SPIRITUALITY AND HEALTH

Can our beliefs help to heal us?

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SPIRITUALITY AND HEALTH

2 Editorial
3 Introduction
4 Staying healthy: the spiritual dimension
6 African perspective
7 Faith healing and the African church
10 Indian perspective
11 Health and healing in the Indian context
13 Exercise
14 Exploring spirituality in health and healing
17 Resources
18 Publications on spirituality and health
18 Update
19 Structural adjustment and health
19 Networking
We know, if only instinctively, that our health is affected by how we feel. If we are low in spirit it may require a longer time for us to recuperate from a cold or a flu. To be in good spirits is sometimes a remarkable medicine helping us regain health. Body, soul and spirit belong together. If technically we can define what body is, it is much more difficult to say what soul is and even more so with words such as spirit, spirits and spirituality. The word "spirituality" is in vogue today. It crops up in many contexts, and seems to be able to carry a lot of meanings. Perhaps that is why no one really knows what it is.

Spirituality relates to all aspects of human life, going beyond the normal, metabolic process of life, transcending biological life. It has to do with the non-physical, intangible side of our beings. It can be the way of life based on our own or our community’s ultimate relation to life, the universe, divinity or divinities. If, for a Christian, spirituality is the life which embodies and lives the transcendent (outside the created world), the word spirituality is claimed by people other than Christians. In a secular world, where the churches have been marginalized, there is an experience of many kinds of spirituality. The spirituality of what is called the New Age movement revolves around inner transformation, reincarnation, yoga, shamanism, the occult, astrology, psychic healing and so on. In today’s material world, there is a quest for spirituality that cannot be satiated. Many of those brought up with the secular, scientific world view of the West are turning to what they perceive as the spirituality of the East. This is particularly evident with regard to new approaches to health, healing and wholeness.

This issue of Contact describes some links between spirituality and health and offers various perspectives from Western, African and Indian contexts.

Karin Granberg-Michaelson suggests that the healing arts have suffered in the West because health and healing have been assigned to medical doctors. Although the mandate of Jesus was to "preach, teach and heal"; few churches in the West have put the healing ministry high on their agenda. Karin Granberg-Michaelson presents her own experiences in healing as a basis for encouraging us to become healers in healing communities.

In Africa and Asia, where separation of spiritual healing from health care has been resisted to a much greater extent than in the West, the spiritual aspects of healing offer new perspectives on health. The current revival of the churches in Africa is closely related with the revival of faith healing. Kenyan doctor and theologian, David Gacengeci says: "Although the importance of germs, parasites and poisons is accepted, the African view also asks why a particular individual is singled out for affliction." Dr Gacengeci’s article provides us with a deeper understanding of faith healing, and calls for a dialogue between faith healers and traditional healers and Western-trained doctors.

It is often said that there is a pluralistic and wholistic heritage in the Indian sub-continent, which could make a contribution to our understanding of spirituality and health. Illness and disease are rarely seen as merely biological events, because mind and spirit are accepted as supreme in directing the course of events. Two Indian doctors in Vellore describe the Indian perspective of health and healing on page 10.

Finally, former CMC commissioner Peter Bellamy describes two practical exercises which help to clarify and to develop a shared understanding of words which contain spiritual meaning (page 13). He says that the concepts that these words describe contribute to our overall spirituality in the sense of “a vision of possibilities of well-being in the individual and in society, as well as between creation and humanity”.

Hans Ucko
Executive Secretary
Office on Interreligious Relations
World Council of Churches
STAYING HEALTHY:
THE SPIRITUAL DIMENSION

Karin Granberg-Michaelson is associate for pastoral care with the Reformed Church in America, and the author of two books on the role of the church in healing. In this article, she describes the relationship between spirituality and health from her own experience as an individual, as a pastor in an inner city clinic, and as part of a church community in the USA.

For more than twenty years I have been thinking about the connection between faith and health. The fact that health and spirituality are integrally related is obvious to people of every culture and belief system. Some cultures have recognized a shaman—medicine man or woman whose task it is to function as a healer. Shamans practice their healing arts using homeopathic remedies, ritual and mediating between members of their community and the spirit of world.

Living in the West, one of my disappointments has been that the healing role is assigned exclusively to doctors. Doctors have been expected to treat symptoms and not to relate to the spiritual life of their patients. This has meant that doctors often do not comprehend all the elements that interact together to create a medical crisis. If medical practitioners do not inquire about the whole person, they miss out on vital dimensions of their patient’s world. There may also be a recurrence of disease because the doctor has not understood and responded to the root causes.

Today, many in the scientific community worldwide have recognized that factors that are unseen and not readily understandable may be responsible for the patient’s illness. Much has been learned about how economics affect the health and health care delivery systems of this world. Unfortunately, a great deal less attention has been given to a person’s spiritual core and its impact on health and well-being. Perhaps this is because the spiritual dimension is neither observable nor easily quantifiable. It is difficult to measure faith and belief – yet in many cases the presence of a dynamic faith makes a decisive difference between chronic illness and health and well-being or cure.

In this article, I would like to discuss two aspects of spirituality which have been central to my own beliefs, both about the mind-body connection and the impact of faith on health.

They are prayer for healing and healing in a faith community.

My interest in these aspects of Christian experience has been long-term and personally motivated. I felt handicapped by old hurts and some bad choices made in the process of growing up. Like many others, I had deep hunger to be made whole. As a life long Christian, I could not understand why the churches were not more effective in mediating God’s healing grace and forgiveness. Jesus himself considered healing to be critical evidence of God’s power to forgive and make whole. He therefore made healing a central, visible part of his ministry on earth. Why, then, had...
not the area of healing become a top priority for the churches?

Prayer for healing
My own opportunity and calling to become an advocate for the healing ministry of the church emerged while I was a seminary student. During my theological studies, I became familiar with both psychological approaches and charismatic prayers for healing. In fact, during those years, my husband and I belonged to church communities with active healing ministries. While we were there people prayed with us for healing. This form of prayer, central to the charismatic renewal which swept my country during 1970s, opened my eyes to a whole different approach to the pain and suffering that marks the life of each person. Certainly, there were many sensational excesses and some outright scams in these healing ministries, but beneath them was something valuable to every Christian.

