IN THE MIGHTY NAME OF JESUS: FAITH HEALING AND HEALTH-SEEKING BEHAVIOUR IN GHANA

Kodjo Senah*

Introduction

This paper is informed by a social phenomenon (faith healing) that has gained frenzied popularity across the socio-economic spectrum of the Ghanaian society over the last two decades. Indeed, in many countries in sub-Saharan Africa, the situation is not different. The extent of public and private space which faith healing occupies in Ghanaian discourse and its impact on social life and health seeking behaviour are phenomenal. To discuss this phenomenon in some detail, I present below a vignette that should provide the necessary orientation to this article:

On Monday, the 20th January, 2003 a mature female student came to my office ostensibly to exchange New Year felicitations with me. She then took the opportunity to narrate in her own words, ‘what the Good Lord has done to me this new year.’ Frequently interspersing her narration with the ejaculation ‘In the Mighty Name of Jesus!’ she recounted her experiences in a two-year frantic, expensive and emotionally taxing search for a cure for her son who had developed mental problems allegedly for smoking marijuana (cannabis). And with justifiable excitement, she concluded: “As a result of months and months of prayers and dry-fasting, on New Year’s eve, my son was miraculously healed in the Mighty Name of Jesus!”

Reflecting on this encounter, especially on the level of the intensity of the lady’s conviction and also on several other claims of divine healing frequently advertised in the print and electronic media, one comes to appreciate the sociological relevance of faith healing as part of the reality of Ghanaian medical discourse. The sudden emergence of several independent churches and healing centres or camps, headed by self-appointed bishops, prophets and prophetesses, pastors, and general overseers, reflect this ‘religious renaissance.’ Faith healing has indeed, become a veritable phenomenon for the Ghanaian medico-anthropological discourse.

In any discussion on African religious beliefs and practices, Mbiti’s observation is apt: “Africans are notoriously religious. . . . Religion permeates into all the departments of life so fully that it is not easy or possible always to isolate it” (Mbiti 1975:1). For students of African societies and religions, this observation is banal.

* Dr. Kodjo Senah is a Senior Lecturer at the Department of Sociology, University of Ghana, Legon. The original version of this paper was presented at a symposium held from the 13th–14th June 2002 in the Netherlands as part of the activities to commemorate 300 years of Ghana-Dutch relations.
However, this banality assumes new dimensions and insights when cast against what one may describe as ‘religious explosion’ currently happening in Ghana. The casual observer may not fail to appreciate the considerable amount of time and money many pentecostal and charismatic (penteco-charismatic) churches, especially, invest in the media as if in a fierce competition for image-building, to out-class each other or to win more members. The streets of Accra and those of other urban centres are often awash with posters and overhanging banners inviting the public, especially the sick, to religious sessions which promise instant remedy for all manner of ailments and psychologically traumatizing problems. Throughout the week, some of these churches hold sessions in all manner of places, including forest reserves, school buildings and indeed in any open space that can accommodate at least, ten worshippers. Currently, also, inscriptions on vehicles are no longer the preserve of commercial vehicles; some elite who profess membership of these churches now stick on their vehicles glossy stickers bearing cryptic scriptural message or injunctions.¹

Classification of Independent Religious Movements

In Ghana, independent religious movements are generally known as “pentecostal” “charismatic” or “spiritual” churches. However, in academic circles they may also be referred to as “sects”, or “syncretic,” or “syncretistic” churches because of their penchant desire to combine indigenous African and Judeo-Christian rites in their liturgy. To facilitate the discussion, however, in this paper all these references may be used interchangeably.

In some works, efforts have been made to classify these religious movements. Meyer (1994), for instance, makes a distinction between spiritual and pentecostal churches. She argues that although both focus on the healing powers of the Holy Spirit, pentecostals drive away evil spirits using the Word (of the Bible) alone while spiritualists, in addition, use res sacrae—holy water, incense, bells, candles, etc. Assimeng (1981) also makes a distinction between thaumaturgical and millennial sectarian movements. Basically, the former believes in the redramatization of the pentecostal event of ‘speaking with

¹ These glossy stickers are the latest craze among the elite who belong to these sects. Some of the injunctions or prescriptions carried by these stickers include the following:

- No weapon fashioned by the enemy against me shall prevail
- I am covered by the Blood of Jesus Christ
- Satan sells pleasures but does not tell you the cost involved
- Repent, the Day of Judgement is at hand

These inscriptions are different from those on commercial vehicles not only in their form of presentation but also in their purely religious orientation.
tongues’ while the latter are oriented toward what they claim to be the impending Armageddon. For Baeta (1962), however, the sectarian liturgy exhibits some charismatica—hand-clapping, ejaculation, prophesying, falling into trance, relating dreams and visions and dancing to short-versed repetitive songs, among others. Penteco-charismatic churches may range from one-man to mega churches with thousands of persuaders. Given the variety of sub-units within the group, appropriate nomen-clature for the entire group is always problematic. Indeed, while many of these sects are overtly syncretic this may not necessarily be their defining characteristic. It may be argued that although both Christianity and Islam were alien to Africa, over time, they became more and more indigenized. Consequently, the designation ‘syncretic’ or ‘syncretistic’ reflects an ethnocentric certainty that one interpretation of a faith—whether Christianity or Islam—is merely that of the dominant orthodoxy whether this derives from Rome, Canterbury, Iran or Saudi Arabia.

With regard to these religious groups their appeals are different; and so are their methods of organization, their ancillary activities and even their specific techniques of operation. Behind these differences lie differences in theology and worldview. What they have in common is a degree of heterodoxical teaching.

The literature on African missiology or ecclesiology is voluminous. This perhaps is due to the extraordinary impact Christianity has had on the social structure of African societies (see for instance Mbiti 1969; 1975; Baeta 1968; Assimeng 1986; Pobee 1992; Hastings 1994; Kirby 1994; Meyer 2002a; Steegstra 2002). However, within African Christianity, it appears that sectarianism has receive greater attention not only because of its extraordinary impact on society but also because of its anti-establishment posture. Consequently, Buijtenhuis (1985) argues that the popularity of sectarian movements, especially among African proletarians may be explained by their ‘hidden’ political objectives. In this regard, Ranger (1986) and Schatzberg (1988) have argued that during the colonial period, these religious movements were often both anti-colonial and were concerned with internal social reform (vide Hastings 1979). In advancing this viewpoint, Mbembe (1988) contends that the current explosion of African religious revivalism is another ruse by the ordinary person to create a counter-ideology and alternative political space in response to the totalitarian ambitions of African dictators. In his view, therefore, popular religions may be a potent and overt symbol of political opposition. In a similar vein, Bayart (1993a) argues that popular religions are the ordinary person’s way of cocking a snook at authority. Baeta (1962: 128), however, debunks the religio-political nexus hypothesis when he concludes: “There is no evidence that anti-European or anti-Western feelings played a role in their (sectarian movements) origin.”

While the religio-political nexus hypothesis may have limited application, in reality, the perspective is problematic if not overly reductionistic. Indeed, while the dividing line between politics and other
social activities is clear-cut, at least, from the social sciences perspective, it is not quite so easy to put reality into such discrete intellectual discourse. Not least of the problematics is the difficulty in telling where "religion" ends and "politics" begins. Thus, from the perspective that such religious groups often involve a pot-pourri of motivations which defy easy and precise pigeon-holing, it is more prudent to argue that most Africans regard themselves as religious people believing in a God and or gods who supervise their activities. Consequently, they see religion as a vehicle to improve their mundane positions. Therefore, in discussing sectarianism within the ranks of the Evangelical Presbyterian Church in Ghana, Meyer (1999) contends that religious sects are a form of appropriated version of christianity that takes into account the existence of evil spirits/demons and thereby provide practical means to fight evil in order to make sense of people's religious experiences. In a related way also, Meyer (2002b) explains how religious sects in Ghana have reconstructed imagery of modernity by emphasizing on high mass consumption as a sign of divine blessing. In this regard, popular religion is basically materialistic and, therefore, quite distinct from the pietistic and ascetic orientation of Weberian Calvinist ethos. For Sackey (2002), however, these movements are a means by which Ghanaian women can improve their social status in society and negotiate their many social and health problems. Commenting on the globalization efforts of urban pentecostalism, van Dijk (1997) has described urban sects as a window to the world to the extent that they offer their youth members international network of contacts in order to facilitate their migratory ambitions.

**Faith Healing**

Although healing activities occupy a significant portion of the liturgy of religious sects, the phenomenon has received surprisingly little attention in scientific studies. It is equally surprising that anthropologists have so far paid little attention to it, perhaps, regarding it as an *obiter dictum*, a passing craze. This attitude may be due, in part, to their fixation with British anthropological tradition that invariably reduced African therapeutic systems to witchcraft, sorcery and magic. In this regard, many anthropologists still tend to reduce discourses on African healing systems to an unequivocal opposition between "modern" or "scientific" medicine and "traditional" or "alternative" medicine even when local discourses hardly support this opposition.

In this paper, therefore, the attempt is to situate faith healing within the perspective of Critical Medical Anthropology — a perspective that attempts to understand health issues within the context encompassing political and economic forces that shape social behaviour, pattern human relationships and situate cultural meanings (Singer 1992). Within this perspective, therefore, one may undertake multi-level analysis by contextualizing faith healing within the macro and micro forces in the society.
Historical Origin
An adequate understanding of the role and place of penteco-charismatic churches in the social life of Ghanaians requires a brief insight into their origin in this country. The father of Ghanaian pentecostalism is said to be a Liberian, Prophet William Wade Harris, who was imprisoned in his country for preaching a wholesale apocalyptic upheaval for a fairer reconstruction of society. On his release, he undertook a prophetic journey and evangelized many villages in Liberia, La Cote d' Ivoire and western parts of the Gold Coast around 1914. In the Gold Coast, his first two converts were Grace Tani, a native of Ankobra Mouth, and a former priestess of the Tano Shrine and John Nackabah of Essuawua, near Enchi. Today, the Twelve Apostles and Nackabah churches, the forerunners of Ghanaian pentecostalism, claim their origin from these early converts and both have considerable following, especially, in the Central and Western regions of Ghana. Another group of considerable importance in early Ghanaian pentecostalism is the Musama Disco Christo Church (the Church of the Army of the Cross of Christ) founded in 1920 by Jemisemihan Jehu-Appiah and his wife, Hannah Barnes (later known as Akatatibi Jemisemihan Jehu-Appiah). Originally called the Egyedilo Kw (Faith Society) the name was changed to Musama Disco Christo Church reportedly through spiritual revelation. What is remarkable about this group is its theological orientation that combines Old Testament rituals with New Testament teachings. For instance, the church practices what it calls “controlled polygyny” and uses candles and incense in prayers. Also worshippers venerate the “Ark of Covenant” built by the founder. Like the others, Musama Disco Christo Church has considerable following in the Central and Western regions. It was from these early beginnings that pentecostalism spread through much of southern Ghana. Until about the 1960s, pentecostalism seemed to have appealed essentially to Ghanaians who could be described as culturally uprooted and who faced a shock as a result of the rapid social and political changes following Ghana's attainment of political independence in 1957 (Assimeng 1981). In this vein, Wilson (1961) describes pentecostalism as predominantly the religion of the working class and the poor. In spite of the apparent growing economic affluence of the immediate post-colonial years, there were many who found themselves relegated to positions of economic and status inferiority, whose aspirations and social mobility had not been fulfilled or whose vision of the world and daily social experiences had been jaundiced by the process of social change from which they had gained little (Assimeng 1981). Thus, perceived material deprivation, differential acculturation or deprivation of social and psychic assurance might have occurred to many. These, as Glock (1964) has argued, were equally significant factors in the emergence of sectarian groups in the immediate post-colonial era. Thus, from the large army of deprived urban dwellers, sectarianism made steady progress into the post-colonial period. In 1955, Acquah
Legon Journal of Sociology Vol. 1, No. 1

(1958) found only 17 independent churches in the Gold Coast. However by 1970, Opoku (1970) recorded 300 of them, while in 1989, Assimeng (1989) counted 500. Today, there are thousands of them across the length and breath of the nation. In this regard some social commentators have observed — albeit cynically — that pentecostalism is the most vibrant industry in Ghana. This is because in addition to the rapid numerical growth of these sects, many of its leaders, formerly of relatively low social standing have suddenly assumed flamboyant life styles. Many people are also employed in the ecclesiastic bureaucracy while several local musicians have become ‘gospel musicians or singers’ in response to current market forces. The popularity of penteco-charismatic churches is not reflected in the high demand for gospel music only; the 2000 Population and Housing Census figures show that pentecostal and charismatic persuaders constitute the largest religious denomination in Ghana (24.1 per cent). In support of this, The Spectator (September 14–20, 2002) reported that between January and June 2002, the Registrar General’s Department registered as many as 160 new churches.

The Popularity of Faith Healing

In all social contexts, ill health is a fact of life; in its severe form, it is expensive and disruptive for the sick person, his relations and the society. Thus from the Parsonian perspective the sick role must be legitimised in order to obligate the sick person to seek competent help so as to address the problem. The crucial issue, however, is that healing is a cultural process based on the philosophical reconstruction about diseases, their causation and modes of treatment. Twumasi (1974) has alluded to this in his critique of the universal applicability of the Parsonian sick-role concept. As he has argued, the legitimacy of the sick role is culture-bound to the extent that in the Ghanaian context, in certain cases, some people are denied legitimacy of the sick role because they are said to be responsible for their own health problems. The critical role of culture in matters of health cannot, therefore, be gainsaid. In this regard, situational interpretation is a hermeneutic process and common sense has a cultural dimension. This then is one of the tripods of faith healing.

In Ghana, faith healing takes many forms. Basically, however, it is effected through prayers or through a combination of prayers and the use of certain holy objects — candles, holy water, incense, cross, etc. Residential healing may also involve cultic séances such as mid-night bath in the sea or river or the performance of certain nocturnal rituals in the cemetery or in the forest. Healing may be obtained from episcopi vagantes (wandering preachers) or from prophets or prophetesses or pastors attached to identifiable locations. The latter are assisted in the exorcism by a cadre of ‘prayer warriors.’ In some cases, the afflicted are made to go through pre-exorcism rituals such as a long period of fasting and or face-to-face interviews. In some cases also the patient is taken through a lengthy questionnaire. Indeed, responses to intimate and probing questions in such
questionnaires amount to catharsis.²

As in shrine healing, pastors, prayer warriors, and the sick and their relations who accompany them may observe similar rituals (as revealed in the vignette). This shared or collateral ‘suffering’ is important in indigenous psychotherapy. As Twumasi (1975), Lambo (1963) and Kleinman and Sung (1979) have shown, this is one reason why indigenous healing succeeds where allopathy fails.

Since the 1990s, following the liberalization of the media, the electronic media, especially, have become important not only for news, education, and entertainment but also for healing. Characteristically, after a preacher has completed his or her dawn radio session he/she invites listeners with various ailments/problems to call the radio station or the preacher’s cell phone for instant cure: In the case of physical ailments, callers are then asked to place their hands on the affected part of the body after which vigorous prayers are said by the preacher. Thereafter, the caller is asked whether or not his/her condition has improved. If the response is negative he/she is asked to meet the preacher at an appointed time and place (often the church premises) for more vigorous prayers. Those who receive instant healing are equally invited to join the church. Sackey (2002) calls this teletherapy, ‘healing by remote control’. It is basically healing from afar in which the healer and the sick have no direct contact except through prayers transmitted through radio waves and at times, letters. The impression one gets is that many of these churches recruit their membership not only by word of mouth but also through teletherapy.

Perhaps, of great interest also is the scope of health and psycho-social problems

² Since the orientation of the entire therapy management process is to disentangle or dissociate the supplicant from his/her past considered demonic, efforts must be made to unearth all personal and past elements in the supplicant’s life likely to mitigate the exorcising process if these remain undiscovered. Hence, the probing questions. Stated below are some of the probing questions contained in a questionnaire of one of the charismatic churches:

- Has your name any special meaning?
- Mention any previous religious worship of parents, such as names of spiritual churches, secret societies, lodges, fetishism, occult worship, etc.
- Are there any incisions/cuts on your body? If yes what is supposed to be their meaning or significance?
- Mention names of family shrines
- Mention names of ancestral stools
- Any chieftaincy palaver in your family?
- Mention any fetish or native clinic attended, reasons for going there and objects used on you or processes you were made to go through and rituals you had to perform.
- Do you experience nightmares in which you are being pursued by masquerades, animals, or in which you are falling from a precipice or a ditch?
- Do you ever dream of attending regular meeting somewhere with some people?
presented at the healing encounters. A rough statistical analysis of health cases presented at most of the dawn teletherapeutic encounters shows that most of the cases are chronic, weird, and non-incapacitating. In analyzing the cases presented at the Edumfa Spiritual Revival and Healing Centre in the Central Region, Sackey (2002) derived the following information captured in Table 1 (below).

In another instance, van Dijk (1997) reports of his experiences at a residential prayer camp on a hilltop at Ablekuma in Accra:

The secretary of the camp showed me the book covering the period from 17-6-1995 to 7-11-1995; it contained 1,128 entries. For each entry the reason for admission was recorded in categories such as severe marital problems, birth, barrenness, weak penis, business and business protection. For 125 persons, however, I found entries such as “travel,” “passport,” and “visa.”

Although the data in these findings appear out of date, the usual dawn teletherapeutic encounters support the view that not much has changed over the years. More importantly, these findings speak volumes about the types and magnitude of problems sent to sectarian churches. From another perspective however, this ‘epidemiological profile’ is not radically different from what obtains at shrines of tutelar gods around the country. Indeed, in her ethno-psychiatric study in rural Ghana, Field (1960) found similar profile. However, while the data did not show what alternative healing systems had been employed in the search for health and security, it is very probable that some of

| TABLE 1 |
|------------------|------|------|------|------|------|------|------|
| Sexual Weakness | 71 | 59 | 12 | 14 | – | 12 | 168 |
| Menstrual Problems | 681 | 89 | 19 | 73 | 3 | 95 | 960 |
| Visa | 52 | 87 | 317 | 233 | 1,112 | 994 | 2,795 |
| Child Bearing | 179 | 272 | 2,118 | 79 | 172 | 95 | 2,915 |
| Deafness | 14 | 9 | 3 | 8 | – | 12 | 46 |
| Dumbness | 3 | 13 | 2 | – | – | 3 | 21 |
| Leprosy | 18 | 7 | 7 | 9 | 17 | 3 | 61 |
| Stroke | 7 | 21 | 12 | 7 | 3 | 2 | 52 |
| Witchcraft | 113 | 712 | 81 | 87 | 94 | 107 | 1,194 |

Source: Sackey (2002).

The questionnaire concludes: Thank you, may the Lord God Almighty deliver you from the snare of the fowler, and may He cover you with His pinions. AMEN!!!!
the sick persons had done some “health shopping” in harmony with the expectation in a medically plural social system supported by popular imagination and discourse that find the apparently contradictory ‘shopping units’ a logically coherent system along a medical continuum. Consequently, it may be opined that for many, a faith healing center is not radically different from a shrine of a god/goddess; they are both used to achieve the same objectives — prosperity and personal well-being.

Sackey’s data (Table 1) bring up another phenomenon of relevance to this discussion — witchcraft. Problems of witchcraft constituted the third largest after those of infertility and visa. Witchcraft beliefs and practices in Africa have been the past time of many anthropologists (see for instance, Evans-Pritchard 1937; Ward 1956; Debrunner 1959; Field 1960; Jahoda 1970; Assimeng 1977). Some of these works have been sympathetic to believers in this phenomenon while others have not. This, notwithstanding, witchcraft beliefs persist even within contemporary urban populations but have received little new and fresh insight from academicians, clinicians, judicial and theological scholars. Perhaps as a start, it must be appreciated that witchcraft beliefs and practices afford a striking insight into the structure of people’s cosmology; it provides them a *modus vivendi* as they negotiate their morbid fears and wish-fulfillments in contemporary society. It is in this regard that Geschiere (1997) suggests a perspective that focuses on the “modernity of witchcraft.” In this regard, witchcraft is both a resource for the powerful and a weapon for the weak against inequalities. It is real to the extent that it is a discourse — real to those who use it and each discourse contains its own reality.

It is a medical-anthropological truism that in choosing a health care facility, a patient more or less accepts *a priori* the mode of therapy management of that healing regime. In this respect, in sectarianism, the diabolization of the healing process in which the devil/demon is driven away makes sense to the sick whose etiological repertoire includes evil forces. When such forces are driven away by a superior power, the ‘blood/ name of Jesus’ or the Holy Spirit, the patient is literally disentangled from his/her past; he/she becomes a ‘born-again’ having broken with the past associated with evil.

In discussing the popularity of faith healing, it may appear rather simplistic and reductionistic to arrest the discussion at the level of diabolization. It may be opined then that the type of somatic health problems presented at healing centres are generally those described in popular discourse as ‘non-hospital diseases’. Medically, most of these are cases that require long and specialized care. However, under the present cost-recovery measures of the Ministry of Health, these conditions are expensive to treat. It must be noted that the rapid growth of religious sects especially from the 1970s, coincided with a period of extreme national economic and political difficulties culminating, among others, in the decline in the quality of almost free services offered in public health institutions. One of the radical measures
to arrest this situation was the introduction of cost recovery measures in 1985. Studies have shown that while these measures have saved the public health care system from near total collapse, level of utilization of health services has gone down (Waddington and Enyimayew 1989; 1990). The popularity of faith healing, it is argued, is therefore, enhanced by the financial and geographical inaccessibility of public health centres. Indeed, from my own studies, it has been found that it costs not less than €8 million (approximately $890) for a patient to undergo hysterectomy at the Cardio-Thoracic Unit of the Korle-Bu Teaching Hospital. On 6th December, 2001, The Ghanaian Times also reported the death of a patient at the Korle-Bu Teaching Hospital because her relatives could not pay a deposit of €8 million demanded before the commencement of an operation to correct chronic renal failure. These charges are demanded in a situation where the Ghanaian worker earns a legal daily minimum wage of about one American dollar. Therefore, for many people with such conditions but without any financial support, free faith healing is an attractive option. Thus, as Elinson (1965) has observed of pentecostalism, the reliance on miracles makes it possible for people who can objectively do relatively little for themselves in worldly efforts to seek by spiritual means health and wealth.

Conclusion

The focus of this paper has been to situate faith healing within the cultural and economic milieu of the society. In Ghana, as in most sub-Saharan African countries, the gift of divine healing has been popularly embraced not only because indigenous religions are themselves strongly thaumaturgical, instrumental and dramaturgical but also because such healing reflects the structure of the individual’s pocket budget. In Ghana where public health facilities are few and poorly distributed and where people pay for low quality services, free faith healing is an attractive option, especially in cases of chronic and degenerative health conditions. It will be wrong, however, to assume that faith healing will vanish simply with qualitative and quantitative improvements in public health services. As Swift and Asuni (1975) have observed, but for these sects the mental hospitals and indeed the national health care system would have collapsed under the weight of sheer workload. Thus, rather than see them as nuisance, something to be wished away, it is proposed that these penteco-charismatic churches are seen by other health stakeholders as important allies in the fight against diseases and psychosomatic problems in Ghana. They, at least, provide a window through which people’s unmet health and psycho-social needs may be appreciated (Sackey 1999). To reiterate the core point in this discussion, to a large extent, healing is a cultural process (Kleinman 1980). However, this process is mediated by a plethora of socio-economic and psychological variables. It is in this regard that in the Mighty Name of Jesus, faith healing makes sense. For, as Shakespeare has advised in *Hamlet*, there is a system in every madness.
In the Mighty Name of Jesus: Faith Healing and Health-Seeking

References


