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Holistic Approach to Mental Illnesses at the Toby of Ambohibao Madagascar

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HOLISTIC APPROACH TO MENTAL ILLNESSES

AT THE TOBY OF AMBOHIBAO

MADAGASCAR

by

DANIEL A. RAKOTOJOELINANDRASANA

A Thesis Submitted to the Faculty of Luther Seminary

And

The Minnesota Consortium of Seminary Faculties

In Partial Fulfillments of

The Requirements for the Degree of

DOCTOR OF MINISTRY

THESIS ADVISOR:
RICHARD WALLACE.

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2002

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ABSTRACT

The Church is to reclaim its teaching and praxis of the healing ministry at the example of Jesus Christ who preached, taught and healed. Healing is holistic, that is, caring for the whole person, physical, mental, social and spiritual. Healing is a part of the full salvation in Jesus Christ.

Mental illnesses or disorders affect one fourth of human beings in the world and their prevalence is far from declining. This thesis describes the model of Ambohibao and suggests it as a way for the church to do healing ministry, and particularly, as a way to approach the problems of mental disorders. The model of Ambohibao, from its historical development and from its understanding and experiencing of the healing ministry of the New Testament, acknowledges the existence of spirit-related disorders. Spirit-related disorders are disorders that are caused by spirits or demons in biblical terminology. The Ambohibao model has developed an approach to mental disorders that integrates scientific medicine and biblical methods in the caring for the mentally disordered. It differentiates spirit-related disorders from classical mental disorders, both in the diagnosis and the treatment. The model suggests that a holistic approach to healing means integrating faith/prayer and science in the caring for the sick. This thesis examines the most recent textbooks of modern psychiatry, namely the DSM IV, and contends that medical science starts to recognize the reality of factors as spirits and demons in the etiology of certain mental disorders.

The church as a community of faith and love is well equipped to do this holistic healing ministry. Theological and pastoral issues are discussed in the light of the Ambohibao

model, particularly how to interpret the biblical narratives and teachings on the demonic/deliverance ministry and the dimensions of Christ's salvation and healing.

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*“ Bless the LORD, o my soul, and all that is within me, bless his holy name.
Bless the Lord , o my soul, and forget not all his benefits”*

“Not that we are competent of ourselves to claim anything from us; our competence is from God.”

“By the grace of God I am what I am, and his grace has not been vain”

This thesis being done and received with distinction, it was from Him. Blessed be the name of the LORD.

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To Dr. Aimee and her team at the Toby of Ambohibao, to my brothers and sisters “mpiany” or shepherds, “you have been admirably good to me”. Without you I was not able to

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"*Ny Hazo, hono, no vanon-ko-lakana, ny tany naniriany no tsara*", that is, "the tree becoming a canoe, the soil was good". I want to remember here my Father and my Mother who have shown me through their words and deeds the most important things of life: love and faith in God through Jesus and the Holy Spirit. But I want also to recognize my family in law and all my brothers and sisters.

To all my friends, brothers and sisters, both in Madagascar and in the USA and all around the world, I want to say thank you for your prayers and support.

At the end, I want to give a tremendous gratitude and appreciation to Elysee, Tsanta, Asafa, Christine and Salamo. 'Wonderful' and 'admirable', these are the only words I can use for you. I cannot thank God enough for what and who you have been, are and will be in my life. This is your achievement. Especially to Elysee, my dear wife, you endured all the pains and hardships of separation and the raising of the children. I love you all. "*Ny Fahasoavana'Andriamanitra no naha toy izao antsika*" 1 Cor. 15: 10. Amen.

To a faithful and loving friend, my beloved Lord and Savior,
The Great Physician: Jesus Christ

To Elysee, Tsanta, Asafa, Christine and Salamo,
As a token of deep love and recognition.
“Amin’ny fo feno fankasitrahana sy fitiavana.”

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THESIS: HOLISTIC APPROACH TO MENTAL ILLNESSES AT TOBY AMBOHIBAO MADAGASCAR

By Daniel Rakotojoelinandrasana

INTRODUCTION.

Jesus Christ came preaching, teaching and healing. The theme of his proclamation and teaching was the coming of the Kingdom of God. That was the way Jesus chose to implement his ministry and the way he ordered his disciples to do it in their turn¹. If healing was one important goal of Jesus when he was in the world, it could not be less for the Church that is his body.

Abigail R. Evans, a Professor of Practical Theology at Princeton, recognizing that the church has been historically involved in the ministry of healing and needs to reconsider and to recapture it, wrote, “With regard to the church’s historical commitment to health and healing, many people wonder if today’s church is being true to its call to heal.”² Most authors converge in recognizing that the biblical model of healing is holistic, that is healing the whole person, making no separation between the physical, the mental, the spiritual and the social or relational³.

What is the goal of this thesis? As a model of ministry thesis, it will be to describe the Ambohibao’s model and suggest it as one way for the church both in Madagascar and elsewhere

¹ Matthew 9:35. *Jesus Came to Preach, Teach and Heal*, was the theme of the Mid-Winter Convocation 2000 at Luther Seminary, Saint Paul. For the Convocation, the triple activity of preaching, teaching and healing were the reasons Jesus came into the world (Saint Paul: Luther Seminary, 2000) v.16, No 4.

² Abigail Ray Evans, *The Healing Church. Practical Programs for Health Ministries*, (Cleveland Ohio: United Church Press, 1999), p.1. She summarizes the place of healing ministry from the beginning to today, and advocates the need for the church to do it again, suggesting practical programs.

³ 2 Chro 7: 14 speaks of the dimension of healing that includes the healing of the land; 1Thes 5: 23 speaks of the different parts of the human being . In the healing ministry of Jesus, he did not make a differentiation between absolution, exorcisms, physical healings, the need for reconciliation and mutual forgiveness in the community. Mark 2:1-12 and James 5: 13-16 show the intermingling of absolution, mutual forgiveness, prayer and healing in the Christian healing ministry. Cf. Bob Albers, “The Faith Factor in Wholistic Care: A Multidisciplinary Conversation ” *Word and World*, v. XXI, n.1, Winter 2001. Also, Terence Fretheim, “Salvation in the Bible vs. Salvation in the Church” *Word and World*, XXII, n.4, Fall 1993.

to approach mental illnesses in its ministry of healing. This is not construed to be a thesis of medicine. That means that while I may present some important medical concepts related to the subject, those medical issues will not be the focus of the thesis, but rather the pastoral care and the theological aspects of the topic and their implication for the healing ministry of the church.

Mental illnesses remain among the most challenging tasks of the modern society, and the Christian Church. In *World Aspects of Psychiatry*, Alberto Costa et al. find that there are about 1.4 billion people who are currently suffering from mental disorders and related troubles.⁴ According to *Health and Health Care 2010 in the USA*, “Taking into account the extent to which an illness causes both death and disability, mental illness will have a larger impact [on health] than cancer by the year 2010”⁵. Very often mentally disordered patients have been forsaken or set aside by the society. For many observers, the Church has a tremendous opportunity to serve and to help this group of needy people.

A *toby* is a compound that may be a center, especially if it is in an urban area, or it may be a village if it is in a rural area. *Toby* means literally camp or place of rest on a journey. It consists generally of a church surrounded by Christians living together and taking care of sick, suffering and needy people⁶. The Toby of Ambohibao is located in the suburb of Antananarivo, the capital city of Madagascar, and is situated next to the Lutheran Hospital of Ambohibao that has a department of general medicine, a surgical unit and a center of treatment of chemically

⁴ Alberto Costa, “World Aspects of Psychiatry”, in *Kaplan and Sadock’s Comprehensive Textbook of Psychiatry*, 7th ed., ed. Benjamin J. Sadock and Virginia A. Sadock (Philadelphia: Lippincott Williams & Wilkins, c. 2000) 2: 3333.

⁵ In *Faith and Health*, Fall 2000, Emory University, GA.

⁶ Peri Rasolondraibe, “Healing Ministry in Madagascar”, in *Baptism, Rites of Passage, and Culture*, ed. Anita Stauffer (Geneva: Lutheran World Federation, 1998) 133-144, for further description of the toby.

dependent patients⁷. The Toby of Ambohibao works in partnership with the hospital and has its own physicians. ‘Tobys’ are creation of the revival or *Fifohazana*. They are the place where the revival or *fifohazana* normally performs its ministry.

In Madagascar, the *Fifohazana* or Revival has been a movement within the church that has contributed a lot to the caring of mentally disordered people. In fact, it gained a strong reputation because of its caring not only for the mentally disordered people but for the sick in general. Many sick people who were considered incurable both by the modern medical standard and by the traditional medicine often came to the revival movement seeking healing. A good number of them were considered demon possessed or demonized and treated accordingly⁸. There are theologians such as Rudolph Bultmann who consider that the exorcisms of the New Testament and the accounts of demonization/demon-possession are mental disorders, more precisely, psychoses⁹. An important part of this thesis will be to present the toby of Ambohibao and its way of taking care of the mentally disordered and those who are considered as demonized or demon possessed, and how it makes the differentiation between the two entities. Historically, the *fifohazana* or revival started exactly at the end of the 19th century, in 1894. Healing is only a part of the ministry of the revival, because as a Christian movement it considers evangelization and mission as the other essential activities of the movement.

Besides its importance for its impact on many people, I have singled out mental illness from many other illnesses because of the recognition by psychiatrists of the role and the interplay of the physical, the psychological, the relational, the social and the spiritual factors in the making

⁷ First in its genre in Madagascar, designed after the Hazelden MN model of treatment.

⁸ I will discuss later the definition and the meaning of these two terms, since they will be key terms in this thesis.

⁹ I will come back later on this in the section on interpretation.

of the disease and its treatment. This is the concept of holistic approach¹⁰. Another reason for my choice is the new trend in psychiatry, which recognizes the role of spirits in the etiology of certain mental disorders. Holistic approach and dealing with spirits have characterized the model of Ambohibao in its ministry to the mentally disordered and to the demonized or demon possessed.

Very often in both Malagasy traditional and modern societies, the mentally ill are rejected by the society when they do not improve under traditional and medical treatment. Sometimes people consider them as indwelled by spirits. The revival, because of its involvement with the realm of spirits, has been called upon by families to rescue their sick members; hence its experience and frequent involvement with the mentally ill.

A remarkable trait of the healing ministry in the Ambohibao model is its strong holistic aspect. The model gives a strong illustration of how faith and medicine could and should work together. Many authors both in the USA and overseas, not only in the field of ministry but also from the medical field¹¹, suggest this kind of collaboration. What is noteworthy is the development of this kind of approach in the Malagasy revival long before those modern authors started to pay attention to the synergy between medicine and spirituality/faith¹².

¹⁰ I will define 'holistic' later. In this thesis, I will use holistic and wholistic as synonyms. Semantically they are the same, holistic is from the Greek 'holos', while wholistic is from the English 'whole'; both mean 'the all, the entirety'. I have decided to use 'holistic' in this thesis.

¹¹ Many authors are leading the research in that direction, both from medical and theological fields. I mention Larry Dossey, Harold Koenig, David Larson, Dale Matthews, Koop Everett and many others in the medical field. Mc Nutt, Abigail Evans, Droedge, as theologians and church ministers. Those authors advocate the need for medicine and spirituality to work side by side.

¹² In this thesis, I use spirituality in a double sense. It relates to what we use to say spiritual, that is, an attitude inclined to the spiritual dimension of life. In a second sense, it means here 'related to the spirits'.

The history of psychiatry and religion reveals how abuses have been committed in the name of the demonic, evil spirits and religious belief (cf. the “witch hunt craze”)¹³. The Enlightenment and the development of scientific psychiatry have completely ruled out all concepts of spirits and the demonic in dealing with mental disorders. However, a new trend in current psychiatry has opened itself to the recognition of certain disorders related to spirits and phenomena of possession that have been identified all around the world. This trend has been denied for a long time by the Western plausibility structure or structure/system that shapes opinions and world-views, until recently with the publication of *DSM IV (The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)*¹⁴, the latest revision of the American book of nosography of psychiatry¹⁵. In this thesis I want to present how the Ambohibao model integrated in its approach this ‘spirit’ dimension of mental disorders.

Medical professionals have an increasing recognition of the need for a holistic approach to healing and health, particularly the place of faith and religion¹⁶. This recognition has been the most accentuated in the area of psychiatry. This thesis wants to contribute to this recognition.

In this thesis I would like to present how the specificity of the Ambohibao model’s approach can contribute to the holistic understanding of mental disorders. A characteristic of that

¹³ We will see this later in chapter 1, under the section, Brief History of Psychiatry.

¹⁴ Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, *DSM IV*. (Washington, DC: American Psychiatric Association, 1994).

Ralph Colp, “Psychiatry, Past and Future”, in Benjamin Sadock et al., *Kaplan and Sadock’s Comprehensive Textbook of Psychiatry*, 7th Ed.(New York: Lippincott Williams & Wilkins, 2000) 3301-33, writes “DSM IV, probably the most ambitious undertaking in the history of American psychiatric nosography, was based on 6 years of collecting and analyzing relevant information, and with field tests of proposed changes in diagnostic; it continued the atheoretical approach to causes.” P.3330. “The DSM has a clearer, a more detailed, precise delineation of symptoms and a more medical and less psychoanalytical view of the symptoms; it was widely read and accepted in America and became the common language used by workers in psychiatry.” P.3327.

¹⁵ Nosography is the description and classification of diseases.

¹⁶ Abigail Evans, Harold Koenig, Larry Dossey, and Dale Matthews are prominent scholar leaders in that direction in the USA. In Great Britain the movement has started earlier among the Anglican Church, cf. Evans.

approach is its attempt to differentiate mental illnesses from spirit-related disorders that do not fit the usual western psychiatric nosography, at least prior to the coming of DSMIV. It also takes into consideration the possibility of interplay between the two realms. The approach is holistic in the sense that it combines medical procedures and spiritual Christian means of healing for the diagnosis, the treatment and the follow up. Medical doctors, nurses, pastors and shepherds and usual workers of the revival are working together with the family in the caring for the patient who is hosted in the toby.

In order to standardize our language, that is, correlate the same words for the same phenomena for all those who will read this thesis, I will use the nomenclature and the language used by the DSM IV published by the American Psychiatric Association and to a lesser degree the *ICD 10* (International Statistical Classification of Diseases and Related Health Problems) published by the World Health Organization (WHO). These two documents have acquired American and international authority in matters of description, classification and categorization of mental disorders and related disorders and issues.

There will be four parts to this thesis. Part One is a presentation of the general context of the study. It has two chapters. Chapter One is an account of the state of mental and spirit-related disorders in the past and the present worldwide. Chapter Two describes how the revival of Madagascar in general understands diseases, mental illnesses and spirit related disorders.

Part Two of the thesis is the study of the Ambohibao model itself, through the presentation of a group of 80 patients that were treated at the Toby from June 1998 to December 2000. It will show us how the model is used in taking care of mentally ill patients. It describes the diagnostic process, the treatment and the outcome. A few meaningful case studies will illustrate some salient elements of the model.

Part Three summarizes the critique and the evaluation of the model from the inside and the outside, and from the comparison of the Ambohibao model with other experiences and medical literature. The evaluation will assess the strength and the weakness of the Ambohibao model.

In the fourth and final part, the theological reflection will attempt to derive the theological meaning of the Ambohibao model from an understanding of the Scripture with regard to healing, mental illnesses, deliverance ministry, and pastoral care/ministry in general. There will be a discussion on the holistic nature of salvation and the healing ministry of the church within the current context of medicine, where researchers are undertaking to understand the place of spirituality and faith in healing. Another point of discussion will be to situate the Ambohibao model in the global context of the history of the healing ministry of the church. The ultimate goal will be to help the church heal, after the example and at the injunction of Jesus, the Great Healer.

PART I.

THE CONTEXT OF MENTAL DISORDERS AND THE AMBOHIBAO MODEL.

The model of Ambohibao built its theory and praxis of the healing ministry of mental illnesses on the hypothesis that holistic factors account for mental disorders. *The American Psychiatric Press Textbook of Psychiatry*; *Kaplan and Sadock's Comprehensive Textbook of Psychiatry* and the *DSM IV* often use the word biopsychosocial factors to summarize this concept of holistic that means the all, the totality. Other words have been and are still used to designate this same concept, such as psychophysiological, psychosomatic, integrative. The point is that there are links between the physiological, the biological, the social, the cultural, the spiritual, and the mental in the making someone sick or well. Holistic means integrating all the factors into the one person. The list is not comprehensive, because the environment is now a part of this all. Therefore, to say 'holistic' is to assume a multifactorial and multidisciplinary approach.

In that holistic perspective, the Ambohibao model takes also into account the existence of spirits as interfering with the other factors¹⁷, and as accounting for certain kinds of disorders that have some resemblances to mental disorders, but are not mental disorders as the usual manuals of psychiatry before *DSM IV* used to classify them¹⁸.

¹⁷ With regard to the spiritual dimension of health, please refer to the new definition of health by the World Health Organization, as which health is not just an absence of diseases, but a state of physical, mental, social and *spiritual* well being (italic is mine) Cf. Evans, p.38, about the WHO new definition of health.

¹⁸“ Cases of Dissociative Identity Disorders, Trance Possession Disorders, and Dissociative Disorders Non Otherwise Specified.” *DSM IV*.

The study of the general context of this thesis compels us to define mental disorders¹⁹ and the concept of spirit related both in their historical framework and their actual situation. *DSM IV* will be an important reference in that definition.

The other element of this general context is the study of the revival movement of Madagascar from which the Toby Ambohibao's model derives, particularly how it approaches mental and spirit related disorders. This approach will be influenced by the Malagasy worldview of diseases, mental and spirit-related disorders.

¹⁹ For the DSM IV, 'mental disorder' is the consecrated term instead of mental illness. I will use it from now on.

Chapter 1.

MENTAL DISORDERS AND SPIRIT-RELATED DISORDERS. GENERAL CONTEXT.

The present attitude of secular and medical people concerning mental disorders and spirit related disorders are the result of the development of the two concepts throughout history. The history of psychiatry explains clearly how western culture and its plausibility structure are very suspicious of any concept of spirit-related disorders in medicine and science. As we will see later, abuses and superstition related to “spirits” and “demons” have punctuated the history of mental healthcare or psychiatry. From time immemorial, cultures have tied the two concepts inseparably every time people were dealing with troubles of behavior and thoughts. Even though the word and concept of demons have been present in the Greek vocabulary (*daimonos*), it was Christianity through the biblical literature, particularly the New Testament (NT) that has popularized the usage of the word ‘*demon*’²⁰ and its related expressions such as ‘*demon possessed*’ or ‘*demonized*’ etc. The term ‘spirit’, good or evil, has conveyed a universal concept used by most world cultures, both in the past and in the present.

A. Definition of Mental Disorders According to DSM IV.

The definition of mental disorders from the DSM IV reads as follows:

In DSM IV, each of the mental disorders is conceptualized as a clinically significant behavior or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and the

²⁰ Ralph Colp in “Psychiatry, Past and Future”, in Sadock, p. 3301, “In the beginning of psychiatry,...mental illness was attributed to the magical forces of malevolent deities, and the main therapists were priests who used religious and magical rites to counter those forces, ...called demons after the advent of Christianity.”

society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above.” P.xxi-xxii.

This definition will be helpful to us as we will delve into the working out of the differentiation between mental and spirit-related disorders. The DSM IV is valuable in asserting the place and the role of culture and society in differentiating what is pathological and disorderly from what is appropriate to the individual and its society. It emphasizes the concepts of functionality and freedom of the individual as signs of mental health.

B. Brief Overview of the History of Mental Illnesses.

For the clarity of my exposition I will divide the history of psychiatry in six major periods²¹.

1. From Antiquity to the Greco Roman time: supernaturalism.

Most authors agree that in Antiquity mental disorders were attributed to possessions or influences of supernatural spirits, “called demons after the advent of Christianity²²”. This belief and practice were shared by many cultures such as the ancient Egyptian, the Mesopotamian, the Indo-Aryan civilization and the Early Chinese society. In that context the main therapists were religious priests and/or shaman-type religious functionaries. Their work was to appease the gods, the deities, or the spirits/demons. The practice was mostly magico-religious, using rites, sacrifices, amulets, exorcisms, fetishes, talismans. Those measures were expected to protect from the evil spirits and to bring cohesion and solidarity within the community. According to Ralph

²¹ This is a summary. I refer readers to many excellent books. My resources for this summary are Sadock et al, *Kaplan and Sadock’s Comprehensive Textbook of Psychiatry*, Rodney Hunter, *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), Harold Koenig et al., *Handbook of Religion and Healing* (Oxford: University Press, 2001).

²² Ralph Colp, “Psychiatry. Past and Future”, in Sadock, p. 3301.

Colp, “in the history of civilized societies, credence in demons fluctuated in complex ways”²³. I will reserve the Hebrew approach to mental disorders for the biblical section of this study.

2. The Greco-Roman time: naturalistic movement.

While the previous beliefs and practices did not die, a new understanding came into being with physicians as Hippocrates (460-375 B.C.), called “father of modern medicine”, and Galen (130-200 A.D.) They initiated what is called the naturalistic movement. For them, madness is an imbalance in the body humors that affects the brain. However, the situation of mentally disordered people was not enviable, because the Greeks and the Romans did not take social responsibility for them. They were declared legally incompetent by a judge, and assigned guardians. They were feared, hated, beaten and driven away from the community.²⁴

3. Middle Ages. (400-1400): The creation of hospitals and superstition.

For Koenig et al., citing Zilboorg and Henry²⁵, “all mental disorders are understood in terms of demonic possessions,” during that time. However, the greatest achievement of the Middle Ages toward people with mental disorders was the creation of hospitals that were operated by monks, priests and nuns, e.g., in Valencia, Spain, Bethlehem Hospital in London and Gheel in Belgium. There was a regression of the naturalistic movement among physicians. On the other hand, Islam held that society was responsible for the insane and during that time built hospitals with units for the insane, e.g., in Baghdad (750), Cairo (873), and Grenada (1365)²⁶. For Koenig et al., the last two centuries of the Middle Ages, 14th and 15th Centuries, saw the

²³ Ibid.

²⁴ Ibid, p. 3302.

²⁵ Harold Koenig et al. *Handbook of Religion and Health*, (New York: Oxford University Press, 2001), 32.

²⁶ See Ralph Colp, p. 3302, in Sadock.

progressive separation of medicine and religion with priests encouraged more and more by their superiors to give more of their time to the religious affairs vs. medical business.²⁷

4. The Renaissance: “*The Malleus Maleficarum*” or “The Witches’ Hammer”(1497).

In the area of mental illnesses it was marked forever by the phenomenon of “witch-hunting craze” that has led to the killing of about two hundred thousand demented persons in France and Germany, the majority of whom were women, according to Aist²⁸. The movement was started with the Inquisition, a measure taken to stop heresy, and ended up with the hunting of people supposed to be witches and demon possessed. The link between mental illnesses and demon possession/witchcraft was stimulated by the publication of *Malleus Maleficarum* in 1486, written by two theologians, Heinrich Kramer and Jacob Sprenger, who were the inquisitors appointed by the pope. Popular belief in demonology hit its summit at that time. Theologians argued that witchcraft was a form of heresy because it involved an overt or tacit pact with the devil²⁹. The abuses of mentally disordered people came from the fact that they were considered as witches and demon-possessed, and therefore hunted³⁰.

5. The Enlightenment: humanization of mental disorders.

There was a new approach to mental disorders. The era saw the decline of belief in demonology as the major etiology of mental illnesses. Under the leadership of remarkable physicians as the Frenchman Philippe Pinel (1745-1826), the English Quaker William Tuke (1732-1822), the Italian Vincenzo Chiarugi (1759-1820) and other physicians, the face of mental

²⁷ Koenig et al., *Handbook of religion and Health*; p. 34.

²⁸ Rodney Hunter, *Dictionary of Pastoral Care*, (Nashville: Abingdon Press, 1990) 711.

²⁹ F. L. Cross Ed., *The Oxford Dictionary of Christian Church* (New York: Oxford University Press, 1997) 1757-58.

³⁰ For Ralph Colp, “Psychiatry: Past and Future”, in Sadock, “*Malleus* described witches as mainly women who showed psychotic or hysterical symptoms and sexual delusions, but it also suggested that any affliction in a male or female could be a sign of witchcraft”, 3302.

illness took a more humane aspect, “the mental patient was respected as a person.”³¹ In the Paris Hospital Bicetre, fetters were taken off the asylum inmates (1797), and mental diseases were no longer considered as incurable³².

6. The modern time and the new face of psychiatry.

By the early 20th Century, psychiatry became a medical specialty. Remarkable authors such as Kraepelin, Bleuler, Freud and others blazed the trail of the new specialty. The second half of the Century sees the discovery of new and efficacious drugs, as the neuroleptics, antidepressants and lithium, etc, that brought hope to many patients who were considered beyond treatment and changed the physiognomy of psychiatry for ever³³.

Today there is a growing understanding of mental illnesses/disorders, and a wider agreement about the nosography of mental disorders with the general acceptance of the principles of *DSM III-R* and *DSM IV*. Though psychiatry has experienced many great leaps, the etiology of mental disorders remains the main goal of research today. However, agreement has been reached concerning the different factors that determine mental disorders. This agreement confirms the role of physical and chemical factors. It also affirms the anomalies of the brain structure in certain pathologies and the role of heredity in the transmission of certain disorders. Finally, it states that the environment, family, society and culture are playing a significant role in the modulating and the determining of the disorders³⁴. This current understanding of the etiology

³¹ Ralph Colp, “Psychiatry: Past and Future”, in Sadock, 3304

³² Ralph Colp, “Psychiatry. Past and Future”, in Sadock, 3318.

³³ The structure of centers for the treatment of mentally disordered patients changed. In the USA in 1963, President Kennedy signed the Community Mental Health Centers Act that converted the warehousing-asylum-style into treatment in community mental health centers.

³⁴ Robert E. Hales et al. Ed., “Introduction” in *The American Psychiatric Press Textbook of Psychiatry* (Washington DC: American Psychiatric Press, 1999). On the issue of etiology of mental disorders the Editor cites

of mental disorders has led to the concept of biopsychosocial model³⁵ that is close to what I call holistic approach in this thesis. The editorial introduction of *The American Psychiatric Press Textbook of Psychiatry* warns against any biological reductionist approach to mental disorders that “results in treatment failure”.³⁶

C. Rediscovery of Spirits by Modern Psychiatry. Culture-Bound Syndromes.

DSM IV and ICD 10 witness to the existence of a new trend in psychiatry. This new trend is the opening of current psychiatry in the West and around the world to the concept of trans cultural and cross-cultural psychiatry. This new trend has led manuals of psychiatry to identify and to recognize a group of new nosological entities having a certain number of traits. These new nosological entities are: *Dissociative Identity Disorders*, *Dissociative Disorder Not Otherwise Specified*, *Dissociative Trance Disorder*, reported by DSM IV³⁷; *Dissociative (Conversion Disorder)* and *Acute and Transient Disorders*, reported by the ICD 10³⁸; *Possession Trance* as a part of *Dissociative Disorders*, described and reported in *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*³⁹. What are these new nosological entities?

They are characterized by the presence of a possessing agency with a well -defined identity different from the identity of the patient. This agency takes over the patient or suppresses

from Eric Kandel, from his essay entitled, “A New Intellectual Framework for Psychiatry”, in the same book cites as probable causes of mental disorders the following: biological process of the brain, social factors modulating the structure of the brain, genetic and development factors determining the biological factors, environmental and social factors, toxic and infectious agents. P. xxiv.

³⁵ Ibid, p.xxv.

³⁶ Ibid, p.xxv.

³⁷ DSM IV, p.490-491

³⁸ Sadock,, p.1572.

³⁹ Described and studied in p. 1572-73. In that study, the author describes the phenomenon of possession, and makes a description of the possessing agency identified as “typically involving deities, demons, spirits, spirits, ghosts, or deceased family members, neighbors who were known to the particular individual”.

his/her identity, momentarily or for a certain period, making him/her behave differently from his/her normal behavior, giving him/her skills and faculty that he/she does not possess usually.⁴⁰

Those new, or newly-recognized (because they have been there, described by anthropologists, sociologists and indigenous doctors, before their recognition by modern psychiatry) nosological entities are largely acknowledged by the most recent and respected manuals of psychiatry as the *Handbook of Psychiatry*, of Kaplan and Sadock and the *American Psychiatric Press Textbook of Psychiatry*. Current textbooks of psychiatry, *DSM IV* and *ICD10* include description and study of trans-cultural or culture-bound syndromes where examples of these kinds of disorders are described and classified. This fact will be very important for the discussion of the Ambohibao model, because for almost the first time since the Enlightenment, scientists recognize officially the existence of these nosological entities in the cultures of many countries in Africa, North Europe, Asia, Latin America, and coming into North Atlantic countries through the flux of population migration. All these modern authors recognize the congruence of the symptoms within the culture⁴¹. They report that the etiology of those disorders is attributed to spirits, deities, breaks of taboos, demon possession, possessing agency⁴². In that same pathology, the authors report the kind of treatment that works:

“Treatment is commonly obtained within the family setting...Professional help is more likely to be sought from traditional healers who perform different types of exorcisms that are often successful in ridding the individual of the possession. Sometimes professional psychiatric help may be sought”.

⁴⁰ For examples, in Dissociative Trance disorder there is a narrowing of awareness of immediate surroundings or stereotyped behaviors or movements that are experienced as being beyond one's own control. (DSM IV, 490-491). In Possession Trance, there is a replacement of the customary sense of personal identity by a new identity, attributed to the influence of a spirit, power, deity, or other person. (DSM IV, 490-491) This is a very short summary. For further details, please refer to the mentioned works.

⁴¹ Sadock, “Acute and Transient Psychotic Disorders and Culture-Bound Syndromes”, p.1265, the authors recognize that those disorders are “culturally congruent”, and add that “they may or may not be delusional”.

⁴² Ibid, “Dissociative Disorders not Otherwise Specified”, I cite: “The possessing personalities may not disclose their identity immediately,...and they typically involve deities, demons, spirits, ghosts, or deceased members neighbors or friends.” P.1265.

The literature describes the symptoms of the disorders and reports the cultural and the local explanation of the disorders, without being able to give a rational explanation for the phenomenon itself⁴³. They give criteria for the positive diagnosis and the differential diagnoses, or the ruling out of wrong diagnoses. I will similarly try to develop this kind of procedure when presenting the Ambohibao model's approach to mental disorders and show how the model makes the differentiation between mental disorders and spirit-related disorders.

⁴³ Mezzich et al., "Acute and Transient Psychotic Disorders and Culture Bound Syndromes", in Sadock, p. 1265, confront psychiatry with the existence of "beliefs in witchcraft and sorcery (that) are common in many societies *and may or may not be delusional*" (italics are mine), and that "Such supernatural and mystical practices and experiences *do not necessarily indicate psychopathology*" (italics are mine). Those authors recognize that possession and trance phenomena are frequently seen in non-Western societies.

Chapter 2.

THE REVIVAL MOVEMENT AND ITS APPROACH TO MENTAL AND SPIRIT RELATED DISORDERS.

For the western worldview, sickness is often viewed as mostly due to a succession of causes and effects that are manifest in the disease. “ In the African context, illness is always seen in a holistic way, within interpersonal relationships”⁴⁴. The ancestors through their spirits are very present in that relationship. For Peri Rasolondraibe, in the context of Madagascar, “Most Malagasy people, Christians included, share the common African view that sickness... finds its explanation in mystical cosmic reality”⁴⁵. The model of Ambohibao, deriving from the revival approach to life in general and diseases and mental illnesses in particular, did not develop in a vacuum, but grew out of its historical and religious and socio-cultural backgrounds.

I will divide this chapter into three sections: 1) The Malagasy traditional worldview of diseases, mental and spirit-related disorders. 2) A presentation of the revival movement, through its history and its ministry. 3) The revival movement understanding of mental and spirit-related disorders.

A. Malagasy Traditional Worldview of Diseases, Mental and Spirit-Related Disorders.

For most authors, the Malagasy traditional religion is basically an animistic religion. Animism is derived from the Latin word *anima*, that means soul, spirit. It affirms the permanence of the world of spirits as much in the present world as in the future⁴⁶. Animism is

⁴⁴ Markus Roser, “Acute Illness - Central African Context”, in ed. Stauffer, *Baptisms, Rites of Passage, and Culture*. (Geneva: LWF, 1998) 111-132.

⁴⁵ Peri Rasolondraibe, “*Healing Ministry in Madagascar*”, Ibid.

⁴⁶ Yale Richmond and Phyllis Gestrin, *Into Africa – Intercultural Insights*, (Yarmouth Maine: Intercultural Press, 1998) pp. 31-40. The authors present a good description and analysis of African religions, particularly of the interconnection of Christianity and Animism.

universal. It was very alive in Europe and the Western world before the expansion of Christianity and the Enlightenment worldview. It comes back today with a growing vitality in its New Age and Neo-Pagan modern forms.⁴⁷ Animism is present and very strong in Africa, Asia (forms of Shintoism, especially in Japan, cutting sharply with the degree of technological modernity), in the Pacific Islands and in the two Americas among native and non-native people (Native Indian religion, Voodoo imported from Africa). Animism is characterized by its belief and interaction with the realm of spirits. Often, in that context the spirits, and especially the spirits of the ancestors, constitute intermediate deities between the primal deity, generally the Creator, and human beings. This explains that in certain countries like Madagascar animist religion is described as a worship or veneration of the ancestors⁴⁸.

In Madagascar, the ancestors through their spirits are very alive among the realm of the temporally living, as witnessed in the customary blessing, “*Ho tahian’Andriamanitra sy ny Razana*” which means, “May God and the Ancestors bless you.” The ancestors are considered just a little less powerful than God, knowledgeable with a certain degree of ubiquity. They may be pleased or angered by the actions and attitudes of human beings, making them benevolent or malevolent. As we will see later, they may be a source of disease and healing. In that context, religion and healing are completely mingled, giving a holistic approach of life⁴⁹. The religious objective is to manipulate the ancestors for healing, and protection as well as for the destruction

⁴⁷ James Lewis, *Witchcraft Today, An Encyclopedia of Wican and Neopagan Traditions* (Denver Colorado: ABC Clío, 1999). The author, James Lewis, exposes the thesis that Neopaganism is among the fastest growing religions today in the world.

⁴⁸ Cf. Ninian Smart Ed. *Atlas of World Religion*, (Oxford: Oxford University Press, 1999), articles on “Indigenous Religions”, p.216-217. The concept of worship of ancestors in Africa, in the Glossary, and on the headline “Indigenous/Ancestor Worship”, p. 222.

⁴⁹ “Religion permeates all aspects of African traditional societies”, in Richmond, p. 30.

of one's enemy/adversary. This leads to the development of magico-religious practices and beliefs⁵⁰.

How do Malagasy envision the etiology of diseases and mental illnesses? In his article, *Healing Ministry in Madagascar*, Rasolondraibe summarizes the viewpoint of Malagasy on diseases and misfortunes in three major points⁵¹:

- 1) Diseases and misfortune from *observable causes*, those which can be established by ordinary observations". These are disease with observable causational relationship, as wounds, trauma/stresses, eating unhealthy food, etc. For the Malagasy people, these kinds of diseases are healed by doctors or normal medicines⁵².
- 2) Diseases and misfortune from *direct unobservable causes*. These are attributed to witchcrafts and sorcery. The healing and the prevention will consist in amulets, charms and magical rites.
- 3) Diseases from *indirect unobservable causes*, attributed by what Malagasy culture calls the ideology of the "tsiny and tody"⁵³. It is indirect because no other human being is involved but the subject. The *tsiny* is a blame/grief that an offended party/person has against a real or imaginary offender. The *tsiny* is the result of injustice and results into a cosmic negative force that will affect the offender. The *tody* is believed to be "a cosmic retributive justice"⁵⁴ based on the belief that all deeds, bad or good, will have their retribution. The infraction to the social orders and customs (*fomba*) may offend the ancestors and bring *tsiny* and *tody*.

The healer will have multiple functions. S/he may be a diviner, a priest, a medicine man, or a shaman, needing mediumistic skills to communicate with the spirits and the ancestors. S/he may ask the ancestors/spirits for help in assessing the 'whys' of troubles and their treatment. The

⁵⁰ Mariette Razivelo in her thesis, *The Doctrine of the Holy Spirit in the Betsileo Context*, (Luther Seminary Saint Paul: Th. D. Thesis, 1994). She gives a profound analysis of the place of spirits and the ancestors in the daily life of the Malagasy people, p. 20-31. Jean Marc Ela, *My Faith as an African* (N.Y.: Orbis Book, Mary Knoll, 1998) and Keith Ferdinando, *The Triumph of Christ in African Perspectives* (Columbia CA: Paternoster Press, 1999) for the description of the place and role of spirits/ancestors in the African context.

⁵¹ Rasolondraibe. 135.

⁵² Roser, in *Healing Rites for Acute Illness in Central African Culture*, p. 121, remarks that the recurrence of disease or its intractable character often leads traditional cultures to question the *why* of the disease and to request the help of a diviner and healer, looking for religious and mystical explanations.

⁵³ For more understanding about the "tsiny and tody", read Richard Andrimanjato, *Le Tsiny et le Tody dans la Pensée Malgache*. In *Presence Africaine*, Paris, 1957.

⁵⁴ Cf. Rasolondraibe. 135.

healer may use the power of the ancestors/spirits to heal and to convince the one who is sick, his/her family and the whole community of the rightness of the explanation of the causes of the disease and its treatment. Malagasy people held these kinds of beliefs and practices because of their needs for guidance, wealth, health, protection, offspring, peace, safety and comfort in the face of so many uncontrollable and threatening human and natural phenomena⁵⁵.

