

CONVERSION IN THE CONTEXT OF ILLNESS AND HEALTHCARE DELIVERY  
AT HÔPITAL BAPTISTE BIBLIQUE IN KPELÉ-TSIKO, TOGO AFRICA

by

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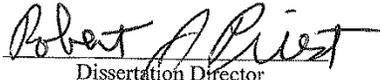
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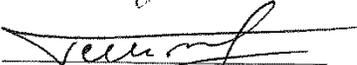
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## ABSTRACT

This research examines the conversion experience of thirty-six Togolese who converted to Christ while receiving treatment for illness and injury at Hôpital Baptiste Biblique in Kpelé Tsikɔ, Togo. A social constructivist approach was employed to explore the ways in which modern, scientific medicine and traditional perceptions of illness and healthcare delivery converge to influence conversion. An ethnographic method of in depth, semi-structured interviews and participant observation was used to gather data over a four month period in 2012.

The vocabulary employed in respondent narratives was examined to determine their biblical understandings of the conversion experience. The expectation for healing was a primary motivation for conversion. Healing and the gospel were conflated at times with the expectation that conversion was a necessary component of healing.

There were two realities that paralleled one another in the conversion discourses. Traditional religious beliefs were interwoven with Christian conversion narratives. Respondents articulated clear understandings of the gospel and personal conversion. At the same time the interviews revealed the belief that the gospel was a cure and apart from prayer modern medical interventions would not be successful. Illness etiologies were attributed by the majority of respondents to malevolent others through the means of witchcraft. Witchcraft

beliefs remain a part of respondent's Christian experience and there was not a substantial change in post-conversion fear of witches.

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## ABBREVIATIONS

ABEO	Association of Baptists for Evangelism in the Orient
ABWE	Association of Baptists for World Evangelism
CMA	Critical Medical Anthropology
EBB	Eglise Baptiste Biblique
EP	Evangelical Presbyterian
ESV	English Standard Version
HBB	Hôpital Baptiste Biblique
MK	Missionary Kid
R-	Respondent
STM	Short-Term mission
STMM	Short-Term Medical Mission

## CHAPTER 1

### INTRODUCTION

Medical missions has been at the forefront of the modern missions movement from its inception in the 19<sup>th</sup> century. These ministries have not only met the physical needs of people but have played a central role in bringing people to Christ. Medical mission facilities exist as an outpost of Christianity and Western bio-medicine in contexts where other medical and religious traditions flourish.

Not much has been written to determine how West African and Western understandings of illness and healthcare interventions interface in the process of conversion to Christianity.

#### *Problem Statement*

This research will explore the ways in which modern, scientific biomedicine and Togolese traditional perceptions of illness and healthcare delivery converge to influence conversion at Hôpital Baptiste Biblique in Kpelé Tsikɔ, Togo.

#### Nature of the Problem

There are two primary questions emerging from the problem statement which this research seeks to answer. What are patients understandings about the gospel they hear at HBB and how does illness influence their decisions to convert to Christ?

The converts I interviewed displayed very dissimilar perceptions of illness from those purported by modern biomedicine. The traditional etiologies of respondents included illnesses caused by malevolent others through spiritual means. This causal category of illness does more than identify the source of a malady, it influences thought patterns, actions, and relationships in daily life. Illness and healing is viewed as a spiritual process with malevolent and benevolent supernatural interventions. This perception of healing influences understandings of the gospel and motivations for conversion.

A methodology of semi-structured, in-depth interviews was employed with thirty-six respondents representing seven different ethnicities who converted to Christ at HBB. The purpose of these interviews was to uncover understandings of illness etiologies and the gospel and the manner in which these two perceptions influenced decisions to convert to Christ.

### *Significance of the Research*

This research builds upon previous work in medical anthropology, witchcraft beliefs and practices, and conversion studies. The significance of this study is to be found in the way that these three fields intersect in the presentation and response to the gospel of Jesus Christ at Hôpital Baptiste Biblique (HBB). It my desire that the findings from this study will offer a positive contribution to the contextual understandings of the gospel in Togo and to the ministry of HBB. It is also hoped that this research will find some application in medical mission works beyond the application

to the local context in Togo and to the larger task of the global missions enterprise. This contribution may be found by analyzing assumptions and practices involving biomedicine in the majority world, cultural perspectives of illness and wellness, motivations for health-seeking behaviors and witchcraft beliefs as they relate to conversion to Christ.<sup>1</sup>

### The History of ABWE as a Medical Mission

The Association of Baptists for World Evangelism (ABWE) began as The Association of Baptists for Evangelism in the Orient (ABEO). The ABEO was organized as a result of the modernist/fundamentalist controversies of the 1920s. Fundamental tenets of scripture were being challenged across Protestant denominations. Dr. Raphael Thomas was a missionary with the American Baptist Foreign Mission Society in Iloilo, Philippines where he served for twenty-five years as a staff physician and director of the Baptist Mission Hospital in Iloilo. Dr. Thomas was an ordained minister as well as a medical doctor with degrees from Andover-Newton Theological Seminary and the Harvard Medical College.

Dr. Thomas returned with his family to the U.S. in 1927 and resigned from the American Baptist Mission Society and, along with several others inside and outside

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<sup>1</sup>The term “conversion to Christ” is used predominately in place of “conversion to Christianity” in this paper. Christianity is a broad term that often represents a nominal relationship. The former term is indicative of a personal relationship rather than simply a religious affiliation and signifies an identification and transformation to Christ. This is demonstrated in the conversion discourses of the respondents.

the denomination, organized the ABEO. Dr. Thomas and his wife returned to the Philippines in 1928 as ABEO missionaries and began a new ministry in Manila. Other medical missionaries joined the mission in the 1930s and established a clinic in Malaybalay which developed into Bethel Baptist Hospital.<sup>2</sup>

The organization of ABWE and its first missionary were rooted in the history of medical missions. ABWE has maintained a commitment to medical missions throughout its history by establishing clinics and hospitals in the Majority World. The following table represents ABWE's present involvement in medical missions. All of the

<b>ABWE MEDICAL FACILITIES</b>		
<b>Country</b>	<b>Medical Facility</b>	<b>Year Started</b>
Philippines	Hospital	1937
South Asia	Hospital	1966
The Gambia	Clinic	1981
Togo (South- HBB)	Hospital	1985
Brazil (upper Amazon)	Hospital	1985
Papua New Guinea	Clinic	1990
Ukraine	Mobile Clinics	1997
Asia	Mobile Clinics	2002
Liberia	PA School / Mobile Clinics	2004
Peru	Crisis Pregnancy Center	2004
South Africa	AIDS Hospice	2008

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<sup>2</sup>The Mission's name was changed in 1939 to The Association of Baptists for World Evangelism when it expanded to the country of Peru.

India	Mobile Clinics	2008
Nicaragua	Mobile Clinics	2010
North Africa	Hospital	2012
Ecuador	Clinic	2012
Togo (North- Hôpital Esperance)	Hospital	2014
Southern Sudan	Clinic	2014

Table 1. ABWE Medical Facilities

sites listed in the above table are permanent medical facilities which utilize short-term medical personnel to augment career missionary staff. ABWE also leads STMM trips to Moldova, Haiti, and other countries where ABWE has no career presence. These ministries are conducted as mobile clinics.

#### *Scope and Limitations*

There are many related research interests that may contribute to this research or have a bearing upon it. These include the practice of traditional herbalists, local shamans, government clinics, Pentecostal healing services, church planting strategies, and discipleship methods among others. These entities are not in the purview of this project. This research is limited to the conversion experiences and discourses of patients at HBB.

## CHAPTER 2

### PRECEDENT LITERATURE

This literature review will examine four bodies of literature as they relate to conversion in the context of illness and medical/surgical intervention at Hôpital Baptiste Biblique (HBB) in Togo, Africa.

First, a brief overview of the history of medical missions will be considered by reviewing the historical background, missiological significance, and contributions of medical missions to the contemporary missions enterprise.

Second, an investigation into how West African and Western understandings of illness and healthcare intervention interface in the process of conversion to Christianity can't be determined apart from an understanding of the importance of traditional religion in general and witchcraft in particular.

Third, the anthropology of medicine will be examined in relation to how it forms understandings of reality for biomedical practitioners and the manner in which biomedicine influences West African politics, traditional medicine, and health-care seeking practices.

Finally, conversion literature will be reviewed for biblical and cultural perspectives of this life-changing transformation. Each of these reviews will be examined for their contribution to the research at HBB in Togo.

*The History of Medical Missions*

This literature review demonstrates that the ministry of Hôpital Baptiste Biblique (HBB) is a product of the historical development of medical missions. The motivation for medical missions is found in the healing ministry of Jesus and his disciples (Matt 10:8; Luke 9:2; 10:9). The mission statement of HBB is a reflection of this. “We are modeling the compassion of the Great Physician by providing quality health care, which opens doors to enable us to evangelize, disciple, train leadership, and to plant reproducing indigenous Baptist churches.”

Medical missions did not become an integral component of the Great Commission until the introduction of modern medicine in the 20<sup>th</sup> cent. Caring for the sick was a ministry of the church but this was not characterized by diagnostic or curative interventions. “During the Crusades, the orders founded to care for the injured and their convalescence brought care of the sick and healing to the forefront. Prominent in this work were the Order of St. John of Jerusalem (or Hospitallers, 1099), the Knights Templar (ca. 1119), and the Antonines (1095)” (Grundmann 2008, 186). Healing ministries served a primary role among Jesuit and Franciscan missionaries of the 16<sup>th</sup> and 17<sup>th</sup> centuries (O’Malley 1993).

Some of the most famous missionaries had roots in medicine. William Carey’s colleague was Dr. John Thomas, a surgeon, who accompanied him when they sailed for India in 1793. Hudson Taylor worked as a medical assistant prior to studying medicine at the Royal London Hospital in Whitechapel, London. He left for China in 1853 before completing his medical studies. He took medical supplies with him when he

sailed for China and used his medical skills on his preaching tours. David Livingstone was a medical doctor who served as a missionary and explorer on the continent of Africa from 1841 until his death in 1873.

Even though these early missionaries had medical training or were associated with those who did, they did not view themselves as ‘medical missionaries’. “Prior to the mid-19th century the medical professions enjoyed only limited success against disease because the science of medicine was still infantile” (Van Reken 1987, 8). This changed dramatically through a series of discoveries and developments. Ether was introduced as the first anesthetic in 1846 by William Morton, a Boston dentist. The concept of asepsis was introduced by J. Semmelweiss in 1847 and refined by Joseph Lister in 1867 (45). Asepsis and anesthesia created an environment where surgery was both possible and successful. The discovery of cellular pathology by Rudolf Virchow in the 1850s led to the science of bacteriology which resulted in the discovery of the bacillus responsible for leprosy, the parasite causing malaria, the bacterium causing typhoid fever and tuberculosis in the 1880s (Grundmann 2005, 45). The German physicist C.W. Rontgen discovered X-ray technology in 1895 which enhanced diagnosis and treatment. Antibiotics revolutionized healthcare when they were introduced in the 1940s. These rapid discoveries and innovations in medical science made the treatment and cure of disease both viable and successful. The new understanding of bacteriology and the manner in which diseases were contracted and spread led to healthcare that was not simply a means of treating disease but its prevention as well.

The first physicians in mission were employed to care for the medical needs of the missionaries (Grundmann 2005, 2). The mortality rate among missionaries was a major problem. The average life expectancy of a missionary in Africa during the 19<sup>th</sup> century was eight years (Hefley and Hefley 1979, 339). Although there are examples of medical missions prior to the 19<sup>th</sup> century, they were on a limited scale and did not represent a major force in mission.

One of the first medical missionaries was the American physician, Peter Parker. He received his theological and medical training at Yale. He was licensed to practice medicine in March 1834 and ordained by the Presbyterian church in May, commissioned as a missionary in June and arrived in Canton in October. He opened a medical clinic in Canton, China where he performed a full range of medical and surgical procedures. Parker's services were offered at no charge and resulted in a public relations triumph with the Chinese government. Westerners had been forbidden to interact with the Chinese people. Parker's clinic broke this barrier. His efforts were well received by the Chinese government and Western businessmen in Canton (Lazich 2006, 59-86). The Medical Missionary Society in China was organized by 57 founding members in 1838 to give permanence to the work, provide a financial base of donors, and promote the cause of medical missions for the spread of the gospel (Grundmann 2005, 65-67). Peter Parker was a diplomat for the cause of medical missions. He traveled in Europe and America promoting medical missions. He developed relationships with politicians and made effective use of print media. "Parker truly succeeded in securing broad public interest in the idea of medical missions (94). Medical missionary societies formed in America,

England and Europe. These societies promoted medical missions publicly and raised money in support of medical missions.

The Anglican Church Missionary Society for Africa and the East (CMH) sent out its first missionaries in 1815 (Church Missionary Society 1999-2013). The premodern era of medicine in the early 19<sup>th</sup> century did not offer physicians significant social status. This may account for the reason that the CMS required doctors to be ordained before they could serve as missionaries (Warren 1967).

There were only fifteen medical missionaries in 1850. This number increased to 650 medical missionaries by 1900 (Aitken 1984, 158). “The World Missionary Atlas, published in 1925, gave the total number of missionary doctors from Europe and American as 1,157” (Van Renken 1987, 12).

Medical pluralism began to diminish in the West as biomedicine became an established science and made significant advances in epidemiology and surgery. This resulted in medical ministries becoming a prominent feature of foreign mission endeavors (Good 2004, 37).

#### Short-term Medical Missions (STMM)

An overview of the history of medical missions would be incomplete without considering the impact of the trend of short-term missions (STM) that has developed over the past three decades. This information is included for two additional reasons. First, ABWE STMs are expanding while career missions are experiencing attrition. Second, HBB is dependent upon STMM personnel in order to function at its current capacity and to provide surgical coverage. STM became a major force in the

missionary enterprise during the end of the twentieth century. These trips are promoted by mission agencies, churches and parachurch organizations. An average of 1,600,000 people from the United States participate in short-term mission trips each year (Howell, 2009). This is a relatively new phenomenon yet it is significant in terms of the history of medical missions because of the growth of short term medical missions (STMM). It has been estimated that one-tenth of short-term missions trips are medical (Dohn and Dohn 2003, 417). A study by Harvard University speaks to the continued growth trend of STMM.

The number and popularity of STMMs have continued to rise, and considerable financial and human resources are expended on providing these services. While there is no official or complete compendium of medical missions, a search of the 3 largest mission websites – the International Healthcare Opportunities Clearinghouse [9], Diversion Magazine [10], and MissionFinder.org [11] – yielded a list of 543 medical mission organizations. Each of these organizations sends anywhere from 3 to 20 missions per year, for an annual total of approximately 6000 short-term missions sent to foreign countries from the United States. Some of these STMMs are large and well recognized, such as Mercy Ships, Project Hope, and Operation Smile, but the majority is sponsored by smaller groups and is known only to the people directly involved with the missions. (Maki, Qualls, White, Keefield, and Crone 2008, 1).

The approximation of 6,000 mission trips is a conservative estimate since as the authors mention, there are many more STMMs conducted by individuals and smaller organizations.

STM is viewed by mission agencies as a primary recruitment tool for career missionaries since most new candidates have an STM experience in their application resume and usually multiple STMs. However, an STM trip may be more

effective in recruiting an individual for more STM experiences rather than career missions. The explosion of STM has been accompanied by a stagnation in long-term missionary appointments (Corwin, McGee & Moreau 2004, 170). The following table depicts the plateau of career missions along with the growth of short-term missions over a thirty-nine year period from 1972-2005. This table seems to indicate the rapid growth of

<b>MISSIONARY PERSONNEL SENT FROM N. AMERICA 1972-2005<sup>1</sup></b>				
Data Year	Long –termers	Middle-termers	Short-termers	Non-North American
1972	31,863	-----	5,000	
1975	31,292	-----	7,000	4,099
1979	35,673	-----	16,949	7,034
1985	39,309	-----	21,830	-----
1988	44,574	-----	31,519	-----
1992	38,103		37,828	50,932
1996	38,370		66,465	31,110
1998	41,391		100,458	76,298
2001	41,669		349,665 <sup>2</sup>	66,873
2005	41,839		147,852	88,500 (Jaffarian 2008, 35)

Table 2. Missionary Personnel Sent from North America 1972-2005

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<sup>1</sup>Reported to the *Mission Handbook*, 1972–2005 Linda J. Weber and Dotsey Welliver (Wheaton, IL.: Evangelism and Missions Information Service, 2007).

<sup>2</sup>The spike from 100,458 in 1998 to 349,665 in 2001 and the decline to 147,852 in 2005 is attributed to reporting from the mission agency “Youth With A Mission”. They reported 10,057 short-termers in 1998, 100,000 in 2001, and 20,000 in 2005. This may represent an error in 2001 reporting.

STMs has not made a corresponding impact on career missions. This trend toward STMs has not only effected demographics but finances as well. A study of the impact of U.S. megachurches on mission trends indicates that support for career missionaries is declining while budgets for STMs are increasing (Priest, Wilson, & Johnson 2008, 97). Wuthnow observes that “the average trip costs at least \$1,000 per person and many total much more. Thus, in a given year Americans spend an estimated \$1.6 billion—at minimum—on short-term missions trips, equaling nearly half the amount spent on all other U.S. mission programs combined” (Wuthnow 2009, 180). This trend is also evident by the shift in the support base of ABWE missionaries as seen in tables three and four. This progressive trend has resulted in missionaries leaving for their fields of

<b>ABWE CAREER MISSIONARY SUPPORT TOTALS 2007-2011</b>				
Donor	Count	Gift Count	Amount	Percentage
Churches	1,292	15,954	\$3,996,305.50	54%
Individuals	4,404	37,607	\$3,030,081.40	41%
Other Org.	219	1,418	\$383,620.02	5%

Table 3. Career Missionary Support 2007-2011

<b>ABWE CAREER MISSIONARY SUPPORT PERCENTAGES 2007-2012</b>						
Year	2007	2008	2009	2010	2011	2012
Church	63%	60%	60%	59%	58%	56.8%
Non-Church	37%	40%	40%	41%	42%	43.2%

Table 4. Career Missionary Support Percentages 2007-2011

service with more individuals than churches in their support profiles. The monetary amount of support from these two sources will reach a parity in approximately a decade if current trends continue. The growth in STMs has been at the expense of the career missionary enterprise. ABWE has also witnessed the concomitant attrition of its career missionary force over the past six years. The shift in mission paradigm from career missions to STMs along with the attendant change in mission funding may be contributing to the plateau and decline of career missions. The following table displays the attrition in ABWE between 2007-2012. The decline of the North American career missionary enterprise is most likely representative of more than just a need for better

	<b>ABWE MISSIONARY ATTRITION 2007-2012</b>						
Year	2007	2008	2009	2010	2011	2012	Total
New missionary departures to field	44	47	47	41	31	73	283
Missionary attrition <sup>3</sup>	57	50	71	51	55	71	355
							-72

Table 5. ABWE Missionary Attrition 2007-2012

recruitment methods. It represents a change in the manner in which missions is conceptualized and implemented by churches and individuals. There has been a paradigm shift in the manner in which the North American church views the fulfillment of the Great Commission. The old missionary theme, “everyone is a missionary” has been realized through the STM enterprise. Churches have greater control over STM

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<sup>3</sup>Attrition includes retirement, resignation, deceased while active on field, and termination.

experiences when individuals and teams are sent from a local congregation. They may also experience a greater impact through the experience of their congregants than through the traditional career missionary. It is rare to encounter an ABWE missionary candidate who has not taken a STM trip and most have been on multiple trips. Many potential career missionaries have found fulfillment as “career short-term missionaries” through multiple and often yearly STM trips.

Another factor in decline of the North American career missionary force is the rise of the global South. Philip Jenkins has observed that “far from being an export of the West, a vestige of Euro-American imperialism, Christianity is now rooted in the Third World, and the religion’s future lies in the global South” (Jenkins 2002, xi). The shift of the center of Christianity from the northern to the southern hemisphere was graphically portrayed with the election of Cardinal Jorge Bergoglio of Argentina as pope of the Catholic church on March 13, 2013. Pope Francis is the first non-European pope since 741 C.E. The rise of the global South has contributed to the paradigm shift of missions in North America. The growth of the church in the southern hemisphere has shifted the role of the western missionary from pioneer to partner. “Partnerships have become the primary method in which churches and organizations engage in global missions (Lederleitner 2010, 21). Partnership has become a leading trend in twenty-first century missions (McConnel, Pocock, Van Rheenen 2005, 289-290). The partnership paradigm has contributed to the growth of the STM movement since many partnerships involve financial, educational, medical, and technological support which can be accomplished on a short-term basis.

STMM trips are popular due to the fact that medical professionals can make a significant impact in a brief period of time. I served at HBB as an RN and hospital director during the 80s & 90s. There were fifty Togolese employees and twelve career medical missionaries during this time. Short-term medical personnel visited regularly and made valuable contributions to the ongoing ministry. I returned to HBB March - July 2012 to conduct field research. The hospital has expanded to 148 employees with eleven career medical missionaries.<sup>4</sup> Two of these career missionaries were on extended furloughs and there was no surgeon among the nine active field missionaries. HBB now has a tremendous influx of short-term medical personnel and is dependent upon them to remain operational as a full-service medical-surgical facility. Forty medical professionals came through HBB in a fourteen week period from March to mid-July. The duration of their short-terms ranged from nine days to two years.

ABWE has an active STM department through which candidates can apply for a short-term ministry (six months or longer) to an ABWE field of service (ABWE, 2008-13). A three day training seminar is provided for those approved for service in July or November. The following table lists the number of short-term missionaries sent through ABWE from 2008 through 2012. These numbers

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<sup>4</sup>Togolese have assumed many of the supervisory roles that were occupied by missionaries in the 1990s. Nursing care is now provided by Togolese RNs with missionary nurses serving in educational and supervisory capacities.

<b>SHORT-TERM MISSIONARIES SENT FROM ABWE</b>					
Year	2008	2009	2010	2011	2012
STMers	51	53	59	90	118
Countries	22	16	14	14	20

Table 6. Short-term Missionaries Sent from ABWE

don't represent the total force of short-term missionaries who serve with ABWE each year. Many serve on ABWE fields without making application through ABWE mission headquarters. Four of the medical personnel who served short-term in March – July 2012 had been to HBB for eighteen consecutive years. Two were professors from Cedarville University who lead a team of nursing students each year. Two others were private practice physicians who come to HBB each year for the month of March. These STMM trips are arranged through the administration of HBB and not through ABWE mission headquarters and therefore don't appear in the statistical reports of the mission. Other medical professionals came through World Medical Mission and others came at the invitation of HBB career medical staff. Many of these medical professionals paid their own expenses and did not raise support from churches or individuals. This scenario is repeated in all the ABWE medical works so it is difficult to determine an accurate number of those serving short-term on ABWE fields. The number is certainly higher than what is represented in the above table.

*Spiritual Powers and Witchcraft in West Africa*

“One of the most significant differences between Northern and Southern Christians is in the matter of spiritual forces and their effects on the everyday human

world” (Jenkins 2002, 390). The presence of witchcraft and evil spirits retains a primary place in the lives and understandings of Africans and its presence is often discounted by North Americans. The difference in these understandings may account for some of the missiological missteps by Western missionaries.

Magesa states that “of the pastoral ‘problems’ facing the missionary-founded or mainstream Christian Churches in Africa, witchcraft and polygamy (in the form of polygyny) are perhaps the most prevalent and intractable challenges to the Church today. Of the two, witchcraft is obviously the most widespread” (Magesa 2006, 174). Polygamy seems to have received much more attention and intervention by the mission church than the problem of witchcraft. A reason for this discrepancy may be due to Western mission’s misconceptions about witchcraft as it appears in Africa.

The term “witchcraft” does not lend itself to a ready understanding of what this activity entails. There are particularities of witchcraft beliefs and practices across societies which may invalidate attempts to make universal statements about the nature of witchcraft. One “mistake often made when thinking of witchcraft is to think of it as covering the same semantic domain as the English word *witchcraft* .... The English concept is evil. The African concept includes both positive and negative components” (Hill 1996, 336). Harriet Hill later describes these positive components by saying that “Witchcraft can be used to protect family members from attack; supernatural knowledge and ability can be used for the good of society” (Hill 336). This seems to be a spurious description of witchcraft. The idea that witchcraft offers a positive contribution to society is fallacious. Hill may be guilty of confusing the semantic domain of witchcraft

herself. Witchcraft is employed by nefarious means to create injury, harm, and death. It is motivated through discourses of envy, fear, and retaliation. Witchcraft employed for personal protection still has the object of harming others and assumes that personal problems arise from malevolent others. The discourses from which witchcraft accusations and actions arise are ultimately destructive personally and socially.

One of the difficulties encountered when describing witchcraft cross-culturally is identifying the nomenclature employed in the host language and the translatability of these terms in the receptor language. Meaning can easily be lost in translation so that what is being described is not representative of the referent. Terms for evil spirits and witches may be used synonymously within a host language even though they represent different realities. This can lead to confusion within the host culture as well as creating a problem for researches seeking to describe and detail the events and beliefs of withcraft in a given context.

Witchcraft, as understood and practiced in the West, is very different from African understandings and practices. Western concepts of witchcraft include the worship of Satan, Wicca, the practice of magic, and sorcery. Witchcraft is a major source of entertainment evidenced by a proliferating industry in the film and gaming industries.<sup>5</sup>

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<sup>5</sup>Blizzard Entertainment Inc., has three of the top grossing video games dedicated to demonic and witchcraft themes. World of Warcraft, Diablo 3, and Starcraft have combined sales of 73 million units with a revenue of \$3.782 billion (Blizzard Entertainment, 2013).

### Witchcraft as Superstition

The failure to assess witchcraft from an emic perspective can result in flawed analysis and conclusions. Relegating witchcraft beliefs to uninformed superstition is often the approach of Western missions and mission churches (Debrunner 196, 135; Kunhiyop 2002, 138). Anthropologists of the mid 20th century assumed that witchcraft beliefs would be displaced by modernity. Parrinder argued that “An enlightened religion, education, medicine and better social and racial conditions will help to dispel witchcraft beliefs” (Parrinder 1958, 202-203). Birgit Meyer categorizes this approach with the following statement. “Those who treat witchcraft with the most superficiality are those influenced by cultural evolutionists. They feel that witchcraft is a trait of primitive people which will disappear with Westernization. Many missionaries influenced by this school of thought dismiss witchcraft beliefs as superstition. It is the most convenient solution, as our Western culture and theology do not prepare us to address it” (Meyer 1992, 104).

Witchcraft is espoused in almost all African societies as the traditional means for explaining evil, misfortune, and death (Kunhiyop 2002, 130). A belief that is so engrained and so much a part of the social fabric cannot simply be willed into oblivion by denying its existence or relegating it to uninformed superstition. Meyer reports in her research among the Ewe of Ghana that “the belief in the existence of witches is denied by the Church order of the E.P. Church. Theologians and church leaders see it as superstition and 'belief in unimportant things.' Adze (witchcraft) is not talked about in the services.

For the majority of the church members, however, witches and other evil spirits are very real” (Meyer 1992, 119).

Hill observes that “The Adioukrou of Côte d'Ivoire (Ivory Coast, West Africa) received the gospel in 1915, burned their fetishes, and converted in mass to Christianity. After 70 years, however, witchcraft persists as an important part of life” (Hill 1996, 323). Western missionaries have customarily relegated indigenous witchcraft beliefs to ignorance and superstition. However, “the question whether or not witchcraft is an objective reality is, in a sense, a secondary one” (Bosch 1987, 42). “In Africa it is idle to begin with the question whether witches exist or not .... To Africans ... witchcraft is an urgent reality ... therefore the actual belief of Africans comes first” (Idowu 1973, 175). “Belief in witchcraft is part and parcel of a fundamental outlook on, a basic option about, life in the world and in society” (Singleton 1980, 31). Therefore, the task of missions must take witchcraft seriously as a reality within the traditional African worldview. “Our difficulty in understanding African witchcraft might not be because it does not exist, but because it is a world about which we as Westerners know very little” (Hill 1996, 334).

Witchcraft beliefs such as therianthropy— humans turning into animals, birds or snakes— creates incredulity among many and the rejection of any ontological realities associated with witchcraft. “In a non-scientific environment belief of this type cannot be ‘clean’ from fear, falsehood, exaggeration, suspicion, fiction and irrationality. Whatever reality there is concerning witchcraft in the broad and popular sense of the term, the belief is it is there in every African village, and that belief affects everyone, for

better or for worse” (Mbiti 1990, 197). Mbiti recognizes the difficulty in establishing the veracity of many of the claims associated with witchcraft, yet he offers an informed perspective on the need to acknowledge the existential realities that accompany many of these claims.

### The Ambiguity of Witchcraft

The practice of witchcraft is shrouded in secrecy. This fuels the fear, exaggeration, suspicion, and accusations to which Mbiti refers. “Witchcraft discourse is not a coherent logic or straightforward set of theological statements about the world. Rather, its power as a kind of master signifier for social explanation comes precisely from its residence in the otherworld, in a place of mystery that is not fully understood” (Newell 2007, 468).

The epistemological ambiguity of witchcraft is intellectually unacceptable to the Western mind; yet it is within this ambiguity that the power of witchcraft resides. “There is a staggering production of meaning, highly unsystematic and contradictory but, precisely because of this, extremely powerful” (Geschiere 1997, 814). “Although the innovation, uncertainty, and outright ignorance concerning matters of witchcraft and spiritual powers might complicate life...it is from the essential secrecy of witchcraft that arises its most significant powers” (Ashforth 1996, 1206). The means employed for penetrating the secrecy surrounding witchcraft and revealing the knowledge necessary for dealing with the exigencies of life are themselves not logical or open to objective confirmation. Ashforth describes gossip, speculation, divination, and confession as the avenues through which the secrecy of witchcraft can be unveiled.

While this secrecy can rarely be breached comprehensively, in everyday life two modes of discourse serve to elaborate forms of knowledge relevant to the task. The mode of discourse through which the secrets of other people's "hearts" are plumbed is conventionally known ... as "gossip." The mode of discourse through which "anything" of which witches are capable is analyzed, and within which their doings are separated out from those of other invisible powers, is the discourse of idle speculation. Divination and confession are the two other modes of penetrating secrets, the one offering access to hidden truths by means of access to higher powers of perspicacity, the other promising direct expression of inner secrets. Both are essential for the evidence of culpability in the perpetration of witchcraft (Ashforth 2005, 14).

The enigmatic nature of witchcraft defies logic. It is not open to reasoned explanations so that contradictions may not create cognitive dissonance for those who adhere to witchcraft explanations to explain the cause of evil.

#### Witchcraft and Morality

"*Good fortune* as well as misfortune may be attributed to "witchcraft," resulting in a situation of "moral ambiguity""(Stabell 2010, 461). The ambiguity that surrounds witchcraft discourses is evident in the debate over its moral nature. Geschiere argues that witchcraft may be ambiguous but it is not morally neutral. Referring to his research among the Maka people of Cameroon he writes,

For the Maka ... the *djambe* ["witchcraft"] is an essential part of social order [P]eople may regret that these forces exist, but they are so closely linked to any form of power that they are indispensable to the proper functioning of society. In this view, witchcraft is basically ambiguous: it is in principle an evil force, yet it must be canalized and used for constructive aims in order to make society work (Gerchiere 1997, 218-219).

Witchcraft serves as a utilitarian force in society but this force is ultimately negative. Geschiere is not saying that the Maka perceive that witchcraft has a positive influence in their lives but that witchcraft discourses serve to interpret reality and is deeply embedded in consciousness to provide reasonable understandings of the social order. Stabell concurs with Geschiere when he states that,

The ambiguity of witchcraft discourse is thus not simply that it speaks of morally neutral powers. It is rather that these discourses often refer to forces that are morally *corrupting*, even though potentially useful. What all this implies, however, is that where witchcraft is viewed in this way, the notion of encouraging a Christian discourse about "good witchcraft" would be deeply problematic" (Stabell 2010, 466).

The reference to witchcraft as "potentially useful" is problematic even if it can be argued that it serves in a socially egalitarian manner. It is ultimately a destructive force relationally and socially. Stabell's comments come in response to an article by Johannes Merz in which Merz argues for the contextualization of the gospel within Beninese culture, where witchcraft is prevalent (Merz 2008, 215). Merz states that the attempts of missionaries and African Pentecostal churches to deal with witchcraft through demonization has been counter-productive (214). An anthropology consultant with Summer Institute of Linguistics in Togo and Benin, Merz reports on a native Beninese by the name of David. This young man was a practicing witch when he came under the influence of a Beninese pastor. David converted to Christianity and later became the pastor of a Pentecostal church. Merz comments on David's experience as follows:

For David, *Uwien' hoohu* (God's witchcraft) is central to his work as a pastor. He also considers the Holy Spirit, whom he says lives within him, to have *uhoo* (witchcraft). The Holy Spirit comes and goes, thus linking David with God. Generally, however, David feels the Holy Spirit to be present when he needs him. Then, the Spirit's work is to give extra

spiritual power to the *Uwien' hoohu* by which David exercises his gifts. By means of his *uhoohu*, David gains access to God and the spiritual realm, with the Holy Spirit serving as a mediator (215).

He concludes that “conversion to Christianity can make people become good witches. David is therefore not unique in considering himself a Christian and a witch at the same time. Rather, what distinguishes him is that he has developed the notion of "good" witchcraft beyond traditional beliefs and given it a new Christian meaning by calling himself a "witch in the Holy Spirit"” (213). To declare that someone is a witch in the Holy Spirit is incongruous. Anthropologists use the term “witch” to describe someone who uses occult power to harm or destroy another through misfortune, illness, or death (Priest 2012, 1; Stabell 2012, 461). This is not compatible with the work of the Holy Spirit.

The ambiguity of witchcraft is related to a mysterious epistemology, i.e. witchcraft is shrouded in secrecy. Some of the literature views the axiology of witchcraft as neutral force by maintaining social and economic equalities (Gluckman 1958, 93-94; Krige 1982, 263); it is employed for both benefit and misfortune. This seems to be a judgment based upon outcomes rather than origin. Harriet Hill may offer some insight into the disagreement regarding the moral character of witchcraft when she says that “one limitation to the majority of the research ... is that the scientists do not believe in the reality of the spiritual or psychic world. Discounting the supernatural, all is reduced to sociological or psychological causes. Their theories contain truth, but they are partial explanations” (Hill 1996, 325).

The manner in which Western and African cultures approach the problem of theodicy may also influence perspectives on the morality of witchcraft. How can evil exist in a world created by an omnipotent and benevolent God? “The first answer is called dualism, where good and evil come from two different and opposing superhuman agencies .... The opposite answer to the problem of the origin of evil is monism, the view according to which both good and evil come from one Supreme Being” (Bosch 1987, 38). These two positions represent Christianity and West African witchcraft respectively.

Western missionaries in West Africa interpreted African monism with a dualistic grid. One of the primary ways that this is manifest is the manner in which the Devil is presented in translation and gospel presentation. A one-to-one correspondence is made between the Christian doctrine of Satan and African spirits. Translators and preachers found seemingly comparable terms for the Devil in indigenous languages. It became obvious that employing the names of African divinities for Satan was problematic. This practice was replaced by employing a semantic form of the word for Satan in the indigenous language. Africans tend to associate the new word with African divinities, with which they are familiar, since the new word is devoid of meaning. “Since the concept of Satan as absolutely and irrevocably evil and as the final antithesis of God is ... foreign to traditional Africa, the tendency is to interpret this figure in relation to the Supreme Being” (Bosch 1987, 40). Thus, attempts to introduce a dualistic view of good and evil by missionary evangelists and translators can often be understood within monistic categories by Africans.

