which, unfortunately lives on to date even by some Western-trained African preachers themselves, is hardly biblical and in the end unhelpful.⁸²⁷

Equally unhelpful is the catechetical trend, influenced perhaps by liberation theology, in which evangelizers think that the tendency to believe in witchcraft and related forces is related to situations of poverty, deprivation, illiteracy, injustice, and socio-political instability. They think that such

⁸²⁶ As we observed in the introductory section to this thesis, people's perception of unwellness is central to the healing process. We reiterate the fact that illness, is a psycho-cultural phenomenon concerned with the *perception* of unwellness. Anyone engaged in the healing ministry in Africa especially, must acknowledge the prominence of the cultural factors, among the four interrelated causal categories of illness. Stuart, C. BATE, "Does Religious Healing Work?" pp. 5-6. (some of the emphasis is added, the rest in the original text)

⁸²⁷ See Jim, HARRIES, "The Magical World-view in the African Church: What Is Going On?" pp. 493.

beliefs will eventually die out with the improvement of people's living conditions. This is true to a certain extent: sometimes sorcery and an 'evil eye' may be borne of envy or jealousy; and envy is often a disgruntled child of social economic inequality crying for a share!⁸²⁸ It is true also that in urban areas where streets and residences are lit with electricity, one hardly hears of incidents of *abacecezi* (night dancers) who, in the villages are believed to walk under the cover of darkness and 'dance' by people's houses at night intent on inflicting harm using evil magic. Also, by ensuring that villages have clean water, and improving sanitary conditions, one may reduce the occurrence of diseases like worms, cholera, dysentery, malaria, for which some people visit the diviners. Yet, to deduce that material prosperity will eradicate all the so-called superstitions and fears among Africans, seems to ignore the continuous struggle against "...the powers of this dark world and against the spiritual forces of evil in the heavenly realms" of which St. Paul speaks. We think that any attempt to reduce a people's experience of the forces of evil to socio-economic or material underdevelopment, is effectively throwing Africans 'off the scent' of their real oppressors who are evil spirits, witches, sorcerers, moral guilt, and disharmony from unresolved conflicts.

Another reality to be kept in perspective is that while the kingdom of God has already come, it is at the same time not yet here. Therefore, the attempt to depict salvation in Jesus Christ as giving people immunity not to experience witchcraft attack or tribal curses that arise from people's failure to follow their tribal traditions, needs serious revision. In effect, for Christianity to claim to give immunity to magic reduces the Christian faith itself to being no more than a new brand of magic, and Jesus Christ as the latest and most powerful diviner! We may need to admit that Christians can still suffer from witchcraft, attacks from evil spirits, curses, etc., for our teaching to make sense to people. Pastoral workers who deal with the sick ought to learn to listen to the cries and yearnings of people who perceive that witchcraft can indeed take hold on them; that breaking a taboo can hurt.⁸²⁹ While learning to strike a balance between medically verifiable cases of sickness and maladies that are culture-specific, we

⁸²⁸ Some writers who write in support of this view include Gérard Buakasa, Laurenti Magesa, and Larry Dossey. For more reading on sorcery and social economic inequality, see Gérard, BUAKASA TULU KIA MPANSU, *L'Impensé du discours. 'Kindiki' [sorcellerie] et 'Nkisi' [fétiches] en pays kongo du Zaïre*, préface du B. Verhaegen, Kinshasa, Presses Universitaires du Zaïre, Bruxelles, Centre d'Etude et de Documentation Africaines, 1973. On the 'evil eye', see Laurenti, MAGESA, *African Religion: the Moral Traditions of Abundant Life*, pp. 164-166; and Larry, DOSSEY, *Be Careful What You Pray For... You Just Might Get It*, San Francisco, Harper Collins, 1998, pp.115-124.

⁸²⁹ See Jim, HARRIES, "The Magical World-view in the African Church: What Is Going On?" p. 498.

propose that *sickness be treated as it is experienced*. As Harries observes, “We do not force Gentiles to be circumcised, but neither do we deny the Jews their ancient right.”⁸³⁰

We suggest that the above theological and catechetical framework will make it easier for victims of evil spirits, witchcraft, evil magic, curses, and related satanic influences, to approach priests and charismatic healers for the ministry of exorcism, prayers of deliverance, and emotional healing. It is equally permissible under the suggested theological setting to see exorcists, teams of (charismatic) healers, and prayer groups, who lay their hands on the afflicted and say prayers of healing, as it would be to see *witch-doctors*, or witch-healers — after the example of Jesus who used miracles (‘acts of power’) of healing “as weapons...to reclaim people and the world from the domination of evil.”⁸³¹ The danger, however, is that pastoral and charismatic healing ministries might see every case of affliction as recipe for prayers of healing, and sometimes end up usurping the work that is proper to physicians and medical staff. Prayer is not an answer to every sickness. So, to avoid such illegitimate assumptions, prayers should discern, and learn to properly distinguish those cases of illness that clearly need medical attention, and refer them to medical specialists. We would even encourage Catholic Charismatic Prayer groups to foresee such situations, and arrange to have doctors, nurses, and medical facilities during Renewal days and healing sessions.

Let us now touch also certain traditional values that, if well utilized, may help advance the process of integration in the Church’s healing mission. Both charismatic healers and counselors will realize that in African traditional belief, the power of the word is of paramount significance.⁸³² At the center of the rituals, sacrifices and all other activities lies the belief in the effectiveness of the word. One of the touchstones of traditional African culture is the ‘magic power of the word’. The African believes

⁸³⁰ See *ibid*, p. 498.

⁸³¹ Raymond, E. BROWN, *An Introduction to New Testament Christology*, p. 64.

⁸³² The spoken word in itself already constitutes an elementary form of ritual, thanks to the power inherent to it. The word is this most amazing ‘something’, since it comes out of ‘no-thing’, from nowhere—only to end up as an entity loaded with significance. See Thomas, MOOREN, *Making the Earth a Human Dwelling Place: Essays in the Philosophy and Anthropology of Culture and Religion*, Wurzburg, Echter Verlag, 2000, p. 93. “The belief in the power of words is universal and is embodied in creation myths worldwide,” says Larry Dossey. Larry, DOSSEY, *Healing Words: The Power of Prayer and the Practice of Medicine*, New York, NY, Harper Paperbacks, 1997, p. 146. Dossey adds: “These myths relate Word and World — and thus many traditions have maintained that, if we are to know God, we must ourselves become involved with words, with the language of God.” Larry, DOSSEY, *Healing Words*, p. 146. The word is believed to contain some power(s), and that it also makes possible a certain effective presence, a presence capable of affecting reality in a tangible way.

that the universe abounds with mystical power and that the human person is able to tap that power, by use of words — incantations, invocations, to do good or harm.⁸³³ People believe that words could lead to illness; and they can also bring about healing. Makinde even mentions a case whereby “In addition to being uttered, some words are chanted while a medicinal preparation is put in the mouth...”⁸³⁴ Undoubtedly, music plays a central role in rituals of healing in Africa, especially in traditional society.

The above tradition might help to reinforce belief in the power of the Word of God during prayers of healing, but also in the ritual use of the name “Jesus” or “Blood of Jesus”, to heal and to exorcize demons. Christians, right from the earliest New Testament times, have always believed in the power of the Name of Jesus to bring healing, forgiveness of sins and salvation to those who invoke it.⁸³⁵

The healing power of the word may be equally useful in the area of pastoral counseling. In addition to the quality of active listening cherished by African traditional societies and effectively used by native healers, counselors could also tap from the art of story-telling, which is still a highly valued resource in certain oral traditions of African societies. Healey and Sybertz, promoters of Narrative Theology in Africa, beautifully illustrate this point. They suggest that one of the important dimensions of Story Theology or Narrative Theology is the double experience of *telling the story of healing and the healing power of telling the story*. In African societies, the many stories of healing, forgiveness, and reconciliation also show that in the telling of the story itself — the narration, the communication, the passing on of the experience — there is a unique healing power.⁸³⁶

The art of story-telling is closely linked with another noble cultural value we saw earlier, that of African hospitality. Hospitality is a cherished Christian practice.⁸³⁷ The power of hospitality is the

⁸³³ That is why traditional society reveres and respects the words of elders, especially the last words of the dying to his/her family. Promises, oaths, and curses too, are normally taken with due seriousness. See John, S. MBITI, *An Introduction to African Religion*, pp. 37,112.

⁸³⁴ M.A., MAKINDE, *African Philosophy, Culture, and Traditional Medicine*, p. 197.

⁸³⁵ “There is salvation in no one else, for there is no other name under heaven given among mortals by which we must be saved” (Acts 4:12). See also Mk 9:38-39; 16:17; Acts 2:21; 2:38; 3:6; 3:16; 4:7; 4:10; 17,18,30,5:28, 40, 41, 10:43; 16:18; 19:13; 22:16. On the use of commands like, “Heal!”, “Be Gone”, to exorcize or heal, see also Gabriele, AMORTH, *An Exorcist Tells His Story*, (translated from the Italian by Nicoletta, V. MacKenzie), San Francisco, Ignatius Press, 1999; Fernando, DOMINGUES, *Christ Our Healer*, pp. 74-76, 80.

⁸³⁶ See Joseph, HEALEY & Donald, SYBERTZ, *Towards an African Narrative Theology*, pp. 324-325.

⁸³⁷ Judeo Christian heritage, equates hospitality with life itself. The desert communities of our ancestors recognized it as essential for survival. Therefore, in both the Hebrew and Christian scriptures,

power of love. If communities offer an individual nothing more than their hospitality, this act itself is healing. By welcoming a hurting person into their hearts, the community removes isolation, helplessness and hopelessness — three major blocks to healing.⁸³⁸ As Fernando Poyatos, puts it, “the sick have a moral right to not be alone, but to relate to others while they suffer, even more than when they do not... from the beginning ...this ministry was based on Jesus’ words, ‘I was sick and you visited me.’”⁸³⁹

The good custom of visiting each other, especially in difficult times, for mutual support and encouragement, is a common practice in African societies. Africans like to visit and spend time with the sick and bereaved, who have lost their loved ones. We suggest that this practice be put to use by both Christian and medical healing ministries. However, this custom needs to be applied with restraint: in some places in Africa, too many visitors tend to overcrowd health care facilities, and end up inconveniencing medical staff. Often, unregulated visiting denies sick relatives much needed moments of quiet and rest, so crucial to the healing process. With too many visitors there is also the risk of bringing more infections to hospital wards. However, in spite of such grey areas, visiting the sick remains Christianity’s noble virtue and one of the seven Corporal Works of Mercy,⁸⁴⁰ which can contribute greatly to the healing process.

Therefore, in the interests of integration, the practice of hospitality which has deep Christian roots, and is a highly valued African tradition, may be used by Charismatic Prayer groups, by counselors, and those visiting the sick, as well as in the liturgy, to enrich the healing ministry.

hospitality is a sacred duty (Sec Dt 10:18-19, 1 Pet 4:9). Jesus even said that our willingness to be hospitable will impact us on judgment Day (“... I was a stranger and you made me welcome Mt 25:33ff). When St. Paul exhorted early Christians to “look for opportunities to be hospitable” (Rom 12:13), he spoke from his ancient Jewish tradition. See Leo, THOMAS with Jan, ALKIRE, *Healing as A Parish Ministry*, p. 67.

⁸³⁸ See *ibid*, pp. 67-75: 135-145.

⁸³⁹ Fernando, POYATOS. *I was Sick and You Visited Me*, p. 4.

