# health healing AND *shalom*

## Frontiers and Challenges for Christian Health Missions



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*Health, Healing, and Shalom: Frontiers and Challenges for Christian Health Missions*

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COMMEMORATIVE CHAPTER 1

# Putting the Whole Person Back Together
## *Lessons from Africa*

Daniel E. Fountain, MD, MPH

God gave my wife, Miriam, and me the wonderful privilege of serving him for thirty-five years in the Democratic Republic of the Congo. We helped build the Vanga Evangelical Hospital in the Bandundu Region in western Congo, 250 kilometers east of Kinshasa, into a comprehensive Christian and sustainable health service. As we worked with the Congolese church and health colleagues, we learned many lessons about life and about healing. A key one among them was how to restore wholeness to medicine, to sick persons, and to ourselves as health professionals. In our busy medical ambiance, how can we care for people as whole persons? That is what this chapter is about.

## A Serious Problem without an Answer

I stood by the bed of Baledi feeling frustrated and confused. For weeks he had grown worse with rapidly advancing cirrhosis, and he was now almost comatose. His cousin told me a story I could not process. An older brother of Baledi, a rich merchant in Kinshasa, had gone to a shaman years ago to get a powerful charm to make him rich. The price for the charm was the lives of five members of his family, and the older brother had designated five siblings to the shaman to destroy. The other four had all died, and Baledi was the last of them. Within a few days, Baledi died. The "debt" had been paid.

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Is such a thing possible? How can the curse of a shaman kill someone by cirrhosis or any other disease? Had I known about this earlier, could I have done something?

People from Mukilu Mbemi brought Papa Abraham Kilesa to the Vanga Hospital on a stretcher. He had convulsed and was now in coma. His blood pressure was 240/160 and he had suffered a cerebral vascular accident. The family explained that a nephew of Abraham had recently been killed in the forest when a limb of a tree fell on him. In Africa, accidents do not occur; they are caused. Any such death must not only be explained but avenged. A village inquest had taken place, and a shaman had been consulted. Papa Abraham was accused of having cursed the nephew and caused his death. Shortly thereafter, this cerebral vascular accident occurred.

I could understand this one. Acute stress, anger, fear, and grief provoke the secretion of high levels of adrenaline, with the blood pressure often rising to dangerous levels. Once we were able to control his blood pressure with IV antihypertensives, Abraham regained consciousness and we were able to talk and pray with him. He claimed total innocence in this affair and seemed as grieved over the nephew's death as anyone else. But pleas of innocence do not negate the accusations of sorcery, for in the traditional tribal belief system, one can curse someone else even unconsciously. Because of the word of the shaman, the whole family believed Abraham was guilty. Much counsel and prayer ensued, with some benefits, but Abraham succumbed to hypertension within a few weeks.

How can feelings and emotions affect us physiologically? How do high levels of stress over time damage organ systems? What can health professionals do about it? These questions disturbed me during my years of training in the 1950s. I frequently asked my professors about a relationship between stress from life events and conditions such as asthma, allergies, rheumatoid arthritis, and others. The answer was always the same: there is no demonstrable relationship between these conditions and the psychological state of the person. I was not satisfied with that answer.

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During twenty years of service in the Congo I struggled with the essential conundrum that separates Western medicine and my experience as a missionary: Medicine cures diseases; Jesus healed sick people.

## Reductionism in Medicine

The biomedical model of medicine operates on the assumptions that every disease has a physical cause and that treatment requires some form of physical intervention—pharmacology, surgery, radiation, physiotherapy, and so on. Each has a corresponding expert for diagnosis and treatment. Doctors and dentists handle medical problems. If psychological problems seem to be present, these are referred to psychologists or psychiatrists. Social problems are referred to social workers, and spiritual problems are shunted to a pastoral counselor. If the experts are Christian, this frame is only improved slightly. The belief systems of modern medicine, psychology, and social care are enhanced with a bit of prayer or a few Bible verses, but the underlying frame is the same—a biomedical, materialistic reduction of the human being into parts. The resulting framework looks something like figure 1.1 below.

Medicine deals with the body. Psychology deals with the mind. Religion deals with the spiritual dimension or soul (although this is dismissed or treated as optional by many medically trained people). And dysfunctional social relationships often fall between the cracks.

My dilemma was that my Christian faith informed me otherwise. The Bible speaks about healing persons and restoring them to wholeness. Genesis 1 and 2 describe how God created us as whole persons. Jesus taught that life consists of relationships (Matt 22:37–39) and health consists in healthy relationships. Other faiths describe similar concepts. How had medicine come to exclude the power of faith in healing the mind, soul, and spirit of sick persons? No one discussed this during the 1950s when I was trained, and I had no one to ask for help, neither in medical school nor in the church I was attending.