### Witchcraft and Social Constructs

Witchcraft creates an environment of fear because of the potential for harm that is inherent in its practice and the fear of the unknown that fuels witchcraft discourses. Those who rise above their peers in social or material status may become the target of witchcraft induced by the envy of family or neighbors. This fear functions to maintain social parity. Witchcraft discourses offer explanations for social injustices, disparity, misfortune, illness, and death. "In an atmosphere where one's jealousy can kill and people have power to harm those who offend them, notions of witchcraft monitor behavior and encourage group values. Anyone who spends time alone is not only considered anti-social; he or she is also suspected of witchcraft. This pressure encourages folks to participate in the group-oriented culture" (Hill 1996, 329). Witchcraft accusations or the fear of such indictment serves to enforce social norms and encourage group parity (Adeney 1974, 381).

West African Witchcraft has adapted remarkably to the changes introduced through modernity and globalization. This may well be due to the social utility of witchcraft in the fabric of African culture.

Africa has experienced many of the same changes that have transformed other societies in recent years. Schools follow what is essentially a Western curriculum. Centers of health care promote the advantages of Western medicine. New transportation and communication technologies are often in evidence. And yet the presence of such "modern" ways does not seem to have lessened a general propensity to interpret life's events in terms of "witchcraft." To the contrary, according to popular discourse, "witches" seem to be more numerous than ever. (Stabell 2010: 461-462)

Witchcraft accusations and explanations of difficulty are often a means of coping with change. The growing proclivity of witchcraft discourses may be a product of the rapid and often uncontrollable changes of modernity and globalization.

Witchcraft has defied anthropologists and missionaries who labeled it as a characteristic of traditional cultures and predicted its demise with the growing impact of modernity and globalization on African culture. Conversely, witchcraft discourses and practices have proven to be remarkably adaptive to modernity. “Witchcraft seems to act as conservative reaction against the evils of modernity through accusations against those who have profited from the capitalist economy, while at the same time serving as the explanation for Africa’s inability to progress” (Newell 2007, 462-463).

#### Witchcraft and Causation

Much, Mahapatra, and Park use the term *causal ontology* “to refer to a person’s or people’s ideas about the orders of reality responsible for suffering” (Shweder 2003, 76). Seven causal ontologies are categorized in this model. First, biomedical causal ontology is represented by physical pathologies. Second, interpersonal causal ontology attributes illness to malevolent others through sorcery. Third, sociopolitical causal ontology is the result of oppression. Fourth, psychological causal ontology is associated with disappointment and failure. Fifth, astrophysical causal ontology is characterized by the untoward arrangement of planets. Sixth, environmental causal ontology is attributed to stress. Finally, moral causal ontology results from personal failure of a moral, legal, or relational nature (Shweder 2003, 76-79).

These etiologies represent the means by which cultures interpret suffering and illness and assign their experience to “an order of reality” (Shweder 2003, 76). Prescribed treatments accompany each causation. Interpersonal causal ontology is

representative of the most common explanation given for evil and suffering in West Africa.

Johannes Merz researched witchcraft beliefs among the Bebelibe of northwestern Benin. He states in his findings that “the Bebelibe believe that whenever something evil happens, when normality is disrupted, somebody, either human or spirit, should be held responsible for it” (Merz 2008, 206).

Characteristic of interpersonal causal ontology is the attribution of culpability in the other. "In witchcraft-dominated cosmologies,... evil and malice and all evils are attributed to abnormal neighbors. For them, hell is other people" (Douglas 1970, xxxv). Justice or retribution is not a matter of personal sin if evil is found outside of the self. Interpersonal causal ontology finds culpability in the evil other. “The witch is therefore, by definition, never I myself, but always someone else” (Bosch 1987, 46). The witch must be found to insure personal and community security. Misfortune and evil will continue unabated until the source is discovered. “The concern for the African person afflicted with evil is above all to *determine for sure who the evildoer is*” (Magesa 2006, 181).

Adinkrah describes how deeply embedded witchcraft beliefs are within Ghanaian society. All forms of misfortune and malady are attributed to malevolent witchcraft. He offers the following example.

In January 1997 when a cerebrospinal meningitis epidemic in the Northern Region of the country killed 542 citizens, residents in the afflicted communities attributed the disease and its spread to witchcraft practice and launched a ruthless campaign to root out the alleged witches responsible. In the ensuing weeks, scores of elderly women suspected of

practicing witchcraft were violently assaulted, some lethally. (Adinkrah 2008: 302)

These incidences of violence and death described by Adinkrah may be exceptional facilitated by a crisis but they do represent the extreme manifestation of witchcraft dogma that is habitually sustained through gossip, accusations, and fear. Harriet Hill offers a similar example from The Ivory Coast.

In many ethnic groups of Côte d'Ivoire, all deaths except of the very old are considered unnatural, and the "assassin" must be found. The corpse is carried by pallbearers and asked to reveal who did the killing. In response to a series of yes/no questions that gradually narrow the options, the corpse pushes the pallbearers to the guilty party, who is often thoroughly surprised and sure there must be some mistake. The individual can request that the questions be repeated, but if the same response is given several times, there is no doubt. The corpse never lies. (Hill 1996, 331)

This appears to be a whimsical means of discovering the truth but just as the reality of witchcraft is shrouded in secrecy, so is its discovery.

We reviewed earlier some of the ways in which witchcraft serves a utilitarian purpose in African society. One important function is to offer explanations of misfortune and calamity. Witchcraft answers the question, "Why?" which often eludes Western philosophy and biomedicine. "A bereaved mother whose child has died from malaria will not be satisfied with the scientific explanation that a mosquito carrying malaria parasites stung the child and caused it to suffer and die from malaria. She will wish to know why a mosquito stung her child and not somebody else's child" (Mbiti 1990, 195).

This explanatory causal ontology may seem to be illogical and superstitious to some observers. Yet, witchcraft "is a system with its own natural logic.

This explanatory system provides answers to questions of why particular occurrences happen to specific individuals at the time they do. It does not invalidate their understanding of empirical cause and effect of an occurrence. Rather it deals with its ultimate cause” (Evans-Pritchard 1976, 71).

Traditional religious beliefs permeate every sphere of life. The family, community, health, weather, politics, etc., are all integrated into a worldview with religious overtones and explanations. Therefore, the search for ultimate causation is a logical pursuit within this worldview. Empirical answers are partial, incomplete, and ultimately unsatisfactory. This perspective does not view scientific explanations and witchcraft discourses as incompatible. These two causal ontologies work together by providing different components of explanation (Kunhiyop 2002, 130). Ultimate explanations can only be provided by the interpersonal causal ontology that witchcraft offers.

### *Medical Anthropology*

The subject of medical anthropology has particular relevance for this dissertation due to the historical role of biomedicine in missions strategy.<sup>6</sup> A primary motivating principle for medical missions is to demonstrate the compassion of Christ by

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<sup>6</sup>The term “biomedicine” is used in this literature review in reference to Western biomedicine. Other medical practices such as acupuncture, chiropractic, homeopathy, and ayurvedic are classified by the National Institute of Health (NIH) as complementary and alternative medicine (CAM). The National Center for Complementary and Alternative Medicine (NCCAM) is a division of the NIH. These diverse medical systems are not considered to be a part of conventional Western allopathic medicine (Koithan 2009).

meeting the physical needs of a people group who are most often living in poverty with limited access to quality health-care. Medical practitioners may not consider the epistemological underpinnings of biomedicine and the manner in which Western medicine integrates with the cultural understandings of the indigent population. Biomedicine is shaped by a worldview that may not necessarily be biblical. The manner in which this affects the presentation of the gospel and conceptualizations of illness and wellness need to be evaluated. Medical anthropology provides a basis for this understanding.

#### Medical Anthropology Defined

“Medical anthropology is anthropological theory and methods devoted to the topics of health, illness, and health care” (Sargent and Johnson 1996, 89). It is interdisciplinary, drawing upon a variety of disciplines across the spectrum of social and biological sciences. The integration of the medical sciences with social sciences provides a unique perspective on global health problems. “Medical anthropology concerns itself with the many factors that contribute to disease or illness and with the ways that various human populations respond to disease or illness” (Baer, Singer, and Susser 2003, 3). Medical anthropology can also be understood from studying the manner in which people groups explain disease etiologies, treatments that are prescribed and sought, and the practitioners that they seek. It is a “biocultural discipline concerned with both the biological and sociocultural aspects of human behavior, and particularly with the ways in which the two interacted throughout human history to influence health and disease” (Helman 2007, 7).

Medical anthropologists employ differing theories within varying health care systems across divergent cultures as they explore health related issues of disease and illness among populations. A social constructivist approach is followed by medical anthropologists as they seek to comprehend health issues. A constructivist approach to medicine places social dimensions of disease at the center of medical inquiry (Winkleman 2009, 36).

Medical anthropologists view health as a cultural construction which varies between societies and historical periods. Health is not an absolute state of wellbeing but a malleable concept that is formed within a socio-cultural environment (Baer, Singer, and Susser 2003, 4).

Medical anthropology is concerned with understanding how culture and health interact and the role that social relations play in shaping disease. This requires going beyond a fundamental understanding of the biological basis of disease to understanding its social origins and cultural construction of symptoms and treatments. Medical anthropologists “investigate differences in health and disease experience by using a cross-cultural approach, comparing and contrasting sociocultural situations to illuminate the underlying causes of variation or similarity. What factors contribute to differences in disease patterns? What factors contribute to variation in responses to disease?” (Wiley and Allen 2009, 2).

Singer and Baer offer an additional perspective to the task of medical anthropologists when they state that “while recognizing the fundamental importance of biology in health and illness, medical anthropologists generally go beyond seeing health

as primarily a biological condition by seeking to understand the social origins of disease, the cultural construction of symptoms and treatments, and the nature of interactions between biology, society, and culture” (Baer and Singer 2007, 11). Medical anthropology demonstrates the interrelationship between biology and science and reveals how culture impacts health and disease. Anthropology has a significant role to play in the development of cultural understanding by both health care providers and patients. Culture provides the conceptual framework for understanding human behavior including behaviors that effect health. This conceptual framework provides a methodological contribution to this research as it focuses upon indigent understandings of illness and wellness and how these perspectives may influence conversion to Christ.

#### The Clinical Relevance of Medical Anthropology

There may be a need for medical anthropology to be more clinically relevant yet the literature reveals that medical anthropology has made significant contributions to understanding sociocultural precursors to illness and disease. Medical anthropologists have unveiled a deficiency in physician understandings of patient beliefs regarding illness which often contribute to failure of health education programs.

Anne Fadiman illustrates in microcosm how belief systems can negate attempts at medical education when a Laotian immigrant couple seek treatment for their three month old child in a California emergency room. The physicians diagnosed the infant with epilepsy and prescribed anticonvulsants while the parents attributed the condition to the wandering of her soul and offered animal sacrifices. Another example of this deficiency can be seen in the HIV/AIDS epidemic in Africa that continues to advance

unabated in spite of attempts to educate the public. There is a high level of knowledge about the means by which HIV is transmitted and an awareness of the necessity to use condoms when engaging in sexual intercourse among young Nigerians yet the use of condoms remains low (Smith 2003). Nigerians “project AIDS risk onto immoral ‘others,’ a stance that enables them to interpret the epidemic without internalizing their own risks” (Smith 2003, 346). AIDS prevention programs often do not accomplish the intended effect because of a misunderstanding of the separation that often exists between people’s beliefs and behaviors. The knowledge of risk does not always change behavior.

Medical anthropology makes two contributions to medicine. The first is in “elucidating different cultural understandings when they are encountered within the biomedical field”, and the second is “to provide a critique of received knowledge within biomedicine itself” (Shand 2005, 106-107). The search for statistical evidence to demonstrate the influence of medical anthropology on clinical practice may not be the best means of evaluation. The research of medical anthropologists is often more qualitative than quantitative. “The assimilation of an idea, a change in policy or attitude is not something that can be faithfully represented in numbers. It transcends this sort of narrow analysis” (Shand 2005, 109). Shand states further that irrespective of the fact that some physicians have been ambivalent toward anthropological contributions to medicine, there is significant documentation to demonstrate the positive impact of anthropology on health care through changes in policy and practices (Shand 2005, 109-110).<sup>7</sup>

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<sup>7</sup>Shand offers three examples of positive change that medical anthropology has made in the health care arena.

### Biomedicine and Medicalization

Medicalization is a process that “entails the absorption of ever-widening social arenas and behaviors into the jurisdiction of biomedical treatment through a constant extension of pathological terminology to cover new conditions and behaviors” (Baer, Singer, and Susser 2003, 14). Alcoholism, pregnancy and childbirth, obesity, and nicotine addiction fall under this purview (Baer, Singer, and Susser 2003, 14; Winkelman 2009, 297). Medicalization reaches beyond the classification of disease within the biomedical domain to the absorption of other institutions. Medical anthropologists working in clinical settings often study conditions as they have been conceptualized and classified by biomedicine (Browner 2000, 135-136).

Chiropractic and Osteopathy provide two additional examples of medicalization. Chiropractic is considered an alternative medicine or unconventional therapy (Winkelman 2009, 179-180). These terms are used to classify “medical practices that are not in conformity with standards of the medical community... [and] not widely

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1. Mull, J.D. and D.S. Mull. 1988. Mother’s concept of childhood diarrhea in rural Pakistan: what ORT program planners should know,” *Social Science and Medicine* 27: 53-67.
  2. Nichter, M. 1999. Project community diagnosis: participatory research as a first step toward community involvement in primary health care. In *Anthropology in Public Health: Bridging Differences in Culture and Society*, R.A. Hahn, Oxford University Press, Oxford.
  3. Hughes, C.C. 1996. Ethnopsychiatry. in *Medical anthropology: Contemporary theory and method*. ed. C.F. Srgent and T.M. Johnson 131-150. Praeger: Westport, CT.

taught at U.S. medical schools or generally available at U.S. hospitals” (Eisenberg, Kessler, Foster, Norlock, Calkins, and Delbanco 1993, 246).

Osteopaths have sacrificed some of the distinctiveness of osteopathy in gaining parity and the privilege to work in medical centers alongside medical doctors. Chiropractors who work in conjunction with MDs have placed themselves under the authority structure of biomedicine. Both of these professions have experienced medicalization. “The stand-alone osteopathic hospital was a necessity to the osteopathic medical profession in an era when it was isolated from allopathic medicine. As osteopathic medicine has become increasingly integrated with allopathic medicine, however, an independent osteopathic hospital is no longer a necessity” (Hilsenrath 2006, 558). The process of medicalization is a means by which the Western biomedical establishment exercises hegemony over complementary and alternative medical systems including acupuncture, homeopathy, and ayurvedic.

Susan DiGiacomo’s experience may serve as an illustration of Browner’s concerns. DiGiacomo reports on her experience as a medical anthropologist working alongside epidemiologists at a medical research institute in Catalonia, Spain. Her attempts to shift the discussion of culture from that of measurable factors to one of a context of illness experience were met with resistance and hostility. She concludes that biomedicine has incorporated the concept of culture into the naturalistic epistemology of Western medicine. “The unfortunate consequence is the medicalization of culture understood as ‘difference,’ which often stands in for social class” (DiGiacomo 1999, 436). Culture was viewed biomedically as a constant that could be examined as a

laboratory specimen, separate from its societal context. The medicalization of medical anthropology in the experience of DiGiacomo is expressed in her comment that “anthropology is raided for bits of information about ‘culture’ which can then be plugged into a statistical model that generates correlations amenable to being represented as causal” (451). The conversation between medical anthropologists and biomedical practitioners has required a disproportionate and unreciprocated effort on the part of anthropologists to meet scientists on their own conceptual and methodological ground (Balshem 1993, 128).

The root of this conflict seems to lie in differing methodological paradigms. “The place of contextualization in ethnographic explanation is not well understood by epidemiologists, because context in epidemiology is established so differently: by highly detailed descriptions of method” (DiGiacomo 1999, 449). Krieger elaborates on this observation when she writes that “the field of epidemiology today suffers from the absence of not only a clearly articulated and comprehensive epidemiologic theory, but, it seems, even the awareness that it lacks such a theory. The science instead is taught and viewed as a collection of methods to be applied to particular problems involving human diseases and health” (Krieger 1994, 899).

The disparity between biomedicine, of which epidemiology is a part, and medical anthropology, may be one of technical vs. theoretical emphases. Biomedicine has a priority for technique and technical method in pursuit of results whereas medical anthropology has a priority of social-cultural theory in pursuit of understanding. Both

disciplines are concerned with causation of disease and illness. Epidemiology is seeking the biological cause and anthropology is seeking the socio-cultural contributors of cause.

DiGiacomo states that “ethnographic and epidemiological accounts are not parallel, complementary narratives, but divergent narratives” (452). These narratives, although they follow different methodological paradigms, should not be considered incompatible. Data for the epidemiologist is clear and fits with the research design. Alternate avenues for gathering data are ruled out by the plan of research.

Anthropologists are open to pursuing unanticipated avenues for gathering data as they present themselves in the process. The sharply defined research design for the epidemiologist is foreign to anthropology. The primary difference between the two sub-disciplines is one of perspective. Epidemiological research operates from the concept of normal and abnormal. The anthropologist may not be interested in defining categories as normal and abnormal but describes behavior, causation, illness, and other phenomenon as they appear (True, 1996).

This conflict between culture and biomedicine can be exacerbated in cross-cultural contexts particularly in the majority world where Western biomedicine has an established presence. Drawing attention to the contributions of medical anthropology to the biomedical process is a critical need in these contexts. This is an important critique since the politicizing of medical anthropology could weaken its contribution in non-political research arenas.

### Theoretical Underpinnings of Medical Anthropology

There are numerous theories which have been suggested for research in the field of medical anthropology. Robert Hahn proposes the three theoretical approaches of reductionism, emergentism, and interactionism (Hahn 1995, 58). Byron Good offers four, empiricist, cognitive, meaning centered, and critical (Good 1994). Ann McElroy and Patricia Townsend suggest four approaches, medical ecological, interpretive, political / critical, and political ecological (McElroy and Townsend 1996). Hans Baer, Merrill Singer, and Ida Susser reference these authors and then suggest that medical anthropological research encompasses three theoretical perspectives, medical ecological, cultural interpretive, and critical political (Baer, Singer, and Susser 2004, 31-32). The three theories suggested by Baer, Singer, and Susser seem to best capture the current theoretical writing in the field.

Critical Theory is the most predominant among medical anthropologists. Critical theory operates with a political agenda. Research concerns are focused on authoritative knowledge, uses and abuses of power, structural violence, social inequality, and the impact that each of these has on health systems and individuals. Health is a social construct that is ultimately inscribed on the bodies of individuals (Fassin 2007, 252-266). This refers to social conditions such as poverty, drug abuse, and unsafe work environments that are detrimental to health and are ultimately visualized through illness and disease.

Scheper-Hughes and Lock express concern over “distortions” that have been introduced into medical anthropology by critical theorists. “Political economy of

health studies have tended to depersonalize the subject matter and the content of medical anthropology by focusing on the analysis of social systems and *things*, and by neglecting the particular, the existential, the subject content of illness, suffering, and healing as *lived* events and experiences” (Scheper-Hughes and Lock 1986, 137). The authors are challenging critical theorists to move beyond a pure political agenda at the macro level and focus on the existential suffering at the micro level that results from the political excesses of capitalism.

### *Critical Medical Anthropology and Biomedicine*

Biomedicine is a health care science that focuses on human pathophysiology by the application of biological and physiological sciences to clinical medicine. Biomedicine gained dominance in the West during the industrial revolution and the emergence of capitalism (Baer, Singer, and Susser 2003, 13). It became the preeminent medical system in the world through colonization and “as a result of the expansion of the global market economy” (Baer, Singer, and Susser 2003, 14). Medicine in its early unscientific stages was intractably interwoven with imperial designs. Colonial powers used medicine to ostensibly further empire building, originally providing care for the colonizers and ultimately extending to colonial subjects. The health needs of the native served the cause for expansion into the interior (Comaroff 1993).

CMA (also known as political economic medical anthropology [Baer, Singer, and Susser 2003, 31] literature has a strong anti-capitalist temper. Western biomedicine is viewed as capitalist medicine and the cause of disparities when exported to the majority world

through the building of large hospitals, the initiation of fee for service, and the marginalization of traditional medicine.

Biomedicine exercises hegemony in the West and in post-colonial societies. Hegemony is achieved through a process in which one segment of society gains control of the conceptual and intellectual life of another through institutional dominance rather than coercive force. Biomedicine has achieved this in much of the world by capitalist assumptions and values that characterize medical diagnosis and treatment. One example of this hegemony is the manner in which biomedicine has been excluded from the concept of ethnomedicine (Baer, Singer, and Susser 2003, 13-15). Ethnomedicine is a term used to describe cultural perspectives on healing from an emic perspective and reflects the culture in which medicine is practiced. It is often used to describe non-biomedical systems yet biomedicine is also an ethnomedicine depicting western cultural values, beliefs, and assumptions. This is an important point for this research since attitudes regarding the superiority of biomedicine can easily transfer to a devaluation of a culture in which biomedicine is not the predominant medical system.

Critical medical anthropologists perceive biomedicine and capitalism as institutions that are interdependent to the degree that biomedicine is considered to be capitalist medicine (Winkleman 2009, 302; Baer, Singer, and Susser 40; Foley 2010, 9). The universalizing of biomedicine has increased health disparities when majority world governments allocate resources following a neoliberal model that are mandated by international financial institutions. The distribution of resources is allocated to centralized hospitals and specialized equipment rather than on community health and

public health programs. This marginalizes people from healthcare access. The export of biomedicine in capitalist wrappings has led to the advocacy of CMA (Winkleman 2009, 302).

A recent article in *Medical Anthropology Quarterly* by Ellen E. Foley, a medical anthropologist and assistant professor at Clark University, provides an example of the neoliberal concerns which are a focus of much of the literature. “The dominant development trend in sub-Saharan Africa over the past 20 years, as in most of the developing world, has been the rise of neoliberalism.<sup>8</sup> Neoliberal economic policies, along with accompanying social sector reforms, have dramatically affected susceptibility to disease and health-seeking strategies throughout the continent” (Foley 2008, 257).

Foley’s research was centered in the Senegalese River Delta which has served as the source of economic livelihood for generations by providing a rich agrarian environment. This began to change dramatically with the completion of the Manantali Dam in Mali and the Diama Dam in Senegal. This resulted in the salinization of the soil and aquifers in the delta and adversely affected the agrarian base of the economy in the area. Young men began looking for other opportunities for employment. Sixty percent of men between the ages of 16-30 began migrating to Dakar and Banjul for seasonal fishing. This event dramatically shifted the hierarchal basis for family life which was

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<sup>8</sup>“Neoliberalism is a theory of political economic practices proposing that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, unencumbered markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices” (Harvey 2007, 22).

dependent upon the labor of younger men who were dependent upon the family elder and responsible to him. The economic downturn was further exacerbated by the fact that these young migrants did not send sufficient money back to their village to accommodate for their loss of labor. The stratification of society based upon generation, age, and gender was challenged by the new freedom that young men experienced as migrants. The author presents three case studies of young men who became seriously ill and found themselves in a place of dependency upon the authority and financial means of the family elder. In each case the elder used his regained authority to deny treatment for the young men.

Foley argues that the neo-liberal economic development strategies, of which Senegal is a microcosm of continental realities, have failed to provide the promise of increased access to equitable health care. The macro decision of government health care departments do not account for the changing economic and social development and the hierarchical nature of therapeutic decision making (Foley 2008).

Evidence of this can be seen in the inappropriate distribution of biomedical pharmaceuticals in Ivory Coast (Granado, Manderson, Obrist, and Tanner 2009), underutilization of government sponsored biomedical clinics in Burkina Faso (Samuelson 2004), disproportionate distribution of funding for research, prevention, and treatment of AIDS at the exclusion of sickle cell when the incidence of sickle cell is ten times greater in Senegal (Fullwiley 2004), unsustainable debt of African nations based upon the structural adjustment programs of international financial institutions (Schoeph, Schoeph, and Millen 2000), identities that are created by biomedical diagnostic

technologies which form social difference and groupings in Uganda (Whyte 2009), and discriminatory health care practices created by extractive industries in the “resource curse” nations of Nigeria, Chad, Sudan, and Angola (Calain 2008).

Neoliberalism is identified as a global export by wealthy Western nations with biomedicine being a primary vehicle. This results in macro structures implemented by nations that ignore the micro realities of social-cultural struggles. Medical mission enterprises are not immune from the complications that arise with the export of Western biomedicine. This is an implication that requires serious review and consideration. There is certainly a great deal of humanitarian good and spiritual change that occurs through these ministries. The potential negative impacts that may result from the incursion of Western biomedicine into traditional societies can easily be missed or ignored.

CMA is very adept at identifying social injustice and inequality in health care structures created by neoliberalism but often silent in providing substantive solutions. It is not enough to have a cause without a solution.

### *Epistemological Foundations of Biomedicine*

There is a wide divergence between etiological conceptions of disease in Western biomedicine and those found in traditional cultures. This variance may be particularly pronounced in Western mission hospitals serving populations in the majority world. The underlying epistemological foundations of biomedicine are of a different sort than explanations provided for pathology and healing in traditional cultures. “A singular premise guiding Western science and clinical medicine...is its commitment to a

fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal” (Scheper-Hughes, Lock 1987, 8).

Scheper-Hughes and Lock trace this “natural/supernatural, real/unreal dichotomy of contemporary biomedical conceptions of the human organism to the philosophy of René Decarte. Descartes’s epistemology was based upon the concept that nothing was true apart from empirical evidence. The only thing that could be accepted by faith was the thinking being. He is the source of the dictum, “I think, therefore I am”. Interestingly, Descartes was a devout Catholic. He reconciled his religious beliefs with his empirical epistemology by an appeal to the rational mind. He used rational thought as a means to establish proof for the existence of God. This epistemological method separated mind from body, mind from nature. This separation of mind and body, known as Cartesian dualism, became the basis for materialistic thinking that formed the foundation for natural and clinical sciences. This materialist base has resulted in a tendency to classify maladies as either organic or psychological among clinicians (Scheper-Hughes, Lock 1987, 9). Lock and Scheper-Hughes describe this radical dichotomy of Cartesian dualism as a “biological fallacy” that is “paradigmatic to biomedicine” (Scheper-Hughes, Lock 1987, 6).

Clinicians struggle to integrate illness and suffering across the physical and mental domains. “We lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts. We are forced to resort to such fragmented concepts

as biosocial or psychosomatic” (Scheper-Hughes, Lock 1987, 9). This is the trap of the Cartesian legacy (Scheper-Hughes, Lock, 1987, 10).

This mind/body dualism is the substance of Western metaphysics, so much so that we regard it as natural (Goody, 1977; Benoist 1978, 59, 64; Scheper-Hughes and Lock 1987, 11). Cartesian dualistic epistemology seems quite natural to us in the West but it is a rather strange concept in most cultures of the world. There is a seamless continuity between the spiritual and natural worlds within animistic societies. Ideas of cause and effect in West Africa do not fit the Cartesian paradigm. Biomedicine is very good at answering questions related to “how?” but often struggles with the “why?”. Yet the “why?” question is paramount for people within traditional cultures.

Paul Hiebert speaks to this epistemological dilemma for the Western missionary when confronted with a dualistic framework of religion and science. This two tiered view of reality excludes the middle level of spirit beings in this world. The denial of the existence of the middle level leaves the “why?” questions of causation unanswerable (Hiebert, 1982). Traditional healers offer explanations of causation for their patients at points where biomedical practitioners cannot, due to the fact that biomedical training is primarily focused upon the body and natural causes. The medical system in traditional societies is not differentiated from other social institutions such as religion and politics. Biomedicine seeks to separate these spheres but in reality is influenced and shaped by political and religious realities that are woven into the social fabric (Baer, Singer, and Susser 2003, 8).

The dualism of biomedicine is one reason why traditional medicine persists in areas where biomedicine exercises hegemony. The research of Maclean demonstrates this point. Maclean researched the attitudes toward traditional and Western medicine among the Yoruba in Ibadan, Nigeria to determine when households seek traditional treatments for illness and when they chose the biomedicine of the local hospital. She concluded that the Yoruba chose traditional medicine for illnesses that were perceived to be related to socio-cultural and spiritual issues (Maclean 1978, 152-167).

Lock and Scheper-Hughes summarize the distinction between non-Western epistemologies and western epistemology when they write that in Western epistemologies,

Body and self are understood as distinct and separable entities; illness resides in either the body or the mind. Social relations are seen as partitioned, segmented, and situational—generally as discontinuous with health or sickness. By contrast, many ethnomedical systems do not logically distinguish body, mind and self, and therefore illness cannot be situated in mind or body alone. Social relations are also understood as a key contributor to individual health and illness. In short, the body is seen as a unitary, integrated aspect of self and social relations.” (1987, 21)

It is not sufficient for a Western medical practitioner to assume that their epistemological perspective will be understood and accepted by patients in traditional societies.

Additionally, it is presumptive to assume that the superiority of one’s technology translates to a superior epistemology.

Kleinman describes medicine “as a cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of

interpersonal interactions” (Kleinman 1980, 24). Biomedicine is a culturally constructed system, an ethnomedicine, which represents basic cultural values through which medical practitioners and patients have their values and convictions confirmed (Van der Geest 2005, 135).

Biomedicine’s self-categorization as a non-ethnomedicine is a further demonstration of its dualistic metaphysic. Science and culture are separated in the definition of biomedicine. This creates a myopic perspective of reality and affects the ability to integrate other domains into conceptual understandings and clinical practice. The problem is not with biomedicine but with the Cartesian epistemology that is foundational to it. Dualistic thought is foundational to natural and social sciences (Lock and Scheper-Hughes 1987, 9) and has been imbedded in Western thought. The implications this poses for missions are significant. Leslie Newbiggin stated that Western Christian missions have been one of the greatest secularizing forces in history through the dualism that has accompanied the communication of the gospel (Newbiggin, 1966). The legacy of Cartesian dualism has been the secularization of science and the mystification of religion (Hiebert 1982, 43). These two can’t be put back together apart from a new epistemological perspective. Hiebert suggests that God must be brought back into the middle level by providing a theology offering answers dealing with “divine guidance, provision and healing; of ancestors, spirits and invisible powers of this world; and of suffering, misfortune and death” (Hiebert 1982, 46). At the same time, Christianity can easily become another form of magic in an attempt to provide answers at the middle

level. A theology that focuses upon God in human affairs and the problem of pain and evil is essential to the subject of Christian conversion and life.

### *The Anthropology of Conversion*

The primary purpose of this research is to determine the conceptual understandings of the gospel expressed by patients at Hôpital Baptiste Biblique who converted to Christianity. What does the gospel mean to them? What are their religious pre-understandings and how have these changed? What have they converted from and to? These are some of the questions that an examination of the nature and process of conversion will help to clarify. The literature on conversion includes contributions from the fields of anthropology, sociology, history, psychology, and religious studies (Ekechi 1993, 289). Each of these disciplines offers differing perspectives with varied purposes. "Sociologists examine the social and institutional aspects of traditions in which conversion takes place .... Anthropologists ... examine a culture's symbols and methods for religious change .... Historians collect and interpret the details of concrete particular conversions" (Rambo 1987, 73). Religious pluralism has expanded the discussion beyond the parameters of historic traditional religions and broadened the definition of conversion.

The subject of conversion from a biblical and cultural perspective is crucial to this research. The data that emerges from the conversion experience of the research subjects needs to be analyzed in comparison to a biblical and systematic theology. Understanding the cultural components of conversion is also essential to gaining insight into the dynamics involved in the conversion of patients at HBB.

## The Concept of Conversion

Authors have proffered numerous definitions of conversion by focusing on its most basic theological elements. “Broadly defined, conversion has to do with fundamental change and transformation” (Dearman 2009, 22). Nwaoru reduces conversion to the essentials of two elements which “are always prominent in every conversion – profession of faith and renunciation of sins” (Nwaoru 2008, 27). Walls and Smith both view “turning” as the central element in conversion. Walls states that the idea of turning is “the simplest, most elemental feature of the word “conversion” (Walls 2004, 2). Smith suggests the priority of “turning” when he writes that “the ‘turning’ of faith and repentance means a change of loyalty and allegiance. These two acts stand at the center for a simple reason: a Christian conversion is radical (going to the core or root of our being) or it is no conversion at all” (Smith 2001, 143). “Turning” is certainly critical to conversion but it may comprise only half of the equation in the sum of conversion. This will be revisited when we look at the language of conversion. Others emphasize the sociological component of conversion. Reuschling is representative of this approach when she states that conversion is as “an *ongoing socialization and formation by and into a Christian narrative for all dimensions of life*” (Reuschling 2009, 80). McKnight defines conversion ecclesiological. “Conversion is ecclesiological at the most particular, concrete and local of levels. Conversion is what *a specific church* says it is. Since one is moving into a church, and since a church is in most cases a stable organization, conversion will mean taking on the ethics and ideas and practices and beliefs and relationships of a concrete, local church. Conversion, indeed, is what a group

says it is” (McKnight 2009, 119). McKnight’s definition fits within the parameters of a given ecclesiology but may ignore the biblical requirements for conversion. His definition appears to be more socially than theologically oriented.

Conversion is a complex idea with theological, historical, cultural, and psychological components. An analysis of conversion “cannot be reduced to a few basic aspects” (Rink 2007, 10). Walls touches upon several aspects of this complexity.

The word *conversion* has been used in Christian history in a multitude of ways. There have been at least two broad streams of usage, each with many divisions. In one stream conversion is spoken of essentially as an external act of religious change. In this usage Christian conversion refers to movement to the Christian faith, individually or collectively, on the part of people previously outside it .... In the second stream of usage, "conversion" denotes critical internal religious change in persons within the Christian community, and here the varieties of meaning raise complex issues. Sometimes “conversion” refers to subjective experience, sometimes to an assumed ontological change, sometimes to both. (Walls 2004, 2)

Wall’s comments demonstrate that conversion has different meanings in different historical contexts. The scriptural concept of conversion is complex as well and is nuanced in different contexts as we will observe below. Unraveling these complexities associated with conversion is not as simple as adopting a definition because the biblical concept is conveyed through different literary genres, cultural contexts, and theologies. However, an examination of conversion literature on the Old and New Testaments may be the best place to gain an understanding of the intricacies involved.

#### Conversion in the Old Testament

Barrick states that “both liberal and evangelical scholars have entertained doubts about the presence and/or frequency of conversion in the OT” (Barrick 2000, 19).

He argues that these doubts arise when the OT text is compared with doctrinal discourses in the NT. “Didactic subgenre is present in the OT, but it occurs less frequently than in the NT. To speak of doctrine in the OT as though it must be taught in forms similar to those in the NT is misleading” (Barrick 2000, 20).

There are numerous individual conversion narratives in the OT (Abram, Rahab, Ruth, Naaman), yet the focus of the OT is primarily on corporate rather than individual conversion. “The call to conversion is the consequence of a breach of the covenant by the covenant people .... As a result of this call the return to Yahweh was sealed with the renewal of the covenant. The two characteristic features of such a repentance were that the repentance was done in public and that it was done collectively” (Rink 2007, 20) (Joel 2:12ff; Josh 24:21-28; 2 Kgs 23:1-3).