⁸⁴⁰ The following are the remaining Corporal Works of Mercy listed by Roman Catholic Catechism: 1) To feed the hungry; 2) To give drink to the thirsty; 3) To clothe the naked; 4) To give shelter to the homeless; 5) To visit the imprisoned; 6) To pray for the living and the dead. (Mt 25; Tobias 12). In general, all these evangelical practices are not unrelated to the ministry of healing. See *A Catholic Catechism of Christian Doctrine*, London, Catholic Truth Society, 1971, p. 56.

6.4.3. The Liturgical and Sacramental Dimensions of the Healing Ministry

Liturgical/sacramental healing Ministries are closely linked with the whole area of ritual.⁸⁴¹ Kinsley has ably demonstrated that ritual forms part and parcel of practically all healing traditions. Even Western medicine which leans more to the rational side, is no exception to this reality. Conventional medicine has its own ideology, 'myths' and rituals.⁸⁴² This is largely because symbolic language and rituals enhance the patient's belief in him or herself, in the power of the medicine, and in the healer and thus bring about healing.⁸⁴³ In Christianity, ritual manifests itself primarily in liturgical and para-liturgical ceremonies, sacraments, and sacramentals. Those that interest us are rituals of healing, which include the Sacrament of the Anointing of the Sick, Sacrament of Reconciliation (Penance/Confession); the use of sacramentals and sacred objects like blessed water, holy oils, the crucifix, sacred books (e.g. the Bible), white linen; and symbolic gestures like the laying on of hands. Native healing traditions make the most elaborate use of rituals, ranging from sacrifices, libations, offerings, oblations, ritual dancing, clapping, to the imposition of hands.

Against the above background, we suggest that the whole area of sacraments and sacramentals provides room for integration, which would be beneficial to the healing ministry. The healing nature of symbolism and ritual is further manifested in the Church's use of sacraments⁸⁴⁴ and sacramentals, and liturgical prayer in general. The scope of our study may not allow us to exhaust the discussion on the use of ritual in healing. Instead, we shall single out some ritual practices that may possibly reinforce the search for integration in the domain of healing.

With the sacraments there is the potential to making use of some native practices, including rituals of healing. Even if the Church has identified three Sacraments (The Sacrament of Reconciliation, The Sacrament of the Sick, and the Holy Eucharist) as Sacraments of healing, it can be

⁸⁴¹ See Harry, HUTCHISON, *Healing Through Worship*, Andover, Hampshire, Eye & Spottiswoode, 1981, pp. 1-49; Barbara, L. SHLEMON, *Healing Prayer*, Notre Dame, Indiana, Ave Maria Press, 1979, pp. 9-85.

⁸⁴² See David, KINSLEY, *Health, Healing and Religion*, pp. 159-167, and *passim*.

⁸⁴³ See Andrew, WEIL, *Health and Healing*, Boston, New York, Houghton Mifflin Company, 1995, p. 173.

⁸⁴⁴ Sacraments in the Christian sense, are the gestures and words that take place through the Christian community, charged with sacred meaning. Through the sacraments, we communicate with God and the Christian community; we bring out a salvific event. See Anthony, FURIOLI, *In God's Name: The Mystery of Human Suffering and the Anointing of the Sick*, Eldoret, Kenya, Gaba Publications, 1987 (*Spearhead* No. 96), p. 18.

said that all seven have the power to heal. It suffices here to concentrate on the three main ones, since they are the ones directly associated with sickness and suffering.⁸⁴⁵

The sacrament of Penance, now properly known as the sacrament of Reconciliation and healing since the reforms that begun with Vatican Council II,⁸⁴⁶ has a lot to learn from the African native practices, especially the traditional manner of resolving conflicts and social reintegration into the community. Certain African values need particular attention. First, in spite of traces of present-day separatist tendencies based on ethnicity, Africans in general emphasize harmony in the community rather than division. This often dictates the style of life. Because of the strong bonds of community life and solidarity, which we referred to earlier, division is considered by most Africans as the greatest scandal against society; and so they will go to great lengths to promote peace and reconciliation. Usually a convocation made up of elders and respectable members in society, call the conflicting parties, listen to their grievances, and seek ways and means of reconciling them. In traditional Africa, the *meal aspect* is of paramount importance, to celebrate the re-union after both parties' differences have been settled. At all levels of the reconciliation rites, the conclusion always includes a fellowship meal shared by all those present. The reconciled parties eat together from one *dish* as a sign of further strengthening the restored peace and love among them that comes with reconciliation. The link between the reconciliation and a fellowship meal can be compared to the traditional connection between the Sacraments of Reconciliation and the Eucharist.⁸⁴⁷ The Parables of *The Lost Sheep* and *The Prodigal Son* in Lk 15:4-7; 11-32 also show us the great joy that prevails at the table in God's Kingdom because a son/daughter has returned home. In the same way, reconciliation in African Churches should always be manifested by renewed sharing or a more fervent partaking of the Lord's Supper.⁸⁴⁸

⁸⁴⁵ See Martin, ISRAEL, *Healing as Sacrament: The Sanctification of the World*, p. 69, and passim.

⁸⁴⁶ Reconciliation is now the key word, rather than confession of sins. Reconciliation focuses on God's action of bringing the human person back into harmony — healing; emphasizes the communal nature of sin and the need of being reconciled with one's brethren if they are hurt. See Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 61.

⁸⁴⁷ In the *Rite of Public Penance in the Early Church*, the link between these two sacraments was so close that those guilty of grave sins (mortal sins) were not allowed to participate in the Eucharist, let alone receiving Holy Communion, until full reconciliation had taken place. See J., S. MARTINS, "La riconciliazione e la penitenza nella missione della Chiesa: Riflessioni teologico-pastorali sull'ultimo Sinodo dei vescovi," in *Euntes Docete: Commentaria Urbaniana*, Roma, XXXVIII, 1984, No. 1, p. 73; cited in John, B. AMBE, *Meaningful Celebration of the Sacrament of Reconciliation in Africa*, Eldoret, Kenya, Amecea Gaba Publications (*Spearhead*, Nos. 123-124), 1992, p. 38.

⁸⁴⁸ See *ibid*, p. 38.

In addition, most traditional societies in Africa, are more concerned with restoring a damaged relationship than with *paying back* or making satisfaction. In some cases, the party at fault is asked to pay a fine. This is usually in form of an animal for slaughter, and some kind of drink to celebrate the reconciliation. The people want reconciliation, first and foremost, because they want to restore the severed relationship between the individual members of the family, the village, the tribe and the ancestors. We might see in this the very close link with the biblical idea of sin and redemption, whereby the saving work of Christ is primarily seen as a restoration of the broken relationship between God and humanity severed through the sin of Adam.⁸⁴⁹

Objections have, however, been raised about the way sin is examined in traditional Africa: with its strong social effects and reconciliation based on community as risky, because it may lead one into the temptation of seeing guilt as a *collective entity* and not the result of personal actions for which the individual is responsible. This would, obviously, not be coherent with the celebration of the sacrament of Reconciliation through individual Confessions. The answer is that: even though the social aspect of a moral offence is stressed, it would be wrong to generalize that sin in the African context is a purely *collective* affair. The social aspect leans against the background that the individual is a member of the community. Even if that individual sins, he or she still remains an integral part of that community.

Therefore, the *disintegration* of the individual through personal sin is seen as the beginning of the *destruction* of the whole community. Since the sin of the individual affects the community in this way, the latter is bound to do something to prevent the impending mass destruction of the whole tribe. It is believed that the sins of an individual can affect the whole community, and so the latter is bound to react to the sins of its members. There is therefore in the African traditional context, need for an appeasing and reconciliatory sacrifice because the *collective guilt* situation comes as a result of the many and often repeated grave sins of individuals in the community. It is not just an *amalgamation* of the bad actions of an anonymous group.⁸⁵⁰ Perhaps this idea might be similar to the concept of the *corporate personality*, sometimes portrayed in biblical tradition — where, for instance, individuals like Adam, Eve, Jacob (or Israel) represent or embody the community of Israel.

Other people see taboos in most African communities as leading to an *infantile type of morality* and a mentality based on a very legalistic idea of sin. This taboo mentality may condition people

⁸⁴⁹ See *ibid*, p. 38.

⁸⁵⁰ See *ibid*, pp. 38-39.

to see life as a matter of *dos* and *don'ts*, thereby leading to a morality which is highly controlled by fear. There is truth in this observation. Therefore, this concept may not be a positive value to be integrated or inculturated into the Gospel, or the Church's catechism.⁸⁵¹ Legalism and fear contradict the New Testament idea of a benevolent Father-God; and Jesus' Christ's constant appeal to his disciples to trust in God's providence, and not to be afraid/worry (Lk 12:22-32//; Mt 10:31).

In spite of some weaknesses, the African traditional value of reconciliation and surrounding rituals continue to manifest their healing influence even in recent times. Perhaps these values were behind the success of the Truth and Reconciliation Commission (TRC) in South Africa, spearheaded by Nelson Mandela, as illustrated by Archbishop Desmond Tutu.⁸⁵² Similarly, on a continent badly wounded by socio-political unrest, these values that Africa traditional society holds dear, could act as the basis for programs of social reconciliation, like Conflict Resolution. They may also help to facilitate Diocesan Commissions on Peace and Justice, guide Group counseling, and inspire communal celebration of the Sacrament of Reconciliation.⁸⁵³

Having given some suggestions on two healing sacraments, the Eucharist⁸⁵⁴ and Reconciliation in as far as the movement of integrating is concerned, we now turn to the Anointing of the Sick. A brief look at the origins, meaning and content of this sacrament, might help us to capture and better contextualize the possibilities of its integration in the domain of healing. Although one may trace its scriptural origin in Mk 6:13, a more formal process of sacramental healing involving confession of sin, prayer by presbyters, and anointing with oil is outlined in chapter 5 of the Epistle of James.⁸⁵⁵ The verbs in the text, all in the future tense, indicate the effect of the sacrament on the sick person: "will save", "will raise them up", "will be forgiven". According to Gusmer the interpretation does not limit the effect

⁸⁵¹ See *ibid*, pp. 38, 39.

⁸⁵² See Desmond, M. TUTU, *No Future Without Forgiveness*.

⁸⁵³ For more reading on Social Reconciliation, see several articles in Bernard, CONNOR, and Mark, HAY, (eds.), *Grace & Truth: A Journal of Catholic Reflection*, Vol. 15, No. 1, pp. 1-66.

⁸⁵⁴ The Eucharist is a perpetual sign of God's love for His people and a source of forgiveness and healing. The Eucharist is for the healing of body, mind and spirit. Traditionally, the Eucharist has always been regarded as a sacrament bringing healing. The healing dimension is, moreover, reflected in the different prayers during the celebration of the Mass. Jim, McMANUS, *The Healing Power of the Sacraments*, pp. 73-84; Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, pp. 59-60.

⁸⁵⁵ "Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith *will save* the sick, and the Lord *will raise them up*; and anyone who has committed sins *will be forgiven*." James 5:14-15. (Emphases added).

to the eschatological senses of salvation, raising up from the dead etc., at the end of time; nor do they connote purely bodily, medical results, but they touch the entire religious situation of the sick person: the threat to salvation posed by religious powerlessness and weakness of soul, as well as the temptation to abandon one's trust and faith. The sick person will be raised up from this weakness and saved from the threat of sickness to his salvation. The conditional effect of the forgiveness of sins is conditional precisely because the recipient of anointing may not be a sinner.

