


The therapeutic and integrative significance of faith in the African quest for healing and wholeness

**Author:**Nathan H. Chiroma^{1,2} **Affiliations:**¹Department of Children and Youth Ministry, Faculty of Theology, Pan Africa Christian University, Nairobi, Kenya²Department Practical Theology and Missiology, Faculty Theology, Stellenbosch University, Stellenbosch, South Africa**Corresponding author:**Nathan H. Chiroma,
nchiroma@gmail.com**Dates:**

Received: 29 Mar. 2020

Accepted: 05 Oct. 2020

Published: 17 Dec. 2020

How to cite this article:Chiroma, N.H., 2020, 'The therapeutic and integrative significance of faith in the African quest for healing and wholeness', *HTS Teologiese Studies/Theological Studies* 76(2), a6014. <https://doi.org/10.4102/hts.v76i2.6014>**Copyright:**© 2020. The Authors.
Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.

The therapeutic and integrative significance of faith in the African quest for healing and wholeness has attracted a considerable level of interest amongst scholars in recent times. Despite the increasing interest in places of healing, faith communities have not paid much attention to studying the intersection of these practices for appropriate community hermeneutics. By means of qualitative methods, this research explored the therapeutic implication of the role of faith in the quest and appropriation of health and wholeness in modern Africa. Exploring perspectives from Ghana and Nigeria, the study engaged, through focus groups and individual interviews, the proper place of therapeutic significance of faith in the quest for healing and wholeness. Findings revealed that the African quest for health and wellness is anchored in the belief of a deity whose presence, love and benevolence transcend the ecclesiastical boundaries of one's faith tradition. The study further describes the therapeutic and integrative significance of these prevailing faiths in God within the appropriation of health and wholeness in modern Africa, with the possibility of fostering a partnership amongst the three key players in the triangulation process.

Contribution: The study falls within the field of practical theology and its major contribution falls within the quest of wellness and healing in Africa.

Keywords: Faith; Therapeutic; Healing and wellness; Triangulation; Healing sites.

Introduction

Health occupies an important place in every human society given that development and advancement in a society are directly predicated by the critical indexes of the health and well-being of its members. This understanding has clearly informed the quest for modern health reforms by governments all around the world, seeking to improve the general well-being of their citizens. Hospital workers and doctors often refer sick persons to the services of the growing healing ministries of Pentecostal churches because of their evolving reputations for faith-healing and cures (Asamoah-Gyadu 2007:44). The patronage of these different sources by the teeming populations of Christian and Muslims on the African continent reiterates the underlying workings of the traditional worldview that primarily seeks the holistic wholeness of the entire human person. The dysfunctional character of the health sectors in many African countries has also impacted the benefaction of customary healing shrines, prayer houses and churches (Kayombo, Mbwambo & Massila 2011:5). As it were, there are more healing churches in most African countries than there are hospitals and clinics. The first section of this article considers therapeutic faith in modern scholarship, whilst the second section discusses therapeutic faith and healing shrines. Subsequently, the third section thrashes out the theology of disease in biblical thought with the fourth section presenting the prevailing trends and findings. The fifth section discusses the implications of the study before the conclusion is drawn and recommendations made.

Definition of key concepts

Therapeutic faith: Therapeutic faith is defined in this article as both the psychological and physical healing one enjoys through both the supernatural and natural interventions.

Faith: Faith in this article is defined as the total dependence that is coming from belief, trust and fortitude. It is the ability to keep trusting and holding on in the midst of difficult circumstances. Faith is an active trust in someone or something that can be trusted. It should also be pointed out that theologically faith plays an important role even in the ministry of Jesus when it comes to healing of individuals (Mk 5:34; 10:52; Mt 15:28).

Note: This article is published in the section Practical Theology of the Society for Practical Theology in South Africa.

Read online:

Scan this QR code with your smart phone or mobile device to read online.

Therapeutic faith in modern scholarship

Since the beginning of time, faith has been harnessed as a coping mechanism in various communities. The extensive body of literature in modern scholarship attests to the growing function of therapeutic belief in restoration and wellness. The goal of this section is to take into account the place of faith as a coping mechanism in restoration and wellness. Throughout Africa's history, therapeutic faith and healing has been a main agenda in the grapple for power, displayed in the capability to mention a cause of illness and to develop efficient treatment (Feierman 1995; Probst 1999; Vaughan 1991). Modern scholarship, however, varies in the degree to which it views therapeutic faith as playing a significant part in the terrain of healing and wellness. Even so, there is common consensus amongst most scholars that therapeutic faith indeed plays a major role in healing and wellness across the continent.

Despite the rapid progression of modern medicine over the past two centuries, therapeutic faith is still a contributing factor in healing and wellness. Aguire (2010:326) noted that one could say that therapeutic faith healing practices have persisted over generations – despite the advancements in scientific medicine – because of their key role and impact seen and experienced by various communities. The quest for health and wellness, as stimulated by practical pronouncement-making on the origin of personal experiences and encouraged by entrenched religious structures, which are manifested through communal sacrament (Comaroff 1990), has fostered the continuation of therapeutic faith healing in most African countries. Additionally, modern scholarship argues that therapeutic faith has an even superior influence. A study by George, Larson and Koenig (2000:104) revealed that 'therapeutic faith improves the immune system, enhances healing and reduces complications during major illnesses, amongst others'.