The OT Semitic corporate worldview emphasizes the group which contrasts with the contemporary Western worldview with its priority on the individual. This can result in overlooking the emphasis on conversion in the OT when reading from a Western perspective. “The various writers of the OT think in terms of corporate belonging as a primary way to define personal identity and responsibility. Persons are defined by their membership in an extended family, clan, and/or tribe” (Dearman 2009, 23). Ancient Near Eastern cosmology did not ignore the significance of the individual or personal identity, however the priority was on family, clan, and nation. Dearman makes this point well when he describes the relationship between identity and conversion.

Individuals play a crucial role in the narratives of the primary history, but the angle of vision is essentially on peoples and nations, and on the elect role of Israel among the nations .... Conversion, therefore, whether considered more broadly as a form of transformation or more specifically

as a turn to the living God who created heaven and earth, should first be seen from the perspective of peoples and nations. (Dearman 2009, 24)

This corporate perspective on conversion is often missed in the Western church due to the high value placed upon the individual and personal freedom. There is an affinity in West Africa to a corporate perspective where tribe and clan have a primary role in personal identity. African Christians often defer to the Old Testament for personal testimonies because personal and social identity is established in ways similar to those in ancient Israel.

Rajkumjar Boaz Johnson takes issue with Dearman from what he describes as a third world perspective when he writes,

I see the OT as being replete with examples of individual and collective transformation which become models for NT conversion stories .... individual conversion in the OT is paradigmatic of the corporate conversion. It seems to me that Western theologians have viewed conversion as a highly individual act .... I would contend that individual conversion and corporate conversion are inter-paradigmatic. The theology of conversion is therefore intrinsic to the theology of the Hebrew Bible. (Johnson 2009, 37,41)

Johnson's concern can be seen in the following comment by Dearman in which he recognizes an inter-paradigmatic relationship between OT & NT but places its inauguration in the eschatological future.

If one first thinks of conversion in the individual sense of a person embracing a new faith, then the vast riches of the OT have some perspective to offer. If, on the other hand, one thinks in terms of conversion more broadly as the promised transformation of the cosmos, including Israel and other nations, then one looks toward a future that is central to the OT and the matrix for much of what the NT says about the eschaton. (Dearman 2009, 36)

This comment demonstrates that there is a continuity between conversion in the OT and NT theologically as well as socio-culturally. There is a significant emphasis upon conversion and community in the New Testament. The emphasis is not racial identity but identity in Christ as one new man is formed from Israel and the nations (Eph 2:11-22). Many of the individual accounts of conversion feature Gentiles (Abram, Rahab, Ruth, Naaman, the sailors with Jonah, and Nebuchadnezzar). Abram was the patriarch of Israel whereas Rahab and Ruth were Gentiles incorporated into Israel. Naaman, the sailors, and Nebuchadnezzar did not become a part of Israel but they did become worshipers of Yahweh. They each serve as a demonstration of Yahweh's concern for the individual and precursors of his plan to incorporate the Gentiles through the New Covenant (Gen 12:3; Joel 2:28-29; Acts 15; Gal 3:6-8; Eph 2:11-22).

Wright addresses the role of Abraham and the Abrahamic covenant as a pattern of conversion that bridges the testaments.

The familiar words of Genesis 12:3 set the agenda for Israel's missional existence in history. So important are they that Paul calls them the Gospel in advance (Gal. 3:6-8). God declares his intention that through Abraham and his descendants, all nations on earth will be blessed. There is no mention here of this blessing coming by the mechanism of conversion as such. But if the nations are to be blessed, or to find blessing, in the same way as Abraham, then we expect that they must follow the footsteps of his faith in, and obedience to, the God who called him. (Wright 2004, 14)

We can see the paradigmatic role or perhaps it would be better to say the inter-paradigmatic role of Abraham in conversion between the OT and NT. The promise to Abraham weds the importance of the individual with the significance of the group in covenant terms. Covenantal terms are not abolished in the NT. It is the old covenant that is abolished and replaced with the new covenant and mediator (Heb 8).

Paul speaks of abolishing the Old Covenant in Eph 2:11-22 and incorporating the Gentiles into a new entity with Israel. Paul places an emphasis upon newness, oneness, OT imagery, and  $\sigma\upsilon\nu$  compounds using terms and phrases such as, “made us both one” (14), “one new man in place of two” (15), “one body” (16), “we both have access” (18), “fellow citizens” (19), “members of the household of God” (19), “apostles and prophets” (20), “joined together” (21), “holy temple” (21), “built together into a dwelling place for God” (22), to demonstrate the continuity of conversion between the old and new covenants.

Paul’s terminology retains the corporate characteristic of the OT but without the ethnic distinctions. This is very different from OT conversion where “people receive the names, the identity, the mission, and the privileges of Israel; yet they preserve the ethnic and cultural identity that is theirs by creation” (Wright 2004, 15).

Yahweh demonstrates a concern for the conversion of the Gentile nations in the OT. This is seen specifically in the call of Jonah to the city of Nineveh and generally by Jeremiah’s proclamation to Israel’s neighbors. “*Jeremiah* holds out to the nations contemporary with his own the same conditional terms for repentance and restoration that he consistently held out to Judah (Jer 12:14-17)” (Wright 2004, 14).

The place of Gentiles within the corporate ethnic and national identity of Israel is of particular significance in the theology of conversion and the continuity of redemptive history. “From the very beginning, Israel emerges into history and onto the pages of the Old Testament as a “mixed multitude.” The exodus narrative records that a great many other people left Egypt along with the Israelites (Exod 12:37-39) .... Later we

see that there was a substantial resident alien population at the time of the united monarchy (2 Chron. 2:17-18)” (Wright 2004, 17).

Yahweh demonstrates a profound concern and specific plan for the Gentiles from the time of the earliest patriarch. The inclusion of Gentiles in the lineage of Christ is further evidence of the redemptive historical plan of Yahweh that encompasses all people in conversion (Matt 1:5). God’s covenant with Israel is key to conversion in the OT.

Covenant renewal was actually a recommitment to the changed life that had been entered at conversion .... On the plains of Moab Moses stood before the second generation of Israelites .... In preparation for their entry into the land of promise, Moses called upon converted Israelites to recommit themselves to the keeping of the covenant. At the same time, he called upon yet unconverted Israelites to put away their idols and turn to the living God. (Barrick 2000, 23-24)

Conversion encompasses entering into the corporate covenant between Israel and Yahweh as well as re-entering after falling away. Conversion is not the exclusive experience of non-covenant people but includes those who have broken the covenant. Therefore, renewal is part of conversion.

### The Language of Conversion

An analysis of the vocabulary used by the biblical authors is formative to gaining an understanding of the concept and dynamic of conversion. This vocabulary will be compared with that used by the research respondents in their conversion narratives. “There are four common words used in the Bible for the idea of conversion: *sûb* and *niham* in Hebrew; *epistrophê/epistrephō* and *metanoia/metanoēō* in Greek. Both *sûb* and *epistropho* have the basic notion of turning. The words *niham* and *metanoia*

connote a change of heart or mind” (Nowell 1999, 57). שׁוּב is particularly ubiquitous and is the primary word used in conversion by OT authors.

The word conversion and its related terms are a translation of the Hebrew verb *schub* which is found approximately 1056 times in the Old Testament. The word *schub* is used in a variety of ways and in general carries the meaning of: turning, returning, turning away, restoring, converting, turning unto, etc .... Approximately 118 times it is used in a moral and religious sense in the Old Testament and definitely expresses the idea of religious conversion in the sense of returning to the Lord, turning from sin, with the consequent restoration of fellowship relationship, restoration into a position of blessing and usefulness. (Peters 1963, 235)

Peter’s comments demonstrate the wide range of the use of שׁוּב from a simple geographical, directional change to a moral commitment in conversion. Nowell offers additional specificity when she writes that,

*sûb* is used almost exclusively of human beings; only eleven instances apply to God. Once God’s anger is turned back (Josh 7:26), twice it is not (Job 9:13; Jer 30:24), and once God’s hand is not turned back (Lam 2:8). Moses begs God to turn from anger in Exodus 32:12, and we echo his plea in the one psalm that is dedicated to him, Psalm 90:13. The prophets declare that God may indeed turn back (Joel 2:14; Jonah 3:9; Zech 1:3; Mai 3:7). God promises to take the people back in Jeremiah 15:19 (Nowell 1999, 57).

God’s turning does not equate to the turning of humans. However, the instances of שׁוּב in relation to God are significant even though infrequent. They demonstrate that God is responsive to the prayers of his people. Nowell elaborates on her qualification above when she states that “it is not only the people who turn, God turns to them also. Several prophets state God’s promise, “Return to me and I will return to you” (Zech 1:3; Mal 3:7). But God’s turning is always a free act; it cannot be compelled by human action, so the word “perhaps” continues to appear (Joel 2:14; Jonah 3:9)” (Nowell 1999, 58).

The word שׁוּב relates to those entering a covenant relationship with Yahweh but also encompasses the restoration of those who return to covenant obedience after falling away. This is seen in the covenant renewal led by Moses in Moab (Deut 30: 1,3), Josiah's reforms (2 Kgs 23:25), and the repeated calls from the prophets for Israel to return to the Lord (Isa 55:7; Jer 3:12; Ezek 14:6). "The main term used in the Old Testament is שׁוּב, 'to turn back, to return'.... The idea is the return to the point of departure, which becomes relevant in its theological connotation 'to return to God', 'to repent'. Conversion entails 'the return to the original relationship with Yahweh'" (2 Kgs 22-23; Amos 4:6-11) (Méndez-Moratalla 2004, 15).

Likewise, Wright comments on the inclusive nature of this word when he says that "the word *sub* is used of turning in either direction so any missiological reflection on conversion must wrestle with this issue of the continuous need of God's people for radical conversion themselves, rather than being seen only as the agent of the conversion of others" (Wright 2004, 14).

Conversely נָחַם is used more frequently with reference to God relenting than it is of people responding to God. "There are approximately thirty-two instances of *niham*, connoting "relent" or "repent"; of these eleven are in Jeremiah. Only three times (Job 42:6; Jer 8:6; 31:19) are human beings the subject of *niham* in the sense of "relent/repent"; all other times it is God" (Nowell 1999, 57). Ten times Jeremiah uses נָחַם of God's response to the obedience of the people of Israel. Four times it is used negatively in which Yahweh will not relent and six times positively. The intimacy of Yahweh's relenting is seen in the use of the first person pronoun in seven occurrences.

Méndez-Moratalla points out that there is a relationship between **שׁוּב** and **נָחַם**. An example of this is given in Jer 31:19 (כִּי־אַחֲרַי שׁוּבִי נָחַמְתִּי) ‘for after I turned away I repented’) expressing people’s turning away from sin (Méndez-Moratalla 2004, 15). The relationship between **שׁוּב** and **נָחַם** provides a full view of the biblical picture of conversion which involves turning from sin toward Yahweh and repenting for disobedience. Conversion is not only positional but relational which demonstrates a change of attitude toward one’s sin and the righteousness of Yahweh (1 Kgs 8:47; 2 Chr 6:37; Ezek 14:6, 18:30).

Μετανοέω and ἐπιστρέφω have a relationship in the NT similar to **שׁוּב** and **נָחַם** in the OT (Luke 17:4; Acts 3:19, 26:20). “What Jesus taught was that no conversion was possible without the evidence of this changed attitude toward God revealed expressly in one's attitude to Jesus. So the twin idea of conversion (*epistrepho*) is repentance (*metanoeo*)” (Stevens 1990, 116).

Ἐπιστρέφω is never translated as “conversion”. This is reserved for the noun form “ἐπιστροφή” and it only occurs once in Acts 15:3. Perhaps it would be better to refer to conversion as the product of ἐπιστρέφω and μετανοέω. “Both describe the movement towards conversion but when these two verbs are put together, the first one means the positive turning to and the second one the turning away from (Acts 3:19)” (Rink 2007, 21). This reflects a turning from sin and repentance for it. This is the same relationship that we saw between **שׁוּב** and **נָחַם**. The semantic relationship between these words and their significance in defining conversion are summarized well by Peters.

The word *repentance* and its various derivatives are a translation of the Hebrew word *nocham* and the Greek words *metamelomai* and *metanoia*. The root meaning of *nocham* and *metanoia* in the religious usage indicates a principal change of mind and moral purpose, while *metamelomai* is used to express a state of sensibility as regret, remorse, and sorrow. Thus we are dealing with a deeply moral religious concept that expresses man's relationship to sin and ungodliness, a concept full of spiritual significance which in its deepest meaning expresses man's practical sharing in Christ's view and attitude toward sin. Repentance thus becomes a holy abhorrence, a righteous condemnation, a conscious repudiation and renunciation of sin, a voluntary turning away from a life of sin, a determinate breaking with evil. (Peters 1963, 238-239)

שוב, נָחַם, ἐπιστρέφω, μετανοέω and their cognates are the most frequently used words in conversion language. However, there is not a set conversion vocabulary that is used universally among the biblical authors. “Paul speaks about a "new creation" (2 Cor 5:17), while John calls this process the "new birth" (John 3:3,5) and the author of the Epistle to the Hebrews (Heb 6:4f.) describes it as enlightenment” (Rink 2007, 22). Paul only uses ἐπιστρέφω twice (2 Cor 3:16; Gal 4:9) and μετανοέω once (2 Cor 12:21).

Nowell comments on the Samaritan woman by observing that “the vocabulary of conversion is absent; neither *metanoia/metanoēō* or *epistrophē/epistrophō* appear. The characteristics of conversion, however, are present. The woman's transformation seems to be total. If those who suspect that she comes to the well at noon to avoid human contact are correct, she has abandoned that avoidance by her rush into town” (Nowell 1999, 63).

Blockmuehl notes that ἐπιστρέφω is primarily a Lukan term “accounting for fully half of its 36 New Testament uses (7 times in Luke, and 11 times in Acts, compared to just 3 times in all of Paul)” (Blockmuehl 2009, 46). He argues for multiple

conversions of Peter based upon the absence of ἐπιστρέφω in Lukan narratives involving Peter.

One example he offers is when “Peter is called to discipleship after being humbled by a miraculous catch of fish from his own boat. He leaves everything to become a fisher of people. But while this is clearly a dramatic and decisive call, Luke does not apply to it the language of "turning" or repentance that for him appears still to denote an action in the future in 22:31-32” (Blockmuehl 2009, 47).

Turning to Luke’s account of Peter’s denial of Christ, Blockmuel observes that “while this act of shame and remorse eloquently speaks of Peter’s weakness and fallibility, interestingly Luke nowhere describes it as repentance or "turning" (Blockmuehl 2009, 48). Even in Peter’s famous confession in Luke 9:18-20 Blockmuel sees “no hint of a ‘conversion experience’” (Blockmuehl 2009, 48).

He seeks an answer to Peter’s conversion though the exegesis of 3<sup>rd</sup> and 4<sup>th</sup> century art depicting the denial of Peter and from the apocryphal N.T. book, The Acts of Peter (Blockmuehl 2009, 51-56) and “argues that early Christian art and texts point to Peter’s encounter with the resurrected Jesus as his conversion” (Gorman 2009, 61).

Gorman offers an excellent analysis of the shortcomings of an over-dependency upon lexicography when constructing a theology of conversion.

If we posit the presence *oí epistrephō*, and/or a form of the words "repent/repentance," as the requirement for identifying a conversion, whether generally or with respect to Luke, then our ability to describe and define conversion is greatly constrained and in fact distorted. Indeed, based on those criteria, not even Zacchaeus, arguably one of the most converted figures in the Gospel of Luke (Luke 19:1-10), was not converted. It seems to me that the term "conversion" needs to be defined, not primarily in terms of vocabulary used to describe an experience, but in

terms of the correspondence between an experience and a theological understanding of conversion/ transformation gained from the texts yet not dependent solely, or even primarily, on one or two lexical items. (Gorman 2009, 62-63)

Gorman's comments emphasize the need for theological and contextual considerations to accompany lexical studies regarding conversion. Conversion cannot be adequately understood apart from salvation history.

“Born again” terminology is a primary means of expressing conversion within evangelicalism yet its prominence in the church belies its infrequency in the NT.

Nowell observes that,

It occurs only in the Gospel of John and 1 Peter. The words used are the passive voice of *gennao*, "to be born or begotten" (John 3:3-8; cf. 1:13) and *anagennao*, "to be born or begotten again" (1 Pet 1:3, 23). New birth connotes a radical change in one's existence, a new beginning. In contrast to the modern usage, which is often individualistic, in Scripture the concept of new birth always implies community. (Nowell 1999, 58)

A major theological emphasis has been formed around a word that appears three times in the New Testament. This by itself is not necessarily problematic but when conversion is understood primarily or exclusively in relation to γεννάω it may be theologically myopic.

“Writers of New Testament texts described conversion in a variety of ways, making generalizations about *the* meaning of conversion in the New Testament is hazardous if not impossible” (Gaventa 1986, 1). Understanding the language of conversion requires recognizing the parameters of the lexical applications. “The language of conversion has often failed those of us within the evangelical tradition” (Smith 2001, 23). Gordon Smith's indictment is apropos when we over-reach.

## Conversion Paradigms

### *Conversion Theory*

Lewis Rambo suggests a paradigm of conversion that has broad application across religious traditions. He believes “that such a broad survey approach is necessary and appropriate in an increasingly pluralistic religious environment. More specialized, normative definitions of conversion are the preserve of particular spiritual communities” (Rambo 1993, 3-4). Rambo’s suggestion for more specialized research seems to indicate that he recognizes the limitations of his approach since the definition, and object of conversion varies across religious traditions. However, there are commonalities in the human experience and the stages in his paradigm are broad enough to be inclusive.

Rambo’s paradigm is a stage model which he deems appropriate “in that conversion is a process of change over time, generally exhibiting a sequence of processes, although there is sometimes a spiraling effect – a going back and forth between stages” (Rambo 1993, 16-17).

Rambo includes seven stages in his conversion paradigm.

Stage 1 – Context: The Ecology of conversion process

“Context encompasses the modes of access and transmission, provides the models and methods of conversion, and also contains sources of resistance” (Rambo 1993, 165).

Stage 2 – Crisis: Catalyst for change

“Crises force individuals and groups to confront their limitations and can stimulate a quest to resolve conflict, fill a void, adjust to new circumstances, or find avenues of transformation” (Rambo 1993, 166).

Stage 3 – Quest: Active Search

“Human beings actively seek solutions to their problems and strive to find meaning, purpose, and transcendence” (Rambo 1993, 166).

Stage 4 – Encounter: Advocate and Potential Convert in Contact

“The encounter stage brings people who are in crisis and searching for new options together with those who are seeking to provide the questors with a new orientation” (Rambo 1993, 167).

Stage 5 – Interaction: The Matrix of Change

“Once sufficient mutual interest is established or created, interaction involves more intense levels of learning. Relationships are often the most potent avenues of connection to the new option. In some cases, establishing a new relationship forms the foundation upon which a new way of life is built” (Rambo 1993, 167).

Stage 6 – Commitment: Consummation and Consolidation of Transformation

“Commitment is the consummation of the conversion process” (Rambo 1993, 168).

Stage 7 – Consequences: Effects of Converting Processes

“For some people the consequence is a radically transformed life....Others gain a sense of mission and purpose .... The conversion process can also have a destructive effect” (Rambo 1993, 170).

McKnight’s borrows heavily from Rambo in the development of his paradigm. He adopts all of Rambo’s stages with the exception of “interaction”. He objects to the use of the term “stages” and suggests “dimensions” since he believes it more adequately reflects the “multi-faceted nature of human personality” and is less constrained by chronological sequence (McKnight 2003, 120).

McKnight’s most substantial contribution to Rambo’s paradigm is at stage/dimension #4, “Encounter”. Here he suggests five types of appeal made by the advocate.

First, the advocate might appeal to a system of meaning—a cognitive appeal; second, the advocate might appeal to the emotions—an affective appeal; third, the advocate might appeal to various advantages for living—a pragmatic appeal; fourth, the advocate might appeal through the potential of a personal relationship—a charismatic, relational appeal; fifth, the advocate might appeal to social, cultural, or political advantages—a power appeal. (McKnight 2003, 130)

These five types of appeal are helpful toward gaining an understanding of the variations in encounter and how this stage fits into the overall paradigm of conversion.

McKnight further expands upon the Encounter stage by applying encapsulation theory to the process of the encounter between the evangelist and the recipient of the message. “There is a complex interaction whereby both the advocate and potential convert must adjust, adopt, and adapt to one another in order for the person to convert and the advocate to reach the potential convert” (McKnight 2003, 130).

Encapsulation occurs when an individual or group is restricted in some way so that the message of the gospel is afforded a higher priority. Encapsulation theory includes three shapes and four interlocking features. The first shape occurs when potential converts are “encapsulated physically-that is ... they are removed from society. This happens every summer when some go off to Christian camp or to a retreat center. Second, potential converts may be encapsulated socially-that is, they are restricted from a former set of social relations .... third, potential converts may be encapsulated ideologically-that is, they are put in a setting where other points of view are not as accessible” (McKnight 2003, 131).

The three shapes of encapsulation are structures that create a restricted environment physically, socially, or ideologically. The four features of encapsulation are the means by which advocates interact with potential converts.

First, new **relationships** are established in order for the convert to see the embodiment of the faith; second, **rituals** are present to embody the gospel message and faith; third, a new **rhetoric** is learned in order for the potential convert to have a language that can re-make an old world and create a new world of meaning .... And, fourth, in the encapsulation the

potential convert sees **roles** of others and learns his or her own new role within the community of faith. (McKnight 2003, 131)

McKnight's contribution to Rambo's 4<sup>th</sup> stage of Encounter is significant missiologically because it is at this stage that the missionary is engaged in ministry by interacting with neighbors and cultural others. This stage is also the focus of most missiological training.

Rink draws attention to a fundamental inadequacy in Rambo's methodology that is designed to have application within the landscape of religious pluralism. Rink observes that "the missiological research of conversion sees its predominant task in establishing a scientific link between the biblical witness and the empirical reality of the Christian faith. *It* is obvious that God and the whole range of supernatural events cannot be measured empirically. However, it is possible to analyze the impact which faith kindled by the proclamation of the Holy Scriptures has on the (Christian) life-style" (Rink 2007, 31).

The supernatural cannot be quantified but perhaps it can be qualified. This would require acknowledging it as a variable within the various stages of Rambo's paradigm. Rambo's stage model "lacks a means of assessing conversion reports and...the transcendent factor has almost completely been left out" (Rink 2007, 34).

Stanley suggests that Christian conversion cannot be understood by a model that does not include the primary agency of the Holy Spirit.

Whatever validity social scientific analyses of conversion may possess in relation to the general phenomenon of conversion from one religion to another, Christian theology cannot rest content with any understanding of conversion to Christ as purely a matter of human agency, whether on the part of the evangelist or the convert. The New Testament compels Christians to insist that conversion to Christ is an act in which the agency of the Spirit of God is primary, and that of the evangelist and the convert merely secondary. (Stanley 2003, 320)

This caution by Stanley is well advised. He is not discounting the contribution of the social sciences but emphasizing the essential role of scripture and the Holy Spirit in defining and understanding Christian conversion.

*Paul as a Paradigm for Conversion*

“The apostle Paul might well be history’s most famous convert” (Gaventa 1986, 17). Paul is responsible for more epistles than any other author of scripture and although Luke’s two books contain more content of the NT, much of that content focuses on the ministry of Paul. This may be the reason that Paul’s conversion “has often functioned as the paradigm for popular notions of Christian conversion” (Blockmuehl 2009, 42). However, there is a division in the literature about the place of Paul in conversion theory. Disagreement surrounds the paradigmatic role of Paul’s conversion experience. There are six accounts of Paul’s conversion in the New Testament, three in Luke-Acts (Acts 9:1-30; 22:1-21; 26:1-23) and three in the Pauline epistles (Gal 1:13-17; 1 Cor 15:8-10; Phil 3:4-11) which provide the basis of the discussion.

Richard Peace views Paul’s Damascus Road conversion as representative of Christian conversion and normative for understanding conversion (Peace 1999, 10). He examines Luke’s three accounts of Paul’s conversion in the Book of Acts in an attempt to “find the core elements that define his conversion and hence those elements that define how conversion was understood in the New Testament” (Peace 1999, 17). These three accounts reveal that Paul’s conversion was comprised of the three elements

of seeing, turning and transformation (Peace 1999, 25, 37, 56, 99-100). Paul only refers to his conversion twice in his letters (1 Cor 15 and Gal 1). Peace points to Rom 1:1; 1Cor 15:5-8; 2 Cor 5:18-20; and 13:10 as allusions to Paul's conversion to substantiate the centrality of the Damascus Road experience in Paul's ministry and theology. George Lyone concurs with the conclusions of Peace. "That Paul offers his autobiographical narrative (Gal 1:13-2:21) as substantiation of his claim in Gal 1:11-12 concerning the nature and origin of his gospel suggests that he considers himself in some sense a prepresentation or even an embodiment of that gospel .... He is a paradigm of the gospel he preaches among the Gentiles" (Lyone 1985, 223).

Gaventa argues against Paul serving as a conversion paradigm when she writes that "more often than not, students of the New Testament have isolated the three Lukan accounts from their narrative context, compared them with one another and with the Pauline letters, and then drawn conclusions about their origin and history, giving slight if any attention to the contexts in which the narratives appear" (Gaventa 1986, 53).

Méndez-Moratalla takes up the same objection as Gaventa when he argues against the method and conclusions of Peace.

The main thrust of his work is to systematize those elements describing 'the core pattern of Paul's conversion', namely, insight, turning and transformation, which serve as the guiding criteria for analyzing the conversion of the Twelve as found in the Gospel of Mark .... The approach is in itself highly questionable for it presupposes a normative role for the stories of Paul's conversion in Acts, paying little attention to what Paul himself says in his writings, and from there he goes into Mark trying to justify a similar theological pattern (Méndez-Moratalla 2004, 5-6).

Determining Luke's purpose in recording Paul's conversion provides an important perspective on the significance of this event theologically. The paradigmatic argument may be more concerned about personal significance than the overall theological purposes of Luke. Acts records three conversion narratives in chapters 8, 9, and 10 of the Ethiopian eunuch, Paul, and Cornelius respectively. "These stories are arranged in such a way that they follow one another in very close order,...Given the care with which Luke writes, it is improbable that the order is merely accidental. Luke has placed the three together so that he can dramatically present the fulfillment of Acts 1:8" (Gaventa 1986, 123).

The three narratives are representative not as paradigms of conversion but as fulfillment of God's purpose in Christ. "The story of the Ethiopian eunuch ... foreshadows the movement of the gospel into the 'end of the earth' (Acts 1:8). Paul's reversal signals the power of God's church even over its enemies. The inclusion of Cornelius signals the overthrow of traditional barriers and the beginning of the Gentile mission" (Gaventa 1986, 147).

Embracing a conversion paradigm simplifies the process of evangelism. This may account for some of the popularity Paul has enjoyed as a model of conversion. Smith states that evangelicals are guilty of viewing conversion in minimalist terms. This lays a poor foundation for a transformed life and stifles the development of an adequate theology of conversion (Smith 2001, 136).

"Paul's conversion has been a point of reference for religious experience for two millennia – a kind of standard by which conversions are judged or measured ...

However, there is no solid basis for concluding that Paul's conversion constitutes a model of Christian conversion. It is never presented as such by Paul or by any other biblical author" (Smith 2001, 126-127).

### Conversion as an Event and/or Process

Conversion is described in the literature from two perspectives. "The first is an understanding of conversion as a one-time decision, an event simply equated with "getting saved." The second views conversion as an on-going process of change, reorientation and moral formation" (Reuschling 2009, 68).

Reuschling's purpose is to examine these two perspectives in light of Zacchaeus's conversion in Luke 19:1-10. It appears from the text that the conversion of Zacchaeus was a one time event as a result of meeting Jesus. Reuschling rejects this first notion of conversion. She states that viewing Zacchaeus's conversion as a one time event

does not explain the difference that this encounter with Jesus made in Zacchaeus's life in the every day and over the long term, and on his vocation as a tax collector. This bi-polar view of conversion, that emphasizes the past and the future and compartmentalizes the here and now, fails to recognize that authentic conversion is on-going and progressive and, I would add, the relational, social, and moral. This first notion of conversion tends to relegate our experiences and encounters with Christ to some kind of ethereal sphere which privileges the spiritual over the material aspects of our lives. This brackets the very concrete and social dimensions of our lives, such as our vocations, ways of earning and using money, the ethical demands of Christian discipleship and our responsibilities to others, from pertinent moral critique that come from the commitments we have as followers of Jesus Christ. Morality becomes bifurcated from conversion, discipleship from salvation, and beliefs from practices. (Reuschling 2009, 79)

Reuschling's observations are quite poignant but she may be asking a question that the text does not answer. Luke's purposes in this pericope seem to be very different from that of conversion chronology. The story of Zacchaeus demonstrates that Jesus includes the most despised people in society in his offer of salvation.

Rambo's position is that "conversion is a process over time, not a single event" (Rambo 1993, 5). He arrives at this conclusion because he views conversion as contextual and "thereby influences and is influenced by a matrix of relationships, expectations, and situations; and factors in the conversion process are multiple, interactive, and cumulative. There is no one cause of conversion, no one process, and no one simple consequence of that process" (Rambo 1993, 5). He offers some tempered advice to the discussion when he suggests that "debates about whether conversion is sudden or gradual, total or partial, active or passive, internal or external, are useful only if we accept that conversion can occur anywhere between these poles, which have been constructed both by scholars of conversion and converts themselves" (Rambo 1993, 6-7).

There are two lines of reason that support the idea of conversion as an event. The first is Paul's Damascus Road experience and the second is populist language of conversion. Paul's conversion experience was marked by a profound crisis (Acts 1:1-19). Many people identify with Paul because of their own personal crisis which resulted in conversion. Many authors recognize the significance of crisis in conversion. Rambo (1993, 165) and McKnight (2003, 124) both include crisis as part of their conversion paradigms. Tippett explains why crisis is so often central to conversion when he says that "if a new religion is to be relevant it must meet the specific needs the people feel. If

it is to be accepted by the people, it must demonstrate that it can meet those needs better than the old religion. This is why crisis situations are so open for religious change” (Tippett 1977, 212).

Ekechi provides an historical example of this from southeastern Nigeria. Ekechi reports on the role of missionary medicine in the conversion of Nigerians. Conversions often took place during epidemics. A smallpox epidemic in 1873 was particularly devastating upon the town of Onitsha which claimed the king among its victims.

In times of social crises, of course, Africans generally consulted oracles or diviners (*dibia*) to discover the source or cause of their problem(s)...To appease the spirits, therefore, sacrifices were offered. Furthermore, relief was sought through the medium of traditional medicine and magic. Sadly, neither the sacrifices nor the medicines made by specialist doctors (*dibia agwç ogwu*) reportedly proved successful in stopping the disease. The apparent failure of medicine men to resolve the social crisis through traditional means, we are told, engendered a crisis of confidence in the potency of traditional medicine. In the words of Simon Perry, a CMS missionary, ‘The smallpox [epidemic] has shaken to its foundation every old, established superstitious belief’. (Ekechi 1993, 294)

Ekechi is describing a situation from the archives of the Church Missionary Society in which outbreaks of disease led to Christian conversions.

Crisis obviously creates receptiveness to change and openness to conversion. Does this mean that conversion takes place at the point of crisis (event) or, is the crisis a prominent part of a conversion process. Returning to the conversion crisis of Paul may provide some insight.

There are two questions regarding Paul's Damascus Road experience.

First, did Paul experience pre-conversion encounters with the gospel? and second, did his encounter with the resurrected Christ precipitate an immediate conversion?

Ralston recognizes that Paul's Damascus Road vision was informed by his rich theological background within Pharisaical Judaism.

It must be acknowledged that the Damascus Road encounter did not substantially change Paul's general theological construct. The picture of Paul from the New Testament is of a Pharisee who, confident in his understanding and application of the Old Testament legal requirements, had rejected the message of a crucified, resurrected Messiah. After his conversion Paul appealed to the theology proper and basic eschatology that he held in common with his former Jewish colleagues (Acts 23:6; 24:14-15, 21; 26:6, 22-23). He used the Jewish messianic categories to frame his message about Jesus (9:20, 22; 26:23) and saw in his own ministry the fulfillment of Old Testament prophecy (13:41, 47). It is also evident from his epistles that other categories of his theology, particularly his cosmology and anthropology, reflected these same Pharisaic roots. Thus much of Paul's theology was informed by his pre-Christian training. (Ralston 1990, 209)

Paul's education and occupation served as precursors to grasping the theological significance of his crisis event. Perhaps his encounters with the early church did the same existentially.

In addition to his intellectual understanding of the Tanach, he had personal experience with the gospel. "Paul the persecutor was already familiar with the primitive church's claims concerning their risen Messiah, judging by his presence at the martyrdom of Stephen (Acts 7:58) and subsequent actions against Jesus' followers (8:1-3; 9:1-2). Consequently this revelation was a presentation of an objective reality, specifically the visible proof of Jesus' bodily resurrection, and not simply Paul's subjective experience of the impact of Jesus' life" (Ralston 1990, 203).

The second question relates to an immediate conversion, i.e. did Paul come to faith on the Damascus Road? James Dunn seems to take a mediating position in the event/process debate when he states that “Paul’s conversion was one single experience lasting from the Damascus road to the ministry of Ananias” (Dunn 1970, 77). Dunn is arguing against the Pentecostal position that Paul was converted on the Road to Damascus and received the Spirit three days later in the presence of Ananias.

There are two arguments in favor of Paul’s crisis event conversion. The first is based upon his use of the word κύριε (Acts 9:5) in response to the vision. Paul addresses Jesus as “Lord” upon seeing his resurrected form. This is equated to a profession of belief in Jesus as the Messiah. Secondly, Ananias addresses Paul as ἀδελφέ (Acts 9:17) after receiving a vision from the Lord and being informed that Paul has been chosen by the Lord (Acts 9:10-16). The term “brother” refers to the fellowship that Paul and Ananias share together in Christ as a result of Paul’s conversion (Dunn 1970, 73-74).

Dunn counters these two arguments by saying that κύριε occurs in the vocative case and should be considered as a term of respect equivalent to the English, “Sir” as when Cornelius greets the angel with the same term in Acts 10:4 (Dunn 1970, 73-74). Regarding the use of ἀδελφός he states:

The vocative use of ἀδελφός may simply be common greeting of racial kinship. ἀδελφός is used 57 times in Acts – 33 times equivalent to ‘my fellow Christian(s)...and 19 times in reference to national/spiritual kinship of Jew to Jew. But the absolute use of οἱ ἀδελφοί = ‘the Christians’ does not become established until 9.30...and in the 18 cases where ἀδελφός is used in the vocative (as here), 13 mean ‘fellow Jews’ and only 5 = ‘fellow Christians’. (Dunn 1970, 74)

Dunn states that it is unlikely that Ananias would use the term ἀδελφός to greet Paul in the absence of the reception of the Spirit and Christian baptism (Dunn 1970, 74).

