UNDERSTANDING TSONGA TRADICIONAL MEDICINE
IN THE LIGHT OF JESUS’ HEALINGS

By

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Under the Supervision of.

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Dedication

To my parents, Luisa and Paiva Titoce

With love
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Isaias Paulo Titoce
Declaration

I, Isaias Paulo Titoce, hereby declare that this thesis, unless specifically indicated in the text, is my own original work. I further declare that this thesis has never been submitted for attainment of any other degree or examination at any other university.

Pietermaritzburg, Isaias Paulo Titoce, November 2002
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Religion and culture always go together. From the very first day a new person is brought out into this world, s/he starts learning how to live with her or his people, and starts learning their beliefs and values. The person grows up with this knowledge, and it forms a part of his/her life. These beliefs and values are unquestionable from the perspective of that person. They are accepted as natural and normative. If s/he, for example, is brought up in a culture in which kneeling is a form of showing respect, s/he will internalise this, and will always kneel when the act of showing respect is required. For another person who is brought up in a different culture where standing up, for example, is regarded as the way of showing respect, kneeling or sitting before a respected individual or occasion can be regarded by a such person as an impoliteness. As we can see, cultural values are subjective, and they are appropriate for the people of a specific culture in which they were fashioned and accepted as normative. What often happens is that when two different cultures meet there is a collision between them, and what often happens is that the one which is supported by power smashes the other and imposes its normative rules on it.

When Christianity came to Africa, it was full charged by European way of viewing the world, and in its worldview, anything which was not within the European cultural normative frame, was something to get rid of. Consciously or unconsciously, Christianity was used as a powerful tool for the West’s cultural domination over Africans. The Church demonised African culture,
and regarded it as a prototype of anti-Christianity. To become Christians, Africans were required to forsake their life style and assimilate the Western style of living. Things such as drums, xylophones, which were part of African culture, were associated with the demons and thus banned from the lives of the “faithful” African Christians. The memorial ceremonies, which were held for our ancestors, were understood as being a form of idolatry, whereas the church’s memory of the saints was regarded as something very Christian. And, if the African culture and practices were abominable for the Western Christian missionaries, its traditional health care system was seen as the ultimate manifestation of the evil. It is with the desire of reclaiming the legitimacy of African traditional health care system for Africans that I set out to examine healing from a cross-cultural perspective, and above all healing in the Bible, and specially Jesus’ healings in order to see what is abominable with African traditional medicine.
Chapter I

1.1 Introduction

Health care has always been a major preoccupation in the lives of human beings. Diseases, and the fear of death have threatened people's lives and this has led to an intensive and exhaustive search of means to overcome them or at least to attenuate their effect on human beings. Africa is not an exception, like elsewhere diseases threatened its people, and naturally means to overcome these diseases were developed. Diseases and their remedy varied from place to place, and what was understood as their cause greatly influenced the means people used to deal with them. Everywhere, responses to illness ranged from magic-religious to scientific. In some places, a clear distinction between magic, religious, and scientific responses was achieved, in others they were still mingled.

Berger and Luckmann (1966: 109) point out that, "The historical outcome of each clash of gods was determined by those who wielded the better weapons rather than those who had the better arguments". Berger and Luckmann's statement also applies in other areas of African life such as healing. When the Western, and particularly the missionaries arrived in Africa, they found a social organization diametrically opposed to everything they knew. They were coming from a social background where each activity was specialised on its own. Their own mode of production determined by the industrial revolution influenced greatly their way of viewing the world. In Southern Africa there was no such a thing as industry, or any specialised fields. Missionaries encountered in Southern Africa a civilization based on orality, where religion, education, science and ideology were integrated, and this made them deduce that Africans did not have education, religion, or learning (Curtin, 1978: 469). "Missionaries, and explorers dismissed African
religions as superstition, animism (attributing a soul to nonliving things, such as trees or rocks), or ancestor worship." This dismissal included everything which was around the Africans, as well as their health caring system. Where the persuasion of "civilization and gospel" failed, the arms of colonial powers were there to assure the achievement of this civilization of the 'savages'.

"The conquest could be whitewashed by the claim that the aggression was a moral duty, a civilizing mission which in practice meant destruction of African civilization" (Curtin, 1978: 470). This is not my intention to over-generalize the encounter between Africans and Westerners, and reduce it to 'civilisers' and 'savages'. In some cases, there were mutual concessions and an attempt to recognize and value mutual beliefs. But these cases are rare, the majority of them attest to an attempt by Westerners to wipe out African practices in the name of civilization and evangelisation. According to Curtin (1978: 493) the Europeans attacked the Africans' ritual authorities and made illegal most forms of local healing. He goes on to say that "In the early colonial period there were some Christian missionaries who made direct attacks on the ritual authority of Africans - proving their own power by cutting down dangerous sacred shrines" (Curtin 1978: 494). However, the attempt of erasing the Africans' civilization did not succeed, but it contributed greatly to the stagnation of many African institutions including African medicine. "The healers were part of a more general phenomenon of African life under colonial control, in which the things that Europeans despised or attacked did not go out of existence, but instead became invisible" (Curtin 1978: 494). Resorting to the so called comparative Theology, I try in this thesis to highlight the relevance of Traditional medicine

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1 "African Religions," Microsoft® Encarta® Encyclopedia 2000. © 1993-1999 Microsoft Corporation. All rights reserved.

2 Ukpong (2000: 12) says that comparative Theology dominated the first phase of African biblical interpretation. It was a response to the widespread condemnation of African religion and culture by the Christian missionaries of 19th and 20th centuries. African religion and culture were condemned as demoniac and immoral and therefore to be exterminated before Christianity could take roots in Africa. In response to this, some Westerners who were
among Tsongas in Mozambique, and its non demonic character, with which it has always been associated since the advent of Western missionaries.

This thesis is divided into six chapters. In the first chapter I introduce the theme of this paper as well as the methodology followed. In the second chapter I discuss the relationship between disease, culture and healing, in the third I study the evolution of Israelites' attitudes towards diseases and healing. In the fourth chapter I will focus on Jesus' healings, the Jewish and Christian interpretation of these healings. The fifth chapter will discuss the impact the missionaries and the church had on African traditional medicine. I will also discuss in this chapter the encounter between missionaries and the Tsonga's traditional medicine. Finally I will present what some Tsonga's traditional medicine practitioners think of their profession and Christianity. The sixth chapter is the conclusion and synthesis of this paper.

1.2 Methodology

The methodology of this paper will consist of an analysis of social behaviour towards disease, illness and healing within a specific socio-cultural space and its interplay with Christian faith. As Adamo (2000: 336) points out "Early missionaries, and later the missionary trained indigenous leaders of mainline churches, made us throw away all our charms, medicines, and other cultural ways of protecting, healing and liberating ourselves from evil powers that fill African life, leaving us only with the Bible". It is clear to me that Africans were given two options, which somehow still stand today, they had to opt either for Christianity or for their charms and medicines. The problem arises when someone truly believes in Christ, but still feels that his feet sympathetic to the African cause and on Africans themselves, undertook researches that sought to legitimise African religion and culture. This was done by the way of comparative studies carried out within the framework of Comparative religion.
are on African grounds. For him or her, throwing away his or her Christian faith is not that simple, and it is neither simple for him or her to live out of his her social context, especially in matters of health. Berger and Luckmann (1966: 66) observe that, “the developing human being not only interrelates with a particular natural environment, but with a specific cultural and social order, which is mediated to him by the significant others who have charge of him”. In African culture, these significant others play an important role in understanding of the causes of disease as well as the means of healing, which go beyond the allopathic medicine scope, and which in our understanding should not be regarded as a form of heathenism by the Church, but on contrary should be recognized in order to allow African Christians to live their faith from their own cultural perspectives.

As part of this research, I am looking at the attitudes towards diseases, sickness and healing across the cultures. This is particularly relevant to my study since in my opinion, disease, sickness and healing cannot be fully understood outside the culture in which they take place. For this I resort to anthropological studies done by some scholars in the area of health and culture, as it will be indicated in bibliography. I will also explore the dynamics of Israelites religious-culture towards disease, sickness and healing. I will also look at some of Jesus' healings. Jesus as a healer is of a particular importance in this study, since on the one hand he represents the non-scientific healing system and on the other hand he represents the Christian Church, which found African ways of healing non-scientific and demoniac. Resorting to what is called theological bricolage I will study selected biblical texts related to healing, discuss some of Jesus' healings in social perspective, review missionary literature and literature about missionaries in Africa, present and discuss results of interviews made with some Tsonga traditional practitioners.

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3 Draper (2000: 419) quoting Marilyn Legge says that Bricolage is the art of using what is at hand, odd materials for the purposes other than intended, to create something useful and distinct to meet a yearning or need.
When two different worldviews meet they create a space which neither belongs to one or another group. This space is a fertile field for bringing up new ideas, concepts and practices never fancied before. People are brought up in a certain cultural hegemony, which they assume uncritically. Comaroffs (1991: 23) following Gramsci and Bourdieu state that “Hegemony refers to the order of signs and practices, relations and distinctions, images and epistemologies drawn from a historically situated cultural field, that come to be taken-for-granted as the natural and received shape of the world and everything that inhabits it”. They go on saying that it exist in mutual dependence with the dominant worldview ideology, which has been disguised and naturalized, appearing no more as ideology. So, when people from one cultural hegemony meet with people of another different cultural hegemony, they experience tension, and conflict between the values, beliefs, and all the ideologies which shape their cultural hegemony with the ones which fashioned the cultural hegemony of the people they are meeting (Comaroff 1991: 29). This calls forth new forms of ideology designed to defend the threatened hegemony. However, this tension and conflict creates a space for experimentation with the symbols of power which come from the other cultural hegemony, and result in something new, which belongs neither to one group nor to another (Comaroff, 1991: 248). The new product of encounter of two different cultures is called bricolage, and it is likely to occur with both groups in spite of varying in degree from one group to another depending on which one of the groups is in position of imposing its cultural ideologies to another. Comaroffs (1991: 25) point out that, “The seeds of hegemony are never scattered on barren ground. They might establish themselves at the expense of prior forms, but they seldom succeed in totally supplanting what was there before”. So, if the prior forms are not completely wiped out, they are a potential source of unsteadiness of the dominant hegemony. This instability leads to a constant negotiation and
reshaping of both hegemonies, the dominant and the prior form, until a new one which is reasonable to both is reached.

1.3 Limitation of study

While recognizing the similarities around African traditional healing systems, and being aware that they suffered similar treatment from Western Christianity, my special attention will be focused on Mozambican Tsonga traditional healing system. Any concept, form, example or procedure of African traditional healing system in this work, is drawn from that healing system.

1.4 Method of Data Collection

In this study primary and secondary sources will be used, and accessed.

Primary Data

Questionnaire and interviews were made to twenty respondents. The interviews followed basically the steps of the questionnaire which will be annexed to this study.

Sampling Procedure

The sample was made to twenty Tsonga professional traditional practitioners, known as by inyanga, members of Ametamo in Mozambique. The relevance of their opinions in this study is in fact that they represent the demonized, and marginalized African healing system which we are trying to claim its legitimacy.

Secondary Data

Reading and analysis of published and unpublished material is also an integral part of this work. I will make use of the works of some anthropologists in order to explore the natural
misunderstandings in concept of disease, sickness, and healing across cultures. I will use some biblical scholars' works for theoretical discussion of the biblical texts related to the topic I am going to deal with in this study and I will also use some material available from missionaries in order to trace and understand the origins of misunderstanding between the Church and the African traditional healing system.

1.5 Biblical Texts

Otherwise stated, the biblical texts cited in this work are from the Hebrew Bible Biblia Hebraica Stuttgartensia BHS, for Hebrew citation, RSV for the Old Testament citations in English, and Nestle-Aland Novum Testamentum Graece xvi for the New Testament citations. I also make use of Mark and the source known as ‘Q’ (Quelle).
2.1 The Relationship between Disease, Healing and Culture

The understanding of disease and health is often culturally based. Each culture has developed a health care system which is unique and may eventually appear absurd to others who are outside that culture.

2.2 Disease

Disease, illness and sickness are terms which are often used indiscriminately to refer to any noticeable malfunctions of biophysical process. According to Gilbert (1996: 49) “disease is a physical concept linked mainly to the body, and illness is a psychological concept linked to the individual, and sickness is a sociological concept, and as such linked to society.” He goes on to say that sickness is a social classification of an individual whom a given society perceives to be unhealthy, and it is from this classification that an individual can assume the role of a sick person in a society.

The Microsoft Encarta Encyclopaedia 2000 offers the following definition: “disease is any harmful change that interferes with the normal appearance, structure, or function of the body or any of its part.” The next question we must deal with is what should be understood as the normal function, appearance, and structure of the body? The question of what should be understood as normal appearance, and function of the body has cultural, and subjective answers. Mary Douglas (1982) in her book *Natural Symbols* argues that the body is itself a highly restricted means of communication, and its high or low control is socio-culturally conditioned. Thus, the perception
of sickness has strong cultural connotations. The understanding of illness is often related to the norms and values prevalent in a society or community. Comaroff (1981: 368) notes that, “the physical body, as tangible form of selfhood, is the symbolic frame through which the paradoxes of existence are most powerfully expressed. The perception of the body is culturally ordered, and everyday social actions serve to reinforce or transform the mutual interdependence of physical and social being”. What usually indicates that an individual is not well are the symptoms, but they themselves are not important in explaining illness behaviour. What is significant in assigning a sickness role to an individual is the way we interpret determined symptoms he/she displays. Some symptoms can be regarded as normal in one socio-cultural context while in another they are considered abnormal (Gilbert 1996: 49). For this very reason, the healing of a given sickness is strongly associated with a specific culture, and will be perceived as effective when certain requirements and procedures believed and accepted by people of that culture are met.

2.3 Culture

So far we have demonstrated that we cannot understand disease outside the socio-cultural context of individuals. In the following subsection I am going to discuss what culture is and how it affects health.

Culture can broadly be defined as the socially transmitted patterns of human behaviour that include thought, speech, action, customary beliefs, and social forms; it is also the way people interrelate, and perceive the world. Gilbert (1996: 47) points out that culture always takes place in a social context; it defines what is acceptable in a given society; it shapes individuals behaviour, and is linked to traditions, customs and beliefs; it is learnt, and is viewed as normal
by people practising it, but may be regarded as bizarre by others from a different culture. Gilbert’s description of culture shows how individual sensibility and response to disease is highly conditioned by his/her society at large, “all communities have concepts of health integrated as part of their total culture” (Gilbert, 1996: 48). Therefore, the meanings of healing are also an integral part of a given culture, and their use enables the society at large to make a diagnosis of individuals within a given cultural group. In many African societies for example, a recently widowed person, male or female, is considered a dangerous pollution, in other words, a sick person. Cleansing rituals are needed before he or she recovers the status of a sound person. Bate (1999: 260,) asserts that “all healings including medical and surgical are mediated by culture and it is the cultural key which helps us to understand the different approaches to the illness and health which are found in Western medicine and psychology, in the traditional African healing of the inyanga and isangoma, and in religious healing forms. Each of these healing forms has developed its own model of sickness and health which is tied to a belief system. Each of them has its own boundaries within which healing occurs and outside of which it is incompetent”. So, it is not surprising that the missionaries, and the Westerners in general dismissed the African health care system as something bizarre, incompetent, and harmful or demonic, because they were outsiders to African culture. It is true indeed that the Western medical system is highly developed, and is efficient in diagnosing and combating diseases, but perhaps not efficient for some African illnesses and sicknesses. It is also true that the Africans embraced it as a blessing, and whenever necessary and possible they make a use of it. But what help can it give to a recently widowed person who in some African cultures is regarded and regards himself as a sick person? Healing is fundamentally concerned with the reconstruction of physical, social, and spiritual order. It cannot be meaningfully understood if isolated from the wider socio-cultural system in which it takes place (Comaroff 1980: 639). Therefore, the
substitution of one healing system for another is a kind of cultural violation which can only be achieved by use of means of imposition, intimidation and alienation, but is always subject to misunderstandings, challenges, and deviations. I am not arguing here that Africans did not find Western medicine useful on the contrary, some were converted or pretended to be converted in order to have access to health care done by Western missionaries in the onset of the mission in Africa. What I am saying is that Western missionaries saw African healing system as something contrary to the gospel they were bringing, a manifest form of heathenism and something to get rid of from their prospective converts.

2.4 Healing

After examining how culture affects healing, in the following subsection I will discuss the concept of healing. What is evident is that in spite of the overwhelming hegemony the Western healing system has gained, parallel healing practices have always been common in many parts of Africa. The question is why people who are offered the ‘only scientific and rational medical assistance’ often resort to what Westerners perceive as demonic, unscientific, and even health threatening healing system for over a couple of hundred years. Comaroff (1981: 368) points out that healing everywhere is about the human intervention in disorder. She goes on to say that in healing we have culturally specific attempts to mend the physical, conceptual and social breaches entailed in illness.

Lambourne in Maddocks (1981: 9) defines healing as a satisfactory response to a crisis made by a group of people both individually and corporately. The crisis can range from an individual to an entire social group. If we take into account that “disease is a particular expression of universal feature of human experience, that of threat to the normal state of being, or to survival” (Comaroff 1981:368), we can reach the conclusion that it represents a pollution and is subject to social
concerns. The causes of disease have power to cause fear and anxiety not only to the sick person but also to everyone related to him or her. Bate (opcit: 271) states that the ability of the cultural world-view to incorporate the sickness and its healing, so that the sickness enters into realm of what can be dealt with, is important to the healing process. So healing can be effective when the cultural universe of the sick person is satisfied with the healing process. Comaroff (1980: 637) gives an example of how southern African therapeutic rituals play an important role in healing: “the process of healing requires the manipulation of multivocal symbolic media in order to reintegrate the physical conceptual, and universe of the sufferer”. So far, we have seen that healing options are intrinsically related to the culture in which individuals belong. Comaroff (1982: 55) says that even the Western medicine conveys particular social and cultural realization of existential universals. “The dominance of bio-medicine in the Western system of healing is legitimised by hegemony of the conception of knowledge which it shares with the Western mainstream culture” (Comaroff, 1980: 637). The absolutism of Western medicine in dealing with all the healing cases, and the despising of other means of healing alien to Europeans, is an implicit assumption based on an hypothetical superiority of Caucasian races over all the other races, specially over the African, which was thought to be at the bottom of all the human races or better, which was thought stand between apes an human beings (Cuvier in Comaroff 1993: 309). Therefore the consequent repudiation of African traditional medicine which was regarded as superstitious, immoral and illegal by many early European missionaries (Schapera 1937: 221), and a logical attempt to replace it by a more scientific and moral allopathic medicine. The church played a great role in this attempt at substitution. It practically declared the African medicine as belonging to the realm the devil. True Christians were supposed to have nothing to do with such forms of healing.
Gilbert (1996: 50) acknowledges that in spite of Western medicine achievements, other medical systems are gaining a growing popularity. The problem arises when the patients are Christians. It creates a great dilemma for them because on the one hand consulting a traditional healer is regarded as sin, and on the other hand they want to enjoy the holistic treatment practised by traditional healers. Some manage to refrain themselves and stick to their 'good Christian' values, but many of them, covered by night, make a secret use of traditional healers. What we propose ourselves to do in next chapters is to study sickness, healing, and the healers in the Bible in order to free African traditional healing from demoniac label and leave it as a free option to anyone who wants to use it.
Chapter III

3.1 Diseases, cure and healing in the Old Testament

In this chapter I am going to discuss the evolution of interaction between Israelites’ religion and health. It is important to understand what was going on in the religion which gave birth to Christianity in the matter of health, in order to understand the Christians’ attitudes towards African traditional medicine.