This sacrament, like that of Reconciliation, has undergone some evolution. One may observe that the sacramental anointing of the sick with the intention of healing, seems to have remained a constant tradition for the first eight hundred years of the Church. Only later did it become an anointing of the terminally ill as an immediate preparation for death (with the name *extreme unction*), instead of restoring health to the sick.⁸⁵⁶ According to Francis MacNutt, the shift of emphasis from real healing to a spiritual healing was also due to the Vulgate translation of the Bible in the fourth century. In this Bible, the two verbs "save" and "raise up" have been translated into one, the Latin theological term *salvo* ("save"). Since the Vulgate was the only official translation in use up to AD 1500, one can understand its influence on the sacrament of the Anointing of the Sick.⁸⁵⁷

In Africa, like in any other parts of the world, the shift of emphasis from the sacrament of healing to the sacrament of the dying, continues to affect people's attitude towards its celebration. In certain places in Africa breaking down the 'last rites' syndrome is very hard. Traditional Catholics still associate this sacrament and, especially the anointing, with ministering to someone who is very ill and close to death. Administering the sacrament raised fears about death, sometimes evoking certain superstitious practices of traditionalists connected with death. Fr. Meinrad Hebga of Cameroon succinctly expresses this unhappy feature in praxis: "The rejection of the healing ministry in the Mission churches and the reduction of the *healing* sacrament to a sacrament of *dying* has been a sin against the Holy

⁸⁵⁶ See Charles, W. GUSMER, *And You Visited Me*, pp. 10-11; Gisbert, GRESHAKE, "The Anointing of the Sick," pp. 79-88. Depoortere also testifies to the fact that the Vatican Council II, "'extreme unction' again became the anointing of the sick, not without some compromises. The Council wanted an encouraging sacramental gesture for seriously ill people: that they would be saved (*salvare*) and rise (*allevare*) in the most integral meaning of those words. However, in the past thirty years it has proved that the change of meaning has penetrated only to a minority." Kristiaan, DEPOORTERE, "Recent Developments in the Anointing of the Sick," in Chauvet, Louis-Marie and Tomka, Miklós (eds.), *Illness and Healing (Concilium 1998/5)*, London, SCM Press, 1998, p.90.

⁸⁵⁷ See Francis, MacNUTT, *Healing*, p. 280.

Spirit.”⁸⁵⁸ In Africa, however, now the tide seems to be changing gradually to the initial understanding of the sacraments’ healing nature. And with the influence of the Catholic Charismatic Renewal’s accent on the ministry of healing, more and more sick people are asking for a Mass of Anointing and similar liturgical services and visits to their homes in order to be anointed and to receive God’s blessing for health, healing and wholeness.⁸⁵⁹

These recent developments give us more reason to seek possible ways and means of working toward integrating the Sacrament of Anointing into the wider vision of the Church’s healing ministry. We suggest that diocesan liturgists and organizers of pastoral programs initiate attempts at inculturating the praxis of this sacrament into the *integralist*, *community-oriented*, and *liturgical* dimensions of African native healing.⁸⁶⁰

As we observed earlier, for Africans it is absurd to claim to care sometimes for someone’s physical part and sometimes for someone’s mental part; it is the person as a whole who is ill, although the ailment may only manifest itself in a particular place. With this traditional outlook restored to the sacrament, perhaps the sick to whom it is administered, would cease to fear it, because they would see the grace of the sacrament offering them not just spiritual healing, but wholesomeness and integrity.

In Africa, sickness is seen a sign and expression of tensions, conflicts, and a rupture of the relationship of the individual with others. From this vantage point, it would be easier to experience the Anointing of the Sick as healing of the individual’s wounds as well as those of the community around him or her. Moreover, the sick persons would feel that theirs is not a lonely struggle with illness, but that they are suffering in solidarity within a caring community. There is also room for ‘joviality’, for the patient needs to feel that he or she still belongs to the community. If someone wants to ‘joke’ it shows that others have time for him or her.⁸⁶¹

Furthermore, African healing usually includes celebration (what we may call the liturgical dimension), with the involvement of spectators, or at least some actors, visible and invisible. The drama is played out between the officiant and the forces of good on the one hand, and the sickness and the forces

⁸⁵⁸ Quoted in John, BAUR, *2000 Years of Christianity in Africa, an African History 62-1992*, pp. 332. On Hebga’s view on healing in Africa, see Meinrad, HEBGA, “Healing in Africa,” pp. 60-71

⁸⁵⁹ See Joseph, HEALEY & Donald, SYBERTZ, *Towards an African Narrative Theology*, p. 312; see also Jac, HETSEN & Raphael, WANJOHI, *Anointing and Healing in Africa*, p. 36.

⁸⁶⁰ See Meinrad, HEBGA, “Healing in Africa,” p. 64.

⁸⁶¹ See Jac, HETSEN & Raphael, WANJOHI, *Anointing and Healing in Africa*, p. 35.

of evil on the other. This liturgical aspect of African treatment explains the possible recourse to singing, dancing, dialogue between the officiant and the audience, or even with invisible beings.⁸⁶² This characteristic feature too is not without some relevance as matter for integration. Some of these dimensions could and should be taken up by the Christian liturgy of the sacrament of the sick in black Africa. Provided that care is taken to avoid or at least mitigate the exaggerated, and often delirious drumming, clapping, and ululating in frenzy, which characterize some native healing rituals, the celebration of the Anointing of the Sick (especially in groups), could include some soothing music, gestures like the elevation of hands in prayer, and related ritual actions that are deemed conducive to healing.

To turn now to the possibilities of integration in conventional medicine, we want to emphasize that because of the religious nature of the African world-view on life, secularist approaches to medical care have no place in African traditions. Happily, with the increase of the so-called alternative approaches to healing which promote the holistic paradigm, conventional medicine seems to be turning away from its denial of the activity of spiritual or divine beings in the origin or curing of diseases. Moreover, with the realization that “Ehrlich’s dream in the 1950 of ‘magic bullets’, drugs capable of curing every known disease,”⁸⁶³ is at least questionable, the medical model has become increasingly open to the contribution of religion and spirituality to healing. The local Churches in Africa should use this opportune moment to offer more encouragement for the African world-view in the healing ministry,⁸⁶⁴ and to increase the role of chaplaincy in health care facilities, including the promotion of multi-faith lay chaplains. Obviously, the sick are confronted with issues beyond just bodily disease: every illness upsets the ordinary life of the person; they find themselves isolated; they have feelings of inferiority and total dependence (reflected in the bodily posture — flat on their back, or sitting helplessly); the question inevitably arises: “Why me?”; and feelings of impatience, rebellion, guilt and self-rejection start gnawing at them. As the medical professionals (e.g. physicians and nurses) concentrate more on physical disability and pain, chaplains and pastoral workers, priest, sister, or catechist, can spend more time on the *human*

⁸⁶² See Meinrad, HEBGA, “Healing in Africa,” p. 64.

⁸⁶³ Michael, HARPER, *The Healings of Jesus*, p. 150.

⁸⁶⁴ As some authors have correctly observed, “The attitude of the Church toward the sick finds expression in the attitude of the ‘minister’ and in the *attitude of the Christian community*. A lot of thought should be spent on both. In this, perhaps Africa has the advantage that the interpretation of illness has not yet shrunk to a mere medical one and also that medicine has not yet become clinical and depersonalized.” Jac, HETSEN & Raphael, WANJOHI, *Anointing and Healing in Africa*, especially p. 34.

questions, the human circumstances of the sick person, thus preventing him or her from becoming a mere object of medical care. If the pastor is a parish priest, from outside the hospital and not a hospital chaplain, he represents the Christian community outside the hospital and becomes himself a living invitation to the way back to normal life.⁸⁶⁵

Following up on the above point on chaplains, as part of the process of integration, the Church could seriously look into the formation and more involvement of the laity in the celebration of the Sacrament of the Anointing of the Sick. As Lambert writes, “Canon Law stipulates that only a priest can validly administer the sacrament of anointing of the sick (Canon 1003 § 1). There is no provision for an extraordinary (or lay) minister of anointing of the sick.”⁸⁶⁶ Lambert also elaborates on how, in spite of the numerous attempts by lay people, priests, and bishops through pastoral conferences and synod assemblies from various regions, asking that catechists or other lay people be allowed to administer the sacrament of anointing of the sick in special circumstances, permission has been denied.⁸⁶⁷ The stand of the Holy See on this issue, which reemphasizes that “the priest [is] its only valid minister,” is expressed in the 1997 *Instruction on certain questions regarding the collaboration of the non-ordained faithful in the ministry of priests*. The same document bases its argument on “the theologically certain doctrine and the age-old usage of the Church,” to reaffirm that “the reservation of the ministry of anointing to the priest is related to the connection of this sacrament to the forgiveness of sin and the worthy reception of the Holy Eucharist.”⁸⁶⁸ The Holy See went further and warned against the use of sacramentals, an area we

⁸⁶⁵ See *ibid*, especially p. 35. In the introduction to his book, *What Dying People Want*, Dr. David Kuhl (M.D.), indicates how often physicians are unable to identify issues for which there is no medication: loneliness, grief, fear, and despair. See David, KUHL, *What Dying People Want: Practical Wisdom for the End of Life*, Doubleday Canada, 2002, p.xviii, and *passim*. [Town of publication not indicated on the book]

⁸⁶⁶ Lambert, BAINOMUGISHA, *The Role of the Lay Christian Faithful in the Mission of the Church in Mbarara Archdiocese (Uganda) in Light of Its First Synod*, A dissertation submitted to the Faculty of Canon Law, Saint Paul University, Ottawa, Canada, in partial Fulfilment of the Requirements for the Degree of Doctor of Canon Law, Ottawa, Canada, Saint Paul University, 2000, p. 160; See *Rite of Anointing and Pastoral Care of the Sick* in *The Rites of the Catholic Church*, Vol. 1, English translation, New York, Pueblo Publishing Co., Inc., 1976, pp. 573-642.

⁸⁶⁷ See Lambert, BAINOMUGISHA, *The Role of the Lay Christian Faithful in the Mission of the Church*, pp. 161-163.

⁸⁶⁸ CONGREGATION FOR THE CLERGY, et al., *Instruction on Certain Questions Regarding the Collaboration of the Non-ordained Faithful in the Ministry of Priests*, *Ecclesia de mysterio*, 15 August 1997, art. 9, § 2, in AAS, 89 (1997), pp. 852-876, English translation in William H. WOESTMAN, *The Sacrament of Orders and the Clerical State: A Commentary on the Code of Canon Law*, Ottawa, Faculty of Canon Law, Saint Paul University, 1999, pp. 285, 304-305. However, writers like Amundsen, Ferncren, and Chinnapan,

shall consider shortly, by non-ordained faithful that may make them be regarded as “sacraments whose administration is proper and exclusive to the bishop and to the priest.”⁸⁶⁹

What would be the urgency of involving the laity in the administration of the Anointing of the Sick? It is to be observed that one of the reasons for recommending that lay people celebrate the sacrament, is the scarcity of priests. To this reason we might add the context of the HIV/AIDS pandemic, in which large numbers of people are likely to die in the absence of a priest. It might appear strange to believers that a Catechist or lay person is authorized to conduct funerals and bury the deceased, but is not mandated to offer the sick members of the same community the Lord’s healing in the sacrament of the Anointing of the Sick — which would logically be more in the interest of life! However, it is beyond the scope of this thesis to engage in more canonical or theological debate. Our aim here is to encourage the process of integration, for the better celebration of the Anointing of the Sick, especially in those domains in which the Church’s teaching exhorts the laity to actively participate — through works of charity, accompanying them on the pilgrimage of sickness, encouraging and preparing them to receive the necessary sacraments.⁸⁷⁰ Except to reiterate that in carrying out these activities, the laity keep in mind the African world-view and the particular cultural contexts, we deem that the suggestions we presented earlier under this topic will suffice.