Paul's conversion is viewed as a three day event by Dunn for three reasons. First, Paul had not yet been baptized; a decisive event of conversion-initiation in Acts in which the initiate called upon the name of the Lord (Acts 9:18; 22:16). Second, Paul equates his commissioning with his encounter with Ananias (Acts 22:12-16). Finally, Paul's physical blindness on the Road to Damascus and the healing by Ananias are symbolic of the conversion that took place over the span of three days. Paul alludes to this when recounting his conversion before King Agrippa in Acts 26:18 (Dunn 1970, 74-76).

A second line of reasoning that argues for conversion as an event is the populist language of conversion. Conversion is often used synonymously for salvation. Conversion may be better understood as "the human response to the saving work of God through Christ .... Salvation is God's work and God's work alone .... Subsequently, conversion is the means by which we appropriate and experience God's saving grace" (Smith 2001, 16). This distinction is not a simple semantic problem but an issue with deep theological roots.

Smith traces contemporary, evangelical conversion language to the 19<sup>th</sup> century revivalist, Charles Finney. "Finney emphasized the need for and possibility of an immediate crisis-point conversion .... Many if not most evangelicals are unwitting children of the movement, associating the language and piety of revivalism with the New Testament" (Smith 2001, 94). An emphasis was placed upon evangelistic technique that

led to a soul winning vocabulary. Right methods would lead to conversions. The emphasis upon technique has divorced conversion from the community of the church. The confirmation of conversion experiences were wrested from the church and became the domain of diagnostic questions, e.g. Are you saved? (Smith 2001, 97).

Contemporary evangelistic methodology has shaped much of the debate over conversion. Smith states that Evangelicals have unwittingly wedded Arminian and Calvinist traditions. “Finney’s Arminian model is adopted when it comes to evangelism and conversion: we become Christians by an act of our will and God’s work comes in response to our work (a “decision” and a “sinner’s prayer”)” (Smith 2001, 98).

“However, evangelicals have generally retained the Calvinist ‘once saved, always saved’ belief” (Smith 2001, 99). A better understanding of the theological underpinnings of conversion language and the subsequent debate that results may serve to produce better questions and a more informed discourse.

“The biblical dimension of conversion is the starting point and the basis of all research” (Rink 2007, 20) and has provided the bulk of the literature reviewed to this point. However anthropological dimensions must be considered when exploring the phenomenon of conversion because “conversion is social and embodied, and is lived out through the adoption of requisite beliefs and practices that are found in a Christian narrative” (Reuschling 2009, 81).

### Conversion and Culture

The definition that Geertz offers for culture and religion reveals the close link between the two. He states that culture is “an historically transmitted pattern of

meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life” (Geertz 1973, 89), and religion as “a system of symbols” which establish motivations, formulate concepts of existence and provide those concepts with a sense of authenticity (Geertz 1973, 90). Culture and religion are defined and expressed through symbols which provide “extrinsic sources of information” (Geertz 1973, 92) creating a context of meaning and understanding to interpret reality.

#### Inculturation and Conversion

Religion is one of many patterns of meaning that comprise and define culture. It may be possible for religious patterns and symbols to be elevated above others so that a culture is defined, to a greater or lesser degree, by religion. “Culture and religion are systems of meaning. They are separate but interpenetrate each other and are intrinsically inter-related. But the problem today is that the faith has become so enfolded in a specific culture for many centuries that it is difficult to say what is of the culture and what is of the faith” (Mattam 2002, 310). The challenge of the missionary task is communicating the gospel cross-culturally with systems of symbols that have authentic meaning in the host culture. This cannot be accomplished by extracting religious values from one culture and inserting them into another. This approach to cross-cultural evangelism “ignores that religion is the soul of a culture and culture is the form of a religion. Hence today most would say that these two cannot be adequately distinguished, since the faith comes normally only in a cultural garb” (Mattam 2002, 310). Walls helps us to understand the relationship between culture and religion with the

metaphor of a theater to describe the process of conversion in culture . No one in the theater has a complete view of the stage. Each person's seat gives them a unique perspective of the Jesus Act that is played on the stage of life. Understanding is conditioned by perspective and perspective is determined by one's seat in the theater. The seat is representative of culture. "We hear and respond to the Gospel, we read and listen to Scriptures, in terms of our accumulated experience and perceptions of the world" (Walls 1996, 44).

The problem of translating the Christian faith into another culture was as much a problem for the early church as it is for the church in the 21<sup>st</sup> century. Walls describes this dilemma for the early church as follows.

The faith of Christ had immediately to be applied to situations quite outside the experience of the devout people who formed the backbone of the early Church. What were you to do if a pagan friend invited you to dinner, and the meat might – or might not – have previously been offered at a temple sacrifice? (Cf. 1 Cor. 10:27ff.) A devout Jewish believer was not going to be invited to dinner anyway; nor was a proselyte. Greek disciples had to be able to decide what to do. If they simply copied Jewish believers – the senior Christians, the experienced Christians, the best Christians of the time – there was no way left in which the word about Christ could enter Greek family and social life. (Walls 1996, 52)

The religious-cultural problem of food offered to idols among Greek converts in the early church is replaced by a myriad of other religious-cultural struggles in contemporary cultures.

An example of this struggle is seen in the work of University of Sydney anthropology professor, A.P. Elkin. He sought to reform missionary policy among Australian missionary organizations in their work among the Aborigines during the 1930's. "In Elkin's view the real, though difficult, task facing missionaries was to

integrate the Christian faith into the existing social, cultural, and religious order, in the process transforming it into what he was confident was a richer view of life and a loftier system of moral and social sanctions” (McGregor 2001, 41). He advocated that “the missionary should be a negotiator, convincing the elders and ritual leaders of the need to change, and to change in a particular direction: not to reconstruct the Aborigine according to some predetermined image of the “true Christian,” but accepting that different cultural traditions may engender distinct variants of the Christian faith” (McGregor 2001, 43).

Elkin was advocating these types of changes during the heyday of the modern mission’s movement which was heavily influenced by western colonialism along with aspects of ethnocentrism. Mission policy during this era was often ethnocentric. He appears to be a man ahead of his time.

The missiological innovations which he promoted were informed by a pluralistic theological perspective. “Elkin argued that the universality of the Christian faith could be and should be reconciled with the particularities of indigenous religion and culture .... Just as Christian conversion demanded acknowledgement, even encouragement, of syncretism, so social assimilation should aim toward ‘cultural blending’” (McGregor 2001, 51, 52).

The African Independent Church provides another example of the inculturation of Christianity, i.e. “making the Gospel message meaningful to a given community at a given historical moment, with its specific religio-cultural identity” (Mattam 2002, 309).

Walls borrows from H.W. Turner when offering his definition of independent church movements in tribal societies. He writes that the African Independent Church is “a historically new development arising in the inter-action between a tribal society and its religion on the one hand, and an invader culture and its religion on the other, involving a substantial departure from both and a reworking of rejected traditions into something new” (Walls 1996, 113). He states further that “something like this is bound to happen whenever the Christian faith is effectively planted across a cultural frontier” (Walls 1996, 113).

Older churches in Africa, those that have maintained their mission connection, have historically denied “the existence of spirit mediums, witches, avenging spirits, and the like” (Engelke 2004, 95), whereas, “the idea of taking witchcraft seriously has been key to the success of many African churches” (Engelke 2004, 88).

Engelke records the discontinuity of members of the weChishanu Church in Zimbabwe with traditional African customs through conversion narratives. Adherents were forbidden to consult with ancestral spirits (Engelke 2004, 93) yet “the world of the ancestors and the world of the Holy Spirit overlap” (Engelke 2004, 106). Church prophets “receive the Word ‘live and direct’ from the Holy Spirit” (Engelke 2004, 87). These prophets seem to have supplanted the traditional shaman by offering prophetic words and distributing *muteuro*.

*Muteuro* are physical objects or substances imbued with the power of the Holy Spirit. Most *muteuro* are pebbles or small stones. These stones will have been prayed over by a prophet. The power of the Holy Spirit can then be released in a number of ways to help the person to whom they are given...*Muteuro* are important to people who come to the church because they are the material representation of the spiritual power behind prophetic

authority. Not unlike the Bible, as the missionaries hoped, *muteuro* becomes an agent of conversion. (Engelke 2004, 95)

The weChishanu church exercises authority over adherents through *mutemo*, “the set of rules that give content to the form of faith” (Engelke 2004, 105).

These rules set members apart from the larger culture and provide a new identity through the church. “Within the weChishanu Church, for neophytes and established members alike, the concept with which one wrestles in an understanding of conversion is *mutemo*, a Shona word that translates roughly as 'law', but which the apostolics use also to refer to 'knowledge'. *Mutemo* is a gauge of conversion – a gauge of an apostolic's 'break with the past’” (Engelke 2004, 85).

Engelke argues that discontinuity (a complete break) with the past is characteristic of conversion narratives. Undoubtedly, what he describes aligns with Walls definition of independent church movements. At the same time, the shamanistic power of the prophet and the dispensing of the Holy Spirit through *muteuro* is informed by animistic thought and practice. This would indicate that there is a clear link with the past in conversion experience. As Walls states, it is “a reworking of rejected traditions into something new” (Walls 2006, 113). There appears to be both continuity and discontinuity in the conversion experience of the weChishanu church.

### The Role of Symbol in Conversion

Symbols are an intricate part of culture and religion (Geertz 1973, 89-90). As systems of meaning, culture and religion provide continuity in life and this continuity

is visualized and expressed through symbols. Peter Stromberg speaks to the significance of symbol in conversion when he writes that

Commitment often seems to be associated with a particular form of genesis and maintenance in a personal ritual. The link between symbol and self is forged in a physical experience of the symbol, an embodiment that establishes for the believer the possibility of the commitment relationship. I call this experience "the impression point,"...the impression point is the moment in the perceptual process when a complex phenomenon becomes a graspable, coherent unity to the perceiver. (Stromberg 1985, 58-59)

Stromberg describes a tri-fold process through which the symbol is appropriated in conversion at the impression point. First, the symbol is perceived and given subjective value. Secondly, this value reaches an impression point when the subject discovers a relationship between the symbol and personal experience. Finally, this understanding between the symbol and self results in a transformation. "This is a symbolic phenomenon in which a new understanding of self, a new understanding of a symbol system, and a feeling of commitment are all generated at once" (Stromberg 1985, 61).

Stromberg refers to the conversion of Augustine to illustrate the link between symbol and the self at the impression point. "In the moment of conversion, Augustine reads a verse that corresponds perfectly, in his mind, to his own situation. In other words, that verse is simultaneously part of his experience and part of the Bible, the Word of God" (Stromberg 1985, 60). Augustine had been pursuing a wanton and licentious lifestyle. The impression point came when he read the Bible and it named his condition. He perceives himself in what he reads. The symbol of the Scripture was infused with subjectivity and climaxed in an "impression point" of transformation. The impression point occurs in understanding a familiar symbol in a new way. He makes the

link between the symbol and himself for the first time. “Augustine undergoes a conversion and becomes a person to whom God speaks through the medium of the Bible. A channel is thereby created through which the terms of the Bible can come to bear directly on, even constitute, Augustine's experience” (Stromberg 1985, 61-62).

William James speaks of “the divided self” when he describes the “religious melancholy and ‘conviction of sin’ that have played so large a part in the history of Protestant Christianity. The man’s interior is a battle-ground for what he feels to be two deadly hostile selves, one actual, the other ideal” (James 1916, 170-171). James views Augustine’s conversion as a struggle attributed to this divided self when he describes

his restless search for truth and purity of life; and finally how, distracted by the struggle between the two souls in his breast, and ashamed of his own weakness of will, when so many others whom he knew and knew of had thrown off the shackles of sensuality and dedicated themselves to chastity and the higher life, he heard a voice in the garden say, ‘*Sume, lege*’ (take and read), and opening the Bible at random, saw the text, ‘not in chambering and wantonness,’ etc., which seemed directly sent to his address, and laid the inner storm to rest forever. (James 1916, 171)

The message of the Bible spoke directly to Augustine as a divided self and identified a condition that was present. He was living against his conscience and this became a catalyst for his conversion.

“In conversion, people grasp and are grasped by a system of symbols that tells them about themselves and that contributes to the construction of new selves. One such symbol in evangelical discourses is sin” (Priest 2003, 107).

Priest’s research among the Aguaruna of northern Peru revealed that the concept of sin was central to their conversion experience (Priest 2003, 95). The

conversion narratives that he compiled demonstrate that a personal concept of sin precipitated and/or attended conversion (Priest 2003, 96). The Aguaruna did not employ new terms or theological language to describe their newfound identity as sinners but employed colloquial terms of common discourse (Priest 2003, 97).

There was some representation in the narratives of a new categorization as “sinful” of behaviors that had been previously approved (Priest 2003, 99). However, this does not fully explain the new Christian identity “since a majority of confessed sins are of a sort already disapproved of within traditional culture” (Priest 2003, 99). Priest suggests that conscience served a vital role in the Aguaruna discovering their sin.

The Aguaruna emphasizes on generosity and on restraining appetite on behalf of others and the Aguaruna condemnation of adultery are good. That they constantly emphasize moral virtues in their discourses does not mean that they live up to their ideals. Indeed, the very intensity of their moral rhetoric reflects the depth of their feeling that there is a major moral problem here, that these moral virtues are not being adequately lived out. Scripture suggests that God does not convict individuals of sin by criteria they have never heard of but by criteria they already recognize and use to judge one another, criteria evident in the moral discourses they themselves produce (Matt. 7:2; Rom. 2:1-15; James 4:17) (Priest 2006, 188).

The Aguaruna experienced a divided self when their actions conflicted with their moral conscience as defined within their own culture. The significance of the narrative, “I discovered my sin” among Aguaruna converts is found in the attribution of moral accusations. Priest observes that traditional Aguaruna culture found culpability for personal moral failure in others rather than self, interpersonal vs. moral causal ontology (Priest 2003, 100). The conversion narratives revealed a shift from identifying the cause of personal evil in others to the discovery of sin in self.

Tippett speaks of the necessity of a visual demonstration marking conversion. “When such group decision is specifically religious, if new elements are innovated, the group self-image may need restructuring, and a new set of norms may have to be fixed. The group may demand from each individual some ocular demonstration of separation from the old context” (Tippett 1977, 205). This “ocular demonstration” may involve fetish burning, baptism, or some other dramatic expression of a break with former beliefs when forming an identity with the new. Tippett emphasizes the necessity of a tangible symbolic act to such a degree that he seems to be saying that conversion is not complete without it and the function of the group is dependent upon it. “The act itself must be an ocular demonstration with a manifest meaning to Christian and pagan alike. It must leave no room for doubt that the old context may still have some of their allegiance, or still hold some power over them .... Unless this is clear-cut, the group will be unstable in its new context and will be unable to fix its norms” (Tippett 1977, 213). Symbol is a powerful force in conversion and can take many forms. It may be an ocular demonstration, the Bible, the conceptualization of sin, or another form by which an individual has a change of mind about sin and self and turns to God.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### *Research Context*

Hôpital Baptiste Biblique is a ministry of the Association of Baptists for World Evangelism. HBB employs 148 Africans to accommodate services for a fifty bed hospital with two surgical suites and an outpatient clinic. Annually HBB provides care for an average of 10,000 outpatients and 3,000 inpatients with approximately 1,500 surgical cases. The facility includes a well stocked pharmacy, laboratory, x-ray department, central supply and receiving (CSR), immunization and pre-natal clinics. This major medical-surgical acute care facility provides services to the Togolese population in an area where there are no other hospitals in the immediate vicinity. The nearest government hospitals are in the city of Kpalimé, 42 kilometers south of HBB and Atakpamé, 90 kilometers to the north.<sup>1</sup> These are the only other hospitals in the Plateau Region. The services of HBB are also sought by populations from the neighboring countries of Ghana, Burkina Faso, and Benin.

A nursing school was started at HBB in 1997 to train Togolese as registered nurses. Three classes have been graduated and one is presently in session.

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<sup>1</sup>Poor road conditions extend travel times.

<b>HBB NURSING SCHOOL CLASSES</b>		
<b>Class #</b>	<b>Years of Class</b>	<b># of Graduate Nurses</b>
1	1997-1999	5
2	2001-2003	13
3	2006-2008	10
4	2011-2014	20 enrolled

Table 7. HBB Nursing School Classes.

This school has made a significant impact upon the services of HBB. The hospital was staffed primarily by expatriate missionary RNs prior to the presence of HBB's nursing school. There was an habitual nursing shortage which placed limits on hospital census and services. HBB has expanded significantly since the inauguration of the nursing school in personnel and facilities.<sup>2</sup>

Togolese are serving as departmental heads of nursing, laboratory, chaplaincy, and security. The department heads of the operating room and CSR are missionaries. The hospital administrator and medical director are also missionaries.

The hospital compound is a 12 hectares (29.65 acres) complex including eight missionary homes, a duplex, a five room guest house with dining hall, kitchen, and laundry, two eight-bed dormitories, an MK school, print shop and literature resource center, generator shack, warehouse, metal and carpentry workshops. An eight foot perimeter wall surrounds this complex for security and fire break. An airplane hanger,

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<sup>2</sup>The number of employees has tripled over the past twenty years and the hospital complex has enlarged to include a maternity ward, additional clinic building, and administrative building.

single engine airplane, and grass runway are located outside the perimeter compound. There is a hostel with eight rooms at the entrance to the hospital compound, where out-patients can be housed along with an area where families prepare food for hospital inpatients.

An active evangelistic ministry accompanies all outpatient and inpatient services. Three full-time and one part-time Togolese evangelists are employed. The gospel is presented to clinic patients in the waiting room prior to being seen by a medical provider. The gospel is often shared again during the consultation by the provider. Chaplains visit inpatients and share the gospel with them at different intervals. The gospel is also shared at times by physicians during morning rounds. This is often done through an interpreter.

Sunday preaching services are held in the patient ward by one of the chaplains followed by an invitation to trust Christ as Savior. A spiritual progress sheet is attached to each patient chart and updated by the chaplains and medical personnel. This evangelistic activity results in HBB reporting more than 2,400 conversions per year.

### *Research Subjects*

Thirty-six one hour in-depth interviews were conducted with former and current HBB patients who converted to Christianity during their treatment. The interviews were conducted on the campus of HBB over a fourteen week period from March 4 through June 9, 2012. Five of the thirty-six subjects were re-interviewed to gain additional data through follow-up questions. I employed four assistants to aid me in the

research process.<sup>3</sup> Interviews were conducted in Ewe, and French. French interviews were conducted by me with the aid of an assistant. Ewe language interviews were conducted by one of my language assistants in my presence. Summary translations were provided to me during the course of the Ewe interviews. Ewe Interviews were conducted in a private office in the clinic or at the hospital bedside of patients who were immobile. The following charts display ethnic, occupational, and diagnostic information among those interviewed.

<b>ETHNIC DISTRIBUTION OF RESPONDENTS</b>	
Ethnicity	Number Interviewed
1. Ewe	17
2. Kabiye	12
3. Akposso	2
4. Kotokoli	2
5. Bassar	1
6. Losso	1
7. Fon	1
Total	36

Table 8. Ethnic Distribution of Respondents.

The ethnic spread of the interviewees represented in table 9 was random but it does approximate the demographic in the Plateau Region of Togo.

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<sup>3</sup>A twenty-six year old Ewe, Togolese female with a degree from the University of Benin in Lomé, Togo was employed full-time. The part time employees were a fifty-nine year old Ewe, Ghanaian male with a degree in science from the University of Accra, Ghana, a forty year old Ewe, Togolese male with a master's degree in English from the University of Benin, and a thirty-six year old Kabiye, Togolese male with a high school education.

Togo has a population of six million with a mosaic of forty-three ethnic groups. The Ewe and Mina are the majority population in the south; the Kabiye and Moba comprise the majority population in the North (Country Watch 2013). A significant number of Kabiye have migrated from the north over the past twenty years to the more fertile southern agrarian Plateau Region in which HBB is located. This accounts for the large number of Kabiye interview respondents. There was a wide variety of diagnoses representing both inpatient and outpatient care as revealed in table nine.

<b>DIAGNOSIS AND INCIDENCE OF 36 RESPONDENTS</b>	
Diagnosis	Incidence
Traumatic bone fractures	10
Inguinal hernia	5
C-Section	3
Ectopic pregnancy	3
Malaria	2
Cancer	2
AIDS	2
Peritonitis – typhoid perforation	1
Amoeba	1
Infection – left knee	1
Stomach ulcer	1
Gangrene left arm - amputation	1
Tropical leg ulcer – skin graft	1
Snake bite	1
Infertility	1

Prolapsed uterus	1
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Table 9. Diagnosis and Incidence of 36 Respondents.

Traumatic bone fractures lead the list of diagnoses. These incidents represent the proliferation of relatively inexpensive, Chinese motorcycles over the past two decades. A driver's license is not required to operate one of these vehicles and they are often used as taxis. It is common for three people to ride on a motorcycle with one passenger in front and another behind the operator.

There was a wide range of occupations represented among the respondents. A slight majority, 52%, are concentrated in the two occupations of farmer

<b>OCCUPATIONS OF 36 RESPONDENTS</b>	
Farmer	10
Market vender	9
Student	3
Housekeeping services	2
Mason	2
Village chief	2
Painter	1
Cook	1
Medical lab technician	1
Seamstress	1
Sugar plant employee	1
Bulldozer operator	1
School teacher	1
Electrician / plumber	1

Table 10. Occupation of 36 Respondents.

and market vendor. The predominance of these two occupations is representative of the larger community. The Plateau Region is agrarian with many farmers selling their products in local markets.

The following table is a compilation of data from the interviewees. This table serves as a reference for the data analysis in chapters four and five. Respondent quotes are identified as R plus the interview #. They are identified below as Respondent #. These respondent numbers appear in the sequence in which the interviews were conducted. The age span of the respondents was 20-89 with an average age of 41.6.

<b>INDIVIDUALIZED RESPONDENT DATA</b>		
<b>Respondent #</b>	<b>Gender – Age - Ethnicity</b>	<b>Diagnosis</b>
1	M – 31 – Kabiye	Fx femur – moto accident
2	M – 35 – Ewe	Fx tibia – moto accident
3	M – 22 - Ewe	Fx tibia – moto accident
4	M – 79 - Akposso	Fx tibia – hit by car
5	M – 49 – Ewe	Fx tibia/femur – hit by moto
6	M – 42 – Ewe	Inguinal hernia
7	F – 22 – Fon	AIDS
8	F – 49 – Ewe	Prolapsed uterus
9	F – 29 – Ewe	Ectopic pregnancy
10	M – 35 – Ewe	C-section (wife)
11	F – 25 – Kotokoli	Rt. arm – amputation (gangrene)
12	F – 51 – Kabiye	Tropical ulcer left foot
13	M – 45 – Ewe	Snake bite
14	F – 65 – Ewe	headache, stomach, dysphasia
15	F – 35 – Kotokoli	Infertility

16	F – 35 - Ewe	Paralysis – spinal injury
17	M – 43 - Bassar	Crushing injury left leg
18	F – 39 – Ewe	AIDS
19	F – 35 - Ewe	C-section
20	M – 25 – Ewe	Fx femur & humerus – moto accident
21	M – 20 - Kabiye	Infection – sharp trauma knee
22	M – 55 - Ewe	Inguinal hernia
23	F – 39 – Kabiye	Stomach ulcer
24	F – 65 – Losso	CA
25	M – 51 - Kabiye	Inguinal hernia
26	M – 62 – Kabiye	Inguinal hernia
27	M – 35 – Kabiye	illness of daughter
28	M – 26 – Kabiye	ectopic pregnancy (wife)
29	F – 24 – Kabiye	ectopic pregnancy
30	F – 45 – Kabiye	Typhoid - peritonitis
31	M – 42 - Ewe	Fx clavicle – moto accident
32	F – 40 – Akposso	Rectal CA
33	F – 27 - Kabiye	Malaria (daughter)
34	F – 21 – Kabiye	Malaria
35	M – 89 – Kabiye	Fx femur - fall
36	M – 54 – Ewe	Amoeba
<b>Peripheral Interviews</b>	<b>Gender – Age – Ethnicity</b>	<b>Occupation</b>
37	M – 44 – Ewe	HBB Director of Nurses
38	M – 48 – Ewe	Lawyer
39	M – 67 – Ewe	Pastor
40	M – 50 – Ewe	Hospital Chaplain

Table 11. Individualized Respondent Data.

Nineteen males and seventeen females were interviewed. Additional interviews (37-40) were conducted with those who had significant information about HBB and the subject of this research. Subjects for interviews were selected based upon their exposure and response to the gospel.

One of my language assistants called the pastors of twenty-five churches in the Plateau region of Togo.<sup>4</sup> These pastors made announcements in their churches regarding my research. Anyone who had converted to Christianity at HBB while receiving treatment was requested to come to the hospital for an interview. Other interview subjects were gained from among those who were currently hospitalized, outpatients who were receiving long term rehabilitation while living in the HBB hostel, and follow-up return visits to the clinic.

### *Research Plan*

This research followed a qualitative ethnographic methodology. The goal of this approach is to explore in detail the experiences, understandings, and motives of others in order to gain their perspective. The intent is to “learn participants’ views about a particular phenomenon (Creswell 2007, 28). This social constructivist approach “focuses on how people perceive their worlds and how they interpret their experience .... People construct their own realities based on their experiences and interpretations” (Rubin and Rubin 2012, 3).

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<sup>4</sup>There are 44 cell phones per 1,000 people in Togo (HighBeam Research 2013).

The social construction of culture is the result of men and women inventing and using tools, developing language, creating values, and shaping institutions. Culture provides stability and structure yet it is dynamic and changing through production and reproduction. “Not only is the individual’s participation in a culture contingent upon a social process (namely, the process called socialization), but his continuing cultural existence depends upon the maintenance of specific social arrangements. Society, therefore, is not only an outcome of culture, but a necessary condition of the latter” (Berger 1967, 7). This is the dialectic nature of Berger’s model. Society is both an outcome and a process in the development of culture. This requires that the researcher suspend judgment in the quest for rich narrative data.

We noticed in the precedent literature that the social constructivist approach is followed by medical anthropologists as they seek to comprehend health issues. A constructivist approach to medicine places social dimensions of disease at the center of medical inquiry (Winkleman 2009, 36). This is essential to understanding disease etiologies that are environmentally and socially determined. This same theory has application to conversion in the context of illness and healthcare delivery in the cross-cultural milieu of HBB.

Qualitative analysis involves finding patterns within the data, interpreting the findings, and linking these findings to precedent literature (Bernard 2006, 453). Qualitative studies include “discovering meaning, explaining meaning in context, promoting understanding, raising awareness, and challenging misconceptions about the nature of human experiences” (Melnyk, Fineout-Overholt 2005, 285).

Clifford Geertz describes the task of ethnography with the following comments.

In anthropology...what practitioners do is ethnography. And it is in understanding what ethnography is, or more exactly what doing ethnography is, that a start can be made toward grasping what anthropological analysis amounts to as a form of knowledge .... Doing ethnography is establishing rapport, selecting informants, transcribing texts, taking genealogies, mapping fields, keeping a diary, and so on. But it is not these things, techniques and received procedures, that define the enterprise. What defines it is the kind of intellectual effort it is: .... thick description. (Geertz 1973, 5-6)

The ethnographic task provides rich data from which analyses can be made. The emphasis of data gathering is on depth rather than breadth.

### *Research Design*

I employed two Africans to assist me in the interview process. One is a fifty year old Ghanaian male who speaks English and Ewe and has a degree in biology from the University of Accra. The second is a twenty-six year old Togolese female who speaks Ewe and French and has a degree in linguistics from the University of Benin. I employed another Togolese male to assist in contacting area pastors and recruiting appropriate interview subjects. He speaks Kabiye, French, Ewe, and English and serves as a hospital chaplain. A fourth Togolese was employed who speaks Ewe, French and English. He assisted in translation and typing interview transcripts.

The two interview assistants were instructed in interview protocol for this project, including HRR protocol. One hour semi-structured, in-depth, recorded interviews were conducted of consenting current and former patients who received

medical/surgical services at HBB and had been exposed to the gospel in various forms, (preaching, personal evangelism, literature, AV media) resulting in conversion to Christ.

“Semi-structured interviewing is based on the use of an interview guide. This is a written list of questions and topics that need to be covered in a particular order....The interviewer maintains discretion to follow leads but the interview guide is a set of clear instructions” (Bernard 2006: 212). This method seeks to discover data on a particular subject with a set list of questions. The instrument is flexible and dynamic to adapt to the information as it emerges. Appropriate follow-up questions were asked. Subjects may be interviewed a second time to gain clarification after reviewing the interview data. This method was employed to uncover the discourses surrounding the conversion experience of patients at HBB.

The interviews were recorded and then transcribed in MSWord using Travultesoft Keyman Desktop 8.0 Professional software to create the unique characters in the Ewe alphabet. These transcriptions were then translated into English. My primary translator and linguist worked with me to transcribe and translate the interviews from Ewe and French into English. All but three transcriptions were done by me since only one of my assistants had typing skills and his availability was limited due to responsibilities in the nursing school. I read through all the translated interviews and reviewed sections with my primary translator for clarification. Notes were taken during the transcription process as I sought clarification of texts by asking my language assistants for their perspectives and opinions. I consulted with other Togolese who were adept in local cultural customs for clarification and explanation on specific data that

emerged from the interviews. I remained in contact with my primary translator by phone upon my return to the U.S. This provided additional cultural and linguistic insights as I continued to review the interviews during the process of analysis and writing. The interview documents were imported into Nvivo10 qualitative software and the data was coded into 107 nodes. These codes were categorized in a tree structure and analyzed by running queries on various nodes.

The purpose of the semi-structured interviews was to solicit personal conversion stories from the interview subjects to gain in-depth narratives. Twenty-seven primary and fifteen sub-questions were designed to explore the following aspects of conversion experience.

1. Understanding of the gospel – What do they believe?
2. Motivations for conversion – What precipitated or led them to convert?
3. The influence of illness and healthcare on conversion – Is healing part of the gospel?
4. Lifestyle and behavioral changes resulting from conversion – How is life different?
5. Suffering for the gospel – Has their conversion been costly?
6. Perspectives on pathologic etiologies – Has conversion changed their understanding of causation?

Thirty-six quality in-depth interviews were conducted. An additional four interviews were completed with the Director of Nurses, lawyer, pastor, and hospital chaplain. These four subjects were chosen because of their expertise in patient care at HBB, the Togolese legal system, EBB churches in Togo, and HBB evangelistic methods.

These additional four interviews were recorded, transcribed, and translated using the same method as interviews one through thirty-six.

Participant observation was also employed in data gathering. I spent time on the hospital wards talking informally with patients and staff and observing the activities of the health-care providers and taking notes. I did the same in the operating rooms and clinics. I visited local churches on Sundays and had occasions to speak with some of the respondents I had interviewed. I spoke daily with hospital employees on the campus. This offered insight into the atmosphere and attitudes that characterize this institution. Area pastors frequently come to visit patients in the hospital or to discuss matters with missionaries. Numerous HBB employees also pastor area churches. I spoke with these men frequently about the subject of the research as it developed over my fourteen week residency.

I ate daily meals in the Guesthouse with short-term medical personnel. I discussed with them their experiences to determine the impact they were having on the mission of HBB. Finally, I frequently spoke with my two assistants to gain their insights and opinions on the data as it emerged through the transcriptions and translations. Notes were taken on all these activities and conversations.

### *Research Instrument*

The research instrument is located in the appendix. The primary questions were reviewed and edited with the assistance of my primary translator. The interview guide was augmented during the course of the interviews with follow-up questions.

These questions were set-up in a cascading fashion with each question dependent on the previous one. This format requires special focus because it is easy to pursue peripheral subjects and lose focus of the central topic (Rubin and Rubin 2012, 158).

## CHAPTER 4

### BECOMING A CHRISTIAN AT HÔPITAL BAPTISTE BIBLIQUE

#### *Understanding the Gospel*

I wanted to determine what the interviewees understood about Jesus and the gospel before they came to HBB for healthcare, heard the gospel, and were converted. Religious backgrounds represented among the respondents include Catholic, Bremen, Jehovah Witness, Assembly of God, various Pentecostal groups, Islam, Baha'i, and traditional African religion. The subjects' relationships with these religious groups varied from membership to that of being influenced by their teachings.

Numerous respondents reported hearing the gospel previously such as a twenty-six year old man (R-28) who accompanied his wife to the hospital when she had an ectopic pregnancy. "What I heard is that Jesus is the son of God. He is the unique son. We must pass by him before reaching the Father. Without Jesus Christ we can not reach the Father. I heard this word at Kpégadjé by The Deeper Life. We heard only and then, it passed." This response is representative of many who reported hearing the gospel previously but did not give it serious consideration.

Others were members of one of these religious groups but had not heard the gospel. A thirty-five year old woman (R-19) who had been a member of the Catholic Church made the following comment.

Like I was learning at the Catholic (church), they only told us  
Sigbe ye menɔ nu srɔm le Katolik, woawo ɖeko wogblɔ nami

that we should be reciting the ten commandments and those words.  
be mianɔ recité ye wo fe 10 commandements kple enya mawo.

Finally, there were those among the respondents who heard the gospel for the first time upon being admitted to HBB. A twenty-five year old woman (R-11) who followed folk Islam, stated, “No, I’ve not heard Jesus’ name before.”

Prior knowledge is very different from current understanding. Questions were asked to determine what the subjects presently believed about Jesus and the gospel. The interviews represent a broad range of Christian experience from a conversion the year HBB opened in 1985 to an interview that was conducted the day after a patient converted to Christianity. The following table represents the hospital admission dates of the interviewees. These dates correspond to their conversions since the respondents

<b>RESPONDENT YEAR OF ADMISSION</b>	
<b>Admission Year</b>	<b>Number of Respondents</b>
1985	1
1992	1
1999	1
2002	2
2003	2
2004	3
2006	1
2007	1
2008	1

2009	1
2010	6
2011	8
2012	8

Table 12. Respondent Year of Admission.

converted during the course of their treatment at HBB. Two-thirds of the respondents converted to Christ within the past five years. The conversion dates represent the twenty-seven year history of HBB from the year the hospital opened until the year of my field research (1985-2012).

### Cognitive Elements of the Gospel

#### *Conversion Language*

Nine words were used repeatedly by respondents in their conversion narratives to express how and why they had come to faith in Jesus Christ. This conversion vocabulary is represented in the following table.