3.1.1 The Great and the Little Tradition

It is important to understand the concept of great and little traditions within a given society in order to understand the conflict of interest in matters of health and suffering between the Israelite elites and common people. According to Scott (1977: 5), the great tradition represents the elite beliefs, practices, and ideology. The little tradition represents the common people beliefs and practices. The great tradition usually silences, and imposes its dominant ideology on the little tradition. The little tradition functions as the counterpart of the great tradition. Scott (1977: 12) points out that, “Folk culture is not simply a crude version of its own great tradition. It functions also, both in form and content, as a symbolic criticism of elite values and beliefs. For the most part, this criticism is muted within a context of subordination. However, symbolic conflict may become manifest and amount to political and religious mobilization of the little tradition”. In ancient Israelite society, the conflict between the great tradition and the little tradition can be assessed through critical analysis of the ruling class ideology, and through listening to the voices of common people which from time to time sounded out their protests against the official ideology in matters of disease, illness, sickness and healing.
3.1.2 Theological trends towards diseases and healing in the Old Testament

In a fashion similar to Scott’s analysis, Brueggemann (1992: 3) identifies two trends in the Old Testament, which are relevant to our understanding of the attitudes towards disease and healing expressed in the Old Testament. The first trajectory he identifies in the Old Testament theology is the Normative Canon, which moves beyond critical dissection and historical development. The text is normatively beyond the social process, it is not changed by historical pressures. So the God met in the text is also beyond the reach of historical contingencies. It partakes in the common theology of its world, offering a normative view of God who is above the fray and not impinged upon by social process. As this faith makes claims beyond the fray of experience, it offers to the faithful community a normative standing place that may not be derived from the common theology, but articulates a normative truth about God not subject to the processes of the articulations (Brueggemann, 1992: 4). In common theologies God is claimed to be incomparable, effective in all the realms of history, just, and merciful; object of fear and love. He rewards those who please him and punishes those who disobey. He is essentially a contractual God (Brueggemann, 1992: 5). The relevance of this theological trend to our understanding of the Israelites’ attitudes towards disease and healing is its capacity of explicating the causes of the Israelites earlier understanding of the causes of diseases as well as the ways of healing. This theology is centred on a God who is above the fray, and is in control of all the realms. Good health and prosperity were understood as God’s reward for those who kept his commandments, and led a holy life according to God’s statutes. Failure and illness were understood as deserved punishment of individual or collective sins. This led to the classification of diseases as kind of religious impurity, thus attracting antipathy to the sick person. Since illness was understood as God’s punishment, healing also was credited to God. It was a result of God’s mercy, which often required penitence and purification. This theological trend may be referred to as the Great
Tradition (Scott 1977: 5), and it represented the official interpretation of the relationship between the Israelites and Yahweh. It served the interest of the elites, and was used as their supportive ideology.

The second theological trend Brueggemann identifies in the Old Testament theology is the use of text as a literary legitimation of a social movement (Brueggemann 1992: 3). This trend argues that canon is the result of social conflict, insisting on a certain settlement of the conflict. The text has reached its present form and shape by being in the middle of social conflict. The theological claims did not come from above, nor did they have any prior claim to authority. The text emerges in the social process, so the God of this text emerges in the social process. The theology of the Old Testament is structure-legitimating. It is open to the embrace of pain that is experienced from *underneath* in the process of social interaction and conflict. The faith enters the fray of Israel’s experience, it reflects the ambiguity of their experience about structure and pain caused by structure. The sole high God usurps the entire sacred domain. He is conceived by egalitarian socio-political analogies, and is coherently manifest in power, justice, and mercy. He is interpreted by egalitarian functionaries (Brueggemann, 1992: 5ff). Theological categories are understood to have social and political counterparts. So that these statements about God now are also understood as statements about the misuses of human power and the proper use of human power. The claims about God are claims for political authority in Israel. God is a function of the social process (Brueggemann, 1992:7f). The relevance of this theological trend to our understanding of the attitudes towards disease and healing in the Old Testament theology is its rejection of direct association between suffering and sin. The book of Job is a clear challenging example against the official ideology which was designed to blame those who suffer for their suffering. If the sin was no longer an acceptable justification for suffering, and illness, other
means for dealing with them were necessary. Among them we have the acceptance of physicians and healers. This did not rule out the God's sovereignty in all the realms in Israel, but allowed the Israelites to think about other causes of diseases and suffering rather than God and sin. This trend is usually called the Little Tradition and represents the voices of common people who would some time protest against the ruling ideology which used sins and God's blessings to justify the suffering of the poor on the one hand and their own prosperity on the other hand.

3.1.3 Disease and disability in Israel from the perspective of the Great Tradition

According to Mackenzie (1983: 597), there is information of the existence of professional doctors since the times of the ancient Egyptian empire, around the third millennium BC. There are also many medical papyrus during the middle empire until the period of Hicesus, around the second millennium. The papyrus suggests implicitly the existence of medical schools, and the skills of doctors of that time were based on their ability to make a diagnosis, and understand the use of certain medicines contained in papyrus.

The Israelites' attitudes towards diseases and healing have been since the time of the patriarchs centred on God. Mackenzie (1983: 597) says that the Old Testament does not allow us to think that there were beliefs about the demoniac character of illnesses. For the Old Testament, illness was a calamity sent by God. He was perceived as the cause of diseases and the healer, "for he wounds, but he binds up; he smites, but his hands heal" (Job 5:8). God would send a disease to an individual or to a group as punishment of their wrongdoing. In Genesis 12: 17 God afflicts Pharaoh with plagues (בְּעַרְבֵיהוֹן) because of taking Abram's wife, Sarai. Thus, diseases were understood in religious terms as Yahweh's punishment for an individual or nation's sin. Diseases, calamities and defeats were indiscriminately attributed to sin:
The Lord will send upon you curses, confusion, and frustration, in all that you undertake to do, until you are destroyed and perish quickly, on account of the evil of your doings, because you have forsaken me. The Lord will make the pestilence cleave to you until he has consumed you off the land which you are entering to take possession of it. The Lord will smite you with consumption, and with fever, inflammation, and fiery heat, and with drought, and with blasting, and with mildew; they shall pursue you until you perish. And the heavens over your head shall be brass, and the earth under you shall be iron. The Lord will make the rain of your land powder and dust; from heaven it shall come down upon you until you are destroyed. The Lord will cause you to be defeated before your enemies; you shall go out one way against them, and flee seven ways before them; and you shall be a horror to all the kingdoms of the earth. And your dead body shall be food for all birds of the air, and for the beasts of the earth; and there shall be no one to frighten them away. The Lord will smite you with the boils of Egypt, and with the ulcers and the scurvy, of which you cannot be healed (Deut 28: 20-27).

Mary Douglas (1962: 454) states that, “The topics of suffering and disease, in the Bible, are closely bound up with the question of the nature and origin of evil itself. Suffering is a human experience, with diverse causes, and is one of the result of human sin – nations which obeyed God were promised freedom from disease, on the other hand, pestilence is a judgment on the people of God “. The emphasis on diseases as God’s punishment to the sins, leads to the religious concept of impurity. An individual who suffers from disease is thus held as responsible for his own suffering, because he or she has sinned, and the disease is then a signal of his or her impurity.

If you will diligently hearken to the voice of the Lord your God, and do that which is right in his eyes, and give heed to his commandments and keep all his statutes, I will put none of the diseases upon you which I put upon the Egyptians; for I am the Lord, your healer (Exodus 15: 26).
Once an individual is sick, the logical interpretation of his or her sickness is that he or she has sinned, and thus is ritual impure, and therefore excluded from the religious life of his or her society. Thus, healing was equivalent to the ritual of purification, and only the God was understood as the healer (cf Exodus 15: 26), and the restoration of health was a sign that God has forgiven the patient’s sins.

3.1.4 Disease and disability as religious Impurity

Since the sin was understood as the cause of disease, according to the great tradition, a sick or disabled person was also understood as religiously impure:

And the Lord said to Moses, ‘Say to Aaron, None of your descendants throughout their generations who has a blemish may approach to offer the bread of his God. For no one who has a blemish shall draw near, a man blind or lame, or one who has a mutilated face or a limb too long, or a man who has an injured foot or an injured hand, or a hunchback, or a dwarf, or a man with a defect in his sight or an itching disease or scabs or crushed testicles; no man of the descendants of Aaron the priest who has a blemish shall come near to offer the Lord’s offerings by fire; since he has a blemish, he shall not come near to offer the bread of his God. He may eat the bread of his God, both of the most holy and of the holy things, but he shall not come near the veil or approach the altar, because he has a blemish, that he may not profane my sanctuaries; for I am the Lord who sanctify them.’ So Moses spoke to Aaron and to his sons and to all the people of Israel (Leviticus 21: 16-26).

Thus to be disabled or sick was equivalent to be punished by God, or to be rejected by God. It is clear from the passage above that the Israelites would interpret sickness in religious-purity terms. Impurity was something to be avoided at all costs ‘if he touches human uncleanness, of whatever sort the uncleanness may be with which one becomes unclean, and it is hidden from him, when he comes to know it he shall be guilty’ (Lv 5: 3). It was believed to be the cause of sickness and
source of defilement (Num. 19: 13). Leprosy is one of the best known diseases of ancient Israel, the disease which sick person was required to abandon the social contact with other people, until he or she was declared healed, which meant the recovery of religious purity (Lv 13: 6). Dickson (1995: 43) points out that, "One phenomenon which is found in the Old Testament is sickness or suffering which are explicitly stated to have been inflicted by God as a judgment upon particular failure and later healed in response to penitence". Parents' sins were also believed to bring sickness, God's punishment, to their children, especially those who are born as result of a sinful act (2Sam 12: 15). God is the one who sends sickness because of people's disobedience (Isa 10. 16). The idea of understanding sickness as God's punishment because of people's sin is well displayed in Jeremiah's lamentations, where sickness is used as metaphor of deportation:

The crown has fallen from our head; woe to us, for we have sinned! For this our heart has become sick, for these things our eyes have grown dim, for Mount Zion which lies desolate; jackals prowl over it (Lm 5: 16).

We have seen in this section that the question of illness in ancient Israel was around their religion and cultural beliefs. Israelite culture was oriented towards God thus, diseases were perceived in religious way as God's punishment to people's wrongdoing. They were a consequence of not keeping God's commandments and statutes, sin, disobedience, pride that led to wrongdoing, and idolatry. In many cases, God was perceived as the agent of disease, he uses it to punish, and to cause repentance, or to show his might: expressions like 'the hand of the Lord' (Isa 25: 10), 'the evil spirit from the Lord' (1 Sam 16: 14), 'the angel of the Lord', 'God's blow' (Ps 39: 10), 'God's rejection', and others are often associated with disease or calamity which fell upon an individual or the nation.
The understanding of disease as God’s punishment for a wrongdoing can only make sense in a culture in which the beliefs and values are God centred. In cultures where this orientation does not exist, sin and disease are not related words. So, the attitudes towards disease will be largely conditioned by its perceived causes, and often what can help in one culture does not help much in another different. Comaroff (1981: 637) points out that healing discloses clearly both the dialectical relationship between the cultural order and subjective experience and the role of this dialectic in a wider process of continuity and change.

3.1.5 Healing in Ancient Israel

Healing in ancient Israel meant more than curing. In the former section we tried to demonstrate how sickness and impurity were interrelated. Having a period, or having contact with a menstruating woman was enough to be considered culturally sick, and it would be a mistake to minimize its seriousness for the Israelites as ignorance. Healing meant the restoration to full health of someone who was labelled sick, and it also meant the restoration of the social harmony:

If my people who are called by my name humble themselves, and pray and seek my face, and turn from their wicked ways, then I will hear from heaven, and will forgive their sin and heal their land (2Chr 7: 14).

In the great tradition of Israel, restoration meant God’s forgiveness. It is the cleansing of the impurity which was the origin of the sickness, or social chaos. De Villiers (1986: 19) says that, “It is God who heals in a natural or supernatural way. When a person does experience healing, he will be reminded that God has much more to offer than physical health”. The perception of God as the source for healing is directly connected to the fact that he was the one who inflicted sickness, and the healing would occur if repentance, and the necessary intercession were made. It
is clear in case of Abraham and Abimelech where apparently God had inflicted some diseases to Abimelech and his people because of taking Abraham’s wife Sarah. God is said to be the one who performs the healing after Abimelech’s reparation of his sin, and Abraham’s intervention:

Then Abraham prayed to God; and God healed Abimelech, and also healed his wife and female slaves so that they bore children. For the Lord had closed all the wombs of the house of Abimelech because of Sarah, Abraham’s wife (Gen 20: 17).

God was not only understood as a healer, but he himself is reported as having said that he was their healer (cf Ex 12: 26). The Psalmist points out that it is God who forgives the sins and heals all the diseases (Ps 103: 2). Thus, it is not surprising that Hezekiah seeks the help of God in his sickness (2 Kgs 20:3-11), and indeed he is promised a quick recovery “I have heard your prayer, I have seen your tears; behold, I will heal you;” (2Kgs 20: 5). De Villiers (1986: 176) says that “diseases healed by other means were usually ascribed to the intervention of God”. What Villiers fails to capture in his statement is the profoundness of the place of God in the Jewish-religious culture. In this culture it is not the healing means which are ascribed to God, but it is God who allows the healing means to perform the healing. The healing of Hezekiah offers a good example, the prophet Isaiah prescribes a certain kind of treatment, a cake of figs layed on the boil, but it is not the remedy that Hezekiah relies on for his recovery, he relies on the will of God ( cf 2Kgs 20: 7). Bate (1999: 274) states that “God’s will may be both for sickness or for health. Healing is seen as a manifestation of God’s power. Concomitant with the expression of this power is a recognition of the operation of God’s freedom in giving his gifts for his own sometimes mysterious purposes”.

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3.1.6 The Place of Physicians

It is evident that physicians (בְּאוֹרָה) were known in the Ancient Israel. Joseph is said to have had physician servants (טֹמֵא מְעֹרָה) who embalmed his father Jacob. But the general impression we have is that they were not highly valued. Job calls his friends worthless physicians (Job 13: 4). In spite of the ambiguity of Job’s statement, because it could either mean that the physicians were regarded as worthless, or that his friends were not good enough as physicians. The idea was that without the help of God, the work of doctors was considered a failure:

In the thirty-ninth year of his reign Asa was diseased in his feet, and his disease became severe; yet even in his disease he did not seek the Lord, but sought help from physicians. And Asa slept with his fathers, dying in the forty-first year of his reign (2Chr 16: 12).

It would be a mistake to consider that the lower esteem in which the physicians were regarded was due to their incompetence. It would require a great deal of competence to embalm a corpse with the recognised efficiency of Egyptians physicians, and in spite of knowing our physicians impotence in dealing with some illness like Aids, we never give up looking for their help. God’s question in Jeremiah, in spite of its metaphorical use, seems to be a challenge to confidence in the human response to crisis:

Is there no balm in Gilead? Is there no physician there? Why then has the health of the daughter of my people not been restored? (Jer 8: 22).
From this question, we can infer that scientific conditions were created for healing the ‘daughter’ of God’s people, they had the remedy, the balm, and the healers, physicians. But without God’s healing power the health of the ‘daughter’ of God’s people was jeopardized.

Popular prophets would sometimes exercise the role of physicians, besides the fact of being known as men of God, some of their healings are much similar to some done by African traditional doctors. They would divine if the patient will recover or not (1Kgs. 14:6; 2Kgs 8:9f), and were sometimes credited with magical properties:

And as a man was being buried, lo, a marauding band was seen and the man was cast into the grave of Elisha; and as soon as the man touched the bones of Elisha, he revived, and stood on his feet (2Kgs. 13:21).

3.1.7 Disease, and disability from the perspective of the Little Tradition in the Old Testament

The general picture we have when we read the Old Testament from the perspective of the great tradition is that suffering, and disease in particular are inflicted by God because of sins. The word sin (לֹא) or its variant (לֹא) is constantly connected with suffering in the Old Testament text, and almost invariably the poor, underachiever, sick, and disabled was supposed to be guilty of his or her situation. But we have in the Old Testament text some few voices which challenged the official position, and tried to demonstrate that their suffering has nothing to do with sins. Job represents this group. The author of Job begins by presenting Job’s righteousness (Job was blameless and upright, one who feared God, and turned away from evil.[Job 1:1]), and his care in safeguarding the purification of all those who were around him (he would rise early in the morning and offer burnt offerings according to the number of them all; for Job said, “It may be that my sons have sinned, and cursed God in their hearts.” [Job 1:5]). But what happen next is
that he loses all his possessions, and is afflicted with severe diseases. The central argument is why did this happen to him. On the one hand, the great tradition, represented by Job's friends argued that this happened because he has sinned, and on the other hand, the little tradition, represented by Job himself refutes the association of his suffering with any sin. The term sin appears fifteen times, the word transgression appears ten times, and iniquity appears twenty-three times in the book of Job. For Job's friends his suffering was caused by his own sins:

Think now, who that was innocent ever perished? Or where the upright cut off? As I have seen, those who plough iniquity and sow trouble reap the same (Job 4: 7). Know then that God exacts of you less than your guilt deserves (11: 6). Is not your wickedness great? There is no end to your iniquities. For you have exacted pledges of your brothers for nothing, and stripped the naked of their clothing. You have given no water to the weary to drink, and you have withheld bread from the hungry. The man with power possessed the land, and the favoured man dwelt in it. You have sent widows away empty, and the arms of the fatherless were crushed. Therefore snares are round about you, and sudden terror overwhelms you (Job 22:5-10).