Following my graduation from the seminary, a doctor and I opened a health care centre in the inner city whose treatment focused specifically on the whole person. The registration forms asked questions about the stresses and losses in people’s lives, about their religious faith, or the lack of it, as well as their physical symptoms. The approach proved to be very effective. People were relieved to have every part of themselves taken seriously by a team offering both medical and pastoral skills. One of the unique aspects of our treatment was to offer to pray with people about their illnesses.

Prayer seemed to open up new avenues to explore. For example, we learned that a person we were treating for acute depression was having affair with a married man. As a result, her conscience was troubling her to such a degree that she had become depressed and anxious. During counselling sessions, she identified some of the ways in which, by not living up to her conscience, she was actually hurting her health. I could give many more examples from my time at Columbia Road Health Services that show the connection between our spiritual and emotional condition and our bodily health.

Healing in a faith community
One of the main things I learned from these experiences is that prayer for healing is profoundly under-utilized as a means of treatment, even within the Christian community. It is often the case that the act of faith required to pray becomes itself part of a healing process. Regardless of the outcome of our prayer, it is good for us to pray. When we approach God with those desires and needs closest to our heart, we experience that God cares intimately about our pain and is very close to us in all forms of illness and suffering and in all outcomes happy or tragic.

We already know that prayer for healing does not always produce the results we are seeking. We need to understand, however, that it always nourishes the believer because it keeps us connected to the God who sustains our faith and our lives. When we offer God our deepest desires, we are laid bare and very vulnerable. This uncomfortable vulnerability is, I suspect, why many in the Christian community have backed off from such specific petitions in their prayer life. The risk of disappointment is too great. What happens when our loved

How to become healers and healing communities
- Begin a regular service of prayer for healing and anointing the sick
- Decide to take part in a particular healing work such as ministry to shut-ins (invalids confined to home or hospital)
- Develop a healing ministry team made up of health care professionals and counsellors as a congregational resource
- Offer to house health care services in the church
- Practise forgiveness—look for ways to encourage and implement confession and forgiveness in worship and in daily life
- Intercession—Be intentional in praying for our own healing and for that of others.
one is not healed? It is easier and safer to keep our requests general and always add, "if it be Thy will." If God is God then God's will is being done. We must leave outcomes in God's hands, but as God's children, it is ours to ask for what we need and want. Paradoxically, we must put side-by-side the reality that God's presence with us must be sufficient in every situation, with the fact that we are urged to pray for healing in the Bible. In James 5:13-16, there are specific instructions for how to handle the illnesses and sorrows that plague us and mark the human condition.

"Is anyone in trouble? They should pray...Is any one of you sick? They should send for the elders to pray over him and anoint him with oil in the name of the Lord...Therefore confess your sins to each other and pray for each other that you may be healed. The prayer of the righteous is powerful and effective."

These instructions point to the role of the community God has created in the church. This is the place God has provided to respond to the deepest cries of our hearts. To recreate the early church today would be a difficult task. Nevertheless, the Christian fellowships and churches which promote and experience healing as a by-product of their life together share some common ground. As a result of the 12-year global study on health and wholeness, the Christian Medical Commission (now CMC - Churches' Action for Health) concluded:

"People are lonely, empty and feel alienated because of growing individualism and materialism... The church is challenged to teach its members to care for each other, to confess their sins and brokenness, to nurture the unique contribution each can make and thereby to model for the world the health, healing and wholeness which is the promise of God."

What is the solution? How are the churches to respond to the overwhelming need for healing that is in their midst and in the larger world? Abraham Verghese, psychiatrist at the Vellore Hospital in South India, believes that the church can bring people into healing contact with God through the ministry of Word and Sacrament.

"The church," he says, "should be a fellowship of love showing loving concern which can be an incentive for healing, a fellowship of reconciliation eliminating needless social and psychological tensions, and a fellowship of prayer, for prayer is a healing force..."

How can churches become more effective healing communities? Eric Ram, director of World Vision International, says that whenever any of us offer acceptance, love, forgiveness, or a quiet word of hope, we offer health. This means that we can all be part of the healing mission of the church. We do not have to be in possession of the particular charisma mentioned by Paul in I Corinthians 12:28-31 to exercise the gifts that Dr. Ram is talking about. But we do need to make an intentional commitment to use whatever is ours to give to the movement of God which Jesus came to proclaim.

How will we recognize the marks of a truly healing church? We will experience our church as a safe place, a haven. It will feel like our true home. Despite its imperfections, we will recognize the truth of what American poet Robert Frost said: "Home is the place where, when you go there, they have to take you in."

The church will also become our new family. In this family, we would have the experience of a journey together to God's promised land. In the new Jerusalem, God will wipe away the tears from every eye and we will at last be made whole - perfect in God's sight.

Karin Granberg-Michelison, 49 Yawpo Avenue, Oakland, NJ 07436, USA. e-mail: KarinGM@aol.com
Karin's books are entitled: Healing Community (featured on page 16) and In the Land of the Living, published by Zondervan, 1994 (out of print).
FAITH HEALING
AND THE AFRICAN CHURCH

Psychiatrist and theologian David Gacengege critically examines faith healing in the African context. He analyses the uneasy relationship of faith healing with Western medicine asking what the former has to contribute to the health crisis facing Africa today.

Join me as I enter the room of my fellow student, Juma (not his real name) at Kenyatta College Secondary School Division. The year is 1970 and both of us are soon to sit the university entrance examination. As president of the Christian Union, Juma has summoned me because he has been experiencing a strange phenomenon when praying. He says that his prayers are interrupted and that he begins to make oral movements as he gulps a liquid which he perceives to be flowing into his mouth from the air. I talk with Juma to reassure him of God’s care. Then, during a final prayer, he goes into a trance-like state, tears streaming down his cheeks.

I conclude this is beyond me and decide to seek advice from a trusted Christian worker, who today is a professor of religious studies and a minister. Together, we set a time of prayer for the young man.