<b>CONVERSION LANGUAGE IN RESPONDENT INTERVIEWS</b>		
Ewe	Translation	Occurrence
trɔ dzime (v)	repent, convert	161
dzimetɔtrɔ (n)	repentance, conversion	
“Le nye <i>dzimetɔtrɔ</i> mea mekpɔe be esi <i>metrɔ dzime</i> la nye <i>fometɔwo</i>	“In my conversion, I saw that when I was converted my	

mebi dzi dom o.”	family was not angry with me.”	
xɔ “Esi mexɔ Yesu le tefesia la megbe enu mawo.”	to receive “Since I have received Jesus here I’ve renounced these things.”	118
xɔ-se or xɔ-dzi “To Mawu nya gbɔgbɔ me mexɔ Mawu dzi se.”	to believe “By hearing the Word of God I believed in God.”	103
ɖe (v) “eɖem le nuvɔ me. “ ɖeɖe (n) “Eyae le dzinye ye mekpɔ ɖeɖe.”	save “He has saved me from sin.” salvation “It is he who is on me and I saw salvation.”	98
zu Kristotɔ “Nye ha mezu <i>Kristotɔ</i> .”	to become a Christian “I also became a Christian.”	56
agbe mavɔ “Ne mexɔese la makpɔ <i>agbe mavɔ</i> .”	eternal life “If I believe in Him I will see eternal life.”	40
vo, vovo “Gasime metrɔ dze Yesu yome la mekpɔ le nye agbeme bena <i>mevo</i> .”	free, freedom “At the time that I converted to follow Jesus I saw in my life that I am free.”	38
vu “Gakeme mexɔ Kristo dzi sea ye meva <i>vu</i> nye nuvɔwo keŋkeŋ me na Mawu.”	confess “At that time I believed in Christ and I came to confess all my sins to God.”	12

tsɔ-ke, tsɔtsɔke	forgive, forgiveness	11
“Menyae be menye nuvwɔla ne ba tsɔ nuvɔnye tsɔ kem.”	“I know that I am a sinner so that he would forgive my sins.”	
“Le fifia la ye metsɔ ɔkuinye tsɔ de asi na Afeto ye mevuna eme nae be ne tsɔ nye vodadawo kem.”	“Now I give myself to the Lord and I confess to him to forgive me my transgressions.”	

Table 13. Conversion Language in Respondent Interviews.

Each of these conversion terms are discussed in detail below.

#### Repentance and Conversion (*trɔ dzime*)

There are four primary biblical words that convey the idea of conversion. שׁוּב and ἐπιστρέφω have the basic notion of turning whereas חָנַן and μετανοέω connote a change of heart and mind. The Ewe words *trɔ dzime* (repent, convert) correspond in meaning to שׁוּב and ἐπιστρέφω and *dzimetɔtrɔ* (repentance, conversion) to חָנַן and μετανοέω.

*Trɔ* is a verb meaning “to turn” and *dzime* is the noun “heart” (Westermann 1973). This compound word indicates a change of mind and direction and captures the essence of repentance and conversion. Thirty-four of thirty-six respondents used this word as they shared their conversion stories. *Trɔ dzime* subsumes the ideas of changing one’s mind and heart (חָנַן and μετανοέω) and turning in a new direction (שׁוּב and ἐπιστρέφω). *Trɔ dzime* conveys the idea of conversion well and was the predominant word used in the conversion narratives.

### Becoming a Christian (*zu Kristotɔ*)

Another key conversion term for those interviewed was *zu Kristotɔ* - “becoming a Christian”. This compound is constructed with the word *zu* which designates “to become”, “to turn”, “to change into”, the transliteration of the word “Christ” and the suffix *tɔ* (Westermann 1973, 300). The suffix *tɔ* indicates “property” (Westermann 1973, 238). It carries the idea of “being a part of” or “belonging to.” For example, someone who was born in the town of Tsikɔ is referred to as Tsikɔtɔ. One respondent (R-17) described himself in his conversion narrative as follows.

Nyea mele trɔ dzime. Nusi menye etrɔ zu Kristotɔ.  
I have repented. What I am is that I belong to Christ.

*Zu Kristotɔ* frequently appears with the word *trɔ*, as above. A literal translation of this would be, “I repented to become a part of Christ”. Twice respondents used the word *Yesutɔ*, a transliteration of Jesus with the *tɔ* suffix, to refer to themselves as Christians and twice the term *Yesu Kristotɔ* was used. *Zu Kristotɔ* was used fifty-six times by twenty-five respondents.

### Believing and Receiving (*xɔse* or *xɔdzi*)

The term *xɔ*, to take or receive, and the compound *xɔse* or *xɔdzi*, to believe, was the most frequently word used in the conversion discourses occurring 221 times. The following is an excerpt from a narrative using the word *xɔdzi*.

Ne *mexɔ edzi* se be Yesu ku ɖe nye nuvɔwo ta ye wotrɔ fɔ ŋukeke etɔa gbe  
la  
If I believe that Jesus died for my sins and He turned to wake up  
(resurrect) on the third day

ekema ne nye ha *mexɔ edzi* se ko la nye ha makpɔ agbe mavɔ.  
then if I also believe on him I also will have eternal life (R-19).

Thirty-five of thirty-six respondents used these terms to describe their conversion to Christ.

#### Salvation (*ƉeƉekpɔkpɔ*)

The word *Ɖe* (v – to save) and *ƉeƉe* (n - salvation) was employed ninety-eight times with a spread of thirty-five out of thirty-six respondents. A twenty-two year old woman (R-34) with AIDS uses both the noun and verb form in her narrative.

Esi wogblɔ Mawu nya nam la menya bena *mekpɔ ƉeƉe*.  
When she spoke to me about the Word of God I knew that *I was saved*.  
*ƉeƉekpɔkpɔ* si mekpɔ la etsɔ eƉe vu la klɔ ŋunye.  
Salvation that I found, he took his blood and washed me.

The verb *kpɔ* accompanies both the verb and the noun. It appears as a prefix on the verb and a double suffix on the noun. *Kpɔ* means “to look” or “see” but it also carries the meaning “to have” or “obtain” (Westermann 1973, 146). The combination of *kpɔ* with *ƉeƉe* conveys a personal, existential aspect to salvation.

Ewe vocabulary offers rich description of conversion experiences that often don't translate easily into English. I asked my primary translator if *mekpɔ ƉeƉe* should be translated literally, “I saw salvation.” His response was, “Yes, but that's not good English.” Ewe conversion vocabulary combines sensory verbs with status nouns to convey the reality of change brought about in conversion. The existential and ontological

aspects of conversion are combined in a single word. It does this in a manner that is concrete and not abstract.

*Mekpɔ ɖeɖe* conveys the idea of seeing salvation. One who is *zu Kristotɔ* has become a part of Christ or his property. *Trɔ dzime* is a turning of the heart. These words are strung together in a sentence to describe the conversion experience in the narrative of a forty-five year old respondent (R-30).

Me xɔsea ye mexɔ Kristo ye mekpɔ ɖeɖe la, enye dzidzɔ.  
I believe and I received Christ and I was saved, it was a joy.

#### Eternal Life - *Agbe Mavɔ*

The term *agbe mavɔ* “life eternal” was used frequently in the conversion discourses (15 respondents, 40 occurrences). The usage of this term occurs repeatedly in the presentation of the gospel at HBB. Twenty-four of the forty occurrences in the interviews occurred within the context of the respondent hearing the gospel at HBB. The promise of life eternal was a key component in the decision of respondents to convert to Christianity. The following comment was made by a thirty-five year old woman admitted for a C-section. “The time I came to deliver a baby then they were telling me that if I believe that Jesus died for my sins and He turned to wake up (resurrect) on the third day then if I also believe on him I also will have eternal life (*agbe mavɔ*)” (R-19).

A twenty-seven year old woman (R-33) brought her child with severe malaria and a cranial abscess to HBB. The child died shortly after admission. The mother was weeping and described a missionary female who sought to comfort her.

I was weeping and she came to be holding me that it would be calm. She said that I have someone they call Jesus, if I believe in him I will overcome death and I will overcome every illness. He is the greatest physician. If I believe in him, I will see eternal life (*makpɔ agbe mavɔ*). So I came to repent.

“The fear of death is a universal fear even if we think we have mastered it at many levels” (Kübler-Ross 1969, 19). Fear of death is not unique to Africa nor is it necessarily more prominent than in other cultures. However there may be some cultural nuances which cause the message of *agbe mavɔ* to strike a cord in the African mind.

Mbiti summarizes the African perspective on death in the following quote.

According to African religions and philosophy, the grave is the seal of everything, even if a person survives and continues to exist in the next world .... There is nothing to hope for, since this is the destiny for everybody .... There is no resurrection for either the individual or mankind at large .... Death is death and the beginning of a permanent ontological departure of the individual from mankind to spirthood. Beyond that point, African religions and philosophy are absolutely silent. (Mbiti 1990, 160-161)

The fear of death is exacerbated by fear in life. Witchcraft beliefs permeate African society and create systemic fear. “No one can understand life in Africa without understanding witchcraft and the related aspects of spiritual insecurity” (Ashforth 2005, xiii).

The conversion discourses demonstrate that witches continue to be a concern in the lives of the converts and the fear of witchcraft remains a troublesome reality. Pentecostal churches in Africa have sought to address these fears which have been largely ignored by Western mission churches. The phenomenal growth of Pentecostalism in Africa has largely been due to the emphasis upon addressing fears

related to witchcraft and malevolent ancestral spirits providing freedom from fears and the anxieties of daily life (Lartey 2001, 8).

*Agbe mavo*, “life eternal” is not simply an abstract concept to the African mind but addresses a missing component in African traditional religion by offering hope and freedom. This offers some insight into the use of another dominant word in the conversion discourses. Interviewees spoke of being free and having freedom (*vo*, *vovo*) from the fears of life and the hopelessness of death.

Freedom (*vo*, *vovo*)

Respondents stated that Christian conversion had freed them from the obligation to serve the fetishes. “The fetish I was serving in the past was unprofitable work for me. I realized that if I accept him, I will be more free (*vo*) than how I was in the past” (R-30).

There was a new found freedom from continual illness. “I was only in illness. The illness did not leave me. I want to be free (*vo*) in my life. I look for healing that is why I want to receive Jesus” (R-32).

Conversion resulted in freedom of fear from evil spirits. “When we were in the world, evil spirits troubled us but when I accepted Christ, I have not been hearing about the name of any of them.<sup>1</sup> Evil spirits troubled me with illness. I was not free (*vo*)” (R-29).

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<sup>1</sup> He was no longer hearing the manifestations of these evil spirits, i.e. noise in the ceilings or strange birds that cry in the night.

A forty-two year old man (R-31) mentioned freedom from the suffering of hell. “I understood that when you go to hell, there is suffering there. In hell you won’t be free (*vo*).” Freedom from anxiety was also expressed as a result of conversion. “At the moment that I was converted to follow Jesus I saw in my life that I am free (*vo*). I was at peace”(R-8).

Forgiveness (*tsɔ-ke, tsɔtsɔke*)

“Jesus’ healing and offers of forgiveness are a proclamation of God’s reign and God’s comprehensive saving purpose. Salvation is restoration of God’s people through the forgiveness of sins” (Lewis 2005, 356). Forgiveness is a key component of conversion which requires both passive and active aspects. A sinner must actively seek forgiveness for his or her sin against God and passively receive the forgiveness which God offers through Christ for sin.<sup>2</sup>

True repentance is an existential and ontological turning from sin. It is a recognition of personal acts of sin and one’s identity as a sinner. This is graphically displayed in the parable of the Pharisee and the Tax Collector (Luke 18:9-14) and in the commission Christ gave to his disciples, “that repentance and forgiveness of sins should be proclaimed in his name to all nations” (Luke 24:47). Christian conversion is an act of

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<sup>2</sup>The idea behind “passively receiving” is expressed theologically in the atonement of Christ in which forgiveness is given by God based upon the finished work of Christ (2Cor.5:17-19). Grammatically this is understood by the passive form of the verb to save (σῶζω) in Mark10:26; John 10:9; Acts 2:21; and Rom 5:9.

repentance in which the convert seeks and receives forgiveness for personal sin through the work of Christ (Acts 2:36-38). This understanding should be evident in the conversion narratives of the respondents if they have become Christian converts.

Robert Priest's research among the Aguaruna of northern Peru revealed that the concept of sin was central to their conversion experience (Priest 2003, 95). The conversion narratives that he compiled demonstrate that a personal concept of sin precipitated and/or attended conversion (96). The significance of the narrative, "I discovered my sin" among Aguaruna converts is found in the attribution of moral accusations. Priest observes that traditional Aguaruna culture found culpability for personal moral failure in others rather than self, interpersonal vs. moral causal ontology (100). The conversion narratives revealed a shift from identifying the cause of personal evil in others to the discovery of sin in self.

Interpersonal causation was a prominent feature in the conversion narratives of respondents at HBB in Togo. Thirty-two of thirty-six respondents spoke of malevolent others as a possible or real source of their illness. This is relevant to the concept of forgiveness since moral ontological causation is a necessity for conversion.<sup>3</sup> One must recognize their own culpability and personal sin in repentance for Christian conversion to be a reality. Recognizing the need for forgiveness is a critical component in conversion. Ten respondents spoke of a personal need of forgiveness for their sin.

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<sup>3</sup>The recognition that sin is the result of one's own choices and failures.

A forty-three year old man (R-17) recounted a list of sins and said, “These are wicked things. I will stop it and I will talk to Christ that from today I know that I am a sinner so that he will forgive my sins (*tsɔ nuvɔnye tsɔ kem*).”

The interviews revealed a guilt for personal sin and the need to be forgiven with specific sins often being enumerated. The narrative of a forty-nine year old woman (R-8) recounted the abortion of a fetus. “I understood again and I saw that what I did before, I transgressed. Now I give myself to the Lord and I confess to him to forgive me my transgressions (*tsɔ nye vodadawo kem*).”

#### Kingdom of Heaven (*Dzifo Fiaɖufe*)

Neither heaven nor hell are conceptualized in African traditional religions. “Man is ontologically destined to lose his humanness but gain his full spiritness; and there is no general evolution or devolution beyond that point. God is beyond, and in African concepts there is neither hope nor possibility that the soul would attain a share in the divinity of God” (Mbiti 1990, 158). Nor does it seem that there is the possibility that the soul would be condemned to hell.<sup>4</sup> A person may not die well as a result of malevolent acts or failure to follow traditional rituals which will cause their spirit to be restless and trouble the living. This restlessness can be appeased through sacrifice and

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<sup>4</sup>Twenty-five percent of respondents spoke of hell as a place of torment in their narratives.

ceremony.<sup>5</sup>

Traditional African religion does not offer hope for life after death. There is belief in existence beyond the grave but no answers to what this entails. The references to The Kingdom of Heaven in the discourses were not just an idea or a state of being to the respondents but a literal place. The discourses revealed an anticipatory desire to participate in the Kingdom of Heaven. A thirty-five year old man (R-2) is representative of this hope. “I understand that it is true that as a sinner if I repent and receive the sacrifice of Jesus Christ which he did for me, then I also will partake in this Kingdom (le dzifo) one day.” These references to The Kingdom of Heaven came from respondents representing four different ethnic groups from six different towns over a wide geographical area. This appears to be a prominent teaching in the churches which has a strong appeal to converts.

A personal understanding of conversion is revealed in the conversion discourses of a convert. The manner in which becoming a Christian is conceptualized and expressed provides insight into understandings of the gospel. The query, “Tell me how you became a Christian” did not always lead to a narrative that highlighted the

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<sup>5</sup>A thirty-five year old respondent (R-19) shared a story from her youth of a witch who died in her village. He was not buried according to village custom. A short time after the burial she saw a demonic appearing creature in the chicken coop on her compound. “It looked like a person but it had claws with flashing eyes and was trying to grab me.” She was told that the man who died was the one who wanted to carry her away. This was confirmation to the village elders that a ceremony needed to be performed at the gravesite to appease the deceased man’s spirit.

spiritual benefits of conversion. Respondents often spoke of good health, monetary gains or other benefits they perceived as a product of being a Christian. Follow-up questions were employed such as “What did Christ do for you?” in order to direct the discourse toward a conversion narrative that included aspects of the gospel.

### *Prior Knowledge of the Gospel*

Respondents mentioned they had heard aspects of the gospel on the radio, in Bremen, Catholic, Apostolic, EBB churches, The Deeper Life Movement, and at HBB during prior visits. All the respondents with the exception of R-11 had been exposed to some aspect of biblical teaching prior to their conversion at HBB. A forty-nine year old woman (R-8) spoke of her exposure to the gospel in the past. “Formerly when I was at home my aunt with whom I lived went to the Bremen church. And I followed her to go. It was there that I heard the Word of God.” Yet the exposure to the gospel described in the interviews did not always result in Christian conversion. “At that time there we went only to the church. We did not pay attention. We knew Christ who is the son of God. But to accept and to receive as Lord and personal Savior, no” (R-10). “When I was a pagan, I heard that Jesus Christ is the Son of God and his mother is Mary. When I heard this, I didn’t know if it was true” (R-34).

References were made in the interviews to hearing that Jesus was the Son of God, his crucifixion, forgiveness of sins, the offer of eternal life, and condemnation to hell for those who reject Christ’s sacrifice. They each came to HBB as patients with varying degrees of understanding about the gospel message. Some had only a

rudimentary understanding while others had heard the gospel previously but had rejected it. It is significant that all but one of interviewees had some prior context for the gospel when they heard it as patients at HBB. The one who had no prior knowledge (R-11) was a former Muslim woman and has been on the HBB compound as an inpatient and outpatient for two years.

### Crisis and Conversion to Christ at Hôpital Baptiste Biblique

Togolese often seek healthcare at HBB during a crisis or when their disease entity is well advanced.<sup>6</sup> Health crises often induce a greater attentiveness to the gospel. Numerous respondents faced life threatening medical conditions as patients at HBB. The following respondents had life threatening conditions when they were admitted to HBB: R-3, 5 & 20 (motor vehicle accident), R-7 & 18 (HIV positive), R-9, 28 & 29 (ectopic pregnancy), R-11 (gangrenous right arm), R-13 (snake bite), R-16 (spinal cord injury), R-17 (crushing leg injury), R-19 (C-section), R-22 (strangulated inguinal hernia), R-30 (typhoid – perforated bowel & peritonitis), R-33 (malaria). Forty-five percent of those interviewed faced a life threatening condition as patients at HBB.

Lewis states that “there are many indications of a people’s potential receptivity or resistance to the gospel ... people who are undergoing a great deal of economic stress or upheavals in their way of life are more open to a new understanding of

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<sup>6</sup> Life expectancy in Togo is 57 and infant mortality is 66.61 deaths per 1,000 births (Country Watch, 2013).

the world” (Lewis 1994, 8-16). This is true as well for those who are displaced and facing a life-threatening illness. The conversion discourses appear to substantiate this.

R-20 was sitting on his motorcycle on the side of the road with a passenger seated behind him when they were struck by a passing motorcycle. His passenger died and he was in a coma for nine days. He was a patient at HBB for seven months. He made the following comment in the interview. “They said that in thirty minutes if I did not arrive at the hospital I would be dead. So if it was not very close, I, my soul would be lost.”

A twenty-nine year old woman presented at HBB on March 22, 2011 with abdominal pains (R-9). She was diagnosed with an ectopic pregnancy and was informed that she needed surgery immediately. She decided to go home and inform her parents and return with them but the medical staff warned her that she was placing her life at risk if she left. “First when they told me this, I lost my hope. When they put my surgical clothes on to go to surgery, I was not able to speak. I cried. I didn’t have this idea in my head that they would operate on me. When they pushed me to the O.R., I said, ‘Will I die now?’ My father and mother or nobody was with me to talk with before I died.”

This crisis led to her conversion in which she stated, “I know that if it wasn’t for the grace of God or the hand of God on me I would not be here today. I said, I must convert (*matrɔ dzime*) and worship God (*masubɔ Mawu*).”

A final example of those who converted during a crisis is a forty-five year old male (R-13). He was working in his cocoa field when he was bitten on the leg by a

poisonous serpent. He looked for the serpent before leaving his produce in the field and going to a herbalist for treatment. He drank some herbal medicine but soon became dysphasic with generalized pain. He was then taken to the clinic in his village and they referred him to HBB. He was delirious and in respiratory distress by the time he arrived at HBB. “They brought me to arrive at Tsiko and immediately the white people saw me. I was almost dead but they did God’s work and they worked on me until suddenly at one point I came to myself.”

There is an EBB church in close proximity to R-13’s home. He never attended prior to his hospitalization. He converted to Christianity upon recovering from the snake bite and now attends this church regularly. “So what happened to me, I saw that Jehovah God saved me (*edem*) from it greatly so that led me to become a Christian (*mezu Kristotō*).”

The conversion theories of Rambo and McKnight recognize the role of crisis in conversion. Crisis is the second stage in their respective paradigms and serves as a catalyst for change. “Crises force individuals and groups to confront their limitations and can stimulate a quest to resolve conflict, fill a void, adjust to new circumstances, or find avenues of transformation” (Rambo 1993, 166).

The authenticity of crisis conversions may at times prove to be inauthentic but as Rambo states in stage 6, “commitment is the consummation of the conversion process” (Rambo 1993, 168). The discourses of the respondents indicated an ongoing commitment to their conversion. There are certainly many others who made conversion

decisions at HBB during a health crisis that were not genuine. I am unable to report on this since these cases did not respond to my requests for an interview. However, it is significant that nearly half of those interviewed were experiencing a life threatening illness at the time of their conversion. This seems to indicate that crisis is an important factor in the conversions which occur at HBB. This is not an argument supporting crisis as a paradigm for conversion.<sup>7</sup> Over half of the respondents did not encounter a life threatening diagnosis at the time of their conversion. Some of the diagnoses were relatively benign. Crisis is often a contributing factor but not necessarily paradigmatic for all conversions.

*Conversion to Christ at HBB  
and Exposure to the Gospel*

The extent of exposure to the gospel has some bearing on conversion decisions. The average number of patients seen per year in the clinic over a five year period of 2008-2012 was 10,905 per year. The average yearly number of hospitalizations during the same period of time was 2,974. There were 3.66x as many clinic patients vs. hospital inpatients. The table below lists the number of conversions per year at HBB between 2001-2012. Table fourteen indicates that the majority of conversions take place

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<sup>7</sup>Richard Peace views the Apostle Paul's Damascus Road conversion as paradigmatic (see "Conversion Paradigms" in conversion literature review).

<b>HBB CONVERSION STATISTICS</b>		
Year	Hospital Conversions	Clinic Conversions
2001	410	2,594
2002	512	2,987
2003	416	2,349
2004	319	1,579
2005	498	2,483
2006	456	2,127
2007	287	1,717
2008	382	1,841
2009	489	2,036
2010	542	2,280
2011	516	2,367
2012	546	2,199
Totals	4,373	26,559

Table 14. HBB Conversion Statistics.

in the clinic. The day that I observed a morning clinic preaching service, seventeen of seventy-five patients prayed the sinner's prayer in an act of Christian conversion (22.6%).<sup>8</sup> However, only five of the thirty-six patients that I interviewed were clinic patients. Thirty-one had a history of hospitalization at HBB. This does not indicate that

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<sup>8</sup>This is consistent with yearly conversion reports. As mentioned above, there was an average of 10,905 clinic patients per year between 2008-2012. The clinic reported a yearly average of 2,144 conversions during this same five year period for a 19.66% conversion rate.

people are not coming to faith in the clinic but it does raise questions about the large number of conversions that are reported by HBB chaplains in the clinic.

The length of stay for the thirty-one respondents who were hospitalized varied from two days (R-34) to two years (R-11). There were numerous respondents who had lengthy stays in the HBB hostel after discharge who needed wound care or physical therapy. This increased the time of their exposure to the Gospel and the discipleship process and increased the likelihood of receiving a personal presentation of the gospel.

#### Quality, Compassionate Care

Inpatients have repeated exposure to the gospel through the medical staff, hospital chaplains, and Sunday ward services conducted by the Tsiko church. The compassionate care of missionaries and HBB employees also has an impact on patients and their families. This compassionate medical care was a repeated reference in the conversion discourses.

The first statement in the conversion discourse of a sixty-two year old male (R-26) references the compassion he witnessed. “I became a Christian because during my illness I was very content how they received me. They spoke to us in the morning, I was content to convert myself to become a Christian.” A forty-three year old man (R-17) makes a similar comment. “I decided to become a Christian because I see the brothers in Christ are there to care for me.” The comments of a twenty-four year old female (R-29) offer further detail. “They receive people very well. They care for people even if it is in the night they will be coming to you and they will be seeing what is

happening. They do not sleep. They will stay with you all the time. The work of this place is good to me. I am happy that they work with love. They do the work of God.”

Twenty-one of thirty-six respondents (58%) commented on the quality of care at HBB and the compassion of the medical staff. Many found the care at HBB to be remarkable because it was compared with experiences at government hospitals. One government hospital was mentioned by several respondents for providing poor care, indifference by the medical staff, and thievery of medicines.

The testimony of quality care and personal compassion seems to have provided validity to the gospel that was shared with the interviewees when they were patients at HBB. “It is God who helps them in the work. I see people of Benin, Burkina, many places who come here. It is because of something. It is to say, God is in the process of doing his wonders” (R-28). The incarnational behaviors of the medical staff had a transformational impact upon respondents resulting in their conversion.

#### The Death of Christ

The most prominent feature of these narratives was the substitutionary death of Christ. Twenty-eight of thirty-six respondents referenced the death of Christ for sin. The words blood, *vu*, (46 times by 21 respondents) and cross, *atisòga*, (20 times by 16 respondents) were employed to describe Christ’s death.

The personalizing of sin was a common feature in the conversion narratives in which respondents referred to their sin (*nuvɔ*) or to themselves as sinners

(*nuvəwəla*).<sup>9</sup> Specific sins in relation to Christ's expiatory death were mentioned such as abortion, drunkenness, adultery and gossip. It is noteworthy that the interview subjects were not simply expressing an intellectual understanding of the gospel but accepted the message as truth and applied it to their lives. A twenty-one year old female student (R-34) commented, "Jesus Christ died (*est mort*) for me. The word touched me that Jesus Christ died (*est mort*) in my place. It is me who committed the sin and he died (*est mort*) in my place."

Numerous respondents mention a strong conviction of personal sin that accompanied their conversion. A forty-nine year old man described his obstreperous, and indolent preconversion lifestyle focused upon alcohol, tobacco, and irresponsibility. Describing his former behavior he remorsefully saying, "These were very serious sins in my heart" (*Numawo nye nuvə ɲutə ɲutə siwo nə dzi me nam*. R-5).

There was a clear recognition of personal culpability for sin (moral causation) expressed across the interviews. These conversion narratives are clear and profoundly personal. A woman who came to HBB with post-abortive complications gave the following testimony, "I sinned (*mewə nuvə*) against Christ and against God. Now I am a sinner (*menye nuvəwəla*), I was born in sin (*wodzim də nuvə*), and I have sinned

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<sup>9</sup>There were twenty-six references to "sin" and "sinners" among sixteen respondents.

again (*mega va wə nuvəa*).<sup>10</sup> Before I did not understand this. It is now I come to understand this and I know that God loves me sincerely. Because of this he died for me on the cross” (R-8). The necessity of the substitutionary atonement through the death of Christ was one of the most prominent themes across the interviews. Thirty-one respondents spoke of the vicarious death of Christ on their behalf in their conversion discourses.

These discourses suggest that there may be an analogous relationship for respondents between the presence of sacrifice and blood in fetish ceremonies and the corporeal sacrifice of Christ. This analogy serves as a cognitive referent which provides an understanding of the need for the substitutionary atonement found in the gospel. Thomas Larson conducted field work among the Kabiye of northern Togo between 1973-1982. He states that “The Kabiye of Northern Togo approach their god through intermediaries known as fetish spirits .... Each approach to the supernatural beings maintain traditional establishment values and integrate the society which produces a strong tribal identity in the individual” (Larson 1984, 39). Sacrifice is a central aspect of fetish worship which provides this integration of values.

The ancestors are satisfied when their demands are met and they are acknowledged. Animals are sacrificed to satisfy the spirits who will then intercede with God on behalf of the one(s) offering the sacrifice in order to gain his aid and favor (Larson, 1984). The sacrifice of animals and the offering of drinks and food to ancestors

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<sup>10</sup>Referring to her abortion.

and spirits embodies the idea of satisfaction but not vicarious substitution. There is no concept of sin or the need for forgiveness in fetish sacrifices. Worshipers are motivated by obligation, appeasement, and community solidarity.

Blood was featured in the narrative descriptions of the sacrifices in which respondents participated. R-36 stated that he no longer participates in ancestral ceremonies. “They no longer cook blood (*vu*) for me to eat anymore.”<sup>11</sup> A forty-three year old (R-17) described the ceremonial importance of blood when he was instructed by a fetish priest to bring a white hen. The hen was sacrificed before an idol. The meat was eaten and the respondent then washed himself in the hen’s blood.<sup>12</sup>

Fetish sacrifice provides a cognitive context for the gospel but the message is radically different. The removal of personal sin and guilt by the final substitutionary sacrifice of Jesus Christ is a revolutionary concept. Respondents referred to the value of this transaction as being “*vo*” (free). Nineteen interviewees used this term thirty-eight times to refer to release from the obligation and fear of fetish worship and the newfound freedom of being *Kristoto* (part of Christ).

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<sup>11</sup>When goats are slaughtered, the blood is not spilled on the ground but collected in a bowl. It is used as sauce with meat. Blood is life and is acceptable to the gods. Blood may be poured on the stones in front of the homes after slaughtering an animal as an offering to the ancestors.

<sup>12</sup>This is a purification rite in which the spirit is asking for blood. Some of the blood is poured on the idol and some is used to wash the face or pour over the head. The blood must remain overnight. The fetish priest will then pronounce fortunes or blessings which will result in the one who offers the sacrifice gaining wealth, a promotion, or other benefits. The ceremony prompts the spirit to act on one’s behalf.

A forty-one year old male (R-31) is representative of those who expressed a clear understanding of the gospel. “Jesus came and died for our sins. He gave Himself as a sacrifice (*avɔ*) and shed His blood (*efe vu kɔ de anyi*). He washed away our sins with His holy blood (*efe vu kɔkɔe*). So, if you believe in Him, if you receive Him in your heart and you are no more serving idols, you are not serving anything apart from Him alone, and you are free (*vo*)!”

### The Word of God

Evangelism at HBB is textual based. Gospel tracts are widely distributed in the clinic, hospital wards, and cuisine. Chaplains and employees use the Bible in their discussions with patients and families. They also preach from biblical passages in the daily morning clinic services. The influence of this emphasis was evident in the interviews.

The “Word of God” was a recurrent term in the discourses.<sup>13</sup> Respondents used this term to identify the source of the message upon which their conversion was based. A thirty-one year old male (R-1) stated, “How I became a Christian is that I heard the Word of God (*Mese mawunya*) that Christ came to die for my sins”. Scripture was also quoted or referenced in the process of corroborating their faith. “They spoke to me

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<sup>13</sup> The literacy rate among males ages 15-24 is 84.86% and for females 67.92% based upon UNESCO 2006 statistics (IndexMundi 2013).

Bibles carried to EBB churches by parishoners are predominately French. I saw very few Ewe or Kabiye Bibles among those in the three churches that I visited. The French language is used exclusively in the Togolese educational system with no instruction offered in tribal languages.

concerning Romans 3:23, for all have sinned and fall short of the glory of God” (R-28). Respondents also referenced John 3:16; 14:6; Rom 6:23; 1 John 1:9. The impact of the Word in conviction and repentance was also evident as seen in comments of a young woman (R-7) who had a promiscuous lifestyle prior to her conversion at HBB. “I saw that the way in which I was walking was not the way in which I should go because of the Word of God (*Mawu nya*) which I heard.”

### Discipleship

Source of Light is a primary discipleship tool used with new converts at HBB (Source of Light 2013). These are self study Bible and doctrine lessons. Several respondents (R-3, 17, 20) mentioned that they were working through the lessons which were graded by one of the chaplains.<sup>14</sup> One respondent (R-10) worked through the Emmaus correspondence course (Emmaus Correspondence School 2010) upon completing the Source of Light lessons. Respondents spoke of attending church baptismal classes, joining local churches and involvement in local church ministries (R-12, 10).

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<sup>14</sup> Discipleship is often contingent upon extended hospital stays or patients receiving extended outpatient care after discharge. Converts also acquire additional discipleship materials upon return visits to the clinic for medical/surgical follow-up.

*Gospel Presentations at Hôpital Baptist Biblique*

## Clinic Evangelism

The most prominent place in which the gospel is presented at HBB is in the morning clinic evangelistic service. The largest number of people are present for the longest presentation with the fewest distractions in comparison to any other evangelistic event on the campus. The vast majority of conversions reported at HBB occur in this morning clinic service. There was a yearly average of 2,661 conversions per year in the clinic during the eleven year period of 2001-2012. This is five times greater than the number of decisions in the hospital. This venue of evangelism is dealt with at length in this paper because of the conversion numbers associated with this event.

The clinic mornings begin by assembling patients in the waiting area who have arrived for an initial or follow-up visit prior to their appointment with a physician, physician's assistant, or nurse practitioner. One of the chaplains preaches a gospel message and gives an invitation to convert to Christ.

I recorded the message that was preached by the head chaplain on May 24, 2012. The duration of the message was twenty-seven minutes and eleven seconds with seventy-five patients present. The chaplain preached in Ewe. This sermon was recorded, transcribed and translated.

The chaplain began his message by saying that he was aware that there were Satan worshipers in all of their families and that some of their illnesses had been

caused by evil spirits. He told them that some of them had visited witchdoctors to receive oracles before coming to HBB. He asked the patients to give him any items that may have been given to them by a witchdoctor.<sup>15</sup>

He then read Prov 1:20-28a which speaks of wisdom calling to the people to heed reproof but they turn away. He made an application of this passage by saying that we have turned our backs to God and rejected him.

Turning to Rom 6:23 he explained that everyone is a sinner and the penalty of sin is death. Death will come to your door and you will not be able to refuse death. Jesus is the one who died for sin. The one who dies in his sin will meet God and God will tell him, “There is no relationship between you and me. You go to hell”.

The chaplain read the passage in the book of Revelation on the Great White Throne Judgment (Rev 20:11-15) and then challenged everyone to pray the sinner’s prayer. He asked everyone to bow their head as he explained what they should pray. He then asked everyone who had prayed the prayer to raise their hand. The head chaplain then asked one of the other chaplains to pray for these people. Excerpts from this prayer are as follows:

You are a wonderful God and we have hope that this morning you have already started your miracles .... Those who believe in Christ this morning, Lord may they become yours and when they are sick Lord, be with them and heal them immediately .... This morning care professionals cannot do anything. Medicines cannot do anything. Your name will save every person at this place.

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<sup>15</sup>No items were offered or collected. The chaplain continued speaking without a pause.

This prayer is filled with hyperbole which results in unrealized expectations by the patients. These expectations are attested to in the conversion narratives of the respondents. The prayer suggests magical elements in the gospel and a melding of healing with conversion.

The names, addresses, and cell phone numbers were recorded of those who converted to Christianity. Gospel tracts were distributed in Ewe, French, English, and Arabic.

The text of this message helps to clarify some of the statements made in respondent interviews. It also reveals the manner in which the gospel is presented and the emphasis given to particular aspects of evangelism.

*Illness caused by evil spirits.* There were fifteen references to evil spirits, Satan, and voodoo and seventeen references to hell in the clinic sermon. The evangelist described disease as a spiritual phenomenon. He mentioned that disease cannot be seen and there is little that medical technology can do to reveal its cause. Physicians don't know the cause but God knows.

Numerous respondents spoke of non-hospital diseases in their interviews (R-7, 9, 11, 13, 14, 15, 16, 17, 20). This is a euphemism for illnesses caused by evil spirits. The head chaplain referred to this when he said, "The sickness of some people come from evil spirits." The second chaplain also referenced these non-hospital, evil spirit induced illnesses in his closing prayer. "This morning care professionals cannot do anything. Medicines cannot do anything. But your name, Jesus is the precious thing....If

an evil spirit may stand against them this morning, we pray that Christ may overcome this evil spirit.” The natural biomedical process of healing seems to be repudiated by these statements. The healthcare concerns of these clinic patients appear to have been placed into the singular context of spiritual warfare.