For the Malagasy revival, these spirits are identified as demonic⁵⁶. At this point, a sketch of the history of the Malagasy revival provides an understanding of what led them to this hermeneutical position.

B. History of the Revival and the Toby of Ambohibao⁵⁷.

The revival started in 1894, with the spiritual/vision experience of Rainisoalmbo, who is considered as the father of the revival in Madagascar. In order to understand the revival, it is necessary to understand its background and that is related to the history of the christianization of Madagascar. It was in 1818 that the island really made its steady contact with the gospel brought by missionaries from the London Missionary Society (LMS)⁵⁸. Christianity developed well despite a fierce persecution, or maybe because of that very persecution. Fifty years after the entry

⁵⁵ Paul Gifford, in *African Christianity* (Bloomington: Indiana University Press, 1998) and *Newsweek*, April 8-15, 2001 give a good account of how these kinds of religions and practices have thrived in Africa, and how Christianity has been able to face them and develop.

⁵⁶ Cf. the interview of Fety Michel, a famous figure of the Protestantism in Madagascar. For him, the phenomenon of possession is related to the demonic, in Jean Marie Estrade, *Le Tromba, un Culte de Possession a Madagascar*, p. 317, where he says, "L'origine demoniaque du tromba ne fait aucun doute pour les pasteurs malgaches". In English, "The demonic origin of *tromba* has no doubt for Malagasy pastors". In that same interview, Fety Michel recounts the skepticism of western pastors on the issue. This interpretation is shared by Mariette Razivelo in her thesis.

⁵⁷ For details concerning the history of the revival in Madagascar, please, refer to Thunem et al. *Ny Tantaran'ny Fifohazana eto Madagasikara*, or the *History of the Revival in Madagascar* (Tananarive: Imprimerie Lutherienne, 1972)

⁵⁸ Rabary, *Ny Martiora Malagasy* or *The Malagasy Martyrs* (Printy Imarivolanotra, ca. 1952, Antananarivo)

of the first missionaries the country became officially Christian after the conversion of Queen Ranavalona III at her baptism. Christianity became the religion of the Kingdom, ushering in a Constantinian paradigm. Traditional religion had been thriving very well before and after this “christianization”. It is helpful to remember that currently traditional religion is still the religion of about 50% of the Malagasy people⁵⁹. Many are syncretistic, sharing the conviction that it is beneficial to have the protection and the blessing of two religions rather than of one, that is, to have the protection of the Christian God and the ancestors. However, true traditional practitioners and the leaders of the new Christian churches see a fundamental opposition and incompatibility between the two religions.⁶⁰ The revival adopted a strong reaction against this kind of syncretism, akin to most African Independent Churches, though the revival has never left the mainline churches (Presbyterian, Lutheran, Anglican and also Roman Catholic) in Madagascar.⁶¹

The birth of the revival and the history of its leaders from the beginning account for its strong antagonism toward traditional religion. Rainisoalambo was a witch doctor, and he had a vision of Jesus promising to heal him if he abandoned the idols, witchcraft and the practice of magic⁶².

⁵⁹ *The World Almanac and Book of Facts* (N.Y.: Almanac Books, 2002) p.819.

⁶⁰ Cf. the interview of Pastor Fety Michel who voices the position of many Christians in Madagascar, especially among Protestants, who see an incompatibility of Christianity with traditional religion, Jean M. Estrade, *Le Tromba, un Culte de Possession a Madagascar* (Paris: L’Harmattan, c. 1975).

⁶¹ This position has been the position of many African Independent Churches that have strongly opposed the mixing of Christianity with traditional religions. “Kibangu and Harris urged their followers to burn the icons of African religious practices”, in Ninian Smart, *World’s Atlas of Religions*, (Oxford: Oxford University Press, 1999) p. 213.

⁶² In Thunem, *Ny Tantaran’ny Fifohazana eto Madagasikara* (Antananrivo: Trano Printy :Loterana, 1972). Rainisoalambo made a lot of money and won a good reputation from his practices of divination and magic, giving people advice and providing people amulets and charms for protection and healing. His conversion experience came, when he was completely covered with sores on all his body. He was agonizing for many days, finding no healing

After his healing, he called all his family and shared what happened to him. He urged his family and friends to repent, to renounce magic, witchcrafts, divination and worship of ancestors and spirits. Many members of the family and friends who were sick were healed as he was. They started a Christian community in the form of a village where they preached the Christian gospel, healed those who were sick, taught people about the gospel and sent disciples, whom they called ‘*iraka*’ or ‘apostles/missionaries’, to do evangelization, heal people and help the existing churches. The village called ‘Soatanana’, which means the beautiful village, was the first toby of the revival movement. It drew many people from all around the country. Rainisoalambo told and taught his followers to preach the gospel, not in the way missionaries preached it, but in the way Jesus did it by urging people to repent and to believe, and by casting out demons and healing the sick, according to Matthew 10: 8-10. They created their community or toby, welcoming all kinds of people, sick and well-off. They made John 13: 30, surnamed ‘the new commandment’, the main rule that will bind the community.

There were three other major leaders of the revival after Rainisoalambo: Neny Be Ravelonjanahary (Grand Mother Ravelonjanahary), Rev. Daniel Rakotozandry, who was a Lutheran pastor, also called Dadatoa Rakotozandry or Uncle Rakotozandry, and Germaine Volahavana called Nenilava, which means Tall Mother. They followed the pattern set by Rainisoalambo, with different emphases according to their contexts and personal gifts.

and no soothing to his pains. At the peak of his despair, he sighed and uttered a prayer to the Christian God that he knew about when he was in a missionary school. He was even a catechist, not because he was convinced of the rightness of Christianity, but because he thought to win money from the missionaries, and he quit the church when it did not acquire him riches.

He prayed: “Why in the world, O God, all these pains that are befalling on me? Please, save me.” That night, he had a vision of Jesus appearing to him and telling him to give up on his amulets, charms, idols and magic. He gathered immediately all his magic, religious and divinatory tools and paraphernalia, dumped them in the latrine. In the morning he was completely cured.

Unanimously, they all urged people to repent, particularly to renounce traditional religion and its practices of magic, witchcraft, worship of ancestors and divination. They called people to put their trust in Jesus, and put a great emphasis on the ministry of healing that included all kinds of diseases, from physical diseases, to family problems, delinquency, economic predicaments, spirit oppression or demonization, and mental disorders. In a word, all that oppress people and disturb their lives were brought to the revival and taken care of. People who needed thorough and deeper healing were brought to the toby, which grew in size and reputation around the country. The toby served also as a basis of training for the *mpiandry*⁶³ or shepherds, that is, those who will minister in the revival.

For certain observers, the antagonism of the revival toward Malagasy traditional religion, including witchcraft, magic, divination and worship of ancestors, can be explained by their past experiences with this magico-religious tradition. Rainisoalambo and Ravelonjanahary have been active healers and diviners; Rakotozandry's family, though Lutheran Christians for 3 to 4 generations, used to go to the *ombiasa* (healer-diviner) for healing and help in cases of difficulty. Nenilava was the daughter of a king of her tribe who was at the same time a priest, a diviner and a healer⁶⁴. They have seen the weaknesses and the flaws of those beliefs and practices from inside.

A word about the root of the relationship of the *fifohazana* or revival with modern and scientific medicine. All the first four first leaders of the revival experienced in certain moments of their lives miraculous or supernatural healing and events from God, and though they believed

⁶³ The *mpiandry* or shepherd is a Christian member of the revival, who after two years of training is entrusted the ministry of evangelization, teaching in some cases, deliverance and care to patients in *toby*. They are often time volunteers. See Rasolondraibe for more details about the *mpiandry*.

⁶⁴ Thunem et al., *Ny Tantaran'ny Fifohazana eto Madagasikara*. (Antananarivo: Trano Printy Loterana, 1972)

in the supernatural power of God for healing through prayers and other non-medical means, the *fifohazana* did not and does not forbid recourse to doctors and to medicine for healing. In fact, Nenilava was attended by a personal doctor for her health in her last thirty years, and Rakotozandry was hospitalized during the time of his training at the seminary. The *fifohazana* sees both medicine and religious healing to come from God and as complementary, though there are groups who claim that members should not go to the doctor because it takes away the glory from God, and witnesses a lack of faith. In the 1970s, the Ankaramalaza Toby⁶⁵ opened first a dispensary, and then, a hospital. The same pattern was replicated in other toby. Doctors and nurses came to work with the *mpiandry* or shepherds, the main active members of the revival for the caring of the sick, in collaboration with pastors. The toby of Ambohibao started in the suburb of Antananarivo in the late 1970s when Nenilava made Antananarivo, the capital, her second place of residence after Ankaramalaza. Welcoming different kinds of suffering people, including mentally disordered ones, the toby has its own doctors and is situated next to the Lutheran Hospital of Ambohibao.

C. The Revival Understanding of Mental and Spirit-Related Disorders.

There is no one attitude of the revival concerning the understanding of mental and spirit-related disorders. The reason is that the revival includes thousands of members who came from the four corners of the island, from varied social and cultural backgrounds, and with a widely varied intellectual level of understanding, from two-year-elementary educated members to doctors, CEO's, government ministers and pastors. The Toby Ambohibao model is one model

⁶⁵ There are four main Toby called Toby Lehibe, Soatanana, Farihimena, Manolotrony and Ankaramalaza that were created by the four main leaders of the revival. Those main toby have smaller toby under their responsibility. Ambohibao is a satellite of Ankaramalaza.

among others, though it tends to be an influential model for many other toby because of its centrality and its endorsement by the revival and the church leadership.

Mental and spirit-related disorders in the past were confused into one entity by most people. Such a view assumes that they have one etiology, which is the long-held belief of spirit possession or influences. From what we described in the traditional view of diseases, the Malagasy culture and the revival do not follow such an understanding. The revival divides behavioral and mental disorders into three categories: 1) Mental disorders of a medical/pathological or natural nature (observable). The revival holds these mental disorders as diseases of the same kind as malaria, tuberculosis, and stomach problems, due to recognizable and understandable factors. For those cases there is no spirit, nor any mystical invisible reason. They need appropriate medicine either from modern medicine or traditional pharmacopoeia or psychological supports. 2) Spirit-related disorders that may have some likeness with psychiatric symptoms and that are caused by witch/magic attacks, demon possessions secondary to a contact or practice of occult activities and which all need special deliverance and ministry through the revival ministry. 3) The combination of the two previous ones.

How does the revival distinguish between the two entities? The revival does not reject the general wisdom, common sense and empirical knowledge of the community. In some revival communities, the gift of special discernment may be given to a group or a particular individual who is able through prayer to assess the etiology and the right treatment. This gift is an equivalent of divination in the traditional practice; here it is called spiritual gift of discernment, or prophetic gift from the Holy Spirit, to use biblical terminology. The leaders of the revival are recognized to have this kind of gift or discernment. The differentiation of the two disorders is diagnosed on the basis of the anamnesis or the history of the person who is the object of the

disorders. Spirit-related disordered people often have a history of occult practices such as witchcraft, magic, spiritism (conversing with spirits of deceased people), spirit/idol worship or holding of magic or sorcery paraphernalia. I will elaborate further upon this methodology in the description of the Ambohibao model.

A second possibility of differentiation will be the reaction of the disordered persons to prayers and the ministry of deliverance. A person who has a spirit-related disorder reacts characteristically to the name of Jesus and to the deliverance ministry⁶⁶. The revival holds strongly to the belief that the name of Jesus Christ has power and authority over all kinds of demonic spirits. With a New Testament understanding of the Christian ministry, the revival believes that the church should continue preaching repentance, trust and faith in Jesus, and love. They believe that physical healing can occur through prayer in the name of Jesus and that deliverance from the power of the demonic happens during deliverance ministry. Finally, the revival believes that the teaching of the word of God can bring healing by initiating life changes and bringing God's grace, power and love in one's life and community.

How does the revival treat these two kinds of people?⁶⁷ There is a common track of treatment or ministry, that is, an indiscriminate way for all people who come to the toby for whatever reasons. This common track consists of the preaching of the gospel, instruction about the basic Christian faith and inviting people to repentance. Repentance means renunciation of sin, and of practices believed to be related to the devil, for example, worship and trust in idols and ancestors, practices of magic, sorcery, witchcraft, divination and spiritism. After repentance people are encouraged to put their trust in Jesus Christ. This element/component will be called

⁶⁶ We will see it with the description of the Ambohibao model.

⁶⁷ Most of what is exposed is taken from Toby Lehibe Ankaramalaza, *Ny Fifohazana, Ny Toby, Ny Mpiandry*, which means, *The Revival, The Toby The Shepherd* (Antananrivo: Trano Printy Loterana, 1998).

the teaching and the preaching part of the revival ministry. Then there is the healing and the empowering element/component, which will consist in the casting out of demons or evil spirits. This will be still an indiscriminate operation, because the revival does not discriminate between those who are demonized and those who are not, thinking that some people may hide or be in denial about their spirit activities or exposition.⁶⁸ However, there are cases that are already known as certainly related to demonic influences (diagnosis done previously). These people will be seated on the front row when the deliverance ministry begins. The deliverance ministry will be followed by the laying on of hands and blessing that is called the work of support and strengthening or empowering (*asa sy fampaherezana* in Malagasy), which is combined with specific prayers for the person who is being ministered to. The revival believes that this kind of ministry works for all people, be they just attending the service, be they sick of ordinary diseases or having spirit-related or mental disorders. They believe that prayer and healing in the name of Jesus always work. The issue of shame or stigma when subjected to deliverance ministry is relativized during revival ministry, because the belief in the existence and the actions of the demonic is not rare or thought as limited to certain people only. Deliverance ministry is performed regularly during or after church service. People who need specific or deeper ministry will be set apart. They may need to stay in the toby for a longer period in order to be exposed to more prayer and teaching. Counseling is used to deal with specific and difficult cases that may require the presence of family or the staying in the toby. The stay in the toby is a time for rest, learning skills and assessing the real needs and problems of sick people. It will also be a time to

⁶⁸ Ibid.

learn socialization, the Christian lifestyle, and experience acceptance and love,. In Soatanana, farming and doing collective works are a part of the healing activities⁶⁹.

A hallmark of the differentiation of mental and spirit disorders is the outcome of the disorders during and after the deliverance ministry. Improvement is drastic for people who have spirit-related disorders vs. people who have classic mental disorders⁷⁰. During the deliverance ministry, people who have spirit-related disorders will show manifestations of demonic influences⁷¹. These will be described in detail in the next chapter, which will present the Ambohibao model.

⁶⁹ Thunem, in *Tantaran'ny Fifohazana. Soatanana*.

⁷⁰ Scott Peck, in his book, *People of the Lie* (N.Y: Simon and Schuster, 1983), discovers the same thing.

⁷¹ According to the interview I had with Dr. Aimee, a physician who works at the Toby of Ambohibao.

PART TWO.

THE AMBOHIBAO MODEL:

FUNCTIONING, FACTS AND CASES STUDY.

This part describes the functioning of the Ambohibao's model. Chapter 3 depicts the general setting of the toby, particularly how it works practically by presenting the different activities of the toby and the different people who are running it and taking care of patients. The description of the Ambohibao's model includes the description of the methods used by the toby in its healing ministry. Another important piece of the description of the model is the diagnostic procedure, particularly its way of making its positive diagnosis and its differential diagnosis or its way of differentiating mental disorders and medical diseases from spirit related disorders. Finally the model is described through its therapeutic methodology or approach to the healing of the sick and its expectations for the outcomes of the disorders.

Chapter 3 will present the Ambohibao's model from the description of a group of 80 patients who were treated in the toby from July 1999 to December 2000. It will allow us to get a picture of the kinds of patients that come at the toby and their outcomes under treatment. The study of a few specific cases will permit us to illustrate the functioning of the Ambohibao's model.

Chapter 3.

THE FUNCTIONING OF THE TOBY AMBOHIBAO.

A. The General setting of the Toby of Ambohibao and its Activities.

Ambohibao is situated in the suburb of Antananarivo which is a growing area. It was originally a rural area, but has become more like an urban agglomeration. The toby consists of a church with a pastor, a big center where elders and *mpiandry* or shepherds live together with their families, and three pavilions hosting patients. Each pavilion is divided into apartments. An apartment is run by at least two shepherds who are the *ray amandreny*⁷² or parents of the patients generally at the number of 4 to 6. Patients and *mpiandry* live together. Patients are attended 24 hours a day.

Four main categories of activities can be described at the toby of Ambohibao:

- 1) Church activities: as worship services, administration of the sacraments, education, pastoral care, evangelization, training of *mpiandry*.
- 2) The ministry of “work and strengthening/empowering” or “*asa sy fampaherezana*”⁷³. It is a shortening of the words ‘works of healing, of casting out of demons and of strengthening or empowering’. At Ambohibao, there are two services a day, morning and afternoon where people can be ministered to through the preaching of the word, prayers and deliverance/healing

⁷² The revival underlines strongly the family character of the Christian community of the revival. The leaders of the revival were surnamed Mama/Neny or Mother, Dada or father, Dadatoa or Uncle, Nenibe or Grand Mother.

⁷³ Toby Lehibe Ankaramalaza, *Ny Toby, Ny Mpiandry, Ny Asa Fampaherezana*, or The Toby, The Shepherd, The Ministry of Empowering (Antananarivo: Trano Printy Loterana, c.1998) gives a description of those terms, and their role in the toby.

ministry. Some patients live in the toby with the *mpiandry* and can be ministered 24 hours a day as their needs dictate. Some are outpatients.

3) The ministry of counseling (*dinidinika*). This ministry covers a vast area, including pastoral care and counseling in the typical understanding of the word. It will consist of interviews and conferences with patients and families in order to establish the causes and the contexts of the problems and the disorders that are bringing them to the toby or to counseling. The counseling will help counselees to get help from a Christian perspective on how to face their problems, needs and predicaments. The counseling is inseparable from the ministry of “work and strengthening”. During the time of Nenilava, the prophetic part of the ministry was very strong⁷⁴. With regard to demonic influences, oppressions and possessions, the interview will aim at establishing whether there were any contacts with any occult or magico-religious practices. It will also try to figure out any guilt/sins or relational conflicts with parents, relatives and friends that need to be straightened out or forgiven.

4) Other ministries and activities. Depending on the specificity of the toby and its environment, there are other activities as farming, schooling, and health care in hospital and dispensaries and public health education. The toby of Ambohibao is connected to The Lutheran Hospital of Ambohibao that has different units of general medicine, surgery, psychiatry/neurology, chemical dependency and a general clinic. The model is a living example of the cooperation between the two methods of healings and the Christian holistic approach to healthcare.

⁷⁴ In the areas of counseling and prophetic ministries, Nenilava was a gifted person. She had a gift of discernment of spirits, and discernment of the causes of problems and diseases people brought in to her. She was able to teach her followers about counseling and how to discern evil spirits from her experiences. She was able to know if the needs are more emotional, spiritual or medical than just spiritual. She shared also the gift of knowing hidden things with the other leaders of the revival. Many pastors received their calls to the ministry through her. People came to her to ask her what is God’s will for them. In her early ministry, she used to give people Bible passages according to what the Spirit told her. See, Herivonjy Rajaonah, “Nenilava, La Ferveur de la Foi dans l’Humilite”, *Midi Madagasikara*, (Antananarivo: February 1998).

At the Toby patients are not separated according to the nature of their ailments or problems unless they may present some danger for their roommates as a result of contagion, misbehavior. Persons with mental, spirit-related disorders, and medical problems live together as a family, eating together and doing things together (games, fellowshiping, devotion and Bible studies).

B. The Caretakers.

1. The healing community.

In the mind of the leaders of the revival, the toby is designed to be a healing community where each individual learns the Christian lifestyle, specifically learning to love and accept each other, to pray, to deepen understanding of the scripture, and to apply those teachings in daily life. The toby is expected to be a big family where everyone can feel love and learn to love⁷⁵.

2. Pastor, elders, doctors, mpiandry and family.

The pastor is the one who coordinates the activities of the toby. He works with the committee of the toby. He is responsible for the training of the *mpiandry* or shepherds and their supervision. Sometimes, the pastor assumes the role of gatekeepers (admitting or not) for patients who come to the toby. He shares that role with doctors for patients who have specific medical needs. While doctors are doing the medical work, the *mpiandry* has a multifunctional role attending the spiritual, the relational and the physical aspects of the life of the toby and patients. They help the pastor and the doctors in whatever role and function delegated to them⁷⁶.

⁷⁵ For Rainisoalambo, love is called “the new commandment” according to John 13: 35, and represents the cornerstone of the revival lifestyle in matter of fellowship. Cf. Thunem et al. *Ny Tantaran’ny Fifohazana eto Madagasikara, or The History of the Revival in Madagascar* (Antananarivo: Trano Printy Loterana, 1972)

⁷⁶ Cf. Toby Lehibe Ankaramalaza, *Ny Fifohazana, ny Toby, Ny Asa Fampaherezana*. They have a two year training, in biblical course, basic theology and the ministry of the revival. See also Rasolondraibe.

Certain families, for different reasons, live in the toby and are automatically a part of the caretakers⁷⁷.

C. From Admission to Discharge.

Most patients are admitted to Ambohibao on the request of families, pastors and sometimes by professionals like doctors, social workers and law enforcers. They come to Ambohibao because they have heard of its ministry from members of the revival and from former patients and relatives

The pastor assesses the appropriateness of the person for the program at the toby. He gives the information about the program and its expectations of patients and families. Patients are assigned a unit and then undergo examination to assess their medical state and needs. In the course of the treatment, referrals may be made to the hospital or to another toby. The decision is made on the basis of the patient's needs or for other reasons judged by the healing team and the family.

Discharge is a team decision by the pastor, the shepherds and the doctors in consultation with the family when they are available. At the time of discharge, plans are set up for post-care.

The following is the normal schedule of patients at the toby of Ambohibao. The timing may change according to the *mpiandry* or shepherd and the unit⁷⁸.

Morning:

Wake up and toilet cleaning: 6 to 7 A.M. Starts with a morning prayer and short devotion.

7.30 A.M: Breakfast.

8 A.M: Housekeeping and preparation for the day.

8.30 to 10 A.M: Service and healing service in the chapel

10 to 12 AM: Free time for games, visit of doctors, special health care, counseling, etc.

Afternoon:

12 A.M to 1 PM: Preparation of lunch and lunch. Lunch is taken together.

1 to 2 P.M: Nap and rest.

⁷⁷ Some because their relatives have to stay for a long time in the toby, others because they feel that they are called to do so and help the toby.

⁷⁸ From *The General Schedule of the Toby*, at the Doctors Office, Ambohibao.

2.30 to 4 P.M: Service and service of healing in the chapel.
 4 to 5.30 P.M Free time for games, rest, visit of doctors, groups, special health care.
 6 to 7 P.M: Dinner.
 7.30 to 8 PM: Evening devotion.
 8.30 to 9.30: Community time, or personal time.
 10 PM: Sleep.

Wednesday afternoon, Saturday and Sunday have generally a special schedule. On these days the toby receives visits from friends and parents. The services in the chapel and the sanctuary are attended by the whole congregation and patients are participating to the activities indiscriminately as the other members of the church.

D. Diagnostic Procedure at the Toby of Ambohibao.

1. Data of the Medical Record.

These data help the diagnosis and represent the factors that the healing team monitors and follows up with the patients during their stay at the toby. The data are basically the following: the identity of the patient and the date of entrance, the history of the patient and her/his disease; the reason the patient is coming to the toby, the spiritual and religious background of the patient and the role of this religion in the handling of the current disorders. The program will make a special point of sorting out whether the patient has been taken to traditional healers. The medical examination assesses the medical state of the patient. The examination includes complementary analysis and procedures that are required by the nature of the disorder. The medical examination summarizes the main symptoms and issues as well as the diagnosis of the doctors. The medical record contains the treatment received by the patient and the course of the disorder.

2. Diagnostic Procedure for Mental and Spirit Related Disorders.

What makes a revival toby unique is its capability and vocation for attending to people who may have all kinds of predicaments and ailments. People with both mental disorders and spirit-related disorders are customarily received and treated at Toby Ambohibao. In this section,

we will look at how the Ambohibao model makes its diagnosis, differentiating mental and spirit-related disorders. The consequences of such differentiation are considerable for the treatment and the outcome of the disorder and the life of the patient. Such differentiation has also considerable consequences in theology and medicine as we will see in the reflective part of the thesis.

Abigail Evans, from Princeton Theological Seminary, reporting from the studies done by the Anglican Church Study Group on Possession and Exorcism, writes about this possibility of differentiation: “After reading the vivid descriptions of these possessed people and the accompanying exorcism, there is no way to confuse them with typical psychotic episodes.”⁷⁹ This statement of Evans would seem to lend support to our thesis and the Ambohibao model.

The Ambohibao model requires a multidisciplinary approach from doctors, mpiandry and the other caretakers for the making of the diagnosis. Most of the doctors who work at the toby are mpiandry or have had training in spirit-related disorders besides their medical training. Pastors and mpiandry have also been trained to recognize when to send patients to doctors when they have doubt about the nature of a disorder. Knowledge of the exact nature of the disorder is important when the case presents no improvement under treatment or becomes worse. It helps to explain the exact nature of the disorder to families who are anxious and want to know what to do.

For the diagnosis of “classic” or “regular” mental disorders, I will not discuss or describe the procedure here, this being a regular work of a physician. The procedure is what a medical doctor will use for such situations, using all the medical means that the toby and the hospital possess. To avoid misdiagnosis and inappropriate cares, all patients are examined by a doctor at the toby, and their state and outcome are followed up accordingly. Besides normal medical treatment suiting their cases, patients receive all the treatment –spiritual and psychosocial- that

⁷⁹ Abigail Evans in *The Healing Church. Practical Program for Healing Ministries*. p. 88.

the toby offers. This is the main difference between the toby and a regular hospital, and the reason patients and family come for help.

Concerning the diagnosis of spirit-related disorders, the Ambohibao model assesses its diagnosis on the basis of the following four major criteria⁸⁰:

- 1) Criteria from the anamnesis or the history of the patient and his/her disease. One element essential in that anamnesis is the intercourse with occult activities and worship of spirits.
- 2) Criteria from the symptomatology that does not fit into regular medical symptomatology.
- 3) The power of the name of Jesus in the making of the differential diagnosis, by unveiling the presence of spirits and casting them out of the patient.
- 4) Criteria from the outcome under treatment. Normal mental disorders and spirit disorders have different patterns in their outcomes.

Please refer to Appendix I, Criteria for the Diagnosis of Spirit Related Disorders, for the details of these criteria.

The model recognizes the possibility of dual diagnosis, where a mental disorder may be genuinely combined with spirit-related disorder and other medical disorders. Those will be taken into account in the treatment.

Aware of the need for having the same language in describing the phenomena under study, the language of DSM IV is retained as the standard for the description of disorders in the Ambohibao's model. DSM IV describes and classifies disorders in five different areas or Axes⁸¹. Axis I, reports the main clinical disorder; Axis II, reports the existence of mental retardation or personality disorder; Axis III, reports the medical conditions of the patient; Axis IV, reports the

⁸⁰ The four major following criteria have been taken from my D. Min feasibility project, entitled *The Ministry of Deliverance at the Toby of Ambohibao*". Pp. 21-24. (Saint Paul: Luther Seminary, D. Min Office, 2000). I made some editorial arrangements in order to make it fit the thesis setting.

⁸¹ DSM IV, pp 24-31.

patient's social and cultural environment; Axis V reports the degree of functionality of the patient. This DSM IV model of assessing mental disorders is a clear holistic understanding and approach to mental disorders and constitutes a model that befits the Ambohibao model.

E. Therapeutic Means of the Ambohibao's Model.

The Ambohibao model as a holistic model of healing uses three main therapeutic means for the treatment of both medical/psychiatric and spirit related disorders. Those means are: medical, socio-psychological and spiritual and religious.

1. The medical means include the use of chemotherapy, or chemicals as neuroleptics, tranquilizers, antidepressants, and electro shock therapy and the other treatment of support for other medical conditions. Their presence in the description of the model expresses the holistic approach of the Ambohibao's model where scientific medicine and religious methods work together, in the same spirit as Dale Matthews suggests with the logo, "Prayer and Prozac"⁸².
2. The socio-psychological means affirms love as a healing factor that will give affirmation, cohesion and support for the person. The concept of loving community is drawn from a Biblical understanding of the teaching of Jesus about 'love' as the cornerstone of the Christian lifestyle (John 13: 35), an important teaching of the revival leaders and tradition⁸³. Patients are given special therapeutic tasks according to their ability and mental status, and are encouraged to participate in the devotional activity of their group during the chapel service. They have peer group experiences and interaction through conversation, communal tasks and games. Patients, mpiandry and families live together and share the normal activities of life at the toby. This is all

⁸² Dale Matthews, *The Faith Factor*(N.Y.: Penguin Group, 1998)p.64. By this expression, Matthews, a MD wants to say that faith represented by prayer and medicine represented by Prozac work together.

⁸³ Note the emphasis of Rainisoalambo on the teaching of the "New Commandment" for the revival, in Thunem et al..

believed to be therapeutic and helpful for learning social and coping skills in an accepting and understanding environment.

3. The spiritual and religious means. At the Ambohibao Toby, prayers, services of worship and healing, specifically aimed at the healing of the sick are performed two times a day, morning and afternoon. Teaching, preaching, exhortations to repentance, to a practical exercise of faith in daily life and in the face of adversity are the main features of this kind of ministry. Specific services of healing with exorcisms and laying on of hands are an integral part of the healing service, and they are done together, at the same time.⁸⁴

F. Outcomes of Disorders per the Ambohibao Model.

1. Prognosis and outcomes of patients with mental disorders.

The Ambohibao model, through its medical approach coupled with the spiritual approach, expects generally to have at least the same results as other health programs in secular hospitals. The prognosis depends on the specific diagnosis of the disorder. The prognosis and the outcome of the person with a mental disorder after treatment generally give a clue to the exact nature of the disorder if it was not diagnosed with certainty.

2. Prognosis and outcomes of patients with spirit-related disorders.

According to the experiences of the Ambohibao model, a true spirit-related disorder, in the best conditions, will improve drastically after the first few services of deliverance⁸⁵. The mental status of the person changes and the different troubles disappear. The patient is able to recognize his/her state of deliverance and is able to criticize his/her previous situation. S/he is

⁸⁴ For further details on those spiritual and religious means, please, refer to the Appendix, '*The Spiritual and Religious Means of Healing at Ambohibao. Services of Deliverance, Healing and Empowering*'.

⁸⁵ Scott Peck, *People of the Lie: The Hope for Healing Human Evil* (N.Y.: Simon and Schuster, 1983) discovered the same thing from his experiences of exorcisms.

able to relate her/his disorder to a demonic influence. The question is, how to recognize that a person was delivered from demonic influences? From my D. Min project, *The Deliverance*

*Ministry at the Toby of Ambohibao*⁸⁶, I take the following answer:

The cessation of the crisis is not a sign of certainty, because the person may come back to calmness and peacefulness without being delivered. The sign of certitude is when the person expresses true relief and joy, almost ecstasy, then is able to call upon the name of Jesus for salvation, mercy and thanksgiving, and from then on her/his behavior and attitude will be consistent with a Christian normal life⁸⁷. In the practice of the revival, a person who is still demonized is incapable and unwilling to call on the name of Jesus

⁸⁶ Daniel Rakotojoelinandrasna. D. Min project at the D. Min Office. Luther Seminary. Saint Paul.

⁸⁷ Read Razivelo, *ibid*, p. 210 and 227. The case of Mahonjo, that she cites in her work, relates how she was completely different after her deliverance and could criticize her previous state.

Chapter 4.

FACTS AND CASE STUDIES.

In this chapter, facts about the toby will be drawn and presented from the study of a group of 80 patients, chosen randomly, from July 1999 to December 2000. The files of the 80 patients were among the 166 files of patients that were treated during this period of time. I chose them because they were the most complete with regard to the data of the medical records. They do not represent an accurate and normative aspect of the characteristics of the population in a statistical perspective. However, through the group we may have an approximate idea of what the population was at that time, how they were treated and how they fared off. The data from the study give us a glimpse of the working of the system.

There are two sections in this chapter. Section A is about the presentation of the clinical characters of the 80 patients in the study group. For each category of patient, I will present at the end one case that illustrates how the Ambohibao model was taking care of this specific case. The presentation of one case study is very far from giving us an exhaustive understanding of the all system of the Ambohibao model, and the different data involved in it. Again, the purpose is to show us an illustration of the model's overall way of working. The case will illustrate certain principles or methods of the Ambohibao model. Among those principles are the holistic character of the model, particularly the practical and specific interaction of medicine and religious practice. More scientific and exhaustive/normative studies will represent a helpful complementary study to this descriptive thesis. I have limited the study of each case with the presentation of the general identity of the patient, his/her disorder's history, the diagnosis, the

treatment and the outcome at Ambohibao. The study of each case is closed with a short comment and conclusion. Please, find in *Appendix III* a presentation of more cases study.

Section B is a religious assessment of these patients. Most of these presentations will be in the forms of tables.

A. Clinical Traits of Patients at Ambohibao.

A.1. Patients and their Diagnostic Categories.

Table 1. Repartition of patients according to their diagnostic groups.

I.	Mental Disorders	
	Schizophrenia.....	38
	Mood Disorders	8
	Substance Related Disorders	8
	Non-Mental Disorders or Other Medical Disorders—Diseases	
	Neurological (seizures, craniostenosis)	12
	Other	4
	Spirit Related Disorders	10
	Total:	80

Short comment:

The first three diagnostic categories have been taken from the DSM IV and conform to the definition and classification of DSM IV and represent the diagnosis of Axis I, which is the main clinical issue in the DSM IV nomenclature. Category 4 (non-mental disorders or other medical diseases) represents the group of classic medical diseases. The last fifth category is constituted of patients with spirit-related disorders (SRD). Its definition was given in our previous study.

This table gives a snapshot of the population that comes to the Ambohibao Toby from July 1999 to December 2000. Most of them are treated for a certain number of weeks. The average stay is 3 months. Schizophrenia represents the most important number among the 80 patients of the study group, 38/80 or 47.5% of the group. Patients with substance related disorders represent the second. If we take into account the numbers of patients with

substance related disorders in Axis I and Axis III, there are a total of 23/80 cases of substance related disorders, or 28.75% of the study group.

A.2. Patients with Schizophrenia and Psychotic Disorders⁸⁸.

The diagnosis of schizophrenia has been assessed on the criteria of *DSMIV*, p.285-286. I did not mention the subcategories of the diagnosis as the form of the schizophrenia. Table 2 is a list of patients with schizophrenia disorders and their related factors.

Table 2. Schizophrenia and other psychotic disorders. (Total N = 38)

Schizophrenia & Other Psychotic Disorders				
<i>Patients Numbers</i> ⁸⁹	<i>Axis III</i>	<i>Major Symptoms</i>	<i>Assessment of Spirit-relatedness</i>	<i>Course & outcome under treatment</i>
1	Minor sleep disorder	Audio-visual hallucination (AVH) ⁹⁰	None	Continuous
3	Insomnia	AVH; Autism; Anxiety	None	Continuous
4	Insomnia, Alcohol abuse	AVH; autism; Aggressivity; Anxiety	None	Continuous, after more than 6 months of treatment
8	Substance abuse	Auditive hallucination; Incoherence	None	Continuous
13	Insomnia, Bulimia	Visual hallucination; Incoherence; Aggressivity; Delusion	None	Improvement, minimal residual symptoms
15	Insomnia	AVH; Incoherence	None	Improvement, minimal residual symptoms
16	Insomnia	Incoherence	None	Unknown
17	T.B. Insomnia	Audio hallucination; Incoherence	None	Discharged for T.B.
18	Insomnia	Incoherence; Aggressivity	None	Good, minimal residual symptoms
20	Insomnia, Anorexia	Delusion; Aggressivity; Visual hallucination	None	Good; treated as outpatient
21		Incoherence; Aggressivity; Visual hallucination	None	Continuous
22	Insomnia, Anorexia	AVH; Incoherence	None	Good outcome with absence of residual symptoms; needs good after-care
26	None	AVH; Runaway	None	Good improvement, in remission, problem of after-care
27	None	Incoherence	None	Continuous
28	Insomnia, Anorexia	AVH; Incoherence	None	Unknown

⁸⁸ The diagnosis of schizophrenia has been assessed on the criteria of *DSM IV*, p. 285-286. I did not mention the subcategories of the diagnosis as the forms of the schizophrenia. *DSM IV* distinguishes four types of schizophrenia: paranoid, catatonic, disorganized and undifferentiated; p. 286-290.

⁸⁹ The numbers are arbitrary, they are mostly used to keep record of patients ID.

⁹⁰ In the rest of this table I will use AVH for audio-visual hallucination.