There are five of us in the house of a Caucasian brother who was an expatriate executive with a Christian organization. After some reflection on a few verses of scripture, we now begin praying in earnest. One brother asks that the evil spirit stops tormenting a child of God. At once, Juma falls to the ground and starts rolling around. I am terrified but I know I am among people that I can trust. After about a half hour of intense petitions for deliverance in the name of Jesus the Christ, the young man becomes progressively calmer. Finally, he sits up with us for the concluding counselling remarks, and of course, a refreshing cup of Kenyan tea.

One may explain this away in various ways. Perhaps it was a hysterical dissociation or a reaction to extreme exhaustion. One may even say our intervention operated by suggestion since Juma shared with us certain expectations of how to behave in response to prayer.
But the important thing is that the attacks ceased forthwith and the young man proceeded to university where he completed a university degree. He is currently working in computer technology.

All this took place at a time when Kenya had barely four psychiatrists for the country's seventeen million population. But this is not the end of the story. After I became a physician, I was privileged to visit Juma, now married with two children, to address his school's Christian Union. He asked me to examine his outpatient record card and from it I noted that he had attended the hospital, been diagnosed as suffering from anxiety neurosis and been medicated.

**Medicine man at the hospital**
Join me once again, this time at Kakamega Provincial Hospital where I am a medical intern in the paediatric ward. An old man approaches me as I readjust a drip on the scalp of a two-year-old boy suffering from meningitis. He begs the nurse and me to allow him to have the child outside for just ten minutes. He wanted to perform a healing ritual. Since the boy's condition is stable, we give consent. We ask to observe and, to our amazement, are given permission. The traditional medicine man rubs medicinal leaves on the boy's stomach and then scrapes it with an object. To the satisfaction of the relatives, he displays some dark scum from the boy's skin. Embedded in it are some grains of sand which he must have deftly introduced from his bag. The boy recovers and is discharged. One wonders who deserves the credit, the traditional medicine man or the hospital staff. Perhaps it does not really matter.

The common factor between these two cases is faith healing. Faith healing may be defined as the miraculous removal of illness as a result of Divine intervention. The intervention is invoked through religious activity – prayer, fasting, exorcism, visitation of a shrine, iturgical anointing, the partaking of a sacrament, laying on of hands and the like. From the believer's perspective, God's power suspends the laws that govern the biological and psychological processes which cause and sustain illness. Or, it is God's power which enhances the individual's defence, thus producing a miraculous cure.

This article examines the understanding of faith healing in the African context. It also looks at the church's relationship to faith healing, and its contribution to the renewal of the church. It examines the relationship of faith healing with Western medicine, and concludes that integration of all healing gifts for all God's people is needed.

**Faith and healing**
In almost all religions there is an association between faith and healing. Within African traditional religions (ATRs), the pathology and psychopathology (study of the physical and mental cause and nature of the disease) are understood holistically. Although the importance of germs, parasites and poisons is accepted, since spirituality pervades all of life, the African view also asks why a particular individual is singled out for affliction. It should be noted in this regard that ATRs affirm and celebrate life and are therefore "disease resisting". Life is seen as a continuum, given by the Creator to be lived out through birth, maturity, marriage and by contributing to the well being of one's family and community. Finally, through praiseworthy living, life continues through...
drawing taken from

\textbf{It is within this context that Christianity has exploded in Africa}

incorporation into "ancestorhood". Life is to be lived in communion with the Creator, with the living dead (those departed but still held in the memory of the living) and indeed with all of nature. Life is to be lived adhering to the rules of conduct for relationships, the chief of which are based on respect, sharing and remembrance. No sickness is seen as natural. The cause is sought in terms of disharmony in a relationship either with the ancestors, family members or neighbours. A disharmonious relationship may lead to confusion, sickness, madness and even death. Whatever the physical diagnosis of the disease, an accompanying diagnosis in the spiritual realm must be sought. A ritual remedy to reverse the spiritual cause must be performed.

\textbf{The church in Africa today}

It is within this context that Christianity has exploded in Africa. Phenomenal growth has taken place within the independent churches. Most of these churches are charismatic and incorporate healing in their worship practices. Missionary churches continue to lag behind but are also growing. They fall behind because, although there are exceptions, the missionary churches came with a Western mind set to convert the African to the Christian way of life. To the missionaries, this meant the adoption of Western names, clothing, dance and all. Because the societies from which the missionaries came were based on individualism, they sought to convert individuals, whom they removed to villages next to the mission. Through gospel teachings, which hardly ever used liturgies on healing and exorcism, the missionary churches negated African cosmology.

The African view of the universe is seen as a domain in which human and spirit beings live and interact for good or ill. For Africans, this left an existential (known by experience rather than reason) anxiety unaddressed. As they struggled with evil in the form of illness, epilepsy, insanity or misfortune, the missionary churches had no answers to offer. Hence, in the face of crisis, converts often resorted to the time-tested healing practices of the ARTs to the disappointment of the missionaries.

\textbf{African understanding of the biblical world}

However, having translated the Bible into various native languages, the people have read the Word and transposed the biblical world of enemies, mediums, demons, unclean spirits and magicians onto the African world of enemies, evil spirits, witches and evil eye. Within the independent churches, evils are dealt with in the same way as the people of God in the scriptures dealt with them - through prayer, fasting, ritual and exorcism. The faithful therefore need not deny their cultural perspective of reality, nor feel powerless in the face of evil. They have a powerful ally in a God whose spirit can indwell (inhabit) just as the gods indwell the priests and the priestesses in the ARTs. Worship is therefore an authentic, meaningful experience for the worshipper whose needs are met through singing, dancing, drumming, chasing away evil spirits, and praying for healing. Little wonder that people flock to these churches. Certainly, faith healing has contributed to the growth of the church and to its renewal in Africa, as well as healing much psychosomatic morbidity (disorders thought to be caused or aggravated by psychological factors, such as stress) in the community.
But despite this contribution, theologians, mainly within the missionary church, have raised serious questions in relation to faith healing. These questions have to do with the refusal by some healers to see healing through Western medicine as part of the provision of God's grace. These healers therefore often prohibit use of Western medication once prayers for healing are being offered. Secondly, unlike traditional healers who were always members of a community and who took little compensation for their labours, many healers are often itinerant and rootless and therefore unaccountable to the community. Following up on their treatments is therefore poor or nonexistent. Hence monitoring their healing is not sustainable. Thirdly, various unethical practices have come to the public eye. These include blaming the victims of disease for lack of faith when healing does not take place, and inhumane practices such as excessive shaking or flogging, supposedly to drive out demons. Some of these have become the subject of criminal prosecution. Fourthly, there is a dire need for monitoring and for a supervisory structure in some of these charismatic groups. Yet, many are so incensed by what they see as a "lack of the spirit" within the mainline churches that they will not seek the help of their National Council of Churches which exists to offer support in such matters. Finally, one might perhaps ask whether encouraging belief in spirits and demons is not retrogressive (moving backwards to a worse condition) and therefore anti-development. My understanding is that we must begin where people are, and build upon what people believe, without fighting the cultural practices which enhance their health.