*Illness caused by ancestral curses.* The head chaplain said that the parents of all those present had been Satan worshipers. “The Bible says that whoever has worshiped Satan, his sins are counted for his descendants till the seventh generation. Therefore, maybe our forefathers did evil things in the past. That is why evil things are happening to us.” The implication of his comment is that some of the patients are ill because of an ancestral curse.<sup>16</sup>

The head chaplain did not give a biblical reference for this statement but he is most likely referring to Exodus 20:4-5.

You shall not make for yourself a carved image, or any likeness of anything that is in heaven above, or that is in the earth beneath, or that is in the water under the earth. You shall not bow down to them or serve them, for I the Lord your God am a jealous God, *visiting the iniquity of the fathers on the children to the third and the fourth generation* of those who hate me. (emphasis mine ESV).

The idea of ancestral curses is common in traditional African religion.

“In the African mindset, due to the belief that spiritual causes lay behind certain situations, it is also assumed that the curses resulting from generational sins can affect

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<sup>16</sup>The head chaplain said that he didn’t remember making these comments when he was asked to explain further his belief about ancestral curses. (Phone conversation with primary translator January 29, 2013).

future generations, and will do so unless steps are taken to extricate oneself and the community from their consequences” (Kwabena Asamoah-Gyadu 2004, 403). This is addressed through deliverance ministries in West African Pentecostal churches.

The head chaplain is addressing a problem that is prevalent among the clients of HBB. He does not offer to perform a deliverance ceremony for ancestral curses commensurate with Pentecostal churches. Rather, he suggests that repentance and confession of sin and trusting in the blood of Christ to wash away sin will provide deliverance.

Exod 20:4-5 is not describing ancestral curses as they are understood within traditional African religion among the Ewe. However his comments serve to reify the traditional concept of ancestral curses within the consciousness of his hearers by transferring this idea to Christianity. Meyer speaks of the diabolization of Ewe religion through similar associations by the Bremen missionaries of the 18<sup>th</sup> and 19 centuries (Meyer 1996). Asamoah-Gyadu applies Meyer’s findings to twenty-first century Pentecostalism in Ghana when he writes,

From the outset of the missionary enterprise in Africa at the beginning of the 19th century, Christianity and African traditional religions have been in radical opposition to each other, although traditional worldviews of mystical causality have entrenched themselves in popular African Christian discourse. The deities of African traditional religions have survived in Pentecostal hermeneutics as "principalities and powers", that is, agents of the devil in the world whose influence on believers must be subdued. (Kwabena Asamoah-Gyadu 2004, 390-391)

This has a syncretizing effect upon the Christian message in which associations are drawn between traditional African religion and Christianity.

*The sinner's prayer and magical healing.* The head chaplain led the clinic patients through the sinner's prayer four different times during the course of his message. On one of these occasions he recited the sinner's prayer and told the patients that if they believed this they would have eternal life. He told them that when they go to a shaman (*dzoka*) they are given words to recite. They recite these words because they believe that it will give them what they want. God's word is stronger than the shaman's so that when they recite the words of the sinner's prayer they will receive eternal life.

Jesus seems to be portrayed in this comparison as the greatest shaman with a more powerful magic. The danger in this comparison is that Christianity can be viewed and practiced as a new albeit more powerful magic.

The clinic sermon was concluded with the following statements.

If you pray this prayer this morning, the sickness that has brought you at this place, tell God this morning that, As I have given my life to you this morning, I won't go back with my sickness. You will do something about it that in the name of Jesus I may be healed. Because God says whoever may say these words, he will deliver them .... We don't trust medicines, we don't trust any care professional. God's power will make a miracle in your life.

The comment referring to "God says" in this paragraph may be a reference to Rom 10:13, "For everyone who calls on the name of the Lord will be saved" (ESV). However, the listener could easily construe that the prayer of salvation guarantees healing and that God is promising deliverance from illness. Patients may be converting because they believe that it is a means to healing. This potential for confusion may be further complicated by his final statement. "We don't trust medicines. We don't trust any

doctor. But God's power will make a miracle in your life if you say this prayer this morning." His intention is to give God the glory for what happens at HBB and acknowledge dependency upon God for healing but these appeals may create unrealistic expectations among the patients based upon a magical view of the gospel.

These statements may have some unintended consequences that surface in the interviews in which respondents state that conversion to Christianity results in physical healing (R-2, 24, 26, 42). Healing is compartmentalized uniquely as a matter of spiritual warfare in which natural processes apparently have little or no relevance.

The magical worldview in Africa may help to explain this reasoning. Magic is not used here with the notion of trickery neither does it imply a social backwardness or intellectual ignorance. The use of placebos and the popularity of the power of positive thinking, i.e. if you think and say something it will effect outcome, are aspects of magic in Western thought and practice. Harries suggests that magic has the effect of psychic powers through which powerful suggestions create reality (Harries, 2000, 497). The American Evangelical community exhibits a strong affinity to magical aspects of spirituality which was evidenced by Bruce Wilkinson's best selling book in 2000, "The Prayer of Jabez: Breaking Through to the Blessed Life." Wilkinson suggests praying the prayer of Jabez daily, every day of your life and God will bless you (1 Chr 4:9-10). He writes, "It's only what you believe will happen and therefore do next that will release God's power for you and bring about a life change. But when you act, you will step up to God's best for you. I'm living proof" (Wilkinson 2000, 87). It appears

that the prayer of Jabez serves as a formula to gain the wealth, fame, and success that Wilkinson has experienced.

In the magical worldview, “things are rather described in the way that they ought to be in the hope that on having been described in that way, that which ought will come about” (Harries 2000, 495). Words have magical power and the sinner’s prayer is the strongest magic.

*Mystical causality and salvation.* Much, Mahapatra, and Park suggest seven causal ontologies of suffering along with corresponding therapeutic interventions (Shweder 2003, 76-79). The perspective of mystical causality surfaced frequently in the interviews. The primary therapeutic interventions employed included prayer and avoidance strategies.

The conversion discourse of a sixty-five year old woman (R-24) recounted her conversion when she was a clinic patient in 2009. “They were praying. When they were praying they said that if you believe in God when you fetch water and drink you will see healing. At that point it pleased me that I believed in God.” I questioned R-24 further to determine how she became a Christian. She responded with a narrative of her repentance and the substitutionary atonement of Jesus Christ. The story of the mystical water caused her to convert to Christianity but it was not the basis of her faith three years later.

The head chaplain closed his clinic evangelistic message by asking another chaplain to pray. The second chaplain prayed in the hope that God’s miracles

had already started that morning. That those who had believed in Christ that morning would be healed immediately when they became sick and that “all those who may not need medicine will be told to drink water and in the name of Christ they will be healed.”<sup>17</sup>

The content of the chaplains message demonstrates that magic may not be an integral part of the gospel as it is presented at HBB but there are attendant aspects of magic which accompany the proclamation of the gospel and the manner in which it is understood by the patients.

#### Hospital Evangelism

*Prayer.* The chaplains make patient medical rounds with the doctors in the morning. They return to the bedsides and make evangelistic rounds. They pray with the patients and petition God for healing. The head chaplain mentioned that the doctors say at times that the medicine may not work without prayer. “In praying with them, God makes the miracles in their life who heals them.”

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<sup>17</sup>I asked my primary translator to explain the significance of the healing qualities of water referred to by R-24. He said it was most likely an exaggeration on the part of the clinic staff or someone she overheard on the hospital compound. I asked him to explain this to me again when the apparent source of R-24’s comment surfaced in the clinic prayer of the chaplain. He said, “This is what he believes. People believe that magical things will happen here because HBB is a Christian hospital.” (phone conversation 01/29/2013)

I witnessed lengthy, passionate prayers at patient's bedsides by the chaplains. This intervention appeared to be welcomed by patients and their families. The dependency on prayer in the ministry of HBB is exemplary. Prayer is ubiquitous in the ministry and the chaplains and staff of HBB demonstrate a confidence in the power of prayer. Some of this may be motivated by an interpersonal causal ontology in which illness is caused by malevolent others invoking demonic forces. The only means to countermand these forces is by employing the greater forces of God through prayer. The chaplains stated several times that they have no confidence in the medicine or doctors. This is not a suggestion that the medical staff is incompetent or that the medicine is impotent. Etiologies and pathologies which are considered to be of spiritual origin cannot be treated effectively with biomedical interventions.

*The gospel as a cure.* I asked the head chaplain if he and the other chaplains tell people that if they believe in Jesus they will be healed. This question was particularly relevant in light of his clinic message. He responded, "I do not speak like that. That if they believe they will be healed? No." He denied that there was a mystical formula by which a person could be healed. "God has entered in us but it is not this which makes that he will heal us. God can do his miracles by his will. If it is his will that you be healed you will be healed."

It appears at times that the gospel is presented in such a way that one cannot be healed apart from Christian conversion. A sixty-five year old woman (R-14) converted to Christianity in the clinic the day before my interview with her. I asked her

to explain the message that she heard about Jesus Christ when she came to HBB. “They are saying that the hospital to which I came, Jesus is the one who heals people. So when I came they asked me if I would receive Jesus and I agreed that I will receive him.”

The conversion question becomes rhetorical when it is linked to healing in this manner. It would appear that a refusal to convert would mean a denial of healing.

*Evangelistic methodology.* Evangelism is pervasive on the HBB campus. Patients were led through the sinner’s prayer four times during the clinic message of May 24, 2011. Tracts are distributed to clinic patients in the morning and throughout the day to patients and family members on the campus. The gospel may be shared with patients during the course of their clinic consultation. Inpatients are exposed to the gospel repeatedly during morning rounds, visits from chaplains, and on Sunday afternoon evangelistic services. A patient discharge may be delayed in order to allow one of the chaplains to meet with a patient or to expose a patient to the gospel during a Sunday afternoon ward service.

The head chaplain shared the methodology used by the the chaplains when presenting the gospel to patients. “When we have shown the plan of salvation, we will give time to the person to reflect, to think upon what he heard. If he wants to give himself to Jesus this will come to himself. Therefore, if this does not come to himself,

we cannot force him to give himself to Jesus.”<sup>18</sup> He shared with me that he believed the strength of the chaplaincy was their ability to share the gospel with people and the weakness was the inability to follow-up with new Christian converts once they were discharged from the hospital.

A fifty-one year old man (R-25) was admitted with an inguinal hernia. He was taken to the operating room and placed on the surgical table. He described what was said to him by the operating room personnel. “They were speaking to me on the table of Jesus and they were saying to me that my sins will take me to the death in hell. But if I receive Christ, immediately that I will die and I will go to paradise.” Sharing the gospel with patients while they are receiving treatment is not uncommon. R-25 made a decision to convert to Christianity while on the operating room table. His surgery was in 2008, four years prior to this interview. He is now involved in a local church and gave a clear testimony of his Christian conversion.

The staff make every attempt to insure that those who come to HBB hear the gospel corporately and personally. This is more easily attained if a patient is admitted to the hospital. One interview subject (R-26) mentioned that the gospel was pervasive during his hospitalization. “The day that we arrive here the religion it is what they spoke to us everywhere that arriving it is necessary to deliver your heart even if you are a sorcerer.”

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<sup>18</sup>The manner in which patients are questioned and the gospel presented appears at times to be leading, misleading, or manipulative.

*Healing and Conversion*

## God's Hand

The converts expressed confidence in the professional skill and compassionate care provided to them at HBB. However, it was not only the skill and care that led to healing but the hand of God that supernaturally intervened in the process. Twenty-five percent of the interviewees referred to God's hand, power, or strength in the process of their healing. The natural and supernatural were not viewed as separate processes in healthcare. "I have confidence because of the strength and power of God that operates at this hospital" (R-9).

There was a dependency upon God's power that was expressed apart from which there could be no healing. R-9, a twenty-nine year old female compared HBB to other hospitals where she had received treatment.

I use to go to hospital. They write medicines. We buy but it is not better. But we came to this place. I know that I am seeing healing. Medicine that I used completely at that place when I came here I know that the medicine is different. The medicine is strong. It is not an empty strength. The hand of God is also in it. If the hand of God is not in it, things will not be made right.

There is a strong belief among respondents that natural processes alone are ineffective to provide a cure. God must intervene directly for the biomedical process to have any efficacy. A forty year old woman treated for rectal cancer made the following comment.

“Their faith that they have is that which works in their medicine that they give to us. If God doesn’t put his hand in the medicines, it will not be successful” (R-32). This is a common idea expressed across the interviews.

Is the concept that God must intervene in the biological process in order for healing to occur categorically different from the expectations of Western Christians? Are these converts at HBB expressing a greater faith than their Western counterparts or is this representative of a mechanistic faith that is influenced by animism? It may be that neither of these questions can be answered satisfactorily with a “yes” or “no”. There is no simple answer to these questions from either an emic or an etic perspective. A helpful means to answering these questions may be found in examining the discourses regarding expectations and salvation in relation to healing.

#### Expectations of Healing

A great expectation and confidence was expressed in the hope of being healed. This assurance was not located in biomedicine or the expertise of the HBB staff but in the supernatural intervention of God. The healthcare providers receive generous accolades but the power to heal is not viewed as their own. “Their faith that they have is that which works in their medicine that they give to us” (R-32). “Here it is God who works, without God they can do nothing. It is God who helps them in the work” (R-28).

A sixty-five year old woman (R-14) made the following comment which may best express the expectations with which patients present themselves. In response to the question, Do you think the treatment you receive at HBB will cure you or help you to

recover?, she replied, “Yes, I am sure. I have never been to this place but they told me and I heard that when you come to this place you will be healed. The hand of God is among you at this place. If I come to this place I will be healed.”

HBB has a reputation for quality healthcare. This reputation has been subject to rumor. One rumor that circulates relates to the gospel tracts that are distributed in the morning clinic evangelistic service. There is a belief among clinic patients that placing a tract in their appointment booklet will improve their chances of being seen by a doctor. Chaplains discount this rumor in their morning instructions by assuring the patients that they will be seen regardless of the possession of a gospel tract. Rumors that circulate about the hospital’s ability to cure create expectations in the patients that come to HBB for treatment.

Many of the present and former patients I interviewed seemed to have supernatural expectations for healing. A twenty-six year old man (R-28) reported, “We heard talk of the hospital at Tsiko, that here they truly work. If you arrive here, you will have healing.” Faith is viewed as a barrier to illness and a cure for disease. A Christian can also get sick but they will recover; they can be assured of healing. Patients are making applications of the gospel messages they are hearing during the course of their healthcare. These applications may be fostered not only by public rumor but by statements that are made during the process of evangelism. A thirty-five year old man (R-2) stated that he heard that Jesus “is someone who is the solution for problems. It is what they said to us. When you believe in Jesus you will be saved. Therefore,

immediately your problems will be resolved.”

The Director of Nurses at HBB emphatically denies that any of his staff tell patients that they will be healed if they believe in Jesus yet respondents report that this is what they have heard. This may be the result of patients making personal applications of the gospel based upon their understandings and expectations or in the manner in which the gospel is communicated.

Healing requires belief in Jesus but also the denial of fetishism. A sixty-two year old male (R-26) commented that “it is necessary to leave the fetishes someplace in order to be healed.” The same idea of breaking with the past is stated by R-17. “Jesus is the healer. If you are a poor man or a rich man and you came to HBB and you give your life to the Lord Jesus Christ and you use the drugs and don’t go to sorcerers, you will be healed.”

Faith and healing are viewed as contingent events. This is consistent with the African worldview which is holistic; viewing the spiritual and physical as a matrix. The comments above by R-26 and R-17 indicate that faith requires the abandonment of former practices. This concurs with the discourses on conversion and repentance that were previously reviewed in the chapter on conversion language. *Trɔ dzime* (to repent, convert) was the predominant word used in the conversion narratives and subsumes the ideas of changing one’s mind and heart (חַיָּת and μετανοέω) and turning in a new direction (צַדִּיק and ἐπιστρέφω).

There were several interviewees who were not healed as a result of their

treatment at HBB. It would seem that they might consider their continued illness to represent a lack of their faith or a failure of HBB but their responses did not indicate any conflict. R-27 brought his sick daughter to HBB for treatment which was unsuccessful. He described her treatment as follows. "They prescribed products and we bought all and we left. It calmed but after all it resumed until now. She is still ill like before." He had taken the child to a government hospital and traditional healers prior to coming to HBB. The father stated that perhaps her illness was caused by spiritual means which would classify her malady as a non-hospital illness. He expressed satisfaction with the care his daughter received even though her condition did not improve. His expression of gratitude is an example of an attitude of appreciation that is characteristic of the patients who seek treatment at HBB. There is little sense of entitlement but rather an acquiescence to what appears to be one's fate. Neither God or HBB were blamed for this failure and he did not question his faith.

Another example of the inability to provide a cure is that of a thirty-five year old female (R-16). She fell into a pit at night fracturing her spine which resulted in paralysis below the waist. She responded to a question about what Jesus did for her by saying, "I want him to heal me." She was discharged from the hospital two months after the interview as a paraplegic. She provided an explanation for the lack of a cure. "Some people say that some illnesses are not to be taken to the hospital." She told me that demons had led her into the pit causing her paralysis which could indicate that her illness (non-hospital) could not be cured through biomedical means.

The contingency between faith and healing was a common theme in the interviews. This idea was dramatically expressed by a sixty-five year old female (R-24). “There are some illnesses, when you fall sick and you are coming to this place and you are not seeing healing it means that you do not believe in Jesus Christ. They do not yet know that Jesus died for our sins that is why peoples’ illnesses are not healed. They should repent. They must repent.” The belief that healing is determined by faith is a derivative of patients expectations but may also represent an unintended consequence of evangelism at HBB. The inflated number of conversions reported at HBB is a corollary of the link between salvation and healing. Healing is understood as an outcome of salvation.

#### *Motivations for Conversion*

My goal was to determine what precipitated or motivated respondents to convert to Christianity. Questions such as “Tell me how you became a Christian”, “What led you to become a Christian” and “Why did you decide to become a Christian” were employed for this purpose. The question was rephrased in this manner when the interviewees were reluctant to respond or provided a narrative that ultimately didn’t answer the question.

The thirty-six respondents offered six different reasons for their conversions. The spread of their responses is represented in the following table. These categories should not be considered as static since respondents often mentioned more

<b>MOTIVATIONS FOR CHRISTIAN CONVERSION</b>		
<b>Motivation for Conversion</b>	<b>Number of Respondents</b>	<b>Number of References</b>
Forgiveness	2	2
Fear of Death	3	3
Desire for Heaven, Eternal Life	7	9
Fear of Evil Spirits and Witches	9	11
Fear of Hell	10	15
Desire for Healing	17	39

Table 15. Motivations for Christian Conversion.

than one motivating factor. There are forty-eight motivation responses listed in Table 16 under the column “Number of Respondents”. Twenty-two interviewees offered motivations for their conversion. Fifteen respondents mentioned more than one motivating factor.

#### Fear of Evil Spirits

One quarter of the respondents mentioned that fear of evil spirits was a motivating factor in their conversion decision. Conversion produced a release from fear of evil spirits (*gbɔgbɔvɔwo*) and the ability to forsake fetishism (*trɔsubɔsubɔ*).

Respondents spoke of being free and released from the fear of serving evil spirits when they converted to Christianity.

Freedom in the West has a strong political emphasis whereas freedom as expressed in the conversion narratives related to release from spiritual oppression and

obligation. In Africa, “the spiritual universe is a unit with the physical, and these two intermingle and dovetail into each other so much that it is not easy, or even necessary, at times to draw the distinction or separate them” (Mbiti 1990, 74). Fear is a predominant characteristic of daily life since spirits are involved in activities of daily living and must be acknowledged and have their needs met. Respondents referenced a fear of hell, evil spirits, witches, illness, and death. Conversion provided a release from these debilitating fears. An eighty-nine year old village chief (R-35) spoke of being troubled constantly by witches (*adzeto*) who he blamed for killing his nine children, destroying his crops, and fracturing his leg. He stated that he has not been troubled by witches since his conversion. “No, I have not any word about the matter of witches (*adzeto*).”

Fear of evil spirits serves as a motivation for conversion but can also have the opposite effect. The Director of Nurses reported to me about an important fetish priest in the town of Adeta. This man has heart disease and asthma. He tried to heal himself by his own powers but was unsuccessful. “He comes to the hospital when he is sick and has responded to the treatment but he refuses to give his life to Jesus because he is afraid of the fetish. He has heard the gospel many times.”

There is a common confidence that conversion provides protections from evil spirits through the person of Jesus Christ. A twenty-eight year old female (R-28) expressed confidence that she did not need to fear evil spirits any longer. “What drove me (to convert) is that the evil spirits (*mauvais esprits*) can no longer approach you when you have Jesus Christ”.

## Fear of Hell / Desire for Heaven

The occurrences of conversion motivations are evenly spread between the desire for heaven, fear of evil spirits, and the fear of hell. The desire for heaven and the fear of hell are two opposite perspectives of a common motivation. Respondents employ both in their narratives.

Ne gbesigbe Mawu yom la mayi *fafa fe tefe*.  
The day God calls me, I will go to to a cool place.

Nye me di be mayi *dzodzo fe tefe o*.  
I do not want to go to a hot place. (R-23)

The belief in life after death is a common notion in African society. This belief does not constitute a heaven and hell, rather it entails joining the great body of ancestral spirits. “There is neither paradise to be hoped for nor hell to be feared in the hereafter” (Mbiti 1990, 4).

There is a long history of Protestant missions among the Ewe from 1847 when the first missionaries from the Reformed Protestant mission of Bremen, Germany began working among the Ewe of Ghana. Hell as a place of eternal judgment is not found in traditional West African religion nor is the person of the Devil. The concept of hell and the Devil were introduced by the Bremen mission. They found a logical bridge between these two Christian doctrines and traditional Ewe religion. The gods and ghosts of Ewe religion were declared to be demons based upon an interpretation of 1Cor 8 and Eph 6. Ewe religion was declared to be diabolical and those who refused to convert from traditional religion to Christianity were doomed to damnation in hell. The missionaries

referred to the Ewe people as *Abosamtɔwo*, ‘people belonging to the Devil’ (Meyer 1999, 83-84).<sup>19</sup> The idea of the Devil and hell has found its way into Ewe thought and witchcraft beliefs through this history. Patients who come to HBB have a familiarity with the Devil and hell and they fear both.

Gospel presentations at HBB often contain a strong component of judgment and hell. Respondents recalled being told they would go to hell if they died without receiving Jesus. This was communicated to patients in the clinic (R-23), on the hospital ward (R-5), and in the operating room (R-25).

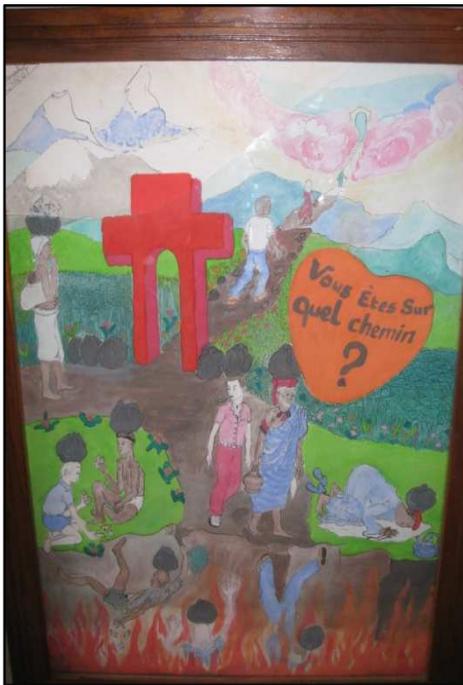


Figure 1. Evangelistic Painting.

Clinic patients receive a gospel presentation as a group and often hear the gospel again during their individual appointments. The following drawing is often used by clinic employees and chaplains to illustrate the gospel to patients individually.

The caption on the drawing says, “Vous êtes sur quel chemin?” (Which road are you on?). People of different ethnicities are depicted in various activities. Each of them is carrying a burden on

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<sup>19</sup>The word for the Devil, *Abosam*, was introduced into the Ewe language by the Bremen missionaries. “*Abosam*” was derived from the Akan language with an etymology of a male witch, bush monster, and traditional religious deity (Meyer 1999, 77-78).

their head. The burden is removed from those who pass by the way of the cross. The other road leads to hell. The gospel was shared with a clinic patient by one of the chaplains using this drawing. She converted to Christianity and recounted her experience to me the following day.

She came and called a brother and he came and I and he went into a room and he prayed for me and showed me a painting. He said that there exists three places and eternal life is at the top. The middle one is the earth. Underneath is hell. Among the three which one is best for me to choose? Then I said I will go to the Kingdom of Heaven. He asked me again and I said it again. When I said it so he asked me if I am sure and I said I am sure. And he prayed. I followed and he said when he says any word I must also say it and I said it. When he said, I said it, when he said, I said, until we clapped our hands and said amen and we separated. (R-14)

The subject of judgment and hell resonates with the Togolese even though the idea of judgment after death is absent from traditional religion in Togo.

Evangelism can become aggressive at times at HBB. A clinic employee was sharing the gospel with a Muslim patient when the patient objected. The employee continued in spite of the patient's protest. Another clinic employee entered the room and encouraged the evangelist to continue saying, "He's going to hell". The patient became angry and threatened to retaliate. A missionary intervened to diffuse the escalating encounter.<sup>20</sup> I observed another incident in which a mentally ill man wandered onto the

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<sup>20</sup>This incident took place during my field research and was reported to me by the missionary P.A. involved.

hospital campus.<sup>21</sup> He was entering unauthorized areas and refused to follow the directives of the security guards. One of the guards sat him down on a bench and in exasperation began yelling at him, “Il faut croit en Jesus! Il faut croit en Jesus!”<sup>22</sup>

These confrontational evangelistic methodologies demonstrate the powerful imagery of hell within Togolese consciousness. Ten interviewees mentioned that they were confronted with a choice of accepting Christ or going to hell.

We have observed that life after death is a component of African traditional religion but this belief is shrouded in mystery and fear. The Christian teaching about heaven and hell is clear with textual claims. This is a very powerful force in evangelism at HBB particularly when patients are dealing with a health crisis.

### Healing

Healing was the predominant reason given by respondents for their conversion. Nearly half of those interviewed (17 of 36) indicated healing and wellness as a primary motivational factor. A pattern emerged from the interviews presenting a perspective that biomedical treatment and healing gained efficacy through conversion. Wellness also surfaced as a product of conversion. A sixty-two year old school teacher (R-26) describes illness and healing as a struggle between God and Satan.

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<sup>21</sup>I refer to this man as mentally ill but the African’s would refer to him as being troubled or possessed by an evil spirit.

<sup>22</sup>“You must believe in Jesus!”

Si vraiment tu as accepté Jesus, on te donne ces produits, ta maladie doit partir.

If truly you accepted Jesus, they give you these products, your illness must leave.

Sans Dieu, ces produits on peut prendre, on ne sera pas guerit.

Without God, these products we can take, we will not be healed.

Puisque l'ennemi aussi peut mettre sa main dedans.

Since the enemy also can put his hand inside.

Patients have heard that the power of God is active in healing people at HBB and they often come with expectations for healing. The interviews suggested that the gospel was intertwined with the promise of healing, at least in the understanding of the interviewees. A sixty-two year old man (R-26) said that you must stop worshipping fetishes if you desire to be healed. Another man (R-13) said that he was told that if he received Jesus Christ he would be healed. The hospital employees I interviewed denied that the gospel is communicated in this manner yet former patients report this years after their conversions. Several of those who reported this are leaders in their local churches. The respondents recognized that healing was a physical process but one that entailed a spiritual battle that required personal involvement through belief and prayer.

A comment from an interview with an inpatient (R-16) is representative of a pattern throughout the discourses of the necessity of prayer in order for medication to be efficacious. "We drink the medicine that it will work but if Jesus does not bless it, it will not work."

Conversion is motivated by the belief that conversion and prayer facilitate healing as revealed in the comments of this twenty-six year old man (R-28).

If you arrive here, it is by prayer. They say to you at the same time if you accepted Jesus you will be healed. If truly you accepted Jesus, they give you these products, your illness must leave.

It seems at times that prayer is viewed as a magical incantation resulting in healing.

I asked the Director of Nurses about this recurrent theme of the necessity of conversion and prayer in order for biomedical treatment and healing to occur. He informed me that the nurses do not tell patients that the medicines only work through prayer nor do they pray over the medicines. My observations of the Togolese nurses during their medication rounds confirm his statements.

I asked him further if the patients viewed prayer as a Christian ceremony that infused medication with spiritual power. He responded by saying,

Most of our patients are fetishers. They went to fetishers first to find out how to be healed. They take their child there to be healed but it doesn't work. First, when they come to us, we pray with them. So they believe in our prayer. So when the child gets healed or the patient is healed, they think that our work is dependent on our prayer because we pray over everything. We don't tell them that without our prayer they won't be healed. (R-37)

The Director of Nurses was quite adamant in his statement. However, there may be some unintended results that accompany the culture of prayer at HBB. Patients could possibly be interpreting prayer as a Christian incantation. It appears that this may be the case from some of the narratives.

I observed HBB chaplains and Christians from area churches pray over the sick in the patient wards. Prayer is at times infused with a great deal of emotion. It starts quietly and builds to a crescendo with enthusiastic shouts. This is not reflective of all prayer that occurs at HBB but it is demonstrative of the dependence that the Togolese healthcare workers place upon prayer in their occupational duties. Prayer is visible, frequent, intermingled with healthcare, and at times emotive. The fact that patients are impacted by this prayer culture is attested to in the interviews. There appears to be a mechanistic interpretation of the power of prayer by some patients that may be informed by an animistic perspective.

There is also a belief that sustained wellness is a product of conversion. A forty year old female's comments (R-32) are representative of this perspective. "This is why that now I say I will receive Jesus, so that Jesus will be walking with me so that I will see good health (*makpo lamese*) ."

Respondents clearly expressed the belief that they were healed by Jesus. They offer high praise for the health-care workers at HBB and the treatment that they receive. There is an acknowledgement that biomedicine is effective in curing illness. However, they place the ultimate cause for their cure in the hand of God. A twenty-one year old female student (R-34) stated, "I think that I was healed (*j'etais gueri*) because the word of God that I heard by the grace of God and his power I am healed. The hand of God helped me and I am healed."

### Healing and Misconceptions

Is healing perceived as a part of the Gospel? This was not a question that was asked in the interview process but questions were designed to determine if this was an understanding. Questions such as “Why do you think the treatment you received at HBB cured you?”, “Describe your experience as a patient at HBB.”, and “Tell me the story of how you became sick”, were employed to elicit a narrative that explained interviewee conceptions of the relationship between illness, the gospel, and healing.

There are numerous examples of misconstruing the gospel. This can be the result of interpreting the message from an animistic grid, applying hyperbolic language literally, or rumors that circulate in the public about HBB.

Another comment from one of the interview narratives is worth noting in relation to healing and misconceptions. We have already seen that there is a belief among some of the respondents that prayer is not only essential but absolute for medical properties to function effectively. There is an accompanying idea that healing will only occur through conversion as mentioned in the following discourse excerpt from a sixty-five year old female (R-24).

There are some illnesses, when you fall sick and you are coming to this place and you are not seeing healing it means that you do not believe in Jesus Christ. If you believe in Jesus Christ, that he died for our sins and through prayer you will see healing. Those who use to come to this place and they are not seeing healing, it means that they do not yet know that Jesus died for our sins that is why peoples' illnesses are not healed. They should repent. They must repent.

There did not seem to be any indication from the interviews that patients perceived that their treatment was the means to conversion. There is some evidence, as noted above, that conversion aided or was a requirement for healing.

I asked the Director of Nurses if patients confused the gospel with medicine. He responded by saying,

No, no confusion .... There is not confusion when people come here ... When they enter this hospital they know that it is a Christian hospital. Those who have experimented with evil powers and they know it doesn't work and they come to us. They know we work with Jesus' power. They say that, 'Those people are working with God's power and their power is over all powers.' The big fetishers also come in for healing. They hear the gospel but some don't want to give their heart to God. They know we work for God. (R-37)

These comments are genuine yet the conversion discourses indicate that there is some confusion among patients that I interviewed. The healing property of faith should not be minimized but it must be acknowledged that those who do not have faith are healed as well. God "makes his sun rise on the evil and the good, and sends rain on the just and on the unjust" (Matt 5:45). Healing is not the unique domain of Christian converts.

One of the female hospital employees (R-12) speaks four languages and is very active in evangelism on the female ward. She has a tropical ulcer on her lower left ankle that has not healed for the past twenty years in spite of receiving five skin grafts from various plastic and general surgeons. I asked her if she felt the patients view their treatment as a part of the gospel. She explains what she shares with the patients. "I take always the example of my foot. I say to them, if I speak to you about Jesus certainly every time he may not heal but what we will have is eternal life. You can see my foot,

certain people know since I am here and the foot is not healed, but today, if I die, I will go to heaven. It is not because of healing.” This woman is an example of a medical, surgical failure at HBB. Her faith has grown over the years as she has struggled with peripheral vascular disease. Her case and testimony is an attestation at HBB that the gospel and healing are not necessarily synonymous.

*Lifestyle and Behavioral Changes Resulting from Conversion*

Respondents offered 10 categorical changes resulting from their conversion. The spread of these responses is represented in the following table. These categories were indicated by interviewees as evidence of growth in their Christian faith.

<b>LIFESTYLE AND BEHAVIORAL CHANGES RESULTING FROM CONVERSION</b>		
<b>CATEGORY</b>	<b>SOURCES</b>	<b>REFERENCES</b>
Fear of Death	1	1
Interpersonal Causation	1	2
Promiscuity	2	4
Hatred / Anger	6	6
Old Way of Life / Worldliness	7	8
Christian Fellowship	7	8
Alcohol / Cigarettes	8	9
Insulting Others	8	11
Fetishism	18	33
Reaching Others for Christ	19	33

Table 16. Lifestyle and Behavioral Changes Resulting from Conversion.

The two predominant responses that interviewees offered were a break with fetish traditional practices and personal evangelism; the cessation of one practice and the implementation of another.

Birgit Meyer uses the term “rupture” to describe a break with the past within Ghanaian Pentecostalism and Protestantism. She states that “a clear analogy exists between the pentecostalist-and, for that matter, the Protestant in general-conceptualization of conversion in terms of a rupture with the past and modernity's self definition in terms of progress and continuous renewal” (Meyer 1998, 317). She views this as a response and an effect of modernity upon Ghanaian Christianity.

Gordon Smith views this radical break with the past from a theological perspective. He lists seven elements of conversion. The second element is repentance which he refers to as the penitential component (Smith 2001, 139). Conversion to Christianity should be accompanied by a change in sinful behavior. It is a turning from one focus of allegiance to a new focus. This change is an evidence of repentance. As we observed above, the word used most frequently in the conversion discourses was *trɔ dzime* (turning of heart – repentance). The primary behavioral change mentioned in the discourses was a turning from fetish practices. This cessation of practice represents a change of trust and allegiance, the third and fourth components in Smith's conversion model (Smith, 139). A sampling of responses from each category follows.

### Sharing the Gospel with Others

A recent publication from the media department of ABWE makes the following statement about HBB.<sup>23</sup>

Since 1985, God has richly blessed Hôpital Baptiste Biblique (HBB) with a harvest of souls and more than 2,400 people come to know Christ each year. These new believers have returned to their villages to cultivate church plants throughout southern Togo. As a result of medical missions, more than 40 churches have been established over the past two decades.