We must now turn to the sphere of Sacramentals and related rituals. The point that we want to pursue in this regard is, how we may discover areas from native rituals that would benefit the process of integrated healing. One such key area of ritual is use of touch, which among African healing

point to the use of blessed oil by the laity, as if to allude to their participation in the administration of the Anointing of the Sick. This is what they say: “In the practice of the Early Church, ordinarily bishops [and priests] administered the anointing of the Sick for healing, later lay persons also used oil blessed by the bishop for healing themselves or others.” See D., W. AMUNDSEN, and G., B. FERNCREN, “Medicine and Religion: Early Christianity through the Middle Ages,” in *Health/Medicine and Faith Traditions*, Marty, M. E. and Vaux, K. L., Philadelphia, Fortress Press, 1982, pp. 93-132 (check on the specific page of quotation); see Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 62.

⁸⁶⁹ CONGREGATION FOR THE CLERGY, et al., Instruction on Certain Questions Regarding the Collaboration of the Non-ordained Faithful in the Ministry of Priests. *Ecclesia de mysterio*, pp. 304-305. See Lambert, BAINOMUGISHA, *The Role of the Lay Christian Faithful in the Mission of the Church*, p. 162.

⁸⁷⁰ See CONGREGATION FOR THE CLERGY, et al., Instruction on Certain Questions Regarding the Collaboration of the Non-ordained Faithful in the Ministry of Priests. *Ecclesia de mysterio*, p. 304; See Lambert, BAINOMUGISHA, *The Role of the Lay Christian Faithful in the Mission of the Church*, pp. 162-163.

traditions is often complementary to the use of the word. Banyankore and Africans in general understand that touch, like food, is life-giving.⁸⁷¹

Native healing traditions, replete with rituals of touch, can be a useful resource for integration. If Africans believe in the power of the word, they equally value the power of touch. Unlike in some other cultures, Africans do not shy away from body contact. Outside the domain of healing, Africans greet by embrace, shake hands, and rub cheeks. Native healers touch to diagnose; other healers impose hands to chase away bad spirits and invoke blessings upon the client. In addition, as we saw earlier, most healers use *okukanda* (massage), while others use it a lot in bone-setting. Also, Africans who visit the sick like to touch them to 'feel how hot' (feverish) they are, and place a wet piece of cloth to ease the high temperatures.

We, therefore, suggest that both conventional medicine and Christian healing ministries, as well as other alternative (e.g. Oriental) forms of healing, could conveniently profit from the African tradition of touch. African healing traditions of touch might harmonize well with sciences like Chiropractic, Orthopedics, Kinetics, and Reflexology through the feet and hands. Health care professionals, especially, can get so caught up in the routine of work, so bored by the endless complaints and cynicism of impatient patients yearning for attention, or just overwhelmed by the number of demands placed on them, that they feel like keeping aloof. Because they deal with so many people, health care

⁸⁷¹ This view, however, is shared by many cultures, even outside Africa. Some scholars attest to the fact that touch, often called the mother of the senses, is so essential both to animals and humans, that one cannot live without it. "The first to ignite, touch is often the last to burn out. Long after our eyes betray us, our hands remain faithful to the world." Diane, ACKERMAN, *A Natural History of the Senses*, New York, Random House, 1990, p. 71; quoted also in Zach, THOMAS, *Healing Touch: The Church's Forgotten Language*, p. 21. For more on the effects of touch in healing, read the Chapter on The Physiological Effects of Touching, in Ashley, MONTAGU, *Touching: The Human Significance of the Skin*, New York, N.Y., Harper & Row, Publishers, 1986, pp. 198-203. Studies of newborn animals and human beings show that neither can survive long without external stimulation. Research has revealed that massage helps in the quicker development of, and increase the chances of infants born prematurely. The 1915 research project in orphanages where infant mortality within one year of admission was between 90 and 99 percent, showed that deaths were caused by inadequate sensory stimulation. Deane, JUNAH, *Job's Body: A Handbook for Bodywork*, Barrytown, NY, Station Hill Place, 1987, pp. 43-44; Zach, THOMAS, *Healing Touch: The Church's Forgotten Language*, p. 17. Our need for touch is more like our need for food. Touch, moreover, is more than skin-deep: it is also believed to lead to wholesomeness, and to encourage community life. Thus, lack of touch, or unwholesome touch, not only harms the integrity of one's inner life, but cuts a person from the warmth of the human community. If we are insisting that 'hands-on ministry' plays an important role in integral healing, it is because human beings are called and created for touch. See Zach, THOMAS, *Healing Touch: The Church's Forgotten Language*, p. 17ff.

providers may end up dealing with numbers rather than persons, and fail to recognize and utilize those moments when, like Jesus, power can go out of them (Lk 6:19; 8:46)! Both health care providers, and Christians visiting the sick in health care facilities, or in homes, will realize that holding a person's hand or giving a comforting pat on the arm can mean a great deal to someone fighting fear and loneliness. Naturally, it depends on one's closeness to the person and on his or her willingness to be touched,⁸⁷² but a visitor who stays at arm's length from the patient may unconsciously exacerbate the sense of separation already felt by a seriously ill person. A gentle touch tells the person that you are willing to be *with* them.⁸⁷³ Those who work in Orphanages, Nursing Homes, and Hospices, will learn to pay particular attention to the use of touch. For instance, babies that have been picked up, abandoned on streets and road-sides, may need to feel compassion communicated to them through the gentle hands of the care takers. The same applies to those who are menaced by the vulnerability and fears of aging. A simple touch can be reassuring and healing. When patients are dying, do health care professionals understand that they can communicate the grace of God through gentle touch? Too often the dying are abandoned. "There is nothing more we can do," say physicians and nurses. Yet, they can bring healing to the dying through touch, even when the disease is no longer curable.⁸⁷⁴ Provided that those using it respect the sensitivities of each individual, touch, like the word, more than being mere human means of reaching out, may also be an effective symbol of God's healing touch.

Touch is however not the only nonverbal symbolic form. Ritual also includes the use of several others. These include concrete representative objects and mental images of symbolic objects.

⁸⁷² It is essential to be observant and respect the cross-cultural sensitivities about touch, so as to avoid violation of the clients' space, or sending messages of abuse. To be safe, pastoral care givers are advised to always ask the supplicant if he or she is comfortable with touch or closeness. One should not assume you know the answer to this question. See Leo, THOMAS, *The Healing Team: A Practical Guide for Effective Ministry*, p. 162; see also Leo, THOMAS with Jan, ALKIRE, *Healing Ministry: A Practical Guide*, pp. 188-190; Zach, THOMAS, *Healing Touch: The Church's Forgotten Language*, p. 23; Ashley, MONTAGU, *Touching: The Human Significance of the Skin*, pp. 292ff. Poyatos adds to this caution: "...let us not forget that there are marked differences in proxemic behavior and touch among cultures. Some are used to much physical contact (Lebanese, Hispanics, Italians, Greeks, French, Indians, Russians, Arabs); others, to much less (Northern Europeans, English); and still others to practically none after early childhood (Japan, Malaysia). The languages of Ghana do not even have a word for 'kissing.'" Fernando, POYATOS, *I was Sick and You Visited Me*, p. 32. Also like in the case of visits to the hospitals, caution must be taken by those who touch the sick, so as to avoid the spread of contagious diseases, especially those that may easily be passed onto others through hand-to-hand contact, body fluids and human wastes.

⁸⁷³ Joseph, M. CHAMPLIN and Susan C. TAYLOR, *A Thoughtful Word, A Healing Touch: A Guide to Visiting the Sick*, Mystic, CT, Twenty-Third Publications, 1995, pp. 2-3.

⁸⁷⁴ See Daniel, P. SULMASY, *The Healer's Calling*, pp. 83-84.

Like words, symbolic objects can embody or represent effective power. Accordingly, these objects would act as vehicles for the transmission of healing power. Specifically, in Roman and Eastern rites of Catholicism, many Christians have traditionally held that ritual objects could serve to transmit God's power (e.g., blessed oil used in anointing the sick). Other objects have served to symbolize important items of faith or reverence: the Bible, candles, salt, holy water, incense, ashes, pictures (icons), crucifixes, and pictograms (such as the image of a fish, or large eye inside a triangle).⁸⁷⁵ In Christian circles, a number of these elements are mostly used in the area of sacraments and sacramentals.

Similarly, a lot of non-verbal symbolism is employed in African tradition. Among the most significant include drums, gourds, beads, seeds, cowrie shells, crystals, bark cloth, parts of animals and birds (e.g. horns, bones, hides, fur, feathers, claws), various types of elements carved out of wood...the list is long. Traditional practitioners in Africa (seers), have sometimes used some of the items above as aids to divining and discovering the cause(s) of sickness. We suggest that these represent a cross-section of the different symbols that may be explored to concretely enhance the movement of integration in healing.

Regrettably, many of the African symbols were relegated to the realm of fetishes by the pioneer missionaries and associate evangelizers. Instead, they replaced these with what we listed above as Christian symbols. However, if Africans were using their own symbols for magic, substitution without genuine catechetical instruction that acknowledges the African world-view and respects native cultural values, would not take away the so-called 'magical mentality'. Instead, in some circles, the new Christian symbols would become their new fetishes. In fact, in the veneration of certain icons, and the use of the rosary, one is led to wonder whether there isn't another version of superstition? Since most of the native objects (symbols) had nothing evil per se about them, they could easily have been 'christianized' using some form of blessing, as it happens with elements used in Church rituals, e.g. water, salt, ashes, seeds and pieces of wood on rosaries, and the relics of the saints. Among the Amerindians, eagle feathers seem to be generally accepted as a sacred symbol, even in Christian circles.

It is with this kind of openness that we encourage integration in the domain of healing. Let liturgists work hand in hand with researchers in cultural anthropology and African theology, to try to make room for those symbols which may be integrated for use in ritual ceremonies for healing. In

⁸⁷⁵ Meredith, B. McGUIRE, *Ritual Healing in Suburban America*, New Brunswick and London, Rutgers University Press, 1988, p. 220.

introducing these symbols, however, care should be taken not hurt legitimate Christian sentiments. In the preparation of the *Books of Rites*, Diocesan Liturgical/Pastoral Commissions could look into the possibilities of integrating vocabulary and formulas employed in native healing rituals, for use in prayers and blessings for various afflictions. Names of plants and herbs that signify healing are a good source. Examples from the Runyankore language (of which we have not been able to find renderings in English) include: *enyaweera*, (from 'kweera'=white/clean, used in some native rituals as a cleansing symbol); *omugorora* (literally, 'one that straightens', germinates easily and endures harsh climates), is planted on native shrines, used in fencing and for demarcating boundaries; *omubogora/orubogora* (could mean 'straightener' & *omugoshora* might signify 'one that disentangles' or 'puzzle solver', both plants used in cleansing rituals after lightening has struck); *omurinzi/ekiko* (from the verb *okurinda*= 'to protect', may be because the tree has thorns all over); *omwetango* and *entanga* (both carry the imagery of 'barring'/'preventing' or shielding from evil or danger); *omusinga* (from verb 'to win'=leading to victory over or recovery from sickness); *omurembe* (probably from the Luganda language with the rendering of 'peace', usually in native funeral rites); *eichoza* (one that 'cools' high body temperatures, or 'calms' the pain), *omuhingura* (one that makes [catastrophe or trouble] pass by).⁸⁷⁶ All these names carry rich imagery and symbolism that may enrich prayers and formulas that are used in Christian healing rituals.