From the standpoint of Western medicine, perhaps the most significant question is why faith healing should be encouraged when in the centuries in which it has been practised it has not yielded significant gains, particularly in comparison to those which have occurred in a scientific era. The answer to this question is three fold. Firstly, the healing and comforting of the sick through faith healing should complement scientific medical practice. It is significant that scientific medicine has had not breakthroughs in the chronic illnesses and those with anxiety-provoking symptoms in which supernatural causes are often attributed. Secondly, even in the Western world, the role of spirituality in healing is becoming more and more recognized and it would be sad for the developing world to lose their healing arts including faith healing. Thirdly, the dire need for health services in a continent like Africa, where the quality of health is so poor, means that no healing sector can be left out without compromising the health of the people.

The way forward is therefore to create relationships of collaboration and dialogue which will eventually break down the suspicions which often exist between Western doctors and traditional and/or faith healers. It is encouraging that evidence of such cooperation already exists in some countries. For example, in Kenya, I have attended scientific meetings at Kenya Medical Association and Kenya Medical Research Institute in which traditional healers have also taken part.

Dr David Gacangie, Pittsburgh Pastoral Institute, 6324 Marchand Street, Pittsburgh, Pennsylvania 15206, USA. Fax: 1 412 661 1304.

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Music is an important part of spirituality.
HEALTH AND SPIRITUALITY: AN INDIAN CHRISTIAN VIEWPOINT

India’s many medical, cultural, religious and spiritual traditions provide a huge potential for developing the spiritual aspects of health care. This is shown clearly by two senior doctors, P Zacharias, who coordinates the Faith and Healing Cell in Vellore, and Sara Bhattacharji, professor of community health, Christian Medical College, Vellore.

On a Sunday morning recently one of us attended a Communion-cum-anointing service in a Christian hospital campus for a young Christian doctor on their staff, terminally ill with hepatic failure. The service was conducted by a Gandhian pastor who lives the simple lifestyle espoused by Gandhi and who is also a reputed surgeon. During the anointing, the small circle of family and friends laid their hands together on their sick friend. Under the guidance of the pastor, they prayed that the patient might experience “restoration” or “release”. After three intensive care treatment for episodes of hepatic coma, the young doctor and his wife had deliberately decided against further possible extension of life by high-tech intervention. Instead they chose to live out the remaining days of his life as a experiment in making the process of premature and untimely death a positive experience.

The “release” finally came five weeks later, in his home surrounded by those who were closest to him. Even his school-age sons were well prepared for the parting. But in the interim, day by day, the family consciously cultivated the highest possible quality of life and faith, supported by sympathetic health professionals, prayerful fellow believers and loyal friends and relations. By sharing in this unusual journey of “healing”, many experienced personal growth and heightened sensitivity to the issues of wholeness and health. One young non-believer who was intimately involved in this experience afterwards opted for baptism.

Cartoon by Boy Domingo
illustrated Death and dying in different cultures: “Living one’s dying” by Mary Grenough, Medical Missionary Sisters, which appeared in Health Alert, July 1-15, 1996.

If you would like a copy of this thought-provoking article, please write to us and we will send a copy to you — Editor.

...many experienced personal growth and heightened sensitivity to the issues of wholeness and health.
The life cycle
The episode could well have occurred in any part of the world. And certainly it does not occur in every Christian institution of healing in India. Yet, it is a fitting starting point for exploring what Indian traditions may have to offer to the healing ministry of the church. Admittedly, India does not have a single, universally-accepted cultural and spiritual tradition. However, among the diversity of its religious, cultural and health-related traditions, there are some commonalities, extending back well over 3,000 years.

The stages of life, including old age and death, are entrenched in the Indian mind. Therefore, while death may be feared and unwelcome at one level, it is also faced and accepted as a natural part of life. Thus health and healing are not primarily equated with the prolongation of life or postponement of death. Death, as much as birth and life, is "meet, right and our bounden duty".

Within the life cycle, the human person is an integrated whole, and not understood as fragmented into body, mind and spirit. While the body and its ills are the beginning point, the supremacy of the mind and spirit in directing and transcending (going beyond) the physical is also implicitly acknowledged. Thus illness and disease are not merely biological events but conditions of the whole person. Accordingly, diagnosis and treatment are conditioned as much by the pathology (study of the physical and mental cause and nature of the disease) as by the total personality of the patient. "Who has the worm, is as important as what worm he happens to have".

In such an approach, medical knowledge and skills are not only an art and science but, equally, inspired and revealed wisdom. This gift is not to be exploited for personal profit. Many vaidyas or healers do not accept any payment for the therapies they offer. The practitioner has to be worthy of his privileged calling. Ayurveda, the largest body of indigenous medical knowledge, is literally "the scripture of life (or living)".