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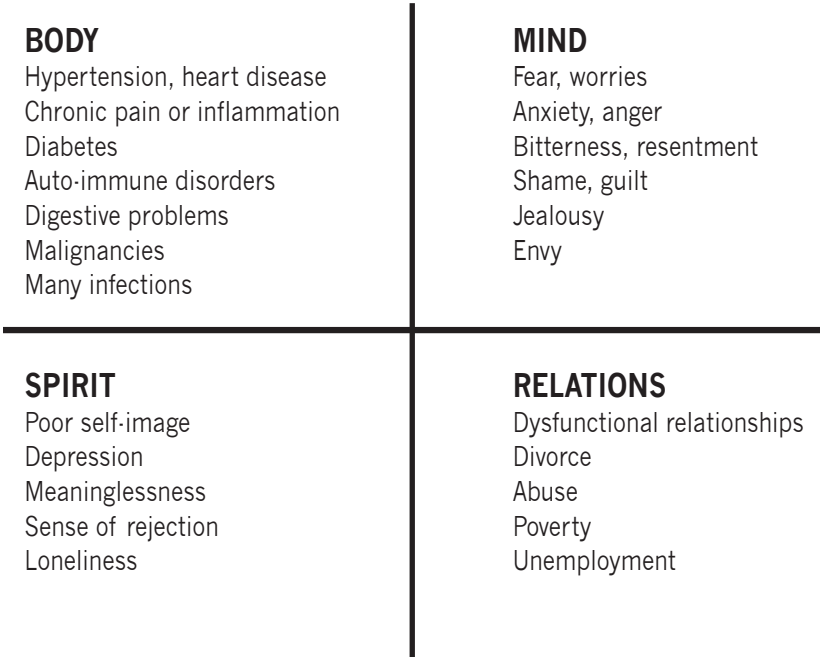



*Figure 1.1: The Western compartmentalized understanding of health and human beings*

I was lodged in the upper left quadrant of this picture, doing my best with the limited physical technology we had to cure the diseases of those who came to the hospital. But I had nothing to offer to Baledi or to Papa Abraham Kilesa, or to the multitude of sick people with complaints of weakness, dizziness, insomnia, chronic and often vague headaches, intractable gastric symptoms, chronic pain syndromes, and so forth. My intuition informed me these were due to stress factors—broken relationships, fear, worry, guilt—but I had no idea how to find out the real causes or what to do about them should they be found.

In the Vanga Hospital we did offer a form of "spiritual care," but it suffered from the same problematic conceptual framework. A pastor functioned as hospital chaplain, giving short Bible messages each morning, briefly talking and praying at the bedside with sick persons, and offering

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salvation to all who would receive it. Yet he had no skills in discussing life issues with people or applying spiritual resources to the deep hurts in the minds and spirits of sick persons. I was doing physical care—curing malaria, fixing hernias, and providing symptomatic relief for aches and pains that had no discernible physical cause. No one knew how to care for the inner burdens of people—painful feelings, broken relationships, and deep levels of fear and shame. This dichotomy between physical care and psycho-spiritual care was painful, yet no solution was apparent in spite of prayer and the study of both medical texts and the Bible.

## A God-Given Solution

In August of 1984 a young Congolese woman came to see me, Mrs. Matala Masieta. She had just completed her theological studies in Kinshasa, where she majored in hospital pastoral counseling. She came to see if she could be of help to us. After consulting with the hospital committee, we hired her, not as a chaplain, but as a pastoral caregiver. We avoided the word "chaplain" because of the many unhelpful connotations attached to it—a religious official in the hospital with the roles of prayer, preaching, and consoling the dying. We felt Mrs. Masieta would have different and far more effective roles, and we were not mistaken. She became our "heart doctor," bringing Jesus' healing of the broken heart and the wounded spirit to sick persons.

We physicians began referring to her many sick persons who were suffering from a variety of illnesses, and not just those with psychosomatic complaints. People with heart disease, gastritis, chronic infections, liver disease, arthritis, and other physical conditions went to her. She would take a history from each person—the illness, their personal story, and the stresses in their lives. She would then do a spiritual assessment to find out the nature of their faith. The vast majority claimed to be Christian; this simply meant they were members of a particular church.

Her concern, however, was a relational concern—did they have a personal relationship with God through the presence of the spirit of

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