By way of concluding our discussion on the attempt to integrate certain native practices into the sacraments, sacramentals, and ceremonies of healing, we may recall that the movement of inculturation and integration includes what we called 'selective assumption for transformation'. Some things in the culture can straightaway be assumed for Christian use, while others need more careful study and discernment, and others are simply unacceptable. While we reassert that rituals remain a central part of the integrated model of healing, efforts should be taken to avoid those rituals that are obviously superfluous.⁸⁷⁷ At the same time, the Church should invest in research especially in the area of certain rituals, taboos, and related customs whose original meaning may have been eclipsed by the passing of time, so as to avoid throwing out some that may still be useful. In addition, by use of catechetical

⁸⁷⁶ For more on names and meaning of plants and herbs see Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 19, 30, 37-38; Alexandre, SEITE, "Notes sur les moeurs Banyankore," pp. 16-19 Unpublished.; See *ibid*, P 150/7 a, p. 20, n.d. Unpublished; Alexandre, SEITE, "Les plantes dans la vie des Banyankore," P 158/5, pp. 1-14 Unpublished.

⁸⁷⁷ One of the major complaints against native healers, is that they surround the prescription of medication with rituals that are often superfluous, whereas the herbal remedies would work on their own, without such additions. See Benedict, K. MUBANGIZI, *Emicwe y'Ensi omu Banyankore*, pp. 29-31.

instruction adapted to the cultural context, the Church should find ways and means of persuading people not to participate in futile divination and orgies which, perhaps, waste time and money. Divination may easily be replaced by counseling techniques and rituals that help the patients name and give meaning to their sickness — issues that native consultants and diviners seek to address. African Christians need to be convinced that all sacrifices are fulfilled in the one unsurpassable sacrifice of Jesus Christ, which he offered on Calvary. And that there is no need for other bloody sacrifices besides the one living and bloodless sacrifice of the Mass. Moreover, practices like the sacrificing of children, body mutilation, unhygienic practices which force patients to eat or drink inappropriate material, need to be condemned as unacceptable. And those who persist in practicing them, should face appropriate sanctions, and/or be prosecuted.

6.5. Short Term and Long Term Projects of the Archdiocese of Mbarara

Having identified the priorities and possible areas in which the process of integration may be realized, having considered some guidelines to direct the movement of integration, let us now propose possible concrete projects (short term and long term) to enable the local Church, in particular the Archdiocese of Mbarara, better fulfill her healing mission. Our proposals shall make reference to the 1986 Synodal decrees and exhortations of the then Diocese of Mbarara (see Appendix II).

6.5.1. Short Term Projects to Respond to Particular and Urgent Needs: Five Year Plan

From the pastoral point of view, short-term projects pertain to those areas of the Church's healing ministry which need closer and more urgent attention. To help the Church better assess the progress in the implementation of such concrete projects, we propose a time-frame of five years. We have identified seven major areas that need urgent consideration, namely: outreach and awareness programs; counseling services; chaplaincy; grass-root health care ministry; ecumenical services for the sick; traditional or native healers day; and health care case-study teams.

6.5.1.1. Need for Outreach and Awareness Programs⁸⁷⁸

Amidst the situation of the HIV/AIDS pandemic affecting most parts of Africa, there is a need for more aggressive information and awareness campaigns. In collaboration with Governmental and non-governmental organizations already in place, let the office of Caritas Mbarara and the Social Service Commission consolidate such efforts and mobilize more resources (finances and personnel) for these campaigns, to the grass-root level of the Church. This could be done through strengthening the efforts of Community Basic Health Care (CBHC) programs already in operation. Parish Priests and their associates could also use the pulpit for such campaigns. Such campaigns are aimed at preventing situations of lethargy and indifference, since many might already be aware of the dangers of HIV/AIDS and the way it is spread.

6.5.1.2. Counseling Services

Apart from the HIV/AIDS crisis, many years of social political turmoil in Uganda, and elsewhere on the continent of Africa, have left many people abused, harassed, psychologically devastated. Many need someone to listen to them as they pour out their stories of pain and grief. The work of groups like the St. Francis Project, the Counseling Group in Ibanda, and other services through private initiatives, should be given more encouragement and support. In view of such work, there is a need for personnel training. The Archdiocese, through appropriate departments, could look into this possibility. Seminaries and Religious houses of formation could reemphasize the inclusion of Pastoral Counseling as an essential training requirement. Catechetical centers like Ibanda Catechetical School could also make room for the training of more lay people in counseling skills. At any level, courses in counseling should be adapted to the African world-view and cultural sensitivities.

6.5.1.3. Consolidation of Chaplaincy

The Archdiocese of Mbarara already sees to the provision of chaplains in health care facilities (hospitals, dispensaries, hospices, orphanages [like Ibanda Babies Home], prisons), etc.

⁸⁷⁸ It is interesting to note that Mobile Resources, were part of the Church's health care programs even in early centuries of Christianity. See Hector, AVALOS, *Health Care and the Rise of Christianity*, Peabody, Massachusetts, Hendrickson Publishers, Inc., 1999, pp. 103-107.

Normally these tasks are fulfilled by pastors who work in nearby parishes and centers. However, this is likely to leave out a sector of clients that are not of the Catholic tradition. There is need, therefore, for new initiatives to look into multi-faith chaplains, who are trained to work on a non-denominational or cross-denominational basis. We are also aware of the commendable contribution of the St. Francis Family Helper Project and other small independent counseling groups in the Archdiocese of Mbarara. Such efforts need to be acknowledged and further consolidated. In addition to such efforts, we suggest also that the Church, in her Colleges and Universities, look into the possibility of introducing under-Graduate and Graduate courses subjects like Spiritual Care Practice/Health Care Practice, to train men and women in chaplaincy skills.⁸⁷⁹ Again, such courses need to be grounded in the indigenous socio-contexts.

6.5.1.4. Grass-Root Health Care Ministry

A lot of work on coordination of health care programs in the Archdiocese of Mbarara is taken care of by the Archdiocesan Health Commission, mainly through the Diocesan Health Coordinator's Office. However, we are not aware of any other structure operating in the Archdiocese below the diocesan level. We would, therefore, suggest that as in the case of other Commissions (eg. Vocations Committees) which have branches on parish and sub-parish levels, competent authority see to it that Health Care Committees be introduced on each level of Church, even up to grass-root level. Such structural arrangements may encourage caritative spirit among Christian communities. For example, on parish and sub-parish levels, there is need for the formation of a ministry providing pastoral visits to the sick. Structuring efforts might also encourage ministries like the pastoral visit to the sick, and enhance mutual support among Christian communities. In some places, for instance, people have organized small groups in the form of Societies like *Mweziky*e (literally, 'let us bury ourselves') designed to finance funerals at

⁸⁷⁹ On some of the necessary qualities of the care of the sick, see Daniel, P. SULMASY, *The Healer's Calling*; Leo, THOMAS, *The Healing Team: A Practical Guide for Effective Ministry*; Leo, THOMAS with Jan, ALKIRE, *Healing Ministry: A Practical Guide*; Fernando, POYATOS, *I was Sick and You Visited Me*; CATHOLIC HEALTH ASSOCIATION OF CANADA, *Health Care Ethics Guide*; Nancy, MCGEE, *Health Care Ministers*, Ottawa, Canada, Novalis, Saint Paul University, 1987; Dominic, SSENGOOBA, *The Pastoral Care of the Sick*, Nairobi, Daughters of St. Paul, 1994; Jean, MASAMBA ma MPOLO, and Daisy, NWACHUKWU, (eds.), *Pastoral Care and Counseling in Africa Today*, Frankfurt, a.m., Verlag Peter Lang, 1991; JWARA, Mandla S., "African Healing Rituals as Part of Counselling," in *Grace and Truth*, vol, 16, No.1, April 1999, pp. 30-36; Dennis, LINN & Matthew, LINN, *Healing Life's Hurts: Healing Memories Through the Five Stages of Forgiveness*, New York, N. Y., Paulist Press, 1978, pp. 1-240.

the village level. In the same way, villages should be encouraged to introduce similar *Save Ourselves Societies* like *Twetambire*, *Twekize* (literally, 'let us treat/heal ourselves) to take care of small finances for funding emergency situations of sickness, especially for very poor families.

6.5.1.5. Ecumenical Services for the Sick

In her Synodal decree No. 26 stipulated that the diocese set aside a specific day for the faithful to pray for, visit and help the sick and the aged. The date chosen is February 11, which is at the same time the international World Day of the Sick. On that day, and during the week of Prayer for Christian Unity, arrangements could be made (perhaps through members of the Catholic Charismatic Renewal) to organize an ecumenical service for praying for the sick and aged. We believe that such efforts may reduce occasions of 'shopping around' for healing, and at the same time help Christians to see themselves as combatants united against sickness, for integral health. Such services should, however, be carefully planned to avoid causing confusion of faith traditions.

6.5.1.6. Traditional/Native Healers Day

In order to give recognition to and encourage legitimate native healing methods, the Archdiocese might plan possibilities of a day (or week) when traditional practitioners (diviners, herbalists, massage-therapists, bone-setters, snake-bite nurses) could participate in open-air exhibitions, seminars, workshops, or talks. These would also have, as aim, to educate people about what goes on in traditional healers' compounds (sometimes under cover of darkness), and thus perhaps demystify certain fears and superstitions. Precaution should be taken so that these days give no impression of putting down native practices, but to let people see the value in African practices of healing. The office of the Diocesan Pastoral Coordinator might be best equipped to make such arrangements.

6.5.1.7. Health Care Case-Study Team

In order for the Archdiocese of Mbarara to lay concrete strategies in the interests of integrated health care, we propose the creation of a body that we have chosen to call, Health Care Case Study Team/Commission. This body, which might operate under Caritas Mbarara and be supervised through the office of the Diocesan Health Coordinator, would be mandated to make appropriate studies

of various aspects of people's health. With a carefully planned questionnaire, the group might set out to examine and establish causes of illnesses: identifying the sick and the prevalent kinds of sicknesses, physical, mental, psychological, and spiritual sicknesses; look at the families and their environment (e.g., conditions of hygiene), eating conditions, foods and beverages; identify traditions and rituals of healing that cause more harm than good; take note of socio-political life-styles (if they cause social disruptions), etc. All these would be in view of tracing root causes to sicknesses for particular regions and times. Once the data is analyzed, the group could set some goals for the improvement of people's health, within a given time frame (e.g., five years). The temptation is to look at this task as needing professional experts, and overwhelming in scope. We think that teams who would look at basic questions need not be highly qualified personnel. The work could be done in phases. However, some of these projects might need long-term planning.

6.5.2. Long Term Projects for Basic Renewal or Improvement of Healing Ministry

In agreement with most African theologians and anthropologists, we wish to briefly suggest a few lines of action for a more effective healing ministry in Africa today.⁸⁸⁰

6.5.2.1. Promotion of Integrated Approach to Healing

The ministry of healing, in its integral and holistic approach, should become central in the African Church so as to recapture the fundamental preoccupation of the African people with the preservation of life; it should be guided by a well developed African theology of healing. The command of Christ is clear, namely, to preach, heal the sick and drive out evil spirits. The church in Africa should critically appropriate and promote holistic healing and advocate the reduction of expenses for alternative medicine.

