

Health and health care in a Nigerian historical context¹

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Abstract

This article undertakes an historical exploration of the three healing systems in Ibibio from a social and theological anthropological perspective on health and health care and draws implications for pastoral caregiving in the hospital. It advances as its main argument the idea that while people may adapt and develop certain forms of health and healthcare as influenced by globalisation and changes in their sociocultural, political and historical context, they will fight to maintain what they perceive as valuable in their culture and uniqueness regarding health and health care.

Introduction

There is an increasing realisation by Africans that their culture certainly possesses important knowledge for research and testing, which can and do provide secure foundations for confronting disease and other related problems (Desai 2012; Obadare 2005; Kalu 2010a). This means that perceptions of health and ill-health are context specific and culturally constructed. As such people hold to certain understanding of wholeness and health that bespeaks their cultural and religious values which directs their lifestyle and the involvement of others in the quest for meaning and health (Agbiji 2013:41).

Guided by these assumptions this article makes two contributions to scholarship. First, it advances the thesis that while people may adopt, adapt and develop certain forms of health and health care as influenced by the changes in their sociocultural, political and historical contexts, they will fight

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to maintain what they perceive as valuable in their culture and uniqueness regarding health and health care. In the second instance, without dismissing the popular notion that the rise of faith healing in Nigeria was a reaction against the inadequacy of the missionary religion (churches), we argue in this article that the prevalence of faith healing in the present Ibibio context is a reaction to the neglect of religious and spiritual content on the part of health care institutions and subsequent inadequacy of the modern medical care in Ibibio despite its technological advancement.

The second author's recent article, *The (de)construction of religious identity in oral research in South Africa*, suggests individuals are continuously engaged in (de)construction of their identities amid other competing identities in social discourses [as driven by sociocultural and contextual changes]. This includes deconstruction of contra-cultures that are unhelpful to individuals and construction of healthy religious identities (Landman 2013). The underlying assumption is that there is a reciprocal relationship between culture and religion/ spirituality. The first author has also argued elsewhere that there is a mutual interconnectedness between culture and religion which involves reflecting, challenging, enhancing and transforming one another (Agbiji 2013).

Against this backdrop, this article undertakes a historical exploration of the three healing systems in Ibibio's sociocultural context – traditional healing, modern medical care and faith healing. It adopts an interdisciplinary stance from the perspectives of sociology of religion and theological anthropology on health and health care in Ibibio and draws the value of such insights to the holistic care of patients and patients' satisfaction of such care. The Ibibio perspective is particularly relevant here, because it is the ethnic group of the first author and is the perspective with which she is very familiar with. This does not, of course, mean that there are no similarities between Ibibio practices and views and those of other ethnic groups in Nigeria and Africa. Data on health in Akwa Ibom State (AKS) are very limited; therefore data from other parts of Nigeria and Africa shall also be used. The assumption is that conditions of health and health care in different parts of Nigeria and Africa are in many respects similar.

The contemporary Ibibio are found in Akwa Ibom State in southern Nigeria. They are mainly Christians with traditional African religion in its pure form practiced by a negligible minority (*Akwa Ibom State Information Handbook*, 1994). Islam has a small presence practiced by the Hausa settlers who migrated from the north, but is hardly practiced by the indigenous people of the state (Esen 1982:6). Though there may be different ethnic groups in AKS, they share similar cultures, customs and traditions with slight variations in the language (*Akwa Ibom State Information Handbook*, 1994:12-13). In this article the terms Ibibio and AKS shall be used inter-

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changeably, as referring to a homogenous unit, without minimising the differences that may exist among the people.

Taking the central argument of this article in context, a consideration of the self-understanding of the Ibibios is paramount to uncover what is their unique cultural value regarding their wholeness, health and health care that they will fight to retain against the forces of globalisation. This entails a critical reflection on who they perceive themselves to be and what constitutes meaning to them.

Therefore, this article is divided into six sections. The first considers the Ibibio concept of personhood, followed by their concept of wholeness, health and healing. The third section undertakes their indigenous healing system. This is followed by modern medical healing as a different approach from the indigenous healing system. The fifth section considers faith healing as a reaction to modern health care. The last section summarises the findings and will also present concluding thoughts.

The Ibibio concept of personhood

The Ibibio proverbs and folktales express the mystery that is associated with human personhood and the hidden wisdom that is contained in such indigenous knowledge and understanding. Such diverse expressions of the Ibibio perception of human person are contained in the fact that they accommodate the different perspectives or manifestation of persons. Hence, they are not trapped in reductionism of personhood into body, soul and spirit that characterise Western philosophy. Put differently, they understand the complexity associated with such conceptualisation, without attempting to minimise such understanding to a single logical definition.

Also, it appears that Africans are not the only ones impacted by the forces of modernism as we are often made to feel, Western scholars are also challenged by this African wisdom and are beginning to affirm this indigenous knowledge by contesting such simple reductionism of the west. This is evident among such scholars as Benner (1998:58) and Evans (1999:861). From Christian theological and psychological perspectives, these scholars argue that the different components of personhood – as body, soul and spirit, and sometimes, heart – mind should not be taken as contrasting parts functioning apart from the others, but should be taken as different aspects of one vital and integral wholeness of personality. As such, they should be regarded as complementary and significant elements of personhood.

For the Ibibios therefore, the question, “How many parts does a human have?”, does not arise. Within this traditional Ibibio world view the unity of personhood was never in question, but was taken for granted. However, one can approach Ibibio personhood from the perspective of

community, relationships, or personality. These different perspectives have a common vision among them all and portray a holistic vision of human person that altogether discards the compartmentalisation of human beings, which in turn affects the quality of care.

From the perspective of communality, a person is understood to be a social being who interrelates with the community in a network of relationships, including the living, the dead and the unborn, which constitute his inalienable dignity. Dukor (2010:149) argues that one becomes a person not through the ontological act of birth or through self-realisation, but personhood has already been established before one is born (Dukor 2010:149). Therefore, an understanding of personhood in Ibibio is a process which continues even after death. However, the fact that personhood can be threatened, affected and could perish when the individual is denied a place in the community (*obio or idung*) "to become a person" is hardly in doubt in the Ibibio world view. Thus the Ibibio proverb, "*Eto isidaha ikpong ikapa akai*" (a tree does not stand alone to become a forest). A forest (*akai*) is equated with community. Self in a community does not invalidate the unique quality of an individual, but simply implies that participating in "social drama" enhances the talents, potentials and sense of responsibility of the individual. Though the individuality of persons is not denied, persons can only become persons through community (Udo 1988:144). It further means that through the community the person can receive the nurturing, enrichment, solidarity and mutual help necessary to maintain a balance of wellbeing and good health or coping during trying times. There is therefore little wonder that being severed from the community for whatever reason poses a serious crisis of meaning and identity that threatens the identity of an Ibibio. Sickness and hospitalisation then, could pose serious challenges not only on the physical, but also on the emotional, psychological and spiritual perspectives of a person.

Dukor (2010:214) rightly argues that any understanding of personhood in African world view will never be complete without a discussion of the theistic and humanistic associations. As such, it is necessary to emphasise that personhood in Ibibio cannot be divorced from theological conceptualisation. Among the Ibibio as well as many Africans, the human person is believed to be a creation of God. He/she is not isolated but integrated into his/her world. The Ibibio proverb, "*Uyo owo edi uyo Abasi*", (the voice of man is the voice of God), carries the meaning that *owo* (person) comes from *Abasi Ibom* (Almighty God). The purpose for which *Abasi* created *owo* is to enable him to participate in life (Udo, 1983:258). He participates in life as a response to the wishes of the gods under the supreme rule of God (*Abasi Ibom*) as they affect the human person. This sense of responsibility and accountability to God connects morality to personhood in Ibibio under-

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standing. True morals (*Khulq*) define a person according to Ahmad (1996:15). Hence persons are also understood by their moral qualities which could be integrity, love, sympathy, generosity, fortitude etcetera.

Therefore, spiritual beings are important components of the community as they maintain a balance in health. These imply that at the core of the Ibibio, understanding of who they are and their relationship with God is a quest for a God concept that holds meaning for them. What this also means is that the Ibibio patient's image of God is an essential part of their recovery process. Therefore the Ibibio patients' search for wellbeing is also a search for God, who can be trusted to be pragmatically concerned about their wellbeing.

Consequently, the Ibibio concept of personhood is regarded as a qualitative concept that defines a social being acting within a cultural context as determined by his or her circumstances of life and quality of relationship. Hence as much as the physiological quality of personhood is important, the relational aspect is of essence. He or she is a person created by God with moral values that are embedded in his or her religious, social and cultural world which yearns for acknowledgement and interconnectedness with the physical, spiritual and metaphysical realities in meaningful relationships for wholesome living. Dukor (2010:164) argues that the African cultural world view is essentially a religious one. It would not be misleading to conclude that religious consciousness is a strong value within the Ibibio culture that characterises their unique identities regarding wholeness, health and health care.

Concept of wholeness, health and sickness

A vital step towards sensitive and appropriate health care involves an understanding of both the people and their concept of wholeness, health and sickness. Therefore, this section addresses the understanding of the Ibibio concept of wholeness, health, sickness and healing in the light of the aim of the article.

Archbishop Desmond Tutu, the African icon and renowned theologian, and Mpho Tutu capture the concepts of wholeness and health very significantly. They propose that "[i]n a life of wholeness we may face brokenness and endure woundedness, but our suffering will not be meaningless. Meaningless suffering is soul destroying" (Tutu & Tutu 2010:49). In their book *Made for goodness* the Tutus provide a dimension of wholeness, which is paradoxical. For them wholeness is God's invitation to perfection. "Be perfect as your father in heaven is perfect." Godly perfection, according to them, is not flawlessness, but an invitation to beauty that embodies a sense of wellbeing and wholeness irrespective of the circumstances that may

confront one's life. Beauty, according to Tutu & Tutu (2010), also entails interconnectedness.

The paradoxical understanding of wholeness as reflected by the Tutus mirrors African communities' understanding of wholeness and health in general, and Ibibio in particular. That wholeness is beauty is well captured by the Ibibio saying that "*Nsong idem edi uya*" meaning "Good health or wholeness is beauty". Thus, Ibibios experience wholeness as a quality (blessings and all that is positively valued in life) of daily living. The ultimate goal of many Ibibio is wholeness and health. This goal is expressed in the Ibibio proverb, "*Nsong Idem edi imo*", meaning health is wealth. This connotes more than a mere absence of conflicts and entails wellness, vigour and vitality in all facets of human existence. Although they seek good health, they also understand the inevitability of sickness.

Generally, Ibibios, as with many Nigerians irrespective of the religious inclination, perceive sickness as an abnormality and a disruption in the harmony that an individual enjoys with himself, others and the environment (Agbiji 2013:78). Its causes are also known to be multifaceted. From traditional proverbs in Ibibio communities therefore, it does appear that Ibibios worry more about sickness than death. For example, the Ibibio saying, "*Kukere mkpa nte udongo*" (Do not be worried about death as you should be worried about sickness), vividly portrays the concern of the Ibibios and to some extent Nigerians about sickness above that which they have concerning death. Udo (1988:95) has argued that the reason why illness is so feared by Nigerians may be because of the debilitating and lingering effects of pain and suffering on the human body, mind and spirit, whereas death terminates the pain and suffering of humankind as it often follows a sigh of relief from the ill patient. Therefore, most Ibibios, rather than apathetically accepting the inevitable, will engage with the forces against life to sustain their perception of wholeness and health.

This understanding of the Ibibio exhibits the inadequacy of the Western definition of health and health care and challenges the philosophy of Western medical practice. It challenges the WHO's (1948) definition of health as "the perfect state of physical, psychological and social well-being". The traditional Western model of care which defines health as the absence of disease (Tengland 2010:324) is also challenged as in the Ibibio world view, life is more than sickness and healing does not mean the eradication of disease organisms at all costs. It also calls to question the WHO's understanding of the human person. Health in the African spiritual perspective involves living in a sound relationship with God (Agbiji 2013). This is the reason why Louw (2008:47) argues that health is linked with wholeness as part of the biblical concept of *shalom* (peace) and *hugies* (quality of life). Although WHO (1998) in its WHOQOL articulation has come to

acknowledge the religious dimension in healing, the above definition often used as a standard definition of health stands wanting and needs to be revised.

The quest for healing in Ibibio indigenous health care system

For Ibibios, healing is the process of becoming whole, through the process of connection and reconnection to significant relationships within the community. It is maintaining and/or restoring the balance of the cosmic world. This is a dynamic process of evolving into something new rather than returning to the old state before the onset of sickness. However, African traditional healing methods was the only healing system that catered for the health of the Ibibios in traditional Nigerian society before the advent of Christianity, Islam and colonial rule. The method of healing chosen depended on the causative agents as well as the nature of the illness as explained above. These healing practices can be broadly grouped into traditional medicine, which consists of the utilisation of herbs, and traditional religious activities, which comprises such practices as confession, sacrifices, prayer, cult dances and music.

Herbal treatment is the most generally used treatment among the Ibibios. Arguably, almost every Ibibio is a herbalist in the general sense of the term. Many Ibibios/Nigerians will first try to heal themselves of their ailment with the herbs around them. Herbal or medicinal treatment *ibok* is utilised when the source of treatment is diagnosed to be physical or natural in nature. According to Ajibesin et al (2008:388), 75% of the people of AKS rely on traditional medicine and herbs for health care delivery. This *ibok* is normally considered sufficient to cure the ailment, especially if supernatural forces are not implicated in the diagnosis. In the event that the sickness is not cured at the stipulated time, or does not respond to the normal remedy, the sickness might be suspected to have a supernatural cause. Professional advice is thus sought from the herbalists (*Abia Ibok*) and diviners (*Mbia idiong*). While "herbalists" as the name implies mainly rely on herbs for the treatment of illness, they do not exclude spiritual sources, especially when they diagnose the sickness as having a supernatural origin.

However, the functions of diviners are to diagnose illnesses, reveal the causes of illness and provide spiritually and socially acceptable solutions. The position of *Mbia idiong* elicits three facts. First, it reveals the traditional and religious Ibibio's attachment to the mediums through which they can access the spiritual realm to find solutions in moments of crisis such as illness. Secondly, it shows the interrelatedness of the spiritual and material, and the key roles of certain individuals in mediating these realms for the benefit of individuals and the community. Thirdly, it elicits the importance of calling and training of the caregivers (or healers) where the expert *abia*

declares the trainee eligible or not in the process. This implies that improper training and misconduct can turn trainees into “*Ifut uduag*” (destructive witches) because they lack the willpower which goes with a calling and because they violated the rules governing the practice. For this reason, the trainee is ushered into the marketplace to present himself to the community as a qualified healer. He is to demonstrate that as a friend, he is qualified to listen to any problems and to help. He is therefore, not a “quack” (Udo 1988:99).

However, the validity of traditional healing has come under serious attack, first by the colonial masters and the missionaries, and subsequently by the Western-trained Nigerian physicians, although some of the writers on African religion such as Obadare (2005:276) and Kalu (2010a:67) believe that some of the criticisms were based on a misunderstanding of African culture, religion and tradition.

Nevertheless, traditional medicine and healing in contemporary Nigeria are breaking with stereotypical practices and are practising in ways that make them more acceptable than before. Consequently Schumaker, Jeater and Luedke (2007:708) recognise the often open and adaptive nature of African healing and its ability to absorb and transform their practices and practitioners. Such disposition evidences a potential for diffusion, adoption and appropriation of other ideas, practices and artefacts such as modern medical hospitals by the Ibibio traditional healers.

A different approach: the modern medical care system in Ibibio

The 19th century ushered in a different approach to health care in Ibibio with the arrival of missionaries and colonial imperialists. Ibibios had ways of dealing with their health needs and challenges before the advent of modern health care practice. Although their approaches were not without flaws, they nevertheless satisfied their health needs. The coming of the missionaries ushered in another era of health management in Ibibio land by their introduction of education and modern hospitals. According to R. Schram (1971), the foundation for medical care in Nigeria was laid by the European navy surgeons and the army medical officers. However, it was the missionary doctors who brought medical services to the natives, including the Ibibios who were not in immediate contact with the colonial government centres.

It may seem that the early missionaries' practice of medical care was holistic at least in principle as they integrated pastoral care with medical care. This practice attained great results. “Diseases such as smallpox, dysentery, malaria, hookworm, yaws, jaundice, hernia and many more yielded to the missionary doctor” (Aye 1987:117). The medical model therefore seemed to steadily gain popularity and acceptance because of its accuracy in diagnosis

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and sophistication in the method of healing and/or treatment and cure. Thus it appeared as though these doctors adequately understood the religious as well as the physical dimension of sickness and its importance to the understanding of Ibibios in treatment of their illnesses. Ugeux (2006:133) suspects that these successes made the medical model assume the "illusion of omnipotence" that has led its practitioners to believe in their ability to cure all sicknesses to the exclusion of the religious perspectives.

Being an establishment of the colonial and missionary era, hospital care in AKS is still modelled after this Western model of healing which follows a scientific yardstick for determining what is abnormal and the process of restoring what is abnormal to normalcy (Inyang 1994:230-231). Emphasis is thus laid on skills and accuracy which applies analytical and diagnostic principles making use of relevant instruments and medication. Hence, healing must be quantified in one form or the other, otherwise it is not healing. Consequently, they prefer the terms "cure" and "treatment" to "healing" since healing relates more to metaphysical and spiritual categories. This exclusion of a spiritual category was at variance with the indigenous health care knowledge. One would then wonder if such a posture of medicine as highlighted was acceptable to the Ibibios, and if it effectively met their health needs.

Empirical studies in Ibibio land and Nigeria in general would elicit a negative response. For instance, in research carried out among hospitals on knowledge of risk factors, belief and practices of certain diseases by Ibrahim et al (2009), half of the participants indicated prayer as the cure for cancer. Oluwabamide and Umoh (2011:49) report that "some doctors and nurses ... said that illnesses, especially those without hope of any cure by orthodox medicine, would need God's intervention". Aziken et al report that 13.8% of 370 participants identified evil spirits and witchcraft as the cause of strokes among hospital staff. Also, Adewuya and Oguntade (2007:933) reveal that 53.8% (168) of doctors believed that mental sickness was caused by evil spirits, witches and wizards. Disturbingly, the researchers, rather than acknowledge this spiritual dimension as a concrete reality, berated these doctors as superstitious and inadequately trained (in Western psychiatry). Thus these spiritual ratios are merely acknowledged in research without concrete steps being taken to incorporate such ratios into health care delivery in Nigerian hospitals. Consequently, the jettisoning of the important aspect of African healing became the bane of medicine in Nigeria. Thus in reality the missionary's health practice based on modern Western practice falls short of meeting the health goal of the Ibibio patient.

Accordingly pertinent questions could be raised as to the motive behind the missionaries establishment of health care in Ibibioland. Why was the indigenous health knowledge of the people not considered in their

provision and practice model? Why has there not been significant change? Two theories have been put forward by scholars. The first theory postulates that, the health of the missionaries themselves as they were being attacked by the tropical diseases motivated the establishment of hospitals. Obadare's (2005:276) strongly indicts the colonial government and modern medicine that it was their colonialists' attempt to establish a medical hegemony over Ibibios/Africans, built on a scientific foundation based on their Western background. The reason for this posture could be well understood in the light of the fact that traditional Ibibios, like Africans elsewhere, were not the primary subject and motivation for the provision of their modern hospital care. In the second instance, hospitals were established as a form of Christian charity and social action to help people in need as well as establish Christianity (Benn & Senturias 2002:8). Everything which seemingly stood opposed to the colonial masters' and missionaries' perceived Christian principles was uncritically jettisoned at worst, or merely ignored at best. But hospitals today are run by neither Western missionaries nor colonial rulers, which makes the answers insufficient to validate the continued practice. The answer in our opinion may be found elsewhere.

Such answers could be found in the poor training of medical professionals in Nigeria. Nigerian medical doctor, Ibrahim (2007:901-905), has a lot to say about the inadequacy of medical practice and training in Nigeria. Some of the problems of medical training outlined by Ibrahim include: curriculum overload, curriculum atrophy, absence of staff training programmes, lack of awareness of global change, lack of exposure to current trends in medical education with little or no opportunity to travel and learn, inertia and reluctance to accept changes by leadership in the Nigerian medical schools etcetera. Poor training will inadvertently affect the quality of patient care in this enormous country. It also reveals the need to educate Nigerian citizens on the importance and distinctiveness of culturally and religiously/spiritually sensitive care of the sick and suffering.

Yet another reason could be explained from the perspective of sociology of religion – specifically from the classical secularisation theory of religion. The proponents of this theory state that “the power and plausibility of traditional religion are gradually and irreversibly undermined by the growing influence of state and of science” (Gorski 2003:111). Hence, the classical secularisation theory states as its main thesis that modernity and religiosity are two opposing forces that do not mix. The more developed a society, the less religious it would become. Gorski (2003:111) remarked thus:

[T]he “secularisation thesis” was integrated into “modernization theory” and became one of its central axioms. As societies modernized, they became more complex, more

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rationalized, more individualistic – and less religious”... As social institutions become more differentiated and social life becomes more rationalized, religious beliefs lose their power and plausibility.”

Consequently there is the constant decline of religion in the public domain and private life such that religion will eventually become irrelevant or disappear so to speak. This position is often justified in the secular institution's expansion into the fields of social welfare, education, counselling and other fields of services that were once the sole responsibility of the church (Gorski 2007:111). This theory gained popularity and may have influenced many government policies in the world. It may seem that many governments in Africa have taken to this secularisation ideology in the development and administration of health care policies and the social welfare of the people despite the fact that it has been greatly flawed. Gorski (2007:112) maintains that religion is not on the decline and even if it was shrinking, there is no reason to believe that it is permanent or irreversible. The above perception of diseases by Nigerians, including the Ibibios earlier discussed, confirms Gorski's contention of such a secularised approach. Therefore it appears the government is running a different agenda from that which meets the desires of the people.

The above position adopted by the government could sometimes create suspicion between the citizenry and the government on one hand and distrust between the citizenry and the Western world on the other. A typical example is the polio controversy of 2003 in the northern part of Nigeria which broke out between the Islamic religious leaders and the government (although no such incident was reported within AKS). As part of a global polio eradication drive, the WHO quick started “to kick polio out of Africa” in 2003. In July 2003 the Supreme Council for Islamic Affairs (SCIA), an Islamic religious body in Nigeria, claimed that the said vaccines were contaminated with anti-fertility and AIDS-inducing agents. They therefore advised the Muslims not to participate in the exercise as it is a calculated attempt by the Western world to eradicate them. Following these statements, some northern governors embarked on a campaign to stop Muslims from participating in the event. Obadare (2005:266,274) claims that the controversy should be seen in the background of the politics of suspicion of the colonialist conception of disease against the traditional beliefs and a suspicion of the Western world's attempt to depopulate Africa, on the one hand. On the other hand, it demonstrates the mistrust of the government by the people whom they suspect are tools of Western rulers for their own selfish ends (Obadare 2005:279). For Obadare (2005:274) the point is not whether the suspicion that the polio vaccines were contaminated was well-

founded, but a particular history of politics and especially health politics that it invoked. Thus Obadare blames the WHO and the United Nations International Children's Emergency Fund (UNICEF) for their disregard of the social embeddedness of medicine in Africa, which resulted in the crisis and the Nigerian state and the Ministry of Health, which failed to provide the socio-legal climate for an adequate operation by relating to the people in order to mitigate their distrust. It should be noted that it was mostly the religious leaders who resolved the problem. Although this situation could also be interpreted as the negative side of religion's influence on Nigerians, this should be well understood in the historical context of distrust. Therefore, to provide health care that is sensitive to the Ibibio belief system is to understand what makes meaning to them. When the people perceived that they were not the original benefactors of modern medicine as shown in the continuous disregard of the people's world view on health and health care they often would resist, or adapt to the existing means or seek other means of responding to their health challenge in counter response. It is in this respect that many Ibibios would consult an "*abia idiong*" (diviner) or spiritual healer or pastor, especially in cases where Western medicine was unable to meet their needs.

The counter response – faith healing

The sociologist of Religion Kjartan Selnes (2007:307) has rightly observed that while culture changes and develops in order to adapt itself to the global process of modernisation, culture often fights to preserve what it finds valuable in its own traditions and uniqueness. Taking the issue of mistrust as discussed in the previous section in context, it would be safe to interpret the phenomenon of faith healing as a reaction to a modern health care culture that apparently ignores the religious value of the Ibibio health knowledge in favour of imperialist perspectives. However, as Selnes (2007:308) further states, not everything in imperialism needs to be negative. "There can be liberating, rationalising and progressive elements in certain kinds of cultural imperialism." Going by Selnes' claims, we could infer that the Ibibios are not opposed to medical science in its totality as meaningless as could be confirmed in their earlier accommodation of modern medical care. Yet, the apparent agitation over Western medicine as noted previously is a yearning for the spiritual value to be given a place in it. This is why in AKS, modern medicine exists side by side with traditional medicine and faith healing (Inyang 1994:229-234). The three are considered to be complementary to one another with the sick selecting eclectically whichever is available and necessary to them.

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Notwithstanding, faith healing is a popular concept in contemporary Nigeria. Faith healing as used in this article refers more specifically to religious healing. Although there are divergent views on what constitutes faith healing and the validity of faith healing, what cannot be denied is that faith healing is real and works (Inyang 1994:230; Kalu 2010b:201-223).

In contemporary Ibibio society faith healing is strongly represented by the spiritual healing homes (*ufok akam*), the church's model of healing in the case of Christianity and to a lesser extent Islamic prophetic medicine. The belief in faith healing is fast gaining ground in AKS, partly as a result of the factors we highlighted in the sociopolitical and religious situations. The African traditional religious world view is also impinging on the citizen's understanding of sickness and negotiation of their healing, including Christianity and medicine in contemporary Ibibio. The negative perception of traditional healing by the Christian churches (and also the Islamic faith) and their teachings that traditional healing is tantamount to heathenism, as well as the prohibition of church members from utilising them (in the case of Christianity), created a new identity challenge. This meant that the new converts who were not totally convinced of the position of the missionaries or Jihadists would evolve new ways of dealing with their problems so as not to lose their new Christian or Islamic identity and a part of their culture (cf. Inyang 1994:230; Abdalla 1997:20-22). The incorporation of some of the ritual and spiritual practices, which had similarities with biblical symbols (in the case of Christianity) and practices would form their new vision of spiritual healing. The main approach of faith healing is, therefore, centred on prayer, prophesy, visions, music and protection from evil as part of the healing process. This focus is in connection with the realisation that there are multiple causes of sickness and that personal sin, curses, witches, demons and other forms of evil could be responsible for ill-health and are subdued through the power of the holy spirit (Agbiji 2013:97-100). Thus faith healers take into account the Ibibio world view of sickness.

However, Kalu (2010b: 201) writes that there is a contention against faith healing or divine healing or spiritual healing on three levels including medical science, psychology and psychiatry, and missionary churches which are all embedded in the Western world view. Despite such contentions, there is a growing impact of sects and prayer houses in AKS because of some existential needs that arise, due to negative impacts of globalisation and industrialisation on the daily lives of Ibibios. Like many other African scholars, Kalu (2010b:201) argues that healing is important to Africans because they are conscious of the fact that hospitals are concerned with disease and not their person or value, and they are therefore alienated.

Given the factors as enumerated above, spiritual healing constitutes an important dimension of restoration to wholeness in the Nigerian worldview

regarding healing. While faith healers have received much criticism from some quarters of the Ibibio/Nigerian church and society in terms of their materialism, radical positions on some doctrinal issues and lack of theological training (Fatokun 2009:51), their role in the political, socioeconomic and religious contexts in Nigerian society is phenomenal. Their message of hope and possibility in the midst of impossibilities addresses the contextual reality of suffering, joblessness, poverty and incurable sicknesses, including HIV and AIDS and cancer, in Nigeria and elsewhere (Agbiji 2013:101; Landman 2009; 2013). In addition, their model of healing which takes into account the totality of the patient is very much associated with the popular African belief that “the whole person is ill” during illness or other challenges of life. These strengths could account for their resilience and growth (especially of AICs) despite criticisms of some of their practices. Among other resources, the hospital stands to benefit through the inclusion of religious and spiritual care in hospital care based on the great trust and confidence that Nigerians have in religious leaders as the bearers of hope, despite some of their weaknesses. However, the criticisms levelled against faith healers should not be ignored as irrelevant. They should be engaged as a way forward to sensitive, holistic and appropriate health care for the Ibibios.

Summary of findings

The analysis of health and health care in Ibibio has implications for holistic care of patients. Ibibios in precolonial Ibibioland had defined ideas about sickness and the mode of healing that were embedded in their understanding of the body and bodily function. While they have adapted themselves to the global influences regarding health and health care, they are also resisting the seeming neglect of their religious identity in the modern medical system. Without understanding their cultural context, providing care for Ibibios/Nigerian patients might be off target in terms of their expectations which are often culturally laden. This implies a shift from a purely medical model contra-culture to embrace a sociocultural perspective where religious beliefs and values have a normative function. These shifts give greater attention to patients’ pastoral needs without minimising the complexities of what it means to be human.

Therefore, religious beliefs, values and practices as health assets are pointers to some theological reflections that unavoidably accompany such beliefs, values and spirituality (Agbiji 2013 and Landman 2013, 2008). They play a huge role and could contribute significantly to health care, especially when a cure is not possible and people question the meaning of life. Yet, religion inappropriately used (through the church, mosque or African traditional religion as discussed above) may have limitations and can be counter-

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productive to the health and wholeness of patients and society. This reality brings to the fore a necessity for an appropriate approach that could sustain quality care. It raises such questions as: What model might sustain quality health care? What approach or channel might appropriately sustain the religious/spiritual care needs of patients? and: Who might be appropriately responsible for the provision of religious and spiritual care? These questions elicit the importance of training in the appropriate field and utilising task competent individuals qualified to mediate religious and spiritual care. Implicit also, in these questions, is the assumption that appropriate spiritual and religious care could be effectively integrated into the health care system through the professional discipline of pastoral care and the person of the pastoral caregiver. Such claims could be explored through the theories of Pastoral Care with regard to health care in the hospital context. Pastoral Care, by their beliefs and values as informed by intentions, attitude and aptitude, have consequences for life and the quality of care given in times of sickness. Therefore meeting the pastoral needs of patients requires a well thought through process.

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