29	Substance abuse	Aggressivity; Catatonic behavior (negativism, mutism)	None	Continuous
30	Anorexia	Incoherence	None	Slow improvement, residual symptoms
31	Dependency to alcohol	Visual hallucination; Grossly disorganized	None	Good, absence of residual symptoms, in remission
33	Substance abuse	Incoherence; Visual hallucination	None	Good, absence of residual symptoms, in remission
37	Substance abuse	Audio hallucination; Incoherence; Grossly disorganized	Brought to diviner	Unknown
38	None	AVH; Autism	None	Unknown (3 weeks of treatment)
42	Anorexia, Insomnia, Symptoms of depression	AVH; Incoherence; Symptoms of depression; Autism	None	Prognosis not certain
44	None	AVH; Incoherence; Agitation	Diviner	Good outcome, absence of residual symptoms
48	Malaria	AVH; Incoherence	None	Persistence of incoherence, continuous.
53	None	Grossly disorganized; Incoherence	Suspect of demonic influence	Too early for appreciation (10 days)
56	None	Auditive hallucination; Incoherence	Uncertain	Chronic or continuous , for 10 years
57	None	AVH; Incoherence	Diviner	Good, absence of residual symptoms, Outpatient
59	Insomnia	AVH; Incoherence; Aggressivity	None	Continuous; 10 years of disorders
60	Insomnia	AVH; Incoherence	None	Continuous; 8 years
62	Some anxiety, Insomnia, Anorexia	Audio hallucination	None	Continuous; outpatient
63	Substance abuse	Visual hallucination; Incoherence	None	Contingent on substance abuse
64	None	Aggressivity; Grossly disorganized	Diviner	Good outcome, improvement, absence of residual symptoms
67	Insomnia	Visual hallucination	None	Continuous
70	Substance abuse (alcohol & marijuana)	Incoherence; Amnesia; Visual hallucination	None	Good with absence of residual symptoms; dependent on abstinence of substance
71	Anorexia, Allergy, Asthma	AVH; Aggressivity; Incoherence	Diviner	Good with no residual symptoms
75	Insomnia	AVH; Incoherence	Unknown	Unknown
79	None	AVH; Nightmares	None	6 months of treatment; slow improvement, persistence of residual symptoms
80	Suspicion of cerebral cysticercosis (parasite in the brain)	Avolition; Inhibition psycho-motor	Some influence of Spirit (history issue of hatred)	Slow improvement, persistence of residual symptoms

The diagnosis of schizophrenia has been assessed mostly on the signs of hallucinations, - either auditive, visual or both, incoherence and absence of functionality of patients. It is worth noticing that hallucinations have been present in 28 cases, that is 74% of the 38

cases of schizophrenia, suggesting a paranoid type. Substance abuse is present in 8 cases out of the 38 cases of schizophrenia. The issue of spirit-relatedness, as the Ambohibao model understands it, was present in 8 cases, that is, 21% of the all 38 cases of schizophrenia of the study group.

It is also important to notice in the outcomes of the cases of schizophrenia the slow process of the recovery, and the persistence of sequels. This opposes the pattern of the outcome of spirit-related cases as we will see it later.

Finally, just for the sake of illustration, I present a case of a patient with schizophrenic disorders. Please, notice my comment and remarks at the end of the case presentation.

Presentation of a Patient with Schizophrenia Disorder.

Patient No 81.

Identity: Woman; 28 years old; married with no children; the 9th of 10 siblings.

Profession: Saleswoman.

Origin and cultural background: She came from the Antandroy ethnic group, a tribe in the South with a strong commitment to traditional beliefs and practices.

Religion: Lutheran, baptized and communicant.

History: Disorders started one year before her admission to Ambohibao. 12/27/99, triggered by a conjugal conflict. She ran away from home; had insomnia and delusions and psycho-motor inhibitions; neglect of personal hygiene and refusal of food. She was treated with neuroleptics, and antidepressant. Given no improvement, she was brought to Ambohibao by her family. (Ambohibao is ca. 600 miles from her village)

Diagnosis, treatment and outcome at Ambohibao: Axis I: Schizophrenia Disorder with some bouts of depression, and suspicion of issues of spirit related disorders, based on families report of spells cast at her by a jealous/revenging servant at the market, and also her aversion for religious things and practices. Axis III: Cerebral cysticercosis, or existence of parasites in the brain. Treatment: Neuroleptics, prayers and deliverance ministry. Counseling. Outcome: slow improvement and discharged for brain CT scan for her cysticercosis. Slow improvement and continuous persistence of signs. Worsening of signs when neuroleptics are stopped. She improved very much in the after care.

Conclusion and comments: For the healing team, the diagnosis looks to be more schizophrenia disorders plus depression. The suspicion of SRD is to be questioned because of the slow improvement of the disorders. The improvement was slow, more in accordance with the character of schizophrenia disorders. She was referred for more medical lab test, CT Scan. Prognosis looks finally good. This case underlines the need for good medical exploration with the religious approach, and also the need for being cautious on the issue of SRD.

A.3. Patients with Mood Disorders⁹¹.

Mood Disorder is divided into 10 subgroups in DSM IV, well defined and with therapeutic and prognosis characteristics⁹². The nature of this thesis does not require us to go into the details of those medical characteristics of the disorder. The following table shows us how the Ambohibao model makes its diagnosis, its treatment of patients with Mood Disorder. The table shows also the outcome under treatment. The treatment, as for all the other patients, includes religious/spiritual, socio-psychotherapeutic and regular medical means.

Table 3. Mood disorders. (Total N = 8)

Mood Disorders				
<i>Patients Numbers</i>	<i>Axis III</i>	<i>Major Symptoms</i>	<i>Assessment of Spirit-relatedness</i>	<i>Course & outcome under treatment</i>
11	Substance abuse	Insomnia; Depressed mood; Worthlessness; Guilt; Aggressivity; Suicidal tendencies	None	Slow improvement, Stabilization
12	Substance abuse	Insomnia; Amnesia; Anxiety	None	Fast remission
25	Substance abuse	Suicidal tendencies; Diminished ability to think; Mutism	None	No improvement
34	None	Insomnia; Anorexia referred from Anjanamasina Psych. Hospital ⁹³	None	No improvement
58	Substance abuse	Traumatism on the brain; AVH; Sadness; Withdrawal; Isolation; Aggressivity	None	Chronic; since 1991
61	None	Sadness; Guilt; Insomnia	Hatred for the mother	Good; treated as outpatient
65	Substance abuse; Enuresis (bladder trouble)	Suicidal tendencies; Hopelessness; Guilt; Soliloquy	None	No improvement
73	None	Sadness; Mutism	Father is a diviner	No improvement, Related to father's occult activities ⁹⁴

⁹¹ Mood Disorder is divided into 10 subgroups in DSM IV, well defined and with therapeutic and prognostic characters. P. 317-318.

⁹² DSM IV, 317-318.

⁹³ Anjanamasina is the first psychiatric hospital in Madagascar, situated 12 miles from Antananarivo.

⁹⁴ For the healing team at Ambohibao the father's continuing practice of occult activities is blocking the improvement of the patient.

It is important here to remark the place of psychoactive substances in Axis III of the disorder, 5 out 8 patients, 62.5%, have had connection with substance abuse. We notice the slow or the lack of improvement under treatment. It is worth noticing for patient #73, how the healing team relates the outcome to the father's occult activities.

The presentation of the following case study shows us how in the Ambohibao model the different factors articulate with each other in this specific case.

Presentation of a patient with Mood Disorder.

Patient No 58.

Identity: Male; 31 year old; single; 2nd of family of 2; taxi cab driver.

Religion: Protestant, baptized, communicant.

History: Started in 1991 when he had a cerebral trauma. He was treated at the center of neurology and psychiatry. He developed some audiovisual hallucinations, became aggressive, isolated himself, did not speak, and cried without understandable reasons. He was treated at the hospital of the government. He was admitted at Ambohibao after a lack of improvement of his status.

Diagnosis, treatment and outcome at Ambohibao: Axis I: Depression, Axis III: alcohol abuse.

He was treated with antidepressant and neuroleptics, plus the regular healing service, counseling and therapeutic activities at the toby, protection from drug use. No major improvement of symptoms, despite his stay in a controlled environment.

Conclusion and comments: This is a chronic state of mental disorders that were going on for a few years. He has been 2 months at the toby with no major improvement at that point. Does the diagnosis need to be revised and also the treatment, or is it too early? There is not seemingly a difference in the outcome of this disorder with treatment in another setting. What difference does a treatment at a toby bring in his case? Perhaps, the spiritual comfort and the issue of acceptance in a more caring setting?

A.4. Patients with Substance Related Disorders.

Alcohol and cannabis are the two major psychoactive chemicals or drugs in Madagascar. People are turning to the church for help regarding the medical and psycho-social troubles caused by the addiction to these substances. Substance related disorders are coming next in number after schizophrenia as disorders bringing people to Ambohibao. The Lutheran Hospital of Ambohibao is situated in the same block as the Ambohibao Toby. The hospital has a program of treatment of chemical dependency based on the model of Hazelden, Minesota. The

toby and the hospital work together in then treating of patients. The following table shows us how patients are taken care by the Ambohibao model.

Table 4. Patients with Substance related Disorders. N = 8.

Substance Related Disorders				
<i>Patients Numbers& Specific Diagnosis (Axis I).</i>	<i>Axis III</i>	<i>Major Symptoms</i>	<i>Assessment of Spirit-relatedness</i>	<i>Course & outcome under treatment</i>
23 Dependence to alcohol; Withdrawal disorders.	None	Shaking; Insomnia; Phobia; Hallucinations.	None	Disorders stopped in 3 weeks
24 Alcohol induced psychotic disorders; Dependence.	None	AVH ⁹⁵	Treated by diviners	Cure in 3 months; non-compliance to after care program.
35 Alcohol and cannabis induced psychotic disorders. Dependence to alcohol.	Epistaxis; Malaria	AVH; Incoherence; Aggressivity; History of drug addiction.	None	Stabilization and normalization after 2 months
45 Cocaine induced psychotic disorders. Cocaine abuse.	Insomnia	AVH	None	Chronic since 1998
66 Alcohol and cannabis induced psychotic disorders. Dependence to cannabis.	None	Delusion; Insomnia; Psycho motor excitements	Past occult activities.	Remission of disorders in 3 months
69 Alcohol induced disorders. Dependence to alcohol.	None	Visual and olfactive hallucinations	None	Remission of disorders; no family.
74 Alcohol and cannabis induced psychotic disorders. Dependence to alcohol and cannabis.	High blood pressure.	AVH; Incoherence	None	3 months of treatment; Improvement of signs of disorders.
77 Cannabis induced psychotic disorders. Cannabis dependence.	Insomnia	AVH; Nightmares; Delinquency	None	Chronic state; onset 6 years ago

The analysis of the table shows the dominance of hallucination either auditive or visual or both, and depressive syndrome in the symptomatology of the disorders.

Presentation of a patient with Substance Related Disorder.

Patient No 69.

Identity: Male; 41 year old; high school graduate level of education; divorced, no profession.
Religion and cultural backgrounds: Protestant, baptized and communicant. Was living in France when his disorders started.

⁹⁵ AVH stands for audio visual hallucination.

History: Heavy drinker, dependent on alcohol. Had visual and olfactory hallucinations, insomnia. Was admitted to Fieferana, another toby in the suburb of Antananarivo, but ran away. He was admitted to Ambohibao in December 1999.

Diagnosis, treatment and outcome at Ambohibao: Axis I: Dependence to alcohol and psychotic disorders. Treated with neuroleptics and psychosocial and religious treatment at the toby. He was in complete remission after 6 months. He stayed at the toby because he had no family he could live with. All his family are in France and do not want to take care of him. He was living at the toby, supported by an elder of the toby.

Conclusion and comments: Case of substance related disorders with psychotic disorders. Responded very well to the treatment model of the toby. Had to stay at the toby because of family abandonment. The toby plays here a role of home place for patients without families.

This case shows us how the holistic approach of the Ambohibao model is helping people with problems of addiction. It will be helpful to do a follow up study of how the patients fared off after their discharge, for example after 6 months and one year, and what is the place of the aftercare in the Ambohibao model.

A.5. Patients with Non-Mental disorders.

The toby of Ambohibao is not exclusively treating mentally disordered patients, but in its outpatients clinic and in the toby itself it receives patients who have non-mental disorders, that is patients with ordinary medical issues. The following table shows the study of these kinds of patients.

Table 5. Patients with Non-Mental Disorders. N = 16.

Non-Mental Disorders				
<i>Patients Numbers</i>	<i>Axis III</i>	<i>Major Symptoms</i>	<i>Assessment of Spirit-relatedness</i>	<i>Course & outcome under treatment</i>
5 Seizure	Aggressivity, Tantrum	Seizures every 3 months	None	Under control with anti-epileptics
6 Seizure	Incoherence, Aggressivity, Runaway	Generalized seizure	None	Control with anti-epileptics
7 Craniostenosis	Mental retardation, Psycho-motor troubles	Seizures	None	Intractable
9 Malaria	Delusion, AVH	Syndrome of Malaria, Lab examination	None	Cured
10	Aggressivity	Generalized seizure	None	Control with anti-

Seizure				epileptics
19 Ascitis & Splenomegaly	Insomnia	Big abdomen	None	No specific treatment. Stationary.
32 Seizure	Headache	Generalized seizure; Not specific of epilepsy	Uncertain	Control with anti- epileptics
36 Seizure	Retardation, Psycho-motor	Neo-natal seizure; Traumatism at delivery	None	Control with anti- epileptics
41 Seizures	Hypoacusis speech disorder	Seizure; Generalized infection in early age	None	Control with anti- epileptics
43 Seizure & psychotic signs	AVH, Incoherence	Generalized seizure onset in childhood	None	Control with anti- epileptics
47 Seizure	Depressed mood, Suicidal tendencies	Seizure	None	Control with anti- Epileptics
51 Seizure	None	Generalized seizure	None	Control with anti- epileptics
54 Seizure	Aggressivity, Tantrum	Seizure; Amnesia; Syncope	None	Control with anti- Epileptics
68 Seizure	Insomnia, Anorexia, Cries, Unbearable to family	Visual hallucination; Seizures	None	Control with anti- epileptics
72 Seizures	Enuresis	Generalized seizure	None	Control with anti- epileptics
76 Stroke	None	Syndromes of cerebrovascular stroke	None	Slow improvement & stabilization

It is very interesting to notice that 14 out of the 16 patients, that is 87.5% of the category of non-mentally disordered are neurological cases. The point of including the category of non-mental disorders in this study is to show us that mental disorders are not the unique area of ministry of the Ambohibao model. The following case study illustrates how the treatment approach combines spiritual and medical means.

A patient with non-mental disorder.

Patient No 36.

Identity: Male; 20 year old; illiterate; single; 7th of 7 siblings.

Religious and cultural backgrounds: Catholic, baptized, non-communicant; comes from the neighborhood of the city.

History: Had a brain trauma at delivery. Developed a psychomotor development retardation. Later he had generalized seizures. Has been treated in different centers and hospitals. Finally came to Ambohibao. History did not reveal practices of traditional healing.

Diagnosis, treatment and outcome at Ambohibao: His diagnosis did not pose a problem: "generalized epilepsy". He followed all the program of healing ministry at the toby. He received antiepileptics that controlled his seizures on a continuous pattern.

Conclusion and comments: Our patient is a characteristic case of a patient that families bring to Ambohibao after they have used all the medical resources of the area. Medically there are no dramatic improvements to be expected. The questions are, “What are family’s expectations in bringing such patient at Ambohibao? What is the expectation of the healing team for such a patient?” There are the suggested following answers: 1) Families are expecting miracles as those in the New Testament and also because cases of healing of such cases in the history of the Fifohazana or Revival; 2) For religious and psychological empowering, search of answer to the why of the disease in the face of an intractable disorder. Another question that I would like to ask is the attitude of doctors and the healing team with regard to telling the truth to patients and family in this kind of special situation. The toby accepts such patients for at least 2 reasons: 1) They also expect improvements, because they believe God can intervene at any time. 2) They accept such patients out of love and compassion, because they should not reject patients whoever they are, particularly this kind who is often forsaken by their own family. 3) For the sake of comforting the patient and families spiritually, psychologically and emotionally.

A.6. Patients with Spirit Related Disorders.

One hypothesis of the Ambohibao model is that there exists a certain number of disorders related to spirits, mostly evil spirits, that take the many forms or signs, sometimes pathognomonic of spirit-related disorders, sometimes borrowing form other nosological entities, and that there is a diagnosis process that can lead to the identification of the nature of those disorders. The following table shows the study of this category of patients.

Table 6. Patients with Spirit Related Disorders. N = 10.

Spirit Related Disorders				
<i>Patients Numbers⁹⁶</i>	<i>Axis III</i>	<i>Major Symptoms</i>	<i>Assessment of Spirit-relatedness</i>	<i>Course & outcome under treatment</i>
14 SRD	None	Delusion; AVH ⁹⁷ ; Pains in the abdomen; Syncope; Insomnia; Aggressivity.	Not mentioned in medical records	Rapid recovery after deliverance ministry
39 SRD	None	Visual hallucination; Phobia and fear of imminent death; Runaway.	Anamnesis, Transcendental yoga	Remission of signs
40 SRD	None	Audio hallucination; Soliloquy; Insomnia; Mood depression.	No mention in Anamnesis	Cure after deliverance ministry
46 SRD	Drug abuse	Autism; Insomnia; Anorexia; Wandering.	Treated with diviner	Cure after 1 month
49 SRD	Heart failure	AVH; Insomnia; Anorexia.	Treated by 15 witch doctors/diviners	Improvement in 3-4 weeks
50 SRD	None	AVH; Delusion of persecution; Depressed mood; Phobia and fear of imminent death; Insomnia; Soliloquy.	No mention in Anamnesis	Improvement after 1 week of deliverance ministry
52	None	Visual hallucination; Crisis post-partum;	Consults diviners	Heals after 1 month of

⁹⁶ Numbers are arbitrary, used mostly to keep track of patients ID.

⁹⁷ AVH stands for audiovisual hallucinations.

SRD		Insomnia; Anorexia; Seizure.	with families, Crisis at deliverance ministry service	deliverance ministry, stops medication
55 SRD		Soliloquy; Visual hallucination; Insomnia.	Diviner/healer	Improvement after 2 weeks
78 SRD		Visual hallucination; Insomnia; Anxiety; Obsession; Phobia and fear of imminent of death.	Families are practicing occult activities (diviner/healer counseling)	Improvement after 1 month of ministry
80 SRD		Multiform symptomatology, with headache, abdominal pains, neck pains, arthritis, etc.	<i>Tromba</i> ⁹⁸ , a cult of possession in Madagascar	Crisis during deliverance ministry; Remission of all signs; Absence of lab signs; no anomalies at explorations.

The cases reported in this table are congruent with the working hypothesis of the revival that spirit-related disorders disappear with deliverance ministry. The outcomes are affirming or not the diagnosis of SRD.

The symptomatology may look psychotic, with hallucinations. In other cases the symptomatology looks medical, with syncope, headache, etc. The anamnesis and the outcome of those disorders through ministry of deliverance treatment permitted to unveil those spirit-related disorders. The presentation of the following case of spirit-related disorder illustrates us how such case is approached and handled by the Ambohibao model⁹⁹.

A Patient with Spirit Related Disorder.

Patient No 80

Identity: Female; 46 year old; housekeeper; married and mother of 8 children; 10th of 10 siblings.
 Religious and cultural backgrounds: Lutheran, baptized, communicant; lives in the capital city and comes from the region of Toliara where it is customary to have traditional beliefs and practices of devotion and worship of spirits of the ancestors.
 History: Disorders started a few months before she was admitted to Ambohibao, with the following symptoms: pains in the stomach, in the neck and headaches. Then she was medically treated in hospital for arthritis (gout), diabetes, kidney stone, ovarian cysts, fibroma of the uterus; but no improvement.
 Diagnosis, treatment and outcome at Ambohibao: She was admitted with all the previously mentioned symptoms. She had a thorough medical testing without evidences of the previously mentioned medical pathologies. The healing team at the toby started with a service of deliverance and of healing. She reacted to the deliverance ministry with agitations, convulsions and manifestations of personal spirits who took

⁹⁸ Read the text about the definition and nature of *tromba*

⁹⁹ The study of the other cases of spirit related-disorders is found in Appendix.

over her personality. She was exorcised, with the goal of casting out of the spirit entities that claimed to indwell her. The recovery was immediate after the deliverance ministry, and all the signs disappeared. For the healing team who ministered to her, her case was a typical case of demonization. The family reported her case as a *tromba*, or a case of possession by spirits/ancestors according to the well-established traditional beliefs and practices that exist all over Madagascar. The family reported that the patient used to dwell under a tamarind tree that was the customary holy place of *tromba* activities.

Conclusion and comments: For the healing team at Ambohibao, this was a typical case of demonization by *tromba*. The *tromba* is a very popular and well-known practice of the Malagasy animistic religion¹⁰⁰. In fact for the revival, *tromba* is synonymous of entrance to phenomena of demonization. This is the reason why in the anamnesis such practice and interaction with *tromba* are intentionally researched, because it leads to a suspicion of SRD. In this case the symptomatology was remarkable for its borrowing from different kinds of surgical and medical symptomatology, and was by this fact very misleading. The diagnosis was strongly affirmed by the immediate disappearance of all signs after just one service of deliverance ministry and by the absence of signs of abnormality at medical tests. One can evocate, as a differential diagnosis, a made-up manifestation performed by the patient in an episode of hysterical crisis. Generally the revival rules out such hysteria and factitious make up by the authenticity and the coherence of the spirit entities who indwell people who are demonized by the practices of *tromba*. This case is also remarkable by its immediate results, while often cases may necessitate a few number of services of deliverance. Another interesting thing in this case is the way the family and the healing team attribute as entry point for the spirits into the patient the fact she was often staying under the tamarind tree that was used for *tromba* ceremonies¹⁰¹.

B. Religious Assessment of Patients at Ambohibao.

¹⁰⁰ Many books have been written on the *tromba*. I mention particularly, Jean Marie Estrade, *Le Tromba, Un Culte de Possession a Madagascar* (Paris: L'Harmattan, c.1975). Razivelo Mariette, in her thesis, *The Doctrine of the Holy Spirit in the Betsileo Context: Implications of the Betsileo Understanding of "Spirit", "Human Spirit", and "Spirits" for the Christian Understanding of the Holy Spirit* (Luther Seminary, Saint Paul: Th. D. Thesis 1994). These two books give account of how the worship of spirits is a part of the Malagasy beliefs and religious practices.

¹⁰¹ Those spirits have knowledge, physical ability and power that the indwelled person does not normally have. Those spirits are the same spirits or personalities that are looked for and consulted during séances of "tromba". Cf. Jean Marie Estrade. Those spirits are unveiled and revealed under the pressure of exorcism in the name of Jesus Christ. For Abigail Evans, p. 88, the manifestations happening and surrounding a séance of exorcism are such that there are no ways of mistaking exorcisms of truly demonized persons for made up phenomena.

Handbook of Religion and Health, defines the differences between spirituality and

religion in the following terms:

Religion is an organized system of beliefs, rituals, and symbols designed to a) facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and b) to foster an understanding of one's relationship and responsibility to others in living together in a community.

Spirituality is the personal quests for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community.¹⁰²

The differentiation between religion and spirituality allows us to understand why the Ambohibao model uses religious factors to study the cases of patients. Different from spirituality, religion can be objectized through the external manifestations and practices of that religion, while spirituality is more subjective. The model of Ambohibao uses religious terms to assess the matter under question. The medical record of patients assesses patients' religious status under three rubrics: Patients' religion/denomination; if Christian, baptized or not; if Christian, practicing communion, or not.¹⁰³

¹⁰² Koenig et al., 18.

¹⁰³ Find in *Appendix II* the study of the religious affiliations of the 80 patients of the study group and the religious affiliations according to the diagnostic groups.

PART THREE.

CRITIQUE AND EVALUATION OF THE AMBOHIBAO MODEL

The presentation of the Ambohibao model has allowed us to study a model of healing ministry for the church. This model claims to be holistic in its understanding of the healing ministry. This means integrating healing with the usual activities of the church -in fact, in a toby, the church is helping people to deal with all issues of life, and not just with health issues, such as family issues, work problems, education, etc. In a toby, church activities and daily life are mingled. The boundaries between the activities of the temporal, the body, the social and the spiritual are very weak. Each activity is integrated, planned to have an effect on the other. People come when they feel diseased and suffer pains and disorders. People believe that the church/toby can bring solutions to their problems. Some of those who are sick are referred to more appropriate services, others are helped as outpatients, and others are admitted as patients at the toby. This thesis has its focus on mental illnesses because of the great number of mentally disordered people who come to the toby. We have also seen that many patients are of the neurological type, many of which are chronic diseases that have little chance for recovery.

The following features deserve to be underlined from the study: 1) The Toby of Ambohibao treats all kinds of patients. Though there are many cases of mental illnesses, the toby is not a psychiatric center. 2) The Toby of Ambohibao receives and treats people who are suspected to be under the influences of spirits, commonly understood as demonic spirits. I have called it spirit-related disorder (SRD) in this thesis. For the Ambohibao model, SRD represents a well-defined nosological entity, an autonomous disorder. The model has developed its own understanding of the epidemiology of the disorder, its etiology, its symptomatology and its

outcome and treatment as we have seen it in the previous chapters. It has developed a way of differentiating mental disorders from SRD. 3) There is a common track of spiritual treatment for all patients who come at Ambohibao, consisting of prayer, learning of the Bible and the basics of Christian life, attendance at healing services that include a proclamation of the gospel, a call to repentance and the laying on of hands for healing and for special needs. 4) At Ambohibao the medical and the religious are working hand in hand. The modality is far from being perfect but the principle is to proceed in that direction and to improve the model.

This part three of the thesis will be a critique and an evaluation of this Ambohibao model, and part four will be a theological reflection.

Chapter 5.

CRITIQUE OF THE AMBOHIBAO MODEL.

This chapter will include three sections: 1) Internal critiques, from those who belong to or advocate for the model and the revival movement. 2) External critiques, from those who are not a part of the revival movement. 3) Examples from other experiences and medical literature.

A. Internal Critiques of the Ambohibao Model.

Reluctance of pastors and revival members for an integrated model.

Pastors and certain members of the revival are reluctant to include medicine in the healing ministry of the revival and the church. They evocated three reasons for their reluctance: First, the revival has always done healing ministry without the help of doctors and drugs, and it has worked. Second, the usage of medicine and drugs is taking away the glory from God and gives credit to human means. It suppresses the role of faith and replaces it with trust in doctors and medication. For certain members of the revival, the introduction of medicine in the toby is weakening people's faith. Third, in the area of mental health, the usage of tranquilizers and neuroleptics is seen as blunting the consciousness of patients and their intelligence, blocking their receptivity to the word of God, the main factor for healing of patients¹⁰⁴.

¹⁰⁴ Thomas Spears and Kimambo Isaria, "The Church of the Holy Spirit", in *East African Expressions of Christianity* (Oxford: Ohio University Press, 1999), report the understanding of the Arathi of how healing ministry should be done, rejecting the western medicine introduced by missionaries. For them, Jesus healed uniquely by speech, touch, prayer, anointing of saliva. P. 241.

In 1999, I had an interview with Pastor Donatien Ramahefasony, the pastor of Ankaramalaza, the principal toby from which Ambohibao came. He told me that one important thing that he has learned from his ministry with Nenilava, the latest leader of the revival, was that faith and healing in the name of Jesus, the way the revival understands it, works with modern medicine. He cited that Nenilava was using a doctor to take care of her, and Pastor Rakotozandry, the leader of the revival who preceded her, was treated at the Hospital of Andranomadio in 1945¹⁰⁵. Very significant is the fact that Toby Ankaramalaza has also a clinic and a hospital. At this present time, the usage of medicine and doctors at the toby is less and less questioned. In certain revivals in East Africa, the experience of certain churches that practice healing ministry by combining faith, prayer and medicine find that the adjunction of prayer and faith increase the efficacy of drugs¹⁰⁶.

Reluctance of doctors to work with pastors and *mpiandry*.

Here, the main issue is the problem of communication and mutual understanding. John White, a pastor and a psychiatrist, speaks about the issue of epistemological clash¹⁰⁷. Doctors and pastors/*mpiandry* have opposite perspectives on the core of the matter and the way of

¹⁰⁵ Cf. Chapus et al. *Au Souffle de l'Esprit. La Vie Consacree du Pasteur Daniel Rakotozandry*. (Tananarive: Imprimerie Lutherienne, 1951)

¹⁰⁶ In the USA, experiences and controversies are still going whether prayers are helping patients to recover, by making medical treatments work better and more rapidly. Cf. studies done or reported by Koenig and Larson, *The Handbook of Religion and healing*; Dale Matthews, *The faith factor*. Larry Dossey, M.D, in his book, *The Healing Words* (San Francisco: Harper, 1993) 164-165, finds that prayer is effective on healing, and suggests "that it may be important for us to study prayer scientifically to help us find answers to some of life's deepest questions". p. 164-165.

¹⁰⁷ John W. Montgomery Ed., "Problems and Procedures in Exorcism", *Demon Possession: A Medical, Historical and Theological Symposium* (Minneapolis: Bethany Fellowship, 1976) 282.

approaching the problem¹⁰⁸. Doctors have been trained to think in terms of chemical and biological terms while *mpiandry*, pastors and traditional practitioners tend to see things from the intervention of spirits, the consequences of bad or good acts (cf. the concepts of *tsiny* and *tody* that were mentioned previously). The need of rapprochement between the two camps is obvious. Most doctors who work at the toby are *mpiandry*, but not all pastors and *mpiandry* are doctors. There is a tension that needs to be resolved through a constant conversation and sharing. This thesis seeks to contribute to the dialogue between *mpiandry*, pastors and doctors.

The lack of skills of those who perform the healing ministry.

The *mpiandry*, the doctors and the pastors at the toby, recognize their need to have more training. For pastors and *mpiandry*, besides the pastoral and theological training, there is the need for a better understanding of basic mental illness and medicine in order to take care of patients that are under their responsibility and to cooperate better with nurses and doctors that are working with them at the toby. For doctors the needs are important for a better biblical, theological and spiritual understanding of mental illnesses, and the knowledge of spirit issues and their interaction with mental illnesses and diseases in general. Summarizing, I would say that doctors need to be more spirit-aware and pastoral, and that pastors and *mpiandry* need to be more medically minded.

A very important question is the place of pastoral care and holistic healing in the training curriculum of pastors, *mpiandry*, nurses and doctors who want to take care of patients in a holistic way as suggested by this model of Ambohibao.

¹⁰⁸ J. White, "Problems and Procedure in Exorcism", in J. W. Montgomery Ed. Ibid. 282-299, contend that doctors have their own procedures when dealing with patients, namely, the need to study the clinical picture, the diagnosis and the etiology.

Certain authors such as Garry Collins, a psychologist and a professor of pastoral psychology and counseling, recommend that deliverance ministry be reserved uniquely for experts, or a multidisciplinary team of “sociologist, psychologist, psychiatrist, aided by a biblical scholar”¹⁰⁹. This recommendation is possible in western countries where many experts are available, and where authors like Gary Collins estimate that exorcism should be an extraordinary procedure¹¹⁰. Such a recommendation is unrealistic in countries like Madagascar where finding experts as mentioned by Collins is impossible and where the incidence of demonic troubles are judged to be very much higher. From this discussion, it seems to me that that either in Western society or in Madagascar, there is a necessity for a multidisciplinary approach to the study of demonic phenomena.

B. External Critique.

In this section ‘external’ means primarily people who are not members of the revival movement. The critiques may stem from Non-Christian/secular positions to denominational and theological positions that are different from those that support this kind of healing ministry of the Toby of Ambohibao. This discussion will limit itself to critiques of the holistic character of healing ministry and the issue arising from the concept of spirit-related disorders. Regarding the concept of the holistic character of healing ministry, the main critique is twofold, that the church should not be involved at all in the ministry of healing, and that religion and healing are two different things that do not need to be put together. The second critique of the issue of SRD is specifically addressed to the model of Ambohibao, particularly its presuppositions and correlations that spirits exist and may affect human beings. Let us discuss these two critiques.

¹⁰⁹ “People who take both science and the Bible seriously”. Cf. John W. Montgomery Ed., “Demonology Viewed Psychiatrically”, in *Demon Possession*, p. 249.

¹¹⁰ Ibid; p. 249.

B.1. Church/Religion has nothing to do with Medicine and Healing.

B.1.1. Exclusive Biophysical Understanding of Medicine.

For the proponents of this critique, medicine is uniquely about biophysical matter, and other things like faith, belief, emotions, spirits, etc, have nothing to do with medicine. This critique is a byproduct of the evolution of the history of healing/health/medicine and religion. Part One of this thesis has given us enough facts to understand that medicine and religion have been very much intertwined throughout human history for best and for worst. The modern times have seen remarkable advances of medicine and healing when they were detached from religion and beliefs of all kinds, and grounded primarily or entirely on scientific bases and methodologies. Everything about health and healing was summed up according to their biological and physical components. However, Post-Modernity¹¹¹ has seen the failure of this strict bio-physical understanding of human being, and the process has been critiqued as “reductionism”, signifying the inadequacy of such approach to describe the complex reality of sickness and healing¹¹².

B.1.2. Separation of Medicine and Religion¹¹³.

Luther’s teaching on the principle of the two kingdoms is not foreign to this kind of separation of health and healing from religion and the church. Medicine and healing belong to the kingdom of the left. According to Evans in her book, *The Healing Church*, Luther and Calvin

¹¹¹ In this thesis I understand ‘postmodernity’ as our present era, where the legacy of the Enlightenment, the power of reason and science to explain everything, have declined. Cf. Bernard Reardon, “Christian Modernism”, in *The Encyclopedia of Religion* ed. Mircea Eliade, (N.Y.: Mc Millan Press, 1987) v.10, 8. One characteristic of post-modernity is the resurgence of neo-pagan beliefs and activities even among intellectuals. Cf. James R. Lewis, *Witchcraft Today. Encyclopedia of Wiccan and Neo-Pagan Traditions*.

¹¹² Robert Hale et al. Ed. “Introduction”, *The American Psychiatric Press Textbook of Psychiatry*. p. xxv.

¹¹³ For details on this topic, cf. Koenig and Larson “History, Science and Religion” in *Handbook of Religion and Healing*; p. 24-49.

did not believe in any supernatural acts of God in healing people. For the proponents of this idea, medicine and healing have done well without religion and the church; they should be left that way. Religion and the church should take care of the soul; medicine and science will take care of the body and its health. This separation of health from religion and religion from health and all secular things cannot fit anymore with new discoveries in science and the new understanding of health¹¹⁴.

Health has found a new definition; “it is not just an absence of diseases but a state of physical, emotional, spiritual and social well-being”.¹¹⁵ The development of psychosomatic and holistic medicine has opened a new understanding of the effects of the emotional, the social and the spiritual on the well being of a person. Viktor Frankl, a psychiatrist and a psychotherapist, in his book, *The Doctor of the Soul*, speaks of the concept of medical ministry, in which he defines medicine as a ministry and doctor as a minister¹¹⁶. Frankl affirms that neglecting the spiritual dimension of life, ignoring the sense of values, the need for a meaning for life will lead to the failure of medicine and healing¹¹⁷. Given what has been said, it is impossible for medicine in our time to ignore the role of the emotional and the spiritual on the life of a person and his/her well-being. A holistic approach is no more an option but is a necessity for the best healing of a person.

B.1.3. Abusive Promise of Healing.

¹¹⁴ Rediscovery of the role of culture, emotion, psychology and spirituality/religion in the realm of healthcare. Cf. Larry Dossey, Dale Matthews, Harold Koenig.

¹¹⁵ According to the World Health Organization (WHO) 1998, “Health is a dynamic state of complete physical, mental, spiritual and social well being and not merely the absence of disease”. Per Evans, p.38, the concept of spiritual was added in 1998.

¹¹⁶ Viktor Frankl, *The Doctor of the Soul*, translated by Richard and Clara Winston, (N.Y.: Vintage Books, 1986) p. 265-84.

¹¹⁷ A beautiful example cited by Frankl is the case of a surgeon who amputates the leg of a patient, and who has afterwards to motivate the patient for life, to encourage him to have a sense of meaning in order to avoid the desire for suicide subsequent to the loss of the leg. He writes, “Where actual surgery comes to an end, the work of medical ministry begins.” Ibid, p. 281.

A critique addressed to the holistic approach is that combining healing and religion is to espouse the views of faith healers who promise healing to all those who come to them. The critique contends that this attitude is deceiving because patients will not always be healed. People who voice this critique consider that the toby and church are lying to people when they promise healing to all patients. It is honest to recognize that this kind of attitude lies in the subconscious of both healers and patients/family. There are two attitudes that people generally have with regard to the outcome of diseases when they are brought to religion through prayers and healing ministry. One attitude was that of the long held position of the Catholic Church until Vatican II and even of some Protestant people, that patients need prayers and pastors when the case is terminal and there is no hope of healing. Religion is there to help patients and family to cope and prepare for death. Extreme unction was for the preparing of patients to die well and be ready¹¹⁸. After Vatican II, the Roman Catholic Church restored the sacrament of healing or sacrament of the anointing of the sick in place of the sacrament of extreme unction¹¹⁹. The sacrament of healing is therefore for all those who are sick, and not only for the dying. The second attitude is that God is expected to perform a healing miracle every time a patient is brought to a religious healing service.

It is important for the revival to understand that people's ardent desire for cure is legitimate, but they should also make it clear to people that though a cure may take place, it does

¹¹⁸ Abigail Evans, *The Healing Church*, p. 5-17, for more about the history of the Rite of Healing from James 5, and the Sacrament of Healing, how it became the sacrament of Extreme Unction, before coming back to the Sacrament of Anointing of the Sick by Vatican II in 1962-65. For Evans the main move was due to the church concern for salvation of the soul vs. healing of the sick. Extreme Unction was a rite in view of penitence, forgiveness of sin, and preparing the sick for dying. *The Healing Church*, p. 5-17.