Igenozia (1999:146) noted that therapeutic faith has a unique role in healing and wholeness in Africa, but warns that there is a possibility of overemphasising therapeutic faith in healing for just the cliché of emotions rather than focusing on the other modes of practice. He encourages complementarity in the use and practice of therapeutic faith to 'accommodate biomedical services, traditional herbal remedies, and the church context of healing in Christ for the whole person' (Igenozia 1999:147). Similarly, Eckersley (2015:109), arguing from a psychological perspective, contends that therapeutic faith enhances health and wholeness. Gleaning from psychological literature, he proposed that the advantages to health and well-being stream from the societal scaffold, existential denotation, significance of rationale, consistent belief structure and ethical symbols that religion bestows. Eckersley, however, concludes that therapeutic faith is no universal remedy when it comes to convalescing health and wholeness.

The concept of therapeutic faith as a coping mechanism in healing and wholeness is further explored by Gesler (2003).

In his study of more than 40 patients at different healing sites in Scotland, he found that therapeutic faith played a key part in the healing and wholeness process of those patients. He further discovered that even patients who did not hold any religious alignment alluded to the faith dimension in their healing and wholeness process. Therapeutic faith, therefore, became a well-established concept for all those in the various healing traditions as highlighted in the works of Williams (1998, 2010), Rose (2012) and Foley (2013). Gesler's initial research was precisely related to material settings deemed favourable to healing and well-being in locale. Williams' (2010) general idea regarding expansion of remedial faith notion, from the time when Gesler made his first finding, turned out to validate several other findings not only limited to primal health systems 'but also work on emotional geographies and cultural understandings of healing and spirituality' (Gesler 1993:171). In these circumstances, therapeutic faith is considered a conduit for healing patients – an answer to the request for healing.

Koenig and McConnell (2001:40), in their research into various healing practices in Africa, came to the conclusion that prayer, meditation and liturgy plays an important role in healing practices. They identified another dimension of therapeutic faith in Africa to include not only the patient's faith but also that of the family and the community. The very nature of the kind of therapeutic faith observed in most African places of healing requires that healing be a communal process. It is that kind of therapeutic faith that claims it is not enough to find healing for yourself – it also involves returning and helping those who are still waiting to be healed.

According to Asamao-Gyadu's study, health is something that does not belong to any one person. It is something that people find together. Patients are reminded that 'your healing is my healing, and my healing is yours. We walk this journey together' (Asamoah-Gyadu 2014:82). Therapeutic faith, as Kariuki (2013:243) argued, cuts across all religious belief systems. Here, faith is seen as a fundamental factor that does not only help the patient to cope with his or her physical ailments but also assists the immediate family and the entire community. Kolie (2005:132) affirmed Kariuki's position by stating that one's status as an African is usually measured by the rating one receives in the community. Primarily, it can be said that in Africa, becoming unwell is not just an individual matter, but a communal matter. Shorter (1985:3) argued that, by implication, health in Africa is more than just a physical event, but it is related to the holistic nature of the society. That is why the issue of faith permeates all issues of life and living in the community. This belief impinges on all facets of human existence in Africa. For the customary African, for example 'healthiness' is not just with reference to merely how the body functions. Well-being for a traditional African person includes (Omonzejele 2008):

[M]ental, physical, spiritual and emotional stability [of] oneself, family members and the community; this integrated view of health is based on the African unitary view of reality. To an African person, good health is not a skewed affair. (p. 120)

From the foregoing discussion, it is clear that there is growing evidence in modern scholarship that therapeutic faith does indeed exert a significant sway on the facets of health and wholeness. Correspondingly, a number of authors have maintained that a necessity exists for spiritual health education amongst all health providers, including hospitals as cited by Bensley (1991), faith healers as cited by Reichle, Vantrease and Fink (1989) and Richardson and Nolan (1984), traditional medicine practitioners (Hoyman 2003), community-based healers (Irungu 2007; Seaward 1991) and the major health providers (Aldridge 1991; McKee & Chappel 1992). A principal challenge is how to overcome the barriers to collaboration between the aforementioned healing providers, including the lack of trust or even the demonisation of each other. As a shift in that course, this article will propose a possible way of collaboration that will enhance the role of therapeutic faith in the work of all the healing sites, particularly in Africa.

Therapeutic faith and healing shrines

In Africa, the role that therapeutic faith plays in the functioning of healing shrines and sacred places cannot be overemphasised. As such, traditional healing shrines are often an essential part of the traditions and religion of most Africans. This makes it vital to understand the dynamic relationship between African cultures and illness, and the role of traditional religion in healing and wholeness, before the role of therapeutic faith in healing shrines could be grasped fully. Traditional African religion holds a significant part in the shaping and the comprehension of illness and the position of therapeutic faith amongst most African communities. Most healing shrines are linked to African traditional religion, as such the practice elicits living in harmony as a community. Mbiti (2006:12), added that 'from the birth to the death of an individual, the family and community conduct certain rituals for every occasion, and every individual understands the ritual for the occasion'. Hence, the entire populace will be required to live out the ethos expected of them. The common belief is that sickness occurs when one of the community members did not adhere to the expected cultural norms. Failure to embrace the norms is considered as ethnically deprived or malevolence because most African communities embrace ethical principles with extreme reverence (Mbiti 2006:18). Any violation of the principles is considered to be anathema, which is reprimandable through the ancestors – by sickness and calamity that is proportionate to the offence. Consequently, in most African communities, sickness is accentuated and defined by the community and the focus is more on the individual breaking certain rules than on the sickness (Katz & Wexler 1988; Mbiti 2006). When one is ill, therefore, certain belief systems must be adhered to, which require faith.

In traditional African shrines, healing and therapeutic faith are part and parcel of most African communities. Hence, centrality of healing and therapeutic faith has existed since

time immemorial to address the question of disease and illness. In African societies, disease and misfortune are considered to be religious experiences (Mbiti 1999:10). Religious rituals that require therapeutic faith are, therefore, used to cure, heal, protect and ensure people's health. The relationship between therapeutic faith and healing at African shrines stems from the fact that religion is involved in every aspect of life.