6.5.2.2. Facilitate Genuine Dialogue and Integration

The Church can appreciate the African position—that inner healing is a pre-requisite for physical healing. The Church should champion genuine dialogue and viable integration between health

⁸⁸⁰ For this section see Anatoli, B.T. BYARUHANGA-AKIIKI et alii, *Cast Away Fear*, pp. 32-33.

practitioners of both Western and traditional medicine in order to discover the values of each system and how to use them all for the benefit of the people of Africa.

6.5.2.3. Formation and Research in Healing Traditions

The Church should encourage African theologians and pastors, lay men and women to undertake serious studies of African medicine and modes of healing so that new attitudes may be created and the past misunderstandings resolved. Let seminaries and Religious houses of formation include studies on healing in their academic syllabi and pastoral curricula. Perhaps those in close contact with the people, such as seminarians on Pastoral work, and/or catechists could use this opportunity to start a database of medications and healing methods they see in use. Such information could be used by researchers in the publication of books in the area of healing. Also let the cultural dimension be included in the training of health care professionals so that it is contextual.

6.5.2.4. Developmental Programs and Education for Health

Let the Church encourage a pastoral approach that includes material development; a materially developed area may provide for the basic needs of individuals and lead to a better and healthier lifestyle. Also, the Church needs to encourage more educational programs on matters of hygiene, teaching people about the causes of their sickness and how to prevent them. The Church should exhort the faithful to have at least bi-annual medical check ups. We propose that this be mandatory among the members of the clergy. Most programs should target the young, and all who are not yet sick to remain safe. Preventive programs in health care are particularly crucial in this regard.

6.5.2.5. Solid Catechesis on Healing and Strengthening of Faith

Apart from renewing her commitment to the understanding and celebration of Sacrament of healing, especially the Anointing of the Sick and Reconciliation, the local Church should invest in building a strong catechesis emphasizing the value and dignity of the human person as an integral being (Body, soul and spirit). There is a need for the Church to form a Lay Apostolate and encourage devotions that may build the faith of the people, making them strong and resilient for when they are faced with challenges in times of sickness and other forms of affliction.

6.6. Basic Implications of this Study for the *Ecclesia in Africa* and for the *Ecclesia Catholica*

Our study has mainly focused on the Church's pastoral approach to the ministry of healing among the Banyankore of the Archdiocese of Mbarara. The question is: has such study, contextual as it is, and based on one particular local Church, any relevance for the Church in Africa and the universal Church at large? The answer is yes. As we have demonstrated in our study, most of the challenges facing the Church in the Archdiocese of Mbarara are more or less shared by sister Churches in Uganda, and the whole continent of Africa. The case in point is the HIV/AIDS pandemic, which has become a continental problem. During the Special Assembly of Bishops on the Synod on Africa, the synod Fathers acknowledge that Africa as a continent shares the lights and shadows, the challenges and future prospects of evangelization. Africans are affected by similar socio-political and environmental problems; in general the peoples of Africa share a common history, and a common destiny.

Moreover, the Banyankore people share the same world-view with most African peoples on questions like the centrality of religion to human life, morality, values and traditions of abundant life, sense of community, and related issues, most of which influence the way African Christians approach health, sickness, suffering and healing. The Christology of the different 'faces' or images of Christ Healer is largely shared by all African Christians. This indicates that discoveries which have been gleaned from the concrete life of the Christians in the Archdiocese of Mbarara, might somehow become lessons for the wider Church community in Africa. The advantage with using the contextual approach is that, paradoxically, it opens up as it narrows down. Thus to a certain extent our study is not without relevance for the *Ecclesia in Africa*.

Nor does the usefulness of our study stop at the continental level: it may be useful to other Churches and peoples, including Euro-American Christians. Together with the fact that sickness and the search for healing are phenomena that preoccupy all peoples worldwide, there is the resurgence among communities in developed countries of therapies which tend to look at life in a holistic way. This indicates that the integrated approaches to healing we have proposed for the local Church in Mbarara may well be of some relevance to other situations on the international level. Also, as we pointed out, the various 'faces' of Christ Healer, have scriptural basis and may relate to situations outside of Africa. The relevance of rituals like sacraments and sacramentals to healing is pertinent for all Churches, not just the Church in Mbarara. Even concrete suggestions we made for the Archdiocese of Mbarara, like the need

for counseling services, consolidation of chaplaincy, research in healing traditions, solid catechesis and strengthening the faith, are matters that concern Churches dealing with multi-cultural situations. It is therefore our conviction that this research, based on the local Church of the Archdiocese of Mbarara, is likely to benefit not only the Churches in Africa, but also the *Ecclesia Catholica*.

By no means do we consider our work to exhaust the subject of healing, especially under the integrated model. Further questions and salient features remain to be addressed. For instance, if culture is so much a part of healing, how does the Church cope with the healing ministry in an increasingly changing and globalized world? How do people find healing wholeness in a secularized society? Further studies might have to investigate how the integrated approach to healing may operate in a multi-cultural and multi-faith environment.

6.7. Conclusion

The local Church is the privileged place for the praxis of the healing ministry. There, wounded by all sorts of sicknesses and afflictions, members of the Mystical Body continue to experience Christ's healing, through the various complementary ministries. Like it was for Jesus Christ, for whom the proclamation of the Kingdom of God and healing belonged together as two faces of the same coin, the Church is commissioned not only to preach, baptize and teach, but also to heal the sick and raise the dead.⁸⁸¹ To the extent that the Church makes use of the integrated approach to healing, through faith and good works, there is hope for African peoples — and hope itself has its own power to bring about healing.⁸⁸²

⁸⁸¹ See Christoffer, GRUNDMANN, "Healing as a Missiological Challenge," in *Mission Studies*, Vol. 3 No. 2, Hamburg, 1986, p. 60; Peter, Francis CHINNAPAN, *Healing Ministry in the Catholic Church*, p. 56.

⁸⁸² See Mary, DRAHOS, *The Healing Power of Hope: Down-to-Earth Alternatives to Euthanasia and Assisted Suicide*, Ann Arbor, Michigan, Servant Publications, 1997.

CONCLUSION

Résumé of Thesis

The healing ministry forms an integral part of the Church's evangelizing mission. With this affirmation in mind we want to briefly reiterate the general orientation to the present thesis. Our working hypothesis was: 'a theological and pastoral analysis of the Church's approach to the practice of healing in the context of Christian living today, will help to develop an integrated healing mission for the Church in the Archdiocese of Mbarara'. Guided by this hypothesis, we set out to investigate the Church's contribution to the healing ministry at the local or diocesan level. Here below is how we proceeded.

In Chapter one we presented the general background to the thesis and dealt with preliminary issues regarding methodology: defining and clarifying terms, presenting the problem, status quaestionis, research hypothesis, and the general flow of the thesis. These considerations were necessary both to set the tone of the research and present the framework within which the thesis would proceed.

Chapter two presented the data on pastoral activity current and historical, affirming how the Church has maintained her involvement in the healing mission, primarily through the promotion of the conventional medical model. The chapter examined how the Church's healing ministry has also been manifested in other sectors of life, especially through sacraments and sacramentals. We discovered that this mission has been one of achievement and overwhelmed success, since the healing ministry is still faced with many unresolved challenges. We observed that some, if not most of the challenges, can be blamed on operating under one predominant model of healing, the medical model. Lack of a more comprehensive model leads the sick to the search for alternative therapies, including native healing. We argued that a better model of healing that would assuage this thirst is the integrated and holistic model of healing.

In Chapter three we took an anthropological approach, focusing specifically on the Banyankore people of the Archdiocese of Mbarara. In this study we discovered that sick people are attracted to native healing practices, primarily because of the traditional world-view which tries to address sickness on various levels of existence: body, mind, soul and spirit — including the dimensions of morality and religion. It was imperative, therefore, to examine the pillars upon which healing among the Banyankore traditional society was built, namely the concepts, beliefs and practices. We acknowledged the fact that religion-oriented practices of healing, sensitivity to morality, the sense of community, and participation in various ritual practices, make native healing both model and resource for integration in

healing. We therefore argued that a clear grasp of this anthropological perspective would enrich the Church's healing ministry.

Chapter four shifted the thesis' emphasis from the anthropological to the christological level. We are convinced that integration works best when the latter works hand in hand with the former. The integrated approach to healing requires a christological foundation, adapted to the given socio-cultural context. Thus in this chapter we endeavored to discover the healing dimension in the various 'faces' or figures of Christ, proposed by different Christologies in Africa. For Africans Jesus' central question to the disciples, "Whom do you say that I am?," is answered in the different faces. We discovered that to a certain extent, all the 'faces' are a kaleidoscope of one Divine Healer. The Jesus who proclaimed the Kingdom through words (parables) and deeds (miracles, signs and wonders), revealing God's compassion to the sick and sinners, is the very one at work in the Church's healing mission. Thus, the Christology of healing and the corresponding search for integration logically and naturally demand concrete expression in the Church's pastoral ministry.

Chapter five sought the means of establishing the necessary link between christology and pastoral application. Therefore, in this chapter we considered Inculturation (based on the Incarnational model) as theological key for facilitating integration in healing. Jesus Christ is model of incarnation/inculturation, since it happened in his own person, as Word made flesh (Jn 1:1ff). Through the process of self-emptying, he assumed the human condition with its Jewish cultural component, albeit selectively. Thus, by his incarnation/inculturation, Jesus Healer becomes liberator and model of the various healing traditions. We argued that the same movement of inculturation is crucial if Jesus' mandate to heal is to succeed, especially at the local level of Church.

Chapter six looked at the local Church as agent and mediator of healing traditions. The chapter considered two basic orientations or resources for the healing ministry, as far as cultural revitalization and the movement from liberation to reconstruction are concerned. The chapter also examined the process of integration under three dimensions or traditions, the medical, charismatic, and liturgical/sacramental. We also made practical recommendations (long-term and short-term) to help the local Church improve her healing mission and live up to the challenge of sickness, pain and suffering among her members. We recommended that the Church endeavor to be open to collaboration with the different healing traditions and alternative forms of healing, in order to promote holistic and integrated approach to suffering. The Church will remain committed to the value of human life, the dignity and

respect of the human person, and insist upon human responsibility of stewardship to the reign of God, and the salvation of the world.

Novelty, Personal Contribution and Salient Features

As we said earlier, we are not the first to propose an integrated approach to healing. Various researchers, including African writers, have probed into this vast terrain. Our work follows in the footsteps of writers and theologians who endeavor to discover a ministry of healing that can satisfy human longing, especially in moments of vulnerability such as sickness. However, our work is innovative in a number of ways.

First, it is groundbreaking in its use of a contextual theological approach, with a cultural component, to build a theology of healing. As far as we are aware this research work is the first of its kind, in the field of theology. We have, moreover, initiated the use of Bevan's anthropological and synthetic models and Teresa Okure's Incarnational paradigm for Inculturation, to help us walk toward the horizon of integration. The adoption of Inculturation as theological key for the process of integration, has the benefit of helping the local Church discover a culturally mediated pastoral response to the challenges she faces.

Second, in the field of African theology, various African theologians (and sympathizers to African theology), have developed a Christology of the African faces of Christ. It is true that the topic of Jesus Christ as Divine Healer had previously been discussed. However, our research has gone further to discover the *healing dimension* in the various faces, which enrich the image of Christ as Healer par excellence. This too is innovative.

Third, drawing from the ecclesiology advanced by Vatican Council II, we have proposed the local Church as the privileged place for the practice of mission to heal. From our discoveries and analysis we have endeavored to propose concrete suggestions for the improvement of the healing ministry in the Archdiocese of Mbarara. Our research has implications not only for the Archdiocese of Mbarara, but also for Uganda, the Church in Africa, and the Church universal.