This integrated or wholistic understanding is not confined merely to the human personhood. The concept of the flowing river is an ever-present metaphor in the Indian psyche. A person is always seen in relation to the flow of his or her life cycle, the seasons of the year, the concentric circles of social relationships and to the totality of the environment. Diagnosis, medications, therapeutic procedures, are all influenced by the time of day, the seasons of the year and stages of the individual’s life. Health is the true harmony of these interior and exterior relationships, and illness is the state of disequilibrium and disharmony of these universal constituents. Naturally, health is greatly influenced by diet, daily habits and life style. Most treatments include readjustments in policy statement on faith healing
The following five-point statement on faith healing was produced at a seminar which took place at the Christian Medical Association of India (CMAI) during 1985.

1. Faith healing is a reality, evidencing in some ways Christ’s healing power.

2. However, rather than faith as trust in Christ, faith healing calls for faith in healing. Faith is cast in terms of what the individual can get out of it rather than the trusting obedience of one’s life to Christ.

3. Rather than presenting healing as a restoration of God’s purpose for life, faith healing presents healing as curing.

4. Rather than understanding prayer as progress to God, it regards prayer as a means to achieve a pragmatic result.

5. We are called to a healing faith; but this is not synonymous (exactly the same) with the practice of faith healing.

This policy statement was developed in reaction to the growing practice of faith healing, including by American evangelical churches in India. It reflects the concern that faith healing can be exploitative and may over-emphasise curing. What are your views and experiences of faith healing? We welcome your letters – Editor.
In Your Path

I love all your paths
that lead me to your house, Lord,
simple roads
dusty
neglected
bordered by simple houses.
Undeveloped roads
marked by the footprints
of working people:
builters of broad highways,
fancy houses,
gardens
and parks.
I love those paths
open to the rain
and to the good will
of their discounted residents.
Paths that lead me to the illiterate woman,
to the child who has no school,
to the old man who sells ice cream
from his worn-out wooden cart.
I love those paths
unimpressive
unattractive
that lead me to your brothers and sisters,
because you, poor with them,
speak to me from their indigence
and violently shake loose
all my assurances
binding me inescapably
into the secret tenderness
of your unknown suffering.
And so I know I am your friend,
because you reveal your secrets to me,
the secrets of a love without measure!

Julia Esquivel, Guatemala

these. Obviously one’s health is not
something delivered from the outside,
but a condition for which one has to
take responsibility.

Pluralism, or the existence of groups
having distinctive ethnic origins, cultures
and religions, is self evident in Indian
thinking. A multiplicity of religions,
medical systems and cultural practices
co-exist. The Indian mind is ingrained
in the concept of many roads leading to
the common goal, and each person is
expected to find the road best suited for
oneself. This is as true in spirituality as
in conditions of health and ill health.

Christian healing ministry
The largest and growing segment of
the Christian healing ministry is in the
Catholic church. Most of the Catholic
church’s health centres (which number
over 2,000) are small and staffed by
religious sisters, many of whom trained
as nurses. These health centres have
been more open to wholistic and pluralisic
approaches. The more conspicuous
hospitals of the Protestant and
Orthodox churches are still wedded to
allopayy (Western-style medicine).
They tend to be high cost, but they
emphasize competence and compassion.
They strive to make “modern”
medicine available to the marginalised
by using part of the payments made by
the rich to pay the costs of providing
services for the poor.

The event described at the beginning
of this article is a sign of the unease and
the search for alternate perceptions
among Indian Christian health professinals.
Some Christian congregations have moved into areas of ministry such
as nurture of the handicapped, healing
of behavioural and social disorders and
chronic and geriatric care. The ancient
pluralistic and wholistic heritage of the
sub-continent offers the Indian church
the possibility of making a distinctive
indigenous contribution to the search of
the worldwide church for a relevant
reinterpretation of the mandate to
“preach, teach and heal”.

Dr P Zacharias, Co-ordinator, Faith and Healing Cell,
and Dr Sara Bhattechaari, Professor of Community
Health, Christian Medical College, Vellore 632 002,
South India. Fax: 91 416 32268.
EXPLORING SPIRITUALITY IN HEALTH AND HEALING

How can we make our lives more spiritual? Former CMC Commissioner, Peter Bellamy defines spirituality and then provides two exercises so that we can increase the level of spirituality in our daily lives. He provides two straightforward exercises.

Spirituality is about more than “being religious”. It embraces what a person or group believes, values, and expresses in attitudes and behaviour. It is usually associated with a sense of the ideal or transcendent (having an existence outside the created world), with God or with a vision of the common good and personal well being.

At the personal level, being “created wounded” (or born imperfect) causes internal conflict and difficulties in relationships to self and others. All types of human organizations embody this “woundedness” and can therefore be more or less healthy, democratic, trustworthy, and so on. Some experiences give a sense of love, joy and peace, while others leave a feeling of rupture, brokenness and despair. There is a realisation of falling short of human possibilities and potential, a need for healing and a new vision of health.

Charismatic leaders proclaim new visions and solutions – economic, managerial, religious and political. These are usually single issue solutions, superficially attractive but lacking in wisdom. As a result, they cause new imbalances, oppressions and problems to the individual and to society.

The following two exercises aim to help clarify and to develop a shared understanding of words which contain spiritual meaning and contribute to an overall spirituality.

Identifying individual spiritual meaning
Words like “respect” and “dignity” relate to health and are widely used in hospital mission statements and quality standards. These terms mean different things to different people. If the words are to be reflected in the practice of health care, staff need to hear what these words mean to each other and what they mean to patients.

The following methodology (Workshop Pack available*) is designed to help people make tangible what they believe and understand about these concepts. To do this, individuals express their personal understanding of concepts such as dignity, and then listen to and try to understand the views of others. At the end of the process it should be possible to identify common, shared dimensions which might change ward practices, identify staff training needs, monitor quality standards, and contribute to team building.

• Participants are divided into small groups of not more than seven people.
• Each group has a facilitator who participates and guides the group.
Each group is given one concept to discuss, for example “respect”.

Each group member is given four index cards: on each card each member of the group will write a sentence which begins with the key word. For example: “Respect means to me…”

Each participant then lays their cards face up on a table.

Everyone reads all the cards.

Each participant then selects three cards (not their own) on which there are statements with which they agree or about which they feel strongly.

Each participant then says briefly what they feel about the particular statements they chose, taking one card at a time around the group. These comments can be recorded on a flip chart.