In the event that illness is considered as a retribution or the corollary of some ethical failing, the quest for cure may be focussed in the direction of aligning with a foundation of moral authority (Gedson 2014:810). This foundation of authority and therapeutic faith is emblematically revealed in the work of shrine healers through the alignment of the patient's faith. Ultimately, the patients' pursuit for healing in alignment with therapeutic faith will bring reinforcement from their illness. The distinguished effectiveness of the medication is, therefore, reverberated in the recognised authority of not just the healer to treat the sickness but also the patient's faith. Here, Kpobi and Leslie (2018) maintained that at the core of these notions of therapeutic faith in healing shrines is a prospect that the conclusion of therapy would be a total cure. As it were, cure is noticeable when the healing reinstates patients to their preceding condition of efficiency, the moment they are adept to re-incorporate into the social echelon of the society. For that reason, patients' pursuit for cure would not depend exclusively on associating with a specific healing shrine. Rather, they would patronise shrines that, in their view, would bring in the desired treatment.

Most shrines do not collect money in return for their services. Shrines generally practice for free, although people might wish to compensate them for their services. The fact that these services are genuinely free, and that the priests consider it immoral to demand payment for their services suggests the role of faith amongst patients. In this way, patients are reminded that the priests may be the agents, but the ultimate healing comes from the deities. This requires a certain level of faith in order to be healed. At some of the shrines, patients are encouraged to come back and make payment when they have received complete healing from their ailment. Besides conveying different categories of belief in the shielding supremacy of sacrifices and consecrated substance. Magezi (2016:5) observed that more than one in every five people in different African countries have indicated that they 'believed in the evil eye or the ability of certain people to cast malevolent curses or spells'.

Consistent with Foley (2010), healing shrines consider therapeutic faith as the fulfilment of healing and well-being. This is so even when patients and their relatives may not adhere to the belief system of that particular shrine, as long as they come with the faith and the belief that their being at the shrine would provide healing for their ailment. Traditionally, the shrines served unique functions and purposes in the traditional healing and well-being of their communities regardless of the varying nature of the

healing shrines. This would, in turn, bring not only fulfilment but also alignment to the expected norm and rituals that required faith. These unique functions have attracted much audience and veneration to these healing shrines as found in the traditional African society.

From the above discussion, it is evident that therapeutic faith is a crucial element in the healing process at most African healing shrines. Faith is required not only from the patients but also from their relatives. As such, therapeutic faith in healing shrines is not required for healing only, it is also required as a coping mechanism to help both the patients and their relatives to understand that the healing lies not in the hands of the priests but is determined by the deities – the priests are but mere agents and conduits in the healing and wellness process. It must be noted that there is a certain rate of healing success for those who believe and seek healing from these healing shrines.

Methodology

For this study, a qualitative method was used in order to comprehend denotation (Creswell 1998). Such approaches make it possible for inquirers to recognise the individual perspective to provide familiarity of sundry populace (Suzuki et al. 2005). In addition, Osmer and Fowler's (2003) practical theological methodology (What is going on? Why is it going on? What should be going? How should we respond?) informed the study.

Participants

In total, 12 focus-group interviews were carried out that consisted of 22 independent respondents in Ghana and Nigeria. The subsequent measures were taken to develop methodological intransigence, namely (1) grouping of suppositions through the help of the team members, (2) journaling and notes and (3) recording of responses. Data for this study were analysed using thematic analysis. Five foremost themes become apparent from the data: (1) there is a deeper reality of faith in the triangulation of the healing sites, (2) the significance of faith in the efficacies of the healing sites, (3) there are combinations of faith and the taking of medicine, (4) faith itself is generated by the testimonies of healed persons and (5) faith is powered by psychological understanding. Twenty-two adults within the age range of 30 to 60 years participated in this study. Participants included patients who have visited healing sites and used the provision of healing in a variety of settings. All participants were residents of either Nigeria or Ghana and have, at one time or another, practiced triangulation in seeking health and wellness. Religious upbringing reported by participants included both Christianity and Islam. The key question that guided the study is 'what is the role of therapeutic faith in healing and wellness?'

Qualitative analysis

Interviews gathered from the study were audio taped and were transcribed and saved in a secure environment.

Data examination included several stages in consolidating methodological rigidity and examining substantiation measures. The entire process adapted Denzin and Lincoln's (2005) three parts process, namely (1) codebook development, (2) code application and (3) content analysis. The data were analysed from the recorded interviews in order to generate themes and sub-themes that were pertinent in enhancing the conceptualisation of the role of therapeutic faith in healing and wellness. Only relevant themes were maintained and themes not directly responding to the research questions were not taken into consideration.

Findings of the study

Organised data gathered from the study at first disclosed seven content classifications budding from the various responses. Furthermore, the thematic classifications were delineated to five major themes that dealt with the conduct in which respondents conceptualise the role of therapeutic faith in healing and wellness. Each of the five themes are elaborated in this section.