Yet, there are salient features the thesis leaves unexplored, as well as avenues for further reflection. For instance our research has shown that there is need to further critique western medicine, something this thesis did only in passing. We did not exhaust the area of the relationship between western

medicine, the increasing alternative therapies and African traditional medicine, especially in the context of globalization. There is need to do further research on the multiple charismatic healing traditions and how they might interact or harmonize with the Church's more sacramental and traditional approach. Even with these other avenues left untouched, this research is a contrition in the right direction.

LIST OF ABBREVIATIONS

ACP — AIDS Control Program

AIC — Independent African Churches

AIDS — Acquired Immune Deficiency Syndrome

AMECEA. — Association of Member Episcopal Conferences of Eastern Africa

ARI — Acute Respiratory Infections

AWF — Archives of White Fathers

BHPs — Biomedical Health Practitioners

CBHC — Community Basic Health Care

CHIEA — Catholic Higher Institute of Eastern Africa

CMS — Church Missionary Society

CUEA — Catholic University of Eastern Africa

DHS — Diocesan Health Services

DST — Diocesan Service Team

HIV — Human Immunodeficiency Syndrome

MOH — Ministry of Health.

n.d. — No Date

NACOTHA — National Council of Traditional Healers and Herbalists Association

NRMs — The New Religious Movements

NST — National Service Team

OLGC — Our Lady of Good Counsel

OPD — Out Patients Department

PACLA — Pan-African Christian Leadership Assembly

PHC — Primary Health Care

PHP Peace, Happiness and Prosperity

PST — Parish Service Teams

SECAM — Symposium of Episcopal Conferences of Africa and Madagascar

SORAC — Society of Research on African Cultures.

STD — Sexually Transmitted Diseases

TASO — The AIDS support Organization

TASO — The Aids Support Organization

TB — Tuberculosis

THETA — Traditional and modern Health practitioners Together Against AIDS

THs -Traditional Healers

TRC — Truth and Reconciliation Commission

UBOS — Uganda Bureau of Statistics

UNICEF — United Nations Children' Fund

UPE — Universal Primary Education

UTI — Urinary Tract Infection

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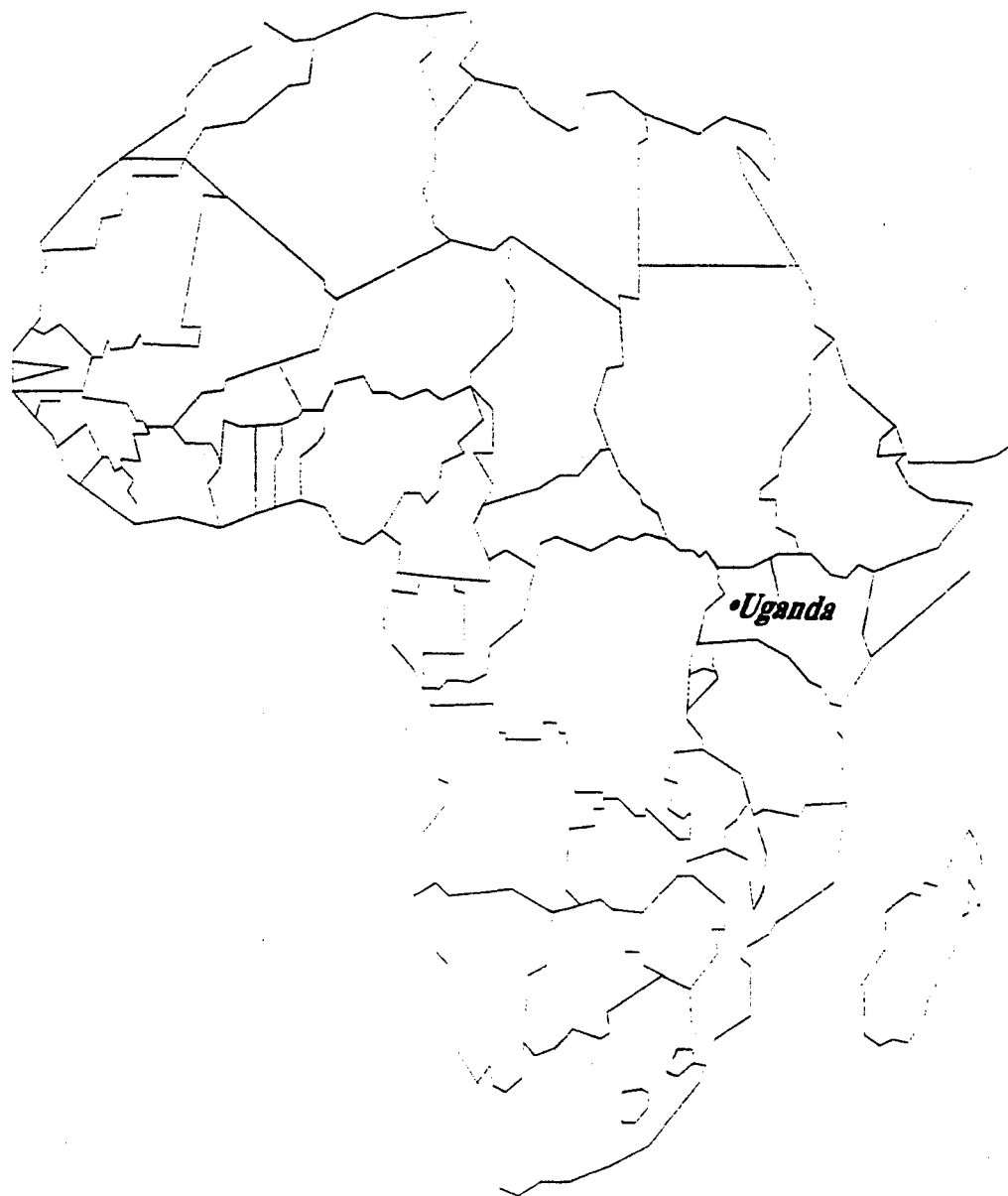
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APPENDIX I - MAPS

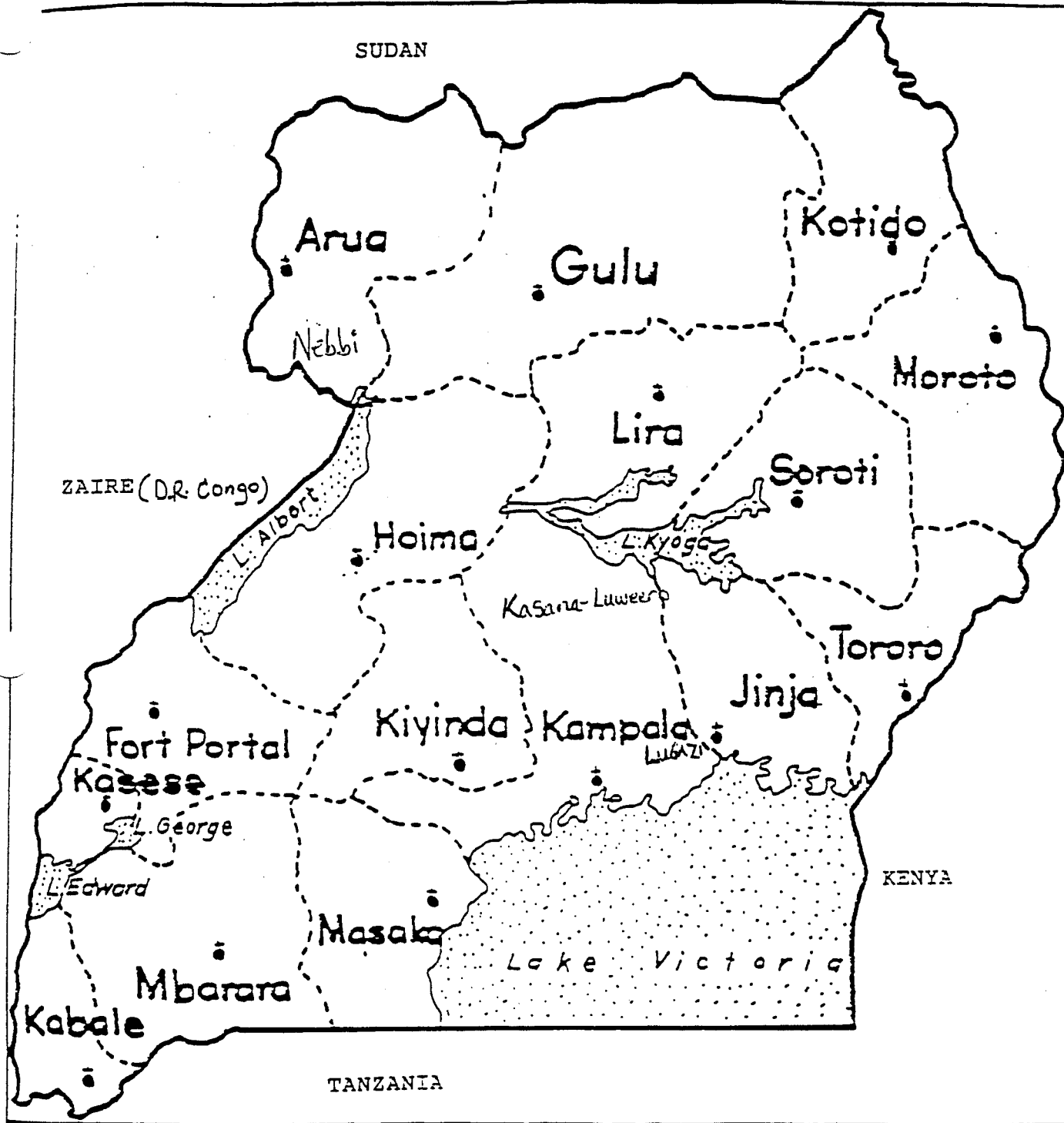
Map 1.