This publication is used to promote a \$5.5 million hospital project in northern Togo among a Muslim population. The success of HBB as an evangelistic and church planting platform is intended to serve as a model and motivation for the Mango Project.

The following table displays the number of reported conversions in the hospital and clinic at HBB over a twelve year period. These figures are recorded and filed by the chaplains at HBB. Several chaplains and missionaries expressed to me that they

<b>Conversions at Hôpital Baptiste Biblique</b>			
Year	Hospital Conversions	Clinic Conversions	
2001	410	2,594	
2002	512	2,987	
2003	416	2,349	
2004	319	1,579	
2005	498	2,483	

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<sup>23</sup>“An Unprecedented Invitation: Wendell Kempton Medical and Ministry Center,” ABWE 2008.

2006	456	2,127	
2007	287	1,717	
2008	382	1,841	
2009	489	2,036	
2010	542	2,280	
2011	516	2,367	
2012	546	2,199	
<b>Totals</b>	<b>5,373</b>	<b>26,559</b>	<b>Combined Total = 31,932</b>
			<b>Yearly Average = 2,661</b>

Table 17. Conversions at Hôpital Baptiste Biblique.

suspected these numbers may be inaccurate. The concern is that decisions are being counted that aren't true conversions. There are several factors that may confirm that these numbers are inaccurate. First, I only interviewed former and current patients who converted to Christianity at HBB. I sought these converts among the fifty-four EBB churches in the Plateau Region. Two of the larger churches are in close proximity to HBB. The EBB church of Tsiko is one mile from HBB and the EBB church of Adeta is 2.5 miles from HBB. The Tsiko church was started in 1985 and the Adeta church in 2000. Both of these churches have a weekly attendance of 300<sup>+</sup>. I was only able to find one person who converted at HBB from the Tsiko church and two from the Adeta church. Interview subjects were being contacted at increasingly further distances from the hospital in order to attain the threshold of thirty quality interviews. It would seem that

more converts would have been found locally if the number of conversions reported by HBB is accurate.

Second, I attended and recorded a clinic evangelistic service. These meetings are held at the beginning of each clinic day on Monday, Tuesday, Thursday, and Friday after patients have been processed and prior to their appointments. Seventy-five patients were assembled in the clinic waiting room. Patients were shouting, "Halleluiah!" and "Amen!" It seemed more like a revival than an evangelistic service. An invitation was given for the patients to convert to Christianity by asking Jesus to save them from their sins. Seventeen patients raised their hands which was 22.67% of those present. They were led in a sinner's prayer and then given a response card to complete. These seventeen were added to the total number of conversions for the year 2012. Perhaps some of these patients are responding in a manner that they deem advantageous because they view their medical treatment as contingent upon their response.

Third, an average of 2,661 conversions per year appears to represent a revival. These numbers have been reported consistently for twenty-six years. Perhaps we could estimate conservatively that ten percent of the reported 31,932 conversions found their way into EBB churches over the past ten years. This would represent an addition of 3,193 to these churches. I was not able to substantiate these church growth numbers even with the significant number of churches and preaching points that have been established in the Plateau Region over the past twenty years.

People are converting to Christianity at HBB but not in the numbers reported. There is a church planting movement occurring in the Plateau Region and HBB has had a significant role in this movement. The graph below represents the EBB churches in the Plateau Region. The churches on the left are mother churches followed by their daughter churches on the right. The role that conversions at HBB have

CHURCH PLANTING MOVEMENT IN PLATEAU REGION					
	Kudzragan	Elavanyo	Amegapé		
NDIGBE					
	Ketemé	Apeyemé	Atigba		
	Adeta	Beme-Tutu			
TSIKO					
	Beme-Todji	Goudevé			
	Tsavié				
DOGBEPIME					
	Kpeta				
KPODZI					
	Agbonou				
ATAKPAME					
	Elavanyo				
	Kpégadzé				
BODZE					
	Akakpotse-kopé				
	Kodzé	Agotimé	Tagbolokopé	Hekpé	Wonugba
AMOUZOUKOPE					
	Selibedzi	Blifou	Kpevé	Lankui	Abanikopé
	Akata-Dogbe				
KPIME-WUME					
	Kpime-Todji				
	Bayakopé	Ahito			
KPAKOPE					
	Medzé				
AVEGAME					
ANIE					
	Tové	Kpogandzi			
KPALIME					
	Zomayi	Kuma-Kondé			
AGOU					
	EdI	Agoudzé	Amlamé		
ASSOGBA-KOPE					
	EdII	Kpetegan			

Table 18. Church Planting Movement in Plateau Region.

had in this church planting movement are revealed in the interviews.

Respondents mentioned ten different ways in which their lives had changed as a result of their Christian conversion. The most frequently mentioned change was sharing their faith with others. There is a consistent pattern among the interview subjects of sharing their faith upon discharge from HBB. Eighteen of the thirty-six interviewed reported that family, friends, neighbors, and fellow employees had converted to Christ as a result of their changed lives. Community Bible studies were begun in the homes of several respondents with some developing into churches (R-20, 27, 32).

A forty-nine year old woman (R-8) answered the question, How did your family respond to your belief in Jesus Christ? “In my *conversion*, when I was coming (to church) people were also coming. I spoke to people and people followed me. They also came to the church and they are my older sister. The first person who came was my cousin and the children of my older sister who lives with me who has children and also one other person and my sister-in-law also.”

The conversion narrative of a twenty-five year old man (R-18) who was admitted to the hospital in 2011 in a coma with multiple fractures from a motorcycle accident also warrants mention. The passenger on R-18’s motorcycle was killed. This respondent spent seven months at HBB. He recounted that he was part of a gang that terrorized his village. The people of his village said that he deserved what happened to him because his gang menaced the town. He described his former behavior as follows. “We didn’t obey the chief of the village no matter which person who should be obeyed

we do not obey them. We were like bandits in the village. What is not good to do that is what we did with strength.”

He was mocked by his former gang members when he returned to his village after his conversion. He refused to participate in his former activities, began attending church, and shared his faith. “I was on (kept on) until these people who were persecuting me, I and them, we became one person (united) in faith. They are also in the church. They are five people. Now also they come to church. They have accepted the Lord.” This is one of the more dramatic conversion narratives. However, it does represent a pattern common to the interviews in which respondents return to their homes and begin to share the gospel with family, friends, and neighbors.

A thirty-five year old man (R-27) returned to his village after discharge from HBB. He was visited by an EBB pastor from a neighboring village.<sup>24</sup> The pastor offered to begin a Bible study in R-27’s home. “The first time when he arrived, he found me with a friend. The second time I invited one of my brothers. After, I spoke to people and the people come until today we can go beyond 15 without counting children.” A thatch shelter was built to accommodate those who attend the Bible study.

These three narrative excerpts have been included to demonstrate the relationship between conversions at HBB and the church planting movement in Togo. The large numbers of converts that are reported in missionary letters and HBB reports are

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<sup>24</sup>Response cards are sent to EBB pastors at the church which is closest to the new convert’s home.

most likely not accurate. It is not large numbers of conversions at HBB that tell the story but what happens to a smaller number of converts who become evangelists in their cities and villages after their discharge.

The activity of HBB employees is another indicator of the impact the hospital is having on the church planting movement in Togo. Numerous employees are pastoring churches, providing lay leadership, and starting new churches. Churches that have been started by ABWE missionaries and employees are starting new churches. Ndigbé, Tsiko, Dzogbépimé, Kpodzi, Atakpamé, and Bodzé (the first six churches listed in Table 20) were started by teams of HBB missionaries and national HBB employees. Sixteen churches have been started from these six churches. Other churches and Bible studies have been started outside the Plateau Region by HBB employees as well. This church planting movement is now essentially a Togolese initiative.

### Fetishism

Fetishism is an expression of animistic belief in which spirits are “embodied in, or attached to, or conveying influence through, certain material objects” (MacGaffey 1977, 172).<sup>25</sup> Fetishism is an inherent property of family and community

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<sup>25</sup>MacGaffey states that the term is no longer favored in anthropological literature because of a perceived pejorative connotation of cultures in which animistic practices prevail. “Fetishism has disappeared into the wider and more neutral category of magic” (MacGaffey 1977, 172).

Pool states that the term “fetish” refers “to certain types of composite material objects, mainly in West Africa, which possessed supernatural power or in which a spirit was said to reside” (Pool 1990, 114). The term has been used in anthropological

life in Togo. The term is used broadly in reference to African traditional religious beliefs and practices.<sup>26</sup>

I interviewed a sixty-seven year old EBB pastor (R-39) who has taught on the subject of African traditional religion at the Baptist Academy for Theology in Africa (BATA) in Ho, Ghana. He informed me that the ancestors in most African traditions still have a say in the daily lives of individuals and communities in relation to land and possessions that they left behind. Land was not sold in times past. The purchase of real estate is a more recent development with the advent of modernity and the influx of commercial goods from developed nations.<sup>27</sup> The land belongs to ancestors. The dead spirits of the ancestors are still present and must be fed and entertained. Their wishes

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literature as a phase in the evolution of religion, a reference to the West African belief that objects are invested with supernatural power, and as an abstract theoretical concept. Pool suggests that “fetish and fetishism only be used as descriptive and ethnographic terms in cases where the natives themselves use them, and that they then be treated as vernacular terms” (Pool 1990, 124).

The term for fetish in Westermann’s Ewe dictionary is *legba*, *dzo* (trɔ) and fetishism, *trɔsubɔsubɔ* (Westermann 1930, 124).

<sup>26</sup> “When you enter a house and you want to know how many people live in the house, you count the number of idols on the doorway. They are called ‘legba’. They are guardians of a place or house. They are given at birth in families that worship idols... Trɔnu is the man that is in charge of a divinity. A trɔ is a big god. It is one fetish for a village or area. Trɔ is a local god for a group or village. The person in charge of that village fetish is trɔnu. Trɔsi is a woman” (R-39).

<sup>27</sup> The term “modernity” as used here refers to the changes that accompany Africa’s incorporation into global economics, politics, and culture.

must be performed. Divination is the means of determining what the ancestors desire and this knowledge is derived through sorcery.

The subject of animistic religious practices was addressed by all of the respondents. Separating from family and community animistic ceremonies was the second most frequently mentioned change as a result of Christian conversion (17 of 36 respondents). An eighty-nine year old village chief (R-35) reported on his conversion when he was admitted to HBB with a compound femur fracture in 1999. He received inpatient surgery and outpatient treatment for one year. It is very difficult for a fetish chief to convert because they risk losing their livelihood and respect. He has continued in his role as chief since his conversion. He invited a group of pastors to come to his village to burn his voodoo idols. He renounced fetishism and the people of his village told him that he would die if he burned his powers but this did not hinder him. A church was started in the village by an HBB chaplain shortly after the chief's return to the village at the chief's behest.

I asked the chief what the gospel message meant to him and he replied in part, "In the past I was in sin (*Tsa mele nuvo me*). Now I came to hear (understand) in myself the truth. I will leave sinning (*nuvovovov*) completely and idol worshipping (*trvovov*). I will stop completely. I will serve (*subv*) only Jesus." I asked him if he continues to perform sacrifices as the village chief and he stated, "I do not do them. But my arbitrators, my linguists, they have not repented (*trvov dzime*). But when they come to do something, I leave their presence."

A thirty-five year old woman (R-19) described a break from fetish practices after her conversion. Her father had a fetish idol that he served. Her brother took over the responsibility of serving the fetish once the father died. Now when the family performs a ceremony for the fetish she refuses to participate. “He (my brother) will be doing (serving) the fetish (*trɔ*), but when they are doing the fetish and like they want us to give something (contribute). I say that I will not give. I am not in it.”

A relational break from participation in traditional family and community fetish ceremonies was common in the narratives. This often has relational consequences since a refusal to participate or at least contribute financially is viewed as a break with community solidarity which places the entire community at risk of retaliation from the ancestral spirits. The significance of these breaks with fetish practices should not be viewed lightly. This represents a profound commitment with potentially serious ramifications for new converts. It is not as simple as burning some idols. African culture is characterized by sharing and participation which creates a profound group solidarity. Material exchange is an obligatory aspect of African relationships particularly between friends and family. A person is judged based upon how freely they share material possessions. A failure to share cannot be compensated with emotional gestures (Maranz 2001, 64). Refusing to participate in a fetish ceremony or an unwillingness to at least contribute materially can be incomprehensible to family and community members. This has relational consequences and in extreme cases can result in ostracization.

There are some inconsistencies which emerge from these discourses on the post conversion break with fetish practices. R-19 mentioned that her uncle died and reports began to emerge that he had killed people with witchcraft. The remains of a witch must be cremated but his children hid his occult practices from the public so that his corpse would not be immolated and he was interred in a cemetery. His spirit was agitated and began troubling people in the village. A ceremony needed to be performed to invoke the witch's spirit. The spirit will confess and tell what needs to be done in order to put his spirit to rest. The village elders took some soil from his gravesite and went into the bush to perform a ceremony. His spirit told the elders what was required. "When they did the thing (ceremony) like that they took his things (demands) to give him also (do what the spirit asked) then the house is calm."

My linguist and I were translating this interview and I asked for her opinion of this narrative. She stated that this ceremony was necessary to prevent further deaths. She is a faithful believer with a university education. She would never participate in one of these ceremonies yet her comment and those of R-19 regarding this event indicate that Christians continue to believe that fetish practices have the power to manipulate and appease the spirits.<sup>28</sup> This woman (R-13) is a faithful member along with her husband in an EBB church. Her comments above along with confirming remarks of

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<sup>28</sup>A forty-eight year old Christian lawyer confirmed this practice in a separate interview. When a sorcerer dies, he/she can't be buried in an ordinary manner. Ceremonies must be performed to prevent him or her from troubling people in the family (R-38).

my linguist demonstrate that conversion to Christianity does not change fetish beliefs as profoundly as is often assumed. A break with former fetish practices is one of the most profound lifestyle changes that resulted from conversion among the respondents. However, belief in the power of fetish ceremonies to manipulate and appease the ancestors and evil spirits is not always a concurrent change.

#### Insults, Quarreling, Anger, and Hatred

The query, “Tell me how your life has changed since your conversion” elicited a broad range response among the interviewees. The third most frequent reference was insults, quarreling, anger and hatred. Sixteen respondents (45%) made twenty references to a positive behavioral change in this category.

The behaviors mentioned included gossip, ignoring, arguing, retaliation, and physical abuse toward others. All the respondents stated that they had ceased these former activities because of the transformation that had occurred through their conversion. Numerous subjects described restored relationships such as a twenty-seven year old female (R-33) who converted at HBB in 2007.

At that time I was pregnant with the child and the child died . I mistreated my husband. The home itself was not interesting to me. Even I, myself when I was at home and he was returning like this, when he heard my name (noticed my presence) he did not stay at home. He would not come. It means that I was angry (*dziku*). If he came it was as if I should take a coup coup and kill him at once. I put all anger (*dziku*) on him as if he killed the child for me. Until when I came to hear God’s word then I came to remove my hand. Now my husband came to give a testimony (about me) before they baptised me. He said how I am (behaving) now and knows that Jesus exists. Now I have turned (*metrɔ*). I am not like how I was in the past.

She recounted that her husband stood up at her baptism and described how her behavior had changed after her conversion. Behavioral changes related to temperament and speech were reported across the interviews. Respondents attributed these changes to their faith and the example of Jesus.

### Alcohol and Drunkenness

Twelve respondents, two women and ten men, spoke of the removal of alcohol from their lives after conversion. The narratives described heavy drinking and drunkenness which resulted in personal problems. Some of the narratives were descriptive of alcoholism. A forty-five year old man (R-5) speaks of his alcoholic dependence prior to his conversion.

In the past, when I was not yet converted (*metrɔ dzime*), I don't know what is the Bible, the first thing I do when I wake up, is to drink. I drink alcohol and shout. When we get a job we go and do it with negligence. And when we want to eat, we drink alcohol and we are glad. These things were very serious sins (*nuvɔwo ηutɔ ηutɔ*) in my heart. And the difference I see between the past and now is that I do them no more.

Respondents mentioned that Jesus had saved them from drunkenness and a wasted life.

Tobacco usage was also mentioned as a pre-conversion habit by five of the eleven who spoke of alcohol dependency. Alcohol and tobacco are both stigmatized in the EBB churches where abstinence is preached and practiced. Alcohol is much more common socially than tobacco. Alcohol is fermented from palm trees and corn. It is abundant and cheap and part of many traditional ceremonies. Imported liquor can be purchased from roadside vendors by the glass. Nightclubs have also become popular

with the youth. Several respondents mentioned that they no longer visit these clubs since their conversion. Cigarettes are imported and usually sold individually rather than by the pack or carton. Alcoholism and alcohol dependency are much more prevalent than nicotine addiction.

### Christian Fellowship

Respondents offered ten categories of life change resulting from conversion. Eight of these were negative behaviors that had been transformed through conversion and two were positive activities that now characterized their lives. Christian fellowship is a positive activity that was also a third most frequent reference.

The church was mentioned as a resource and a source of help for those in need. A woman with AIDS (R-18) who has been shunned by her family and community has found security in the church. “They approach me.<sup>29</sup> Sometimes, I don’t have money to go and get medicines, they help me. They give me money for transportation to go and get medicines. Therefore I know there is love in Jesus.” This is a tangible example of Christian fellowship. This woman’s family told her that she could no longer live with them because of her illness and was forced to leave her home. People in the community fear purchasing from the same food vendors that she visits.

Interviewees spoke frequently about the priority of the church in their lives such as this forty-two year old man (R-31). “In past, when I wake up every Sunday

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<sup>29</sup>A reference to church members.

morning I go to farm or in garden. But now, when we are coming closer to Sunday, even on Saturday I get prepared for going to Church. I go no more to other places.”

Baptism was also mentioned frequently as an evidence of commitment and change. Baptisms are preceded by instructional classes often lasting for six months. I attended a baptismal ceremony of the Tsiko church. Teenagers and adult men and women were baptized at this event. The church has a baptismal in their building which seats approximately 300 people. However, they choose to walk several kilometers to a creek behind HBB. Over 200 were in attendance with onlookers continuing to gather from the surrounding community. The church band was present and played before and after each candidate was baptized. There was loud cheering and singing after each candidate came up from the water. This event pictures the break with the past and incorporation into a new community that respondents spoke of in their narratives.

The words of a thirty-five year old Kotokoli woman (R-15) summarize the significance of the Christian community in the lives of these converts. “My father is not at this place, my mother is not at this place. No one of my family members lives in Adeta but through the grace of Jehovah God I have a family at Adeta in Christ. I do not have generation family but I have a family in Christ.”

## CHAPTER 5

### CULTURAL UNDERSTANDINGS OF ILLNESS AND WELLNESS

#### *Cross-cultural Medical Histories*

The process of obtaining a medical history at HBB may at times be socially determined. The history taker is viewed by the patient as one who can determine the outcome. The patient does not want to say anything that might displease the provider. They may perceive the provider like a president, judge, or other important person. The bearing of an accurate history to the process, diagnosis and treatment may not be well understood by the patient. Medical histories can occasionally be unreliable as a result.

Patients aren't always candid or truthful, not necessarily for moral reasons but for social ones. Asking questions related to the onset of symptoms may not be accurate due to a different cultural perception of time orientation. History taking is a skill that is developed within one's native culture. These skills must be adapted to the realities within a host culture in order to serve as an accurate diagnostic and treatment tool.

#### *Conceptual Causes of Illness*

Much, Mahapatra, and Park use the term *causal ontology* "to refer to a person's or peoples' ideas about the orders of reality responsible for suffering" (Shweder 2003, 76). Seven causal ontologies are categorized in this model. First, biomedical causal ontology is represented by Western medicine. Second, interpersonal causal

ontology attributes illness to malevolent others through sorcery. Third, sociopolitical causal ontology is the result of oppression. Fourth, psychological causal ontology is associated with disappointment and failure. Fifth, astrophysical causal ontology is characterized by the untoward arrangement of planets. Sixth, environmental causal ontology is attributed to stress. Finally, moral causal ontology results from personal failure of a moral, legal, or relational nature (Shweder 2003, 76-79). These etiologies represent the means by which cultures interpret suffering and illness and assign their experience to “an order of reality” (Shweder 2003, 76). Prescribed treatments accompany each causation. This section will examine the causal ontologies represented in the conversion narratives.

#### Interpersonal Causation

Interpersonal causal ontology is representative of explanations given for evil and suffering in West Africa. “This ontology is associated with the idea that one can be made sick by the envy or ill will of colleagues, neighbors, and associates. Therapy focuses on talismans and other protective devices, strategies for avoidance or aggressive counterattack, and quite crucially, on the repair of interpersonal relationships” (Shweder 2003, 77).

Interpersonal causation was the primary reason respondents gave for their illnesses. Thirty-one of thirty-six interviewees referenced malevolent others as a causative agent. They were reluctant at times to attribute cause to others but as the interviews progressed they would suggest that it was a possibility or at least someone had

told them that someone else was responsible for their illness or calamity.

The subjects that I interviewed did not indicate that they attempted to discover who was responsible for their illness but some implied that they were suspicious of others due to their behaviors or events that occurred in conjunction with their presence. It is interesting that all of those who believed their illness had an interpersonal causative base sought biomedical treatment. Park observed that “sufferers are more likely to seek a biomedical therapy for a problem than to offer a biomedical explanation of it .... Interpersonal therapies are less likely to be sought than interpersonal explanations of suffering are to be offered” (Shweder 2003, 85). This is in fact what we see in the respondent discourses on illness at HBB. Much, Mahapatra and Park suggest that the reason for this deferment to biomedical therapy may be the sense of control that a patient gains through corporal treatment and the success of biomedical interventions (Shweder, 85).

#### *Personal Culpability and Interpersonal Causation*

Characteristic of interpersonal causal ontology is the attribution of culpability to the other. The first thought when seeking an etiology for illness or cause for calamity is often a malicious spiritual source invoked by the ill will of another.

A forty-two year old man was drunk and drove his motorcycle off the road, breaking his clavicle (R-31). He reported that his brothers told him that people in his village envied him because of his motorcycle and his job as an electrician. They had a curse placed on him which resulted in his accident.

Another case involves a twenty-two year old man (R-3) who had an accident with his motorcycle. He was admitted to the hospital unconscious with a broken femur. He stated that he drove around a corner and saw what appeared to be cows or sheep in the road but he could not see clearly. He applied his brakes and swerved hitting and killing a man walking on the side of the road. I asked him if witchcraft had a role in his accident and he responded by saying the Devil (*Abosam*) had done this to him. He was convinced that demons created an apparition of cows or sheep in the road causing him to lose control of his motorcycle. He mentioned that he was driving with two passengers, one in front and the other behind him. This is illegal in Togo. However, he did not view this moving violation as the primary cause of the accident. These cases are examples among the interviews of moral causation (personal culpability) that were interpreted with an interpersonal cause. Anonymous others or demonic forces were accused even when personal responsibility seemed to be the clear cause.

These men are not ignorant nor unaware that they were driving impaired or illegally. I asked the man who had been drinking prior to his accident why he thought this happened to him. He responded, "According to my father, it was because we were drunk." He received two different causations from separate family members; one interpersonal and the other moral. "For African people these are not purely physical experiences: they are 'mystical' experiences of a deeply religious nature" (Mbiti 1990, 195). Biological causation or natural causes are not denied but they may not provide a completely satisfactory explanation. As we observed above, the spiritual and physical

comprise an ontological and existential matrix that aren't separated in the African worldview. The consideration of a spiritual cause for illness and misfortune is always present.

Thirty-five of the thirty-six interviewees responded affirmatively when asked if witches exist and cause harm and death to people. One respondent was unsure. Thirteen believed that witchcraft was the cause of their illness, twelve denied witchcraft causation in their maladies, eight were unsure, and three declined to answer. "In witchcraft-dominated cosmologies, ... evil and malice and all evils are attributed to abnormal neighbors. For them, hell is other people" (Douglas 1970, xxxv).

There is a great deal of confusion, inconsistency and contradiction that surrounds the subject of causal ontologies. One respondent (R-28) denounced the practice of fetish priests for implicating others for someone's illness. "They do not have obvious proof to say that this is it. They are deceivers." Later in the interview he confirmed that he believed in the existence witchcraft. I asked him how he knew that this was true. He told me the story of his sister-in-law who entered his child's room. That night the child laid awake crying during the night. The next day the sister-in-law came again and entered the room. The child began crying after she left. He accused the woman of being a charlatan (*charlatante*). The evidence was the response of his child to which he said, "It is the proof." This man seemed to be unaware that he was now serving in the same capacity as the fetish priest whom he had just denounced.

*Interpersonal Causation and the Christian Community*

I spoke with seven local pastors to discover their beliefs on witchcraft and how they dealt with this issue in their churches. Several were enthusiastic that I was interested in their views while others seemed reluctant to be forthcoming. There seems to be two reasons for this reluctance. First, I was informed by some of the pastors that the missionaries don't believe what they are told so the pastors are reluctant to discuss the topic. Secondly, there seems to be some self-doubt about the validity of what they believe. One pastor (R-39) I interviewed kept answering my questions in the third person until I became more direct.

JRM – “Do you believe that witches have the ability to transform themselves into a serpent or an owl?”

Pastor – “That is what people believe.”

JRM – “I am asking what you believe.”

Pastor – “Yes, sometimes I am tempted to believe some of these things. Especially witches they fly or they go out. They sometimes come out in the form of a bird or an animal in order to spy some things or to harm some people. They do that. They change or they work in some animals or birds in order to have their operations done successfully.”

The pastors do not preach on the topic of witchcraft. There is an uncertainty about how to present the topic theologically and how it would effect the congregations. Most importantly, there is a fear that it would split the churches. The minority population in the Plateau Region and in the churches are Kabiye. The Ewe, which are the majority ethnic group believe that the Kabiye are adept at witchcraft and that numerous church

members are active in witchcraft matters. Pastors deal with witchcraft issues on a case by case basis through private counseling. Several examples are seen in the following interviews.

A thirty-five year old male (R-10) reported that after he returned from working on his farm he developed an erythema on his leg. He went to visit his pastor when the area began to swell. The pastor counseled him to wear boots when he goes to work in his field to prevent “evil ones” (*ces mechants*) from harming him with black powder.<sup>1</sup> The farmer followed his pastor’s counsel and this incident did not recur.

Another incident was reported in an interview in which a father (R-10) went with his young son to the village well. A hawk flew down and struck the boy with its wings and talons while they were drawing water. That evening the child developed a fever. The father reported this incident to a pastor and was told by the pastor that a charlatan (*charlatante*) sent the hawk to capture his son. The pastor prayed and shared scripture with the family until the fever passed.

I interviewed the mother of the boy who was attacked by the hawk (R-19). She shared the same narrative in response to a question about persecution for her faith. Later in the interview I asked her if she believed that witches exist and cause harm and

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<sup>1</sup>Black powder is a substance prepared by a witchdoctor that is placed on the ground with the purpose of causing harm to another. When a person steps on this substance a curse is transferred to them. This substance is called “tsi” in Ewe and is prepared by a witchdoctor from herbs. There is also a substance called “afeli”. This is also prepared by a witchdoctor. This is buried in a home to protect the people and things in the house (reported by R-39).

death to others. She responded by saying, “The reason I know they exist is because a simple bird will not come flying only to hit a person. I know that an evil spirit (*gbɔgbɔvɔ*) was sent to that place.”

Other causal ontologies were not considered as possible explanations of these events. Assumptions were made in each of the three interviews referenced above without any corroborating evidence. The subjects in each case defaulted to an interpersonal causal explanation of the circumstances and resulting illnesses.

Magesa states that “of the pastoral ‘problems’ facing the missionary-founded or mainstream Christian Churches in Africa, witchcraft and polygamy (in the form of polygyny) are perhaps the most prevalent and intractable challenges to the Church today. Of the two, witchcraft is obviously the most widespread” (Magesa 2006, 174). This topic does not seem to be receiving the attention needed within the Togolese churches. Fourteen different ABWE churches from the Plateau Region were represented among the interviewees. These churches are members in the Association of Bible Baptist Churches of Togo (ASEBBTO). There are eighty-three churches in this association. The annual meeting of ASEBBTO was held in the Plateau Region in May 2012. The main topics on the agenda were music and dancing in the churches.

The subject of witchcraft was a major issue that surfaced in the interviews. Witchcraft is understood as a source of illness and bodily harm. This doesn’t negate the acceptance of biological, pathologic etiologies but recognizes the possibility of an associate spiritual cause. Mbiti offers an illustration of this causative perspective.

African peoples feel and believe that all the various ills, misfortunes, sicknesses, accidents, tragedies, sorrows, dangers and unhappy mysteries which they encounter or experience, are caused by the use of this mystical power in the hands of a sorcerer, witch or wizard ... a bereaved mother whose child has died from malaria will not be satisfied with the scientific explanation that a mosquito carrying parasites stung the child and caused it to suffer and die from malaria. She will wish to know why the mosquito stung her child and not somebody else's child." (Mbiti 1990, 195)

This seems to be supported by the interviews conducted for this research where 39% of those interviewed attributed their illness to witchcraft and only 30.5% denied any interpersonal causation, 22% were unsure, and 8.5% declined to respond. The confusion, inconsistency, and contradiction surrounding this topic is a bane to the Christian community in Togo. This can be seen by the fear that interviewees have toward witches and evil spirits.

#### Fear in the Christian Community

I asked respondents if they feared witchcraft since they had converted to Christ. From the thirty-six interviews, only four stated that they fear witches, twenty said they have no fear, seven gave no answer, and five offered conflicting responses by both affirming and disavowing. Respondents offered statements that reflected 1 John 4:4b, "He who is in you is greater than he who is in the world" (ESV). Statements were made such as, "We Christians do not have anything in common with evil spirits" (*gbɔgbɔvɔwo*) (R-36), "When I am in Christ, I no longer have fear of evil spirits" (*gbɔgbɔvɔwo*) (R-10),

“Satan can’t go past Christ to reach me” (R-25), “My faith in Jesus changed this fear because I am with God and the sorcerers (*sorciers*) can do nothing to me” (R-34).

The teaching in the churches regarding evil spirits is that a believer can’t be possessed or subjected to incantations and bewitchment by another. The interviewees are aware of this teaching but perhaps there are two separate realities with which they struggle. This may account for the five respondents who made contradictory statements about their fear of evil spirits. There is another item that may contribute to doubt among the respondents who said they have no fear of witchcraft. Seven of the twenty who said they had no fear of witches also said that their illness was the result of witchcraft. An additional four said that they weren’t sure but it was a possibility that someone caused their illness through spiritual means. It would seem that if one did not fear witchcraft, he or she would not attribute an accident or illness to malevolent others. This is a cause to fear. This by itself is not conclusive but raises questions about the confidence that people have about the protection that they claim to have against witchcraft.

It may be that the counsel which pastors offer countermands the public teaching that is offered in the pulpit.<sup>2</sup> We reviewed the counsel of two pastors to their members in the previous section. Both pastors defaulted to interpersonal causation as an explanation for the problems of their counselees. This may only serve to reinforce the fears of their church members. One of these pastors told me about an experience he had

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<sup>2</sup>I mentioned earlier that witchcraft is not a preaching subject. Statements may be made from the pulpit about the subject but here is no thematic presentation about witchcraft and evil spirits.

in his home at night. He was alone in his room when he noticed a light moving about in the room. He watched the light briefly and then grabbed his shoe and began chasing the light around the room. He broke one of his lamps as he was swinging at the moving light. The light disappeared and he began to pray. I asked him to explain to me the meaning of this event. He told me that it was an evil spirit that was sent to torment him. I asked him who was responsible for this and he did not have an explanation. The pastoral counsel which the respondents reported and the story the pastor recounted to me seem to indicate that the pastors share the same fears as their congregants.

#### Accusations in the Christian Community.

“Witchcraft is both a subject of gossip and a product of gossip. Gossip is the medium within which it lives” (Ashforth 2005, 65). Gossip is the medium through which witchcraft accusations take seed and grow.

I met a Kabiye woman (R-12) in 1992 when she came to HBB with a tropical ulcer on her ankle. She received a skin graft and lived in the hospital hostel while she received post-operative outpatient care. She converted from Islam to Christ during the course of her care and was baptized and joined the Tsiko church in 1993. She was discipled during this time by missionaries and Tsiko church leaders. I left Togo in 1994 and returned in 2011 and 2012 to conduct field research. I encountered this woman at HBB upon my return. She is now an employee of the hospital, a faithful member at the Tsiko church, and actively involved in evangelism on the female ward of HBB. She met

the criteria of my research project and I interviewed her on two occasions between March – June 2012.

There were several characteristics about this fifty-one year old woman that were remarkable. She offered the clearest narrative of her conversion experience among the thirty-six interviewed. A second noteworthy fact is that she still has the same tropical ulcer on her foot after receiving five skin grafts over a twenty year period. She fits the profile of someone who might be the target of witch accusations. She is female, an ethnic minority, lives alone, and has an incurable wound.<sup>3</sup> Those who are accused of witchcraft are often the socially marginalized such as lepers or those with infectious diseases (Douglas 1991), elderly widows (Adinkrah 2004), and young orphans (British Broadcasting Company 2010). R-12 reported to me that she had been evicted from three different rental properties when the landlords discovered she had an open wound.

My linguist was a five year old girl when R-12 came to the hospital for treatment in 1992. She told me that she heard witchcraft rumors about R-12 as a child. She also mentioned that she recently heard a story that R-12 walked on her head at night and other activities that implicated her as a witch. This story was reported by a young girl who had been R-12's house helper. I asked my linguist if she believed these stories and she was reluctant to respond. I restated my question and she said, "They could be true."

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<sup>3</sup>It was reported to me by my primary translator as well as R-38 & R-39 that witches often have open wounds on their legs because this is where they butcher human flesh which they have captured and killed in the night.

I asked R-12 if Christians accused her of being a sorcerer. She responded, “If someone insults you, he will not insult you in front of you like this. When you leave they will talk ... people talk a lot, whisper that me, I am a sorcerer (sorcière), but I do not hear it. They can’t say it in front of me .... Yes, the people in Africa think that if you have a wound that does not heal, you are a sorcerer (*vous êtes sorcier*).”

Another incident was recounted by a forty-six year old man (R-6) who was having marital difficulties. He gave a history of events prior to his conversion when his wife accused him of witchcraft when she became ill. She had gone to a fetish priestess for treatment and was informed that her husband was the cause of her illness. R-6 mentioned that he was confused by this since his wife is a Christian and member of the Tsiko church. R-6 converted to Christianity when he was admitted to HBB for an inguinal herniorrhaphy and he began to attend the Tsiko church after his discharge. His wife has recovered from her illness but continues to accuse him of witchcraft. They have received marital counseling from their pastor but continue to live separately.

These two examples of witchcraft accusations in the Christian community share commonalities but also differ. They provide insight into what occurs in the larger society. The first example of R-12 is an accusation representing fear and belief in witchcraft that offers evidence and is corroborated by others. The second example of R-6 is an accusation representing hatred that offers no evidence. Witchcraft accusation is a means of disassociating and dismissing someone from a relationship or community.

### Witchcraft Beliefs in the Christian Community

There is a great need to bring the discussion about witchcraft out of the shadows. However, there is a great danger in doing this because of the uncertainty that surrounds the subject and the fear that it creates. Public discussion of the subject could devolve into public accusations. There is no solid informed basis to support dialogue apart from gossip, opinion, and the personal experience of Africans or lack of experience on the part of Western missionaries.