For Job, his suffering has nothing to do with what his friends argue to be the cause. He defends his innocence passionately:

Though I am innocent, I cannot answer him; I must appeal for mercy to my accuser (Job 9: 15). You seek out my iniquity and search for my sin, although you know that I am not guilty (Job 10: 6). Though I am innocent, my own mouth would condemn me; though I am blameless, he would prove me perverse. I am blameless; I regard not myself; I loathe my life. It is all one; therefore I say, he destroys both the blameless and the wicked. When disaster brings sudden death, he mocks at the calamity of the innocent. The earth is given into the hand of the wicked (9: 20-24).

The author of Job voices those who understood the rewarding theology as socio-political instrument used by the elites to justify their position as well as to make the disfavoured conform
to their precarious situation. In Job we have a clear refutation of this theology. Both the wicked and righteous are subject to suffering, and many times the wicked are on top (cf. Job 9: 23f). This theological trend challenges the religious concepts of suffering caused by personal sins, impurity, and uncleanness. It had great impact in understanding the source of diseases as well as the means of treating them. It is without much surprise that we find the activity of physicians valued in later writings:

Honour the physician with the honour due him, according to your need of him, for the Lord created him; for healing comes from the Most High, and he will receive a gift from the king. The skill of the physician lifts up his head, and in the presence of great men he is admired. The Lord created medicines from the earth, and a sensible man will not despise them (Sir 38: 1-4).

3.1.8 The Popular Prophets as the Representatives of the Little Tradition

According to Saliba (Microsoft Encarta 2000), “Prophecy, is a religious phenomenon in which a message is sent by God to human beings through an intermediary, or prophet. The message may contain a reference to future events, but it is often simply a warning, encouragement, or piece of information. Prophecy in its fullest sense thus includes augury, divination, and oracles, which are techniques by which, it is believed, the will of the gods can be learned. Prophets have often spoken in ecstasy, a state that may be induced by various methods, including dance or music.”

In spite of having mention of prophets during the period of patriarchs (cf. Gen 20: 7), the real tradition of prophets in Israel comes from the time of Moses, and from his role in liberating the Israelites from the bondage of the Egyptians. Since then, we have a list of prophets who in one
or another way played a certain role in Israelites’ life. Their major role was that of intermediary between God and men. However, in the Old Testament text we find two types of prophets: The Temple-state prophets, and the popular prophets. Notwithstanding the fact that all the prophets were speaking or at least pretended to speak in the name of Yahweh using the formula: ‘Thus says Yahweh’, we can clearly distinguish those who were at the service of the Temple-state, acting like its counsellors (e.g. Nathan, Isaiah, Ezekiel, Haggai, Zechariah etc), from those who represented mass’ anxieties, hopes and beliefs (e.g. Moses, Elijah, Elisha, Amos, Hosea etc). In this paper I am interested in the latter because they share some characteristics with Jesus. They were in general from the peasant background (cf. 1Kgs. 19: 19, Amos 1:1), and their prophecies were directed against the ruling elite, in favour of the mass (cf. 1Kgs 17:1). Horsley (1985: 12) points out that, “A prominent feature of the prophetic message were oracles against the king, princes, and priestly or governmental officials”. He goes on saying that the consistently sharp prophetic indictments of the king and the ruling class and the vehement defence of the exploited mass, indicates that some prophets were from the peasantry background (Horsley,1985: 12). Some of these popular prophets are reported to have led popular insurrection against the monarchy (Cf. 2Kgs. 9: 1f, 11f). Their authority as prophets was proved by miracles they performed which included healing, and the common people believed that they had powers to exercise cure/healing:

Now the Syrians on one of their raids had carried off a little maid from the land of Israel, and she waited on Naaman's wife. She said to her mistress, 'Would that my lord were with the prophet who is in Samaria he would cure him of his leprosy' (2kgs 5:2r).

Like Jesus, these prophets acted as an alternative for the peasants from the Temple/state hegemony. Common people would experience healing which implicitly meant forgiveness.
without the mediation of the religious established institution, for that. This had serious implications on the economy of an agrarian state, where offerings for sin's expiation was a mean for exacting the peasants' surplus.

3.2 The later understanding of diseases and healing

There was a slight change of Israelite attitudes towards physicians, which is reflected in later or apocryphal writings. Many factors might have contributed to this change, namely: the influence of their neighbours, the entrance of angeology, and demonology in the Jewish cosmology among others. In ancient Israel, everything was attributed to God, and even the use of the adjective angel was interwoven with the name of God (תִּנְפָּר). There was no place in this kind of cosmology for external harmful forces. But after exile, many ideas of other Near Eastern religions had found their way into Judaism, and among them the view of the world as divided into two forces: “According to the Babylonian mythological poem known in world literature as Enuma elish, Marduk was granted the leadership of the pantheon as well as the 'kingship over the universe entire' as a reward for avenging the gods by defeating Tiamat, the savage and defiant goddess of chaos, and her monstrous host. Following his victory, Marduk fashioned heaven and earth, arranged and regulated the planets and stars, and created the human race. In addition to the sky gods were the netherworld deities, as well as a large variety of demons, devils, and monsters, who were a constant threat to humanity and its well-being, and a few good, angelic spirits”.4 Once some of these ideas had found their way into Judaism, it is comprehensible that new means for dealing or relating with them should inevitably come out. It is hardly surprising that we find accounts of demons causing harm to

and protective angels helping them to fight them in apocryphal writings (cf. 12). The demons' exorcism and the recognition of the role of the healers (cf. Ant. 8:43), was also the consequence of beliefs in hostile forces which acted on beings independently from God. But it is also important to note that the Israelites did not adopt indiscriminately the practices of their neighbours, they adapted them according to their religion and beliefs. The importance of physicians, prophet healers, and exorcists was based on the understanding that their activities were gifts of God (cf. Sirach 38).

We have tried to demonstrate that any attitude towards any kind of healers and healing is conditioned by cultural aspects and beliefs which are peculiar to each culture. In spite of our lack of knowledge of the kind of sickness described in the Old Testament, we would hardly associate any sickness with sin or God's punishment, but this does not entitle us to dismiss ancient Israelite beliefs as superstition, or any kind of heathenism, on the contrary we hold them as a profound manifestation of faith, and they have induced many Christians to pray for healing in spite of knowing that they have access to powerful and modern medicines which are supposedly capable of curing their diseases. Our study of Israelites attitudes towards illnesses, healing and healers has shown that with the dynamic of culture, what was inconceivable in earlier stage of Israelites' culture and religion could be accepted and find its way in a later stage without violating people's beliefs. Doctors, healers, and medicines were assimilated by Israelites and incorporated in healing system, and considered as God's blessing, because their religious culture has adopted new values and beliefs which accommodated a new world view without any kind of cultural coercion.
Chapter IV

4 Jesus’ healing

In this chapter I will study Jesus’ healings, their theological and sociological implication. How Jesus as a healer was viewed by his country fellows, what challenges he faced and how he responded to them. I will start by doing a brief analysis of the political, social and economical situation of his context, in order to situate his healings in their own context. The second subsection will deal with Jesus’ healings from historical perspective. In this subsection I will try to demonstrate that Western readings of Jesus’ healings, in spite of pretending to be universal, are culturally biased, and I will try to show that African readings of Jesus’ are also authentic and can offer new insights to the New Testament theology in understanding Jesus healings better. I will also discuss the role of Jesus as a popular prophet in Judean context, as well as his initiation as a prophet. Finally I will study some of Jesus’ healings using Mark and the Q (Quelle) source, because it is my intention to attempt to trace the healings of the historical Jesus, and these two sources are recognized to be the earliest. Powell (1998: 16) points to fact that, “Most scholars believe that Mark’s gospel was first written and that it served as source for both Matthew and Luke. Most scholars believe that Matthew and Luke also used another source, an early collection of Jesus’ sayings which has come to be referred as Q, an abbreviation of the German word for source, Quelle”. In the methodological discussion of his Historical Jesus, Crossan (1991: xxxi) argues that, the tradition about Jesus is mainly composed by three layers: The first layer comprised preservation, and recording of the essential core of Jesus’ words and deeds, events and happenings. The second layer should have comprised the application of the data to the new situation, and unpredicted circumstances, and the last layer involved the creativity of additional sayings, new stories, and the expansion of the first layer. According to Crossan’s stratification,
much of Q and Mark material falls in the first and second layers respectively (Crossan, 1991: 429f).

4.1 The Political, Social and economical Context of Galilee in the 1st Century

It is crucial to study the political, social, economical and religious context of the 1st century Galilee in order to grasp the significance of Jesus’ healings and exorcisms. Kleinman (1985: 29) asserts that “depression should be examined as a social affect that emerges from the relation of individuals, the local systems of power relationships within which they live, and macro-level societal and historical conditions. The unit of analysis becomes the organization of depressive experiences within particular local systems of family, work, and community relations that mediate the effect of the macro-level conditions on individuals”. Mendenhall (1986: 80) points out that, “No political regime of whatever nature can continue to exist in a complex society without creating a political based hierarchy of power, beginning with the army and its chain of command, and culminating in the collectors of internal revenue”. During Jesus’ time, Galilee was under the ruling of the Roman client king Herod Antipas, and was affiliated to the Temple of Jerusalem. Although the Temple did not have direct political control over it, the loyalty to Judaism, and to the Temple advocated by the scribes and Pharisees in Galilee is implicit in the gospels. This meant that the Galilean peasants were subject to a triple tributary system, since the Galileans were Jews in their orientation and loyalty, and subjects both to Romans and Herod. The Romans would claim their share in taxation, Herod would also have his own share, and besides this the Galileans had to cope with their religious duties, such as tithes and other offerings. Draper (Unpublished: 6) asserts that, “There is considerable evidence of a slide into economic collapse for the peasantry. The tithes and exactions for the religious cult, which had first claim on the loyalties of the peasant, and were intended originally to finance the national administration of the Temple state, were then supplemented by the claims of the Jewish
aristocracy and the Herodian family, and then again by the Roman demand for a ten percent tax and various war indemnities taxes and exactions.” This situation, led the peasants to desperation, which had negative effects in the lives of Galilean peasants. Horsely (1995: 219) draws our attention to the fact that the intense burden placed on the peasant producers by the multiple layers of taxation led to an unbearable indebtedness, resulting in the loss of the land which eventually resulted in the increment of the cases of depression. Hollenbach (1981: 572) argues that, “Sociologically oriented approaches can be useful even where our historical information is itself limited. These approaches understand mental illness and its healing as both personal and social. Mental illness caused, or at least exacerbated by social tensions of various sorts are at the core of the phenomena of mental derangement”. He goes on saying that mental illness can be seen as a socially acceptable form of indirect protest, or escape from oppression (Hollenbach, 1981: 575), and it can be used by the elites to control persons by destroying their selfhood and by degrading persons ever further than they were originally (Hollenbach, 1981: 579).

Using Lenski’s model of *Class Structure in Agrarian Societies*, Waetjen (1986: 6) offers a Palestinian class graphic, which will assist us in illustrating the socio-economic situation of 1st century Palestine, which reflects the social tensions which, according to some New Testament scholars who use sociological approaches, should have created conditions for the proliferation of mental illness taken as demon possession in Jesus’ time.

![Diagram of Class Structure in Agrarian Societies](image)

a) Represents the ruling elite, including the high priestly
family, who with the ruler, exploited peasants to build up their wealth.

b) Represents the scribes, and Pharisees, the bureaucratic class, portrayed in Mark 7: 1 as the ones who came down from Jerusalem. They were the agents of the ruling elite, experts in devising laws which allowed the elite to exact the peasants’ surplus, the source of their own incomes.

c) Represents the majority of population, the peasants, source of ruling class richness who controlled their produce, either by religious alienation (tithing, sacrifices), or political power (taxation).

d) Represents the artisans, usually people who have lost their lands, and poorer than peasants in most of the cases. They were dependent, and despised because of manual labour, which was viewed as degrading. They were also subject to the same exploitation as the peasants.

e) Represents the group of prostitutes, and others who held despised professions. They were outcast from Judaism.

f) Represents the lowest stratum of society formed by beggars, and hired labourers, who eventually may have ended up joining the brigands in what is called social banditry. Hobshawm (1969: 17) states that, “Social bandits are peasant outlaws whom the lord and state regard as criminals, but who remain within peasant society, and are considered by their people as heroes, as champions, avengers, fighters for justice, perhaps even leaders of liberation, and in any case as men to be admired, helped and supported”. Horsley and Hanson (1985: 160-187) argue that this kind of banditry was active during Jesus’ time in a form of popular movements led by a kind of prophetic or messianic figure, and it is likely Jesus’ movement was thought to be one of these
kinds of movements. The tradition asserts that Jesus was crucified as a king of the Jews it is, a sort of rebel (cf. Mark 15: 2, 9, 12, 18, 26).

g) Represents the merchants, where a few of them were rich, while the majority very poor.

As it can be seen from the Lenski's model above, the heavy majority of the Palestinian population were peasants in an agrarian economy characterized by asymmetrical relation of power between the peasants and the elites. According to Wolf (1966: 5ff), the peasants in an agrarian economy need to produce enough food for their minimum required diet. They also need to produce enough seed for the next season, and have enough to feed their livestock, repair their tools, and satisfy their other minimal needs. And this is called replacement fund. Wolf goes on to say that beyond this, they need a minimum surplus to cover their ceremonial needs, in things such as marriages, burials, and religious rituals which are paid in labour, in goods or in money. Besides these funds, the peasants are required in complex societies to pay what Wolf calls as the fund of rent. According to Draper (2000: 4), “The peasant may or may not own his own land, but it is feature of peasant life, that they are required to pay dues of half their crop to a landlord, who establishes jurisdiction over them. This is called their rent requirement, and epitomizes the asymmetrical power relation between the peasant producers and their controllers. It means that the peasant never prospers beyond certain point, because increased production results in increased rent”.

As we referred in the first paragraph of this subsection, the Galilean peasants were subject to a triple layer of taxation. It means that they were experiencing a very asymmetrical kind of power relations. And, as some social scholars assert, colonial situation, domination, oppression and exploitation foster mental illness in a great number of the population (Hollenbach, 1981. 575),
and this should have contributed to the appearance of many cases of demon possession which Jesus is said to have healed.

4.2 The Historical Jesus and healing

In this section I am going to discuss Jesus’ healings from the perspective of the historical Jesus. The quest for the historical Jesus has brought about many and different opinions of who Jesus was and what role he played in the first century Palestine. In spite of the useful insight researches about the historical Jesus bring into the theology, they have resulted in a wide range of unlikely conclusions, such as the questioning of the real existence of the first century Palestinian Jew called Jesus of Nazareth. “The scantiness of additional source material and the theological nature of biblical records caused some 19th-century biblical scholars to doubt his historical existence. Others, interpreting the available sources in a variety of ways, produced biographies of Jesus in which his life was purged of all supernatural elements. Today, scholars generally agree that Jesus was a historical figure whose existence is authenticated both by Christian writers and by several Roman and Jewish historians”5. Some historical Jesus scholars who sustain the real existence of a Jew called Jesus of Nazareth in the first century Palestine, dismiss the miraculous accounts of the evangelists, and reduced Jesus’ words to the κηρύγμα (Bultman 1953) and parallel λογιον (Crossan 1994) found in the gospels according to Mathew, Luke, and in the non-canonized gospel of Thomas. This would reduce Jesus’ teaching to some few thousands words, not much in one or three years of ministry for someone who was thought of as being powerful in words and deeds (cf. Luke 24: 19). Others like

5 “Jesus Christ,” Microsoft® Encarta® Encyclopedia 2000. © 1993-1999 Microsoft Corporation. All rights reserved.
(Horsley 1995) tried to place Jesus’ movement in the general anti-Roman peasantry movements led by charismatic figures, such as Theudas, or Judas from Galilee (cf. Acts 5: 37).

To talk about the historical person of Jesus means to go beyond the theological Jesus of the gospels. But what does it mean to go beyond the Jesus of the gospels when our primary, if not the only, source of our knowledge about Jesus of Nazareth are the very gospels themselves? Our major problem is that the records about Jesus’ life were written around fifty years after his death and resurrection by people who probably did not know the historical Jesus, and were not interested in reconstructing his biography, but were interested in accounting the impact Jesus made on their lives, and what he meant to them and to their readers. The quest of the historical Jesus was a failure, and it had to be a failure, both historically and theologically. It is a failure historically, because our only sources about Jesus are the gospels, and it is neither the aim of the gospels nor within their scope to provide the material for a biography of Jesus. Even the earliest material in the tradition does not provide a neutral historical picture of Jesus, it is determined by faith in him. The attempt to disassociate Jesus from the events narrated in the gospels in order to get to the historical Jesus has produced as many Jesuses as the number of historical Jesus’ scholars. In fact the historical Jesus has been portrayed as a prophet seeking the restoration of Israel (Sanders 1985), a social visionary (Borg 1994), a magician (Smith), a social revolutionary (Horsley 1993), a Jewish cynic (Crossan 1991), Galilean charismatic (Vermes) and many other attributes. This takes us to the following conclusion: “The historical Jesus is not the real Jesus, but only a fragmentary hypothetical reconstruction of him by modern means of research” (Meier 1991:31). So, the historical Jesus in this paper will not be another Jesus, but the one described in the gospel, whom if we cannot visualize thoroughly through the written sources, at least we can understand him through the movement which sprang from his activities. I will not try to purge him of the healings and other miraculous accounts credited to him, but I will try to understand
what his healings and miracles meant to people he dealt with from my African perspective in which the physical and spiritual world are in constant interaction, and where the evil spirits, disease, exorcism and healings are not yet questioned. Brown (1985: 158) points out that, “taken in isolation, any given miracle story could be dismissed as absurd and incredible. But within a frame of reference that includes belief in the God of the Bible, the personal creator, actively being involved in human affairs, the possibility of miracles is feasible”. So, Jesus’ healings can only be understood in the context of faith. Hendrickx (1987: 2) points out the danger of trying to explain Jesus’ healings or miracles out of their context. He says that, “Anyone trying to understand and explain the miracle stories of the New Testament must see them first of all as phenomena of their time. The term miracle in our day has come to be used rather carelessly, often with connotation of extraordinary or wonderful. While this might be acceptable in the present-day English usage, it does not adequately express the biblical concept. Any attempt to determine the significance of the miraculous in the early Christian thought should carefully distinguish modern ideas on the subject from the ancient thinking”. He goes on to say that “for the ancient Christians, miracles were confirmation of the faith; for some contemporary Christians, miracles are an obstacle to the faith. The former believed because of miracles; the latter believe in spite of miracles” (Hendrickx, 1987: 2). So the attempt to strip the historical Jesus from all the miraculous accounts is rather a denial of what made the early Christians believe in him as the Messiah. To put it in other words, it was the healings and miracles which made people believe that Jesus was the Messiah or Son of God, drawing in this way attention to his sayings or teaching and not the contrary. It can be checked in the early Christian writings that what led the mob to believe in the gospel, and pay attention to the preacher’s words were the healings and exorcism:
Philip went down to a city of Samaria, and proclaimed to them the Christ. And the multitudes with one accord gave heed to what was said by Philip, when they heard him and saw the signs which he did. For unclean spirits came out of many who were possessed, crying with a loud voice; and many who were paralyzed or lame were healed (Act 8:5-7).

But Peter put them all outside and knelt down and prayed; then turning to the body he said, "Tabitha, rise." And she opened her eyes, and when she saw Peter she sat up. And he gave her his hand and lifted her up. Then calling the saints and widows he presented her alive. And it became known throughout all Joppa, and many believed in the Lord (Act 9: 40ft).

Therefore, one can conclude that if the first-century Christians were interested in the historical Jesus, their main question would not be about the veracity of Jesus’ healings or miracles, but I guess they would have wondered what power was behind his deeds. Jesus was remembered as being a man of mighty deeds and words (Luke 24:19). My rationale in believing that Jesus acted in a way which convinced his followers that he was not just any subversive revolutionary lies in the fact that the first witnesses of his deeds were Galilean Jews bound in a long dated tradition of monotheistic religion, and their attribution of divinity to Jesus might have come from an overwhelming experience of his might deeds, which I believe cannot be explained without the experience of Jesus’ miracles, or comprehended from a scientific perspective. It is worth mentioning that the Jewish belief in the uniqueness of God was such that many were ready to stick their necks out if this monotheism was jeopardised. Josephus narrates episodes in which the Jews were ready to die rather than to accept the placement of Caesar's images in their temple or in Jerusalem. One of the remarkable episode happened when Pilate tried to introduce Caesar’s images into Jerusalem:

Now Pilate who was sent as a procurator into Judea by Tiberius, sent by night those images of Caesar that are called Ensigns, into Jerusalem. This excited a very great tumult among the Jews when it was day; for those that were near them were astonished at the sight of them, as indications that their laws were trodden under foot; for those laws do not permit any sort of image to be brought into the city. – Nay, besides the indignation which the citizens themselves had at
this procedure, a vast number of people came running out of the country. These came zealously to Pilate to Cesarea, and besought him to carry those ensigns out of Jerusalem, and to preserve their ancient laws inviolable; but upon Pilate’s denial of their request, they fell down prostrate upon the ground, and continued immovable in that posture for five days and as many nights. On the next day Pilate sat upon his tribunal, in the open market-place, and called to him the multitude, as desirous to give them an answer: and then gave a signal to the soldiers that they should all by agreement at once encompass the Jews with their weapons; so the band of soldiers stood about the Jews in three ranks. The Jews were under the utmost consternation at that unexpected sight. Pilate also said to them, that they should be cut in pieces, unless they would admit Caesar's images: and gave intimation to the soldiers to draw their naked swords. Hereupon the Jews, as it were at one signal, fell down in vast numbers together, and exposed their necks bare, and cried out that they were sooner ready to be slain, than their law to be transgressed. (Josephus Wars Book II -Chapter IX: 601)

This clearly illustrates how stubborn the Jews were in keeping their laws and traditions, and the law of the uniqueness of God was at the top of all the Jewish laws, and the commandment 'Hear O Israel Yahweh our God is one Lord’ (שְׁמַע יִשְׂרָאֵל יְהֹウェָה יִשְׂרָאֵל יהוה) was sealed in each Jewish heart, and only something extremely extraordinary, which was thought to be coming from God himself would make Jews voluntarily break that commandment. The ancient Christological title “Κυρίος” is likely to come from some Jews who saw in Jesus’ deeds something which convinced them that he was not just another man, but someone who has been empowered by God in a very unique form. Warrington (2000: 2) points out that, “The healings of Jesus historically took place against the background world view of Judaism, which taught that Yahweh was the one who not only inflicted people with sickness but also, and more importantly, healed their sickness. Jesus’ healings are reminiscent of the creativity of God himself”. It is not our intention to discuss here the divinity of Jesus, but just to draw attention to the fact that the deification of Jesus by the early Church which was predominantly Jewish was a result of something he did, which his followers could not explain but attribute a divine power to it.
4.2.1 Jesus and Charisma

As we have noted in previous subchapter, the historical Jesus was given different titles by some New Testament scholars, and another interesting title attributed to Jesus is that of a charismatic leader. Revkin (1986: 16) affirms that “We thus have in the Gospels a portrait of Jesus, a charismatic who sprouted out of the same soil of discontent, desperation, and despair that had seeded a John the Baptist, with notable difference: whereas John the Baptist was a charismatic leader whose teaching did not challenge the authority of the Scribes-Pharisees, Jesus was a charismatic whose teachings aroused their hostility because unlike John, he taught with an authority that transcended theirs”. Malina (1996) using a Weberian definition of characteristics of a charismatic leader, presents strong arguments against the scholars who have reached the conclusion that the historical Jesus could be regarded as some kind of a charismatic leader. According to Malina (1996: 131) “the social climate of first-century Palestine described in the story of Jesus in fact precludes strong personal authority. It was a social climate characterized by inflated power, with Jesus exercising no power over people at all. His power was over demons just as with any other successful healer”. Jesus did not generate impassioned loyalties to himself. He was betrayed by one of his closest disciples (cf. Mark 14: 10), and the rest of his disciples left him alone when he needed them the most (Mark 14: 50). In spite of sharing many characteristics of the popular prophets such as Moses, Elijah, and Elisha in things like denouncing injustice, working wonders, and others, Jesus does not seem to share their charisma in having effective control over people, and lead them to an open liberating or revolutionary movements. The only moment he seems to try anything similar to revolution is when he makes a demonstrating entrance in Jerusalem and was claimed Messiah by the mob (cf. Mark 11: 7-11). But even here his charisma did not last for longer because a few days later the same mob claimed his crucifixion (cf. Mark 15: 11-15).
4.2.2 The sort of Jesus' healings from the historical perspective

More recently, as a result of the historical-critical method the Gospel miracles are widely regarded as having been written more to inculcate religious truths than to record historical events. Thus, the significance of the miracle lies in its meaning rather than in the event itself. From this point of view, the primary aim of a miracle story is to show that God directs and intervenes in human history. However, some New Testament scholars felt that dismissing the miraculous stories of the gospels does not help much since the alleged miracles are still being claimed to happen in many religious circles today.6 “Jesus refers to his exorcisms as crucial ways that indicate that he himself thought of them as central to his life and purpose” (Hollenbach 1981: 568). The alternative found was the reduction of Jesus’ miracles to some kinds of healing. Jesus should have healed what today are considered mental disorder illnesses. Hollenbach (1981: 571) says that in the ancient world all the physiological symptoms of sickness were attributed to demons, and that the colonial situation could have contributed greatly to the huge number of people with mental disturbances. All these explanation result from the fact of trying to find the historical Jesus who fits our understanding of what is reasonable and acceptable in the sphere of humanity. But what role does reason play when faith in Jesus as the Son of God intervenes? If we follow the faith perspective, we can conclude that Jesus did not heal only mental illness, but he effectively cured every disease he wanted to heal. Hollenbach’s reduction of Jesus’ healings to fixing problems of mental disorder leaves out an important aspect of role of the demons in the gospel. According to Mark, the demons are the ones who recognized Jesus as the Son of God right from the beginning. This tells us about the importance of exorcism from the gospel perspective: wicked spiritual beings, which in spite of their wickedness had much more

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6 Davies (1995: 37) argues that we should turn away from the paradigm which regard Jesus as a teacher only. He defends that Jesus as healer/prophet is much more evident in the gospels.
knowledge of God than the human beings, were there to prove Jesus' power over them and to testify to his divinity. We have reason to believe that the exorcism of demons fitted the gospel authors' purpose of proving that Jesus was the Son of God, and so associate his healings with the casting out of demons. It is probably that Jesus might have done some exorcism, but if we take the socio-economic, and political perspective in understanding Jesus' healings we will see that alongside mental distress, and maybe in greater proportions than this, an exploitative situation in a peasantry society results in hunger, malnutrition, and vulnerability of the body to diseases. After all feeding and healing, whether symbolic or not, are features of reported Jesus' miracles. If we dismiss the miracles in the account of Jesus, we will be trivializing what he did.

Crossan picks another approach to Jesus' healings. For him Jesus could not cure disease, but heal illnesses through refusing the association of diseases and uncleanness. Using the story of the leper who met Jesus (Mark 1:40-44), Crossan (1994: 79) argues that, "Jesus, who did not and could not cure any disease, healed the leper's illness by refusing to accept the disease's ritual uncleanness and social ostracization. Jesus thereby forced others either to reject him from their community or to accept the leper within it as well. By healing the illness without curing the disease, Jesus acted as an alternative boundary keeper in a way subversive to the established procedures of his society". The problem with Crossan's argument is that he cannot explain where has Jesus drawn his authority from in order to force others to accept him and those who were declared unclean by the system as well.

In spite of the association of all suffering with sins the degree of uncleanness varied from disease to disease. Touching a leper, a dead body, a menstruating woman, or man with secretions automatically defiled a ritually clean person and disqualified him for entering the sanctuary. But
the blind, for example, regardless of the fact of being considered guilty for their handicap, or ritual impure they were not totally outcast. There are laws protecting them: It was considered a sin to lead a blind person astray (cf. Deut 27: 18); the blind and lame were allowed at least to enter the court of the temple (cf. Matt 21: 14). Since there was no chance for a lame or blind person to get into the temple's court without mixing up with other clean people of the community, one is forced to assume that certain kinds of handicap, although regarded as defiling in relation to the holy things like sanctuary, were not regarded as defiling in the everyday relation with other people. And if jostling with a blind persons could not disqualify a ritually clean person from entering the sanctuary, I cannot see how these people could be excluded as defiling in their own communities, and I am not sure how they could be effectively excluded from small communities in Galilean villages where the observation of purity laws was not a priority after all. So, if Jesus was healing by refusing ritual uncleanness, how could he heal these people who were physically disabled but not potentially ritually defiling? Moreover, if we consider that handicap was equal to sin, it is God's punishment. How could Jesus' audience understand God's forgiveness without the sensorial sign of it, which is healing?

I think Crossan's point of departure is that presented by Pilch (2000: 94), in which he argues that the professional sector of a healthcare system includes the professional, trained, and credentialed healers. Therefore, it is obvious that from Crossan and many other Western Jesus scholars' perspective, curing is definitely impossible from someone who has never been to a nursing college or medical school, so it is not at all surprising that they put their efforts into proving their beliefs. Discussing the healing of the paralytic man in Mark 3:4, Remus (1997: 32) points out that, "Healing is harder to claim because it must be publicly demonstrated; if performed, however, it will validate the proclamation of forgiveness, which is not empirically observable.
And insofar as sickness is associated with sin, in accord with notions current at the time, healing of the paralysed man will constitute remission of the sin for him”. It is not my aim to discuss whether Jesus carried on literal curing or not, my point is that Jesus’ people believed that he could heal and cure, and this is what asserted his authority before them, so that he could forgive sins and reintegrate the outcast into the community.

The historical Jesus is inseparable from the Jesus of faith. In my understanding the interest about Jesus, and the understanding of his role, developed after his death and resurrection. The authors of the gospel did not start from the historical Jesus to the Jesus of faith. On the contrary it is faith in Jesus that made the deeds and the life of Jesus of Nazareth relevant to their accounts and their communities. So, the point of departure in understanding Jesus’ miracles and teaching is faith in the raised Christ, without which everything falls apart. Besides that, the very fact that healings and other miraculous events were attributed to him says something about the space of folklore medicine in the first-century Palestine. It is likely that for Jesus’ followers, there was no question that he could exorcise demons, heal their diseases, sicknesses and illnesses. It can be attested from the great number of sick, or ill or diseased people who came or were brought to him according to the gospels:

That evening, at sundown, they brought to him all who were sick or possessed with demons. And the whole city was gathered together about the door. And he healed many who were sick with various diseases, and cast out many demons; and he would not permit the demons to speak, because they knew him (Mark 1:32ff).
Sanders (1985: 172) observes that in spite of not knowing whether Jesus offered his miracles as signs that he spoke for God, they convinced some that he did so, and they considered him a special figure in God’s plan. The miracles show that Jesus spoke and acted with divine authority, and they contributed without any doubt to his ability to attract crowds, and they explain why he was executed. The problem arises when modern New Testament scholars use their own background as the starting point for understanding and judging phenomenon reported to have happened in a space and time completely different from their own. Botha and Craffert (1995: 16) draw attention to the fact that New Testament scholars miss the point in believing that the practices of their own people are superior to all, and in failing to distinguish genuine differences amongst people. They go on to say that an analysis of the stories regarding Jesus’ healing and exorcism should start with an understanding of the first-century health care system as part of a cultural system. The perception of diseases, the behaviour of the diseased person, including the illness behaviour as well the way of treating them is intrinsically related to each local culture health system care. Botha and Craffert (1995: 8) argue that the ancient perspective treats conditions of sickness as the result of sin and/or the invasion of evil force. They go on saying that a health care system articulates illness as a cultural idiom, linking beliefs about disease causation, the experience of symptoms, specific patterns of illness behaviour, decision concerning treatment alternatives, actual therapeutic practices and evaluations of therapeutic outcomes. Kleinman (1988: 5) says that, “Local cultural orientations, the patterned ways that we have learned to think about and act in our life worlds and that replicate the social structure of those worlds, organize our conventional common sense about how to understand and treat illness; thus we can say of illness experience that it is always culturally shaped. Paradoxical as it sounds, then, there are normal ways of being ill. ways which our society regards as appropriate, as well as anomalous ways”. So, strange as it may sound to those who are used to think that the
physicians only come from a medical school, in some cultures, and I am inclined to include the first-century Palestinian culture, gifted people without any formal education in modern sense, could exercise the medical art and be accepted by their fellow people as proficient physicians. Horsley (1993: 181f) says that, “It can be argued that Jesus’ healings dealt with problems due to the extremely stressful situation of his people, but besides possession, we find stories about fever, lameness, or paralysis, consumption, haemorrhage, deafness and dumbness, blindness, epilepsy, deformity, and dropsy. Thus at the fundamental “psychosomatic” level, it seems highly probable that Jesus did function as the agent in a number of such cases of restoration to health”. Davies (1995: 67) suggests that it is highly probable that Jesus might have thought of himself as a physician. According to Remus (1997: 112) reports of some medical investigation have proved that 85 percent of illnesses fall within the body’s power to heal, and this healing does not occur in isolation, but is associated with the diseased person’s family, physician, and social group. So, the Jesus who could not heal and cure, but exorcise demons is much more likely the product of our belief in Western medicine and nothing else. Our main problem is related to our modern scientific worldview. We want to know how someone who did not know micro-biology, chemistry, or someone who has never been in a lab, without any knowledge of bacteria and virus, could deal with diseases. What happens many times is that we offer solutions which accommodate our beliefs, in disregard to the information we have because it sounds bizarre to our own world. Why should Jesus followers forge his healings? And how can we by-pass the prominence of the healing ministry in the early church? If for us, diseases are caused by bacteria, virus and other microorganisms, because we have this information, what right do we have to label as non-diseases similar pathologies described to have occurred to some people reported to have been healed by Jesus because they were believed to have been caused by demons? In some cultures demons are thought to be responsible for insanity, disability and other diseases or are
taken to be diseases themselves (Pilch 1995: 147). However, these beliefs do not invalidate the reality of the pathology. Botha and Craffert (1995: 16) pose relevant questions to those who affirm that, if the historical Jesus should have done some healings, they should have only been the exorcising of demons. It is some kind of psychological treatment in order to alleviate the depression imposed by the system. They question if the solutions offered for demon possession really addressed the problem which caused it. They also doubt that the supposed radical egalitarianism provided by Jesus could really have addressed the socio-political problems (possessions) of the Roman occupation. And they are sceptical about how a group propagating eternal privileges for insiders and calling their hero master could be seen as egalitarian. For this reason, it is highly probable that Jesus was regarded as someone who had special powers for curing and healing all the diseased who came to him. The Compton’s Interactive Encyclopaedia states that, “Early records indicate that illness was generally thought to be caused by unseen demons or evil spirits that entered the body where it was most vulnerable. Today, in much the same fashion, disease is said to be caused by creatures invisible to the naked eye that enter the body. They are called organisms, germs, viruses, or even bugs. This perception of the situation is looked upon even by many physicians as not entirely proved. They see health as being related to the whole person.” The association of many diseases with possession by demons should be understood at the level of popular belief during Jesus’ time of what was behind diseases. This kind of association is not strange in our days. Many lay persons, like me in the medicine field take for granted that disease is caused by virus or bacteria, and it would be natural to say that doctor X gave Y a medicine which killed or removed the bacteria which were responsible for Y’s disease, even without an idea of what a bacteria or virus is. The experience of Aids has struck our people in such a way that at the popular level every threatening disease is associated with
Aids, even in the case where the disease has nothing to do with HIV Aids. So, even if from the modern medical point of view Jesus could not cure diseases but heal illnesses, it is highly probable that his own people regarded him as someone who could both heal and cure. Borg (1984: 59) asserts that the tradition of Jesus as known healer is firmly attested. He says that Jesus' healings are both confirmed by his followers and his adversaries who accused him of performing his wonders by the power of Satan (Borg, 1994: 60). The reported healings of Jesus are very remote from our worldview, and there is no way of assessing them in order to have an objective analysis and draw trustworthy conclusions. The conclusions we may reach are many times conditioned by, or a reflex of our beliefs in his ability or disability to heal. But if we take into account Kleinman’s statement that, “Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability. Illness is the lived experience of monitoring bodily processes. Illness involves the appraisal of those processes as expectable, serious, or requiring treatment. The illness experience includes categorizing and explaining, in common sense ways accessible to all the lay persons in the social group, the forms of distress caused by those pathophysiological processes” (1988:3), we are forced to admit that at least Jesus was seen by his people as one of the solutions for treating illnesses.

4.2.3 Jesus’ initiation

It is astonishing, and many times without any reasonable explanation, how people who are illiterate can work some wonders in a healing field, to which the scientific world has no access. We can choose to ignore their deeds, we can label their work as some kind of cheating and other names. But the truth is that many people, especially in Africa, believe in these healers and use their services. Where did they get their knowledge, and why are they accepted by people as
healers, even in an environment in which their role is portrayed in a very negative way? The answer is that they have undergone a very special school, which enables them to do their astonishing healings and curing. They did not sit for seven years in a medical school to be medical doctors, they do not have any certificate which allows us to see that they were tested and approved to exercise their profession. But, they have undergone an experience which credited them with power to make a diagnosis, medicate, and produce the drugs for healing and curing, and this experience comes invariably from an initiation process, which is peculiar to each traditional healer. So what about Jesus? If he was not a medical doctor how could he get his healing abilities? Some scholars do not discard the possibility that Jesus as a healer has undergone the process of ritual initiation. In this subsection I am going to explore the similarities and differences between Jesus’ and the phenomenon of initiation on African traditional healers.

Victor Turner says that the ritual of initiation is a process of status transformation, and it is characterised by having three different phases. According to Turner (1969: 166), a person undergoing a process of ritual transformation experiences separation, liminality, and aggregation, also known as *preliminal, liminal, et postliminal* (Turner, 1969). In the separation phase the individual is removed from his or her habitual space, and he or she also experiences separation in terms of time and people. The neophyte is removed from the ordinary rhythm of his or her group’s life. The rite of status transformation often takes place in a different space from the one the neophyte lives. The flow of time in a ritual process is often different from the normal flow of time. It is broken into pieces and redistributed in very unusual ways. The second stage in a rite of status transformation is the liminality, an expression which comes from the Latin word *limen*, meaning threshold. This is the phase in which the process of transformation occurs. The neophyte is characterised by having an ambiguous status, he or she has left his or her former status, but he or she did not yet assume the next status. According to Turner (1969: 95) “Liminal
entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonal. As such, their ambiguous and indeterminate attributes are expressed by a rich variety of symbols in the many societies that ritualise social and cultural transitions. Thus, liminality is frequently likened to death, to being in the womb, to invisibility, to darkness, to bisexuality, to the wilderness, and to an eclipse of the sun or moon.” So, the neophyte’s identity virtually disappears, he or she is nobody, his or her reference has been removed from him or her. The neophyte liminal phase is characterised by lawlessness, and sacredness in opposition to the secular, structured and hierarchical world. During the liminal experience s/he who is high experiences what is like to be low. Turner (1969: 168) points out that, “The liminality of those going up usually involves a putting down or humbling of the novice as its principal cultural constituent; at the same time, the liminality of the permanently inferior contains as its key social element a symbolic make-believe elevation of the ritual subjects to position of eminent authority. The stronger are made weaker; the weak act as though they were strong. The liminality of the strong is socially unstructured or simply structured; that of the weak represents a fantasy of structural superiority”. By the end of the liminal stage of the ritual of status transformation the neophyte is usually tested to see if he or she is ready to comply with his or her new role. After this we have the aggregation, in which the neophyte returns to society with his or her new status, and is ready to fulfil the role to which the ritual has prepared him or her.

The ritual of status transformation is also rich in symbolisms. Turner (1969: 95) says that liminality, marginality, and structural inferiority are conditions in which myths and symbols are generated. Ritual symbols are involved in social process, and are related to internal change and adaptation to external environment. They are used as a medium of achieving certain goals in the ritual process.
Turner’s model of the ritual process refers mainly to rituals which he observed when he carried out research in some African societies. Since we do not know where Jesus acquired his prophetic, and healing abilities, we will try to understand his career as a prophet, and healer, as coming from a ritual process in a similar way which many African traditional doctors undergo in order to acquire their healing abilities, or their recognition as potential healers.

Besides the stories of Jesus’ birth and infancy in Mathew and Luke, we know nothing about Jesus before his baptism, only after his baptism, did he become a known public figure. It is from nobody that Jesus became, after his initiation, a known preacher, prophet, healer or teacher depending on the angle from which we look, who attracted the mob, and worried the elites.

According to McVann (1991: 336) “Ritual constitutes a highly significant aspect of life in society. It is a symbolic form of expression which mediates the cultural core values and attitudes that structures sustain a society. As such, ritual is mode of education which socializes its participants how to fit for life in their varying statuses”. McVann uses Luke 3:1-4:30 to apply Turner’s model of ritual of status transformation to Jesus. According to McVann (1991: 341) that passage marks a narrative and a ritual passage. He points out that the twelve year old Jesus we find in Luke 2: 42, and the one we find in Luke 3:1 is a private person, but in Luke 4:14 he has become a public figure with a new, clearly defined role and status. McVann goes on to say that this sudden change can be understood in terms of ritual process which transformed Jesus from private person to public prophet.
The beginning of Jesus’ ministry is characterised by events and elements which allow us to resort to a ritual of initiation in order to understand his role as a prophet and a healer. In the gospel’s account of Jesus’ baptism we have the following elements:

Neophyte: Jesus

New role: prophet, healer, preacher, teacher, etc...

Elder: John the Baptist

Examiner: the devil

Symbols: Jordan River, water, desert, mountain, temple, bread.

Ritual process:

Jesus had to move from Nazareth to the river Jordan in order to be baptized: “in those days Jesus came from Nazareth of Galilee and was baptized by John in the Jordan” (Mark 1: 19).

John has predicted that someone stronger than him was coming (Qs 5\Q 3: 7-10). So, whether John was aware or not of who Jesus was, we have in this account the reversal of power: the weak, John the Baptist, who represents a fantasy of structural superiority over Jesus, the one he predict was stronger than him, but still he had power to cleanse him by the act of baptism. After baptism, another element is introduced: the possession by the Holy Spirit as Davies (1995) puts it.

It seems that Jesus has, at his baptism, received a power which needed to be tested by ordeal, like every shaman or prophet, therefore he is moved to the desert.
I have mentioned before that things such as a desert, water, Jordan River have a very strong symbolic meaning in Israelite culture. The Israelites have wondered through the desert for forty years before entering Canaan. Prophets like Elijah and Elisha are also reported to have been tested in the wilderness (cf. 1Kgs 19: 8-14; 2Kgs 2: 11-14). The Jordan River was the boundary between the Pagan world and the people of God: “and the boundary shall go down to the Jordan, and its end shall be at the Salt Sea. This shall be your land with its boundaries all round” (Num 34: 12).

The water is also a symbolic element of great importance in Israel, the first account of creation states that the world and everything was created from the water (cf. Gn 1-2:1). The waters of the flood were also used to cleanse the earth from its corruption (cf. Gen 6-7). So, symbolically we have Jesus who crosses the boundary of Israel through entering in Jordan, whose old status dies through John’s baptism, possessed by Holy Spirit and led to the desert for instruction.

Jesus’ time in the wilderness is also very symbolic: It is said that he stayed in the desert for forty days and forty nights. Elsewhere we have that the flood rain poured on the earth for forty days and forty nights (cf. Gen 7: 12), the Israelites wondered in desert for forty years (cf. Exod 16: 35), and Moses stayed in the mount Sinai to receive the commandments for forty days and forty nights (cf. Exod 24: 18). During the temptation, Jesus and the tempter switch from place to place in a hallucinating time framework, they are reported to start their dialogue in the desert, and from there they are said to be on top of the temple, and after that they are reported to be on a very high mountain (cf. Qs 6:Q 4: 1-11; Matt 4: 3-11; Luke 4: 2-13).

McVann (1991: 340) observes that ritual of status transformation involves confrontation as a final step in the neophyte’s achievement and public recognition of the new status. He goes on to
By the end of Jesus’ liminal stage it is, after forty days corresponding to forty years the Israelites wondered in the desert, Jesus suffers confrontation (Qs 6\Q 4: 1-11). It is said that the accuser (Ω πειράζων) came and tried him. After the forty days in the wilderness, it is said that Jesus was hungry because he did not eat anything during that period. And the first confrontation he suffers is related to bread. The accuser tells him to turn stones into bread to prove that he is the son of God (Qs 6\Q 4: 2b). The bread plays here a very important symbolic role. It recalls the manna story in the desert. The Israelite’s grumbling for bread in the desert on their way from Egypt to Canaan:

> They set out from Elim, and all the congregation of the people of Israel came to the wilderness of Sin, which is between Elim and Sinai, on the fifteenth day of the second month after they had departed from the land of Egypt. And the whole congregation of the people of Israel murmured against Moses and Aaron in the wilderness, and said to them, "Would that we had died by the hand of the LORD in the land of Egypt, when we sat by the fleshpots and ate bread to the full; for you have brought us out into this wilderness to kill this whole assembly with hunger." (Ex. 16: 1-3)

While on the one hand the Israelites did not trust God’s word, and yielded when the hunger threatened them, and were desirous to go back to their old statuses as slaves in Egypt, Jesus on the other hand does not yield to hunger, he asserts that “a human being shall not live by bread alone” (Qs 6\Q 4: 3c). Only after passing the test, is Jesus empowered to begin his ministry.

Aggregation: After the test we have Jesus who preaches the Kingdom of God, heals and teaches. He goes back to society in his new role of prophet and healer. In this way from an African
traditional perspective we can interpret Jesus baptism and temptation as his initiation, and empowerment to the task he was going to perform.

4.2.4 Jesus as a Popular Prophet

Popular Prophets in Israel acted as defendants of the mass interests against the agenda of the Temple/state. In this subsection I am going to study Jesus’ prophetic role in the light of the Old Testament popular prophets.

Before the establishment of monarchy in Israel the prophetic role was both of delivering God’s message, and organizing the Israelites’ military actions against the neighbour states, as it is the case of the judges. But with the advent of monarchy, there was a split between the function of God’s messenger and that of military leader. However, because of violation of Israelites’ covenant with Yahweh by the kingship and the state religious institution, some prophets assumed both roles of messengers and subversive leaders. Horsley (1985: 139) points out that, “The biblical narratives about Elijah and his successor, Elisha, indicate that the prophets as both messengers and leaders of movements continued long into the monarchical period in the northern kingdom of Israel, if not in the kingdom of Judah”.

According to Hebrew Lexicon Dictionary (Brown D Briggs), a prophet is a person authorized to speak for another. It is usually a translation of (נֵיבִּים), spokesman, speaker. A prophet was anciently called (יִנָּה), the change probably occurred in times of Elijah and is first reflected in Ephraimitic literature as applied to Abraham; Moses, and other early prophets. In time of Samuel prophets were organized in bands, and in time of Elijah were known as (בּוּבְּרָסֵת), that is, members of prophetic guilds. Other nouns used for prophet are (וֹנָף), and (יִנָּה) both meaning seer, or man of God (יִנָּה). The decisive feature of the Old Testament
prophecy was the word ( דבר). The prophet has to pass on the word of God ( דברי ה' יהוה), which he receives, to the people. However, the activity of the prophets was not limited in passing the word of God. They were active in denouncing exploitative and abusive acts of the ruling elites, specially since the establishment of monarchy in Israel. Unlike the priesthood and the kingship, which were hereditary, creating in this way a ruling hegemony, prophecy was considered a special call by Yahweh. The prophets were from different backgrounds, but many were from a peasant background (cf. Amos 7: 14; 1Kgs 19: 19). Richards (1985: 810) points out that, “A relatively early understanding of Moses as a prophet clearly envisions a political prophet like Elisha”. So, these prophets were engaged in pronouncing oracles against the temple/state institution, and in leading popular insurrections against the monarchy. These prophets served as representative of what Scott calls the little tradition. On the one hand we have a priesthood, and kingship which were thought to be ordained by God, but which systematically violated God’s covenant by exacting heavy taxes, using forced labour (cf. 1Kings 12: 3-18), seizing peasants fields (cf. 1Kings 21: 2-16), and other kinds of transgressions. On the other hand, we have the peasants who, bound by Mosaic laws and for security reasons, felt the obligation of paying services to the temple, and supported a state which was becoming more corrupt. The priestly class was not able to defend God’s covenant since it was compromised with the kingship and its share came also from exploitation. To feel comfortable about this, the priesthood and kingship devised a theology which defended the position that suffering was a result of sin (cf. Ps 11: 6), it is God’s punishment, while prosperity was a result of righteousness, it is God’s blessing (cf. Ps 5: 12). The popular prophets appear as alternative keepers of God’s covenant. Their authority does not come from secular or religious background, but from their ability to take counsel with God, and pass on his message to the people. The proof of their authority was the fulfilment of their oracles, or their capacity of using God’s power for healing. In the same fashion, Jesus used
healing to legitimise his message, and role as God’s messenger (Warrington 2000: 2). Horsley (1993: 181) points out that, “Healing and other ‘miracles’ by popular prophets who had been charged by God with rallying the people to resistance against domestic oppression and foreign influence, were well known from the biblical traditions of Elijah and Elisha”. These prophets represented the peasant understanding of what was the meaning of God’s covenant as something which embodied fair relations in opposition to ritualistic cult imposed by the laws of the temple/state, which were used as a way of exacting the peasants’ surplus. Scott (1989: 6), points out that, “There is something systematic about slippage between religious and political ideas as understood and practiced in the city by the elite which is scarcely random or accidental. The social characteristics and ideas of the great tradition adherents differ in clear and in identifiable ways from the social characteristics of its little tradition adherents. The former, taken broadly, live in large differentiated cities when much of their life is governed by impersonal legal norms, are generally middle or upper class, and are masters of a written tradition. The latter, also taken broadly, live in small relatively homogeneous villages where much of their life is governed by local custom are generally lower-class subsistence-oriented producers and are part of an oral tradition To the extent that this gross characterization has any validity, it alerts us to the fact that religious and political ideas may each be transformed in comparable ways as they reach the peasantry”. For the great tradition, sacrifices and offerings was all that God needed from people, while from the little tradition of the peasants God was not pleased with sacrifices and offerings, but with just and fair relations among people:

Even though you offer me your burnt offerings and cereal offerings, I will not accept them, and the peace offerings of your fatted beasts I will not look upon. Take away from me the noise of your songs; to the melody of your harps I will not listen. But let justice roll down like waters, and
righteousness like an ever-flowing stream (Amos 5:22-24).

Jesus appears in a scenario where the relations between the temple authorities and the peasants were not the good ones. Peasants had ambivalent attitudes in relation to temple and Jerusalem. On the one hand they loved it because it represented their identity as Jews or people of God. But on the other hand they hated it because it was used as a vehicle for their exploitation and marginalization. Sanders (1985: 270) affirms that, “The temple was the pride and joy of Jewry, both at home and abroad. Lots of people criticized the priesthood. High priests in particular would come and go and would be replaced by secular rulers. Many were unworthy of the office. Even so, merely donning the robes gave them prestige and authority in the eyes of others”.

Using this prestige, and rules of purity enforced by the Sadducees and Pharisees described in Mark as those who came down from Jerusalem (cf. Mark 3: 22; 7:1), the priestly aristocracy continued to exact the peasants’ surplus, even in times when Palestine was under the control of the Roman empire and its client rulers.

This leads to the question of holiness which seems to have been at the heart of Jesus’ prophetic activities as well as his dispute with some Jewish groups. Purity in Judaism had been emphasised since the return of the Babylonian exiles. It meant separation from everything which was regarded as pollution including intermarriages (Ezra 9-10).

“The holiness of God was understood to require protection, insulation from sources of defilement; so Israel as holy necessitated separation from the contagious of uncleanness. For uncleanness was not simply a lack of cleanliness, but power which defiled” (Borg 1984: 134).
The understanding of purity changed its meaning from ancient Israel to the post-exilic period. Mary Douglas (1966: 41) states that, “Defilement is never an isolated event. It cannot occur except in view of a systematic ordering of ideas. The only way in which pollution ideas make sense is in reference to a total structure of thought whose key-stone, boundaries, margins and internal lines are held in relation by rituals of separation”. Mary Douglas uses this principle to study the purity laws of Leviticus. She concludes that the idea behind the Leviticus abominations is to draw boundaries around the Israelites and within the different social classes. Crossbreeds and other confusions are abominated (Mary Douglas, 1966: 53). She goes on saying that, “holiness is exemplified by completeness. It requires that individuals shall conform to the class to which they belong. And holiness requires that different classes of things shall not be confused” (Mary Douglas, 1966: 41). She concludes her discussion by saying that “the dietary laws functioned as a sign which inspired the oneness, purity and completeness of God” (Mary Douglas, 1966: 57). While Mary Douglas’ analysis of the impurity laws in Leviticus makes sense, and we can see the intensity of resorting to these laws to define who was a true Israelite in the post-exilic period, the degree to which these laws were observed by the pre-exilic Israelites is questionable. Some passages in the book of Joshua, and Judges indicate that the Canaanites for example cohabited with Israelites (Josh 16:10; 17:12). We have also some stories of intermarriages (cf. Judges 14: 2;). David’s great grandmother was a Moabitess. Solomon was famous for his many foreign wives (1Kgs 11:1), and the Israelites’ hero Samson could get honey from an animal carcass (cf. Judge 14: 9). The laws of purity were imposed to a nation before the exile, and it seems that their observance was not as strict as in the post-exilic period. In this period, Israel did not exist as a nation, but it was the laws of purity which created the nation. The true Israelite was no longer defined in terms of blood only, but in terms of purity according to the
law. We have a clear attempt of purging the Jews from everything considered crossbreeding (Ezra 10: 44), and the enforcement of purity laws which draw boundary around those who were considered true Israelites. Impurity was thought to bring God’s anger and the consequent punishment (Deut 11: 16). Borg (1984: 52) says that, “upon the achievement of holiness depended the future security of the nation”. He continues saying that in the Jewish conception, holiness was separation from all that was considered unclean, including people who were not Jews. And centrality of purity laws in Jewish affairs continued to some extent until Jesus’ time.

It is worth noting that in spite of the existing differences among Jewish groups around Jesus’ time, each group claiming the status of the true Israel, and regarding others with suspicion (Borg op cit 68), all of them, from their own perspective, took seriously the question of purity.

Herzog II (1994: 28) says that the purpose of elite-controlled education was to legitimate the extraction of peasants’ surplus, inculcating in them ideologies camouflaged as the right social order. Although peasants and other exploited groups have their own views of what is the right social order, many times they internalise their elite’s purity rules, thus participating in their own oppression. But we cannot take it for granted that the enforcement of purity laws was highly controlled to the point of prosecuting anyone who did not observe them, as the gospels picture Jesus’ dispute with Pharisees. Those who lived an intensified holiness could only regard the others as ‘impure’ Jews as ‘low rank’ or outcast Jews (Borg op cit 68). Moreover the then fractiousness of Judaism into different groups, and the foreign dominion over Jews would not legitimate any Jews group to prosecute other Jews who interpreted some purity rules in different way. Moreover Galilee was in separated jurisdiction from Judea.
The claim that the Galileans were generally loyal to both Temple and Torah has to be argued against the evidence adduced. The many centuries of separate historical experience, followed by a century of Galilean subjection to the Jerusalem temple-state, suggest that the historical regional differences and different class interests may have outweighed whatever bonds may have been established during the century of troubled Jerusalem rule in Galilee. The Christian gospels are the only sources that portray the scribes and Pharisees active in Galilee during the early first century as representatives of the Jerusalem authorities. The historical credibility of such stories will depend upon complicated historical reasoning that considers a variety of circumstances and factors. Given the institutional political-economic-religious structure in the first century Palestine, if there was any representation of Jerusalem interests in Galilee, scribal retainers of the temple-state such as the Pharisees would have been the obvious candidates (Horsley 1996: 33ff).

The disputes presented in the gospels are not at all convincing. In Mark 2: 5ff the scribes accuse Jesus of blasphemy (even though, according to the Evangelist they did not utter any word), because he told the paralytic man who was lowered from the roof that his sins were forgiven. The passive voice here would surely lead Jesus’ hearers to understand that he was saying that God has forgiven the man’s sin, therefore ruling out any possibility of blasphemy. In Mark 3: 1-6 we have the story of the healing of a man who had a withered hand on a Sabbath, which leads to counsel between Pharisees and Herodians in order to kill Jesus. The first impression we have is that Jesus has broken an important law of not working on Saturdays, but if we look carefully at the text, we will see that Jesus did not do any work at all, if it is assumed that work is related to physical exercise. Jesus just told the man with withered hand to stretch his hand, and we do not know any case where speaking was prohibited on Jewish Sabbaths. It should be something serious which made the Jews seek Jesus’ death. It seems that he turned up side down the fundamentals of Jews beliefs. His healings were understood as usurpation of the temple’s prerogative of forgiving sins. With his healings, Jesus dismissed the long time structure of religious purity, the powerful tool used by elite to extract the peasants’ surplus out of their suffering. Horsley (1993: 183f) states that, “For the mass of ordinary people whom the system
must keep in order, such an understanding of suffering or sickness can become *domesticated*. In accordance with this understanding, they in effect blame themselves for their problems while they simultaneously accept the necessity of an institutionalised system of atonement (sacrifices, and offerings) in which God’s forgiveness is conditional and is channelled through official mediators and regulators. Now if Jesus, when healing people’s disorders, also dealt with the people’s sense of sin in which, they and their officials believed, their sickness was rooted, then he would have been challenging the religious means by which the people were thus *domesticated*. He acted like the Old Testament popular prophets who working wonders in order to prove the divine origin of their mission, and make their claims accepted by the people, led peasant insurrection against the rulers’ exploitation. Although Jesus did not promote a violent insurrection against the religious-politic system of his time in style of Elisha who instigated a rebellion against Joram and eventually replaced him by Jehu (cf. 2Kgs 9:1-24), he undermined it by offering all or nothing alternative to the peasantry. He refuted the relationship between suffering and sin, offering God’s kingdom to the poor, unconditional forgiveness, and healing on the one hand, while uttering judgement and condemnation to the rich. There are facts which indicate that Jesus was a threat to the elite’s source of wealth. If we take for example the controversy of eating purity (Mark 7: 14ff), on saying that nothing outside a man which goes inside him can make him impure Jesus is attacking the root of all eating impurities which has direct effect on the elite’s incomes. In Leviticus 5: 1ff we have a series of impurities related to eating where the guilty has to bring an offering to the ‘Lord’ for atonement for him for his sin. The implication of Jesus’ teaching about eating could not be well viewed by those who benefited from it. More threatening than this were his healing activities. Crossan (1991: 324) points out

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8 Crossan (1992: 322) points out that Jesus’ healings were a threat to the Temple’s authorities. He uses the story of the healing of a leper who is cured, and declared clean by Jesus, and afterwards sent to the priests according to Moses law, to be declared. Crossan states that “the original story of the leper’s cure involved only that first point, and it showed Jesus precisely as an authoritative healing and purifying alternative to the Temple.”
that, “When Jesus with a magical touch cured people of their sickness, he implicitly declared their sins forgiven or non-existent. All of this was religious-politically subversive”. Arguments over the law, over who was clean, over who was prominent, and who was deviant were a power struggle. Any pedagogy threatening the policy of the great tradition in defining the world was an enemy of the social order (Herzog II op cit 28).

The act, which definitely shows what Jesus thought about purity, is the attack he launches against the super institution of purity in the so-called cleansing of the Temple. In it, Jesus overturned the Temple ideology in all aspects, (Borg 1994: 195). There are some indications which make the cleansing motive less probable. First of all we must consider that the vocation of the Temple was the practice of sacrifices. The second aspect we have to bear in mind is that many Jews who lived far from Jerusalem would not be able to bring animals in condition to be sacrificed, so they needed the temple currency in order to buy unblemished animals for sacrifice. It was imperative to the normal functioning of the Temple to have services of money exchangers, and animal sellers. It would not be regarded as Temple defilement, but aiding tools for its normal running. “There was not an original time when worship at the Temple had been pure from business which the requirement of unblemished sacrifices creates. The business arrangements around the Temple were necessary if commandments were to be obeyed” (Sanders 1985: 63). It is obvious that Jesus did not wish to purify the Temple of its improper usage, but it seems that he indicated its end. Jesus action in the Temple symbolised its destruction (Sanders op cit 70). So we can see that Jesus’ action in the Temple was an attack to the very heart of religious purity, the Temple. “Jesus action in Temple was not a cleansing, or a purification of the Temple, but virtually the opposite. It was anti-purity rather than pro-purity: a protest against the Temple as the centre of purity system that was also a system of economic and political oppression” (Borg
The Temple episode is Jesus' final blow in the anti-purity campaign he was leading from Galilee, up to Jerusalem. It is situated in his overall behaviour of challenging Jewish conventions and purity rules. His actions had repercussions in all aspects of Jewish lives.

They have religious implications, since sacrifices were the medium of connecting people to God, and purity was a kind of boundary which separated the Jews from gentiles, and the righteous from the sinners. But it has also economic, and political implications, since the laws of purity were used by elite as means for their wealth accumulation, and political dominion over peasants, and the Temple represented the transactional vehicle where the peasants bought purity with their produce. Jesus' healings functioned as an alternative to the Temple's purity system for the peasants, and the Jewish elite who had in the temple's purity system its sources of revenues could not tolerate this.

4.3 Jesus as a healer and exorcist

In this subsection, I am going to discuss some of Jesus' healings from the perspective of Mark and the Q (quelle) source.

In the previous subsections of this chapter I have discussed extensively Jesus as a healer from a historical perspective. What is clear to me is that one cannot avoid the fact that definitely one aspect of Jesus' ministry was healing, and his people regarded him as a healer. The main problem is what kind of healing did he practice, and what the gospel authors meant by the word \( \text{θεραπεύω} \) when speaking about his healing activities. According to Louw-Nida Lexicon of the New Testament (1906), \( \text{θεραπεύων} \) means to cause someone to recover health, often with the implication of having taken care of such a person, to heal, to cure, to take care of, or act of healing. Liddell-Scott Lexicon, states that \( \text{θεραπεύων} \) means to treat medically, to heal, or...
cure. Therefore it is objectively impossible to determine exactly what Jesus did, or was believed by his contemporaries to have done in the medical field. What is clear is that each historical Jesus scholar used his or her own background and beliefs as the starting point for understanding Jesus’ healing ministry. My background and beliefs as an African begin from the point that healing and curing should be regarded as a wholistic (or holistic) way of dealing with diseases. It means that disease and its cure are related to many things, including the physical and psychological conditions of the patient, and I believe that cure/healing can be performed by people who did not, in the modern sense, receive formal training in medicine, but are gifted with certain healing powers, and were initiated in order to make the proper use of these powers.

On reading the gospels, one feels that teaching and healing are consistent features of Jesus’ ministry throughout the gospel narratives. The announcing of the kingdom of God and the healing are two sides of the same coin in Jesus ministry. In the popular prophets subsection I have discussed the fact that popular prophets did not enjoy any previous official authority until they proved by might acts that they were indeed messengers of God, and because of their subversive acts against the official religious and civil authorities, they were hated and feared by these.

As far as we know, Jesus did not enjoy any kind of official authority. According to the gospel accounts he was an artisan (cf. Mark 6: 3). According to Lenski’s model artisans were usually people who have lost their lands, and poorer than peasants in most of the cases. They were dependent, and despised because of manual labour, which was viewed as degrading. Therefore, Jesus’ words and his challenge to authorities would be meaningless without anything which could give him some importance, and make his challenge a real threat to authorities. And that
thing. I believe, was his ability to heal. This ability enabled him to attract the mob, and make his subversive teaching be of great threat to the established religion. The priests’ accusation against Jesus before Pilate was that, "He stirs up the people, teaching throughout all Judea, from Galilee even to this place” (Luke 21: 8). The story of Beelzebul (Q 11: 14-26; Mark 3: 22), which does not seem to have been invented by the authors of Q or Mark, but is likely to be coming from Jesus’ adversaries, because of the negative connotation it portrays Jesus healings, and its potentiality of destroying Jesus’ reputation as God’s messenger, also prove that Jesus was known both by his followers and adversaries as a successful healer.

4.3.1 The healings in Q

“Q” is a hypothetic source, which New Testament scholars believe was used together with Mark by the authors of Matthew and Luke to compose their gospels. This source consists mainly in sayings, and teaching of Jesus, and very few deeds. There is only one healing story in this source. One of the most peculiar features of this source is that it is composed by collection of sayings and teachings without relation to each other, it looks as some remembered chunks of Jesus’ sayings in different contexts were gathered together outside their context. But our interest in this paper, are Jesus’ healings in this source. Notwithstanding the paucity of healing stories in this source, it is evident that the acknowledgement of Jesus as a healer is still central to how the community behind “Q” understood his significance. Responding to John’s disciples about who he was, Jesus tells them to go and say to John the things they have seen Jesus doing and those they have heard about him: the blind see, the lame walk, lepers are cleansed, the deaf people hear, the dead are raised, and poor people hear good news (Q 7:18-35/Qs 16). It is clear to me that the people of Q knew very well that Jesus’ teaching went side by side with his healings and other miracles. If Q as it is believed is a primary source, then it is highly probable that many of
those who had experienced Jesus’ healings were members of the community behind Q, and thus they had no need to have someone telling them about Jesus’ healing stories, but keep as much as possible the memories of his teachings. The only healing which is reported in this source is that of a child or servant of a centurion (Δ πατς). This healing is peculiar, and remarkable. It hardly confirms Crossan’s theory of community re-integration healing, and Hollenbach’s mental depression healings. The object of healing is a Roman military commander who had nothing to do with Judaism, who felt that Jesus as a Jew would be defiled if he entered his house (Q 7: 3/ Qs 15). He has his child or servant diseased to death, and not someone depressed by social and economic situation of first century Palestine, and Jesus is said to have healed the child or servant without even making any physical contact with him, it is without any exorcism. Draper (2000: 19) argues that the healing of the centurion child, and the widow’s orphan in the Luke version of Q serves as an authentication of Jesus’ teaching, which makes him in the sight of the people a prophet like Moses. So, from the Q perspective Jesus was a teacher and a healer, regardless the fact that there are not many healing stories reported, it is clear from this source that Jesus was perceived as someone who had also power over diseases, and his healings were not limited to Jews but to all those who came to him with faith that he could help them recover their health.

4.3.2 Healings in Mark

It has become a consensus thing among New Testament scholars to regard Mark as first written gospel among the New Testament Books known as gospels. In fact the author of Mark is recognised as the pioneer of the literary genre known as gospel. Differently from the source Q which is a collection of Jesus’ sayings, Mark presents Jesus’ ministry in a form of a continuous narrative. Mark’s narrator is omniscient, he has access to innermost thoughts of Jesus’ audience,
including of Jesus himself (cf. Mark 2:6; 8: 6: 49). Jesus’ teaching or polemic against the Pharisees and Scribes is quite often introduced, or followed by a healing or exorcism. Right from the beginning of his account of Jesus’ public appearance, the author of Mark reports Jesus teaching (ἐδίδασκεν) in a synagogue with an authority which the scribes did not have (διδάσκων αὐτοὺς ὡς ἔξουσίαν ἔχων καὶ οὐχ ὡς οἱ γραμματεῖς), and to confirm that authority he exorcises a man with unclean spirit (ἀνθρώπος ἐν πνεύματι ἀκαθάρτῳ), and immediately his fame as healer and teacher spreads around. Hendrickx (1987: 52) points out that, “The framing of the exorcism story shows that in Mark exorcism serves as an illustration of Jesus’ teaching with authority, which caused the hearers to be beside themselves with astonishment”. Another fact which is important to mention here is the disclosure of Jesus’ identity, (ὁ ἁγιός τοῦ θεοῦ) the holy one of God, which confirms Jesus’ identity in Mark’s introduction: (Ἄρχη τοῦ εὐαγγελίου Ἰησοῦ Χριστοῦ νικῶ θεοῦ) the beginning of the gospel of Jesus Christ Son of God (Mk 1: 1), and also serve as confirmation of the heavenly voice in Mark 1:11 which identified Jesus as the Son of the speaker (Σὺ εἶ ὁ υἱὸς μου).

Twelftree (1999: 56) affirms that, “The close relationship between the miracles and the teaching of Jesus is demonstrated by the synagogue setting and highlighted when the amazed crowd asks what is this - a new teaching with authority. What is new is that Jesus’ teaching is realized or incarnated in exorcisms. Jesus is identified through both his teaching and his healings”.

Subsequently, for the author of Mark, Jesus’ healings or miracles are not a subsidiary aspect of his ministry, but an integral part of it: they are authentication of Jesus’ authority as God’s messenger.
4.3.2.1 The healing of Simon’s Mother-in-law Mark (1: 29-31)

The healing of Simon’s mother-in-law appears in the Mark’s narrative after the synagogue episode in which Jesus taught with authority and exorcised an unclean spirit. The setting of this healing is at Simon’s home. He is told that Simon’s mother-in-law was lying down sick with fever (ἡ πενθερά Σίμωνος κατέκειτο πυρέσσουσα). According to Louw-Nida Lexicon one meaning of κατάκειμαι is to lie down, often with the implication of some degree of incapacity so, we can infer from the description of her sickness behaviour that she was experience the pains of malfunctioning of body, it is not likely that she was lying down crushed by the heavy machinery of Roman occupation, but simply experiencing a discomfort, and pains of a disease. This healing involves only touching, the Evangelist says that Jesus gave her a hand (κρατήσας τῆς χειρός), and the fever left her (καὶ ἀφῆκεν αὐτήν ὁ πυρετός). Jesus does not utter any word to perform this healing, there is no mention of forgiveness, or faith motive as in other healings, just uses a simple touching to perform this healing. Hendrickx (1987: 65) observes that, “The synoptic accounts of the healing of Peter’s mother-in-law no longer allow us to determine exactly what was the intention of Jesus when he accomplished this healing, nor what precise significance the very first witnesses attributed to it”. This miracle is apparently performed with the circle of believers. Therefore without the need of Jesus’ authentication of his authority, and it is not either likely this healing was on the level of social reintegration of that woman, since Jesus disciples would have learned from him that disease was not equal to uncleanness. It is probably that she was part of Jesus’ community since she was his disciple mother-in-law, and she was apparently living in the house of that disciple (cf. 1: 29). Hendrickx (1987: 68) points out that, “Miracle stories often end with the awe of the crowd or the testimony of the healed person, but here the final motif stresses the completeness of healing”.

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Therefore, we can conclude that in that healing Jesus did not only intervene in the psychological realm, but also in fixing the bodily machine to restore Simon’s mother-in-law to health.

4.3.2.2 The Cleansing of a leper (Mark 1: 40-45)

In between this healing story and the former we have a series of healings and exorcisms at the sundown of the day Jesus healed Simon’s mother-in-law. The author of Mark reports that Jesus healed many with various diseases (ἐθεράπευσεν πολλοὺς κακῶς ἐχοντας ποικίλας νόσοις) and cast out many demons (καὶ δαμόνια πολλά ἐξέβαλεν). The use of the adjective ποικίλος (diverse, various, different, all kind) referring to diseases (νόσοις) is very suggestive: It suggests that we cannot objectively categorise in one set the kind of illness or diseases Jesus dealt with. In spite of apparent predominance of cases of demon possession, and casting, one cannot associate various diseases of Mark 1: 34 with demon possession. Moreover, demon possessions seem to have a strong theological function in Mark’s account of Jesus’ healing: in spite of being unclean spirits, they had knowledge beyond human beings, so they could testify the divinity of Jesus. What is more convincing about Jesus’ divinity to a reader who lives in a world where people believe in the existence of spiritual powers, rather than hearing from them the true identity of Jesus? Therefore, I suspect that many demons were associated with Jesus’ healings to function as witnesses of Jesus’ identity to the gospel readers, to whom the silencing of the demons by Jesus could not be silent.

Leprosy is one of among the frequent diseases Jesus is reported to have dealt with. Hendrickx (1987: 87) points to the fact that, “Leprosy was considered as disease which befalls and leaves a person. Nevertheless it is not necessarily considered as disease of demonic origin”. And, if
Hendrickx observation is right, we can preclude at least in leprosy healings the exorcising of
demons, since possession was not associated with it. In the verses 40-45 we have the story of
cleansing of a leper. The evangelist says that a leper came to Jesus, beseeching him for healing.
Scholars have demonstrated that the leprosy referred in the Bible is not the same as the leprosy
(Hansen disease) caused by *Mycobacterium leprae*, as we know it today. However, this disease
as it was known in Jesus’ time was repulsive and noticeable. In the Old Testament we have cases
in which people were affected by leper. We have reports that even some people of higher status,
such as the Syrian commander Naaman (cf. 2Kgs 5:1), and Azariah the king of Judah (cf. 2Kgs
15: 5) were affected by this disease. Crossan (1994: 82) suggests that the leper healed by Jesus
should have experienced the healing of illness, it is the healing from uncleanness, isolation, and
rejection, and not the healing from the disease. It means that he should have continued with his
repulsive skin. How to explain the rejection of a king (Azariah cf 2Kgs 15: 5f or Uzziah cf. 2Chr
26: 20f), who could dare to reject, or exclude someone who is above his status if not for
something considered serious. And if in Jewish society even a king could be excluded because of
that disease what then conferred Jesus the authority of re-inserting the diseased person into the
society without having dealt with the physical problem appropriately? One cannot avoid the fact
that leprosy as it was known in Jesus’ time was a kind of organism disorder, and its healing
implied fixing that disorder before the insertion to society could occur. Moreover, if we consider
that leprosy was seen as a disease which befalls and leaves the person (cf. Hendrickx, opcit: 87),
we can infer that its healing meant, or was understood as the disappearance of the visible
symptoms. The very fact that after the healing the former leper is sent to the priest function as a
proof that curing has really occurred. Twelftree (1999: 61) calls attention to the fact that leprosy
was regarded as a punishment for sins, and that Jesus’ ability to heal it authenticated his
authority to forgive sins.
4.3.2.3 The healing of paralytic (Mark 2: 2-12)

The story about the healing of a paralytic is another which does not attest the theory of reintegration without curing. It seems to belong to the series of the controversial healings, some of Jesus’ healings are notorious by the polemic surrounding the interpretation of what the Jewish elite regarded as right on the one hand, and what Jesus though was right on the other hand. Horsley (1993: 156) states that, “The gospel tradition is full of conflict. Often the conflict is violent. The situation in which Jesus heals and preaches is pervaded by conflict, some of it explicit, much of it implicit in stories and sayings. Most obvious is the conflict between rich and poor or between the rulers and the people. Far from avoiding or transcending such conflicts, Jesus himself enters into them and exacerbates or escalates them”. This can be the case of the paralytic story. The paralytic is brought to Jesus, and he tells him that ‘your sins are forgiven’ (ἀφίενται σοι αἱ ἁμαρτίαι). If the story had ended here, Crossan would be right in saying that Jesus healed by declaring the diseased clean, he is without sins. But the problem rises with the authority of declaring someone clean who is believed to be in that state because of God’s punishment. If it is only God who can declare the sinner clean, the way of knowing that God has done this was to remove the thing which made the person unclean. According to Mark’s narrator, as he tells us about Jesus’ adversaries thoughts, Jesus’ statement would have remained a blasphemy forever, and the paralytic would have continued to be regarded as sinner as well. Jesus’ adversaries might have thought that Jesus was usurping the temple’s prerogative of channelling God’s forgiveness, but what proves Jesus’ authority to forgive sins and make his statement not a blasphemy, and silences his adversaries, is that he fixes the noticeable physical defectiveness of the paralytic. And since God’s forgiveness in the Jewish mentality of that time, was manifested restoration of the good fortune, in that case health, there was nothing Jesus’
adversaries could do but surrender to the evidence that God’s forgiveness was also channelled through Jesus.

4.3.2.4 The Beelzebul Controversy

Mark 3: 22 says that some scribes coming from Jerusalem accused Jesus for using the power of Beelzebul to cast out demons (οἱ γραμματεῖς οἱ ἀπὸ Ἰεροσολύμων καταβάντες ἔλεγον ὅτι Βεελζεβοὺλ ἔχει καὶ ὅτι ἐν τῷ ἄρχοντι τῶν δαίμονίων ἐκβάλλει τὰ δαίμονια). It does not make sense to think that Mark deliberately associated Jesus’ healings and exorcism with the devil. It seems that the author of Mark is reporting an accusation which was actually made by Jesus’ adversaries. The source of this accusation could not be something else but the experience of Jesus’ healing powers from opposition perspective. The scribes could not deny that Jesus was a wonder worker, this was a fact. But as his healings and exorcisms were against their interest as temple retainers, they try to discredit him with the accusation that the power behind his healings comes from the devil. To what Jesus responds saying that if the devil was engaged in doing good things, he would have ceased to exist as a harmful power.

We can conclude this chapter by saying that from the reports we have from the evangelist, and other earlier Christian sources, Jesus was regarded as someone who could heal and cure diseases by his people. We have tried to demonstrate that many scholars who refute that Jesus could cure diseases start from the perspective of their own health care system in order to understand the reported Jesus’ healings and exorcisms. The main problem we encounter when studying Jesus miracles is how to separate the beliefs of our own world from that of Jesus’ world. Botha and Craffert (1995: 11) point out that, “A health care system articulates illness as a cultural idiom, linking beliefs about disease causation, the experience of symptoms, specific patterns of illness...
behaviour, decision concerning treatment alternatives, actual therapeutic practices and evaluations of therapeutic outcomes”. But what is evident from some Jesus’ scholars who are interested in explaining his miracles is that they dismiss the cultural beliefs about diseases, illnesses, sicknesses and their therapy of Jesus’ time, and try to understand from the beliefs of their own culture.
Chapter V

5. The Christian Missionaries and African Traditional Medicine

In this chapter I discuss the impact Christian missionaries made on African traditional medicine, and the prevailing Church’s attitude towards it. I will also discuss the nature of African traditional medicine and its compatibility or incompatibility with Christian faith. I will also study some anthropological findings in traditional medicine done by Henry Junod, a missionary and anthropologist of Swiss Romande Mission among Tsonga people, discuss the attitudes of Tsonga people towards Christianity, modern medicine and traditional healing, and finally I will present and discuss the result of a research done among some Tsonga traditional healers around their profession and Christianity.

5.1 The Missionaries and Church’s impact on African Traditional Medicine

In this subchapter I am interested in discussing what happened with African medicine when the church made its way into Africa. It is believed that the church caused greater damage to African social structures than the colonialism itself. However when radical changes occur in a society what usually happens is transference and accommodation of the former beliefs and practices into a new reality. What I am discussing in this chapter is what the advent of missionaries meant to African medicine.

Christianity is an expansionist religion, after all Jesus has commanded his disciples to preach the gospel to all the nations (Matt. 28: 19). By the time the techniques of navigation were
sufficiently developed, and the West felt the need of searching for new resources around the world, there was a mixture of European adventurers and missionaries in various points of the globe, with different purposes, but with a common denominator: a contempt of other non-European cultures, and a complex of superiority over other people. Some Europeans felt that Africa was not even part of the all nations to which Jesus might have sent his disciples to evangelise. Draper (2000: 432) points out that some European anthropologists were questioning the need of establishing missions in Africa, “Since these indigenous people were innately inferior products of evolution who would gradually die out in the face of the more advanced civilizations”. It is not at all surprising, since the concept of mankind stops at the frontiers of each cultural group (Levi-Strauss 1972: 329). In spite of the existence of a very few number of Western missionary who found the divine spirit in Africans (cf. Draper 2000: 432), the overwhelming majority regarded Africans as inferior creatures, who should abandon their savage practices in order to be humanised and after that Christianised. The great Scottish missionary David Livingstone for example stated that it was the role of the missionaries to help make Africans gentlemen, civilized and then Christians (Taber 1977: 101). So, I will start my discussion in this chapter by quoting again Berger and Luckmann (1966: 109) who affirm that, “The historical outcome of each clash of gods was determined by those who wielded the better weapons rather than those who had the better arguments”. When the Western Christian missionaries arrived in Africa their agenda was very clear, to bring light to the heathen Africans and extinguish all their heathenism which practically meant to purge the Africans from their cultural practice. Levi-Strauss (328) points out that, “The most ancient attitude, resting without doubt on a solid psychological basis, consists in the pure and simple repudiation of cultural forms which are the most removed from those with which we identify. Savage customs, this is not done among us, that should not have been allowed, are all coarse reactions when faced with
ways of living, believing, and thinking alien to us”. The very fact of building mission stations was under the idea of cutting off and separating the converts from their evil practices, and bring them to a place where they would be watched, and given no chance of reverting to their former pagan practices. Among the named African pagan practices, African traditional healing occupied a prominent place. Whereas polygamists could be accepted in the church with some rights’ restrictions, the African traditional healer was seen as personifying the devil. Bate (1999: 58) asserts that all local traditions were considered pagan and people were demanded to abandon them on becoming Christian. This was particularly the case with traditional healing which was considered and called witchcraft. Whereas we can find some kind of dialogue between Western Christianity and African traditional religion, in things like the concept of God, and the interest the missionaries showed in exploring African religious language in order to able to carry out their evangelising task, African traditional healing was not only despised, but also demonised. The church moved campaigns against traditional healers and the converts were utterly forbidden to use the service of the traditional healers. Turyomumazima (1999: 21) affirms that, “Priests and other preachers have vehemently preached against Christians who consult traditional healers. The more radical ministers have sometimes carried out a crusade, going as far as burning down some shrines of traditional practitioners. Yet, a good number of Christians, educated and illiterate alike, have continued to visit traditional healers and diviners, in search for healing where hospitals and Western medicines fail”. We expected some changes of attitudes towards African traditional healing with the emergence of African leadership in African churches, but unfortunately we are forced to admit that the African Church is still a mirror of its European origins, Christianity in Africa still wears a distinctly European aspect (Dickson 1984: 105). Adamo (2000: 339) points out that, “African converts to Christianity were forbidden to practice their cultural ways of protection because they were labelled pagan and abominable to God. But
Unfortunately the type of Western Christianity brought by missionaries gave no substitute for the protection. More unfortunate was the fact that the Western Christianity that was being introduced to Africans did not reveal the secrets of Western power and knowledge, but instead revealed prejudices and oppression in missionary support for colonial masters. The startling thing about Christian missionaries’ attitudes in Africa was their engagement in fighting what they took as satanic in African tradition on the one hand, while allowing rampage, enslavement, forced labour, and other abuses done against Africans by their countrymen in Africa on the other hand. One is forced to believe that the missionaries’ negative attitudes towards African tradition sprang, not from objective observation and weighing of compatibilities between African traditional practices and Christianity, but from cultural prejudices. Another reason which compels us to look afresh to the case of Christianity and African traditional practices, especially traditional healing, is the fact that in spite of its demonization, restrictions and prohibitions against consulting traditional healers, many African Christian still use their services, and additional forms African traditional healing sprang within the church itself. LeMarquand (1997: 166) affirms that, “One of the reasons why Africans are so concerned to establish the common ground between the Bible and their culture is precisely because Western missionaries defamed African culture, sometimes labelling it as “satanic.” But when Africans learned to read the Bible, it often seemed to them to be very close to the culture about which they had been taught to be ashamed. Biblical scholarship is often the occasion for Africans to reassess and sometimes reappropriate their non-biblical traditions”. So it is with aim to this reappropriation of the place of African Traditional Medicine, especially of Tsonga Traditional Medicine, that I will focus my discussion in the next subsections.
5.2 African Traditional Healing and Christianity

In this subsection I am going to discuss the nature of African Traditional medicine, and explore its supposed contradictions with the Bible.

In spite of the disdain, and systematic attacks African traditional medicine is suffering since the advent of Christianity in Africa, it has produced noticeable results which cannot be ignored objectively. Bate (1999: 60) draws attention to the fact that, “On the level of healing, it is increasingly clear even to Western medicine that many traditional herbal remedies are very effective and many new drugs are today being made from the traditional medicinal sources. Similarly the therapeutic value of many traditional healing rituals has also been studied in some depth and what was often dismissed as superstition and paganism is now understood by many psychologists and medical anthropologists to be cultural expressions of well known healing mechanisms”. Therefore, it is time to revisit African traditional healing, and try to find from a biblical perspective the basis of its supposed wickedness.

According to Compton’s encyclopaedia, “Traditional medicine has come to mean the care of the sick by unlicensed healers, including those who practice herbal and magical medicine. Since the mid-19th century, this field has become an important subdiscipline of folklore and in recent years has become of increasing interest to many people in the modern scientific medical community. Folk medicine has its roots in systems of healing that have persisted from the beginning of culture and flourished long before the development of systematic or scientific medicine that most of the world relies on today. It continues to develop alongside modern scientific medicine even today.”

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9From Compton's Interactive Encyclopedia © 1999 The Learning Company, Inc.
Skhakhane (1999: 4) defines a traditional healer as anyone who uses traditional medicine for healing or who claims to have power of divining. The term “divining” does not render the true meaning of the activity of the so-called diviners. As far as I know, they do not divine, or guess anything, but interpret the signs of their dices. In the Bible we have some examples in which the casting and reading of dices, or the use of other objects to read the future which had no connotation of paganism. Joseph had a silver cup for reading the future, (cf. Gen 44: 5), Urim and Thummim were dices used to discover hidden truths (cf. 1Sam 14: 41), Jonah was forced to comply with God’s mission by means of casting dices (cf. Jonah 1: 7), the decisions about going or not to a battle were made based on consultation, and we have in the New Testament Jesus disciples casting dices in order to know who could replace Judas Iscariot (cf. Acts 1:26). So, we can conclude that the Church should have carried a more thorough study before labelling these practices as demoniac.

Decock (1999: 49) points out that, “Judging from the biblical and later Christian tradition concerning consulting non-Christian prophecy, we can expect the contemporary Church’s attitude towards traditional healers to be negative. However we cannot simply repeat the arguments of the past. Some of the issues concerning traditional healing need to be considered in some depth in order to provide answers to this question for our own time and place”.

The presupposition of the Western missionaries was that African traditional medicine was equal to magic, and the traditional healers were equivalent to the mediums to whom, the Israelites were forbidden to resort (cf. Lev 19: 31; 20: 6; 20: 27; Deut 18: 11). The first role of these prohibitions was to draw boundaries around Israelites, and stress their uniqueness (cf. Deut 18: 14) in the same fashion in which they were forbidden to eat pork and other unclean animals. Moreover, if we study carefully the role of these mediums as described in 1Sam 28: 9, and
compare them with the concept of African traditional healers we will find enormous differences. The characteristic of these mediums was to act like wizards, in that they had powers to summon the dead and acted as intermediary between him and the consulting person. While in African traditional healing, the role of a healer is not that of summoning the dead, but it consists in using powers endowed to him or her by his or her ancestors only for healing purpose. The concept of death in African philosophy is also quite different from the Israelites’ one. While for the Africans death is a transition from bodily life to spiritual life, for the Israelites death was equivalent to descent to sheol, the place of the dead (cf. Gen 37:35). Skhakhane (1999: 51) points out that “Ancestors are considered to be guardians, protectors and the conscience of the community. For this very reason to remain on good terms with them is very important. The institution of traditional healers is based on the anchor of African Traditional religion which is an ancestor cult. Ancestors are human beings. They are men and women who share the same blood relationship and who have passed to the next world”. They are not dead but have passed to the next world. They are not dead but have only undergone a transition into another sphere of life. Hence, we can conclude that the application of the biblical passages which refer to mediums, wizards, and necromancers to African traditional healers, was based in an ill founded assumption that all the cultures share the same philosophy of life and death, which is equivalent to the European Christian concept.

So, if the biblical motives do not justify the demonization of African traditional medicine, what did account for this demonization? It leads us to another presupposition, which might have been behind the Western missionaries’ attitudes towards African traditional medicine: The European witch-hunting history. Bate (1999:57) observes that, “The linking of witchcraft with the devil and heresy changed its nature from something relatively mild and powerless to something very
dangerous and fundamentally evil. It is this understanding of witchcraft which influenced subsequent events in the history of the Church especially during the colonial period of European expansionism”. West (2000: 5) points out that, “Historians of religion have readily subsumed indigenous practices into religious categories that make sense to European researchers generally and missionary Christianity in particular”. The history of witch-hunting, and inquisitions was still alive to the many missionaries who came to Africa. Two centuries earlier, before the missionary enterprise in Africa, there was a witchcraft crisis in European Christianity. Cohn (1975: 175) asserts that, “Magic and witchcraft in Europe was related to beliefs of organized masses of witches flying by night, intent on cannibalistic orgies, and guided by demons”. Another anthropologist who studied the phenomena of witch-hunting in Europe, asserts that:

By the end of the sixteenth century most educated Europeans believed that witches, in addition to practicing harmful magic, engaged in a variety of diabolic activities. First and foremost, they believed that witches made an explicit face-to-face pact with the devil. This pact not only gave the witch the power to perform maleficia but also initiated her into the devil’s service.

A second witch belief that most educated Europeans subscribed to in the late sixteenth century was that the witches, having made a pact with the devil, gathered periodically with other witches to perform a series of blasphemous obscene rites. At these meetings the devil would appear in various forms, together with subordinate demons. The witches would very often sacrifice children to the devil, feast on the bodies of these infants and other unsavoury dishes, dance naked, and engage in sexual intercourse with the devil and the other witches (Lack 1987: 25).

I suspect that subconsciously, the Western missionaries associated the phenomena of witchcraft in sixteenth century Europe with the African healers. The very English term witch-doctor tells something about the concept Europeans had of African traditional healers. However, there is no resemblance between the European witchcraft phenomena and the African traditional healers.
While the former were product of delusion, and a reflection of social conflict, in same way I think is delusion of the witchcraft beliefs in the African context today. The latter were and are reality, and not product of social conflict. Another fundamental difference between European beliefs of witchcraft and African traditional healers is the believed procedure of European witches versus the way African healers act. Whereas European witchcraft was believed to be based in the devil and demons, African cosmology had no notions of devil or demons. It is attested by the fact that while it was easier for the missionaries to find the names for God in every African language, the names for the devil and demons had to be coined from the European languages. So these aspects were overlooked in the judgement of the African traditional healing, and it is our purpose to look beyond the demonization in order to find out what exactly is African traditional healing, and what contribution the church can make to it.

5.3 Types of African healers

Another way in which the Europeans judged African traditional healers was through the efficacy of their methods. If a given healer failed to produce a cure, it was a sufficient reason for looking down at traditional healing and generalise the failure to all the healers, and label traditional healing as incompetent. However, there are certain aspects we need to consider before labelling traditional healing incompetent. In every area of work the performance of the professionals of that area is not the same. Likewise, not all the healers have the same expertise in handling diseases. African healing is mainly family conservative, and the exchange of healing techniques, and medicinal knowledge is quasi nil. This has contributed to failure of healing illnesses which are not part of specialization of a given traditional healer. Another thing, which we need to consider, is the phenomena of pseudo-healers:
There are three types of diviners, the pseudo-diviners which consist of those who are perceived as diviners whereas in real fact they are not. In general this group does not undergo training but installs itself. Semi-diviners are another group which works on the mind of their clientele. Once they realize their limitations, they resort to the abuse of the divining method. They express the innermost thoughts of their clients. The prognosis of the semi-diviners depends entirely on the raising and lowering of the voice. Genuine diviner does not become one of his/her own accord. It is not as if the person wants to be a diviner or a traditional healer but receives a call to that kind of profession. They are given strict instructions to use medicine and their profession for the good of the people. As a whole they follow instructions faithfully. The call of a diviner is from an ancestor. Most of the diviners say that one is not free to accept or reject the call. Several of them tell stories of how the ancestor becomes punitive if the call is rejected. Once the call is received and accepted there is need to go through another form of ritual which makes it possible for the ancestor to inhabit or possess the candidate. Possession here is understood in terms of transformation and total control by the ancestor. In order to achieve this the candidate has to go through a period of training. It consists mainly of separation from the community, undergoing a transition and eventually being incorporated back into the society (Skhakhane 1999: 7f).

So, these are the facts we need to consider when judging traditional healers. We are not expecting them to be as proficient as the trained and skilled medical doctors, but we have to acknowledge the significant role they play in African health care system. Moreover, we cannot deny that some traditional healers are effectively endowed with the capacity of curing certain illnesses. Bryant (1966: 16) observes that, “In spite of such blind empiricism, it cannot be denied that the native doctor does sometimes work a cure, sometimes quite a startling cure, where the efforts of European physicians have proved utterly unavailing”. Therefore, shutting them out of the church ministry disables the church from having a say in their activities, and forces many African church members to lead two different kinds of lives: The Christian religious life in which the church intervenes, and the social-familiar life, where the traditional healers intervene. Skhakhane (1999: 10) points out that traditional healers touch the core of the African soul and that accounts for the fact that so many of the African Christians seek their help. He argues that to
appreciate this we need to take a look at our Christian life. The Holy Spirit plays a supreme role in the life of a Christian. The life of Jesus himself was constantly under the influence of the Spirit. To be a Christian is identical with being under the direction of the Spirit, to know the master’s business. The same applies to African Traditional Religion. Real life consists in knowing the ancestor’s business whose agents the traditional healers are. Skhakhane concludes his argument by saying the condemnation of traditional healers by the church was based on two things namely superstitious abuse and lack of full knowledge of their profession and practices. Time has proved that a negative attitude towards traditional healers got us nowhere.

5.4 The Encounter between Tsongas’ Traditional Medicine and Western Christianity

My object of study is the Tsonga’s traditional medicine. In this subchapter I analyse the encounter of the Tsonga traditional healers with the missionaries, and the evolution of the relationship between them, and how from potential interlocutors they were passed to anonymity. I am also interested here in the behaviour of their former patients who eventually became Christians.

Tsonga are the majority of the Mozambican population living in the South of Save River. They are speakers of Xitsonga, which has mainly three variants: Xitswa, Xishangana, and Xironga. During the Portuguese colonization of Mozambique, Protestant churches were only allowed to establish their missions in the south of Save River, and many of their converts came from the Tsonga people.
Henry Junod, an anthropologist of Swiss Romande Mission which established what is now known as the Presbyterian Church of Mozambique, spent much of his time studying the practices and culture of Tsonga tribe in the south of Mozambique in the middle of 19th century. Like other westerners, he was not free from his cultural bias. In many passage of his books the words Thonga, savages, natives, and primitives are synonymous. But as an anthropologist he tried to make his findings as fair as would be acceptable from someone who was supposedly studying the cultural practices of inferior beings. Among his studies, he was interested in Tsonga’s Medicine. From his studies, he concluded that in Tsonga’s medicine were three distinct aspects mixed together, magic, religion, and science, and he classified them as following:

I call religious all the rites, practices, conceptions, or feelings which presuppose the belief in personal or semi-personal spirits endowed with attributes of deity, and with which man tries to enter into relation, either to win their assistance or to avert their anger.

I call magic all the rites, practices, and concepts which aim at dealing with hostile, or neutral, or favourable influences, either impersonal forces as nature, or living men acting as wizards, or personal spirits taking possession of their victims.

I call scientific all the rites, practices, and conceptions which are inspired by real observation of facts. I include in this category certain medical treatments, botanical and zoological notions (1913: 412).

Junod (1913: 412) goes on to say that all the three aspects are intermingled, and grade into each other with great facility. According to him, it is because the medicine-man is far from being a purely scientific man, he partakes the nature of magician, and prays to the ancestors who transmitted their charms to him. Junod’s observation is to some extent accurate, he as an outside observer was in a privileged position for observing and classifying Tsonga traditional healing according to his parameters. However, it is worth mentioning here that magic in cross-cultural studies is what people from other culture, and religion do which does not belong to our worldview. Decock (1999: 45) calls attention to the fact that, “It was thought in the past that
magic was totally excluded from the Bible. However, nowadays scholars often speak of a magical world-view, which simply means pre-scientific worldview. In this sense we could easily accept that there were magical practices in Old and New Testament.”

In his studies of the Tsonga traditional medicine, Junod (1913: 413) observes that the medical practices of the Tsonga people are of enormous interest, not only from the ethnographical point of view, but also because of their practical importance. Nevertheless, he was worried because of the lack of restrictions, supervision of the healing activities done, according to him by untrained, and uncertified healers. Traditional healers are unlicensed but not necessarily untrained. Like physicians, they pursue their specialties, learning by observation and imitation. Often healing is considered a gift that runs in a family and is passed down from mother to daughter or from father to son. The ability to set bones, for example, is thought to be hereditary as is the power to stop bleeding, and other healing skills. What happened is that with the colonization, and destruction of the traditional structures which monitored, and regularized traditional healing, and moreover with its illegalization by the Christian colonial regime, it had to operate outside any structure, hence the appearance of many pseudo-traditional healers.

One of the reasons which made Junod be interested in studying the Tsonga traditional medicine was the fact that many converts living in mission stations, when affected by serious illness, abandoned the missions, interrupting the treatment which has been prescribed by trained Western physicians, to seek the help of traditional healers in the places of their origins (Junod, 1913: 413). Junod concludes his observation by saying that, “The result is almost sure to be the eventual loss of their health and of their faith”. We have here some facts to reflect upon. The first fact is that we have Tsonga converts taken away from their relatives and brought to a Christian
mission in order to be separated from their former African evil practices. The second fact is that they hear from the missionaries preaching, and also learn from their teaching that traditional healing is evil, and that true Christians are not allowed to use their services. The third fact is that they are offered Western treatment, in the event of sickness, which is presumably of better quality than this offered by traditional healers. And the fourth and last fact we want to consider, is that when these Christians feel that their sickness is serious they abandon the mission, and go back to their families and seek for their help, and as Junod notes, with the risk of losing their health and their faith. My first observation is that these Christians had their health lost before leaving the missions, but they had never lost their faith as Tsongas. The problem with Western missionaries, as it is clear from Junod’s analysis of Tsonga’s traditions and costumes, is that they took Africans as child-like, knowing not exactly what was good for themselves. No one abandons something which he or she thinks is good for him. On abandoning the missions, the Tsonga sick convert felt that the chances of recovering his or her health were slight. Dying outside the family is a sociological problem from Tsonga cosmological perspective. The faith they had is that one needs to die within his family so that his or her spirit should be in communion with the ancestors, and if eventually a traditional healer was capable of giving solutions to what the Western medicine has failed, it is reasonable to expect the former diseased person to discredit the teaching of the missionaries which demonized traditional healing. I suspect that the traditional healer would tell this kind of patients that in spite of being Christian, they should not forget that they were still Africans. Another thing we have to bear in mind when considering this behaviour of Tsonga sick converts abandonment of Christian missions, is the fact that there are diseases which are culturally specific, and no healing or curing is considered efficient but the means used in that specific culture. Therefore when a Tsonga convert thought that he or she was affected by this kind of disease, and with the awareness that the missionaries
would not understand the nature of his or her sickness, the natural option was to abandon the mission.

As we can see from the discussion in this subchapter, the resistance to abandoning African traditional healing is as old as the coming of Christianity in Africa. If there are demons in African traditional healing they were only visible to the Western missionaries, and the Church’s rejection of African traditional healing did not prevent African Christians from continuing using it, but it prevented the church from having an edifying dialogue with it.

5.4.1 The Tsonga people attitudes Towards Christianity, traditional medicine, and modern Science

Another area of interest in this study is the Tsonga people’s attitudes towards Christianity, traditional medicine, and modern science, because there is always a danger of losing time with things which are no longer relevant to the people on whose behalf we are addressing the Bible and Christianity. So it is our task in this subsection to analyse the actual behaviour of Tsonga people towards these three domains. Since the acquiring of Mozambican independence in 1975, an increasing number of Tsonga people are getting access to Western education, with the establishment of Eduardo Mondlane University, and a medical school in that University, and many nursery schools around the country. A great number of Mozambican natives have become professional physicians in modern sense. But, together with this increasing number of educated and trained medical people, there is also the growing of number of traditional healers, and this *per se* says something about the Tsonga’s attitudes towards modern and traditional medicines.
Usually the modern Tsonga would report to hospital before consulting any traditional healer, and everything would be settled if the treatment in the hospital is done successfully. However, in cases where the hospital therapy is not done successfully, the Tsonga would usually seek a traditional healer for help. Few educated people, and especially Christians would overtly admit that they use traditional healers’ services, and they would claim that they only resort to hospitals in the cases of sickness. But as Kleinman (1985:149) points out, “Western medicine has enormous prestige and cultural significance in modern society. The definition of painful affects as a disease known as depression is itself a product of the culture of Western medicine, and given the power and prestige of the medical establishment, it is easy to see how this new definition of human suffering begins to be accepted by people as the right definition, especially by elites in non-Western societies”. Nevertheless, my experience as minister of a large member church in Maputo has taught me that the use of traditional healers services is extensive to elites and prominent Christian members. The funeral ceremonies are a clear example of this. While we as the church would encourage a praying service in the chapel, and the burial service, invariable many Christian families insists in taking the deceased from the hospital morgue to their homes so that he or she can have an overnight at home and say goodbye to the place he or she has lived. And as the minister will not be there the whole night we do not know what happens afterwards. Another striking thing which I observed is that the traditional memorial ceremony called mhamba, in which the ancestors are remembered and are asked to take care of the family affairs, and bless all the family members, has been Christianised in a such way that the major cemetery of Maputo Hlangene, is always overcrowded on Saturdays. The justification is that they are offering prayers to God in the memory of the deceased, but what happens after prayers at the deceased homes no one knows. Many protestant churches in Mozambique have tried to stop this practice, since they, as good protestant, do not believe that praying for the deceased can help him
or her gaining heaven, but their efforts have been in vain. So, it is obvious that the attitudes of many towards traditional medicine did not change significantly in relation to traditional healing in spite of the great exposure they have to science and Christianity.

5.5 The Tsongas' traditional medicine practitioners' view of their profession and Christianity

In this subchapter I listen to Tsonga traditional practitioners, what they think about their profession, the impact they make in the society, and what implication the church has made to their profession, and what impact they make to the church.

With the purpose of understanding the activities of Tsonga traditional healers, I visited some of them and watched some of their healing sessions, talked with them, and asked some to fill a questionnaire which comes in the appendix of this paper, and I asked some to respond to some few questions concerning their profession and the feelings they have towards Christianity.

Twenty traditional healers of both genres were the subjects of my questionnaire and interviews. In broader lines I wanted to know what was traditional healing for them as practitioners, and the processes they normally used for healing. In spite of differing in details, the healers responded that it is a way of protecting the patients from evil forces, knowing first of all what is the cause of the disease, and then working out the treatment. The treatment consisted in exorcising when it was necessary, or in giving some herbal medicines or protective devices, such as amulets when necessary. I also wanted to know what was more important in their healing process, and eighty per cent of the respondents said that the more important aspect of their healing process is to diagnose the kind of disease in order to know what procedure to follow. It is within this process of diagnosing that they find the causes of the disease, and then use the adequate curative methods.
I also wanted to know what they thought about the treatment of diseases in the hospitals, what are the differences between it and their own treatment, and what they felt about it. The general response I got is that they do not see hospital treatment as a rival system, they themselves admitted using hospital services once in a while when they felt that they could be better helped in the hospital rather than in the traditional healing, and in the same way they encourage their patients to report to hospitals. However, they also believe that there are diseases which they do better than hospitals, and they told me that many of their healing cases were with patients who were not successfully cured in hospitals. The main difference between their treatments and ones done in hospitals is that while the latter depend on external signs to identify the illness, and prescribe the treatment, they have means of reaching the source of illness through the use of their dices, and through the assistance of the spirits they use for healing, which allows them see if they can cope with the treatment or not.

Another thing, which I was interested in, was their notion of good and evil spirits, since they claim to be using spirits for healing. Invariably, all the respondents claimed to be using good spirits. For them good spirits are the spirit of the ancestors which help them in their healing activities, and protect the family members against the influence of evil spirits. Evil spirits, are spirits from outsiders, normal people who have died far away from they relatives, and are lost without a dwelling place. An ancestor spirit which was not accepted by other ancestors can also become temporarily a wicked spirit tormenting the living relatives, until a ritual of reconciling that spirit with the other ancestors is carried out successfully. And according to them, this accounts for the diseases which normally do not respond to the hospital treatment.
I also wanted to know from them what they thought about religion, especially about Christianity, I asked if their healing powers would fail if they become Christians, and what they thought of Jesus’ miracles, and what would be the potential contradiction between their healing practices and Christianity. The general response I got is that their healing power would not be affected by any good religion, because what they are doing is not wicked, since they are trying to save people’s lives. They affirm that Christianity rejected them, and not the contrary, and according to them, this is the only contradiction they see between their profession and Christianity. On the similarities between their healing practices and the ones done by Jesus, the majority of the respondents said that there are enormous differences between their healing practices, and the ones done by Jesus, since while they are only using their ancestors’ spirits Jesus was using God’s spirit.

The last few things I wanted to know from them were their feeling about the way Christianity has been treating them? What made them become traditional healers? If there was any religion for traditional healing? And other things they had to say around the relation of their profession with Christianity. They told me that they received contempt and rejection from Christianity, in spite of having a considerable number of Christians among their clients, and this is a thing which they cannot understand. They did not become traditional healers from their own initiative. Their ancestors through an extraordinary event in their lives chose them to exercise that profession. And about any religion connected to traditional healing, they do not acknowledge an existence of such religion. Their relation to the ancestors is not that of gods and worshippers, but of relatives who live in different dimensions of live. They carry out some purification rituals, not for the honour of a deity, but for their customary practices, and taboos.
My few days of convivial, and discussions with traditional healers have taught me how harsh we, as the Church, have been to them, in prejudging their profession, and labelling it as wicked without having a full understanding of what it was. I am not pretending saying that all of their procedures are unquestionable, but I am saying that we can only question a person with whom we are maintaining a salutary dialogue. Time has proved that despising, fighting, or ignoring African traditional healing is not a good policy for the church. It makes it sounds dull to its members, and more important it hinders it from reaching out to all the people, since the traditional healers are precluded from its ministry unless they forsake their profession. If the church believes that the devil is responsible for the bad things, those who fight against bad things cannot be from the devil, or as Jesus said, if the devil was fighting against himself, he would have ceased to exist (cf. Mark 3: 26).
Chapter VI

Conclusion and Synthesis

In this thesis I have discussed the cultural, theological, and sociological implications any health care system has towards the people it serves. I profoundly recognize that we are in the era of globalisation, and many times it means that Africans are supposed to be consumers of the Western products. If it is true in all the macro-economic structure, it is also true at the theological level. The church’s “great tradition” has dismissed African practices as immoral and not compatible with Christian faith. It has done more than that: it has demonised them making them appear the prototype of darkness which the Christians, including African Christians, have to avoid at any cost. With the advent of contextual theologies, there was inculturation in Christianity of some peripheral aspects of African culture. Things such as the use of drum, performance of dances and other minor things were reviewed and eventually incorporated in some churches’ services. But the core of Africans’ life, their traditional health care system seems to be out of any considerations. The irony is that it still represents the Africans cosmology, and even the African Christians’ perception of universe is mediated by the African tradition which has in traditional medicine its ultimate way of expression. It can be easily seen in the way Africans greet each other, or attend their relatives’ funeral services and the care in following all the implicit traditional rites even in case of African Christians.

In the first part of this essay I tried to demonstrate that any health care system could only be understood in the culture in which it operates. The perception of diseases, the illness behaviour, and what is understood as sickness, as well as the steps to take in case of sickness, are often
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culturally based. I tried also to demonstrate that any health care system is connected with a system of beliefs of a specific culture, which may naturally sound bizarre to the outsiders.

I also tried to demonstrate the evolution of attitudes towards healing in the Old Testament. I discovered in my readings that from the belief in God’s totalitarianism in the field of health care, the Israelites had acknowledged, accepted, and valued other forms of healing which they adapted to suit their beliefs in God.

In the second part of this paper I discussed the historical Jesus’ healings. I found that even Jesus’ healing interpretation raised, and continues to raise socio-religious, and cultural problems. I found that some people connected his healings with magic and the devil, even in his own world and time. I have discussed also the scepticism, and discrepancies which surround Jesus’ healings. They demonstrate clearly that we are outsiders to the culture in which Jesus’ healings are reported to have taken place, and our judgements are heavily conditioned by our own worldview.

In the last part of this paper I tried to demonstrate that the rejection and demonization of African traditional medicine was a result of Western cultural prejudice. I also tried to read the Bible from the African perspective, and explore the essential of African traditional healing to try to see any contradiction between them, and I reached the conclusion that African traditional medicine was in no way against the teaching of the Bible.

These findings allow me to suggest that the church should review its policies towards African traditional healing. From the contact I had with some Tsonga traditional healers I discovered that the church’s attitude towards them was hindering its own mission of reaching out all the people. Legge (1992: 109) states that, “We can re-create the world so that all are welcome only by knowing who and where we are, that is, by assessing and creating cultures of resistance against
all that thwarts our lives. To become co-creators with God is our moral vocation. Our theology is above all shaped by culture. It seeks to identify, create, and sustain traditions, values, and ways of life that shape and reshape our communities”. So it is with the aim in this co-creation that a salutary dialogue must start between the church and the African traditional medicine. Bearing in mind that the good things come from God, surely we can find place in the church for traditional healers, and if we acknowledge that Jesus’ ministry was guided by the Spirit of God, his father, why could not God allow our fathers, and mothers’ spirits to fill us and guide us in doing good things?
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Appendices

Some facts about Tsonga People

The Tsonga people are believed to have migrated to Mozambique from what is now the Transvaal region of South Africa prior to the 4th century. Their historic links to the peoples of South Africa continue to influence the migration of present-day Mozambicans. 10

10From Compton’s Interactive Encyclopedia © 1999 The Learning Company, Inc.
Research for Masters Thesis in Theology, done in Portuguese among some Tsonga traditional doctors in Inhambane with the knowledge of "Ametramo" (Mozambican Traditional doctors' association).

Questionnaire

Read the questions and check, and/or give the appropriate answer.

1. What do you think is traditional cure/healing among Tsonga?
   - Is a way of reconciling the living ones and the dead
   - Is a way of protecting the patients against evil witches
   - Is a way of curing the disease that afflicts the patient
   - Other answer or comment?

2. In broad way, tell us what process of curing/healing do you use.

3. What is important for you in your curing/healing process?
   - Is it to find the evil which is the cause of disease
   - Is it to know what kind of disease is that and cure/heal it
   - Other answer?

4. What in your opinion is the main difference between traditional cure, and the one practiced in hospitals?

5. How did you become a traditional doctor, and what empowers your to cure/heal?
6. Do you think that there are good and evil spirits? If yes, who is/are in your opinion the authors of good and evil spirits?

__________________________________________________________________________

7. What do you think about Christianity, would your curing/healing powers oppose you to become a Christian?

__________________________________________________________________________

8. Have you ever heard of Jesus cures? If yes what in your opinion are the main differences and similarities between his cures/healings and your own?

__________________________________________________________________________

9. What in your opinion is the main contradiction between African traditional medicine you are practicing and Christianity?

__________________________________________________________________________

10. Would you consider traditional curing/healing just as another profession?

__________________________________________________________________________

11. Do you think that African traditional medicine has its own religion?

__________________________________________________________________________
12. What in your opinion are the negative aspects Christianity brought to African traditional medicine.

13. Any other comment around the relation between your profession and Christian faith?