Africa: Uganda



Source: core\office7\graphics\quickart\world\country maps\Africa

Uganda: Dioceses of Catholic Church



— International Boundary - - - Diocese Boundary

0 50 100 km 1 Diocese

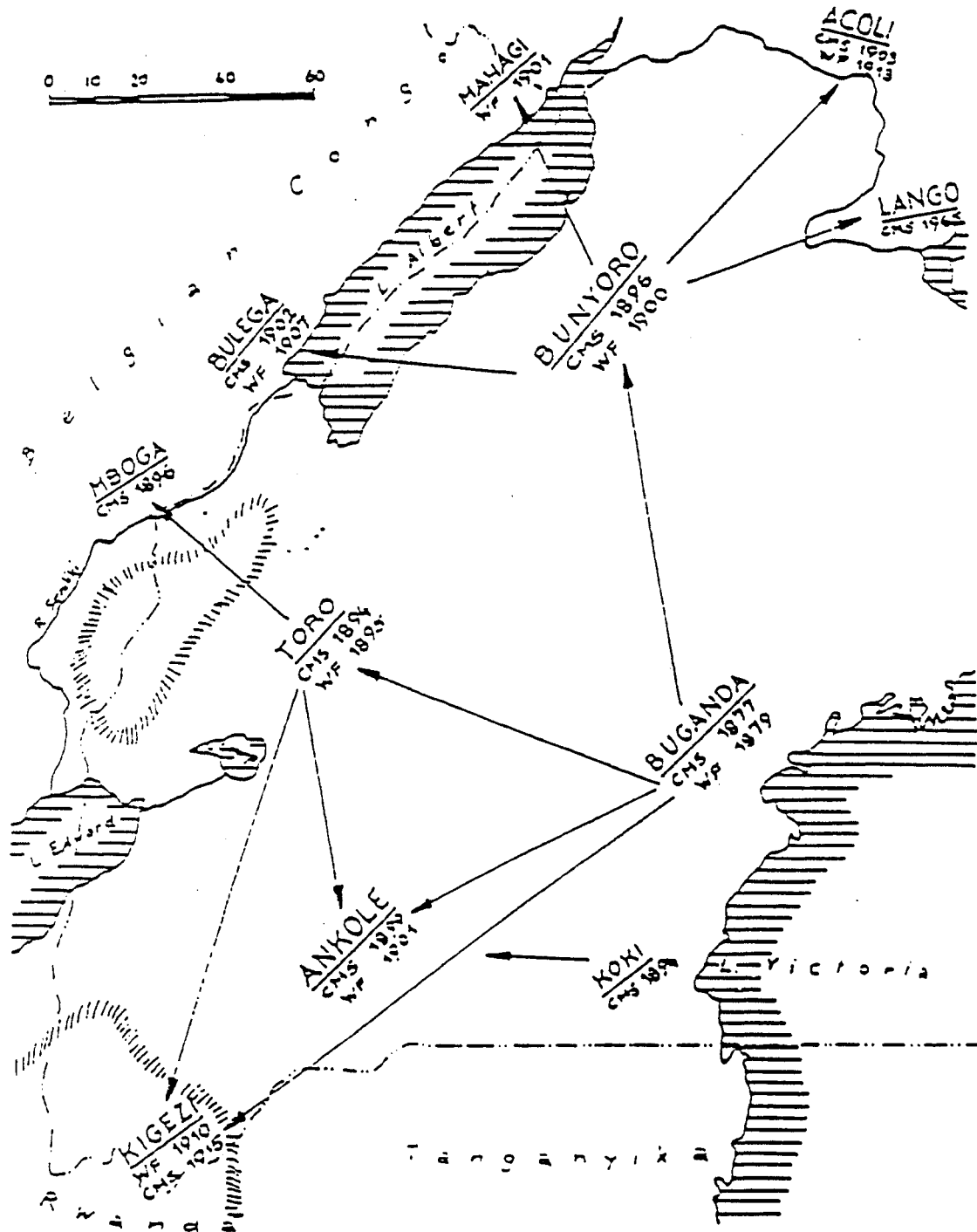
— International boundary
 - - - Diocese boundary
 - - - County boundary
 • District Headquarters

0 20 40 60 80
 km

Source: *The Catholic Directory of Uganda*,
 1991, p. 5.

Map 3.

THE ARRIVAL AND SPREAD OF CHRISTIANITY

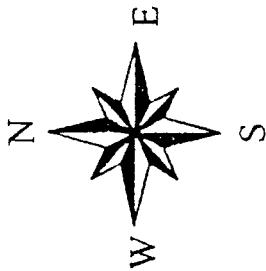


CMS : Anglican Church Missionary Society

WF : Catholic White Fathers

Source: D.M., BYABAZAIRE, *The Contribution of the Christian Churches*, p. 35.

Map. 5.



All_h_units.shp

Road.shp

- A(Murrum)
- B(Murrum)
- C(Murrum)
- I(Tarmac)
- II(Tarmac)
- III(Tarmac)

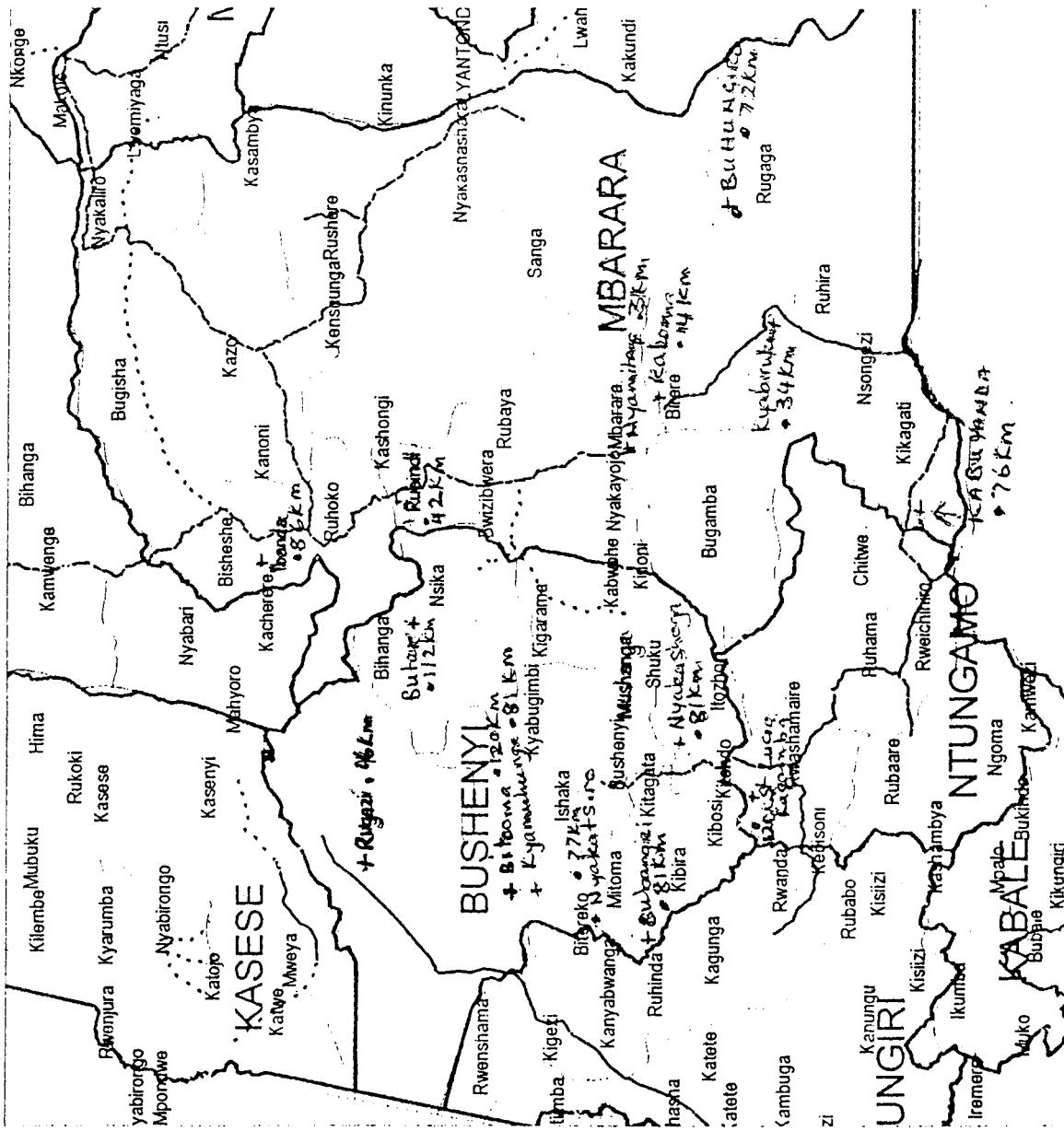
District.shp

Uga_county.shp

Water.shp

- + Diocesan Health Units
- Distance from H/units to Mbarara in km

Mbarara Diocese Bushenyi, Mbarara, & Ntungamo Districts



APPENDIX II — MBARARA DIOCESE SYNODAL ACTS

MBARARA DIOCESE SYNODAL ACTS (DECREES, EXHORTATIONS, FIVE YEAR PLAN) RELATED TO THE SUBJECT OF HEALING

DECREES

CHAPTER II: THE SANCTIFYING ROLE OF THE CHURCH

MEANS OF SANCTIFICATION

34. Since syncretistic practices exist partly because of insufficient provision for the emotional expression in our liturgies, the Pastoral Commission shall take immediate steps to correct this deficiency and make more room for Sacramentals in the pastoral activity of the Church.

CHAPTER IV: SYNCRETISTIC PRACTICES

Syncretism is an observable pastoral problem in Mbarara Diocese. It is understood as the fusion of some elements from Christian faith and religious practice with some elements from African Traditional Religions, brought about by Christians and resulting in the blurring of the real nature of the Christian religion. In view of ascertaining the exact nature of this phenomenon and finding pastoral solutions to the problems it raises, I decree that:

45. Due to the insufficient knowledge on syncretistic practices, both on the part of the faithful and the clergy, a Diocesan team composed of experts in relevant fields, such as sociology, psychology and psychiatry shall be set up to study and research into these practices and recommend appropriate pastoral action.

46. Steps shall be taken to educate the faithful and the clergy on the problem of syncretistic practices. Religious leaders shall avoid condemnatory attitudes, and shall instead deal with the people who are affected in a sympathetic way.

CHAPTER XII: MEDICAL HEALTH CARE

Recognising the invaluable gift of health, which should embrace the whole person, and in view of improving and expanding the existing services to enhance medical health care in our diocese, I decree that:

92. a) The Diocesan Social Services and Development Commission, through the Medical Health Care Committee, shall be charged with the duty of improving existing health care services.

b) It shall furthermore be charged to plan a proper and equitable distribution of diocesan medical units.

93. All projects in the medical health care field shall first be submitted to the Social Services and Development Commission, prior to being approved by the competent diocesan authority.

94. In order to enhance co-ordination and concerted action in the medical health care field at diocesan and national levels, the Diocesan Social Services and Development Director shall be responsible for co-ordinating the activities of the different medical health care units and services.

95. a) The Diocesan Social Services and Development Commission shall have as one of its priorities the promotion of preventive medical health care.

b) Since information and education are the basis for promoting effective preventive medical health care, Primary Health Care (P. H.C.) programmes, shall be extended to cover all areas in the diocese, in order to inform sensitize and educate people about the need for improved hygiene and action to eradicate diseases.

EXHORTATIONS

FIVE YEAR PLAN

MEDICAL HEALTH CARE

36. In view of providing better medical and health care services, including procurement of drugs, the Diocese shall continue to co-operate with government authorities, seeking technical and financial help, as much as possible.

37. Recognising the need to ameliorate and extend existing diocesan medical units, the Synod, recommends setting up more dispensaries, maternity centres, and in particular, building one more diocesan hospital.

33. a) Since there is need for more medical personnel, the diocese shall up-grade Ibanda Nurses Training School, and establish a Midwifery Training School.

b) Each parish shall aim at sponsoring the training of at least one nurse, yearly.

39. The Diocesan Social Services and Development Commission shall provide means for mobile clinics to cater for communities without easy access to medical services.

40. Since the occurrence of syncretistic practices is partly due to lack of sufficient and appropriate medical personnel and facilities, the Diocese shall look into the feasibility of redressing this situation.

BIOGRAPHICAL NOTE

Bonaventure Turyomumazima was born in Mbarara District, Uganda, on 16 April 1961. He was ordained to priesthood on 2 September 1990 for the Archdiocese of Mbarara, Uganda. He attended secondary school studies at Kitabi Minor Seminary, in Bushenyi (Mbarara Archdiocese) from 1977-1983.

He studied for priesthood at Katigondo National Major Seminary (1983-1986), National Seminary Ggaba, Kampala (1987-1991).

He received bachelor's degrees in Philosophy and Theology from the Pontifical Urban University in Rome, and also a Diploma in Theology of Makerere University, Kampala.

After 2 years of teaching at Kitabi Minor Seminary, and lecturing 4 years at National Seminary Ggaba, Kampala, he went to Saint Paul University, Ottawa, Canada for post-graduate studies. He obtained a Masters degree in Mission Studies (1998), and then registered into the Ph D program with the Faculty of Theology at Saint Paul University.