¹¹⁹ Mc Nutt in *Healing* gives a similar account of the Roman Catholic Church shift of the Rite of Healing to the Sacrament of Extreme Unction. Read Francis Mc Nutt, *Healing* (Notre Dame Indiana: Ave Maria Press, 1999) p.224-228. For McNutt everything started with the spiritualization of healing and salvation and with Jerome's translation of the Greek verb *sozein* in James 5: 15 with the Latin word *salvo* that means save. As we will see the verb *sozein* is translated by saved or healed or made well in English versions of the Bible. For McNutt, Vatican II marked the return of the emphasis of healing (physical) in the ministry of the church.

not happen all the time. In fact, it is helpful to remember that cure and healing are different, and some authors like to say that cure may not always happen but healing can¹²⁰. The Africa Colloquium of the Congress on the World Mission of the Church: St. Paul 98 declares in its resolution: “There is a difference between the curing of diseases and the healing of persons”¹²¹. In both cases God is present and has a purpose and a caring concern for the one who is sick and his/her family whatever the outcome of the disease will be. God’s presence and caring love is not dependent on the happening of the curing event. Teaching the truth in love is an important part of the healing ministry of the church¹²². The attitude of Johannes Christopher Blumhardt, a German pastor, Lutheran theologian and a practitioner of healing ministry, is a good pastoral attitude with regard to the healing or lack of healing of patients. He said: “If you’re healed, it’s from God. If you’re not, God will give you the strength to bear it.”¹²³

*B.1.4. Postmodern Resistance to the Church’s Ministry of Healing.*¹²⁴

Here, will be summarized the points that Evans found to be the main reasons people resist the implementation of a healing ministry in the church, which will be advocated in this thesis. They are: 1) the lack of a model of health ministry because of the non-involvement of the church

¹²⁰ It is worth noting that the Greek NT has at least three words to describe the sought goal with sick people: 1) *sozein* that may be translated by to rescue, to save, to make well/better or to heal (James 5:15); 2) *therapeuo*, which means to heal and to cure; 3) *iaomai* translated mostly by to heal. (There are other secondary words: *apallaso*, *hygies*) In this context, healed is closer to saved in a more spiritual way. John Kohlenberg III et al. *The Greek English Concordance of the NT*. (Michigan: Zondervan Grand Rapids. 1998). I will come back to this point in the biblical reflection.

¹²¹ Luther Seminary, St. Paul, MN 1998.

¹²² Cf. my project entitled, *Sharing Information to Patients*, D. Min Office, Luther Seminary, 2001, Saint Paul. My main thesis was that the truth is always liberating and giving people their dignity, but it should be told carefully and with love.

¹²³ Cited by J. Kydd, *Healing through the Centuries. Models for Understanding*. (Massachusetts: Hendrickson Publisher, 1998).

¹²⁴ This is the title of one section of Evans’ book, *The Healing Church*, p.17-18. The following data will be taken from her book. In her book Evans considers that we are presently in a postmodern era.

in that ministry for many years; 2) the unorthodox theological positions that often sustain healing ministry done by certain denominations; 3) the church's uneasiness with integrating health ministry in all its ministry activities; 4) the lack of educational basis for the training of doctors and pastors in view of this kind of holistic ministry of healing; 5) "little verifiable data existed to persuade the scientific community of the church's effectiveness as a health care institution."¹²⁵

This thesis through the presentation Ambohibao model is addressing almost all these factors of resistance in many of its pages.

B.2. Critique of the Concept of Spirit-Related Disorder.

In this section, two main critiques will be discussed: one, that demons and evil spirits are not real; and two, that spirits/demons may exist but they are not responsible for mental disorders.

B.2.1. Demons and Evil Spirits are not real.

The basis of this assumption is fundamentally philosophical and theological and not scientific, because science is incompetent to determine the existence or non-existence of God. The main proponents of this thesis sustain their position on the main premise that the supernatural is incompatible with the existence of the natural law that governs the universe. Demons are a part of that supernatural. They cannot be demonstrated, they cannot be the object of experiments, therefore they do not exist, they are just the products of imagination and superstition. This position has been the position of many authors since the Enlightenment. In medicine this was the position of Sigmund Freud, for whom demon possession and exorcism are

¹²⁵ Ibid. p.18.

vestiges of the past, a form of outdated understanding of mental illnesses¹²⁶. For Freudians, exorcism is detrimental to the well being of mentally disordered patients and should be abolished

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In the field of theology, it is worthy to note the spectrum of attitudes of authors on our topic. To summarize those different scholarly and theological positions, I want to cite the article on Demons and Exorcism in the Anchor Bible Dictionary:

The reports of demonic activities and exorcisms in the NT are subject to various considerations by different scholars. One interpretation views the phenomenon as a 1st –century understanding of what would be known as a psychological problem. What the ancients called demonization would be a psychological problem. Representatives of this viewpoint include McCasland, Langton and Osterreich. Others such as Bultmann, see in these accounts a mythological description of a person's existential need to transcend the oppressive power systems of evil in the world. Still others maintain that the concept of demons actually existing is not incompatible with a modern cosmology (Dickason, Kallas, Schniewind). In any case, an understanding of the demonic is absolutely essential to a proper interpretation of the life of Jesus.”¹²⁸

From a missiological perspective and trans-cultural understanding of the gospel, the extension of the gospel to the Third World has confronted western theological tradition and Christianity with what indigenous theologians and pastors, and missionaries later on, identify as demons or the devil in accordance with what has been described in the New Testament. The Church from those countries has taken the account of the New Testament as an accurate description of the phenomenon and therefore worthy of founding pastoral and evangelistic approaches to the ministry of the Church.

¹²⁶ Gary Collins, “Psychological Observations on Demonism”, in Montgomery, *Demon Possession*, p237-251. Gary Collins is a psychiatrist, and explaining the position of Freud on demonism, he writes: “Freud suggested that both God and Satan were mental substitutes for human fathers. ... What men once called evil spirits are really “base and evil wishes” deriving from “impulses which have been rejected and repressed”. What people called in the past demon possession in the present day are called neuroses”. Reported by Collins from, S. Freud, “A Neurosis of Demoniactal Possession in the Seventeenth Century”, *Collected Papers*, trans. Joanne Riviere, IV (London, Hogarth Press, 1949), 436 f.

¹²⁷ Ibid. In the same article, Collins reported an article published in magazine *Human Behavior* , III (May, 1974), 16-23. : “demons have never existed, clear cut cases of possession have never taken place and exorcisms...should be abolished because they are useless and potentially harmful”.

¹²⁸ *Anchor Bible Dictionary*, V.2. Freedman Ed. Doubleday. New York. 1992. p. 142. Article by David G. Reese.

B.2.2. Controversy about Spirits/Demons in SRD.

There is a controversy about the place and the role of spirits and demons in the making of mental disorders. There are authors who say that spirits and demons are not at all accountable for any mental disorders. Accepting the contrary of this statement will bring us back to the old times where diseases, and mental diseases in particular, were wrongly attributed to demons and the devil. A strong argument sustaining that critique is the belief that mental disorders are all physical/biological, and disorders are attributed to demons only out of lack of knowledge of the scientific causes of the disorders.

We mentioned in the beginning the recognition by the scientific world of the congruence of the existence of spirits in explaining certain psychoses and certain culturally-bound disorders. Those culturally bound disorders are attributed to spirits by those who deal with them, and current authors of psychiatry recognize that those phenomena are not always a delusion or a product of superstition¹²⁹. Modern scientific authors start to recognize the help of indigenous healers in those particular cases¹³⁰. Modern authors of medicine fail in understanding and explaining the phenomena in their epistemological system. They do not endorse completely this kind of approach, but they restrain from criticizing it and from labeling it as superstition. The

¹²⁹ Cf. Sadock, p. 1265. Concerning the etiology of mental disorders, particularly, acute and transient psychotic disorders, the authors of the article recognize the roles of both psychosocial and biological factors. Regarding psychosocial factors, they write: "Spiritual and religious beliefs can present major diagnostic dilemmas. Belief in witchcraft and sorcery are common in many societies and may not be delusional. ...Supernatural and mystical practices and experiences do not necessarily indicate psychopathology. However, such culturally congruent beliefs often exert substantial pathoplastic influences on symptoms formation in psychotic patients.Possession and trance phenomena are frequent in non-Western societies, and it is often difficult to determine whether those experiences are part of an ongoing psychotic process or are culturally and contextually appropriate."

¹³⁰ *Transient and Acute Psychotic Disorders and Culture-Bound Syndromes*, in Kaplan and Sadock, p. 1273. "Since they are embedded in the group's ethnomedical practice, institutionalized patterns of diagnoses and societal response typically include treatment by indigenous healers."

point finally is to be able to distinguish when a disorder is biophysical and when spirits may be involved¹³¹.

For those who recognize the possibility of spirits to induce disorders, there are questions on the nature and the identity of these spirits. One can distinguish at least three kinds of positions: some spirits are neutral and their identity are uncertain; some spirits represent the ancestors and they may be beneficent or maleficent; some spirits are demonic and have no goal but to hurt those who have interaction with them. The third case is the official position of the Protestant Church in Madagascar including the revival movement, and also the position of most Pentecostal movements in Africa and their likes around the world. For this last group, these spirits are demonic, and do not plan to prosper those who have intercourse with them. In fact, worship and sacrifice to idols, practices of magic, and divination (fortune telling of any kind) and communication with the dead are interpreted in the revival as the main points of entry of spirits in a person¹³². This explains the importance of this enquiry in the anamnesis of a patient.

For people in Madagascar who practice the traditional religion, these spirits are not evil but good, and their presence is researched. The foundation of that religion is that the ancestors are still alive in the form of spirits and intercede to God the Creator (*Zanahary*) on behalf of the living. They give counsel with regard to problems and predicaments that distress the community and individuals.

¹³¹ John Warwick Montgomery, Ed., "Demonology Viewed Psychiatrically", in *Demon Possession*, (Bethany Fellowship, Minneapolis, 1976). Pp. 221-278. William Wilson, a psychiatrist; Garry Collins, a professor of pastoral care and counseling; John White, a professor of psychiatry; Kenneth McAll, a professor of psychiatry and Basil Jackson, a psychiatrist, all agree on the necessity of making the differential diagnosis between demonization and other mental disorders. They offer their suggestions for the making of that differential diagnosis.

¹³² There is a vast consensus on this point in many authors as Kurt Koch, Evans and the Church of England Christian Study Group on Exorcism (Evans, p. 88), Allan Anderson, Ferdinando, McNutt and many other authors. Read their books mentioned in the bibliography.

B.2.3. Critique of the Ambohibao Model about its Approach to SRD.

This critique does not deny the existence of spirits as capable of causing disorders, but rather critiques the way the Ambohibao model is handling it. The critique addresses its disagreements in two points: first, the way the model of Ambohibao makes its diagnosis; second, the place of deliverance and healing ministry in the toby and the church, and the way Ambohibao does it.

Concerning the diagnosis, this critique regards as insufficient proof of spirit-related disorder the fact that troubles stop after exorcism and prayers¹³³. It is well known that placebo can very well induce cure in many cases, and that impostures or faking may very well occur.

Simulating or faking has been evocated as an alternative to the diagnosis of spirit-related disorders. The objective value of certain signs such as speaking unknown tongues, knowing things that normal people in the given context do not know, possessing extraordinary physical power or ability that one does not have in normal times are genuine signs of involvements of spirits and cannot be faked. I cite again Abigail Evans, who states that attending to exorcisms where inexplicable things happen leaves little room for the hypothesis of making-up or faking or other psychoses¹³⁴.

The model of Ambohibao practices healing and deliverance ministry on a daily basis in the toby and almost weekly during church service. Deliverance ministries are not private, but are

¹³³ This is the statement of Basil Jackson, "Demonology Viewed Psychiatrically" in *Demon Possession* by J. W. Montgomery Ed., p.260. In his article, however, the author does not mention what might then account for the healing. It might be the exorcism or not, but when it happens often and systematically after a presumption diagnosis of spirit-related cause, then one should think about the spirit nature of the disorder.

¹³⁴ "After reading the vivid description of these possessed people and the accompanying exorcism, there is no way to confuse them with typical psychotic episodes." Evans, p. 88.

done after the church service or included in the service itself¹³⁵. Those who know and want a special ministry come to the front closer to the *mpiandry* to be ministered to specifically.

However, the exorcism is done toward all those who are present in the church. The critique attacks the frequency and the indiscriminate nature of the ministry, especially the ministry of deliverance. Such critique estimates that “this practice favors the belief in the presence of demons everywhere, projects/induces the belief in those who attend the services; therefore, this practice is doing more harm than benefit”¹³⁶. The critique goes on to state that such belief promotes escapism, because it makes people think, “the devil made me do it”, instead of assuming responsibility for what is wrong. How does the Ambohibao model respond to this critique?

At Ambohibao, the deliverance ministry is not just toward those under the influence of demons in one form or another. The revival teaches that, in conformity to the teaching of the Bible in Ephesians 6: 10, demons are in the air and can attack or assault people anytime and anywhere through imagination and temptation¹³⁷. There are people who are under hidden

¹³⁵ This public character of the deliverance ministry is also recommended by Evans in her conclusion on the deliverance in her book. She writes: “It should never be practiced by solo ministers; it should be in the context of a congregation”; Evans, p. 92.

¹³⁶ I did a review of the different authors, especially among Western theologians, such as McNutt, Evans, John Warwick Montgomery. Though they believe in the importance of exorcism, they remain very cautious and keep warning about the need to reserve exorcism as a last resort diagnosis. These authors underline the problem engendered by a false diagnosis of demon possession. In the book/movie, *The Exorcist*, exorcism was envisaged after the ruling out of many neurological and other medical diagnosis. If caution seems to be appropriate, and exorcism reserved as a last resort diagnosis, there is a difference of perspectives and attitudes with authors who have worked in countries like Madagascar. There is also the surprising statement of the Rev. Gabriele Amorth, the Roman Catholic Church’s well known exorcist, that “An unnecessary exorcism never hurt anybody”(Cf. Star Tribune of 01/12/02, Minneapolis, MN). Though this may seem extreme, it is not far from the attitude of *mpiandry* in the revival of Madagascar and authors as Allen Anderson (p. 269) who see deliverance ministry as beneficial to patients.

¹³⁷ Evans, p. 87-88, reports how Michael Welkers, a professor of systematic theology from Heidelberg stated that demon possession is real. However she critiques him about his definition of possession that is different from the church commission on exorcisms. Demon possession is not the unique form of attack of the demonic. In the Bible there are different kinds of spirits that may attack people, such as spirit of jealousy (Num 5: 14-30), lying spirits (1Kings 22:22), spirit of Egypt, of sleep (Is 19:14 and 29: 10); spirit of fear (1Tim 1: 7); spirit of lust (Rom 1: 24); of bondage (Rom 8: 15); etc. Those spirits exist besides evil spirits, unclean spirits, and demons.

influences and who do not recognize those demonic influences. The indiscriminate approach, or absence of selection, takes off all stigma from the ministry of deliverance and makes of it a normal service, regularly available to those who need it in a culture that recognizes the pervasiveness of spirits in the world. It proclaims the permanent and available power of Christ over evil spirits. It has taken away morbid a sensational character to the event¹³⁸.

Exorcism is not the only element of the healing ministry; for the entire service is called “*asa sy fampaharezana*”¹³⁹, which means “the work of exorcism and empowering”. The service typically includes prayers, reading and preaching on the salvation of God in Christ and calls people to come to Christ through faith and repentance. Repentance means confession of sins and resolution to make a new life by putting one’s trust in Christ and following his teaching. Exorcism comes before the laying on of hands which is a time of prayer for the needs of the person who is being ministered to; it contains prophetic encouragement that ends with the proclamation of God’s forgiveness of sins and the infilling with the Holy Spirit. As can be seen, exorcism is one piece among many others in the healing ministry. However, there are cases where exorcism is identified to be the key element, particularly in certain persons that are clearly identified as demonized. In those cases, the service of exorcism may be extended beyond the normal time of service and continued apart in another room for more time until deliverance is won.

¹³⁸ This attitude of the revival in Madagascar joins the position of certain authors as John Wimber, for whom demon possession is not the unique way evil spirits may attack a person, a Christian. Therefore there is a need for frequent deliverance ministry to get rid of those attacks. Read Kydd on his chapter on John Wimber in *Healing through the Centuries*. In the context of Africa Allen Anderson notes that deliverance ministry is not a rare event, nor a service that people are avoiding.

¹³⁹ Read *Ny Fifohazana, Ny Toby, Ny Mpiandry. Ny Asa sy Fampaharezana*; p. 79-84.

Escapism¹⁴⁰, or flight of responsibility, is addressed by the importance of the teaching on repentance in those services and during the counseling¹⁴¹. Repentance means confession of sins and contrition about those sins. True repentance is followed by a desire and a command for reparation of what was broken by sin and the resolution to make a new life. Those who were demonized often recognize that they were responsible for dabbling in demonic practices, though many will recognize also that they were acting out of ignorance of God's will and of the gospel of Jesus who came to them as a liberator.

B.3. Technical, Medical and Miscellaneous Critiques.

The Ambohibao model is the product of its time. That means that this model shares the liabilities and the problems of the world/context in which it developed. The model shares the difficulties and the liabilities of the healthcare situation of Madagascar in general. Poverty ranks at the top of the problems of healthcare. Poverty is a factor of disease but it also hinders the efforts of healing those who are sick. Scientifically, the model of Ambohibao lacks modern means of diagnosis and treatment that hinders its capability for the undertaking of major scientific research and innovations. The impact of this poverty is also heavy on patients who are not able to stay in the toby because they are not able to pay their board and room, though the fees are very low-120, 000 FMG or the equivalent of US \$ 20 per month-, and in spite of doctors not charging, many patients are unable to pay. This financial difficulty has an impact on the overall quality of care.

¹⁴⁰ Usage of the excuse: "I did not do it; the devil made me do it."

¹⁴¹ It is not just a teaching, but also encouragement to act upon it, as John Baptist proclaimed it in Luke 3:9.

The system of health care run by the Fifohazana or revival has been accepted by the government as a way of meeting the huge needs of the population in the matter of health care, and particularly in the area of mental health care where the needs are overwhelming

A strong critique against the revival and other movement of religious healing is that they delay the time a patient can receive an appropriate treatment. This is a very serious critique and it is in fact an argument in favor of combining medical doctors and religious caretakers in the caring of patients.

C. Comparison. The Zionist/Apostolic Model.

The Zionist/Apostolic model in South Africa is another example of holistic healing ministry done by a Christian organization or church¹⁴². This comparison permits us to see another example of model that has some similarity with the Ambohibao model but is also different in some aspects. The comparison will yield us a larger understanding of these kinds of healing and deliverance ministries. This section will present the study done by Karl Peltzer, published in *Journal of Religion in Africa*, XXIX, 3, entitled *Faith Healing for Mental and Social Disorders in the Northern Province (South Africa)*. This is a report of studies done in the Northern Province of South Africa about mental and social disorders and their treatment by the priests of the Zionist/Apostolic movements. As Peltzer reports, the study is about the contribution of faith healing towards mental health in the North Province. It was done mostly

¹⁴² There is a controversy among theologians whether the Zionist movement may be accepted as Christian because of certain traits of the movements that seem syncretistic. Read Ferdinando, *The Triumph of Christ in African Perspectives* (Columbia CA: Paternoster Press:1999) and Allan Anderson, *Zion and Pentecost: The Spirituality and Expeience of Pentecostals and Zionist/Apostolic Churches in South Africa* (Pretoria: University of South Africa Press, 2000).

among the Zionist and the Apostolic members, the most important groups among the African Independent Churches (AIC) in South Africa¹⁴³.

There are many resemblances between the two models. Among those resemblances are the nature of the two movements and their worldview of diseases and disorders. They recognize the importance of the religious and of spirits in causing disorders and diseases, and the need for a holistic therapeutic approach.

Differences between the two models are obvious in two areas:

- a) The nature of the collaboration with bio-medical services. The Ambohibao model is very open to collaboration, while the Zionist/Apostolic model is reluctant in its majority to do that. This attitude is also encountered in some revival and Pentecostal movements in Madagascar. Many reasons may account for that difference, but for the sake of this thesis I will mention only a few reasons: the ratio of doctors/patients in both countries where it is higher in Madagascar, the existence of many doctors in the revival movement in Madagascar, and the difference in the historical development of the two movements (the leaders of the Malagasy revival, Rakotozandry and Nenilava, have had experiences with doctors in their lives¹⁴⁴).
- b) The use of certain techniques of healing. There are certain techniques that the Ambohibao model will avoid and condemn in the Zionist/Apostolic, for example, the usage of holy water, holy wool, ashes, interpretation of dreams, making patients vomit, steaming, etc. The Ambohibao model sees in those techniques vestiges of the traditional religion. It sees them as potentially leading people to trust more in the magical power of those things rather than in

¹⁴³ AIC has other possible meanings as African Initiated Church, or African Indigenous Church. For further studies on AIC, read the book of Allen Anderson, *Zion and Pentecost. The Spirituality and Experience of Pentecostal and Zionist/Apostolic Churches in South Africa*. Ibid.

¹⁴⁴ Cf. Thunem, *Tantaran'ny Fifohazana eto Madagasikara*.

Jesus Christ. On the other hand there are, in this writer's opinion, techniques that would do well in the Ambohibao model such as the use of behavioral techniques in healing drug abuses, specific counseling and the stronger use of confession.

However, there are many things they have in common such as, prayer, laying on of hands, preaching, Bible reading, confession, the sacraments of baptism and holy communion, exorcism, and the prohibition of certain acts such as alcohol and tobacco consumption. Exorcism has been mentioned by Peltzer in his study, but it will be very interesting to analyze how much it is used in the entire model. In the same way, it will be interesting to analyze the role of the church and clergy in the Zionist/Apostolic model and the integration of the healing ministry within the church¹⁴⁵.

Finally, it should be noted that for Peltzer and other authors¹⁴⁶, in the context of poverty and the situation of healthcare in the area of study, faith healing by the prophets is increasingly replacing the traditional healers and is providing a certain level of healthcare to needy people. For Peltzer, "faith healing seems to play an important role in primary and especially mental health care," and he concludes, "Efforts should be aimed at improving the quality of traditional therapies and identifying the sectors in which they can be most effective and mental disorders seem to be one of them"¹⁴⁷.

¹⁴⁵ I find this kind of study to be interesting because it will help understand the functioning of these two models within the church.

¹⁴⁶ Allan Anderson, *Zion and Pentecost*.

¹⁴⁷ Peltzer, 399.

Chapter 6.

VALUE OF THE AMBOHIBAO MODEL

There are four major values attached to the Ambohibao model, which are the following:

a) A model with the example of a connection between science and Christian holistic healing ministry; b) An existential apprehending of salvation and the Holy Spirit in the life of those who follow the principles of the model; c) A model that can inspire others about how to do holistic ministry; d) A model that can constitute a challenge to a non-holistic worldview of health and healing.

A. Connecting Science and Christian Holistic Healing Ministry.

An achievement of the Ambohibao model is the collaboration between the representatives of medical science and the ministers of religion/revival. This connection is especially remarkable as the setting in a Third World country does not prepare us to find such a model. As written in the critique of the model, the initial resistance to such a model was huge, from both the medical doctors and from the *mpiandry* and the pastors. The Ambohibao model is not unique in that case of Madagascar. Many health care centers in the Lutheran Health Department, called SALFA (Sampana Loterana Loterana momba ny Fahasalamana), have promoted this approach of the healing ministry of the church¹⁴⁸. For example the logo of the

¹⁴⁸ About the place of SALFA in the Malagasy Lutheran Church, read *Lutheran Churches in the World*, Bachmann Ed. P.72-74. Regarding faith and healing in the Malagasy Christianity, Rasolondraibe writes: “Faith healing and medical treatment (curing) are not mutually exclusive... Malagasy Christians generally believe that medical treatments, modern or traditional are ineffective without the help of God’s healing power; for it is God, they say, who guides the doctors in their diagnoses and blesses the medicine prescribed.”

medical staffs of the Lutheran Hospital of Ambohibao is: “We care and Jesus Heals”¹⁴⁹ was inspired from the saying of the French surgeon Ambrose Pare.

It has been suggested that there is a need for the toby to train *mpiandry* and pastors in the area of basic psychotherapy, psychiatry and general medicine, besides pastoral care; and, to train doctors and nurses in the area of Bible, theology and especially in the understanding of deliverance ministry and healing in the biblical tradition of the Christian Church¹⁵⁰.

This approach underlines the fact that science (medicine) is good, and is not incompatible with faith/religion. And vice versa, it appreciates the value of faith, religion and spirituality in the same degree. The conjoined working of *mpiandry* and doctors in the toby is a remarkable picture of achievement of this holistic model. There is an expectation of cross-fertilization from this kind of marriage. In the USA, a movement is starting among medical science to study the beneficial impacts of religion/faith/spirituality on health and healing¹⁵¹. We can say that we are inaugurating a new era in the history of the relationship between medical science and religion, and it is exciting to see a modest country like Madagascar contributing through the Ambohibao model in that new shaping of the face of healthcare.

Another original value of the Ambohibao model is its effort to apply international nomenclature, such as, the DSM IV and ICD 10 in describing the nosology of the different disorders that come to the toby. This permits the Ambohibao model to communicate with the

¹⁴⁹ “*Izahay mitsabo, Jesosy manasitrana*”

¹⁵⁰ For Gary Collins, professor of pastoral psychology and counseling, someone “who takes science and the Bible seriously” is one of the major qualifications of the Christian worker who wants to tackle the problem of demonology and deliverance ministry. In “Demonology Viewed Psychiatrically”, in *Demon Possession*, by J. W. Montgomery.

¹⁵¹ Cf. the different authors that I have already mentioned in this thesis: Larry Dossey, Koenig, Larson, Dale Matthews, Herbert Benson etc. *Readers’ Digest*, “Faith Can Help you Heal”, Oct. 1998. Reader’s Digest Inc , Pleasantville, N.Y. gives an excellent summary of those authors and the nature of the medical researches that are going on today .

large community of researchers all around the world, to speak one common language. From its experiences, the Ambohibao model has been able to test and to improve its understanding and practice of its holistic ministry of healing, and hopefully to share it with others.

Science plus Bible, and vice versa.

The Ambohibao model claims to derive its understanding and praxis from the Bible, particularly the New Testament. The success of the model witnesses to the members of the revival and to people that the scripture is helpful, that its teaching is reliable concerning the ability of demons or evil spirits to provoke disorders, oppress people who, knowingly or not, give them way to enter their lives. But it also gives testimony to the liberating power of the gospel. Finally, the model demonstrates the effectiveness of the Christian community or church as a healing community. On the other hand the model demonstrates the valuable place of medical science in the entire model.

Identification of SRD as a Specific Nosological Entity.

In this context of collaboration between medical science and religion, the Ambohibao model has stated from its interpretation of the Bible and from its experiences the possibility of disorders related to evil spirits or demons. The model elaborated on the epidemiology of the disorder, that is, the factors that favor its occurrence, an understanding of the etiology and a description of the symptomatology of the disorder and a way of treating it. The model of Ambohibao implemented a procedure of action based upon this understanding of the diagnosis and the treatment, and witnessed congruent results from its implementation. For the Ambohibao model, there is no doubt that SRD is a specific autonomous disorder with its own specific treatment.

The study has allowed us to see this kind of spirit-related disorders in the Zionist/Apostolic model. The model calls it under other names, for example, spirit illness, or sees it involved in other cases of disorders from magic/sorcery/poisoning. A value of the Ambohibao model for the healing ministry of the church is its ability to make both the positive and differential diagnoses of such disorders and to provide a healing resource. This healing ministry of the church is called to play a key role in the handling of those cases. Some authors cited in this thesis suggest the collaboration between medical, psychological, social and pastoral workers in Western world in the activity of deliverance ministry and its collateral effects. In countries like Madagascar and the North Province of South Africa, the *mpiandry* and the prophet may be the only resource available to people.

B. Salvation and Holy Spirit for the People.

The study of the model of Ambohibao has permitted to see the kind of salvation that people are looking for when they come to the toby of Ambohibao. Besides the proclamation of the forgiveness of sins in Jesus Christ, the deliverance ministry and the work of empowering during the healing service witness to the essential place of the Holy Spirit in the model. Healing, deliverance ministry, and empowering are attributed to the work of the Holy Spirit through the name of Jesus Christ.

B.1. Meeting the Soteriological¹⁵² Needs of People.

¹⁵² I am using “soteriological” or relatedness to salvation here in a broader way. A narrow way equates salvation to the salvation of the soul, the forgiveness of sins uniquely. Cf. Terence Fretheim, “Salvation in the Bible vs. Salvation in the Church”, *Word and World*, XXII, n 4, Fall 1993. This narrow definition is in my sense non-biblical and does not meet the need of Malagasy people for salvation. For whom salvation is both in the here and now and in the eschaton. Cf. Rasolondraibe, “Healing Ministry in Madagascar.”

As in many African and other countries of the world, the predicaments of Malagasy people are that they fear death and whatever may lead to death. Soteriological needs represent all that people need to live fully in this life and the after life. The needs may be material, physical, psychological, social and spiritual. People who come to the toby look for a gospel about a Jesus who can save them from the predicaments of life in the present and in the future life. Regarding those predicaments, they identify two major origins: 1) Natural and explainable causes; 2) Supernatural causes from the divine, from the ancestors/spirits and from retributive causes¹⁵³. Though the first may be prevented and resolved from natural and human logical acts, in both cases people expect God and religion to save them, to provide a solution and help. People expect this help either from traditional religion or from Christianity.

Peltzer, Allan Anderson and other authors think that African Independent Churches are among the fastest growing churches in the world at this time because they address for people these kinds of soteriological needs, they proclaim and act upon a belief in a God who is stronger than the power of the witchcraft, the sorcerer, the magician and the spirits of the ancestors who have tyrannized them¹⁵⁴. The AIC proclaim to them a God who can or who is at least willing to save them from diseases, misfortune and demons/devil. For Anderson, Ferdinando, the growth of the AIC is related to their presentation of God as a God of love and power¹⁵⁵. In *Healing Ministry in Madagascar*, Rasolondraibe concludes, “A Christianity which banks only on

¹⁵³ Cf. Rasolondraibe, “Healing Ministry in Madagascar”, ‘the system of *the tsiny and the tody*’ p.135.

¹⁵⁴ Citing Harold Turner, Allan Anderson writes, p.17, “The understanding of spirituality in African religions is often pragmatic and this-worldly rather than esoteric and reflective as one might find in some Western forms of Christian spirituality”. Ferdinando in his book, *The triumph of Christ in African Perspective*, p.406, recognizes this African thirst for a Christus Victor in the term of Gustav Aulen, yet he underlines the fact that the salvation of Christ is from the power of sin, salvation that he accomplished through his death at the cross, and by this same token he obtained victory over the power of the devil according to Col 2: 14-15.

¹⁵⁵ This thesis is also evocated by McNutt and Evans when they explain the prodigious growth of the early church in the face of the religious plurality of their time. For them it is more a power encounter that drives people to Christian faith than doctrine. McNutt, p.46.

intellectual piety will not be received among the Malagasy as good news. Early Christian tradition kept the proclamation and the demonstration of the Lordship of Jesus Christ together.”¹⁵⁶ The revival movement has been considered by many observers of the life of the church in Madagascar as one of the factors that has kept the Malagasy Church thriving during the second half of the 20th century and has helped the church maintain its momentum for active evangelism¹⁵⁷.

B.2. Spirits and Holy Spirit.

B.2.1. An Answer to a Spirit Dominated World.

The Malagasy world is dominated by the belief in the existence of spirits that may take many names and identities. The thesis of Mariette Razivelo, *The Doctrine of the Holy Spirit in the Betsileo Context*, describes the importance of the spirits in the Betsileo group and among the Malagasy people in general. This kind of belief is the reality for many countries. For John Nicola¹⁵⁸, the consultant for the movie *The Exorcist*, this belief is prevalent in 5/8 of the whole world. The holistic model of Ambohibao represents one way of dealing with such a world with its disorders, diseases, predicaments and human existential needs.

B.2.2. Ritual of Possession by the Holy Spirit.

Jean Marie Estrade in his book, *Le Tromba. Un Culte de Possession a Madagsacr*¹⁵⁹, describes how the intercourse with spirits and ancestors are an important part of the Malagasy

¹⁵⁶ Rasolondraibe, p. 144.

¹⁵⁷ Cf. Theodore Bachmann and Bachmann, in *Lutheran Churches in the World.*, (Minneapolis:Lutheran World Federation, 1989) p. 73

¹⁵⁸ John Nicola, *Diabolical Possessions and Exorcism* (Rockford Illinois: Tan Book and Publishers, 1974)

¹⁵⁹ Jean Marie Estrade. *Un Culte de Possession a Madagascar*. (Paris: L'Harmattan, 1975).

traditional religion and life. This view is shared by Mariette Razivelo in her thesis and by David Lazare in his research in Toliara, the South province of Madagascar. Those authors contend that these spirits/ancestors may indwell people both voluntarily or involuntarily. The indwelling (entering into a person for the first time) and the dwelling (permanent stay) may provoke disorders, judged beneficial or malignant according to the meaning accorded by the culture and the person who is involved. For those who consider the indwelling spirit or possession as positive, there is no need for exorcizing those spirits, on the contrary the possession is desired and looked after. For those who judge those spirits as negative and evil, there is a necessity for casting them out or exorcizing them.

Very often in Madagascar, the Christian church through the revival is the main agency that will be used to bring deliverance and healing from the disorders and diseases caused by these spirits. The revival always judges such spirit possession as negative. The description of the service of healing and empowering, *asa sy fampaherezana*¹⁶⁰, describes how the whole service emphasizes repentance, the need to trust God through Jesus and then proceeds to the exorcism of evil spirits and the prayer and laying on of hands¹⁶¹. The laying on of hands is an intercessory prayer for the person who is being ministered to, for all his/her needs. It concludes with a declaration of forgiveness and an imparting of the Holy Spirit. The *mpiandry*, while laying on his/her hand on the ministered person, will declare: “*Voavela ny helokao. Raiso ny FanahyMasina*”, which means, “*Your sins are forgiven. Receive the Holy Spirit*”¹⁶². This part of the healing service demonstrates that healing and deliverance are part of the whole ministry

¹⁶⁰ Description of *asa sy fampaherezana* is from the book of the revival entitled, *Ny Fifohazana, Ny Toby, Ny Mpiandry, Ny Asa sy Fampaherezana*, The Revival, The Toby, The Shepherd and the Work of Empowering, by Toby Lehibe Ankaramalaza, (Atnananrivo: Trano Printy Loterana, 1998)

¹⁶¹ Cf. Rasolondraibe, p. 143, on the description of this service of *asa sy fampaherezana*.

¹⁶² In Toby Lehibe Ankaramalaza, *Ny Fifohazana, Ny Toby, Ny Mpiandry, Ny Asa sy Fampaherezana*.

that also includes the forgiveness of sin as well as the imparting of the Holy Spirit to fill the person and possess him/her¹⁶³. In that sense, the revival and the Ambohibao model is enacting and promoting a ‘ritual of possession by the Holy Spirit’¹⁶⁴. This is a ritual that makes a lot of sense to Malagasy people who have a large experience with spirits, bad or good. For the Ambohibao model, the Holy Spirit through Jesus is the agency and power for deliverance from evil spirits and for healing and new life change.

C. A Model for the Church’s Healing Ministry.

In her analysis of the factors of postmodern resistance to the church’s ministry of healing, Evans states that the lack of a model for healing ministry is one of these factors¹⁶⁵. The Ambohibao model can be recommended as a model for the church’s healing ministry based on its following characteristics:

1. A holistic healing ministry with biblical and scientific basis.

The model is implementing its approach on Christian principles from the Bible, especially from the New Testament. It combines science and religion. The model promotes a multidisciplinary approach that combines physical, spiritual, religious, social and psychological techniques to do healing. It understands holistic healing to be a part of God’s salvation.

2. A holistic model within the context of spirits and the Holy Spirit.

¹⁶³ It is interesting to report here the view of Donald R. Jacobs, “Demonology in Anthropological Perspectives”, in *Demon Possession*, J. R. Montgomery Ed., concerning revival in East Africa, an area close to Madagascar: “The East African revival does not emphasize healings or exorcisms; instead, a daily repentant walk in light fellowship where Jesus’ leading and loving care is emphasized rather than His power.” I would say that for the Malagasy revival, it is all of them together.

¹⁶⁴ Peltzer in his work comes to this same consideration in his conclusion, when he looks to the ministry of healing within the AIC. Peltzer, p. 399; bibliography.

¹⁶⁵ Evans, p. 17.

The model has forged its view from a socio-cultural context that has been strongly shaped by the belief in the existence of spirits. The Holy Spirit is believed to be the main author of healing, deliverance and salvation in the name of Jesus Christ.

3. A holistic model with the Church as a community of healing.

The church and the community are one in the everyday life, and patients are surrounded and incorporated within the community. This approach is particularly recommended by psychiatrists in view of the role of the church in the caring for mentally disordered people.

D. Challenge of the Ambohibao Model to a Non Holistic Worldview.

A non holistic worldview is a world view that has been shaped by the Enlightenment and a plausibility structure that has ruled out the existence of spirits, demons and the faith/religious factor in healing. This Western world-view has also put the bio-physical above any other consideration, especially above the non-material. At the extreme, this world-view has denied existence to what is not material. Post modernity has put a certain correction to that kind of worldview, in the image of the World Health Organization, which redefined health by including in its definition of health the spiritual component of human life¹⁶⁶. The Ambohibao model corroborates this new understanding of health and healing. Health and life are no longer reduced to the biological and the physical exclusively.

At this time, researchers are trying to determine how faith and the religious factor interact with health and healing. There are cases of healing and non-healing that science cannot explain in its own terminology and understanding. In my first D.Min project I have discussed three cases

¹⁶⁶ World Health Organization, 1998. Cited by Evans.

of healing¹⁶⁷: two were explainable by the standard of medical science, and the third was considered by doctors as a miracle. In that same project, I mentioned the reality of other miracles or unexplainable cures reported in the literature and by reliable witnesses¹⁶⁸. For those who reject the concept of miracle as a supernatural happening, they suggest that the event was just unexplainable by the current state of science¹⁶⁹.

A key premise of Koenig's book, *Handbook of Religion and Healing*, is that faith and prayer can impact health and healing. A holistic concept of health and healing is growing in the 'bio-physicalist' or 'reductionist' worldview of medical science, and the church has a role to contribute in that new paradigm. The church equipped with the gospel, with Jesus' model of preaching, teaching and healing, with its rich tradition of healing ministry, is called again to play its role in the holistic world of health and healing. I want to cite Peltzer:

"Faith healing seems to play an important role in primary and especially mental health care. This is in line with other studies in Africa (Abiodun 1990, Jilek 1993, Louw and Pretorius 1995, Peltzer 1988)."

"These healing churches can be seen not only as a counter-movement to the separation of healing from the Christian churches, but also as being opposed to separation within the body-mind dimension in the biomedical healthcare system."¹⁷⁰

¹⁶⁷ Daniel Rakotojoelinandrasana, *Role of Spirituality in Three Cases of Healing*. D. Min Office. Luther Seminary, Saint Paul 2000.

¹⁶⁸ Among those are cures that happened at Lourdes and that have been attended and analyzed by medical doctors and other experts.

¹⁶⁹ Daniel Rakotojoelinandrasana, *Role of Spirituality in Three Cases Of Healing* (Luther Seminary Saint Paul: D. Min Office, 2000)

¹⁷⁰ Peltzer, p. 399-400.

PART FOUR.

THEOLOGICAL REFLECTION.

Chapter 7.

ON EVIL SPIRITS, SPIRIT RELATED DISORDERS, AND DELIVERANCE MINISTRY.

The study of this thesis unearthed many questions related to the concept of evil spirits or demons. In theology, demonology is the term for the study of those evil spirits. Since many books are written on demonology and since many questions derive from it, because of the length of the thesis I need to be selective in the theological points I will discuss. I will not be comprehensive or systematic. I have done my selection of the points for discussion on the basis of their connection to the Ambohibao model and their impact on the church's healing ministry.

I want to bring up four points in this theological reflection: a) The resurgence of demonism in our postmodern society; b) A biblical overview on the subject of demonology and deliverance ministry; c) The challenge of the demonism for the ministry of the church; d) The needs for scientific and other further studies.

A. Resurgence of Demonism in our Postmodern Society.

Demonism was among the things that the Enlightenment predicted would pass away with the advent of science. The present reality challenges this prediction. In fact, people's belief and practice of the occult and intercourses with spirits/demons have been present in almost all cultures and societies, and the existence of higher medical knowledge did not supersede them¹⁷¹. Post modernity has seen the resurgence of the occult in Occident, the belief and practice of witchcraft¹⁷². People are again dabbling into the magical, the belief and intercourse with witchcraft and the demonic¹⁷³. Witchcraft does not belong to savage or non-educated people alone. A. R. Tippet, a professor of Anthropology from Fuller Theological Seminary, contends that demon possession is a universal phenomenon¹⁷⁴. John Nicola, the priest who was a consultant for the movie, *The Exorcist*, wrote the same thing in his book:

“Exorcism is a common thing in some five-eighths of the world”. Although seldom used in Europe, North America, and Australia, it is a common place in Africa, South America, the Near East, the far East, and the Mid East.”¹⁷⁵

How to interpret this resurgence of demonism? Richard Lovelace in his article, *Demonology in History and Law*, reports the analysis of Francis Schaeffer and Oss Guinness that, “the pervasive anti-rationalism in many sectors of the twentieth-century intellectual climate has

¹⁷¹ John W. Montgomery, “Demonology in Anthropological Perspectives”, In *Demon Possession*, p. 144. For the author, the development of demonism in Western countries was the reason for the calling of the Conference itself by The Christian Medical Society in 1976.

¹⁷² James Lewis, in the preface of his book, *Witchcraft Today. An Encyclopedia of Wiccan and Neopagan Traditions*, mentions, p.ix, that in Europe and North America, “Witchcraft is one of the fastest-growing religions in the world.”

¹⁷³ Richard Lovelace in *Demon Possession*, Montgomery ed. p. 81, writes: “ In 1971 Newsweek estimated that there were some 80, 000 white witches in America. ...between 3 and 7 million Germans were seriously involved in in the occult. *His Magazine* in 1970, ..stated that there were more warlocks in Germany than Protestant pastors, and more in France than the number of doctors.”

¹⁷⁴ Tippet reports the work of Ruth Benedict from the Ohio State University in 1934, “The project investigated and coded 488 societies and identified cases of trance possession in 437 of the 488-90%” in *Demon Possession*, by Montgomery Ed.p.145

¹⁷⁵ John Nicola in *Diabolical Possession and Exorcism*, p. 99.

helped breed this kind of movement.”¹⁷⁶ Citing Roszak, concerning the hippies movement of the 60’s that was accompanied by a resurgence of occult activities, the author reports that “the hippie movement was a religious counter-revolution among young people disgusted by the failure of scientific technocracy”¹⁷⁷.

If in academic circles the tendency was to deny this resurgence of demonism and occult, it is helpful to cite what Richard Lovelace wrote about the impact of this revival on the academia¹⁷⁸:

The inertial momentum of the post-Enlightenment disbelief in witchcraft was still sufficiently strong, however, that scholars of the caliber of E. E. Evans-Pritchard, Pennethorne Hughes, and H. R. Trevor continued concurrently to assert the nonexistence of witchcraft. In the late 1960’s the media were presenting so much evidence of witchcraft revival that this kind of scholarly ignorance became increasingly difficult.

In psychiatry, the publication of DSM IV is a watershed in the recognition of spiritual entities that may be at the root of some mental disorders.¹⁷⁹

The model of Ambohibao is not the only testimony toward the possible reality of the demonic and its role in different cases of disorders that may take different forms, especially the form of mental disorders. The New Testament has already given account of demons in the ministry of Jesus, and since then that ministry has been present within the church. Sometimes that kind of ministry was very conspicuous, even excessive and destructive¹⁸⁰; sometimes it has

¹⁷⁶ Montgomery Ed. *In Demon Possession*, p. 85.

¹⁷⁷ Ibid. p. 86.

¹⁷⁸ Richard Lovelace in *Demonology in History and Law*, in *Demon Possession*, Montgomery Ed, p. 81.

¹⁷⁹ Comparison of DSM III and DSM IV is meaningful at this point. DSM III does not contain any mention of spirits or trans-cultural psychiatric nosology that refers to the existence of spirits and demons in their approach of certain mental disorders such as in trance possession or dissociation of identity, which I have mentioned previously.

¹⁸⁰ During the Middle Ages and the Inquisition.

been hidden, just tolerated¹⁸¹. The church in the western world is faced with this new and yet old situation. The Anglican Bishop of Exeter in the 1970's wondered whether the Western church was ready to embrace such challenge.

In 1972, Pope Paul VI, in that same period after the 1960's revolution, said at his general audience of November 15th:

What are the greatest needs for the Church today? Do not let our answer surprise you as over-simple or even superstitious and unreal: one of the greatest needs is defense from that evil which is called the devil. Evil is not merely a lack of something, but an effective agent, a living, spiritual being, perverted and perverting.¹⁸²

B. Biblical Perspectives.

This will be a summary of the main points on demonology from the Bible. I will divide this section in four subdivisions: 1) The Old Testament; 2) The New Testament; 3) The distinction between demonization and diseases; 4) Interpretation, or the question of demythologization of the biblical narratives on the issue of demonology.

B.1. The Old Testament.

According to Dennis Kinlaw¹⁸³, "Josephus and Tobit witness to the pervasiveness of the belief in demon possession and the possibility of exorcism," however he remarked that the Old Testament is particularly silent, almost mute on the issue of demonology and satanology. Effectively, a brief survey of the concordance, version New Revised Standard Version¹⁸⁴, shows that: 1) Demons are cited only 2 times in the Old Testament, in Deut 32: 17 and in Psalms 106:

¹⁸¹ Interview of the Rev. Gabriele Amorth, a Catholic priest exorcist: "The Catholic Church is largely mum about the devil these days." Star Tribune, Minneapolis, January 12, 2002.

¹⁸² In the *L'Osservatore Romano* of Nov. 23, 1972, Rome. Reported by John Nicola.

¹⁸³ Read Montgomery, p. 32.

¹⁸⁴ The *NRSV Concordance Unabridged*, by John Kohlenberger III. Zondervan Pub. Grand Rapids. 1991.

37. It appears 52 times in the Bible, 2 times in the Old Testament and 50 times in the New Testament. About those Old Testament verses, it is interesting to remark that the two times ‘demon’ is mentioned the word is always related to the sacrifice or worship of idols and false gods, and coheres with Paul’s later interpretation of the sacrifice to idols as a sacrifice to demons (1 Cor 10: 20). This latter reference is a key verse for the Malagasy revival that sees idol worship as the major entry point for demonic spirits.

2) Satan, translated as Diabolos by the Septuagint, or the Devil, is found 17 times in the Old Testament out of the 53 times in the Bible. The name appears in 3 circumstances only: in 1 Chron 21: 1, when he incited David to do the census; in Job 1 and 2 where he appears to be the originator of Job’s physical sufferings and losses; and in Zechariah 3: 1, where he is the accuser of Joshua the high priest.

3) Evil spirit is cited 11 times in the Bible, 9 times in the Old Testament: 7 of these times it is related to the evil spirit from the Lord that tormented King Saul; 1 time in Judges 9: 23, it is an evil spirit sent by God to sow enmity between Abimelek and the people of Shechem; 2 times it is in Acts 19:15-16, relating the presence of evil spirit who attacked the exorcists Sons of Sceva.¹⁸⁵

The concept of demonization or demon possession seems therefore absent from the 39 canonical books of the OT. Kinlaw writes: “The OT acknowledges the spirit world but seems bent upon minimizing it, demythologizing, or marginalizing it.”¹⁸⁶

¹⁸⁵ The Bible speaks also of other kinds of spirits both in the OT and the NT, such as: spirit of jealousy (Num 5: 14, 30); lying spirits (1 Kings 22: 22); spirit of confusion and of sleep (Isaiah 19: 14; 29: 10); spirits of whoredom (Hos 4: 12; 5: 4); spirits of slavery and of adoption (Rom 8: 15); spirit of cowardice (1Tim 1: 7); etc. Those are identified as spirits against the Spirit of God or the Holy Spirit.

¹⁸⁶ Montgomery; p. 33.

If the Old Testament is scarce in words regarding demons and Satan, it sternly forbids idol worship, magic, spiritism (speaking with the dead), sorcery and divination, mostly from Deuteronomy 18:10-14, and then expanded later by the prophets (Judges 8:27; 2 Kings 18:4; Isaiah 40: 18-22 , 44:6-20). Those beliefs and practices are very present in African religions and in Malagasy religion. Christians in Madagascar, especially the revival, see those beliefs and practices as the way for demons to indwell people.

Where do suffering and misfortune then come from in the Old Testament worldview?

Ferdinando summarizes what many scholars think in answer to the question:

In the OT suffering is understood primarily as an effect of sin, not in consequence of the operation of some impersonal principle but of the retributive action of God. The narrative of Genesis 2-3 indicates that death and all the associative evils are the results of human disobedience, and that God himself is their ultimate source. The same fundamental view is affirmed by the law, reiterated by the prophets, and exemplified in the historical narratives".¹⁸⁷

Deuteronomy 32: 39 and Isaiah 45: 7 best illustrate this principle. Everything comes from God, good and bad. Citing Kuemmerlin-Mc Lean, in *Demons*¹⁸⁸:

"The text as it now stands contains few references to demons and while illnesses and disasters may in some cases be attributed to demons, they are more often attributed to Israel's God or to God's "spirit"."

How should we interpret this scarcity of demonology in the OT? Most authors agree as Kinlaw, that:

"In the OT Yahweh alone was to be feared. He had had neither rival nor competitor. He alone is man's ultimate concern and only ultimate help. No concessions were to be made to the popular pressure to turn to the crutches of magic, idolatry or the occult to deal with the daily fears or anxieties."¹⁸⁹

One can see here the emphasis on the sovereignty of God, the elimination of any idea of dualism of power in the universe, God alone is sovereign, even demons and Satan are under his authority.

¹⁸⁷ Ferdinando.

¹⁸⁸ In *Anchor Bible Dictionary*. P. 140, II.

¹⁸⁹ Montgomery, in "Demonology in the Bible", in *Demon Possession*, p.34.

Kinlaw also points to the importance of man's responsibility in the genesis of evil in the world, man cannot put the blame on the devil.

Then we have to explain this big gap between the OT and the NT with regard to the presence and the existence of demons or the devil in the world. How do we explain this extraordinary place of the demonic in the NT and particularly in the ministry of Jesus? ¹⁹⁰ What happened between Malachi and Matthew? Was it the influence of the Persian cosmogony on the Jewish worldview or Jesus' yielding to the culture of his time? Was it a part of his kenosis, the emptying of his divine nature, that is, a lack of understanding of the all thing? I like the answer of Kinlaw to this question, wherein he writes:

“Could it be that God is content to let us see that negative world only in the presence of the incarnate Christ? The veil is never parted to show us Moses and Satan, Elijah and Satan, or Paul and Satan. Satan and the demonic appear with clarity when Jesus is present. ... To God be the glory for this revelation and the freedom which it brings.” ¹⁹¹

B.2. The New Testament.

The New Testament constitutes the primary document that teaches and sustains the concept of demonology and deliverance ministry in the Christian church. Affirming the importance of the battle against the demonic in Christianity and its place in the New Testament's understanding of the mission of Jesus, Fr. Raymond Brown, a Catholic theologian writes, “one cannot conceive of the mission of Christ in the New Testament except in terms of dramatic struggles with the demonic forces of evil”¹⁹². The revival in Madagascar and the Ambohibao model claim to build their understanding of healing and deliverance ministry on the basis of the

¹⁹⁰ Montgomery, 35.

¹⁹¹ Ibid., 35.

¹⁹² Reported by John Nicola in his book, *Diabolical Possession and Exorcism*, 81.

New Testament, especially the way Jesus acted and taught his disciples¹⁹³. All these statements make us aware of how this document of the New Testament is essential for our topic. This section will discuss the following points: 1) Survey of what the principal divisions of the New Testament say on the issue of demonism and deliverance ministry; 2) Issue of terminology, and its implications for a right theology and pastoral ministry with regard to the demonic

Survey of the New Testament.

In this survey, I will look at the main divisions of the NT concerning the demonic in the following way: 1) The Synoptics and the book of Acts; 2) The Johannine literature¹⁹⁴; 3) Paul and the Pauline letters; 4) The other epistles; 5) The book of Revelation.

The Synoptics and the book of Acts.

Because of the considerable amount of materials on the demonic and related issues, I will only summarize the major points on the subject.

The words referring to the demonic and its actions in the Greek New Testament are: *Diabolos/Satanas* for the Devil/Satan; *daimon/daimonion* for demon; *pneuma akatarthos* for evil or unclean spirit and *daimonizomai* for demonized/demon-possessed¹⁹⁵. There are other terms but these are the most important. A very quick look at their location in the New Testament gives us a view of their concentration in the synoptics/Acts and in Revelation, followed by the Pauline letters.

Daimonizomai appears 13 times in the New Testament, and they are all in the synoptics. *Daimonion* appears 63 times, and 49 are in the synoptics, almost 5/6. *Pneuma akathartos* appears

¹⁹³ Cf. what Rainisolambo taught his disciples, in Thunem, *Ny Tantaran'ny Fifohazana eto Madagasikara*.

¹⁹⁴ I do not include Revelation in the Johannine literature because of the controversy on its authorship.

¹⁹⁵ From John Kohlenberg III, *The Exhaustive Concordance to the Greek New Testament*, Zondervan, Grand Rapids, 1995.

23 times, and 21 are in the synoptics. *Satanas/diabolos* is more evenly distributed throughout the NT: 13 in the synoptics, 10 in the Pauline or pseudo- Pauline, 7 in Revelation and 6 in the rest of the NT. The importance of the demonic is prevalent in the synoptics/Acts and Revelation, not just because of the statistics, but also because of the quality of their content.

The synoptics narrate how people who were demonized came to Jesus, and then were freed from their sicknesses and oppression. Some examples are: Mt 4: 24; Mk 1: 32; and Lk 7: 21¹⁹⁶. For the synoptics, demonization and sickness are two different entities. In the following, the synoptics describe particular cases of demonized people: the demonized man of Gerasene (Mk 5:1-43), the epileptic (Mt 17), the woman who was crippled for 18 years (Luke 13), and the deaf and blind man (Mt 9: 32). They were healed after Jesus cast out demons from them.

The synoptics give account of Jesus' controversies and teaching on the demonic. The most important of those situations are Mt 12: 22-37; Mk 3:23-27 and Lk 11: 17-22. The event is called by scholars as the Beelzebub Controversy. In those passages Jesus made the solemn statement that "If I drive out demons by the Spirit of God, then the kingdom of God has come upon you" (Mt 12: 28). There are many other teachings and situational teachings where Jesus was talking about the existence, the nature and the acts of the devil, e.g., Mt 12:36-43; Lk 10: 18-20.

The narratives of his temptation in the wilderness (Mat 4:1-12; Mk 1: 11-12; Lk 4: 1-13) recount his direct encounter with the devil or Satan.¹⁹⁷

The synoptics agree that exorcism was a very large part of the ministry of Jesus¹⁹⁸. After showing his disciples the way of doing it, he gave them authority over evil spirits and sent them

¹⁹⁶ In these verses it is worthy to note that the synoptic authors single out demonization as a specific predicament, different from sicknesses/diseases that are mentioned in these same verses.

¹⁹⁷ Many data may be drawn from that encounter. Let us mention the following: the description of the devil/Satan as a person; Jesus did not contest his authority and power (Lk 4:6); Jesus resisted him with God's word.

to exorcize demonized people, to preach the coming of the kingdom of God, and to heal the sick and to raise the dead (Mt 10: 1-8; Mk 6: 7-13; Lk 9: 1-2). For the synoptics, exorcism was to be done in the name of Jesus.

This thesis does not intend to be comprehensive on this description of the demonic per the synoptics, for this is a vast subject. For the revival in Madagascar and the Ambohibao model, the New Testament is a source of knowledge for doing the ministry of healing and especially the deliverance ministry. From the synoptics, the Ambohibao model has drawn a certain number of theoretical and practical points, namely, the importance of the ministry of deliverance in the movement, the differences between demonization and disease, exorcism in the name of Jesus, trust in the authority and power over the demonic because of the name of Jesus, the need for preaching and teaching the coming of the kingdom of God and the calling for repentance (Mt 10:1-9).

The book of Acts is a continuation of the synoptics. Some familiar expressions of the synoptics are found in Acts, particularly the description of sick people of different kinds and demonized ones who come to the disciples and are healed (compare Acts 5:16 with Mt 4:24, Mk 1: 42, and Lk 4:40).¹⁹⁹

The Johannine literature.

First, the gospel of John is very different from the synoptics with regard to the absence of direct exorcism in its pages. However, we see Jesus making direct references to the action and

¹⁹⁸ George Reese, "Demons", *The Anchor Bible Dictionary*, v.2 .141. David Freedman ed. (N.Y.: Double Day, 1992)

¹⁹⁹ In the book of Acts, it is instructive to see that the ministry of deliverance does not belong to the Apostles alone, but also to the other believers (cf. 8:5-8). Akin to the synoptics model healing and deliverance ministry are coupled with the proclamation of the kingdom of God (Acts 8:12). In the discourse of Peter in Acts 10:38, he describes Jesus as the one "who went about doing good and healing all who were oppressed by the devil" (NRSV).

influences of the demonic in people. In John 8:44, Jesus refers to the devil as the father of those who wanted to kill him. He is opposed to God's will and is described by Jesus as a liar and a killer. There is no individual exorcism in John as in the synoptics, however John 12: 31 is understood by certain authors as an exorcism. Here the verb used is *ekballo*, the same verb used in the casting out of demons. This is an exorcism at a cosmic level, "the ruler of this world is driven out" (New Revised Standard Version) or cast out.²⁰⁰ The devil is described in John as entering Judas (John 12:27). He represented the force behind the stage that animated the enemies of Jesus, but who will paradoxically lead to the fulfillment of God's plan

1 John 3: 8 is one of the most significant verses in the New Testament that describes the mission of Jesus Christ with regard to the demonic, and that is "to destroy the works of the devil".

Paul and his Letters.

Paul was also involved in the ministry of exorcism as is seen in Acts 16 and in Acts 19: 11-20²⁰¹.

What do Paul's letters say about the demonic? In my statistical data at the beginning, I reported the existence and the frequency of the subject in Paul's letters, especially the mention of *Satanas* (13 out of the 36 times it is in the Bible) and *Diabolos* (8 out of the 38 times it is in the Bible). Without going into the details, one can notice that Paul mentions the demonic through its

²⁰⁰ George Reese, II, 142.

²⁰¹ In Acts 16, the young girl who was a spiritualist/diviner with a spirit of Python in her with a capacity of clairvoyance. In Ephesus, Acts 19:11-20, Paul was in the middle of a big movement of miracles, healings and deliverance ministry. It was dramatic to the point that healing and deliverance happened at the contact of things that have touched Paul. The text alludes to the importance of his ministry of deliverance, so much that he was imitated by non-believing-exorcists, the sons of Sceva, who were attacked by demons (v.13-16). The Ephesian episode relates the turning of many people from magic to Christian faith. The text does not make a direct link between demonization and magic, however it is not wrong to believe that there were among those who were delivered from demons in Ephesus who had practiced magic. For the Ambohibao model and many practitioners of deliverance ministry, magic is one factor that may lead to demonization. In that same text, we have an allusion that Paul was doing his exorcism in the name of Jesus, v.13.

headship, Satan and the Devil. The demons are there described as moral and spiritual enemies of the followers of Jesus. They will oppose the preaching of the gospel, they will blind the mind of people to believe (2 Cor 4:4). 1 Cor 10: 20 is a key verse in understanding the role of idols and the worship of false gods in the revival movement as a door for demons to enter people.²⁰² For the Ambohibao model, worship of idols is conducive to demonization. This will be data that *mpiandry* will inquire when helping people suspected of being demonized.

Finally two texts of Paul that are considered as fundamental in demonology and deliverance ministry are Ephesians 6:10-18 and Col 2:14-15. In the former text, demons are akin to spiritual power and authority working in the heavenlies against which Christians have to fight and to get equipped with God's armors. The latter text gives a description of Jesus victory over the demonic and especially how he achieved it on the cross²⁰³.

We should not be surprised how deliverance ministry is a part of public service in the revival churches in Madagascar, it is a proclamation of Christ's victory over the power of the devil and it is a reminder of our salvation through the cross and the blood of Jesus Christ.

The General Epistles.

Passing rapidly on to the general epistles, one finds in the texts mention of the existence of spiritual beings and angels. James and Peter speak about the devil and our need as Christians to resist him. Overall, they emphasize things that are present in the other biblical materials. Peter,

²⁰² In this verse, Paul mentions that the sacrifice to idols is a sacrifice to demons. This remark is important, because for the only two times 'demons' is mentioned in the Old Testament, Deut 32:17 and Psalm 106: 37, the two texts are related to the offering of sacrifices to idols. A careful reading of the two texts shows that the false gods are equated by the authors as demons.

²⁰³ Ferdinando, *The Triumph of Christ in African Perspectives*, 287-294, explained how the cross of Christ by emptying sin of its power, has given us victory over Satan and demons. For Ferdinando, this explains how Christians have victory over Satan and his kingdom by the blood of the Lamb, Rev 12:11.

in his first epistle (5: 8-9), compares the devil to a roaring lion, seeking to devour people, but Christians can resist him and make him flee²⁰⁴.

Revelation.

The book describes the Devil, Satan and the Serpent as one person. It describes Satan clearly as the enemy of God, who seeks to destroy the church of God and his followers through physical destruction and persecutions, through false teachings and through different kinds of temptations. Satan will, at the end, attempt to gather all the nations of the world to fight against God and his Messiah. Revelation reveals the end of Satan (Rev 20:7-10). For the revival and the Ambohibao model, the fight against the demonic is a battle that has been already won by Christ, and exorcism is an expression of that victory even though the demonic may sometimes appear threatening and terrible.

New Testament terminology and relationship of disease and demonism.

In this section, I want to discuss the connection between demonism and disease from a biblical perspective. Before that, I want to analyze the biblical term for the expression demon-possession, which is a popular expression used to designate the action of the demonic on people, but which is not accurate to the original meaning of the word as it will be discussed. A word study will yield helpful information in understanding the manifestations of the phenomenon of demonization/demon possession and the nature of the deliverance ministry.

B.2.2.1. Terminology and Demonic Phenomenon.

In the original Greek of the New Testament, the action of the demonic on a person is described with only two terms: *daimonizomai*; which appears 13 times and which is translated by the NRSV and the NIV as demon-possessed, having a demon, to be with a demon, demoniac, or

²⁰⁴ James 4:7; 1 Peter 5: 8-9.

to have a demon; and *eko daimonion*, which means to have demon. The two expressions are considered as synonyms by the NIV and the NRSV.

In English, ‘demon possession’ is the common term used to indicate the action of the demonic upon a person. However, I think that demon possession is not accurate because it means possessed by a demon, that is, the person has no control of one’s self, and the possessing agent is directing all his/her life²⁰⁵.

The word demonized is suggested by some authors as more accurate and faithful to the original meaning²⁰⁶. This thesis follows that conviction and estimates that demonization is more accurate and more descriptive of the nature of the action of the demonic on people as opposed to demon possession.

From the examples of the New Testament, a person who is under the influence of the demonic is not always without control on his/her person, for example, the woman who was bent for 18 years (Lk 13:10-17), or the one who was deaf and blind from demons (Mt 12: 22), or Bar-Jesus the sorcerer and false prophet of Paphos whom Paul called ‘child of the devil’. Those people, though under the influence of the devil in one way or another, were controlling most of

²⁰⁵ Let us study the words *daimonizomai* or *daimonizomenos*, that designate the person who is under the action of the demonic. For William Danker, based on Walter Bauer’s, the former is a 1st person aorist passive participle of *daimonistheis*, and means being under the influence of or being subject to demon. Besides, the other expression, *eko daimonion*, the synonym of *daimonizomai*, means literally to have demon; and it suggests that the subject has or possesses the demon and not the other way around. From those considerations, it would appear that rendering systematically *daimozomai* and *eko daimonion* by demon possessed is not accurate at all. This kind of disagreement can be seen even among scholars of the NRSV and the NIV, where the NRSV almost always translates *daimonizomai* by demoniac, and NIV by demon-possessed. In the opinion of this writer, the NIV has chosen the cultural position of the majority, while the NRSV has tried to stick to the more original meaning of the expressions.

²⁰⁶ Ronald Kydd, in *Healing through the Centuries*, (Massachusetts: Hendrickson Publisher, 1998) 55, relates how author as John Wimber suggests also the use of ‘demonization’ instead of ‘demon possession’, thinking that the latter one is not biblical.

their lives and their behavior. Judas is a very interesting case of how the devil may also work and influence people without taking away his/her personality and sanity²⁰⁷.

Demonization is not always in accord with the popular image we have from the movie *The Exorcist*, nor is it always the case of the “Demoniac of Gadarene or Gerasene” of Mark 5 or the demonized epileptic boy of Matthew 17. The term demon-possession may induce us to think that way, but demonic power may influence people in their mind and heart (Judas), it may provoke physical diseases that leave people with a normal mind and behavior, or it may provoke a neurological disease—like epilepsy, deafness or blindness, while suppressing the personality of the person. In one word, demon influence may take multiple forms physically, mentally and spiritually. It is standard among authors to try to describe different degrees of demonization, as oppression, obsession and complete possession²⁰⁸.

B.2.2.2. Distinction between Demonization and Disease.

There are questions that need to be elucidated about the relationship between disease and demonization. Some examples in the Bible lead one to think that they may be linked²⁰⁹.

²⁰⁷ In John 13: 2 and 27, we see that the devil/Satan was working on him, first to put in his heart the desire to betray Jesus, and then after he entered Judas, v. 27, he helped him to fulfill the plan of killing Jesus. In the case of Judas, he was the master of his thought and of his behavior. The Bible did not describe Judas as lacking control or behaving erratically or disorderly, until may be he decided to kill himself (Mt 27:5), yet then he was still described as fully in control of his faculties.

²⁰⁸ John Nicola in his book, *Diabolical Possession*, recounted how he was able to attend the different phases of demonization in a boy, that started with an influence, then oppression and possession.

²⁰⁹ As the woman who was bent for 18 years by unclean spirits (Luke 13:10), the young epileptic boy with unclean spirits (Mt 17: 15), and the deaf and blind man with demons (Mt 9: 32). Those people were sick and their diseases were related to the demonic and they were healed after Jesus exorcised them. The case of the demoniac of Gerasene has drawn many people to think that he was a schizophrenic or a mentally disordered and this has led some theologians to think that demonization is but plain psychiatric case. Furthermore, there are passages, such as Acts 10:38, where the statement of Peter may confuse, letting readers think that in Jesus’ case, demonization may induce diseases. Finally, in the gospel (Mt 4: 24; Mk 1:32; Lk 4: 40) and in Acts (5: 16), sick people and demon possessed are always gathered together and healed together by Jesus at the same time. This has led some to think that they are just one thing.

However, the reading and the study of the healing and the deliverance of demonized people show that these are two different things. The first argument is that in the gospel narratives demonized cases and sick people are always described separately and independently, as two different things, (see Mt 4: 24; 8: 16; Mk 1: 32). Second, the treatment used by Jesus is different in situations of sickness and demonization. Some examples, in cases of blindness, leprosy and other sicknesses are that Jesus had to touch, make some mud or say a word of healing; whereas in demonization exorcism always used the same method, that is, a command to the unclean spirit to leave.²¹⁰ From this study, one can say that the New Testament is making a clear differentiation between physical diseases and demonization.

The last point to be elucidated is whether mental illnesses may be considered the same as demonization. In the beginning of this study, it was mentioned that the New Testament makes very little mention at all of mental disease or madness in its pages. In fact, the two instances occur only with Jesus and with Paul.²¹¹ Besides those two times the New Testament does not mention cases of mental illnesses that have been healed by Jesus or by the disciples, neither does the New Testament mention mental illnesses elsewhere. The Gerasene demoniac was considered by some theologians as a case of mental illness, particularly schizophrenia, but all psychiatrists know that very often schizophrenia does not heal spontaneously like this without medicine and without sequels (lingering effects). Besides, the treatment used by Jesus and the conversation between Jesus and the Legion of demons is much too coherent (contrary to dissociation in schizophrenia) to confuse it with schizophrenia. And we do not mention the extraordinary knowledge of the demoniac about Jesus and his extraordinary strength. With Evans, after

²¹⁰ Peter's mother-in-law (Mt 8: may be considered as an exception where Jesus was rebuking the fever (Lk 4: 39).

²¹¹ For Jesus, his adversaries accuse him of both demon possession and madness (Mk 3: 21 and John 10: 20). For Paul, in Acts 26: 24, he was accused of raving out of madness because of his great knowledge by Festus.

attending cases of demonization and exorcism it is hard to pretend or to charge it for another thing. Evans writes:

After reading the vivid description of these possessed people and the accompanying exorcism, there is no way to confuse them with typical psychotic disorders.²¹²

This leads to a discussion of the question of how to interpret the biblical narratives of demonization and exorcism.

B.3. Hermeneutics of the Demonism and Exorcism in the Bible.

Almost all scholars of the New Testament agree that exorcism was an important part in the life and ministry of Jesus. However, there are two opposite positions adopted by scholars on the genuine historicity of those exorcisms. For Rudolf Bultmann, demonization and exorcism do not exist and belong to the New Testament mythology that needs to be demythologized, and demonization/exorcism narratives are “a mythological description of a person’s existential need to transcend the oppressive power systems of evil in the world”²¹³. The main premise of those who want a demythologization of the New Testament from its demonic and exorcistic materials stems from a philosophical and theological conviction that there is no such thing as demons and spirits, because there is no such thing as the supernatural that interferes with the realm of the natural/material world²¹⁴.

The other point that is addressed by this demythologization movement is the nature of Jesus as it is manifests through his engagement with demonism and exorcism. The principal

²¹² Evans, p.88

²¹³ George Reese, “Demons”, in *Anchor Bible Dictionary*, II:142.

²¹⁴ For the opponents of this position, such statement lacks logic in the measure that those same people admit the existence of God, who is a supernatural entity. The second argument is that it lacks empirical arguments, arguments based on experiments. The demythologization position constitutes an assumption that does not want to consider the reality and the evidences from many countries and many cultures concerning the reality of spirit manifestations. The position of Bultmann in theology, and Freud in psychiatry, is an exclusivist biophysical approach, denying the reality of spirits and human faiths and beliefs. Only the “id” is primordial in that system. It can be considered as a reductionistic approach to mental illnesses in particular, and to diseases in general.

question is about the accuracy and the rightness of Jesus' view and teaching on the demonic. If the demonic is just a myth, then Jesus was acting and teaching wrongly, and there is doubt even about his divinity. For those who still consider him as the Son of God, despite his lack of understanding of demonism, Jesus was simply acting as a child of his time. He just acted the way that best fit his time and culture, one that was permeated by the practices and superstitions in the demonism. Finally, a third theological explanation of Jesus' lack of understanding of demonism and exorcism is linked to his humanity, or to his kenosis, that is, his voluntary emptying of his divine nature in order to fulfill his mission.

Given the experiences of the Ambohibao model and the congruence of the practice and the theory within the entire system, and given the congruence of the Ambohibao model with the system of theory and praxis of the biblical model, it is very difficult to consider the demonic reality and exorcism as just a myth. The experiences of the revival in Madagascar and from many other countries challenge the notion that the demonic is not a reality of this world, and affirm that the Christian church, founded on the teaching of and the faith in Jesus Christ as recorded in the Bible, is the most appropriate agency to bring hope, healing and liberation for those who are oppressed by the demonic²¹⁵.

C. Demonism and Pastoral Care Ministry.

Pastoral care refers to the concerns expressed within the religious community for persons in troubles or in distress²¹⁶. For Clebsch and Jaekel, pastoral care includes four elements:

²¹⁵ For Allan Anderson, Peri Rasolondraibe, McNutt, Evans and other authors this character of the church ministry in Africa and other parts of the world where there is a dramatic growth of the church, the power encounter of Christianity with the other divinities in those areas has been instrumental in the conversion of people to Christian faith. This power encounter has been also the determining factor in the conversion of many pagans to Christianity in the early time of the church.

healing, sustaining, guiding and reconciling²¹⁷. What is the challenge to the healing of people who are oppressed or distressed by the demonic? How may the church sustain people who are enduring pain and suffering related to the demonic? How shall it guide and teach the community of the believers in their decisions and understanding of demonism? How may people be helped to be reconciled with God and with each other in the context of the reality of the demonic? Those are questions that will guide our reflection in this section. I will discuss the following points in the next pages: 1) The role of culture in the shaping of the church's pastoral care ministry. 2) Public theology as a preventive and witnessing activity with regard to the reality of the demonic. 3) The healing or liberation of the demonized. 4) The integration of the ministry of deliverance in the all ministry of the church.

C.1. Culture Shaping and Difference of Approaches.

This study has allowed us to see the big discrepancy between Western culture/theology and plausibility structure and the Malagasy culture with regard to the understanding and the ministry of the church as it relates to the demonic. The Western world has been deeply influenced by the Enlightenment and by its traumatic experiences with the demonic in the past²¹⁸. This thesis has contended that there is a paradoxical resurgence of demonism in the West in spite of that intellectual stand. On the other hand most countries in the world, Africa, Asia, Latin America and the Pacific areas believe strongly in the reality and the activity of spirits, bad or good, in the realm of this world. The churches in both worlds have a different perception of

²¹⁶ L. O. Mills, "Pastoral Care: History, Traditions and Definitions", Rodney Hunter Ed., *Dictionary of Pastoral Care*, (Nashville: Abingdon Press, 1990).

²¹⁷ William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspectives*, (N. J.: Prentice Hall Inc. 1964).

²¹⁸ According to John Nicola, "In the 17th century the church has reacted to such excess by hiding its rites of exorcism in a dark corner. Indeed, it is used in the Western world, but sparingly-and always secretly, rather than openly, as in those disgraceful times." In *Diabolical Possessions and Exorcism*. 54.

the problem and have different pastoral approaches. For L.O. Mills²¹⁹, pastoral care is rooted in the basic religious conviction of the community, and “in the history, the political, and the social fabric of a given time and space”²²⁰. However, many writers on the subject believe that globalization will more and more bring those differences of understanding into conversation and will reduce the gap²²¹.

These considerations explain in one sense how difficult it is, particularly in the area of demonism, to have a similarity of practice and understanding, even though the different Christian churches and denominations recognize that they share the same Bible. In *Appendix IV*, the essay entitled, *Demonism in Norway/USA vs. Madagascar and Denominational Responses*, shows how history, culture and denominations have shaped these different approaches.

What kind of pastoral care ministry does the present situation of demonism in the world require? The role of culture should be taken into consideration in the presentation of the ministry to the public, though the theological and fundamental understanding of the phenomenon should be shared together. The way it is done in Madagascar will be different from the way it could be done in Norway and in the USA. In all countries and cultures, an important approach will be an appropriate public theology.

C.2. Public Theology Answer to Demonism.

Public theology has always at least two functions: 1) to teach people and church members publicly on an important issue; 2) to stand publicly for that position as a testimony and as a

²¹⁹ Cf. note 210.

²²⁰ L. O. Mill, Pastoral Care (History, Traditions and Definitions), in *Dictionary of Pastoral Care*. By Donald Hunter Ed.

²²¹ Tippet, in “Demonology in Anthropological Perspectives”, Montgomery Ed., in *Demon Possession*. 167; about this uniformization concerning the demonism, writes: “ America is a multi-ethnic nation, with hundreds of homogeneous units contributing their own folklores and values, I think that everything mentioned in this paper could be found in, say Los Angeles”.

model for teaching and action. In the field of demonism and deliverance ministry, public theology will strengthen members to trust in the gospel and will work preventively by helping people avoid falling into the trap of the demonic. Public theology will be helpful in providing the church and its audience with a solid teaching and model of action with regard to demonism and deliverance ministry. The following points of teaching may be essential for a good public theology regarding demonism and deliverance ministry:

- Avoiding the two extremes according to the famous saying of C.S Lewis ²²²:

There are two equal and opposite errors into which our race can fall about devils. One is to disbelieve in their existence; the other is to believe and to feel an excessive and unhealthy interest in it. They themselves are equally pleased by both errors.

- Founding the teaching and practice of the deliverance ministry on the sober basis and teaching of the Bible.
- Proclaiming and teaching the victory and power of Christ over the devil
- Recognizing the reality of Satan and demons, and then their influences.
- Exorcism is the casting out of the devil from someone, and exorcism, baptism, laying on of hands have a goal of filling the person with the Holy Spirit.²²³
- The church needs to make it known to believers and non-believers as well that it is a community of love and healing, of liberation from the power of the devil.
- Finally, it is important to teach that in Christ God has provided for all that we need in this life, not just spiritual needs, but also physical, mental (faith and knowledge) and social.

²²² C.S. Lewis, *The Screwtape Letters* (New York: Collins, 1972) quoted by Evans, p. 85-86.

²²³ Evans, p. 85, writes: (with baptism and confession, in the early church), “the main purpose of exorcism was for the Holy Spirit to possess the entire personality”

People do not need to go to occult practitioners to find help and salvation from what oppresses and distresses them²²⁴.

D. Need for Scientific Studies.

In his book, *People of the Lie*, Scott Peck examined the role of evil in psychiatry. In this book, Peck writes about his experience with demonic patients and exorcisms and how he came from skepticism to the recognition of the demonic as an evil possessing agent, different from psychiatric disorders. Regarding our topic, the following points deserve to be mentioned: 1) the need for and the way of making differential diagnosis between mental illnesses and demonization, and the differences of outcomes and treatment between mental disorders and cases of spirit related disorders; 2) the helpful contribution of psychiatry and medicine to the ministry of deliverance and vice versa, for example the release of consent as in surgery or *informed consent* may be helpful before doing an exorcism²²⁵; 3) the value of a multidisciplinary team; 4) the existence of interaction between the psychiatric, the physical and the spiritual in cases of demonization.

But one of the most valuable suggestions of Peck is his advocacy for a scientific study of demonism, and deliverance ministry. He is joined by John Nicola on that issue, who also claims the need for scientific studies of the phenomena.²²⁶

²²⁴ Psalm 23 is a good illustration of that truth. The whole psalm is summarized in its first verse: “The lord is my shepherd, I shall not want.” In chapter 8, I will discuss about the salvation that God has achieved for us in Christ and through the Holy Spirit. For further details, please refer to the article in *Appendix V* entitled, *Public Theology and Doing Deliverance Ministry*.

²²⁵ Release of consent or informed consent is the formal authorization that a patient gives to the surgeon as such s/he accepts to be operated. The surgeon must give a satisfactory information to the patient about the diagnosis, the treatment and the risks/benefits of the operation.

²²⁶ John Nicola in *Diabolical Possession*.

The interest of Peck's book is its approach to mental disorders or spirit-related disorders from a psychiatric background, a background that has always considered phenomenon of demonization as superstition and imaginary. This thesis wants to make a small contribution toward the scientific approach in this matter, by studying it both from a spiritual /theological standpoint and from a DSM IV approach of the description of the disorders, the diagnosis, and the treatment and the outcome. Kurt Koch and Albert Lechler, are two researchers working as a team studying the interaction of psychiatry and Christian religion. Koch is a theologian, writer and expert in deliverance ministry, and Lecher is a psychiatrist. *Occult Bondage and Deliverance* is the title of the book they have written together. This book studies many cases of mental illnesses where demonic factors may be involved, and inversely many cases of demonic possessions where mental disorders may be involved. It demonstrates how a theologian/pastor and a psychiatrist can work together. New textbooks of psychiatry²²⁷ and the DSM IV consecrate this scientific recognition of the possibility of phenomena of possession in certain cases of mental disorders. I believe that further studies in that field will help the church in its ministry of deliverance and ultimately will help those who suffer from demonic disorders.

²²⁷ Robert Hale, ed. *The American Psychiatric Press Textbook of Psychiatry* and Benjamin Sadock ed. *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*.

Chapter 8.

REFLECTION ON THE CHURCH'S HOLISTIC HEALING MINISTRY.

The study of the model of Ambohibao allows us to make a double assumption: 1) God in Jesus and through the Church and the Holy Spirit is willing to bring salvation to human beings. This salvation is holistic, that is, a salvation from all that makes human being life miserable- it is not just a salvation of the soul. God's salvation is the context in which we need to situate the healing ministry of the church. 2) God in Jesus, and through the Church and the Holy Spirit, is interested in the business of healing human beings²²⁸. This healing is holistic, aiming to make well the whole human being, that is, body, mind, social life and spirit and even the land on which s/he lives. These two assumptions will shape the content of this chapter in a theological reflection about the church's holistic healing ministry.

There will be two main sections in this chapter: A) A theological discussion of the meaning of salvation and healing in a holistic perspective. B) A discussion of what the church's healing ministry should be in the context of that holistic understanding of salvation and healing. The section will close with a discussion of the *kairos*, or the time in which we are presently called to do this healing ministry.

A. Holistic Salvation and Holistic Healing.

A.1. A Holistic Salvation.

²²⁸ In Exodus 15: 26, God says about himself: "I am the God who heals you". As for Jesus, his name means "The Lord Saves" (Mt 1: 21). Matthew 8: 17 presents him as the one who fulfilled Isaiah 53: 3-5, the one who brought our diseases and infirmity, through whose wounds we are healed.

This thesis leads us to reflect on the kind of salvation Christ has provided for humanity when we think of the kind of soteriological works he accomplished through a model of ministry as that of Ambohibao. Lutheran soteriology tells that Christ has saved us from sin and its consequences, death and the devil²²⁹. He displayed and enacted this saving work through his teaching, preaching, healing, and relating with people during his earthly life, and he achieved salvation for us through his death on the cross and his resurrection.

Salvation is not just religious/spiritual, but includes all the dimensions of human life. Salvation is holistic. By religious salvation²³⁰, Christ's work is understood in terms only of the forgiveness of sin, the fixing of guilt, the reconciliation with God and eternal life. This kind of salvation is spiritualized²³¹. It is not bad in itself, but does not help in meeting people's needs for the here and now such as health, food, housing, protection from enemies and misfortune, magic, witchcraft, sorcery, curable and incurable diseases, family disruptive forces. In Madagascar and Africa, observers of the church's life history remark that a spiritual salvation alone does not attract or make sense to people.

A.1.1. Bible and Holistic Salvation.

According to Fretheim, an Old Testament scholar from Luther Seminary, the Bible also has a more pragmatic and this-worldly way of describing salvation. Let us look at the meaning of the word salvation in the Bible. In the Old Testament, it is 'yasa'. A brief survey of concordances and the Bible dictionaries gives an idea of its meaning. Salvation is translated as freedom from restraint and oppression, hence its meaning of liberation and deliverance. The

²²⁹ Martin Luther, *The Small Catechism*, explanation of the Second Article of the Creed.

²³⁰This concept is taken from Fretheim, "Salvation in the Bible vs. Salvation in the Bible" in *Word and World*, XIII, 4, Fall 1993.

²³¹Spiritualized in the sense of "to make spiritual, to give a spiritual character or tendency" Cf. *Webster's Third International Dictionary* (USA: Merriam Webster Inc., 1986)

Exodus event is the best example of this kind of salvation. *Yasa* is also translated as rescue, help, salvation from dangers, enemies, misfortune and defeat. For R.E.O White²³², citing references in the Old Testament, salvation in the Bible means also “personal and moral welfare (“prosperity”; Job 30: 15). For White, “the expectation of the Messianic deliverance gives to salvation political, national, and religious elements”.

Soteria is the word for salvation in the New Testament Greek. According to White, *soteria* is already rich with the Old Testament’s meaning when it comes into the New Testament, and carries with it the concept of deliverance, preservation/protection from any danger. Many authors as Fretheim, Ted Peters and R.E.O. White²³³ remark the closeness of the word *soteria* with health and wholeness.

A survey of the translation of *soteria* in the NRSV and the NIV is striking in how the name *soteria* or the verb *sozo* are often translated by healing, health, getting well, cured, for example, Lk 8: 36.

For Fretheim, there is a much wider dimension to God’s salvation, particularly as it is achieved through Jesus Christ, than the one the traditional church²³⁴ uses to teach and witness to. For Fretheim, salvation has the following dimensions²³⁵: eschatological and historical, with an universal or cosmic dimension; physical and political; individual and communal; religious and

²³² R.E.O. White, “Salvation”, in *Evangelical Dictionary of Theology*, W.E Elwell Ed. (Baker Book House, Michigan, 1984).

²³³ Fretheim, “Salvation in the Bible”. Ted Peters, “Wholeness in Salvation and Healing”, in *Lutheran Quarterly*, 5 (1991) 312, p. 297-314.

²³⁴ Fretheim, 364.

²³⁵ Ibid, 365-70.

social/economic/political²³⁶. Salvation reaches the whole person, that is, spiritually and psychically and bodily. It is a salvation from sin and from the effects of sin; and it reaches to humans and non-humans. He writes:

Christians typically relate salvation to forgiveness, which God grants to those who believe in Jesus Christ, crucified and risen (see Rom 5: 8-10). The truth and centrality of this is not being challenged here; what is being questioned is any claim that this exhausts the meaning or experience of salvation in the biblical sense, or that the redemption God accomplishes once-for-all in Jesus Christ has only spiritual salvific effects.²³⁷

David Bosch states the point on this issue very well when he writes:

Evil was experienced as something very real and tangible in the ancient world. It should therefore not surprise us if the evangelists use “religious” words to describe what Jesus did in the face of sickness, demon possession, and exploitation. One of those words is to save (Greek *sozein*), which for us has become an exclusively religious term. However in at least eighteen cases the evangelists use it with reference to Jesus’ healings of the sick. Thus there is for Jesus no tension between saving from sin and saving from physical ailment, between the spiritual and the social. The same applies to the term used for forgiveness (Greek *aphesis*); it includes a wide range of meanings, from the freeing of bonded slaves to the cancellation of monetary debts, eschatological liberation, and the forgiveness of sins.²³⁸

A.1.2. Theory of Atonement for a Holistic Concept of Salvation.

Atonement represents the central piece of soteriology, or the Christian doctrine about the saving work of Christ for the world. Important in that doctrine is also the teaching on grace and on the human nature that was affected by the Fall and sin, which is the presupposition of Christ’s works²³⁹. This study draws us to answer, how Christ’s life, death and resurrection brings this holistic salvation to the world, not only by providing forgiveness of sin, but by healing all sicknesses and providing all that one needs in this world?

²³⁶ Ted Peters, 297-314, thinks that the word *shalom*, peace in Hebrew, means also prosperity, communal, health, get well. It reflects that wide dimension of salvation. The similar relatedness of *soteria* and *shalom* to health, wholeness, well-being is striking, and denotes the closeness of meaning of the two words.

²³⁷ Fretheim, p. 364.

²³⁸ David Bosch, “Reflection on the New Testament”, in *Transforming Mission: Paradigm Shift in Theology of Mission*. (N.Y. : Maryknoll, 1991). 33.

²³⁹ From “Soteriology”, *The Oxford Dictionary of the Christian Church*. F.L. Cross Ed. (Oxford University Press, 1997).

Theology used to distinguish the following theories to explain how Jesus atonement works for salvation for us²⁴⁰:

- 1) The theory of the ransom paid to the devil for our redemption. This was held by Origen, Athanasius and some other Fathers of the early church.
- 2) The concept of satisfaction, elaborated by Anselm. The theory tried to answer to the famous question: *Cur Deus Homo?* (Why a human God?). It stipulates that sin is an infinite offense and therefore requires a satisfaction equally infinite. No human being is worth enough for such an infinite function but Jesus, who took the place of human being by becoming a human being, and by paying the penalty in our place.
- 3) The theory of Abelard, on the death of Christ as a proof of love. It is also called the subjective view or moral influence. It says that the love of Christ, who gave himself for us generates love in return and makes us love God through Christ.
- 4) The *Christus Victor* of Gustav Aulen. It is a modified version of the theory of the ransom to the devil, but it explains that Christ through his death and resurrection has conquered sin and defeated the devil and the hosts of evil.
- 5) Luther and Calvin advanced the theory of substitution, that is, Christ voluntarily bore the punishment in place of human beings.

The question is, what kind of theory of the atonement will fit a holistic understanding of salvation, that is, a salvation of the whole person from all his predicaments? This thesis will function with the eclectic position of L Morris²⁴¹, who sees that each of the previous theories always has some piece open to critique²⁴², and each contains some elements of truth. Therefore, we should not take one theory and give away the rest. He suggests that all the theories put together help to give a better understanding of how God accomplishes atonement through the

²⁴⁰ The following have been inspired from L. Morris, in "Theories of the Atonement" in *Evangelical Dictionary of Biblical Theology*, Elwell ed. (Grand Rapids Michigan: Baker Book House, 1984) and from *The Oxford Dictionary of the Christian Church*, F.L. Cross Ed.

²⁴¹ L. Morris, "Atonement", in *Evangelical Dictionary of Biblical Theology*, Elwell Ed. Ibid.

²⁴² Ibid. The subjective view of Abelard is good in drawing love from a sentimental perspective, but Christ did not really achieve anything but a showmanship of 'suicidal' love. The Anselm's satisfactory theory seems to show a God who is unable of grace, though it has the merit of showing the terrible consequences of sin. The ransom to the devil and the *Christus Victor* theories are important in showing the issue of payment to and the victory of Christ over sin and the devil, but it induces us to think that God saves because he is the strongest.

death and resurrection of Christ. David Bosch expresses well this dimension of Christ's salvation when he writes:

We stand in need of an interpretation of salvation which operates within a *comprehensive* christological framework, which makes *the totus Christus*-his incarnation, earthly life, death, resurrection and parousia-indispensable for church and theology. All these christological elements taken together constitute the praxis of Jesus, the One who both inaugurated salvation and provided us with a model to emulate (cf. Wiederkehr 1976:39-43).²⁴³

A.1.3. *Holistic Salvation for the Church.*

What kind of soteriology fits the present context of the church and people in Madagascar with regard to their needs, particularly in the context of the church's holistic healing ministry? A gospel that preaches a salvation of the soul only, or a gospel that tries to address uniquely intellectual curiosity and thirst does not appeal to Malagasy people²⁴⁴. Given their holistic cosmology, where everything is linked in this world, and linked to the spirits/demons, the demonic constitutes fundamentally the daunting adversaries that lurk behind everything that happens to them, good or bad. The gospel needs to show the superiority of Christ, and needs to confront that power of the spirits or demonic in order to gain the allegiance and trust of people. As in the early church, the revival has presented a Jesus Christ who can triumph over the power of the demonic, who can provide health, protection and the daily rice. As in Africa, in Latin America, in Asia, and in the early church this power encounter was a determinant in bringing people to Christian faith²⁴⁵. In Africa, the growth of African Independent Churches is explained mostly because of this kind of approach²⁴⁶.

²⁴³ David Bosch. "Toward Comprehensive Salvation." 399, in *Transforming Mission. Paradigm Shift in Theology of Mission*.

²⁴⁴ Rasolondraibe in *Healing Ministry in Madagascar*. 144.

²⁴⁵ In Haiti, only Pentecostal like churches that engage Voodoo in a confrontational way "are the most successful", from A. R. Tippet, "Demonology in Anthropological Perspectives", in Montgomery, p. 156. Syncretism is high among mainline Protestant and Roman Catholic Church in Haiti.

The Christus Victor theory of soteriology is the most common understanding of salvation in those countries. There are questions that arise because of the danger of this kind of theology to leading to triumphalism, sensationalism, or using the church for personal ambitions.

In his thesis, *The Triumph of Christ in African Perspectives*, Keith Ferdinando gives a remarkable analysis of the religious contexts of Africa, the need for a holistic salvation for people and the need to proclaim the victory of Christ over the demonic. Nevertheless, Ferdinando raises strongly his opinion that the salvation of Christ in African perspectives is first over sin, and that the ultimate goal of Christianity is reconciliation with God. I agree totally with Ferdinando that the ultimate goal of church ministry should be spiritual, reconciliation with God and eternal life. I have a strong reservation, however, that the issue should not be a matter of a choice between a Christus Victor or a Christ who cancelled sin and its consequences; it is not a matter of choice between eternal life or preservation of the present life; it is not a matter of choosing between physical healing or salvation of the soul. The matter is not an issue of either/or but an issue of both/and. That is the holistic aspect of the gospel of salvation. In Africa and in Madagascar, people want first to see the power and the worth of Jesus Christ before entrusting him their lives and their all.

A.2. A Holistic Healing.

The word holistic comes from the Greek “*holos*” that means the all, the total. By holistic healing, we mean the healing of the whole person, that is body, mind, soul/spirit and social

²⁴⁶ Allan Anderson and Newsweek.

life²⁴⁷. The main idea is that health is not complete until everything that makes a human being a human being is well.

The history of health and healing shows the long and complex development of the concept until its present state. In 1998 the World Health Organization recognized the role of the spiritual in the making of someone well. The best example is the case cited by Viktor Frankl where he showed that the sense of meaning of life and the will to meaning may make the all difference between living or dying²⁴⁸.

A.2.1. Bible and Holistic Healing.

What does the Bible say of such a concept as holistic healing? Are there models in the Bible that may help us to understand it better?

In the Old Testament, the concept of health/healing is not concerned just with the physicality of human being, but with all that concerns his/her life. A quick look at the Ten Commandments and the different prescriptions given by God to Israel reveals how the whole system is very much integrated. The religious, the political, the social, the military, the physical are intermingled. *Appendix VI* entitled, *Latrine and Sabbath, Examples of Holistic Ruling of the Society*, gives us a glimpse at the mechanism of this holistic integration of the social, the religious, the military, and public health care throughout the laws on the Sabbath and the usage of latrine (Exodus 20: 8-12; Deut 23: 12-14). They are considered as “religious laws”; yet, we know that these two laws have a considerable impact in the domains of the social, public healthcare, mental wellness and the spiritual. These are holistic examples where health and religious issues are intimately integrated within the canvas of the whole of life.

²⁴⁷ Definition of health by the WHO. 1998. Geneva.

²⁴⁸ Viktor Frankl, *The Doctor and the Soul*,

A.2.1.2 The New Testament and the Concept of Holistic healing.

In the New Testament, our focus goes first to Jesus. In his case, we are struck with how he integrated everything in his healing, teaching, preaching and acting. He healed the deaf, the mute and the blind to such a point that people exclaim: “He has done everything well, he makes the mute to speak and the blind to see.” (Mk 7:37). His pattern was to heal those who had sickness, to cast out demons and to stop the signs of demonization, to clean the lepers and to restore them within the community of people and the fellowship with God, to forgive the sins of those who are in need of forgiveness, to proclaim hope to those who despair and to preach that the kingdom of God has come. Jesus pattern of healing was holistic, and his teaching was emphasizing the need for the apostles to go and heal the sick, cast out demons, raise the dead, give support and peace to the oppressed and fearful, and proclaim God’s kingdom (Mt 10: 7-9). The book of Acts confirms this pattern, where the Apostles continued on the model shown by Jesus.

A.2.2. *The Name ‘Jesus’ and Healing/Salvation* .

About terminology in the New Testament, Morris Maddocks, a leader of the Churches’ Council for Health and Healing, says that we cannot ignore the importance of the meaning of the name ‘Jesus’ whenever we think of the word salvation and healing²⁴⁹. Jesus means ‘God saves’ (Matthew 1: 20), but often also in the New Testament, the Greek word ‘sozo’ to save is also translated as to ‘heal’. Jesus is both a healer and a savior, and the two functions cannot be dissociated in his name with regard to his identity. The intertwining of these two functions in the person of Jesus leads to the conclusion of the previous section that in Jesus, healing and salvation cannot but be holistic, embracing all aspects of human life. In Jesus’

²⁴⁹ Morris Maddocks, *The Christian Healing Ministry*, 3rd ed. London: SPCK, 1995, 9-10.

ministry, healing was not an accident, but a hallmark of his mission and his identity as the Messiah (cf. his response to John the Baptist, in Matthew 11: 5)²⁵⁰.

A.2.4. Critique of the Concept and Praxis of Holistic Healing.

Ted Peters in his article reports the critique of Rolland Miller, from Luther Seminary, that bringing everything to health and healing means ultimately nothing serious and certain, since everything is involved²⁵¹. “The use of terms such as ‘holism’ may dilute the force of our medical work, so that it loses most of its distinctive meaning and power”. Syncretism and quackery/credulity are the other danger that may come from an excessive extension of the concept of holistic. For Ted Peters, there is a need for collaboration between science and the other activities involved in healing/health, particularly between religion and science²⁵². Now I want to treat the question of the difference between healing and salvation.

A.3. Differences between Healing and Salvation.

The crucial question often asked is, since healing and salvation are so closely related are they the same thing? If they are different, what are their differences? In this thesis the assertion is that health/healing is a part of salvation but does not constitute salvation.

A.3.1. Healing/Health is not Salvation.

We need to develop a strict definition of salvation and healing here. Salvation is the specific and unique work of God, implemented through the life, death and resurrection of Jesus Christ. For Fretheim, “Christians relate salvation to forgiveness, which God grants to those who

²⁵⁰ His messianic identity was related to the fact that through him, “the blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, and the poor have good news brought to them.” (Mt 11: 5)

²⁵¹ Ted Peters, “Wholeness in Salvation and Healing” in *Lutheran Quarterly*, 5(1991), 297-314.

²⁵² *Ibid.*

believe in Jesus Christ.”²⁵³ It also implies reconciliation with God and the promise for a new eschatological life, usually called eternal life. This salvation is understood to start in this life-here and now- and to continue eternally unto God’s Paradise, the new created world according to Revelation 21:5. This salvation is to be received by faith.

Holistic healing is the healing of the whole person from whatever dis-eases him/her in this life. The ‘dis-ease’ may be of physical, mental, social or spiritual nature²⁵⁴.

Healing and salvation are interconnected, but they are different. Healing is related to the here and now, while salvation at its best addresses the needs for the here and now, transcends it and brings into concern the matter of eternal life and reconciliation with God. Healing and health may constitute a part of salvation, but they cannot be equated as salvation, and considering healing/health as equal to salvation is considered as a very wrong reductionism and rejected by most Christian authors, such as Ted Peters, Terry Fretheim, Daniel Simundson²⁵⁵, Maddocks and Evans²⁵⁶. Worse, making health the goal of life is idolatry, because health/healing is penultimate, and salvation is ultimate²⁵⁷.

A.3.2. Mental Health and Salvation.

²⁵³ Fretheim, “Salvation in the Bible”; 364.

²⁵⁴ WHO’s new definition introduced in 1998, according to Evans.

²⁵⁵ Daniel Simundson, “Mental Health in the Bible”, *Word and World*, IX, 2, Spring 1989.

²⁵⁶ As for the other authors, I refer to their books listed in the bibliography.

²⁵⁷ Cf. *The Westminster Catechism*, “The goal of life is to worship God, and to enjoy his fellowship”, not health and healing. Refer to Appendix VII, entitled ‘*Non Cure. Cure and Healing*’ for a further study of the issue of cure and non cure and the relationship of healing and cure.

Daniel Simundson, from Luther Seminary, in “Mental Health in the Bible”²⁵⁸, discusses the relationship of salvation and mental health. For Simundson, “mental illness cannot be equated with sin, and mental health is not the same as salvation”. In that perspective, he asserts that theology is not the same as psychology or psychiatry. He explains salvation on the basis of sin and human brokenness, and proceeds to state that there is guilt, sin, alienation, and loneliness that cannot be moved by psychotherapy or human efforts. He recognizes that God has broken into this world, reminding us that healings can take place in this world. However, he believes that fullness and wholeness are possible only in the life to come. He concludes that, “what we all (mentally sick or healthy) need is ‘salvation’, something that reaches beyond the promises of this world”.

B. The Church’s Holistic Healing Ministry.

This section starts with a reflection on the holistic healing ministry of the church with the mentally disordered. Later in this section, I will reflect on the church’s holistic healing ministry in general, given the present contexts of health and healing in the world and the church’s understanding of its own ministry.

B.1. Church and Mental Illnesses.

This thesis started with an assertion of the prevalence of mental illnesses in the world today²⁵⁹. Mental illnesses have always been in the world though they have been denied

²⁵⁸ *Word and World*, IX, 3, Spring 1989.

²⁵⁹ Sadock ed., *Kaplan and Sadock’s Comprehensive Textbook of Psychiatry*, p.502, states according to the NCA (an organization studying epidemiology in the USA) that the one year prevalence rate of mental illnesses is 29.5% in the USA. That means that in one year there are 29.5% of the population who have presented some mental disorders. This is a considerable figure, almost 1 out of 3 people.

existence, persecuted and hidden²⁶⁰. The church, after the example of Jesus, has come to preach the good news to the poor and to the oppressed, and to proclaim that the kingdom of God has come (Luke 4: 18-19, Matthew 10: 7-9 ²⁶¹). The understanding of the etiology of mental illnesses through the history has gone through a lot of changes, going from the attribution of mental illnesses to demons, to an exclusive biophysical approach. This thesis has as one of its objectives to demonstrate how the approach of current psychiatry has changed and that the inclusion of the holistic approach is the right approach; and finally that this holistic approach will gain from recognizing the gifts of the church in the field of deliverance ministry and healing.

B.1.1. A New Understanding of Mental Illness. The Holistic Approach.

A fundamental change in psychiatry is its more holistic approach to mental disorders. Biopsychosocial approach is the name of this new approach²⁶². In a nutshell, this new approach recognizes the fundamental importance of the biological, the chemical and the physiological in the etiology of mental disorders; and it recognizes, at the same time, the crucial interplay of the social and the cultural in the etiology, diagnosis, description, and the treatment of mental disorders. It is here that the religious intervenes, because one knows that the religious strongly shapes the socio-cultural setting of a community and its members.

The church as a religious institution is playing a key role in that interaction with mental disorders. This is certainly one reason why the revival and the Toby Ambohibao have been involved in the caring of the mentally disordered since their beginning in the early 20th Century

²⁶⁰ Ralph Colp, "History of Psychiatry". . in Sadock, p. 3302

²⁶¹ Margie Mason of the associated Press in Saint Paul Pioneer Press of Aug 27, 2001, wrote that minorities and the poor are less likely to receive treatment for mental illnesses, and if they do receive the quality is lower than for the rich and white people.

²⁶² Used by Sadock in his introduction of his new textbook of psychiatry. Cf. Hales ed.. the editorial introduction of the 1999 edition of *The American Psychiatric Press Textbook Psychiatry*.^{3rd} Edition,

until now. However, history should remind the church and other movements of the possibility of abuses and oppression by the religious on mentally disordered people. It reminds us of the danger of obscurantism²⁶³ and the demonization of all mental disorders. There is a need for a careful discernment.

B.1.2. Increasing Recognition of SRD.

Modern psychiatric scholars increasingly recognize the existence of psychiatric disorders such as psychotic trance disorders, depersonalization disorders, and trance possessions that happen in certain cultures, which are accompanied by physical, psychological and mental manifestations that are not explicable in biophysical or psychiatric terms. Current psychiatry does not reject the possibility of spirits or even “demons” as the causal agents of the disorders²⁶⁴.

The Church in the past, notwithstanding the many abuses and atrocities committed in the name of countering demonism, has constantly acknowledged the presence of demons in those phenomena. In postmodernity, the church and the revival in Madagascar and in many other countries in the world come also to the same conclusion that many of those phenomena are related to the demonic. In Western countries, especially within the church there is a certain skepticism, to a paradoxical point where theologians are more skeptical than scientists²⁶⁵.

²⁶³ Opposition to enlightenment or spread of knowledge. (Webster)

²⁶⁴ Read Juan Mezzich et al., “Acute and Transient Psychotic Disorders and Culture-Bound Syndromes”, in Sadock, p. 1265. Also DSM IV, “Trance Possession Disorders”. When those manifestations, especially those possessing agents (in the cases of trance possession or dissociated disorders) - display intelligence and congruency with history and reality, psychiatrists recognize that those facts are not delusions, hallucinations, imaginations, or superstitions. They take cognizance of the indigenous explanations that those possessing agents are spirits, ancestors, or demons according to the system of reference of those who are involved in the phenomena.

²⁶⁵ I cite Evans, “The irony today is that while many Protestant churches and pastors are skeptical of faith healing, the medical profession is viewing it with new respect.” P. 53. Peck, in his book, *People of the Lie*, states in 1983 that 99% of psychiatrist do not believe in demons, and the majority of clergy too. He related how the leadership of the church are reluctant to endorse the idea of having a psychiatric hospital where acknowledged demonized patients can be treated. P. 202.

Peck and John Nicola from their practices of deliverance ministry come to the conclusion that there are in psychiatric wards patients who have spirit-related disorders, and who will profit a lot from deliverance ministry²⁶⁶.

The point at this level is to state the primary role of the church in that discernment and differential diagnosis process. Not only is the church the best agent for the diagnosis but also for the treatment and the prevention of spirit-related disorders. The church because of its understanding of the Bible and its traditions should know about the demonic. The lessons from the past being learned, the church should not shy away from confidently engaging the reality of the demonic and its deeds of oppression on people.

B.1.3. The Church Community, a Healing Community for Mental Health.

Defining the trends in modern psychiatry today, Alberto Costa Silva asserts that there are four basic principles²⁶⁷:

1. Mental health services must be set up within the community
2. Psychosocial rehabilitations must be considered a fundamental approach, integrating psychopharmacological treatments
3. Patients and family involvements are unavoidable components of mental health care strategy.
4. Primary health care is one of the major components of mental health care system

Integrating mental health within the activities of the community is a challenge, because for centuries mentally disordered people have been rejected by the society, or they have been constrained within the society. One of the principles recommends also the involvement of the family in the program of treatment. The rejection of the mentally disordered is based mostly on fear and dislike, according to Ronald Kessler²⁶⁸.

²⁶⁶ John Nicola, p. 104.

²⁶⁷ Sadock, p. 3338.

²⁶⁸ Ibid, p. 476-483. Realizing this rejection of the mentally disordered by the society, the WHO is encouraging the world to make an effort to welcome them in the society by choosing for the year 2001 the motto: "No to exclusion, Yes to Caring", in Madanews website of 04/09/01.

The church has stronger assets compared to other communities with regard to welcoming the rejected and the outcast, from its traditions and its theological foundations. First, because Jesus himself was rejected by his community; second, Jesus is always identifying himself with the poor and the sick (Matthew 25: 35-36); third, Jesus has been a healer and sent the church to heal (Luke 10: 35; Matthew 10: 7-9). Fundamentally, at the example of Jesus the church should be welcoming the mentally disordered and caring for them. This drive has been the motivation for the church to build hospitals. However, the challenge is high, because what is requested is to welcome the sick within the community. This motivation was essential in thrusting the revival in Madagascar into the caring for and the welcoming of mentally disordered, demonized, and other hurting people in their toby.

For Herbert Anderson, from Catholic Theological Union of Chicago, “The church is called to enter into human brokenness out of compassion for those who suffer and as a sign that God is present even when health is absent.”²⁶⁹ In that same article, Anderson underlines the implications of this function of healing community for the church. He points out the need for three things:

- 1) Adopting a preventive mental health care program²⁷⁰.
- 2) Provision of care in a Christian perspective, pastoral care, connecting the congregation with clinical ministries as counseling and chaplaincy. The articulation of these kinds of activities with a parish nurse program will be very helpful.
- 3) Developing activities that maintain mental health²⁷¹. The most important is to provide a caring, loving, and accepting environment that conveys a sense of safety, eliminates situations that drain human spirit and diminish self-esteem.²⁷²

²⁶⁹ Herbert Anderson, “The Congregation: Health Center or Healing Community”, *Word and World*, IX, 2, Spring 1989.

²⁷⁰ This means encouraging members to care for each other, welcoming every one into a nurturing and hospitable environment, administering rites and sacraments while having in mind those who are going through emotional and stressful periods, sustaining by concrete actions, articulating educational programs (discussion of values, norms, courses in Bible and theology) with the problems that people are handling daily.

In the context of a country like Madagascar, the model of the revival with the system of toby seems to be a wonderful example of a holistic healing community center for the church. The analysis of the works of faith healers and revival-like movements in Africa was for Peltzer²⁷³ a light on discovering the role of such movements in caring for the poor, the sick, the mentally disordered and the demonized in the African context.

B.2. Church's Holistic Healing Ministry.

B.2.1 The Church is called to do Holistic Healing Ministry.

Morris Maddocks, Advisor to the ministry of healing of the Archbishops of York and Canterbury in the Church of England and president of the Churches' Council for Health and Healing (CCHH) in the United Kingdom, estimates that healing is not a fringe activity of the Church but is utterly central, its "raison d'être". Tracking the birth and the "raison d'être" of the Church with Jesus, one cannot but agree with the view of Maddocks that the Church is called to be an agency of "soteria/yasa", meaning salvation, akin to its master who is called "yesuah"- God-savior/healer. Jesus is both and indivisibly a savior and a healer. In him the two functions coalesce.

Matthew 10: 7-8 represents one of the most complete descriptions of this holistic mission of the Church:

As you go, proclaim the good news, 'The kingdom of heaven has come near'. Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment; give without payment.

²⁷¹ Given the state of brokenness of this world, Anderson suggests that the congregation should provide a "place to come back to ... a halfway place to which emotionally fragile individuals might be referred for support and safe social interactions".

²⁷² Clinebell et al. in their book, *Community Mental Health; The Role of the Church and Temple* (N.Y.: Abingdon Press, 1970), suggest that the church and the temple has a role to play in the following programs: prevention, treatment, training and organization of mental health actions.

²⁷³ Cf. Peltzer.

This passage, together with other texts in the Bible, tells us of God's desire to send his Church into a mission of holistic ministry that will consist in the saving and healing of people from what makes their lives miserable.

B.2.2. The 'Kairos' for Doing Holistic Healing Ministry.

We seem to be in a momentous period for doing holistic healing ministry, this is a "kairos", a right time for a right thing. The circumstances are good for the ushering in of this holistic healing ministry in the church's life. Evans in her book, *The Healing Church*, speaks of a "fullness of time for a new health ministry." What are the factors making our time a time for holistic healing ministry? For Evans they are the following²⁷⁴:

- 1) The changing nature of illness. One example is the increase of longevity of life that has nothing to do with direct medicine, but rather as a consequence of diet, hygiene and sanitation²⁷⁵. This situation changes the role of medical professionals.
- 2) The shortcoming of the current medical and health care models (failure of the social security system, costs of health care, need for devoted care-takers) that creates a vacuum that the church can fill.
- 3) The expansion of health care practices that makes it possible for almost all people to be involved in health care. The recognition of psychosomatic medicine has opened the door to the understanding of the impact of the emotional and the spiritual and the religious on people's health. Science is rediscovering the link between spirituality and good health.

The study of the model of Ambohibao has allowed us to see the increasing recognition of the role of the demonic in the culture and beliefs that lead people to demonization, which in its turn leads to complications such as suicides, depression and family disorders that are present in

²⁷⁴ Evans, 29-50.

²⁷⁵ The causes of death and the impact of major diseases have changed: accidents and crimes are killing more people than diseases. Increases in income and education are better indicators of health than physical conditions. MD's are no longer the only ones responsible for good public health.

ordinary mental disorders²⁷⁶. In the USA, an important innovation is the recognition of the interaction of health and religion by medical researchers²⁷⁷. In psychiatry, an important innovation in the newest books of psychiatry is the recognition by psychiatric scholars of the reality of spirits in mental disorders²⁷⁸.

Given all these new things making their appearance in the field of health and healing, professionals are opening the door to collaboration with new kinds of workers. The church, from its side, is also conscious that it is a new era for her to approach her mission of healing ministry in a different way, that is, in a more holistic way.

Coming back to the context of Madagascar and other similar countries, the time has also come to recognize the value of science beside a traditional vision of healing ministry. Certainly, a lot of education is to be done there. The Church, as the toby of Ambohibao, has taken its responsibility by encouraging the integration of medical science with the biblical vision of healing and deliverance ministry. There is a question that we need to answer now: What should be the physiognomy of a holistic healing ministry of the Church?

B.2.3. A Model of Church's Holistic Healing Ministry.

What model would avoid some of those pitfalls that were addressed by critique, as triumphalism, sensationalism, individualism, lack of doctrinal soundness? How can one lessen

²⁷⁶ The DSM IV (p. 485) recognizes the existence of associated disorders that accompany Dissociative Identity Disorders and Trance Possession. Those disorders may be self-mutilation, depression, suicide, aggressive behaviors and others. In Madagascar, those disorders are clearly identified by the church and the revival as manifestations of demonization.

²⁷⁷ I have cited in this thesis the important works of Dale Matthews, Larry Dossey, David Larson, Koenig, Herbert Benson and many other authors in the USA. Those are medical scholars in their fields. Koenig et al. in their new book, *Handbook of Religion and Healing*, mentions that more and more medical schools in the USA are offering classes on the interaction of the spiritual/religious and healing.

²⁷⁸ DSM IV compared to DSM III R; Sadock; The American Psychiatric Press Textbook of Psychiatry. Cf. bibliography. These reference books in American psychiatry recognize the reality of spirits in Dissociative Identity Disorders, in Trance and Trance Possession Disorders.

the reluctance presented by most mainline denominations toward the church's holistic healing ministry?

B.2.3.1. Healing Ministry Fitting the Cultural Context.

There seem to be three kinds of attitudes within the Church all around the world with regard to its position toward healing and health ministry. 1) The first one is the position of some North American churches exposed by Evans in her book, *The Healing Church*. She qualifies it as an attitude of reluctance in the beginning with an increasing acceptance of healing ministry in the church lately²⁷⁹. 2) The second is the attitude of British churches, under the leadership of the Church of England and the ecumenical National Council on Health and Healing, presided over by Morris Maddocks²⁸⁰. 3) The third one is the general attitude of the Church in the Non-Western culture in Africa, Latin America and Asia. Here the attitude is more eclectic and multiform as seen in the African Independent Churches, the revival movements in Madagascar, the Pentecostal, the evangelical and charismatic-like movements, and the more traditional Western-mainline denominations. This third group can be considered as open and exuberant.

B.2.3.2. A Model of Healing Ministry.

The model of health and healing ministry elaborated by the successive Lambeth Conferences²⁸¹ could be a basis for setting a common model of holistic healing ministry for the

²⁷⁹ Evans, p. 26-27.

²⁸⁰ The attitude can be qualified as open and sacramental. This movement has started in the early 20th century with Archbishop Temple and had grown under the wings of the Church of England which has produced many researches and done many trainings on the ministry of health and healing. The British movement was qualified as sacramental that was underlining the legacy of the Christian traditions in a sacramental approach to healing. The movement of John Wimber, from the USA, has contributed in some part to its present form.

²⁸¹ A Lambeth Conference is an Assembly of the bishops of the Anglican Communion held about every ten years under the presidency of the Archbishop of Canterbury to consider important doctrines of the Anglican Church. From *The Oxford Dictionary of the Christian Church*.

Church. The philosophy that sustains the successive Lambeth resolutions is relevant and of great use to the development of churches holistic healing ministry around the world. The resolutions are holistic. They consider healing as an important mission of the church following the example of Jesus. They do not shy from engaging the subject of healing at a physical level as much as from a moral/spiritual and scientific perspective. They line up with the traditions of the Church with regard to healing, and found their approach on a solid biblical and christocentric understanding of the healing ministry of the church. They are open to the different experiences of the universal church around the world, resulting in their acceptance by many ecumenical bodies of the church in the UK. Skipping the previous resolutions of the Lambeth Conferences, I want to cite two of them, the 1978 and the 1988 Lambeth Conference resolutions on Health and Healing²⁸². The 1978 resolution is as follows:

The Conference reaffirms:

- 1 that the healing of the sick in his name is as much part of the proclamation of the Kingdom as the preaching of the good news of Jesus Christ;
- 2 that to neglect this aspect of the ministry is to diminish our part in Christ's total redemptive activity;
- 3 that the ministry to the sick should be an essential element in any revision of the liturgy.

For the 1988 Lambeth Conference resolutions, Evans summarizes²⁸³:

The Lambeth Conference went so far as to say that the ministry of healing should be established in every diocese. It should expand beyond sacramental ministries to include counseling, deliverance from demonic oppression, medical research, and the study of related ethical issues; it should work for fair distributions of resources and personnel; and it should include drug addicts, sufferers from AIDS, and the work of hospice.

A careful examination of past and current resolutions shows the church's concern for the engagement of the whole church in the healing ministry, besides 'just the oral preaching' of the gospel. The holistic dimension of the ministry is defined and extended. The means to be utilized are clearly stated. They are sacramental as well as liturgical, including prayers, rite of healing,

²⁸² I gathered the previous materials from Morris Maddocks, *The Christian Healing Ministry* (London: SPCK, 1995)

²⁸³ Evans, p. 22.

laying on of hands, and deliverance ministry or exorcism. Specific activities have been emphasized by the 1988 resolutions: counseling, exorcism, medical research, extension to AIDS, drug addiction, hospices and, finally, the just repartition of resources. This is all done under the guidance and the supervision of the church. Each one of these activities requires a tremendous amount of work, research and energy in order to be implemented. While the resolutions are not comprehensive, they do have the quality of showing the holistic dimension of the healing ministry. Exorcism has been specifically mentioned among the modern issues that confront the church and the world as drug addiction, AIDS, unequal repartition of resources. These are very appealing subjects for countries like Madagascar. From a rapid glance at the list of the resolutions, we cannot but agree that these ministries will occupy the church for a long time to come.

It is easy to give up and to conclude that designing too much is exposing oneself to despair and immobilism, as the French proverb says, “*Qui trop embrasse mal etreint*”, that means, “Who embraces too much cannot hug.”²⁸⁴ However as a church, we need to remember that we have also a “big God”, a cosmic God, who wants to save and to heal the whole world at the same time as the whole individual. God is a cosmic/transcendent God²⁸⁵, and yet he is at the same time a microscopic/immanent God who stoops with care and love at the small worm. Moreover, the church is not working alone but is called to work together with all its members under the guidance and the empowering of the Holy Spirit. Certainly, the task is immense but not impossible with God’s help.

²⁸⁴ Personal translation.

²⁸⁵ Evans mentions the implication of a holistic healing ministry with regard to the repartition of the economic and human resources in this world that is one of the root cause of diseases. The WHO report to the 1995 World Assembly says, “The world’s biggest killer and the greatest cause of bad health and suffering across the globe is extreme poverty”. (Sadock, p. 3333). This will lead us to political and economic issues and other considerations that we cannot tackle here. Health and healing is an immense subject.

A considerable value of the Lambeth Conference on health and healing is its ecumenical impact and its conviction that health and healing ministry should be done in cooperation with medical professionals, that scientific research should be done, and that the all ministry should be done under the supervision of the church. The serious involvement of the church as a corporate body will mitigate many of the critiques against the church's healing ministry such as triumphalism, promotion of personal ambitions, sensationalism, and lack of sound doctrine. The main question is the church's willingness to do it. The African colloquia resolution on *Health, Healing and Development* during the Congress on the World Mission of the Church, Luther Seminary Saint Paul 1998, recommended²⁸⁶:

These ministries call for a wholistic approach of proclamation and development. ... Many of the African Instituted Churches (AICS) and the "new churches" are more involved in healing than the mainline churches... . *We call the church to greater study and practice on the relationship of faith and healing, and call the church to be healing communities.*

Considering the Ambohibao model, truth obliges us to agree that what it has achieved is modest and hardly scratches the surface of the huge needs of people in the area of health and healing. However it has the merit of starting something out of obedience to what it believes to be good and right according to the Christian faith and the mission of the Church.

²⁸⁶ Craig Moran Ed., *Proceedings of the Congress on the World Mission of the Church*, Saint Paul 1998. Luther Seminary, Saint Paul, 1998. 62-63.

CONCLUSION.

The Church is called to do healing ministry in a broken and fallen world where evil, suffering, and disease are universal and powerful. Mental illness represents one of the most debilitating and crippling diseases that touches about 1.4 billion of the world's population. It brings hopelessness and suffering for many patients and families in Madagascar as well as many countries in the world. Other predicaments that oppress human beings are diseases in multiple forms and various gravities, poverty, lack of hope, fear, oppression, injustice, and uncontrolled natural and supernatural phenomena, etc.

The healing ministry of the Toby Ambohibao is one way for the Church in Madagascar to fulfill its vocation of healing and preaching of the gospel. This thesis suggests the Ambohibao model as a way of doing healing ministry for the churches both in Madagascar and in the whole world. Evans identified five factors of resistance to the involvement of current churches in healing ministry, namely, the lack of 'familiar model for health ministries'; the pushing of health ministry at the margins of the church mission; the lack of concrete ways of integrating healing ministry into the whole life of the church; the lack of education of pastors and Christian health professionals and the lack of scientific data to the effectiveness of the church as a health care institution²⁸⁷.

As a model of ministry thesis, this thesis described the Ambohibao model and its way of working. It discussed its worth and weaknesses. The thesis closed with a theological critique of

²⁸⁷ Evans, p. 17-18.

the Ambohibao model. Through these different steps I have attempted to demonstrate how the Ambohibao model has responded to these factors of resistance mentioned by Evans. The implementation of this kind of model needs to take into consideration the specific historical and cultural traits of the area and the population in which the model is suggested. This kind of model may be integrated and readjusted into already existing or other new models.

The Ambohibao model presents two major characteristics, it is Christian and holistic. Being Christian and holistic means that the model develops a program where medical science and technology work with faith/prayer and the enacting of biblical healing principles. The model believes in the power of the Holy Spirit to bring healing, consolation, and deliverance to those who are sick and suffering. In that context, the model considers the Church as a community of healing that offers love, acceptance, and support to those who are sick, suffering, recovering, and to merely “normal people”. It is a community that proclaims the coming of the Kingdom of God in this world, and calls people to repentance and to trust in the name of Jesus Christ, instead of putting their trust in the ancestors/spirits, the power of magic or anything else. It teaches love as the founding principle of a Christian healing community.

For the Toby Ambohibao and the revival in Madagascar, spiritual is not just an attitude toward the transcendent, a sense of meaning and values, but it also takes into account the reality and the action of the demonic in making people sick and evil. If such an attitude was scorned in the past and considered as superstitious and lacking in knowledge, that is no more the attitude of scholars in psychiatry who recognize the genuineness of spirits and demons in certain mental disorders as trance possession disorders and other culturally bound syndromes. I have defined in this thesis the concept of spirit-related disorders, a concept that describes the Ambohibao model’s approach to disorders that look like mental disorders but that do not correspond to

mental disorders as described in classic psychiatric nosology. I have come to the conclusion that this spirit-related disorder is the same as what the New Testament has called demonization or demon possession. The model of Ambohibao has demonstrated that the deliverance ministry in the name of Jesus Christ has been an effective way to heal people who were demonized. This experience of the model of Ambohibao is congruent with experiences in many parts of the world and in other Christian denominations and groups. The existence of spirit-related disorders and demonization affirm the rightness of biblical teaching and the church's traditional practices of deliverance ministry and healing.

The model of Toby Ambohibao has been able to describe the symptomatology, the diagnostic procedure, the suggestion of treatment and the prognosis of this spirit related disorder. At Ambohibao, medical techniques plus spiritual means are used to treat diseases, including mental disorder. Spirit-related disorders are treated with the same techniques, plus deliverance ministry or exorcism.

This study of the model of Toby Ambohibao has been essentially a descriptive study. It has given us a view of how the model works, what are the philosophical and theological assumptions on which the model builds its approach to the ministry. Further studies are needed, particularly medical research that will permit others to appreciate the effectiveness and the accuracy of certain concepts, data and factors that are associated with the model. Research will be helpful if it studies the epidemiology, the semeiology (study of signs), and the treatment of spirit related-disorders. A very important area of research will be to study those factors as they are manifested in different cultures in the world. I suggest scientific studies of this concept of spirit-related disorders. For that, I suggest double blind and longitudinal studies to ascertain or to inform the role of the demonic and measure the effectiveness of deliverance ministry and prayer.

Scott Peck and John Nicola suggest that scientific studies of demonism and exorcism will yield a greater understanding of the world of spirits, their reality and mode of action and, then, the reality and effectiveness of faith and exorcism.

The Ambohibao model demonstrates that religious faith and spirituality have a definitive impact on health and healing. It corroborates current studies on the interaction of religion and healing, as those done by medical scholars in the USA such as Dale Matthews, Harold Koenig, Larry Dossey, Herbert Benson et al. mentioned in this thesis. Those studies will gain insights from the study of models such as the Ambohibao's and others I have mentioned in this thesis. A model such as Ambohibao will benefit from the studies and experiences of other examples around the world.

Evans in her book speaks of the advent of a new era in the field of health and healing. The new definition of health is now holistic and shifts away from a negative description to a positive approach, describing health not as an absence of diseases, but as a state of physical, mental, social and spiritual well being²⁸⁸. The spiritual dimension of health is a very new concept for medicine. Health as a holistic concept is a goal to be reached, where everything has to work together. In another area, we are currently witnessing a resurgence of the demonic and the occult in the world, mostly in the West. There is a prediction of a need for more deliverance ministry for the church in the future.

Evans declares rightly that it is time for the church to do healing ministry. This is also my conclusion at the end of this thesis. Evans concludes that only an institution as the Church can really do a holistic ministry of healing. This is not a new ministry for the Church. The Church has always been called and sent by Jesus to preach the gospel of the Kingdom of God, to heal the sick, to raise the dead, to cleanse the lepers, and to cast out demons (Matthew 10: 8-9). This is a

²⁸⁸ WHO, 1998.

holistic program of healing ministry. This is not just a religious and spiritualized program but a program that takes seriously into account the physicality of those ministries without losing sight of their spiritual and eschatological meaning, that is, their here-and-now characteristics at the same time as their eternal and out-of-this-world dimension.

I believe that the church is the most indicated agency for doing a true holistic healing ministry, because the Church has the gifts from the Holy Spirit and the qualification for doing this ministry. As the body of Christ in this world, the church witnesses to Christ's power, love and healing nature. Such a holistic ministry calls for a revision of the traditional concept of salvation, which for many Christians is salvation from sin alone. This view does not do justice to God's desire to heal the sick, to be involved with those who are suffering not just spiritually but also physically, and mentally and socially. Salvation and healing in Jesus Christ are holistic, embracing all and every aspect of life. Congregations in their own locations have to develop their program of holistic healing ministry by paying attention to people's needs and to cultural particularities. In Madagascar as in many countries in Africa and in Latin America, the Church's involvement in this holistic ministry of healing and a proclamation of a holistic gospel of salvation have made the church relevant and helpful to the population which is looking for what they think to be true salvation and healing.

There is no place for triumphalism or boasting, because the church is always both a divine and a humanly imperfect institution. The Church will always be sinful and righteous at the same time²⁸⁹, she will be always sick and healed as the example of the Apostle Paul in 2 Corinthians 12: 8-9. In that same understanding, the Church will be always weak and yet strong by the grace of God. The Church will bring this extraordinary love and healing power of Jesus in

²⁸⁹ "*Simul peccator et justus*" according to Luther's expression in Latin.

a fragile clay jar (2 Cor. 4: 7). This is the paradoxical nature of the Church and which makes of her, at the same time, a wonderful agency of healing and of consolation for those who hurt and who are sick. By engaging herself into the healing ministry the church bears witness to her Master, Jesus, whose name means God-Savior/Healer. Prophesying on Him, Isaiah wrote:

Surely He has born our infirmities and carried our diseases;
Yet we accounted Him stricken, struck down by God, and afflicted.
But He was wounded for our transgressions, crushed for our iniquities;
Upon Him was the punishment that made us whole,
And by His bruises we are healed. Isaiah 53: 4-5. NRSV.²⁹⁰

²⁹⁰ Capitalization of the pronoun 'He' is mine.

APPENDICES.

APPENDIX I.

Diagnosis of Spirit Related Disorders (SRD at Ambohibao).

From the understanding of the epidemiology of spirit related disorders, that is, the understanding of factors that may facilitate the happening of a disorder related to spirits, the Ambohibao model assesses the diagnosis of SRD on the basis of the following criteria.²⁹¹

They can be categorized in four major criteria²⁹²:

1. Criteria from the Anamnesis, or from the History.

One of the objectives of the counseling with the demonized and his/her family is to have a good anamnestic interview, assessing the past and the history of the person, with a good spiritual history. The following elements are scrutinized in that interview:

- Spiritual history: the main religious beliefs and practices of the person. Is the person related to practices of magic, occultism, spiritism, divination, etc.?
- Does the person have possession of magico religious things/paraphernalia or books?
- Is there a legacy of occult and magico religious practices in the family? Does the person live in an area of strong and active practices of magic and occult activities?
- Are there issues of curses, resentments and harsh hatreds with the person?
- The medical history and issues of mental debilitation in the past, in the family.

Except for the mental debility issues, any positive responses to any of the other questions will be suggestive of some possibility of demonic influences on the person.

2. Criteria from the Symptomatology, or the Description of Signs.

For the revival movement there are particular signs that are characteristic of demonic influences in a disorderly person. These are the most significant:

- The ability to know, to see things that normal people do not know and see. The person who has this ability is functional and relating well with others in normal time. Examples,

²⁹¹ In the following criteria for diagnosis, the Ambohibao model uses the word demonized and demonic, as synonyms of spirit related-disorder and the nature of the spirit that creates the disorder, in conformity with its system of interpretation of the phenomenon.

²⁹² The four major following criteria have been taken from my D. Min feasibility project, entitled *The Ministry of Deliverance at the Toby of Ambohibao*. Pp. 21-24. Available at Saint Paul: Luther Seminary D. Min Office. I made some editorial arrangements in order to make it fit the thesis setting.

knowing the names of people they have never seen before, events that they have not attended, telling things that will occur, etc.

- Speaking languages that they have not learned, during times of demonic influences and possessions, and which they forget later in normal times.
- Signs that are not fitting human signs of disease or physiological functioning of the body, as jumping from a elevated height without hurting oneself, eating things that normal people cannot swallow, body postures that are not possible in a normal body as head turning completely in the back, complete changes of voice, toleration of abnormal doses of drugs and alcohol without signs of intoxication, not sleeping for many days without major troubles, running at an abnormally fast speed, extraordinary physical strength, etc.²⁹³
- Aversion and opposition to Christian “things”, like prayer, listening to Bible reading, hymns, and most of all manifestation of crises at the mentioning of the name of Jesus Christ, or the invocation of the name of Jesus Christ upon them. This latter is a strong characteristic, if not a pathognomonic sign, that is, a specific sign of demonic influence in a person according to the revival.
- The context in which those signs appear are also important in making the diagnosis, because the person who manifests those signs, and when outside of the crisis, is functional and normal. The history of the person and the circumstances that trigger the crisis may be very important in determining the diagnosis.

3. The Power of the Name of Jesus in the Making of the Diagnosis.

For the revival, the name of Jesus is very helpful and specific for the making of the diagnosis. In their practices the mpiandry believe that a true possession is uncovered under the pressure of exorcism, or the proclamation of the authority of the name of Jesus on a person who is suspected of being under a demonic influence. Demonic cases with deafness are more difficult to uncover and to deliver, according to reports of mpiandry²⁹⁴.

A person who is mentally disordered, does not have a characteristic crisis when exorcised. A mentally disordered person is erratic and unpredictable, bizarre in her/his behavior, unfunctional and socially inappropriate, within and without exorcisms. He may call upon the name of Jesus, but without meaning and congruency with the context.

The calling upon the name of Jesus by the demonized person, in an articulate and appropriate way is a sure sign of deliverance. A true demonized person is often restored ad integrum, that is integrally healed, after his/her deliverance. S/He will be able to criticize her past situation.

4. Therapeutic Differentiation, or Outcome under Treatment.

²⁹³ Many authors have mentioned those signs in their works. I will just quote Razivelo, in p.75; p. 197, where she recounts her own experience and the experience of Mahonjo, a demonized person. I interviewed Dr Micheline Ranaivoson, the director of the Mental Health Program at The Ministere de la Sante in Madagascar. She recounted how she had personally seen a patient jumping from a third floor of the hospital without any injury. For my own, I have seen a demonized patient who resisted a very high dose of tranquilizers and neuroleptics without signs of sedation.

²⁹⁴ Interview I had with Endrin'I Pasisy. Remarks of McNutt in his book, p. 182.Cf. bibliography.

Mentally disordered persons do not improve under deliverance ministry. They will rather improve with medical methods and means. They react normally to medical drugs rightly administered. They generally present anomalies in their clinical, laboratory and other complementary examinations²⁹⁵.

A demonized person improves under spiritual treatment, that is, counseling, prayer, deliverance ministry, forgiveness, repentance (including renunciation of magic, occult, cult of ancestors) and faith in Jesus Christ. Interestingly, a demonized person under crisis will have unpredictable reactions to medical treatment, especially to drugs that act on the neurological and the emotional systems, like tranquilizers, hypnotics and neuroleptics²⁹⁶.

A medical case will have a predictable outcome under the correct medical treatment, it will not respond favorably to a non-specific treatment. In the same way, a true demonic case will not recede with a non-appropriate treatment, unless with a treatment that deals with the etiological factor, that is, the demons/evil spirits.

And as I wrote previously, a true demonized person is restored ad integrum after his deliverance, provided there are no other medical issues involved.

This section of the report demonstrates in an irrefutable way the need for doctors and mpiandry to work together for the assessment of the diagnosis.

²⁹⁵ In the movie and the book, *The Exorcist*, by Peter W. Blatty, there is a process that was followed, starting with a thorough medical examination. In the case, all the medical examinations and Xrays were normal.

²⁹⁶ My own experiences at the Hospital of Ambohibao, where I had a patient who received a massive dose of tranquilizers and neuroleptics without any significant effects.

APPENDIX II.

Religious Assessment of Patients in the Study Group.

1. Snapshot of the Religious Demography of Madagascar.

In order to appreciate the different figures that I will present in the tables and as a background to our study, it is helpful to give a snapshot of the religious demography of Madagascar. According to *The World Almanac and Book of Facts 2001*²⁹⁷, p.819, the chief religions in Madagascar are the following: “Indigenous beliefs 52%, Christian 42%, Muslim 7%”. According to the *Atlas of the World’s Religions*, p.167, 25% are Roman Catholics, 16% Presbyterians or Church of Jesus Christ in Madagascar, 16% Lutherans and 5% of other Protestant groups. I believe that the figure given by the Atlas of World’s Religions is too high for the Lutherans who are generally less than the Presbyterians. In my estimation Christianity represents a little less than 50% of the population, of which half are Roman Catholics and half Protestants²⁹⁸.

In the next sections, I will present the religious affiliations of the 80 patients, then, the religious affiliation according to each group of diagnosis.

2. Religious Affiliations of Patients at Ambohibao.

The following table shows us the religious affiliations of patients

Table 7: Religious affiliations of the patients at Ambohibao. (N = 80)

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	44	4	26	22	48	60%
Catholics	27	1	18	10	28	35%
Others	2	0	0	2	2	2.50%
Non-Christians	NA	NA	NA	0	2	2.50%
Total					80	100%

How to understand the result of this tables? We see that there are only 2 patients out of 80, that is 2.50%, who self identify as non-Christians. How to interpret this very small figure? Some traditional believers do not go to toby because they may be afraid of being rejected. It is also important to know in the Malagasy context, especially in cities, that when people are asked

²⁹⁷ Edited by World Almanac Books, New Jersey, 2001.

²⁹⁸ An addition of the figures given by the Atlas gives a total of 62% of Christians. This is in opposition with the Almanac and other sources such as Bachmann & Bachmann.

about their religion, this means exclusively either Catholic, Protestant or another Christian denomination, but this does not mean that they are really committed to that religious denomination. People generally in cities do not say that they follow traditional religion; they may say that they do not have a religion²⁹⁹. Being Catholic or Protestant does not preclude ordinary people from practicing traditional religion as I mentioned earlier that Malagasy people tend to be syncretistic. This explains the importance of asking whether they are baptized or communicant. Those two later characteristics permit one to identify a stronger commitment or meaning to their Christian faith. As I have previously mentioned, the revival is among those who claim the incompatibility of Christian faith and traditional religion. It is clear that baptism and partaking of the communion are not very accurate indicators of the degree of religiosity of people. We need more objective parameters if we want really to know the degree of religiosity of people.³⁰⁰ For Koenig et al. and other authors such as Dale Mathews, other criteria may be helpful, such as the frequency of attendance at church services, the degree of conscious adhesion to the beliefs of the religion and its rites and practices. It is interesting, however, to note the number of Catholic people who come to the toby of Ambohibao, 35% of the study group. It may be a good indicator of the transdenominational character of the revival ministry in Madagascar.

3. Religious Affiliations and Schizophrenia Disorders.

In the following table, we can see the repartition of schizophrenia and psychotic disorders according to the religious affiliations of patients.

Table 9: Religious affiliations and schizophrenia (N=38)

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	21	1	9	13	22	57.89%
Catholics	14	0	12	2	14	36.84%
Others	2	0	0	2	1	2.6%
Non-Christians	NA	NA	NA	NA	1	2.6%
				Total	38	100%

A comparison of tables 7 and 9 seems to give a certain parallelism. Protestants represent 60% of the study

group (80), and 57.89% of the schizophrenic sub group. Catholics represent the 35% of the study group, and 36.84% of the schizophrenic sub group. However, this study, the way it is done, does not allow us to draw any significance to this comparison.

4. Religious Affiliations and Mood Disorders.

The table shows us how the religious affiliations of the patients in the sample relate to the mood disorders.

²⁹⁹ They would say, “tsy manana fivavahana”, that means “I do not have a religion”. That may mean traditional religion.

³⁰⁰ See Koenig et al., *Handbook of Religion and Health*.

Table 10: Religious affiliations and mood disorders(N=8)

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	4	0	3	1	4	50%
Catholics	2	1	1	2	3	38%
Others	0	0	0	0	1	12.50%
Non-Christians	NA	NA	NA	NA	0	0
Total					8	100%

Comparing this table with table 7, there is no noticeable feature that deserves a special comment.

5. Religious Affiliations and Substance Related Disorders.

Table 11 shows the repartition of substance related disorders with the religious affiliation of patients.

Table 11: Religious affiliations and substance related disorders.(N=8)

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	6	1	6	1	7	88%
Catholics	1	0	1	1	1	13%
Others	0	0	0	0	0	0
Non-Christians	NA	NA	NA	NA	0	0
Total					8	100%

We see that there are a high percentage of Protestant patients who come to Ambohibao with substance related disorders vs. Catholics and other denominations. We need to have a bigger number of patients to compare with the repartition of the disorder in other settings, and with the general prevalence of the disorder in the country in order to draw significant conclusions.

6. Religious Affiliations and Patients with Non-Mental Disorders.

We can see the repartition in the following table.

Table 12: Religious affiliations and non-mental disorders(N=16)

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	7	1	3	5	8	50%
Catholics	8	0	3	5	8	50%
Others	0	0	0	0	0	0
Non-Christians	0	0	0	0	0	0

Total	16	100%
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Comparing Table 10 with Table 7, I notice the greater percentage of Catholics who come for non-mental disorders (50%) compared to the general percentage of Catholic population among the patients of the Toby (35%). This is a fact that deserves further study.

7. Religious Affiliations and Spirit Related Disorders (SRD).

The following table gives us the repartition of SRD and the religious affiliations of patients.

Table 13: Religious affiliations and spirit related disorders (SRD) N=10

Religious Affiliations	Baptized		Communicants		Total	Percentages
	Yes	No	Yes	No		
Protestant	6	1	4	3	7	70%
Catholics	2	0	1	1	2	20%
Others	0	0	0	0	0	0
Non-Christians	NA	NA	NA	NA	1	10%
Total					10	100%

Comparing Table 13 and Table 7, we see an increase of the Protestant population who have SRD (70%) vs. the general Protestant population (60%) of patients and vs. the Catholic group who have SRD (only 20%, while they are 35% of the general population).

In this chapter of the thesis, my goal was mostly a descriptive presentation of the Ambohibao's model. And as I said earlier, given the sizes of the populations and the methodology used, no conclusion should be expected from these tables and comparisons. However, as Koenig et al. write, this kind of study is a good departure for further studies regarding the interactions of mental disorders and religions.³⁰¹

³⁰¹ Koenig et al., 157.

APPENDIX III.

Cases Study of Few Patients at Ambohibao.

A. Patients with Schizophrenia Disorders.

Patient No 15

Identity: Female; 31 year old; divorced; state officer; 6th of 6 siblings.

Religion and cultural background: Protestant, baptized, non communicant. From the highlands and lived in France where the disease started.

History: The disorder started in 1990 with visual hallucinations. Outcomes characterized by episodes of disorders and residual symptoms. Was treated in France with neuroleptics and tranquilizers. Symptoms were: Insomnia, incoherence, visual hallucinations. She was admitted at Ambohibao on 10/06/99.

Diagnosis, treatment and outcome at Ambohibao: She was treated for schizophrenia disorders with neuroleptics, healing services and counseling. She improved with a pattern of residual symptoms. After care recommendations: attendance to healing services, counseling and continuation of neuroleptics.

Conclusion and comments: She seems to be a good case where medicine and religious approach worked very well for a typical case of schizophrenia disorders, with persistence of residual symptoms.

Patient No 63. was reported to be a user of cannabis. He had another episode 1 month before his admission at Ambohibao. He presented the same signs at the admission.

Diagnosis, treatment and outcome at Ambohibao: Schizophrenia disorders with complications by cannabis use.

Treatment and outcome: Weaning of cannabis when at the toby. Treatment with neuroleptics, counseling, healing ministry. He improved significantly after 3 months of treatment

Identity: Male; 35 year old; single; taxi cab driver; 1st of 5 siblings.

Religion and culture: Lutheran, baptized and communicant. Rural person from the highlands.

History: It began 2 years before his admission at Ambohibao with visual hallucination, insomnia and incoherence. He improved under treatment which nature was unknown. He. Doctors affirmed his steady improvement to be dependent on a drug free lifestyle. He was recommended to attend regularly the ministry of healing.

Conclusion and comments: He had a good outcome. His case was contingent on a drug free life style. The stay at the toby was useful because it was a controlled environment. It will be helpful to have some support after his discharge and to strengthen his motivation for not using drugs.

Patient No 71

Identity: Male; 26 year old; 1st of 4 siblings; single; jobless.

Religion and cultural backgrounds: Catholic; baptized, communicant;

History: His disorder is tracked back in his early age, when at age 11 he had a cerebral form of malaria. He was hospitalized at the General Hospital of Befelatanana for 3 months for neuro-psychiatric disorders. He has been treated afterwards for different kinds of disorders, and recurrence of his previous disorders. He was taken to traditional doctors and diviners. He was admitted to Ambohibao many years after the beginning of his disorders. The signs he presented were: audio visual hallucinations, aggressiveness, incoherence, cries, anorexia and psychomotor inhibitions.

Diagnosis, treatment and outcome at Ambohibao: Axis I diagnosis was schizophrenia disorders, plus Axis III disorders from organic cerebral dysfunction. He was treated with neuroleptics and antidepressants, plus the healing service, counseling and psychosocial activities. His state improved, with no residual symptoms.

Conclusion and comments: He had a good outcome, with disappearance of signs 6 months after his treatment at Ambohibao. Doctors took into account his story of cerebral damage due to cerebral malaria. Diagnosis of spirit relatedness disorder was not born despite obvious involvement with diviners.

B. Patients with Mood Disorders.

Patient No 11.

Identity: Male; 22 year old; student at the University; 1st of 4 siblings.

Religion and culture background: Protestant, baptized, non communicant; from the city of Antananarivo.

History: His disorder started one year before his admission at Ambohibao, because he was assaulted. He had insomnia, then he cried without reasons, devalued himself; was thinking of suicide as the solution for his life. He started to use cannabis 2 years before his admission to Ambohibao.

Diagnosis, treatment and outcome at Ambohibao: Axis I: depression, Axis II: substance abuse. No issue of spirit relatedness.

Treatment and outcome: Antidepressant, healing ministry, counseling, psychosocial activities. Protection from drug use. Slow improvement. Outcome contingent on drug abstinence and steady attendance to after care, according to the healing team.

Conclusion and comments: He seems to be case of depression that was triggered and compounded by drug use. He improved under treatment. Healing ministry provided simultaneously spiritual support and psychotherapy. He seems to have a normal outcome, and needs help to stay away from drug use.

C. Patients with Substance Related Disorders.

Patient No 66.

Identity: Male; 50 year old; divorced; elementary school teacher; 2nd of 6 siblings.

Religious and cultural backgrounds: Protestant, baptized, communicant; from the highland, rural area.

History: History of alcohol and cannabis abuse since his thirties. Disorders started in 1985 (35 year old) with delusions and hallucinations. Was treated by diviners and practiced occult activities. He was brought to revival centers for healing ministry. He had relapses in 1987, 1990, 1995 and 1999. He came to Ambohibao in January 2000.

Diagnosis treatment and outcome at Ambohibao: Axis I: Dependence to alcohol and abuse of cannabis with alcohol induced psychotic disorders. Suspicion of spirit related disorders because of his interaction with occult activities and diviners. He was treated with neuroleptics, abstinence of psychoactive substances, therapeutic activities, counseling, and healing ministry. He was discharged in April with a drastic improvement of his clinical state, that is, clearing of all previous symptoms. Recommendation was to attend church and healing ministry in the after care.

Conclusion and comments: He had substance related disorders, with psychotic symptoms. The toby suspected some spiritual influences in his case. His state improved very well with the model of treatment at Ambohibao. The issue is the maintaining of his well being after his discharge. He may need support to strengthen his personality and a drug free lifestyle.

D. Patients with Non-Mental Disorders.

Patient No 36.

Identity: Male; 20 year old; illiterate; single; 7th of 7 siblings.

Religious and cultural backgrounds: Catholic, baptized, non-communicant; comes from the neighborhood of the city.

History: Had a brain trauma at delivery. Developed a psychomotor development retardation. Later he had generalized seizures. Has been treated in different centers and hospitals. Finally came to Ambohibao.

History did not reveal practices of traditional healing.

Diagnosis, treatment and outcome at Ambohibao: His diagnosis did not pose a problem: “generalized epilepsy”. He followed all the program of healing ministry at the toby. He received antiepileptics that controlled his seizures on a continuous pattern.

Conclusion and comments: Our patient is a characteristic case of a patient that families bring to Ambohibao after they have used all the medical resources of the area. Medically there are no dramatic improvements to be expected. The questions are, “What are family’s expectations in bringing such patient at Ambohibao? What is the expectation of the healing for such a patient?” There are the suggested following answers: 1) Families are expecting miracles as those in the New Testament and also because cases of healing of such cases in the history of the Fifohazana or Revival; 2) For religious and psychological empowering, search of meaning of the disease in the face of an intractable disorder. Another question that I would like to ask is the attitude of doctors and the healing team with regard to telling the truth to patients and family in this kind of special situation. The toby accepts such patients for at least 2 reasons: 1) They also expect improvements, because they believe God can intervene at any time. 2) They accept such patients out of love and compassion, because they should not reject patients whoever they are, particularly this kind who is often forsaken by their own family. 3) For the sake of comforting the patient and families spiritually, psychologically and emotionally.

E. Patients with Spirit Related Disorders (SRD).

In this section I will present each of the 9 cases of SRD from the study group. They will illustrate principles and modes of approach of the Ambohibao model in those specific cases.

Patient No 14.

Identity: Female; 18 year old; engaged; housekeeper.

Religious and cultural backgrounds: Protestant, baptized and communicant; from a rural town in the North of Antananarivo.

History: Four days before her admission to Ambohibao, she presented an acute pain in the abdomen and had a syncope or loss of consciousness. At the entrance, she presented the following symptoms: delusion; audiovisual hallucinations; insomnia and aggressiveness.

Diagnosis, treatment and outcome at Ambohibao: Her disorders were diagnosed as spirit related, based on the history and the symptomatology that was not pathognomonic of specific abdomen pains syndromes, and on the outcome under treatment and reaction to the healing ministry.

Conclusion and comments: The diagnosis was based on the history, the non characteristic nature of the syndromes (especially the syncope and the abdominal pain, which are more characteristic of demonization or precocious phase of indwelling by spirits, a phase that is well known by practitioners of tromba, a cult of

possession in Madagascar. Cf. J Marie Estrade and David, Lucien Jean Lazare³⁰²) It is noteworthy here that the symptomatology could lend to a surgical diagnosis or other medical interpretation of the disorders presented by the patient. The toby experience with “tromba” and other phenomena of possession manifestations helped find the diagnosis.

Patient No 39.

Identity: Male, 23 year old; high school level, single.

Religious and cultural backgrounds: Protestant, baptized and non-communicant; from the suburb of the capital.

History: One month before his admission to Ambohibao, he had an episode constituted of fugue or runaway, visual hallucinations and phobia. This happened after he passed a national examination called BEPC.

Diagnosis, treatment and outcome at Ambohibao: When admitted to Ambohibao the visual hallucinations were the major clinical symptom. He was diagnosed as having SRD, based on the nature of his hallucinations and his history of practices of transcendental meditations and yoga, a practice that has led to many cases of demonization in the revival experience³⁰³. He improved under treatment at the toby. He received neuroleptics as medical pharmacotherapy.

Conclusion and comments: Noteworthy are the use of neuroleptics in his case. It seems to be the principle of the doctors at the toby to give neuroleptics every time there is a psychotic syndrome, one way the toby combines medicine and religion. The patient improved, was it due to the neuroleptics or the spiritual/religious treatment? The diagnosis of SRD was founded on the revival past experiences of relating demonization with transcendental meditation yoga practices, cf. footnote above.

Patient No 40.

Identity: Female; 22 year old; from the city; 3rd of 4 siblings.

Religious and cultural backgrounds: Lutheran, baptized and communicant.

History: Past history of auditive hallucination in her early adolescence, and then recurring episodes afterwards. She was admitted to Ambohibao because of the following disorders: incoherence, auditive hallucinations, cries, difficulty of concentration.

Diagnosis, treatment and outcome at Ambohibao: She was diagnosed as being in a state of depression and received antidepressants. The diagnosis changed into SRD mostly because of her reaction to the ministry of deliverance and the rapidity of her recovery after her stay at the toby and her improvement after the deliverance ministry.

Conclusion and comments: The root of her spirit relatedness was not clear. How was she connecting with spirit entities? Doctors and the healing based their diagnosis on the reaction of the patient to the ministry of deliverance. This case underlines the usefulness of this indiscriminate deliverance ministry for the diagnosis of this case.

Patient No 46.

³⁰² J M Estrade, *Le Tromba, un Culte de Possession a Madagascar* (L'Harmattan, Paris) ca.1975.. Lucien J L David, *La Maladie a Travers la Possession par le Tromba et le Fifohazana, Mouvement de Reveil Malgache* (Universite de Tulear, Madagascar) 1998. Cf. bibliography.

³⁰³ The revival in Madagascar has had experience of patients who become afflicted with spirits after a certain kinds of meditational yogas that connect the practitioner with spirit entities. This is also to be related to *The Qi-Gong Psychotic Reaction* reported in the Glossary of Culture-Bound Syndromes, of DSM IV, p. 847. “This term describes an acute, time-limited episode characterized by dissociative, paranoid or other psychotic or non psychotic symptoms after...practice of qi-gong”

Identity: 19 year old; traditional farmer; married; 5th of 6 siblings.

Religious and cultural backgrounds: Protestant, non baptized, non communicant; from a rural and traditional backgrounds.

History: It started one year before his admission to Ambohibao with insomnia, anorexia, autism, incoherence of behavior, he was treated by diviners. No improvements.

Diagnosis, treatment and outcome at Ambohibao: He was treated as having schizophrenia disorders with neuroleptics, and also as having substance related disorders (cannabis). History revealed family's suspicion of magical spells done by people that the patient has deceived (He promised to marry a woman to whose family he already performed the customary rites of engagement, and turned it down). He recovered completely after one month of treatment at the toby. He was counseled to ask forgiveness for his deception and to make repair to the deceived family.

Conclusion and comments: The diagnosis of SRD was founded on the fast improvement of disorders to the treatment after a long stage of troubles, and also on the concept of magic spells. Was the recovery a fruit of the counseling and the overthrowing of guilt issues because of the intent of making repairs? I think that all the factors were effective and contributed to the rapid recovery of the patient. We see here a good picture of holistic approach where medicine, religion and counseling work together. The issue of making repair is a part of Malagasy traditional wisdom.

Patient No 49.

Identity: Female; 36 year old; divorced, mother of 4 children; 1st of 20 siblings,; housekeeper.

Religious and cultural backgrounds: Traditional believer; from Belamoty a remote rural area in the far South of the country.

History: Her disorders started 5 years before her coming to Ambohibao, with dyspnea (short of breath), insomnia, anorexia, audiovisual hallucinations and inertia. She was treated by 15 kinds of traditional healers, diviners, but without improvement. Finally she came to Ambohibao.

Diagnosis, treatment and outcome at Ambohibao: Axis I diagnosis was audiovisual hallucinations and Axis III, cardiopathy with shortness of breath. She was treated medically for her heart problems and followed the healing service with emphasis on the deliverance aspect of the ministry. She displayed a strong reaction and crisis during the deliverance ministry. She was completely healed from her hallucinations and had a good medical recovery for her heart problems. Doctors assessed a diagnosis of spirit related disorders on the basis of her history of very active interaction with spirit related practices and on her reaction to deliverance ministry, her aversion to Christian things, and the rapid recovery from her hallucination disorders after healing and deliverance ministry.

Conclusion and comments: She is a perfect example of the combination of medicine and religious/healing. The medical treatment of the heart problems was taken into consideration and treated specifically. Besides heart medication, she received also neuroleptics for her hallucinations. Her neuroleptic drugs were discontinued after her recovery without signs of relapse of the hallucination symptoms. The diagnosis of SRD was confirmed by the outcome under treatment and her religious history. She did not comply with the after care recommendation of attending regularly to healing services.

Patient No 50.

Identity: Female, 31 year old; single; 8th of 11 siblings; housekeeper.

Religious and cultural backgrounds: Catholic, baptized, communicating; from a suburb of the capital.

History: The disorders started 3 days before her admission to Ambohibao, with cries, audiovisual hallucinations, phobia and delusion that there people wanted to kill her and her family, fear of immanent death.

Diagnosis, treatment and outcome at Ambohibao: At the entrance the audiovisual hallucinations and the delusion of persecution were the main clinical symptoms. The healing team made deliverance ministry the

priority treatment. She received neuroleptics. She recovered one week after her admission. The healing team concluded for a SRD diagnosis. The stopping of medication did not interfere with the continuation of the improvement.

Conclusion, comments: For the Ambohibao model this was a characteristic case of SRD. However, there were a few things that deserve our attention: 1) There was no history of past practices of occult activities nor involvement in some spirit related activities. The anamnesis needs to be furthered here. 2) The recovery was drastic after just few days of treatment. The symptomatology draws the attention with the existence of phobia, the fear of impending death and psychotic like symptoms.

Patient No 52.

Identity: Female; 24 year old; clerk of insurance; 6th of 6 siblings; married and mother.

Religious and cultural backgrounds: Protestant, baptized and communicant; from the South East area of Madagascar where there are strong and continuous practices and beliefs in spirit related activities.

History: Her disorders started 3 years ago, when she was in her native country, The disorders started when she wanted to stop smoking and after the delivery of a baby. The signs were: audiovisual hallucinations, incoherence in her speech and behavior, troubles in her communication with relatives, agitations. Then she had episodes of disorders and different kinds of treatment after these first crises. She was admitted at Ambohibao at the occasion of such an episode.

Diagnosis, treatment and outcome at Ambohibao: The audiovisual hallucinations and the agitations (convulsions) during the episode of crisis were the main clinical symptoms. She also presented: insomnia, loss of appetite. The healing team ruled out the diagnosis of epilepsy, treated the hallucinations with neuroleptics, and thought of SRD at first place. They based their diagnosis assumption on the nature of the hallucinations (apparition of a dark person with a knife and threatening to kill her) and the state of the person (normal, and able of criticizing her disorders) outside of the crisis. The diagnosis of SRD was confirmed with the outcome under treatment, because the patient recovered completely without residual signs after 1 month of treatment and she did not receive any antiepileptic medication.

Conclusion, comments: The healing team concluded for a SRD, based mostly on presumption at the beginning and confirmation from the outcome under treatment. It is worth notice that the characters of the symptomatology, with issues of convulsions that do not fit seizures of epilepsy, the nature of hallucinations and delusion. The record was not complete with regard to the anamnesis, about her past history of beliefs and practices in magic and traditional religion.

Patient No 55.

Identity: Female; 33 year old; single; 5th of 6 siblings; housekeeper.

Religious and cultural backgrounds: Protestant, baptized; from a suburb of the capital.

History: Her disorders started 10 years before her admission to Ambohibao, with incoherence of speech and behavior, and visual hallucinations. She was treated through prayers and other religious groups (Pentecostal church). She was brought to diviners and traditional healers.

Diagnosis, treatment and outcome at Ambohibao: She was treated as having schizophrenia disorders with neuroleptics. The diagnosis changed into SRD when she dramatically improved under treatment and given her involvement with many diviners and traditional activities.

Conclusion and comments: The symptomatology at the beginning was suggestive of schizophrenia. The outcome under treatment was not very characteristic of schizophrenia, and then the history of spirit related activities confirmed the healing team in their understanding of her case as a SRD. She recovered without residual symptoms. This is almost a classic in its genre about the making of the diagnosis of SRD.

Patient No 78

Identity: Female; 18 year old; housekeeper; married; 11th of 12 siblings.

Religious and cultural backgrounds: Catholic, baptized and non-communicant; from a suburb of the capital. Her family members are active practitioners of divination, magic activities and traditional healing.

History: It started 4 days before her admission to Ambohibao with insomnia, visual hallucinations, and a panicky fear of being choked by the haze she saw in her hallucinations.

Diagnosis, treatment and outcome at Ambohibao: She was treated with neuroleptics for her hallucinations, was assumed to be psychotic. However her outcome under treatment and the signs she presented during the treatment with deliverance ministry displayed signs of demonization. In less than one month she recovered completely. She was seen as an outpatient for her after care.

Conclusion and comments: She was a characteristic case of SRD patient, with manifestations during the deliverance ministry. She was given neuroleptic for her hallucinations. Again we notice in her symptomatology this fear of immanent death. The rapidity and the type of her recovery were pathognomonic of a non-episode of schizophrenia disorders.

APPENDIX IV.

Demonism in Norway/USA vs Madagascar and Denominational Responses.

1. Demonism in Norway/USA vs. Madagascar.

“How is it that demonization is less frequent, if not absent, in Norway and in the USA compared to Madagascar and Africa?”³⁰⁴ (I use Norway here as an example because of its influences on the history of Christianity in Madagascar, and also because it was in Norway that I was actually asked the question.)

Answering that often asked question leads to considerations of the epidemiology of demonization, that is, the factors that favor or prevent its occurrence. The study of the Ambohibao model suggests the following as factors facilitating demonization: the availability and the open-ness of people to worship idols, the prevalence of magic, fortune telling, intercoursing with spirits and other things that open the person to the influences of the demonic. It is true that certain cultures are more open to the occult than others. In Madagascar, the lesser availability of modern technology that helps people meet their needs more easily and the availability and meaningfulness of worship and communication with the ancestors/spirits constitute a strong incentive to connect with the demonic, which do not appear evil to those who practice the activities. Differently, in Western culture, the plausibility structure has defined this kind of communication and belief as superstitious and the society is offering people a large array of technology that can help them against the predicaments of life. An example is medicine. In western culture, medicine is able to diagnose disease like cancer at an earlier stage and bring

³⁰⁴ I am citing Norway and the USA here as examples, because they have been the countries who sent Lutheran missionaries to Madagascar to start the Lutheran Church in Madagascar.

cure, whereas a person who has a cancer in the bush of Madagascar will die. Going to the sorcerer who will promise him healing will be culturally the right thing to do.

For Tippet³⁰⁵, demonism and occultism develop when there are expectant people who believe that the practice makes sense.³⁰⁶ The recognition of the resurgence of the occult in occident is challenging the church to find a new or renewed pastoral care approach.

2. Pastoral Care Ministry and Demonism. Denominational Responses.

With regard to the resurgence of the demonic in the world, it is imperative for the churches to re-examine their attitude toward the situation. The Anglican Church of England has always considered exorcism and deliverance ministry as a part of its pastoral duty. Evans in her book relates how the Anglican Church in England has designated a group study on demonism and exorcism, and issued an important document on the subject³⁰⁷. The Roman Catholic Church has always considered exorcism as a part of its pastoral duties and has official exorcists in each diocese, which can do exorcisms after the authorization of the Bishop.³⁰⁸ In 1972, Pope Paul VI considered the devil as the most important enemy of the church and human beings³⁰⁹. Fr. Gabriele Amorth, one of the exorcists at the Vatican deplores that Cardinals are ignorant on the

³⁰⁵ Ibid.

³⁰⁶ “Thus, it may be said that in those places where possessions and glossolalia are most common the people are *expectant*. A society accepts the regularity of the notion of possession and glossolalia as normal, and the forms are highly institutionalized.”. A.R. Tippet, *Demonology in Anthropological Perspectives*. In *Demon Possession*, Montgomery, Ed. 161.

³⁰⁷ Evans, p.87, writes: “One of the best resources on exorcism was prepared by the Church of England Christian Exorcism Study Group. The findings of this study group are not only applicable to the Anglican Church but can help U.S. churches better understand this phenomenon.”

³⁰⁸ *Rituale Romanum*, the Book of Rituals of the RCC contains a part on Exorcism, about the diagnosis procedure, the way of doing exorcism. The Archbishop of the Chicago area appointed a fourth fulltime exorcist in January 2002. This was received with embarrassment if not anger by certain observers, while the RCC believes that it is a need for the current pastoral care ministry of the church.

³⁰⁹ Elwyn Davies, *Demonology and Pastoral Care*, in *Demon Possession*, Montgomery Ed. 304.

issue of demonism³¹⁰. This case is not for Catholic priests alone, for in 1976, Elwyn Davies, in *Demonology and Pastoral Care*³¹¹, deplores that so many pastors display great ignorance regarding the incidence of demonism and ways of assisting its victims. The attitude of Lutherans on the issue is very interesting. If Lutherans from European traditions are guarded or avoidant on the subject, churches from Africa, Latin America and Asia cannot but face the reality of the daily lives of their members who are constantly confronted with the demonic, and have to embrace the ministry of deliverance and to follow the pattern set by the Bible. In Africa, a church that does not know how to deal with problems of demonic will lose its credibility. In Western countries, the Bishop of Exeter pointed out in 1976 that the present state of western countries requires more urgently the restoration of the practice of exorcism to its proper place³¹².

What kind of pastoral care ministry does the present situation of demonism in the world require? I think that the role of culture should be taken into consideration on the presentation of the ministry to the public, though the theological and fundamental understanding of the phenomenon should be shared together. The way it is done in Madagascar will be different from the way it could be done in Norway and in the USA.

³¹⁰ Cf. Star Tribune of Saturday, January 12th, 2002. Minneapolis.

³¹¹ J. R. Montgomery Ed.in ,*Demon Possession*, 300-308.

³¹² John P. Newport, Demonology and Theology, in *Demon Possession*, Montgomery Ed., 339.

APPENDIX V.

A Public Theology on Demonism and Deliverance Ministry.

1. Avoiding the Two Extremes.

C.S Lewis wrote that Satan is happy for both an excessive concern with him and a complete disbelief in his existence³¹³. Authors recognize that a preoccupation with the demonic is unhealthy and unworthy. A denial is also dangerous, we need therefore to find the middle ground. What is the middle ground teaching? I suggest the following points for teaching:

- The recognition of the reality of the devil and his demons, on the sober basis and teaching of the Bible; remembering the accent of the Old Testament on the unique sovereignty of God. There is no other God but Yahweh alone (The first commandment). Satan and the demons are creatures, created by God, for a purpose that will fulfill God's ultimate goal (Cf. Acts 2: 23-24). Even evil will ultimately fulfill God's plan.
- Proclaiming and teaching the victory and power of Christ over the devil. Not over-estimating the power and authority of the devil; because they are subdued to the power and authority of God. Jesus has inaugurated the kingdom of God in this world. He has vanquished Satan on the cross. Jesus has delegated his power and authority to his followers, the church (Mt 10: 1) and he has given the church the power to trample the devil and his demons in his name (Luke 10: 19).
- Not under-estimating, however, that reality of Satan and demons, and then their power. Satan has as much power as human beings want to give him as in the Garden of Eden, where the serpent is in Christian tradition a figure of Satan (Rev 12:9; 12:14; 20: 2).

³¹³ C.S. Lewis, (New York: Collins, 1972) quoted by Evans, p. 85-86.

Human beings in the name of Jesus can resist him and his demons, cast them out, and trample them under their feet (Luke 10: 19; 1Pet 5: 8-9). Worshipping the demonic is the way demons enter in people. From Deuteronomy 18: 10-11 and from experiences of churches around the world occult activities are to be avoided preventively in order to stay away from demonic influences. The church has to teach and warn Christians against occult activities³¹⁴. Christ overcame Satan on the cross, by nailing there the decree that condemns human beings because of sins, (Col 2: 14-15). Sins, generically or individually, represent a way for Satan not necessarily to possess a person, but to have an influence in his/her life. Christ has given the church the means of confession/repentance and absolution/forgiveness-of-sin as a way to restore a Christian on his/her feet if s/he sins. The church has to rediscover the use of absolution and forgiveness.

- Exorcism is the casting out of the devil from someone, and exorcism, baptism, laying on of hands will fill the person with the Holy Spirit, giving no room for demons when they want to come back, (Mt 12: 43-45).
- The church needs to make it known to believers and non-believers as well that it is a community of love and healing, of liberation from the power of the devil, so that people may know at any time that they may find there listening ears, non condemning hearts and active faith in the powerful and liberating name of Jesus Christ.
- Finally, it is important to teach that in Christ God has provided for all that we need in this life not just spiritual needs, but physical, mental (faith and knowledge), social and

³¹⁴ Kurt Koch and many other authors who worked and studied on the field of demonism agree that this text is fundamental for explaining factors that favor demonization in people. See the report of the Anglican Church Study Group on Exorcism, reported by Evans in her book. The study group concludes that magic, fortune telling, spiritualism or spiritism and the likes are conducive to demonization, p.88.

spiritual. People do not need to go to the occult practitioner to find help and salvation from what oppress and distress them.

2. Doing Deliverance Ministry.

Doing is both an act and a proclamation of the liberating power of Jesus over the demonic. I suggest that deliverance ministry should not be done privately or apart from the healing ministry, but to make of it a part of the healing ministry, unless the ministry of deliverance requires more time and deeper care and investigations. Demonic influences are not always and necessarily a possession, it may be external harassments (1 Peter 5: 8-9). Jesus often did his healing and deliverance ministry at the same time. Christians need to know that without being excessively preoccupied, we are seriously aware of the reality of the demonic. It is essential to know congregation cultural differences and contexts. In places where occult activities and beliefs are strong, there may need to be more active ministry and teaching, while in a place where this is not the case such as basically in some western/westernized culture and places, the emphasis should be modified accordingly. However, demonism and the gospel of Christ's victory over sin, death and the devil should be a normal and regular teaching of the church, among many other teachings. In Lutheran churches, the ritual of baptism contains a question to the baptismal group and to the whole congregation whether they "renounce the forces of evil, the devil, and all his empty promises" (Lutheran Book of Worship, 122-125). It represents a good point of entry to teach regularly on the problems of evil and the devil.

In a culture similar to Madagascar, I suggest the Ambohibao model as a way of doing healing and deliverance ministry. From her cultural and theological backgrounds Evans suggests

the following when doing deliverance ministry³¹⁵: to make a detailed history if the person is suspected to be possessed or demonized; to do family, social, medical backgrounds check ups; to act like a pastor not as a judge; to be compassionate and supportive; to use a joint ministry with psychologist/psychiatrist wherever possible; to assess the medical conditions from a medical professional; and to formally renounce Satan and the demonic when there is a certitude of occult activities. Inquiries should be done about the exposure of the patients to places of magic/demonic influences, or his/her keeping of books and paraphernalia of magic and other occult activities, which can be burned as in Acts 19:19. The administration of baptism and communion and the laying on of hands are to be strongly considered when appropriate, and as mentioned previously, confession and absolution are essential. An after-care care for those who have been liberated is primary in order to help them grow and prevent relapses or re-infestation. I leave the use of other symbolic means as blessed waters and other things to the tradition of the congregations. At this point, I think they are not essential, rather the main things are faith in the name of Jesus, trust in the church as the representative of Jesus Christ and doing the ministry according to the biblical instruction and under the guidance of the Holy Spirit.

In the model of Ambohibao, the laying on of hands while praying for the ‘ministree’ or person ministered to is important and the declaration of the forgiveness of sins and the impartation of the Holy Spirit. Everything should be placed in a context where the ‘ministree’ is exposed to God’s love and power and the message of the gospel. Deliverance is not the ultimate goal, salvation is the ultimate goal, which means the acceptance of the person as a child of God, the declaration of the forgiveness of her/his sins, and the infilling with the Holy Spirit and the

³¹⁵ Evans. 89-90. I do purposefully not go into detail because of space. The reader can go to the book for details. Most if not all these suggestions of Evan can fit a culture like Madagascar. I do not see any contradiction between the Ambohibao model and what Evans suggests.

new life journey with Christ within the family of God, the church. It would seem that these things plead that deliverance ministry be done in a normal service whenever possible³¹⁶.

³¹⁶ When it is not too much disturbing for the congregation or shaming for the ministrees and friends.

APPENDIX VI.

Latrine and Sabbath. Examples of Holistic Principles.

In the Old Testament, the concept of health/healing is not concerned just with the physicality of human being, but towards all that concerns his/her life. While there are many examples and texts for that, this study will limit itself to two examples: The first one is the sanitary law about the place of relieving, and the second is the law on the Sabbath. Both of these are considered as religious laws. Yet, as we will see the impacts of these two laws will be considerable in the domains of the social, public health care, mental wellness and the spiritual. This is a holistic example where health preoccupation is intimately integrated within the canvas of the whole life.

Let us consider the concept and usage of the latrine or place for relieving. In Deut 23: 12-14, it is presented as a religious and spiritual law that is related to God's blessing and protection from the enemies and belongs to the laws concerning unclean-ness³¹⁷. It is related to Israel's holiness, because Israel belongs to God. Yet, current science tells us that this is essentially a law of hygiene. Containing human excrements in restricted places will prevent infectious diseases, such as parasites and gastrointestinal germs from spreading. Additionally, this will make life in the camp enjoyable³¹⁸. As we see the religious/spiritual, the social, the medical, the esthetic, the

³¹⁷ Text from the NRSV: "You shall have a place outside the camp and you shall go out to it; and you shall have a stick with your weapons; and when you sit down outside, you shall dig a hole with it, and turn back and cover up your excrement. Because the LORD your God walks in the midst of your camp, to save you and to give up your enemies before you, therefore your camp must be holy, that he may not see anything indecent among you, and turn away from you."

³¹⁸ In Africa and in Madagascar, sanitation with the problem of latrines and clean water is a major public health issue. Cultural factors are involved in the resistance of certain groups of people toward the usage of latrines. It is very helpful how in the Old Testament made of it a "religious" law.

military are put in one bag working together. This is an example of how healing in the biblical perspective is holistic.

The Sabbath is another example. This is a big topic in the Bible and the Christian faith, so this thesis will just scratch its surface. Let us consider the Exodus version of the Sabbath in chapter 20: 8-12³¹⁹.

The Sabbath is a religious law par excellence for Jews and for Christians. Many people sanctify it because it is a religious law. It was presented to Israel as a religious prescription, that is, to be holy, sanctified, because the Lord God rested on the 7th day from His creation. Yet, and there is a big ‘Yet’, it is an imminently social and economic law³²⁰, because it puts everybody in the society on an equalitarian basis, slaves/masters, men/women, citizens/foreigners, animals and even plants and fields-fallowing law during the sabbatical year, (cf. Leviticus 25). The Sabbath was the first law given to Israel, even before the Ten Commandments as a law of freedom and equality, right after their liberation from the slavery of Egypt, (Exodus 16:23). But how much is the impact of this law on the health of people, on their longevity, on their mental well being, on the family well being? A lot!

This is another example of how in the Old Testament, beyond the religious or broadening the concept, God is demonstrating to Israel His concerns for its health, social well being and

³¹⁹From the NRSV. “Remember the sabbath day, and keep it holy. Six days you shall labor and do all your work. But the seventh day is a sabbath to the LORD your God; you shall not do any work—you, your son or your daughter, your male or female slave, your livestock, or the alien resident in your towns. For in six days the LORD made heaven and earth, the sea, and all that is in them, but rested the seventh day; therefore the LORD blessed the sabbath day and consecrated it.”

³²⁰ The resting of laborers and means of production on the 7th day has a tremendous impact on the income and the economy of companies and societies. From a completely different subject, the impact of the economy and finance on the public health of a nation is considerable. In Madagascar, politics and poverty with their consequences are killing as many people (if not more) as epidemics.

harmony. By the same token, God affirms with that law the dignity of every member of the community, and upholds Israel as a free nation liberated from the yoke of Egypt and its inhumane labor of servitude³²¹, provides her laws that perpetuate freedom and equality. This is another typical example of holistic healing/health. Other cases can be cited but these two are enough to demonstrate the holistic characters of God's laws and the spirit of those laws.³²²

³²¹ In Hebrews 4: 1, the Sabbath is the token of God's promise of rest for Israel.

³²² Other examples: the law forbidding incest, quarantining of some infectious diseases as lepers and mildew, the restriction of eating fat but reserving it for the sacrifice to God, etc.

APPENDIX VII.

Non Cure. Cure and Healing.

What about people who are not healed when treated holistically or treated according to a model such as the Ambohibao's? The critique of the Ambohibao model and its likes is that it feeds people with deceptions and false hopes when people do not get cured. I want to cite a study done by a British social anthropologist David Lewis presented at a conference held in Harrogate, England, November 3-6, 1986 concerning the healing ministry of John Wimber³²³. About people who have been prayed for, but who were not healed, or who have been healed but then relapsed, Lewis reported, according to Kydd:

In no case is there any detectable resentment toward God or John Wimber. Nor is there any evidence of doubt or spiritual damage of any sort. Mild disappointment appears but nothing more.

The Ambohibao model and the Malagasy culture have a way of explaining non healing of diseases after treatment-and after prayer for Christians-, especially when the person or the family members have done their best, they would say "this is God's will, and we are not the master of our destiny"³²⁴. In the toby, Christian teaching and counseling are providing support for the patient and the family, particularly the teaching that though healing is God's desire and within his ability it is not always due to happen. We do not always understand how and why it does not happen.

Some authors say that healing may happen while the symptoms may persist. They make the difference between cured and healed. Cure is related to the physical healing, while healing is

³²³ Reported by Kydd, in *Healing through the Centuries* (Massachusetts: Hendrickson Publisher, 1998), p.57-58.

³²⁴ In Malagasy they say: " Izay no sitrapon' Andriamanitra, isika alahatra fa tsy mpandahatra".

used for the making whole of the person through reconciliation with self and with God, without necessarily affecting a physical cure. This is the thought of Frederick Gaiser at Luther Seminary's Winter Convocation of 2001 on Healing when he said that, "we may be amazed by God's healing, while the symptoms are still there"³²⁵. It seems to me that those authors use the word 'healed' in the place of 'saved' in the New Testament's way, when *soteria* is translated by *health*. They emphasize the experiencing of salvation and inner healing in the person while the physical symptoms are still present.

Biblically, there are cases where God/Jesus does not simply want to heal/cure for a superior reason. These are the cases of Paul in 2 Cor 12: 7-9 and the case of Lazarus where Jesus purposefully did not want to come to cure his friend when he was sick, because his resurrection from the tomb will demonstrate the glory of God, John 11: 4. But in the two cases, Jesus will come on one form or another to bring consolation and to affirm his presence with the one(s) who suffers. For Lazarus, he came in person and turned death into life; for Paul, he promised him his all-sufficient grace; for Job God came and revealed himself personally to Job, though he did not answer all his questions, (Job 42: 4-5).

Relativity of Healing.

This thesis has underlined how the holistic healing of a person is essential. This section states the relativity of healing in the face of salvation. What are the rationales for that? These are a few reasons:

- 1) The state of brokenness of the world. This world is sinful, and as Simundson³²⁶ states, there are consequences of sins that we human beings cannot change much, and for which

³²⁵ The Story, Luther Seminary. v.16, n.4. 4th Quarter, 2000, p.3.

³²⁶ Simundson, "Mental Health in the Bible". 145.

we need salvation. Among those consequences is physical death. Whatever longevity we may have, we are bound to die, either from accident or from diseases or from 'natural death'. There is no cure to death when it comes, except the power of salvation that will bring us to the next life.

- 2) The relativity of this world with regard to the oncoming one. Theology of incarnation tells us that this world is extremely important for God. That is why God became a part of it in Jesus Christ; that is why Jesus gave his life for its redemption. However Jesus himself says that this world is not eternal, the one that God prepares in the future will be the eternal one.
- 3) Healing and power of exorcism are not an absolute mark of God's approval. In Matthew 7: 22-23, Jesus says that he may not recognize people who have cast out demons and who have done work of power in his name. Again, we see here that healers and exorcists may be driven out of God's kingdom, according to Jesus saying, and despite their mighty acts. In Luke 10: 20, he warns his disciples not to be happy because spirits submit to them, but because their names are written in heaven. The same thing applies to those who have been the receivers of those wonderful acts of healing and liberation. They need to be saved even though they might have been cured and liberated in the name of Jesus, Cf. the cases of the man of John 5, who needed to sin no more (v. 14), and the man of John 9, who was invited by Jesus to believe in him (v. 37-38).
- 4) Finally, the performing of healing and exorcisms is not the mark of right doctrine. In his lecture at the Winter Convocation 2001, Fred Gaiser stated that religious healings are not the deeds of Christian religion and denominations alone, but have been observed in many other religions. Moreover, the fact that deeds of healing and exorcism have been

performed by Christians from different denominations demonstrate that the acts of healing and exorcism do not guarantee the orthodoxy of that denomination.

Conveying the gospel to all people is essential, so that they may have the opportunity to come to Jesus Christ and be saved. If healing/cure and casting out of demons will not always happen everytime they are done, salvation from God will happen every time a person repents and puts his/her trust and faith in Jesus Christ. Therefore, we can say that the church may heal sometimes, exorcize demons often, but it will always help people to come to salvation through the preaching of the gospel and the administration of the sacraments according to the scripture. Let us close this section with a citation from Ted Peters about the relationship of healing/exorcism and the preaching of the gospel of salvation³²⁷:

The proclamation of the gospel from our pulpits and in our lives begins with the message of salvation, with the story of Jesus as the promise of cosmic as well as personal renewal... Ours is a message which is both future and present, whole and part, spiritual and physical. It is a message best heard when accompanied by healing.

³²⁷ Ted Peters, *Wholeness in Salvation and Healing*. 313.

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A SUMMARY OF THE THESIS PRESENTED AT THE ORAL EXAMINATION.

(Title: Holistic Approach to Mental Illnesses at the Toby of Ambohibao Madagascar)

June 26th, 2002. Luther Seminary.

Jesus has come to preach, to teach and to heal. The church has been called and sent to do the same. Abigail Evans from Princeton wanders if today “**the church is still true to its calling to heal?**”

This thesis is a model of ministry thesis, and it wants to suggest the Ambohibao Model as a model for the healing ministry of the church both in Madagascar and beyond. Evans, in her book, *The Healing Church*, pointed at a few reasons for the postmodern resistance to the church’s healing ministry. I want to cite four of those reasons: the lack of familiar model of healing ministry, the weakness of theological support to the ministry of healing, the lack of data to persuade the scientific community of the effectiveness of the church as a health care institution, and the lack of educational basis among doctors and pastors to develop a holistic medicine (medicine of the whole personne) and primary health care, (p. 17). The thesis will address some of those mentioned problems in the goal of encouraging the church tread the path of healing ministry.

The thesis takes mental diseases as the focus of its study because of its tremendous prevalence in the world. Approximately 1.4 billion of people are presenting mental disorders. Mental illness represents also a very good example where holistic approaches are very helpful. The model of Ambohibao shows that the church has a role to play in the caring of mentally disordered people.

The present time is a momentous time for the church to be re-involved in the healing ministry for a few reasons:

- . Medicine is rediscovering the important role of faith, religion, culture and environment in the issues of health and healing. This rediscovery is at the origin of the holistic concept of health and healing.

- . In psychiatry particularly, the development of trans and cross-cultural psychiatry has led psychiatric to recognize the role of entities as “spirits” or “demons” in the etiology of certain disorders, in accordance with indigenous cultures/concepts where those disorders have been observed and taken care of. This new trend has been conspicuous in the last ten years, especially with the publishing of DSM IV in 1994, the latest book of nosography (description and classification of diseases) of mental disorders and other textbooks of psychaitry.

From the beginning the Revival in Madagascar and the Toby Ambohibao have had experiences with mental disorders and cases of what is called Spirit Related Disorders (SRD) in this thesis. A person who has a SRD may look like a mentally disordered, but the revival and the Toby Ambohibao consider this kind of person as demonized or demon-possessed. This thesis describes the structure and the functioning of the Toby Ambohibao. It shows how it takes care of people who come to the toby for healing.

The description of the Toby Ambohibao and the model shows that it takes care of all kinds of patients, and not just mentally disordered patients or demonized people. The ambohibao model has developed a model of Christian healing ministry.

The model has a holistic understanding of disorders and diseases. This means that for the Ambohibao model multiple factors such as physical, social, emotional and spiritual factors, may contribute to the cause of the disorders. Spiritual here means both the attitude of the person toward the transcendent and life and the involvement of spirits and demons in that person's life. The model of Ambohibao is holistic in its diagnostic and therapeutic approaches. The means used are the traditional Christian means of healing, such as teaching, preaching, prayers, counseling, deliverance ministry, absolution-forgiveness, laying on of hands. To these Christian means of healing is added scientific medicine. Finally, the community as a healing community plays an important role by providing loving and caring support and relationship and by providing a safe place to learn life skills.

The personnel that takes care of patients is constituted of doctors/nurses, shepherds or lay Christian ministers, pastors.

What about the outcomes of patients treated at Ambohibao? The group of patients presented in the description of the model shows that the outcomes of diseases are at least as good as those of patients treated in secular facilities. The government in Madagascar has recognized Toby of Ambohibao as a healing institution in the country. Besides healing, the reason people come to the toby is that they expect to find there prayers and spiritual comfort and support.

One remarkable characteristic of the Ambohibao model is its ministry of deliverance ministry toward those who have SRD, disorders that are related to demonic influences. The signs of SRD may resemble certain medical and psychiatric symptoms, but the toby is able to diagnose them as SRD and to treat them accordingly. Excepted for complicated cases, disorders disappear rapidly after a few days or weeks of deliverance ministry. This finding agrees with what other authors in the world have found regarding the diagnosis, the treatment and the prognosis of demonized cases.

From a theological perspective two major themes have been discussed in the thesis:

- 1) The nature and the importance of healing in a biblical perspective and in the tradition of the church, especially in the context of a country like Madagascar. This thesis affirms that God has been interested in the healing of human beings. "I am the LORD who heals you", Exodus 15: 26.

The thesis also continues in **presenting Jesus as the one who is God incarnate and who is the servant of Yahweh that will implement the full healing of human beings** and the world. He is the servant of Yahweh of Isaiah 53: 4-5, and re-taken by Matthew in chapter 8: 17

In a Biblical perspective, **healing is holistic**, that is concerned with all that constitutes a human being and that surrounds him/her. Healing includes even the land and the environment, 2 Chr 7: 14. Healing in a Biblical realm is **intimately related to the concept of salvation**, that means salvation/help from whatever alienates a person. It means harmony and reconciliation with God and the neighbors. Salvation and healing are concerned with the predicaments of the here and now in this world, but also of the then and out of this world. Salvation and healing find their full meaning in Jesus Christ, whose name and title convey the concepts of healing and salvation.

- 2) The issue of demonology constitutes the second theological point of discussion in the thesis. In a biblical perspective, the thesis affirms that the confrontation with the demonic was an important part of the ministry of Jesus Christ. The name of Jesus is the main power that drives out demons from demonized people.

The model of Ambohibao shows **how the Biblical principles, especially the NT has been applied by the Ambohibao model to the reality of the demonic in Madagascar**. The thesis show also how the pervasiveness of spirits in the culture and the worship of ancestors have been conducive to the belief in the reality of the demonic in the Malagasy context and how the revival has been relevant in meeting people's needs and beliefs.

This thesis underlines **the hermeneutical position** that the demonic is not a mere mythological product of the New Testament writers, but a reality that has been encountered in Madagascar and in many countries of the world. In that context, the Church, as a minister of the gospel and a proclaimer of the Kingdom of God in Jesus Christ, is the best agency for bringing deliverance and healing to those who are oppressed and dis-eased by the demonic.

This ministry of deliverance is called to a renewal in the world with the resurgence of the demonic in many countries, including the Western countries. Deliverance ministry sheds a light on the nature of Christ's salvation. Christ has saved us from the power of sin, death and the devil and his demons.

In Conclusion, the thesis suggests the Ambohibao model as a model for the church's ministry of healing. This model is holistic, focusing on the human being as a whole, though constituted by different parts, such as body, mind, spirit and social life. The model of Ambohibao affirms the importance for the church to take confidence in its traditional means of healing, such as prayer, sacraments, counseling, laying on of hands, deliverance ministry. The model affirms medical science as a gift from God and most appropriate to be combined with these traditional means of healing. "Prayer and Prozac" according to the expression of Dale

Matthews in his book, *The Faith Factor*, to affirm the need for science and faith to work together.

This thesis affirms the centrality of Christ in the ministry of healing and deliverance from the power of the demonic.

Further studies will be helpful as supplement to this thesis, particularly scientific studies of deliverance ministry and other factors as faith, spirituality and community of love.

Above all, the thesis wants to affirm the church as a place and an agency of healing after the example and the command of Jesus Christ who is the “Great Physician”.