Finally, it should be possible to draw out some themes from the cards and comments.

A second phase of the method, which can be done later, involves the group in creating a person/patient profile. Then, the group is asked to define what key questions there are to meet this person’s/patient’s needs in terms of their dignity, respect, and so on.

Two examples of how the concept of “dignity” has been summarised in different settings may prove useful.

In the first example, the exercise was undertaken by a group of elderly people who had experience of hospitalisation. To them, dignity meant: helping, caring, understanding staff; privacy; truth telling; needs being addressed, for example pain, bed pan; being able to contribute and participate.

In the second example, the exercise was undertaken by a group of nurses in a hospital. To the nurses, dignity meant: being respected as a person; retaining control over work; not being made to feel small; not being patronised; not being manipulated by patients or managers.

### Evaluating social structures

Example: The global market

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td>trust</td>
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<td>fear</td>
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<tr>
<td>autonomy</td>
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<td>x</td>
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<td>dependence</td>
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<td>democracy</td>
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<td>autocracy</td>
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<td>co-operation</td>
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<td>justice</td>
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<td>oppression</td>
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<td>creativity</td>
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<td>x</td>
<td>apathy</td>
</tr>
<tr>
<td>dignity</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>degradation</td>
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<tr>
<td>health</td>
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<td></td>
<td></td>
<td>x</td>
<td>ill health</td>
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<td>integration</td>
<td></td>
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<td>disintegration</td>
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<td>equality</td>
<td></td>
<td></td>
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<td></td>
<td>inequality</td>
</tr>
</tbody>
</table>
Identifying spiritualities in social structures

The spiritualities of health and healing may be compared to slides (photographic transparencies) which can be super-imposed on each other to form a composite picture. Each slide focuses on one aspect of our social context, such as the global market, the taxation system, religious traditions, health and education services, the industry and trade unions of a locality, region or country, and more. Each structure would then be evaluated on the basis of the scales shown in the illustration.

Focus groups could use data such as: research evidence on the rich-poor divide, homelessness, etc; information from groups who are criminalised/decriminalised, eg homosexuals, prostitutes; groups whose health and health needs are marginalised, eg Indigenous Peoples; official reports, strategies and results of bodies such as United Nations, including World Health Organization, World Bank, governmental, non-governmental organizations (NGOs) and voluntary agencies reports.

In building a picture of overall spirituality, one element in a particular social sphere might carry greater weight, at a given point in time. For example, the global economic situation, the presence of a military dictatorship, or a powerful repressive religious regime, might dominate over other factors. Equally, a strong democratic movement at the local level based on primary health care principles could be undermined by national political forces or by global economic pressures.

As an illustration, it is useful to look at the dominating effects of the global market which has effects in many spheres (and therefore on many of the slides). On the scales of 1 to 5 shown in the chart on page 14, the global market would be likely to score 4 on autonomydependence and justice/oppression, and as high as 5 on co-operation/competition, dignity/degradation, health/ill health, and equality/inequality.

Background on the global market

Faith: It is believed that free trade will lead to social progress and development. Greater economic activity will raise incomes and taxes, and these will lead to the provision of better health care and other public services. Poverty will be alleviated by the "trickle-down effect".

A changing context: mobility of capital, automation and the growth of Asian economies has led to recession and industrial restructuring in the Northern industrialised countries. Capitalist governments have set about reducing the bureaucracies which have grown up since 1945. Markets have been deregulated, belief in full employment has been abandoned, and the private provision of welfare encouraged.

Competition, poverty and ill health: For some, belief in the market has acquired an absolute status. It is seen as the arbiter of values, priorities and morality. This free-market model is being spread around the world as a result of the conditions that are attached to credit and loans from the World Bank and the International Monetary Fund. But efforts to reduce inflation, to create efficient industries, and to pay off international debt carry an enormous social cost to the most vulnerable. Unemployment, poverty and ill health increase while education and health services have been cut by 50-80% in Latin America.

The same pattern is seen in the industrial
countries. Wealth has been created for some but increased poverty for others. In the United Kingdom, the number of children living in poverty has increased from 1.4 million in 1979 to 4.3 million in 1996, and 8 million households cannot afford to keep their homes warm. An illustration of the crisis in health care was provided when, for a period in 1996, one hospital refused to admit people aged 75+ years.

**Inward investment and injustice:** firms are attracted to regions where production costs will be low. The effect can be to depress wages to subsistence levels, and conspire with weak and greedy governments to flout pollution laws and health and safety regulations. The consequence to workers and families can be devastating. Legislation is required for firms to undergo regular social audits in order to develop a responsible value system.

**Inequalities and ill health:** research has demonstrated that the amount of ill health in a particular society is related to the gap between rich and poor. The widening gap now occurring in many countries is increasing the amount of ill health. Death rates in the poorest parts of the United Kingdom are four times higher than in more affluent areas; the chance of a child under one year of age dying is almost twice as high for unskilled parents than for professional parents. Increased poverty is also associated with rising crime, drug use and social instability. Insecurity can lead to harsher laws and repressive autocratic government.

**Spirituality and the global market:** the scores on the concepts grid will be high on the negative effects of the global market. The problem is the emphasis on private wealth rather than public well being. Markets are necessary but in need of regulation to serve the common good, to reduce inequalities, and to create stability and security.

The global market is one of a number of international forces which shape the context for systems at national, regional, city and local levels. Focus groups discussing the different systems can see how far these systems express similar spiritualities, and where significant differences occur which may offer challenge and hope. In the past 20 years in the United Kingdom, taxation has fallen more and more heavily on families. Where is the pressure to tax energy, transport and the creation of waste? Which systems reflect a vision of public goods, such as better housing, education, health care and environmental protection? What will motivate industry to create not only more energy efficient systems but also to look at the employment potential of people with physical disabilities?

**Conclusion**
Exploring spirituality in health and healing is about listening, responding, analysing and challenging. The contents and languages which apply now are very different from New Testament times. But men and women continue to seek the Kingdom in different ways. They continue to experience sickness and death. “Therefore we have to persevere in discovering, developing and practising Christian ministries in the field of health and healing to day which, by God’s Grace, can speak of the Kingdom of God in its universal scope, inexhaustible hope and the promise of the fulfillment of love” (David Jenkins reported in the Vision and the Future – 25 Years of CMC, 1995). To be infused with such a vision, we need to listen to God in the humanity of the prophets from other traditions as well as our own, and in particular to the voices of those who bear the cost of our fragile health.

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* A Workshop Pack entitled "Quality of Human Values Workshop" published by South Birmingham Health Authority is available, free of charge, from the Rev Dr Peter Bellamy, 51 St Denis Road, Birmingham, B29 4JY, United Kingdom. Tel: 44 121 475 6363.
Healing and wholeness, The churches' role in health is the report of a worldwide study by the Christian Medical Commission, now known as CMC - Churches' Action for Health, at the World Council of Churches. It includes a reflection on health as a spiritual issue. It is available, free of charge, from CMC - Churches' Action for Health, World Council of Churches.

A guide to HIV/AIDS pastoral counselling can help those in the churches to respond to the spiritual and emotional needs of people living and dying with AIDS. It explains how to counsel pastorally, working through the process and then providing a guide to self-evaluation. Available in English and French, free of charge to developing countries and at a price of US$10, including surface mail, elsewhere. It is available from CMC - Churches' Action for Health, World Council of Churches.

Healing community by Karin Granberg-Michaelson addresses the vocation of the local congregation to become a place of healing in the world today. She argues that this can only happen when the church becomes an extended family whose members respond together to the pressing needs of society. The book is published in the WCC Risk Series, 1991, price Swiss francs 11.50, US$8.95, £6.50. Write to The Bookshop, World Council of Churches.

Spiritual aspects of health care provides health workers a comprehensive guide to meeting the spiritual and religious needs of patients. By offering examples, the book becomes a reference on how to respond when grief and anger make communication very difficult. It is written by an experienced hospital chaplain, David Stoter, with a foreword by Christine Hancock, General Secretary of Royal College of Nursing of the United Kingdom. It is published by Mosby, Times Mirror International Publishers Limited, Lynton House, 7-12 Tavistock Square, London WC1H 9LB, United Kingdom, at a price of £9.95. ISBN 0 7234 1855 8.

Development assessed: Ecumenical reflections and actions on development is a booklet containing the main papers presented at a WCC meeting to discuss the ecumenical debate in January 1995. It contains an overview of the subject by Rob van Drimmelen, Secretary for Socio-Economic Issues, World Council of Churches, and a paper by K M George, Orthodox Theological Seminary, Kerala, India on spirituality and development. Copies are available from Unit III, World Council of Churches.

Spirituality and health from the Catholic Health Association of Canada says: "What's good for the soul can be good for the body, too." It describes the relationship of spirituality to health, describes spirituality and examines various elements of a spiritual life in the light of their potential impact on health. Building on the latest scientific research, this booklet argues that the striking connections between spirituality and health are no longer a matter of conjecture but of fact. Write to: CHAC/ACCS, 1247 place Kilborn Place, Ottawa ON K1H 6K9, Canada. Tel: 613 731 7148. Fax: 613 731 7797.

I was sick and you visited me is a guide to visitation ministry by Mary R Ebinger of the Women's Division, General Board of Global Ministries, The United Methodist Church. Available at US$2.50 per copy, it can be ordered from: Service Center, General Board of Global Ministries, 7820 Reading Road, Caller No. 1800, Cincinnati, Ohio 45222-1800. It is also available in Spanish from the same address.

Address box
World Council of Churches
PO Box 2100
1211 Geneva 2
Switzerland

Catholic Health Association of Canada/ACCS
1247 place Kilborn Place
Ottawa ON K1H 6K9
Canada

Global Ministries
7820 Reading Road
Caller No. 1800
Cincinnati
Ohio 45222-1800
USA

Drawing from I was sick and you visited me, A guide to visitation ministry
STRUCTURAL ADJUSTMENT AND HEALTH: WHAT DO WE KNOW?

Several past issues of Contact have referred to the adverse effects of World Bank policies on health. Recently, a selected biography introducing reports, books and articles related to this issue has been published*. The following is a shortened extract from the publication is based on an article entitled “Structural adjustment and health policy in Africa” by R Loewenson, which first appeared in International Journal of Health Services, 1993: 23: 717-730.

By the first half of the 1980s, three-quarters of African countries had implemented IMF/World Bank structural adjustment programmes (SAPs). In many African countries, so-called “home-grown SAP’s” have been adopted. These are based on the classical World Bank measures that have been applied in over 40 African countries, as well as in countries in Asia and Central and South America. Under SAPs, the economy is adjusted structurally to manage the balance of payments, reduce the fiscal deficit, increase economic “efficiency” and encourage private sector investment and export-oriented production. The major measures include:

• currency devaluations and control of the money supply;
• reduction of public borrowing and governmental expenditure, particularly in the social sectors;
• trade liberalization, reduction of tariff rates, and other incentives for foreign investment;
• abolition of price controls;
• privatization of public enterprises or reduction of subsidies;
• withdrawal of subsidies on food and other commodities;
• retrenchment of workers, wage freezes, deregulation of laws protecting job security.

The World Bank warns of the short-term harsh impact of SAPs: retrenchment, cutbacks in public expenditure and social services, charging fees for social services, rising prices, and shrinking real incomes. The palliative (sweetener or moderator of these disadvantages) is that at some undefined point in time the economy will pick up and the growth generated will not only pay back the debt but will also trickle down and improve the lot of the poor.

Consequences for health

The consequences of SAPs for health, for nutrition and food security, and for health care, have been serious in several African countries. Between 1980-1985 the infant mortality rate increased by 53.5% in Madagascar, 26.5% in Mali, 15.1% in Ethiopia, 11.3% in Uganda, 6.8% in Tanzania, 4.1% in Somalia and 4.6% in Kenya. In all these countries the infant mortality rate decreased between 1965 and 1980. Food prices rapidly increased and wages decreased in most of the countries under SAPs. The food ration systems which have been implemented as part of safety net policies have been unsuccessful in providing access to food for the poorest. A 10-country study published by Unicef on the effects of adjustment on health concluded that the nutritional status of children had declined in all but two of the 10 countries.

Access to health care has decreased in the countries under SAPs. The fees charged as a result of SAPs increased rapidly and by as much as 800% to 1,000% in many countries. The salaries of health care workers decreased or they lost their jobs, and the quality of care dropped dramatically in several countries.

The author then describes the consequences on health policy, provides examples and draws conclusions.

* "Selected readings in the World Bank’s Structural Adjustment Programs and Health and Population Policies from the perspective of reproductive rights" (Themes for Finland 1986) was prepared by Palvi Topo, Stakes, National Research and Development Centre for Welfare and Health, Siidsaarenkatu 18, PO Box 220, SF-00531 Helsinki, Finland. Tel: +358 9 3967 2108. Fax: +358 9 3967 2054.
A guide to NGO essential drugs policies
Produced by HAI-Europe, this document aims to help non-governmental organizations (NGOs) implement their own policies. It explains why following an essential drugs policy is important and then sets out a step-by-step approach to health NGOs develop such a policy. It is available, free of charge, from Health Action International, HAI-Europe, Jacob van Lennepkade 334T, 1053 NJ Amsterdam, The Netherlands. Tel: 31 20 683 36 84. Fax: 31 20 685 50 02. e-mail: hal@hai.antenna.nl

Facing AIDS: the challenge, the Churches' response
The global spread of AIDS/HIV poses grave challenges for institutions and individuals alike - not least for Christians and Churches. Combining information and careful reflection in many fields of expertise, this book addresses urgent questions, and help to shape Christian responses, on the basis of a three-year study conducted by the World Council of Churches Consultative Group on AIDS.
The book is available at a price of Swiss Francs 15, US$ 11.50 and £ 7.95, plus 20% for postage. ISBN 2 8254 1213 9. Write to WCC Publications, World Council of Churches, PO Box 2100, 1211 Geneva 2, Switzerland.

Participatory Impact Monitoring
PIM - Participatory Impact Monitoring is a 4-booklet information pack which introduces a new approach to monitoring. Impact monitoring shares the philosophy of other participatory concepts and can be used in combination with them. The concept offers flexible tools that can be adjusted to the needs of each project. Copies of the package are available free of charge to organizations and individuals in the South. Contact: FAKT (Association for Appropriate Technologies in the Third World), Gansheidestra. 43, D-70184 Stuttgart, Germany. Tel: 49 711 21095-0. Fax: 49 711 21095-55.

Conference message
A booklet containing the message and acts of commitment of the Conference on World Mission and Evangelism held in Salvador, Bahia, Brazil, 24 November - 3 December 1996 is available in English, French, German, Spanish and Portuguese from Conference on World Mission and Evangelism, Programme Unit II, World Council of Churches, PO Box 2100, 1211 Geneva 2, Switzerland. Fax: 41 22 791 0361. e-mail: fch@wcc-coe.org

LETTERS
Contact in action!

As a freelance journalist and a social activist, I find Contact very useful. I read it and use it for writing articles in my local language.

As a lay health volunteer, I use Contact in the following manner:
1) Take the messages from Contact, translate into Tamil and give lectures at the health seminars/workshops.
2) Encourage the articles to be translated into Tamil and written the handwritten magazines such as Nala Malar (People's Health magazine) prepared by the grassroots groups in various places.
3) Use some ideas from Contact in my radio talk.
4) Store Contact back issues safely in our mini library for future use.

D Mathias
Vinnarasu Association of India
Mamallapuram, South India

We wish to introduce ourselves to your organization. Women Education Services (WES) is an NGO that works among the marginalized rural women of Kenya. The organization embarks on fighting poverty, illiteracy and ignorance by initiating education development, health and sanitation and population projects among women and girls with the aim of restoring dignity, security, self-reliance on the target groups. The organization's
projects are community based so that the impact can be felt at community level.

Contact will be of much assistance to WES in the following key areas of the organization’s work: initiating new projects, training, evaluation, sustainability and funding sources.

E Muthoni Munyi
Women Education Services
Nairobi, Kenya

ANNOUNCEMENTS

Pharmaceutical programme moves to Africa
The big news and real excitement here at CMC - Churches' Action for Health is the move of our dear colleague, pharmaceutical adviser Eva Ombaka, to Nairobi, Kenya.

The Pharmaceutical Programme has two main parts. The first and major aspect of the work comprises the practical support to the health work of the churches, most of which has been undertaken in Africa. Some time ago, the Pharmaceutical Advisory Group therefore decided that the programme should be based in Africa. As a result, next month Eva will relocate the programme and become Director of the Pharmaceutical Programme attached to Community Initiatives Support Services (CISS) in Nairobi, Kenya.

The second part of the Pharmaceutical Programme has been advocacy for equity and access to health care in general and the rational use of drugs in particular. These are a worldwide activities. In order that this global work can continue, Eva will continue to hold regular “think tank” meetings in Geneva with key World Council of Churches’ partners and others in Europe and elsewhere. Eva will thus become honorary pharmaceutical adviser to the World Council of Churches and maintain close contact with all of us here.

Dr Eva Ombaka, Director, Pharmaceutical Programme, Community Initiatives Support Services (CISS), PO Box 73860, Nairobi, Kenya, Tel: 254 2 729 095 or 254 2 711 416, Fax: 254 2 711 918

CMAI health scholarship
Following the media seminar, “Getting the message across” (featured on back page of Contact 152), an AHRTAG-CMAI Fellowship in Journalism for Child Health has been created. The recipient of the scholarship will research important child health issues that are commonly ignored by the mass media, for example weaning practices, health of child labourers and sexual abuse and violence against children in the home. She will travel to poor areas, identifying problems in child health, and writing articles for publication in the media.

More time please!
Due to the combination of staff cuts and a reorganization of our mailing list, we are having difficulties keeping up with all the readers’ requests. If you have asked for a change to the mailing list and you have not heard from us, please be understanding; is simply that we need a little more time than usual to meet your request.

Thank you.