Theme 1: There is a deeper reality of faith in the triangulation of the healing sites

The findings of this research reveal that there is a deeper reality of faith in the triangulation of the healing sites. The research found that healing in Africa seemed to go together with the different faiths or beliefs of people. All the respondents in the research attributed healing and wellness to therapeutic faith. The reality of triangulation is fostered by therapeutic faith. Therapeutic faith, as revealed in this study, cuts across all religions. The healing spaces encouraged patients to have faith in whatever mode of treatment the healing spaces offered. One of the respondents, a medical doctor at a military hospital, said that 'ours is to provide healthcare, but ultimate healing comes from God and [depends] on the person's faith' (gender unspecified, age unspecified, country unspecified). Another respondent, who was brought from a hospital with an orthopaedic issue to visit a healing shrine said, 'it does not matter where you go in search of health and wellness, what matters is the level of your faith (male, 50 years old, Nigeria). This confirms Kariuki's (2013) study in which he found triangulation in the healing and wellness arena to be on the increase in Africa. An average African person is no longer concerned about medical boundaries; they do whatever it takes (and go wherever necessary) to obtain healing because that is all that matters. Therapeutic faith plays a major role in crossing these medical boundaries. Kariuki's (2013) study also shows a similar pattern in which three dominant healthcare systems are shown to coexist today in the African medical field where therapeutic faith pluralism and religious pluralism intersect: prayer houses, biomedicine and healing shrines. The research further showed that, in all the fields studied, the Christian therapeutic field has been enriched by Pentecostal 'deliverance' practices. These practices were also directed towards the fight against sorcery, which is viewed as the source of evils of all kinds.

Theme 2: The significance of faith in the efficacy of the healing site

The second significant theme that was gathered from the data is that of the implication of faith in the efficacies of the healing shrines. All the respondents in the study, both patients and caregivers, emphasised the significance of faith in the efficacies of healing and wellness. One of the caregivers, a 42-year-old woman from Ghana, echoed that in all medical and surgical procedures conducted within the walls of hospitals, although viewed purely as biomedicine by the staff and some of the patients, it is faith that heals the patients. At traditional healing shrines, both the patients and the caregivers echoed the role of therapeutic faith in the healing and the wellness process. One of the shrine priests categorically stated that 'when people come for healing, we first of all have to be sure that they have faith in the healing and wellness process' (gender unspecified, age unspecified, country unspecified). They have faith not only in the healing process but also in the oracles that we consult with for the healing. It must be made clear although that the faith referred to here is not a conversion process but a belief that the healing and wellness at whatever healing site must be accompanied by a strong belief that the process will work. Similarly, at the prayer houses, therapeutic faith is greatly emphasised – not only for the healing and wellness process but also as a coping mechanism. One of the pastors who treats psychiatric patients only said: 'Every patient that we accept, both the patient and his or her relation, must believe in what we do and must have faith that it is going to work' (male, 56 years old, Ghana). He added: 'Healing is a process. Hence the place of faith must be emphasised, because faith takes time' (male, 56 years old, Ghana).

The data from Theme 2 shows that faith plays a significant role at all the healing sites. There is a need for proper conversation amongst the healing sites – this will help all parties involved to see how the role of therapeutic faith could be enhanced at each of the modalities.

Theme 3: There are combinations of faith and taking medicine

Data from the field also revealed that there were combinations of faith and the taking of medicine or herbs, as the case may be, at all the healing sites. At the biomedical healing sites, patients were not only given conventional drugs but were also encouraged to pray to their various religious affiliations, a principle that is shared by all healing sites. For example, one of the medical doctors said that humans provide the treatment, but only God heals (female, 47 years old, Nigeria). This assertion was further echoed by one of the prayer houses:

'The first principle is that God always heals; you may take all sorts of drugs and herbs, yet not get cured. That is where the faith of the person is important.' (gender unspecified, 43 years old, Ghana)

In one of the prayer places, however, one of the priests vehemently objected to the combination of faith (prayer in his case) and the taking of medicine. His argument was that

'If a patient comes and I pray for his healing, and he went and took medicine, when the patient gets healed, who takes the glory? The prayer or the medicine?' (gender unspecified, age unspecified, country unspecified). Most of the healing sites unanimously recognise the value of faith and medicine. One of the pastors at a healing site echoed this sentiment by saying that:

'In fact, the Bible is not against medicine. It is God himself who created medicine. So, we can pray for someone at a site and then recommend the person to go hospital, for God can also heal the patient at hospital, we believe that through a doctor a miracle can occur. Therefore, there is nothing wrong with combining faith and the taking of medicine.' (male, 44 years old, Ghana)

From both of these perspectives, it can be seen that the combination of faith and the taking of medicine is necessary for the healing of individuals. It has become an overriding trend at all the healing sites under review in this study. One of the patients added: 'Yes, I have faith, but I do take the herbs that are given to me by the priest because I believe that God can use anything to heal' (gender unspecified, age unspecified, country unspecified). Even more interesting is the use of water as medicine by some of the healing sites. The priest takes the water, prays for it and then gives it to the patients to be taken – in faith – for their healing. According to one of the priests 'the human body and the whole earth is full of water, so when we give water, we believe God can use that for healing' (male, 57 years old, Nigeria).

Theme 4: Faith itself is generated by the testimonies of healed persons

The fourth major theme in the findings of this study is that faith normally is generated by the testimonies of the healed persons from any of the healing sites. Giving testimony was a well-known practice at all the healing sites. A startling revelation by the study is the fact that many healing shrines would not accept any form of payment until after the patient has been healed. As such, many of the patients were encouraged to return and share their personal testimonies with other patients and with those considering going for treatment at that particular shrine. Not only were the vast majority of those who shared their testimonies women, the act of narrating scenes of their previous illnesses and how their faith helped them in the recovery process was also a social construct found at all the healing sites. A sense of assurance, confidence and the radiance of outward joy were part of the testimonies shared by healed persons.

Particularly striking about the healing narratives and testimonies were the discourses about the patient's faith, the patient's family faith, the role of doctors, prayers, pastors and shrine priests. The discourses were strategically located to support the experiences of the healed persons and not minding what other people's opinions were regarding the healing sites visited by patients. The nature of the faith healing testimonies and narratives provided a legitimate space for patients to reconstruct their own experiences of illness and to renegotiate their relation to the healing site.

The role of faith is often seen as one of the greatest factors in the testimonies. For example, one of the patients had this to say about the testimonies:

'At first I was worried about what people would say if I told them about my healing experiences and the places I visited, but I discovered that it was not about the place per se, but it is about my faith. So, I gathered up confidence to share my healing with others and to let them know it is all about one's faith, and not the healing site. The healing site might be a conduit but it is one's faith that healed. No one can deny my testimony because they knew my previous state of health and how I am today.' (female, 33 years old, Ghana)

Another healed patient added:

'I was suffering both physically and mentally, we tried all the hospitals in our region to no avail, we were encouraged to visit this prayer house by one of our neighbours, at first, we were not keen but because of my condition, we gave it a try. On the first day the pastor prayed with me at the praying camp and that helped me to experience a certain calmness that I have not enjoyed for months. I was in the prayer camp for two solid months and my health was restored to me. However, one of the greatest things that my family and I are grateful for is the role of our faith in the healing process. The pastor encouraged us from day one to understand that it is a journey of faith and we embraced that whole-heartedly, and to God be the glory: I am now back to my normal health six months down the line.' (gender unspecified, 55 years old, Nigeria)

Theme 5: A deep understanding of clients at a psychological level encourages faith

Central to the role of therapeutic faith in healing and wellness is faith that is powered by healing site workers' deep understanding of their clients at a psychological level. The study found that many of the healing sites visited harnessed psychological principles to foster therapeutic faith amongst clients. The study further found that these healing sites set an extreme significance on conversation with their patients in ways that were quite comparable to how counsellors spoke to their clientele in order to gather information from them and gain insight into their inner lives.

Significantly, in many cases, a way to gain psychological insight into patients was by speaking to their relatives. Patients' relatives would often leave no stone unturned when asked for information in the quest for healing for their loved ones. Healing sites used the information that was gathered to further foster therapeutic faith amongst their patients in a way that was acceptable to the patients' religious belief systems. In some instances, however, patients have reported healing sites using the information provided for manipulation or fraudulent activities. Despite that negative aspect, the study further highlighted a strong overlap in the way healing sites facilitated and encouraged faith by endeavouring to understand their clients at a psychological level in different contexts. The findings of this study are consistent with those of a previous study (Van Dyk 2012), which observed that the psychological understanding of

patients helped to encourage faith in different dimensions of healing and wellness practices at various healing sites.

Implications of the research findings

The results of this analysis can give some projections into the healing crisis in Africa today, and the implications must be taken seriously if healing and wellness are to become realities in Africa. The reality of health triangulation cannot be taken for granted, as was shown in this study. There is a need for cordial cooperation – for traditional and Christian healing approaches to work hand-in-hand with modern medicine. Close at hand is a call for current theologies that can facilitate critical reflections on the questions of healing in Africa today. This is to say that present-day Christians and theological institutions would need to create a contextual theology that will take into account the above practices of healing and wellness.

Hospitals are losing their significance in most of the communities

The first implication of this study is the reality of hospitals losing their significance in most African communities. With a worldwide shortfall of health workers in many counties because of brain drain, hospitals in Africa are fast losing their significance. This study found that many people would rather go to prayer houses and healing shrines than to hospitals. One of the patients, although being a nurse by profession, said 'when my kids are sick, I bring them to this particular healing site' (gender unspecified, age unspecified, country unspecified). When asked why, she replied that 'hospitals are just after money, and no personalised attention is given to patients like I get here at this healing site' (gender unspecified, age unspecified, country unspecified). Another patient echoed this sentiment by saying:

'I was at the hospital reception for more than one hour with my bleeding, broken leg with no attendance, but when I came to this healing site, I was attended to from the beginning until I was stabilised'. (gender unspecified, age unspecified, country unspecified)

The economic policy failures in many African countries and the resultant widespread poverty in most of those countries have made the quest for triangulation a need of the hour. The issue of health and wellness is a great need in Africa, owing partly to the deterioration of the infrastructure of the continent's medical facilities. Most countries in Africa perceptibly are in dire need of adequate healthcare systems and qualified health workers to operate their various medical facilities (Obi 2016). Previously respectable public medical facilities have lost their reputation because of corruption in the various arms of governments. The ratio of a medical practitioner to a patient in most African countries is very poor. Many have no regard for public health facilities because they are just seen as a place for consultation. Most of the public hospitals lack medication to take care of their patients.

According to Gaile (2015:3), the appalling state found in many of the public hospitals have contributed to the quest for alternatives in times of health crisis. The fact remains that a number of private hospitals are increasing day by day; however, the cost to attend those medical facilities is often beyond the reach of ordinary citizens. Asamoah-Gyado (2015:6) is of the opinion that the deteriorating state of most government hospitals is a major contributing factor for many seeking alternative healthcare options and for the growth of many herbal practices and healing centres.

Holistic nature of life and faith as a coping mechanism

This study also shows that triangulation should be encouraged because there seems to be a lack of understanding of the holistic nature of life and of faith as a coping mechanism. The pursuit of healing and wellness is an intended desire of every person – the desire for wholeness as a collective notion is found in every culture. For all healing sites, the degree to which the processes are believed to be effective for curing particular situations is persuaded by awareness of the usefulness and efficacy of the beliefs and practices utilised by that structure. Those working in healing and wellness must, therefore, take cognisance of the inseparable nature of life and the use of therapeutic faith as a coping mechanism. As discussed above, sickness and disease in Africa are connected to many factors, including economic, psychosocial, religious and psychological aspects, to mention but a few. If not well understood, patients will keep moving from one healing site to another in search of healing and wellness, but with no success because the holistic nature of life in Africa and the role of therapeutic faith have not been properly investigated.

Van Dyk (2001:62) explained that a lot of Africans seek advice from both traditional healers and conventional healthcare providers for very similar ailment. 'Traditional healers are consulted to diagnose the personal cause of the condition, or to prevent a recurrence of the illness by performing a ritual' (Van Dyk 2001:62). Alternatively, conventional doctors are visited for medicine to take care of the situation suggestively. It is also the case that healing and wellness are sought in order to overcome life's adversities. This understanding is largely drawn from the African customary religious backdrop of patients, where the prevailing prominence is on healthiness, happiness and peace with oneself and the surroundings.

There is a need for solidarity and partnership between the healing sites

This study has revealed that the complex nature of triangulation in healing and wellness calls for solidarity and partnership between healing sites in Africa. There are some rare instances of collaboration between prayer houses and hospitals in some African countries in the literature. Berends (1993), for example, mentioned the prophet-healer, Albert Atcho (1903–1990), of the Ivory Coast. His reputation was

such that he received recognition from the psychiatric hospital of Bingerville, which collaborated with him in caring for patients with mental health issues. The collaboration consisted of either treating patients together or sending him patients who were in transition from the psychiatric hospital to the village, for a process of reintegration. This suggests that triangulation of healing and wellness can bring hospitals, prayer houses and healing shrines into dialogue with each other.

The triangulation of health and wellness is constructed through social and cultural settings. An interrogation of the findings of this study and the sociocultural context surrounding triangulation of health and wellness will support in recognising and classifying aims and purposes that are suitable and applicable to bring about the various healing sites together into partnership and collaboration in response to the need for health and wellness in Africa. To this end, there have been worthy attempts by several governments to bring all healing sites together to form an association, but those efforts have not been successful, because the aim was not partnership and collaboration. Each partnership and concerted proposal needs the contemplation of a number of factors – such as a framework drawing out questions particular to the partnership collaboration. There are, however, a number of significant concerns that are crucial to cultivating this collaboration and partnership amongst the various healing sites.

Firstly, there is a need for developing reciprocated respect amongst biomedical and traditional health practitioners and prayer houses. It is clear from the study that some biomedical practitioners look down upon other forms of healing. Building mutual respect must stress the complementarity of both systems, as mentioned earlier. Humility on the part of all healing sites is required because therapeutic faith is a major factor in triangulation, healing and wellness. All healing sites would need to cultivate transparency in their dealing with patients, with the emphasis on not putting down patients' earlier experiences at different healing sites.

Secondly, for partnership and collaboration amongst healing sites to be more effective, community leaders and members of the various societies should be involved. Healing sites do not function in vacuity, but to a certain extent, in the context of a community. There is, therefore, the need to involve community members and their leaders in a way that can produce long-term collaboration that will, in turn, help in identifying malpractice at the healing sites.

Thirdly, there is a need to create a forum where all the healing sites could have honest conversations, an avenue where they can discuss their differences and conflicts in world views with the goal of mutual understanding. This forum could also help to bring about discussions about the evolution of and changes in the various health systems. Triangulation of healing and wellness is a reality and practitioners from all three platforms are dealing with the same pool of patients.

For this reason, fostering partnership and collaboration through the creation of such a forum will enhance the role of therapeutic faith in the healing and wellness process.

Faith for healing needs to engage reality

This study has consistently revealed that faith plays a foremost position in the therapeutic and wellness process of healing sites. The study also found that there were instances where patients were not willing to face the reality of their various ailments. For example, at prayer houses, healers were sometimes not willing to make referrals even when it was evident that the ailment needed further treatment at a different healing site. This points to the need to emphasise reality, even when therapeutic faith is appropriate for healing and wellness. Patients must not be led to practise blind faith – they must be taught to accept reality even as the healing process takes place.

Removal of demonisation and stigmatisation of healing sites

As already discussed, triangulation in healing and wellness is a reality. Given certain religious sentiments, however, some healing sites have been demonised and stigmatised, which makes it difficult for some patients to come out openly to seek for help. For example, it is a common practice amongst evangelicals and Pentecostals to demonise healing shrines, but that has not stopped members of those persuasions from seeking help when they are sick. This study has revealed that when it comes to health issues, there are no boundaries. Some of the healing shrines, as mentioned above, have accused Christians of hypocrisy, saying that Christians would come to them at night to seek for help, but that those same Christians would stigmatise and demonise them later on. Proper collaboration and partnership will help to remove stigmatisation and will help to identify the genuine healing sites.

Regulatory intervention by government to curtail abuses and psychological conditioning of clients

In the absence of few or no control systems, it is easy for patients to fall into the wrong hands in their sometimes desperate quest for healing and wellness. It is necessary, therefore, to establish regulations that will help to secure the safety and psychological wellness of patients at all healing sites. In a number of African countries, traditional healer associations have been established, with the goal of providing checks and balances. For example, by 1985, there were no less than four healing associations established in Botswana, but now they are more than 20 (Amanze 2002). These associations contributed much to combat abuses and excesses in healing practices. They also assisted in making sure that traditional healers are in touch with the conventional realities. This idea could be adopted by other governments in Africa in order to

regulate the healing and wellness industry. Healing sites must be encouraged to register with these associations and be directed by their regulations or statutes. This possibly will help protect patients from being cheated by false and quack healing sites.

A theology of healing and wellness

A constructive applicable theology of therapeutic healing and wellness is necessary for the people seeking for healing in Africa today. There are different approaches in healing and wellness in the continent. The reality of triangulation cannot be denied even though, as discussed above, there are a lot of controversies in Africa surrounding the use of triangulation. There is, therefore, a need for the formulation of a theology of healing and wellness in Africa that will communicate the biblical and theological standpoint regarding issues of triangulation to the milieu of culture. The meaning of theology must be positioned in the connection of tradition and prevailing circumstances, given that the most important mission of theology is to provide response to people's issues, that are often times situational in nature (Bevans 2014). Here, the theology of triangulation must strive to identify with contemporary African realities.

Conclusion

This study has confirmed that therapeutic faith has a significant role in the triangulation of healing and wellness in Africa. Attestations of therapeutic faith have come from persons who have been healed and their testimonies were used to illustrate an important aspect of the healing and wellness process. This study has further revealed that every time people are hopelessly searching for healing, they congregate to where they can get assistance irrespective of the location or the religious affiliation of the healing site. By paying close attention to the expressions of those coming from the various healing sites, and evaluating the account against the quandary of healing and wellness, a need has been identified to bring together all the healing sites through collaborative efforts in order to enhance healing and wellness in Africa. As such, we can distinguish sites' healing practices that are appreciated by an aching world and more coherent with therapeutic faith in the various healing sites. This way, people can also be protected from practices without merit.

This study has also identified different implications that must be taken seriously in order to enhance healing and wellness in Africa. In each of these implications, the reality of the quest for healing and wellness manifests in the tangible experiences of patients who have visited the various healing sites. Every social framework is in need of amalgamation of these viewpoints to lessen blind spots that hinder advancement in the healing and wellness of the people in Africa. Assimilating therapeutic faith and cultural perceptions of health and healing is indispensable for developing a theology of healing and wellness in Africa.

Acknowledgements

Competing interests

The author declares that he has no financial or personal relationships that may have inappropriately influenced him in writing this research article.

Author's contribution

N.C. is the sole author of this research article.

Ethical considerations

Research approval and consent was obtained from all participants following government requirements of the two countries.

Funding information

The research received funding from the Nagel Institute.

Data availability

Data are available from the author upon reasonable request.

Disclaimer

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author.

References

- Aguire, K., 2010, 'Understanding the emerging relationship between complementary medicine and mainstream health care: A review of the literature', *Health* 14(3), 326–342. <https://doi.org/10.1177/1363459309358594>
- Aldridge, D., 1991, 'Spirituality, healing and medicine', *British Journal of General Practice* 41(351), 425–427.
- Amanze, J.N., 2002, *African traditional religions and culture in Botswana*, Pula Press, Gaborone.
- Asamoah-Gyadu, J.K., 2007, 'On the "mountain" of the Lord: Healing pilgrimages in Ghanaian Christianity', *Exchange* 36(1), 65–86. <https://doi.org/10.1163/157254307X159425>
- Asamoah-Gyadu, J.K., 2014, 'Therapeutic strategies in African religions: Health, herbal medicines and indigenous Christian spirituality', *Studies in World Christianity* 20(1), 70–90. <https://doi.org/10.3366/swc.2014.0072>
- Asamoah-Gyadu, J.K., 2015, 'Witchcraft accusations and Christianity in Africa', *International Bulletin of Missionary Research* 39(1), 23–27. <https://doi.org/10.1177/10.1177/239693931503900107>
- Bensley, R.J., 1991, 'Defining spiritual health: A review of the literature', *Journal of Health Education* 22(5), 287–290. <https://doi.org/10.1080/10556699.1991.10614636>
- Berends, W., 1993, 'African traditional healing practices and the Christian community', *Missiology: An International Review* 21(3), 275–288. <https://doi.org/10.1177/09182969302100301>
- Bevans, S.B., 2014, *Models of contextual theology*, Orbis Books, Maryknoll, NY.
- Comaroff, J., 1990, *Modernity and its malcontents: Ritual and power in postcolonial Africa*, University of Chicago Press, Chicago, IL.
- Creswell, W.J., 1998, *Qualitative inquiry and research design: Choosing among five traditions*, Sage, Thousand Oaks, CA.
- Denzin, N.K. & Lincoln, Y.S., 2005, 'Paradigms and perspectives in contention', in *The Sage handbook of qualitative research*, pp. 183–190, Sage, Thousand Oaks, CA.
- Eckersley, R., 2015, 'Beyond inequality: Acknowledging the complexity of social determinants of health', *Social Science & Medicine* 147, 121–125. <https://doi.org/10.1016/j.socscimed.2015.10.052>
- Feierman, S., 1995, 'Healing as social criticism in the time of colonial conquest', *African Studies* 54(1), 73–88. <https://doi.org/10.1080/00020189508707816>
- Foley, R., 2010, *Healing waters: Therapeutic landscapes in historic and contemporary Ireland*, Ashgate Publishing Company, Farnham.
- Foley, R., 2013, 'Small health pilgrimages: Place and practice at the holy well', *Culture and Religion* 14(1), 44–62. <https://doi.org/10.1080/14755610.2012.756410>
- Gaile, D., 2015, 'Hospital organization, and quality of healthcare', *International Journal for Quality in Healthcare* 14(1), 3–13.
- Gedson, N., 2014, 'The sociology of traditional, complementary and alternative medicine and faith implications', *Sociology Compass* 8(6), 805–822. <https://doi.org/10.1111/soc4.12182>
- George, K., Larson, D. & Koenig, H., 2000, 'Spirituality and health: What we know, what we need to know', *Journal of Social and Clinical Psychology* 19(1), 102–116. <https://doi.org/10.1521/jscp.2000.19.1.102>
- Gesler, W.M., 1993, 'Therapeutic landscapes: Theory and a case study of Epidaurus, Greece', *Environment and Planning D: Society and Space* 11(2), 171–189. <https://doi.org/10.1068/d110171>
- Gesler, W.M., 2003, *Healing places*, Rowman & Littlefield, Lanham, MD.
- Hoyman, H., 2003, 'Our modern concept of health', *Journal of School Health* 32(9), 253–263. <https://doi.org/10.1111/j.1746-1561.1962.tb00361.x>
- Igenoz, A.O., 1999, 'Medicine and healing in African Christianity: A biblical critique', *African Ecclesial Review* 41, 145–163.
- Irungu, M., 2007, 'Herbal medicine in the treatment and community based healing: A case of sub-Saharan Africa', *Journal of Herbal Medicine* 10, 1–7. <https://doi.org/10.1016/j.hermed.2017.03.002>
- Kariuki, P., 2013, 'Therapeutic healing in Africa: Implications for cross-cultural religiosity', *Journal of Counseling & Development* 70(1), 242–249. <https://doi.org/10.1002/j.1556-6676.1991.tb01590.x>
- Katz, R. & Wexler, A., 1988, 'Healing and transformation: Lessons from indigenous people (Botswana)', *Clinical Psychology in Africa* 25(5), 19–43.
- Kayombo, E., Mbwambo, H. & Massila, M., 2011, 'Role of traditional healers in psychosocial support of orphans: A case study of Dar-es Salaam City Tanzania', *Journal Ethnobiol Ethnomedicine* 1, 5.
- Koenig, H. & McConnell, M., 2001, *The healing power of faith: How belief and prayer can help you triumph over disease*, Simon and Schuster, New York, NY.
- Kolie, C., 2005, 'Jesus as healer?', in R.J. Schreiter (ed.), *Faces of Jesus in Africa*, p. 170, Orbis Books, Maryknoll, NY.
- Kpobi, K. & Leslie, S., 2018, 'Implications of healing power and positioning for collaboration between formal mental health services and traditional/alternative medicine: The case of Ghana', *Global Health Action* 11(1), 1445333. <https://doi.org/10.1080/16549716.2018.1445333>
- Magezi, V., 2016, 'Reflection on pastoral care in Africa: Towards discerning emerging pragmatic pastoral ministerial responses', in *die Skriflig* 50(1), 1–7. <https://doi.org/10.4102/ids.v50i1.2130>
- Mbiti, J., 2006, 'General manifestations of African religiosity', in *First meeting of the standing committee on the contributions of Africa to the religious heritage of the world*, pp. 13–38, Nairobi.
- Mbiti, J.S., 1999, 'Hearts cannot be lent! in search of peace and reconciliation in African traditional society', *Princeton Seminary Bulletin* 20, 1–12.
- McKee, D.D. & Chappel, J.N., 1992, 'Spirituality and medical practice', *Journal of Family Practice* 35(2), 205–208.
- Obi, P., 2016, 'FG seeks WHO support to curb corruption in health sector', *This Day*, viewed 30 July 2020, from <https://www.thisdaylive.com/index.php/2016/07/11/fg-seeks-who-support-to-curb-corruption-in-healthsector/>.
- Omonzejele, P.F., 2008, 'African concepts of health, disease, and treatment: An ethical inquiry', *Explore* 4(2), 120–126. <https://doi.org/10.1016/j.explore.2007.12.001>
- Osmer, R.R. & Fowler, J.W., 2003, *Developing a public faith: new directions in practical theology; essays in honor of James W. Fowler*, Chalice Press, St. Louis, MO.
- Probst, P., 1999, 'Mchape'95, or, the sudden fame of Billy Goodson Chisupe: Healing, social memory and the enigma of the public sphere in post-Banda Malawi', *Africa* 69(1), 108–138. <https://doi.org/10.2307/1161079>
- Reichle, P., Vantrease, J. & Fink, E., 1989, 'Spiritual health: The next frontier', paper presented at the meeting of the Association for the Advancement of Health Education, Boston, MA, 14 April.
- Richardson, G.E. & Nolan, M.P., 1984, 'Treating the spiritual dimension through visual imagery', *Health Values* 8(6), 25–30.
- Rose, E., 2012, 'Encountering place: A psychoanalytic approach for understanding how therapeutic landscapes benefit health and wellbeing', *Health & Place* 18(6), 1381–1387. <https://doi.org/10.1016/j.healthplace.2012.07.002>
- Seaward, B.L., 1991, 'Spiritual well-being: A heal education model', *Journal of Health Education* 22, 166–169. <https://doi.org/10.1080/10556699.1991.10614606>
- Shorter, A., 1985, *Jesus and the witchdoctor: An approach to healing and wholeness*, Orbis Books, Maryknoll, NY.
- Suzuki, L.A., Ahluwalia, M.K., Mattis, J.S. & Quizon, C.A., 2005, 'Ethnography in counseling psychology research: Possibilities for application', *Journal of Counseling Psychology* 52(2), 206–214. <https://doi.org/10.1037/0022-0167.52.2.206>
- Van Dyk, A.C., 2001, 'Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa', *South African Journal of Psychology* 31(2), 60–66.
- Van Dyk, A., 2012, *HIV/AIDS care & counselling*, Pearson Education, Part of the Maskew Miller Longman Group Forest Drive: Pinelands, Cape Town.
- Vaughan, F., 1991, 'Spiritual issues in psychotherapy', *Journal of Transpersonal Psychology* 23(2), 105–119.
- Williams, A., 1998, 'Therapeutic landscapes in holistic medicine', *Social Science & Medicine* 46(9), 1193–1203. [https://doi.org/10.1016/S0277-9536\(97\)10048-X](https://doi.org/10.1016/S0277-9536(97)10048-X)
- Williams, A., 2010, 'Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada', *Social Science & Medicine* 70(10), 1633–1640. <https://doi.org/10.1016/j.socscimed.2010.01.012>