Belief in witchcraft is universal among the interviewees and pastors to whom I spoke. Witchcraft beliefs are constructed and propagated through gossip and innuendo and perpetuated by fear. These beliefs appear to have been reified in the consciousness of those whom I interviewed. Witchcraft is subjective and secretive. The entities involved in the propagation and implementation of witchcraft are spiritual and therefore can't be verified by an empirical process. This creates a dilemma. People do not know what they should believe about witchcraft so there is a tendency to believe everything they hear. The respondents were satisfied that anecdotal evidence was sufficient to confirm the presence of witchcraft as cause even when it contradicted scripture or when other explanations offered viable alternatives.<sup>4</sup>

The Devil gets too much credit for unexplainable events. "Demons exert a stronger influence than God on people's interests in their daily lives" (Meyer 1999, xxiii).

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<sup>4</sup>An example of this would be the belief in the ghosts of ancestors and Heb 9:27.

This does not discount the reality of evil spirits or their activity but there is a strong tendency to identify an evil spirit behind every tree, around every corner, and under every rock. Evil spirits become the default explanation for unexplainable events and untoward circumstances. There is significant fear in the Christian community which claims to have victory over the Devil and his demons.

Many biblical passages are interpreted from a witchcraft perspective by pastors with whom I spoke. I interviewed a pastor (R-39) who is considered an expert on the topic of witchcraft. I asked him to describe the difference between a magician and a sorcerer. He told me that “A magician will say words and things will appear. A sorcerer also has spiritual power but will use mediums and materials to consult evil spirits. Simon the sorcerer in Acts 8 is an example.”

This description of a sorcerer is the equivalent of a witch. “The term “witch” applies to either a male or female human being who is said to be the cause of another’s misfortune, sickness, and/or death by means of psychic or other occult power” (Priest 2012, 1). There is no indication that Simon consulted evil spirits or used his powers to kill and harm people. Simon the magician is categorically different from the sorcerer or witch described by respondents.

Another pastor told me that *mamiwater* is found in the Bible.<sup>5</sup> He referenced Exod 20:4. “You shall not make for yourself a carved image, or any likeness

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<sup>5</sup>Mamiwater (*mamisi*) is a mermaid with the power of a witch. Her focus is upon sexual immorality with men and women. She uses her powers to entice people

of anything that is in heaven above, or that is in the earth beneath, or that is in the water under the earth.” He told me that “the water under the earth” is the abode of the mamiwater and this passage is a reference to those witches.

There was not always a good understanding of sin existentially or cosmologically represented among the respondents. Bad things happen to good people not only because of personal sin and evil spirits but because we live in a fallen world. Life doesn't always work in one's favor and there is not always an evident cause or a logic to explain events. Defaulting to interpersonal causal ontologies is not an adequate solution. Difficulties and illnesses are often viewed as persecution for the faith even when the problem may be self-inflicted. Understandings of causation among the respondents do not appear to have changed substantially with Christian conversion.

A thirty-five year old woman (R-19) recounted the story of a measles epidemic in her village when she was a child. Her home was not effected because of a fetish act performed by her father. “It went all around completely but it did not come to our house. When it started appearing, they would cut a new palm branch to cover the fetish.” This practice continues in her father's home today. I asked her if they are protected by this practice. “Maybe it is protecting them. I do not know.” I asked her if the fetish would protect her if she were still living in her father's house. “No I would not believe it (*xɔe se*).”

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to perform sexually immoral acts. She also has the power to kill and harm others. (Reported to me by R-39 on May, 29, 2012.

It appears that beliefs regarding fetishism and witchcraft are substantiated existentially and not propositionally. Propositional truths may be subordinated by existential encounters. All the respondents believe in witchcraft but they do not know the extent of the realities of the phenomenon that are propagated because there is no clear biblical teaching on the subject. I mentioned to the pastor I interviewed (R-39) that some of the respondents told me that their illness or the persecution they are experiencing is related to witchcraft. They aren't always certain but they are suspicious. He responded by saying, "Sometimes people say this but there is no truth in it. They suspect it. This suspicion may not be true but in some cases it is true."<sup>6</sup> He then told me the story of a man in his village who had a witchcraft spirit. He used his powers to make people ill. He would then charge to heal them and became rich in the process. He concluded by saying, "People believe that some of these things are true." I asked him if there was any reason for a Christian to fear witchcraft. He responded, "No, you don't have to fear if you have the Lord Jesus." However, it seems that if witches can cause illness among believers, there is good cause to fear and the interviews demonstrate that fear is prevalent. These contradictions by (R-39) and use of the third person demonstrates the difficulty involved in talking about this subject and the confusion that surrounds witchcraft beliefs.

There is an awareness of the problem within the Togolese Christian community but an uncertainty about what to do or where to begin. I presented some of the initial findings of my research to the HBB employees the week before I left Togo. I

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<sup>6</sup>R-39 seemed unaware of the apparent contradiction in this statement.

spoke to them about some of the issues that have been presented in this paper. I told them that when a missionary gets sick they say, “I have a virus”. When one of them gets sick they say, “A demon did this to me”. They all began to laugh. They recognized the oversimplification of the statements but were also acknowledging the divergence between worldviews that it reveals and the core of truth that it presents.

*The standard of proof in witchcraft beliefs.* How do believers objectify their beliefs about witchcraft? The threshold of empirical evidence is minimal in establishing the existence of witchcraft or in identifying a witch. Causation seems to logically default to interpersonal ontologies and the burden of proof rests upon the doubtful.

I asked R-19 to explain to me why she still feared witchcraft after converting to Christianity. She said that she fears sorcerers when she sees them. She greets them in passing but will not talk with them because she fears offending them because she knows they can harm her. She then told me the story of her sandals disappearing from her home during the night. She became sick the next day. She described her symptoms as parasthesia in her hands and the inability to hold a broom in order to sweep her house. She went to her pastor and he prayed for her and told her not to be weak in prayer. She made a logical connection between the sorcerer she had passed on the road, her lost sandal, sudden illness, and her recovery with prayer.

A twenty-five year old male (R-20) told me that he did not fear witches (*adzeto*) because he had used their services prior to his conversion and knew them

well. “I go and talk to mermaids (*mamisiwo*) and witchdoctors (*bokɔnɔwo*) about God’s word. Witches (*adzetɔwo*) can shine freely in the night.”

I was confused by this statement about witches shining in the night and asked for clarification from my primary translator. He told me that witches are accompanied by bright lights when they travel at night. He recounted a story to me that has circulated widely among the HBB community of a hospital night guard who saw a bright light coming up the road toward the hospital. It was brighter than any motorcycle head light. It came close to the hospital entrance and entered into a vendor shed across from HBB. When the guard went to investigate he found a man sleeping on the bench. My translator then said to me, “This man is a witch.”

I had the opportunity to interview the Togolese Lawyer (R-38) who represents HBB in court cases and provides legal advice. He told me that there is no law in Togo against witchcraft because sorcery cannot be proven empirically to convince a judge or jury that a witch has caused illness or death to someone.<sup>7</sup> An eighty-nine year old chief (R-35) told me that a witch (*adzetɔ*) killed nine of his children. The witch confessed publicly to these murders. I asked the chief why the man wasn’t arrested. My translator and the head chaplain were in the room with me for this interview. They both

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<sup>7</sup>South Africa has recommended legal recourses against the practice of witchcraft. “Article I(a) of their proposed ‘Witchcraft Control Act’ recommends punishing with a prison term of up to three years (or R 3,000 fine) any person who ‘without any reasonable or justifiable cause imputes to any other person the causing, by supernatural means, of any death, disease in or injury or damage to any person or thing, or who names or indicates any other person as a wizard or witch’ (Ralushai Commission 1996, 55) (Ashforth 2005, 261).

looked at me incredulously. The translator said, “You can’t arrest someone for witchcraft.” There may be vigilante justice at times if a community is convinced that a witch is causing illness or death. The accused witch may be beaten or killed. Confessions of witchcraft murders occur but they are not prosecuted because there is no weapon or physical proof.

Witchcraft murders are conducted spiritually usually by a coven of witches who feed upon human flesh. The soul of a person is summoned at night when they are asleep. The soul will arrive to the coven and they will stab the victim in the heart and conduct a ceremonial feast. The person who has been killed spiritually will not show any signs of injury but they will become sick and die.<sup>8</sup> The lawyer (R-38) attested that these spiritual killings by cannibal witches actually occur. It appears that events which have an interpersonal cause do not necessitate empirical evidence or proof that can be substantiated scientifically.

“Witchcraft is an essentially contested concept-doubly so for naming an activity born in secrecy” (Ashforth 2005, 316). The lawyer did not see any conflict between the insistence upon the standard of evidence in his legal profession and his belief

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<sup>8</sup>My linguist reviewed the text of this interview with me and confirmed that there are actual murders that happen in this fashion. She said that most often it is children who are kidnapped and murdered for their blood or organs by cultic sects.

The belief in witch murders are not unique to Togo in West Africa. Schmoll states in her work among the Hausa of Niger that “soul-eaters are described as preferring infants.... Likewise, hospital patients are more vulnerable since death from attack by a soul-eater can be masked by other illness” (Schmoll 1993, 201).

in the capacity and power of witchcraft. They are both established through different meaning systems. “African science is secret knowledge. This secrecy is its essential core .... The fact that African science, with its ‘olden ways,’ is practiced in secret broadens the field of imagination in which the potential powers of *muthi*<sup>9</sup> and the people who deploy it play out” (Ashforth 2005, 147).

*Therianthropy in witchcraft beliefs.* Therianthropy or lycanthropy is the belief that people can turn into animals to attack their victims (Mbiti 1990, 194, 196). Nine respondents reported on the power of witches to turn themselves into animals. R-19 reported that her son who was attacked by a hawk and subsequently became ill. She was convinced that this bird was an evil spirit (*gbogbovo*) sent to persecute her family for her faith.

A sixty-five year old former fetish priestess (R-14) stated that witch birds (*adzexeviwo*) are very common and can be heard crying in the trees. She identified these cries in the night as the spirits of dead children.

A thirty-nine year old woman (R-18) reported seeing a snake in her home. The snake disappeared when she called others for help. She informed me that a snake will disappear if it is a witch. She was convinced that this snake was the reincarnation of

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<sup>9</sup>Muthi are substances prepared by a witch and used to cause harm and death to a victim. This would be similar to the “tsi” or black powder referred to in the interviews.

her grandmother who was a fetish priestess. “She came to see how things are going on since I have been saved.”

I asked the Director of Nurses (R-37) to explain to me the difference between a fetish priest and a witch. He informed me that a witch can transform into an animal or bird to work through them. He then told me the story of a fifty-six year old woman from his village who was accused of being a witch. Her husband was trying to verify if this was true. One evening the woman’s spirit left her body. The husband noticed that she was unresponsive. He was calling her name and trying to revive her. He then took some herbal powder and sprinkled it around the house. The woman tried to reenter her body at 4:00 AM but was prevented from doing so because of the powder. A bird was found dead outside the house at 6:00 AM. This bird had been the incarnation of the witch. I asked the Director of Nurses if he had seen this happen. “When I heard, I went at 8:00 AM and I saw it. I saw the woman. She had turned back so you won’t see the bird anymore. It is difficult for Americans or Europeans to understand.”<sup>10</sup>

I asked the HBB lawyer (R-38) if he believed that witches transformed into serpents, birds, and animals to kill people. He responded, “Yes, it is true.” He explained that the problem is confirming the truth of these events because they work at night and do not transform in front of people.

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<sup>10</sup>Josep Marti reports that his respondents in Equatorial Guinea viewed witchcraft as an experience that was external to Western thinking and interests. “Witchcraft was understood as something intrinsic to the reality and identity of black Africa” (Marti 2011, 2).

I interviewed a forty-five year old man (R-13) admitted to HBB for a snake bite. He is convinced that the snake who bit him was a witch because he did not see it bite him and could not find the serpent even though he searched for it for thirty minutes. I asked him how he knew this was true. He responded, “Many times it happened in some families and we saw it. They said it was his own brother or sister that killed him that turned to become a snake and came to bite him. That is why I know that it exists.”

I asked a pastor (R-39) what he believed about witches transforming into animals, birds, and snakes. He replied, “I have never been an eye witness but some of these stories are told in such a way that one is tempted to believe.” Witchcraft accusations serve as confirming proof not only for therianthropic abilities of witches but to establish the guilt of the accused witch as well.

The seven pastors to whom I spoke all either confirmed the reality of witch therianthropy or were not prepared to deny it. There is a presuppositional belief in the reality of witchcraft generally and in this phenomenon of witch therianthropy in particular. These beliefs appear to have been substantiated in the consciousness and culture of the respondents.

### Biomedical and Moral Causation

Interpersonal causation was the predominate etiology referenced by respondents but it was not exclusive of other means. Six respondents gave biomedical and moral causative means for their maladies. A forty-nine year old (R-8) with a

prolapsed uterus suggests a moral causative agency, “When this happened like this I did not think that about someone. I took this upon myself that perhaps that it was the medicine I used, perhaps it was me that did this. I did not think that it was someone who did something. It was just the illness that bothered me.”

A fifty-one year old man (R-25) offered a biomedical cause for his inguinal hernia. “They say to me that our grandparents had it, that my grand father had it. That it is hereditary. I think that it is like this.”

A person who views their illness from the perspective of a moral or biomedical causal ontology is not necessarily ruling out interpersonal causal ontologies for other illnesses. Respondents categorized illnesses as “hospital” or “non-hospital”. These etiological determinations are made based upon whether an illness has a spiritual or physical cause. R-25 in the quote above mentions that an inguinal hernia is a hereditary disease. A fifty-five year old man (R-22) concurs that an inguinal hernia is a hospital illness. “The thing happening to me, my mind did not go (*did not think*) that somebody did this to me. We know that a hernia is an illness with human beings. When the time comes that it falls on you, it will come out.” We will look at this dichotomy between hospital and non-hospital illnesses further in section on healthcare seeking behaviors.

### Theological Causation

Theological causation is not one of the ontologies listed in Shweder’s model yet there was a pattern among respondents that didn’t seem to fit any of Shweder’s

seven categories. I am calling this theological causal ontology.

In response to the question, “What led you to become a Christian?”, seventeen of thirty-six interviewees stated that the reason they became sick was so that they would come to know God. The idea they expressed was that God was sovereignly involved in their illness so that they would experience conversion. A sixty-five year old woman (R-14) treated for cancer commented, “I think that as for God, he loves me. He loves me and he speaks to me that I should repent (*matrɔ dzime*) and when I did not repent (*metrɔ dzime*), He took me to put into the hand of illness (*dɔlelea*) so that I will know him. If it was not for this illness (*dɔlele*) would I believe in Jesus?” Similarly, a thirty-nine year old woman (R-18) diagnosed with AIDS said, “God wants me to hear his voice, that is why the illness (*maladie*) came to me.” Finally, a forty-three year old Muslim man (R-17) presented at HBB in 2011 with a partially amputated leg from a heavy equipment accident. His response was, “I have known from my illness (*dɔlelea*) that God himself allowed it to happen that way so that I will know that he is the Almighty.”

These seventeen interviewees expressed profound statements about God’s sovereignty when explaining the relationship between their illness and conversion. It is significant that seven of this group also shared in their discourses that witchcraft was an explanatory cause of their maladies. Four others stated that they were unsure and six denied any causation related to witchcraft. These two positions (theological and

interpersonal causal ontology) would seem to be incompatible but were expressed without any apparent concern about contradiction.

Interpersonal causal ontology seems to be imbedded in the life and culture of the Togolese to the degree that it cannot be separated from interpretive understandings of reality. Discourses on the will of God in personal illness with the intent to bring about personal conversion were insightful and genuine. However, this did not eliminate in the minds of those interviewed that Satan's hand was involved in their illness as well. The interviewees did not address contradiction nor did they seem to be aware of them. Perhaps these apparent paradoxical statements could serve as the ground for discussion leading to a coherent explanation of the struggles which the church faces when seeking to explain the cause of evil.

The death of Christ was the plan of God in salvation history (2 Cor 5:19) and Satan was active in the death of Christ (Luke 22:3-6). God allowed Satan to attack Job with illness and personal catastrophes with an ultimate purpose of revealing himself to Job in a greater way (Job 1-2; 42:1-6). Paul was given an apparent physical malady by God as a humbling experience. This physical disability was the result of satanic activity. The Apostle Paul writes that this was given to him keep him "from becoming conceited because of the surpassing greatness of the revelations, a thorn was given me in the flesh, a messenger of Satan to harass me" (2 Cor 12:7). These three biblical examples don't parallel the theological and interpersonal causal ontologies expressed in the interviews. The sovereignty of God over the Devil and his activities is a missing component in the

Christian life view of the respondents. God’s ability to turn the activity of Satan and the evil intent of others to accomplish his purposes may provide a starting point on the role of interpersonal causation in Togolese society. It does not seem that perceptions of causative ontologies have changed significantly after conversion for those interviewed.

Theodicy may provide a theological framework to help those who have converted at HBB to understand the experience of their illnesses. It would certainly help pastors as they offer counsel to their parishioners.

#### *Persecution as a Result of Conversion*

Persecution is an aspect of the Christian life. “Indeed, all who desire to live a godly life in Christ Jesus will be persecuted” (2 Tim 3:12). The manner in which a believer interprets negative events provides some insight into their understanding of the Christian life and the meaning of evil.

Thirty-four of thirty-six respondents confirmed that they have been persecuted for their faith. Ten different types of persecution were mentioned and listed in table 19. There are sixty sources referenced by thirty-nine respondents which indicates

<b>CATEGORIES OF PERSECUTION</b>		
Type of Persecution	Number of Sources	Number of References
Ridicule	15	15
Opposition to Faith	11	13
Witchcraft	8	10
Accusations	6	6
Illness	5	6

Envy	4	4
Difficulty, Inconvenience	4	4
Disowned by Family	3	6
Dreams	2	3
Theft	2	2

Table 19. Categories of Persecution.

that numerous respondents mentioned more than one category of persecution. The discourses that accompany these persecution categories reveal the manner in which respondents interpret reality through their understanding of the Christian faith.

#### Opposition and Ridicule

Ridicule was the most frequently mentioned persecution in the conversion discourses. This often occurred as mocking for participating in church activities. The report of this twenty-one year old female was common among respondents. “When I received (*j’ai reçu*) Jesus Christ, my friends are mocking us the day that we want to worship God. They say that it is a waste of time. If we meet them on the road when we are going to the church, they mock us” (R-34).

Mocking included laughing and being called a “pastor” by neighbors (R-27) and accusations of laziness for attending church (R-31). An eighty-nine year old village chief stated that people in his village “came to be hating me because of my going to church” (R-35). Two respondents mentioned that others mocked them by saying that their illness was evidence that there is no Jesus and God doesn’t exist (R-7 and R-29).

*Accusations as Ridicule*

The accusations against converts that surfaced in the interviews were similar to ridicule but they were more personal and took the form of insult. The EBB churches provide caskets for their members at death. Converts were accused of converting so that they would receive funeral aid through the church (R-8, R-36).

The most egregious ridicule reported by respondents were accusations of witchcraft. The worst insult that could be made is to accuse someone of witchcraft. It is the most horrible evil imaginable. A forty-five year old woman (R-30) was accused by her aunt of using witchcraft to attempt to kill her child. “They started mocking me that I am a witch after I received baptism”. A common accusation surfaced in the discourses claiming that people who go to the Baptist church are witches. This was attested by R-24, 28, 30, 33, and 36. This does not appear to be a serious claim or one that is actually believed by the accusers. The accusation of personal and corporate witchcraft was employed as a dramatic expression of insult and ridicule by family members and acquaintances who disapproved of these conversions.

## Opposition to Faith

This was the second most frequently mentioned persecution among respondents. This is a general category yet the majority (seven) referred to opposition as a result of their refusal to lead, contribute financially, or participate in fetish ceremonies. Ceremonies that focused upon ancestral worship were of particular concern among respondent’s families and communities. Gailyn Van Rheenen outlines types of sacrifices

offered in animistic cultures. Sacrifices offered to ancestors is a common practice to assuage their anger and insure their blessing upon the family and community. “The living provide food and incense offerings for the dead; the dead, in return, bless the living. Conversely, ancestors curse their living families when forgotten” (Van Rheenen 1991, 294).

New Christian converts who return to their communities from HBB are soon confronted with the dilemma of ancestral sacrifices. The refusal to participate is an affront to family, friends, and the community. This act is viewed as a lack of solidarity in which the community is placed at risk. The new convert is often viewed as uncaring and irresponsible. They may be asked to give a token sum toward the expenses of the ceremony. Refusal is incomprehensible and frequently results in opposition to the new convert and their newfound faith.

#### Opposition Faced by Twins

The birth of twins is a significant event in any culture, however, in West Africa it is given a spiritual significance. “The Yoruba believe that twins share the same combined soul, when a newborn twin dies, the life of the other is imperiled because the balance of his soul has become seriously disturbed. To counteract this danger a special ritual is carried out ... an artisan will be commissioned to carve a small wooden figure as a symbolic substitute for the soul of the deceased twin” (Leroy, Olaley-Oruene, Koeppen-Schomerus, and Bryan 2002, 134). The birth of twins or triplets is an unusual event and is often viewed as an omen. Twins will receive special attention requiring religious

ceremonies in the community. Twins are treated with religious awe and respect (Mbiti, 1990). They often have a prominent role in religious activities.

Twins have the capacity to bring prosperity and health to a family but they can also cause illness and catastrophe. Twins may be viewed as having supernatural powers. A sixty-five year old woman (R-14) went to a witchdoctor (*bokɔnɔ*) for treatment of her malady prior to coming to HBB. The witchdoctor called the names of her brother's twins during the ceremony and told her that she must bring a rooster, hen, and palm oil to offer to the twins.<sup>11</sup> R-14 told me, "I am afraid if I do not offer these things they will come to kill me."

Twins are privileged and treated with special care. They also have greater expectations and obligations placed upon them. Two of my interviewees self-reported that they were twins (R-3 & 24). I did not seek this information but it was shared in their discourses as a point of importance. A sixty-five year old female (R-24) reported sharing the gospel with her twin sister but she refused to believe. Her family began to challenge her decision to become a Christian because of her role as a twin in the family. She recounted the death of one of her siblings in her conversion narrative. She attended the funeral but did not participate in the ceremony. This resulted in severe insults by her family for failing to fulfill her role as a twin. She also recounted the following story when her aunt died. "They said we should contribute money so that they would go and do her funeral. I told them that I was not doing it. If they took the money to give it

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<sup>11</sup>These instructions were given by the spirit the witchdoctor serves.

would be as if I did the ceremony. Therefore I would not do it. I have repented (*Metro dzime*).” R-24’s refusal to contribute to the funeral expenses was viewed as an inexcusable breach of social decorum and personal obligation. This offense was heightened by her status as a twin.

Twins are required to perform ceremonies. Most families believe that twins have special powers. What happens to one twin will happen to the other. What is done to one must be done to the others. This is often visualized by dressing twins in identical clothes. They may be viewed as gods. The birth of twins is considered a miracle. They represent the family in fetish ceremonies because they are close to the gods.<sup>12</sup>

#### Opposition and Ancestor Worship

The ancestors have an active role in individual and community life. There wishes must be performed. Ancestral spirits are considered to be benevolent but they can be malevolent if they are ignored. Local taboos are established in preference of the ancestors. There are certain days when it is forbidden to cultivate on ancestral land. It should be free for the ancestors use. If you refuse they can cause harm by destroying the crops. Retribution by the ancestors is done to protect their integrity. Divination is the

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<sup>12</sup>Reported to me by Mensa Kanabo – village elder in Tové 4/27/12.

means of determining what the ancestors desire.<sup>13</sup> Once the will of the ancestors is determined it is incumbent upon the community to fulfill their desires.

An incident occurred during my field research that brought the subject of ancestral land and opposition to the forefront. R-13 converted to Christianity during the course of his treatment for a nearly fatal snake bite. He returned to his village and began to attend the EBB church plant that was meeting near his home in a thatch roof and pole structure. He donated some of his property on the roadside for the construction of a church building. This was met with opposition by the village elders who told him that he didn't have the right to give his ancestral property to others.

What may be viewed as spiritual opposition by missionaries often has a deeper socio-cultural history than what is understood. Religious issues certainly played a role in this opposition since those involved were part of the Roman Catholic church in the town, but there was also the legitimate cultural concern of the appropriate use of ancestral property.

R-21 is a twenty year old male student living with his parents who was admitted to the hospital with a severe left leg infection. He converted to Christianity at HBB in April 2012. His parents discouraged him from attending church and expressed displeasure with his refusal to participate in sacrifices at fetish ceremonies. "I see they worship fetishes (*ils adorent les fétiches*) that are not truly of God who can save man

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<sup>13</sup>Reported to me by Pastor Togbui Kokou Wonyo – 5/29/2012

from his suffering. Every time even when you worship fetishes, it is necessary (to make) sacrifices but in God there is one simple sacrifice.”

Traditional ceremonies are a focal point of community social life. These ceremonies are illustrative of the social and religious melding of African society. Ancestral worship is central to these social-religious traditions and the ancestral stool has a prominent role in these activities. The ancestral stool (*tɔgbui zigpui*) is the chief’s seat and it’s care is his responsibility. This responsibility is passed down to each new chief at the death of the former. The stool is an object of worship by the community in which libations and animal sacrifice are offered to insure the favor of the ancestors. These ceremonies are essential in gaining the favor of the ancestors and blessings of health and harvest.<sup>14</sup>

Four respondents specifically mentioned the ancestral stool and the persecution they faced when they refused to participate in the ceremony. A fifty-five year old man made the following comment about his break with ancestral stool worship. “I see that in the past when I was not yet converted, sometimes I said that, Oh, because I did not come to serve the ancestral stool that was why this thing was not going well for me but when I realized that all those are completely false things, I do not go to the ancestral stool (*tɔgbui zigpui*) again” (R-22). He was accused by family members of being irresponsible and not caring for his family.

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<sup>14</sup>There are many personal and group fetishes but the *tɔgbui zigpui* is unique in that it is a community fetish which has implications and obligations involving everyone (reported to me by my primary translator in a phone interview October 17, 2012).

### Abandonment by Family

Four of the respondents were Muslim Background Believers (MBB) of four different ethnicities, Kabiye (R-12) Ewe (R-16), Bassar (R-17), and Kotokoli (R-15). Three of the four MBBs were disowned by their families when they converted to Christ. A thirty-five year old woman (R-15) described the rejection by her parents when she converted from Islam to Christianity. “So with my parents it was not soft (easy) for me. It made also that they came to deny me. And I also, I have not stopped praying. I am praying always. But since I am the very first born to my father and my mother, as for them it is like as if that I am not worth anything in their eyes. If something happens they do not take any care.” She also mentioned that the people in the Muslim community refuse to greet her and tell her that she is going to hell (*dzomavɔ*) for converting. Muslim family and friends no longer employ her services as a seamstress.

A forty-three year old man (R-17) had a lucrative job in Togo as a heavy equipment operator. He had regular employment due to the construction of a major road running the length of Togo. He provided financial support and aid to many of his family members. He suffered a crushing leg injury and has not been able to operate heavy machinery which resulted in the loss of his employment. His family abandoned him not only for religious reasons but financial ones as well. “Now I have become limp, I don’t have one leg. They all forsake me, they left me.”

### Vandalism and Theft

A forty-five year old woman (R-30) returned to her village after her conversion at HBB and joined with a community of believers to build a thatched roof shelter for church services. Grass was cut for thatch but was burned by anonymous vandals. This happened repeatedly until the project was abandoned.

The crops of believers appear to be targeted by thieves because they are confident that Christians will not retaliate. One respondent (R-10) reported having rice stolen after he had harvested the crop. He also mentioned that thieves enter his field and steal his produce. His uncle's field is adjacent to his but thieves never steal his crops. R-10 stated that his uncle is a fetishist and will employ witchcraft against those who steal from him. This interviewee was the only one who mentioned theft of crops as a form of persecution as a result of his Christian faith. I asked HBB employees and church members to corroborate this type of persecution. An HBB employee who also serves as a pastor confirmed that this is a problem faced by believers. He mentioned that he stopped farming because so many of his crops were stolen.

Each of the above examples are consistent with what may be defined as suffering for the faith and persecution of Christians. However, there are several other categories that emerged from the discourses that do not appear to be legitimate sources of persecution. These are significant because they reflect a particular understanding of the Christian life and the problem of evil.

### Envy and Persecution

Envy is a unique problem encountered by respondents. Foster says that envy is “a pan-human phenomenon, abundantly present in every society, and present to a greater or lesser degree in every human being (Foster 1972, 165). The uniqueness of envy among respondents is not that that it appears in Africa or that it is more prevalent than in other cultures. Respondents spoke of envy in connection with witchcraft and viewed the envy of others as a form of persecution because of their Christian faith.

“The most fundamental economic consideration in African societies is the distribution of economic resources so that all persons may have their minimum needs met” (Maranz 2001, 4). Group solidarity may be challenged when an individual rises above others economically. Economic advantage creates a seedbed for envy and the potential for retaliation often through the means of witchcraft.

A forty-nine year old man (R-5) was admitted to HBB with a fractured leg after being hit by a vehicle while walking on the side of the road. He expressed the possibility that his injury was caused by witchcraft through the envy of others. R-5 is a mason and acquired a job to build a home in which numerous masons were seeking employment. He was hit by a vehicle during the course of construction. The respondent links his accident to the envy of others because of his economic success.

Gossip is also associated with envy. A woman (R-19) spoke of the success that she and her husband were experiencing. Their economic success resulted in ostracization by others in their community. “The only word that is between us is good

morning, good evening. Then after we passed by them, they would be saying things in disorder about us.” This story was shared in response to a question about persecution for her faith. Respondents made a connection between the envy and gossip of others and suffering for the faith even though there was nothing in the discourse about witness, personal faith, or belief that was the cause of the envy.

#### Difficulty and Inconvenience as Persecution

A pattern emerged from the interviews in which respondents described difficulty, inconvenience, and illness as persecution for the faith. These discourses often seemed to have no connection to Christian witness or personal faith in the community. A sixty-five year old man (R-26) described an event in which he nearly drowned in the ocean, and an ophthalmic disease that caused temporary blindness. He attributed these to opposition to his faith.

Respondents mentioned financial problems, physical ailments, and opposition from others as persecution for the faith even when there was no apparent connection with their Christian beliefs or when their problems were self imposed. A twenty-nine year old single woman (R-9) summarizes what seems to be a common view of Christian persecution. “Persecution is like illness, problems, troubles are persecution so if you trust God and you are calling Him and you are praying to Him, He will answer you. He will not leave you along the path.” Any difficulty in life is interpreted as religious persecution. This respondent (R-9) was a promiscuous woman who presented at HBB with an ectopic pregnancy. She received emergency surgery and converted to

Christianity during the course of her recovery. Her description of persecution is generalized without a specific context related to Christian life and witness. The idea that anything disagreeable, unfortunate, or harmful is evidence of persecution for the Christian faith was common in the interview discourses.

#### Witchcraft and Evil Spirits as Persecution

It was reported above about the young boy who was attacked by a bird. The mother (R-19) was convinced that the bird was an evil spirit (*gbogbovo*) and represented persecution for her faith. I asked how she was certain that this bird was an evil spirit. She asked me if I had ever heard of a bird attacking a person. This seemed to be adequate confirmation for her. The burden of evidence seems to be minimal in these events. Unusual personal experiences and observations are habitually interpreted from a causal grid of witchcraft as the only or most likely explanation.

Another example of interpreting unexplainable events as persecution was reported by a thirty-nine year old widow (R-18) who had an encounter with a serpent. She noticed a serpent enter her room and she called for help. Neighbors attempted to kill the serpent but it disappeared. I asked her to describe how the appearance of the serpent in her room was persecution for her faith. She offered a lengthy interpretive description of this event. She explained that her parents were children who were conceived by voodoo and her mother was a voodoo priestess (*vodusie*). Her grandmother was an active follower of a serpent fetish. She concluded, "What I know is that my grandmother was the incarnation of the serpent. She came to see how things are going on since I have been

saved.” No one in her family has any knowledge of Christianity. This was a persecution that came upon her to test her faith. The logic behind this explanation is the belief that if a serpent disappears from view, it is evidence of therianthropy. R-13 offered a similar explanation when he was bitten by a snake that he did not see.

Satan and demonic forces were viewed as the source of these events that did not seem to have a natural explanation. This was considered to be persecution in the form of harassment even when no harm resulted. A thirty-five year old man (R-10) described an event which he attributed to unknown persons who were persecuting him and his family through witchcraft. “They threatened us greatly through the sorcery (*sorcelerie*). It was one night, we brought our sandals inside. The next day I looked for my wife’s sandals. We did not find them. It was right in the middle of the village that we found one sandal and I took it.”

The couple went to their pastor and explained what had happened. The pastor told the woman not to wear the sandals again and confirmed their suspicions by stating that witchcraft was the cause of of this unexplained event. This event was understood as persecution for the faith by someone who opposed them and was employing witchcraft to disrupt their lives.

There seems to be a persecution complex that accompanies conversion in which any experience or situation that is adverse or harmful is attributed to persecution for the faith. Many of the narratives described persecution that was obviously a result of

Christian conversion and a life of faith. However, there was also some confusion expressed in the discourses between the experience of persecution, life in a fallen world, and poor choices.

### *Healthcare Seeking Behaviors*

There are many healthcare options available for the Togolese.

Government hospitals and clinics, mission hospitals, fetish witchdoctors, herbalists, and roadside pharmaceutical vendors are among some of the sources where Togolese seek healthcare. Western medical practitioners are often astounded by patients who present at HBB after they have received extensive treatment at the hands of witchdoctors or herbalists. The Togolese will often seek non-biomedical interventions as a first line of treatment. Once these interventions fail they come to HBB. Their illnesses are often well advanced by this time they present at HBB or have been exacerbated by unorthodox or incompetent treatment they have received. There are several factors that influence healthcare seeking behaviors which will be explored in this section. The following is a review of the care that respondents received from these various providers.

### Fetish Treatment

Eleven of the thirty-six respondents sought treatment from fetish priests prior to coming to HBB for treatment. A sixty-five year old woman (R-14) presented at the HBB clinic with the complaint of migraine headaches and dysphasia. She recounted the treatment she received from a fetish priest. A string was treated with a concoction and

tied around her wrist. When this did not alleviate her symptoms the fetish priest “tied some objects with string” and had her place these under her bed at night. She then went to a sorcerer (*nuwɔtɔwo*) who gave her the diagnosis of a cranial abscess. He shaved her head and treated her for seven days by placing herbs in her ears, nose, and mouth. The total length of this treatment was one month after which she sought treatment at HBB.

A twenty-five year old Muslim woman (R-11) came to HBB with a gangrenous right arm. I asked her to recount the history of treatment she had received. Initially she went to a local Imam and recounted to me that, “What they will do is what they did for me. At our place when someone falls sick and it is not very severe they will write a word from the Koran on a board and they will wash it into the water and give it to the patient to drink and he will be healed.”

This did not result in healing and she then sought treatment from a witchdoctor who made numerous incisions in her arm and placed medicine into the wounds.<sup>15</sup> These incisions were done as part of a ceremony in which chickens were sacrificed, alcoholic beverages were offered, and money was paid. