

African Healing Shrines & Cultural Psychologies

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**African Healing Shrines
and Cultural Psychologies**

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African Healing Shrines, Contextualised Therapies and Specialisations

Nathan Chiroma

Introduction

Throughout history, the quest for healing and wholeness outside conventional medicine has been a practice embraced by many. Medical pilgrimages outside of conventional hospitals were common practice in various eras in history. People travelled far and wide in the quest for healing in what is described as holy places such as shrines, prayer houses, monasteries and other locations. In Africa, the practice is not only gaining attention, but it is gaining more popularity, as a momentous social, spiritual and psychological issue. The existence of healing shrines and prayer houses are increasingly becoming popular, and many emerging themes and trends are adding new dimensions to the quest for healing and wholeness. One of the major emerging phenomena is that of specialisation. It is argued that specialisations are rooted either in heritage or calling as in the case of prayer houses. Specialisations are proving to be an important element in the healing sites. Specialisation in this context refers to the concentration on the healing of one or two ailments in a particular healing site. The focus of this chapter is to consider the dynamics of specialisation, especially as it occurs in healing shrines and prayer houses. Whereas healing shrines and prayer houses have been extensively studied in Africa, the aspect of specialisation has not received much attention among scholars. Specialisation as used in this chapter focuses only on one or two illnesses in a given healing shrine or prayer house.

African Healing Shrines and Christian Prayer Houses

The place of healing shrines and prayer houses in Africa cannot be overemphasised. Healing shrines and prayer houses are contributing immensely in the healing and wellness topologies in Africa. Toonkin¹ argues that the socio-religious values of healing shrines and prayers houses are part and parcel of identity among the African people. He further articulates that most Africans believe in the existence of deities and spirits that can be consulted when one is in danger or sick. Contrary to many Western assumptions, healing shrines are

¹ Elizabeth Tonkin, "Consulting Ku Jlople: Some histories of oracles in West Africa," *Journal of the Royal Anthropological Institute* 10 (2004), 539–560.

not always associated with evil spirits. Hence, the definition of “shrine” has attracted various definitions in the African context. Van Binsbergen defines a shrine as an “observable object or part of the natural world, clearly localised and normally immobile”, and “a material focus of religious activities”.² Healing shrines exist to cater for the physical, emotional and psychological needs of their various communities. They function as a bedrock in offering not only physical healing but also emotional and psychological support to people in need. Traditionally, regardless of the varying topologies of healing shrines, they still serve distinctive functions and purposes in the traditional African society.

Healing shrines are often perpetuated through a lineage or dynasties because of their unique nature. These unique practices are often passed from one generation to the other through mentoring and an apprentice model. While there has not been an immense amount of scholarship on specialisation of healing shrines, it has recently become a focus among some scholars and has not been entirely ignored historically. Several studies have documented the activities of healing shrines in Africa. It must be noted that healing shrines are not a unified healing system but vary from culture to culture and from region to region. Healing shrines seem to be more organised in some cultures and some countries when compared to others.³ In this regard, Yeboah argues that it is apparent that healing sites are well organised and established in countries such as Nigeria and Ghana.⁴ From the foregoing, we can conclude that healing shrines are very ingenious and play a pivotal role in many spheres of the people’s lives since they are “medical knowledge storehouses”.⁵ Additionally, custodians of healing shrines (the healers, the diviners) provide central roles as custodians of traditional culture, cosmology and spirituality.⁶

Prayer houses, just as healing shrines, contribute to the healing and contours in Africa. The advent of prayer houses as healing sites can be traced back many centuries. The idea that prayer, miraculous intercession, the ministry of a pastor or a healing site can cure illness has been prevalent throughout history. Kihuha⁷ adds that prayer houses are an integral part of the African people because of their

² W.M.J. Van Binsbergen, “Explorations in the history and sociology of territorial cults in Zambia,” In *Guardians of the land*, ed. J.M. Schoffeleers (Gweru: Mambo Press, 1979), 47–88.

³ Abayomi Sofowora, *Medicinal plants and traditional medicine in Africa* (Karthala, 1996), 49. See Sofowora A. “Research on medicinal plants and traditional medicine in Africa.” *The Journal of Alternative and Complementary Medicine* 2(3) (1996): 365–372.

⁴ See Theophilus Yeboah, “Improving the provision of traditional health knowledge for rural communities in Ghana,” *Health libraries review* 17, no. 4 (2000): 203–208.

⁵ Yeboah, “Improving the provision of traditional health knowledge,” 203–208.

⁶ See Edward Mills, *et al.*, “Traditional African medicine in the treatment of HIV,” *The Lancet Infectious Diseases* 5, no. 8 (2005): 465–467.

⁷ See Martin Kihuha, “Shrines of the land,” *Journal of African Studies* 43 (2013): 47–57.

religious nature. Africans as alluded by Mbiti⁸ are notoriously religious, and that religiosity is seen in all the various facets of life but more importantly in the quest of healing and wholeness. To this Edwina Ward rightly observes that:

For African people life is a continuum of social, cosmic, personal and communal events. When one breaks the moral codes of society then the ties between oneself and community are also fragmented. Thus in the case of illness it is not the individual who is seen as needing healing but the broken relationships which needs to be healed. The Western mind remains individualistic and views the problem as physical or emotional and needing the healing of modern medicine.⁹

Hence, prayer healing sites are part and parcel of most African communities. The advent of prayer houses as healing sites dates back to the time of monasteries. These developments gave birth to medical pilgrimage, where people travel for many kilometers to visit such prayers houses in the quest for healing and wholeness.

Portfield notes that during the medieval era, several monasteries claimed miraculous healing powers through prayer and other rituals.¹⁰ In Africa, several factors could be attributed to the rise of prayer houses as healing sites. First, the emergence of new charismatic movements championed the popularity of prayer houses. Vahakangas suggests that charismatic movements with roots from the West came with a brand of Christianity that was offering help to every situation in life ranging from sickness, misfortunes and even poverty.¹¹ Some of these movements and churches often refer to their church as "healing centres", miracle centres, etc. The proliferation of these movements gave birth to ministries that turned into prayer houses and are focused only on healing and wholeness of different forms of ailments.

Second, the state of desperation and hopelessness found in the economic, social and psychological realities in most African societies contributed to the growth of prayer houses as healing sites. This desperation and hopelessness lead many individuals in search of a place of solace. Prayer houses became the first of point of contact because they were affordable and are also not just providing physical healing but also emotional hope. This sits well with many Africans because of their religiosity and the belief that prayers offered to God have a way of not only healing but also restoring hope in midst of all the afflictions.

Third, the failure of modern/conventional medicine also contributed immensely in the rise of prayer houses in Africa. Prior to the emergence of

⁸ John S. Mbiti, *African Religions and Philosophy* (Nairobi: Heinemann, 1969), 240.

⁹ Edwina Ward, "Similarities and Differences in Cross-Cultural Pastoral Supervision," *Journal of Theology for South Africa* (July 2002), 51-64.

¹⁰ Amanda Portfield, *Healing in the History of Christianity* (Oxford: Oxford University Press, 2005).

¹¹ Auli Vahakangas, *Christian couples coping with childlessness: Narratives from Machame, Kilimanjaro*. Vol. 4 (Portland, Oregon: Wipf and Stock Publishers, 2009).

conventional medicine like hospitals and clinics, African had various methods of healing and wholeness. Healing shrines, traditional healing centres, were available to people when it came to issues of illnesses and sicknesses. Those centres were the only source of medical care for a greater proportion of the population.¹² Arguably, in most African communities, the healing sites were known for treating patients holistically.

However, with the advent of conventional medicine during the missionary and the colonial era, attention was shifted from healing sites to hospitals and clinics. Many scholars have argued that colonialism and Western imperialism contributed immensely to the decline of healing towards conventional medicine. For example, in South Africa, Abdullahi argues that:

...a century of colonialism, cultural imperialism and apartheid in South Africa have held back the development of African traditional health care in general and medicines in particular. During several centuries of conquest and invasion, European systems of medicine were introduced by colonizers. Pre-existing African systems were stigmatized and marginalized. Indigenous knowledge systems were denied the chance to systematize and develop.¹³

Furthermore, in countries like Nigeria, Kenya and Ghana, traditional healing sites were banned by missionaries and colonial masters, leading to a total dependence on conventional medicine. Kibicho narrates that Western missionaries in various parts of Africa brought with them their teaching that not only challenged but also condemned the African traditional methods to healing and wholeness.¹⁴ One of the major reasons for this condemnation could be attributed to the understanding of traditional healing by the Western missionaries, which often confused it for witchcraft.

Over the years, with population growth, economic inequalities and accessibility, many Africans could not afford basic healthcare from the hospitals and clinics, and even for those who could afford, they began to lose faith in the professionalism of the healthcare given. Hence, many resolved to use other, cheaper means of treatment, and prayer houses started to be one of the major options for many. Additionally, some of the medical practitioners in hospitals and clinics started attributing some illnesses to spiritual forces and began to recommend their patients to visit prayer houses.

¹² Nancy Romero-Daza, "Traditional medicine in Africa," *The Annals of the American Academy of Political and Social Science* 583, no. 1 (2002): 173-176.

¹³ Ali Arazeeem Abdullahi, "Trends and challenges of traditional medicine in Africa," *African journal of traditional, complementary and alternative medicines* 8, no. 5S (2011): 115-123.

¹⁴ Samuel G. Kibicho, "The continuity of the African Conception of God into and through Christianity: a Kikuyu case-study". In Fasholé-Luke, Edwards *et al.* (eds). *Christianity in Independent Africa* (London: Rex Collings, 1978), 370-388.

Specialised Healers in African Shrines and Christian Prayer Houses

Ancient history has revealed the existence of healing specialisation among various healing sites, especially in the healing shrines. For example, Nolan and Nolan highlight that specialised healing shrines and Catholic prayer houses were found all across Europe during the medieval era.¹⁵ Many miraculous healings were reported among the adherents of healing shrines and prayer houses to the point that they became more popular than hospitals, and other clinics were lacking patients coming for treatment. With this influx, it gave birth to specialisation across many healing shrines and prayer houses. The dynamics of this specialisation found in healing shrines and prayer houses is particularly of interest because of the growth of numerous healing shrines and prayer houses.

In the last few decades, concentration in healing sites and specialisation has increased drastically, especially as evident in the search for healing and wholeness and the lack of trust that it has generated for hospitals and conventional medicine in most African communities. Insoll contends that healing shrines and prayer houses, of which there were many types, specialised according to their heritage, talents and in some instances, what is described as calling.¹⁶ The vast majority of the literature regarding specialisation in healing sites deals with specialisation regarding the methods used in the healing and wellness process.¹⁷ This chapter reveals that specialisation in healing shrines and prayer houses is beyond just methods but also the different forms of illnesses and diseases. It must be noted that it is not in the scope of this present study to discuss the various forms of specialisation, but a few will be highlighted that will shed adequate light on the dynamics of specialisation in healing sites.

Emerging Patterns of Specialisation among African Traditional Healers

Drawing from the findings of our study, specialisation in healing shrines is making a tremendous contribution in the healing and wholeness contours in modern Africa. Mashabela articulates that specialisation among healing shrines is thriving and competing highly with conventional medicine and hospitals.¹⁸ The study further reveals that there are key areas where specialisation in healing

¹⁵ Mary Lee Nolan, and Sidney Nolan, *Christian pilgrimage in modern Western Europe* (UNC Press Books, 2018), 36.

¹⁶ See Timothy Insoll, "Shrine franchising and the Neolithic in the British Isles: some observations based upon the Tallensi, northern Ghana," *Cambridge archaeological journal* 16, no. 2 (2006), 223.

¹⁷ See Adam Ashforth, "Muthi, medicine and witchcraft: regulating 'African science' in post-apartheid South Africa?" *Social Dynamics* 31, no. 2 (2005): 211-242. Philip M. Peek, ed. *African divination systems: Ways of knowing* (Georgetown University Press, 1991).

¹⁸ See Kenkeno James Mashabela, "Healing in a cultural context: The role of healing as a defining character in the growth and popular faith of the Zion Christian Church," *Studia Historiae Ecclesiasticae* 43, no. 2 (2017): 1-14.

shrines is famous and competes highly with conventional medicine, including orthopaedics, psychiatry and mental illness, fertility, cancer, and sexually transmitted diseases (STDs). For example, there are healing shrines whose main healing functions are focused on dealing with psychiatry; that is, they provide healing for those who are either mentally or emotionally unstable. In regards to healing shrines, Mashabela argued that much of the prognosis in healing shrines is either done with the aid of spirit mediums, through divination of some sort or prayers of deliverance in order to get to the bottom of the cause and cure of the illness.¹⁹ This is true of both the prayer houses and healing shrines.

Additionally, healing shrines that deal with psychiatric disorders employ various means of healing that include divination, herbs, and sometimes extreme measures as described extensively by Ajima and Ubana.²⁰ Traditional psychiatrists are those in African traditional medicine that specialise in the treatment of mental disorder. They treat mental disorders by restraining violent patients with either wooden shackles or chains as a means to control patients that are possessed with demonic spirits. In most cases, patients are caned or beaten to submission or given herbal hypnotics or highly sedative herbal potions to calm them. They combine both physical strategies and techniques as a means through which the healing of their patients is attained. Most psychiatric hospitals recommend traditional psychiatric treatment in cases they cannot handle. The efficiency of the traditional psychiatrist in the African society tells more of its usefulness and as a reasonable alternative even to the orthodox psychiatric hospitals. Shrines specialising in mental illness have earned trust and respect among many African communities. This not just because of the history of healing successes but also because of the emotional and psychological support they provide to the family of those affected.

Historically, this specialisation in mental illness has been attributed to either direct communication with the ancestors, training and in some cases initiation, and it has been passed down from one generation to the other over the years. Vusumzi argues that some people are born with the natural ability to heal certain illnesses, while others inherit from their parents who were healers in that particular specialised illness.²¹

The other undivided field of specialisation among healing shrines that is thriving and competing with conventional medicine is in the area of orthopaedics, or bonesetters as they are often called in many African communities. These healing shrines specialise in people who have broken bones, dislocation and any other illness related to the bones. They are deft in the art with

¹⁹ Mashabela, "Healing in a cultural context, 1-14.

²⁰ Onah Gregory Ajima, and Eyong Usang Ubana. "The Concept of Health and Wholeness in Traditional African Religion and Social Medicine," *Journal of Public Health* (2018), 340-345.

²¹ Gumedde Mordecai Vusumzi, *Traditional healers: a medical practitioner's perspective* (Skotaville, 1990), 50.

a combination of herbs, divination and oftentimes traditional sacrifices to gods and other inherited deities. According to Mokgobi,²² these healing shrines are famous with the people, especially in cases where there is delay or lack healing in standard orthopaedic hospitals. Amanze adds that patient relations often take the initiative of taking their sick relations from hospitals to healing shrines that deal with bone related cases.²³ However, sometimes the hospitals do referrals to the orthopaedic healing shrines.

Our study found out that some cases that were referred by conventional hospitals to the orthopaedic healing shrines were successfully dealt with at the healing shrine, and the people were fully restored, while others have resulted in various difficult consequences such as gangrene and amputation because of various infections that the orthopaedic healing shrines were not trained to notice or handle. In such cases, many resulted to accept their realities and live with the consequences without blaming or accusing the healing shrine of any ill. This is because, according to A.M. Udosen *et al*,

...[t]raditional bone setting is highly valued among Africans, although it is associated with severe complications, such as pain, gangrene, malunion, nonunion, joint stiffness and infections, people still prefer this method of treating fractures and dislocation.²⁴

In recent years however, according to our study, the orthopaedic healing shrines have introduced natural painkillers from herbs in order to help their patients cope with severe pain. Similarly, our study also discovered that some of the orthopaedic healing shrines have discovered natural remedies for opportunistic infections, using turmeric and other related herbs. Our study found that it is often the relations of the sick patients that take them to go to orthopaedic healing shrines, or at times doctors at the hospital refer their sick clients to traditional orthopaedic hospitals because they think they mend bones better than hospitals.

Another category of specialised healing shrine in Africa according to our study is that of fertility. These healing shrines deal only with women that are classified as barren in most African communities because of their inability to give birth to children. Barrenness in traditional Africa is often seen as a curse. Methuselah put it well that:

[b]arrenness is viewed as a curse and a woman who suffers such is treated with contempt, disdain and the lowest form of respect is accorded her. Among the

²² See Moboe Mokgobi, "Understanding traditional African healing." *African journal for physical health education, recreation, and dance* vol. 20, Suppl 2 (2014): 24-34.

²³ Amanze Effiong. "Cultural and religious experiences of patient relatives in traditional healing," *Journal of African Traditional Medicine* 74, no. 8 (2007): 56-60.

²⁴ A.M. Udosen *et al*, "Role of traditional bone setters in Africa: experience in Calabar, Nigeria," *Ann Afr Med* 5, no. 4 (2006): 170-173.

Yoruba like many other tribal nationalities in Africa, barren women are referred to as Agon meaning "to hold in contempt".²⁵

Motherhood bestows great honour to a woman in Africa, hence, to live without a child is often accompanied by shame and guilt. Okome²⁶ affirm[s] that "motherhood is very important in all African societies" because of this fear of guilt and shame, so women go to any extreme in search of the precious gift of a child they will call their own. Vahakangas points out that "[t]he extremely harsh language used regarding women who do not conceive brings shame on the stigmatised wife."²⁷ Additionally, Kimathi²⁸ articulates that because in Africa a woman's glory is crowned in childbirth, this notion puts a lot of women under much pressure in pursuit of a child.

In their pursuit of children in order to overcome guilt and shame, women patronise these healing shrines that offer promises of fertility. Many of these healing shrines are thriving despite the advent of fertility drugs found in conventional hospitals. This is so because as stated above barrenness is often seen as a curse and therefore has some connections with some divinities. It is interesting to note that this study found out that some cases of barrenness have come out successfully after the intervention of the local healing shrine, while others have resulted in some of the women becoming wives to the priests at the healing shrine. These healing shrines use various methods in helping their patients.

First some of the healing shrines use local herbs only without sacrifices or divinations. Those who use these methods, believe that herbs are given by God and are useful for any form of ailment. More importantly, they argue that herbs have life and therefore are able to give life. A study conducted in South Africa by Steenkamp²⁹ reveals that 156 plant species distributed in 73 plant families are documented as being used by specialised healing shrines in South Africa to treat gynaecological conditions and infertility. Our study reveals that many of the herbs are quite similar in many parts of Africa with different names in different communities. As it is in other areas of African healing shrines, these healing shrines have records of success and failures.

The second method used among these specialised healing shrines in regards to fertility is water. Healing shrines that specialise in fertility use water as a major source of healing. Our study reveals that the water, however, must be from a

²⁵ See Jeremiah, Methuselah. "Fecundity, barrenness and the importance of motherhood in two Nigerian plays," *Int J Humanit Soc Sci* 4 (2014): 213-21.

²⁶ M. O. Okome, "Gender, Globalization, Cosmopolitanism and Hybridity," in *Jenda: A Journal of Culture and African Women Studies* (2001): <http://www.jendajournal.com>

²⁷ Vahakangas, *Christian couples coping with childlessness*, 15.

²⁸ Gordon Kimathi, "Your marriage and family", *Institute for Reformational Studies*, Potchefstroom (1994), 29.

²⁹ Vanessa Steenkamp, "Traditional herbal remedies used by South African women for gynaecological complaints," *Journal of ethnopharmacology* 86, no. 1 (2003): 97-108.

flowing stream, not just water from anywhere. Rinne has discussed extensively the use of fresh and flowing water in the quest for fertility among healing shrines.³⁰ His findings reveal that flowing water is considered as the most unadulterated water, and thus, flowing water is viewed as more suitable for holy practices such as treatment of infertility. Our study reveals that stagnant water is never used for healing purposes. There are other aspects related to flowing water, such as the origin of the water, which are very important. The use of water in specialised healing shrines for fertility also differs. For example, in some healing shrines, the women will be asked to drink the water regularly at a prescribed time. Other healing shrines will ask the women to use the water to birth at a certain place and at a certain time, while others will combine both the two instructions.

Another important method in the treatment of fertility is the combination of various herbs, divination and sacrifices to the female gods that are considered to be responsible for the cure of barrenness. In such shrines, the women would be asked to bring certain elements for the sacrifice, like cola nuts, a particular kind of chicken, a certain type of clothing, strong drink (gin) and other prescribed elements as would be needed by the healing shrine. The elements are considered to be libations and offerings to the gods, who would in turn consider the plight of the woman and grant her children. From our study, it is clear that specialisations in healing shrines are not only a reality, but they are key players in the healing and wellness contours of the African continent. The question still remains, how can the knowledge and practice of these specialised healing shrines be tapped towards a more organised and responsible practice. Many countries such as Nigeria, Ghana and South Africa have championed the professionalisation of these specialised healing shrines, but it is evident from our studies that a lot needs to be done in order to publicly affirm the healing practices of these specialised healing shrines.

Emerging Patterns of Specialisation among Christian Healers in Prayer Houses

From our study, it also became very clear that just as there are specialisations in healing shrines, a similar but altogether different kind of specialisation is also happening in Christian prayer houses. As noted earlier, the Christian prayer house is not a new phenomenon in the world but more particularly not in Africa, especially when it comes to healing and wholeness. The religious nature of Africans encourages the emergence of Christian prayer houses of different kinds. Healing and wholeness in Africa are linked to religious belief and practices, and such Christian prayer houses have contributed to the field of healing and wholeness since the 1900s. According to Isechei:

³⁰ See Eva-Marita Rinne, "Water and healing-experiences from the traditional healers in Ile-Ife, Nigeria," *Nordic Journal of African Studies* 10, no. 1 (2001): 41-65.

It is no coincidence that a number of Christian prayer houses were founded during the 1918 flu epidemic, which made the limitations of both western and traditional medicine painfully apparent. The dramatic results that came as a result of these groups prayers led to a more organized prayer movement that later metamorphosized to Christian prayer houses.³¹

Oborji concludes that “these numerous prayer groups that emerged culminated in the establishment of prayer healing shrines that had emphasis on faith, healing and the prophetic ministry.”³² This historical factor and other factors discussed above gave rise to the proliferation of Christian prayer houses. Our study reveals that prayer houses have key elements of specialisation for several reasons. For the sake of space and time I will discuss only four areas of specialisation found among Christian prayer houses in this chapter. However, it will be of great importance to briefly discuss the different nature and faces of Christian prayer houses found in Africa. Christian prayer houses have various natures as reveal by our study. The first category is the mainline evangelical Christian prayer houses that are founded mainly on the prophetic ministry of an individual. In such prayer houses, there is often the combination of prayer and other related herbs for the purposes of healing. These kinds of Christian prayer houses mostly do not have specialisation of any kind, but rather tend to deal with all sort of ailments and diseases with the emphasis on prayer and the word of God. The second category of Christian prayer houses are those from the African Indigenous churches like the church of *aladura* (a Yoruba word meaning, “praying people”) and other similar churches. These prayer houses are often found among obscure places like rivers, mountain tops, etc. Specialisation is often found among such prayer houses. Our study further discovers that the last category of Christian houses is driven by the Pentecostal/Charismatic movement. These types of prayer houses are often found in isolated places, and there is a combination of prayer and exorcism in the healing process of individuals. Most of these prayer houses are built on the charisma of one person. They attribute their prayer ministry to either a divine calling or a prophetic revelation from God.

The first specialisation found in Christian prayer houses is psychiatry. Healing of mental illness as a Christian practice was key element of early Christianity. Our study reveals that there are Christian prayer houses that only focus on people with mental illness. These Christian prayer houses are sometimes organized in churches but they are often organized to take the patterns and form of hospitals. Patients are required to come and stay at the prayer site often accompanied by their relatives. Prayers are offered daily at different times, and sometimes the violent patients are chained and are confined in one place. Foundational factors behind these specialisations lie deep in the understanding

³¹ Elizabeth Isichei, *A history of Christianity in Africa: From antiquity to the present* (Grand Rapids, Michigan: Wm. B. Eerdmans Publishing, 1995), 179.

³² F. A. Oborji, *Towards A Christian Theology of African Religion- Issues of Interpretation and Mission* (Kenya: ELDORET 2005), 140.

that mental illness is associated with demon possession and lack of faith in Jesus Christ. Most of the prayers offered for people with mental illness at the prayer houses are from the Psalms and the Gospels. Emphasising the power of God to intervene in mental issues, our study finds that not all mental illnesses are caused by demons and that some of the prayer houses are compounding mental illness due to lack proper understanding of various forms of mental illness. That notwithstanding, many of these prayer houses are famous because of their miraculous healing activities. Some of the patients' relatives we met during our field research testified to the healing that took place in their relations. Many because of their religious belief would rather go to these Christian prayer houses than a conventional psychiatric hospital. Some of the people we interviewed narrated the horrible conditions they had to endure at conventional psychiatric hospitals which made them to patronise the Christian prayer houses. Koenig succinctly concludes:

Many people suffering from mental illness, emotional problems, or situational difficulties seek refuge in Christian prayer houses for comfort, hope, and meaning. While some are helped, not all such people are completely healed of their mental distress or destructive behavioral tendencies.³³

The second perspective on specialisation in prayer houses is found in the area of barrenness and infertility. A couple of the Christian prayer houses we visited indicated that their main area of ministry is to women who are not able to give birth to children. Asked as to why this specialisation, many of the people alluded to the fact that it is a ministry given to them specifically by God. According to Asamoah-Gyadu,³⁴ Christian prayer houses, by virtue of their experiential and interventionist theologies, take seriously the presence of spiritual forces as causal explanations for misfortune, including infertility. These prayer houses dealing with infertility are grounded in biblical scriptures that are most often taken out of hermeneutical principles. He adds:

In Ghana, as elsewhere in Africa, healing camps, prayer services and anointed prophets abound and they promise all kinds of breakthrough including the ability to help couples have their own children against all odds. And many of these prayer services are done at particular times and some of the prophets claimed that is the only calling that God has placed upon their lives.³⁵

³³ Harold G. Koenig, "Research on religion, spirituality, and mental health: A review," *The Canadian Journal of Psychiatry* 54, no. 5 (2009): 283-291.

³⁴ Kwabena J. Asamoah-Gyadu, "'Broken calabashes and covenants of fruitfulness': cursing barrenness in contemporary African Christianity," *Journal of Religion in Africa* 37, no. 4 (2007): 437-460.

³⁵ Asamoah-Gyadu, "Broken Calabashes and covenant faithfulness" 439.

Some of the Christian prayer houses combine prayers and herbs in order to help women with infertility. These specialised Christian houses, however, have also been under a lot of accusations lately. Many women have brought out accusations against the pastors and the prophets who run the prayer houses. Some have been accused of sleeping with some of the women as a sign of true dedication to accomplishing the prayer purpose in order for them to get children. Our study also discovered that some of the women ended up becoming wives to the prophets and the prayer priests. Christian prayer houses, like other healing shrines, also boast of records of what God has done in the women they have prayed for. Many have come back with the children to give thanks to God for what he has done for them.

The third dimension of specialisation in Christian prayer houses is in the area of cancer. Some of the Christian prayer houses under study have claimed to be gifted by God to heal every kind of cancer. As such, their focus is not on any other ailment but cancer. Many of these specialised prayer houses are gaining a lot of popularity because of the growing cases of cancer. Several of the specialised prayer houses we visited indicated that cancer has been part and parcel of the African community, but it was suppressed by conventional medicine. The methods employed by these Christian prayer houses are mainly prayer and the use of African herbs. One of the priests explained that “herbs are given by God to use, and herbs when prayed for, have a lasting impact on every kind of disease especially cancer.”³⁶ However, these prayer houses have been under fire for misleading many and causing the death of many. One of the key elements that is required is the element of faith. Our study reveals that cancer patients at prayer houses are encouraged to have faith in God to do the impossible. Patients are encouraged to see God as the healer. The prayers are only a means to get God to move into action. These specialised prayer houses are often under the impression that prayers are needed when all other avenues have failed. They believe that conventional medicine has failed in the cure of cancer, and God has called them to provide healing through prayers. Our study further indicates that there is a need for these prayer houses to have a conversation with conventional medicine in order to do referrals because of their limitation in the ability to diagnose if the ailment is truly cancer.

Mashau observed that there is a cult-like “emphasis on the power of the so-called ‘man God’... among the Pentecostal/Charismatic because of their emphasis on prayers and miracles.”³⁷ This emphasis sometimes is taken to the extreme to the point that some churches outrightly reject conventional medical treatment and encourage their members to visit the “man of God” for healing all sorts of ailments. Our study discovered that some of the prayer houses that vehemently refuse conventional medicine and prohibit their members from

³⁶ Oral Interview, Badagry/Lagos Shrine, 2018.

³⁷ Derrick Mashau, T. “Ministering effectively in the context of Pentecostalism in Africa: A reformed missional reflection,” *In die Skriflig* 47, no. 1 (2013): 10-17.

seeking the same have caused the death of many of their adherents. This dimension of prayer house, which is built on the man of God, has led many Christians in the mainline denominations to migrate to Pentecostal/Charismatic churches because of their emphasis on healing through prophetic prayers offered by the man of God. Our study also reveals that these extreme views are often misleading and not welcome by all Christians, even among the Pentecostal/Charismatic movement. These kinds of specialisation have caused a lot of conflict between conventional medicine and hospitals, which is leading to many losing their lives or suffering chronic illnesses that could have been avoided if there was proper understanding and referral by the man of God specialised prayer houses.

Conclusion

This chapter has examined specialisation and its dynamics among healing shrines and Christian prayer houses. Healing shrines and Christian prayer houses are part and parcel of the African healing contours, and therefore, they are here to stay in spite of the many objections and negative publicity accorded them from different facets of life. This chapter has outlined the various dimensions of specialisation found in healing shrines and Christian prayer houses. Like conventional medicine, healing shrines and Christian prayer houses operate within the locus of specialisation of different kinds of ailments and diseases. The discourse on specialisation in this chapter is not exhaustive but rather a pointer to how specialisation works among healing shrines and prayer houses. From the findings of this study on specialisation, it is highly recommended that healing sites – shrines and Christian prayer houses – could be integrated and be allowed to function side-by-side with conventional medicine as a means to aid speedy recovery during illness of persons in Africa. This is so because despite the presence of conventional medicine, these specialised healing sites are constantly on the increase, hence their role in healing and wholeness in Africa cannot be ignored. This study will also recommend collaboration between healing sites and conventional medicine. As revealed by the study, some doctors in hospitals do recommend that their patients visit healing sites. If this collaboration is formalised, it will enhance the healing and the wellness quest for many Africans.

Bibliography

- Ajima, Onah Gregory, and Eyong Usang Ubana. "The Concept of Health and Wholeness in Traditional African Religion and Social Medicine." (2018).
- Ajima, Onah Gregory, and Eyong Usang Ubana. "The Concept of Health and Wholeness in Traditional African Religion and Social Medicine." (2018).
- Amanze, Effiong. "Cultural and religious experiences of patient relatives in traditional healing" *Journal of African Traditional Medicine* 74, no. 8 (2007): 56-60.
- Asamoah-Gyadu, J. Kwabena. "Broken calabashes and covenants of fruitfulness: cursing barrenness in contemporary African Christianity." *Journal of Religion in Africa* 37, no. 4 (2007): 437-460.
- Derrick Mashau, T. "Ministering effectively in the context of Pentecostalism in Africa: A reformed missional reflection." *In die Skriflig* 47, no. 1 (2013): 10-17.
- Gordon, Kimathi: Your marriage and family, Institute for Reformational Studies, Potchefstroom. 1994: 29
- Gumede, Mordecai Vusumzi. *Traditional healers: a medical practitioner's perspective*. Skotaville, 1990.
- Insool, Timothy. "Shrine franchising and the Neolithic in the British Isles: some observations based upon the Tallensi, northern Ghana." *Cambridge archaeological journal* 16, no. 2 (2006): 223.
- Isichei, Elizabeth. *A history of Christianity in Africa: From antiquity to the present*. Wm. B. Eerdmans Publishing, 1995.
- Jeremiah, Methuselah. "Fecundity, barrenness and the importance of motherhood in two Nigerian plays." *Int J Humanit Soc Sci* 4 (2014): 213-21.
- Kibicho, G. Samuel. 1978. —The continuity of the African Conception of God into and through Christianity: a kikuyu case-study. In Fasholé-Luke, Edwards et al. (eds). *Christianity in Independent Africa*. London: Rex Collings, pp 370-388.
- Kihuha, Martin. 2013. "Shrines of the land". *Journal of African Studies* 43: 47-57.
- Koenig, Harold G. "Research on religion, spirituality, and mental health: A review." *The Canadian Journal of Psychiatry* 54, no. 5 (2009): 283-291.
- Mashabela, James Kenokeno. "Healing in a cultural context: The role of healing as a defining character in the growth and popular faith of the Zion Christian Church." *Studia Historiae Ecclesiasticae* 43, no. 2 (2017): 1-14.
- Mbiti J (1969) *African Religions and Philosophy* London: Heinemann.
- Mokgobi, Maboe G. "Understanding traditional African healing." *African journal for physical health education, recreation, and dance* vol. 20, Suppl 2 (2014): 24-34.
- Nolan, Mary Lee, and Sidney Nolan. *Christian pilgrimage in modern Western Europe*. UNC Press Books, 2018.
- Oborji, Francis Anekwe. *Towards a Christian theology of African religion: Issues of interpretation and mission*. AMECEA Gaba Publ., 2005.
- Okome, MO (2001) "Gender, Globalization, Cosmopolitanism and Hybridity" in *Jenda: A Journal of Culture and African Women Studies* 2001.vol 1.
<http://www.jendajournal.com>
- Porterfield, Amanda. *Healing in the History of Christianity*. Oxford University Press, 2005.
- Rinne, Eva-Marita. "Water and healing-experiences from the traditional healers in Ile-Ife, Nigeria." *Nordic Journal of African Studies* 10, no. 1 (2001): 41-65.
- Romero-Daza, Nancy. "Traditional medicine in Africa." *The Annals of the American Academy of Political and Social Science* 583, no. 1 (2002): 173-176.
- Sofowora, Abayomi. *Medicinal plants and traditional medicine in Africa*. Karthala, 1996.

- Steenkamp, Vanessa. "Traditional herbal remedies used by South African women for gynaecological complaints." *Journal of ethnopharmacology* 86, no. 1 (2003): 97-108.
- Tonkin, Elizabeth. "Consulting Ku Jlople: Some histories of oracles in west Africa." *Journal of the Royal Anthropological Institute* 10, no. 3 (2004): 539-560.
- Udosen, A. M., O. O. Otei, and O. Onuba. "Role of traditional bone setters in Africa: experience in Calabar, Nigeria." *Ann Afr Med* 5, no. 4 (2006): 170-173.
- Vahakangas, Auli. *Christian couples coping with childlessness: Narratives from Machame, Kilimanjaro*. Portland, Oregon: Wipf and Stock Publishers, 2009.
- Van Binsbergen, W.M.J. 1979. Explorations in the history and sociology of territorial cults in Zambia. In *Guardians of the land*, ed. J.M. Schoffeleers, 47-88. Gweru: Mambo Press.
- Ward, Edna. 2002. "Similarities and Differences in Cross-Cultural Pastoral Supervision". *Journal of Theology for South Africa*, July 2002, pp.51-64.
- Yeboah, Theophilus. "Improving the provision of traditional health knowledge for rural communities in Ghana." *Health libraries review* 17, no. 4 (2000): 203-208.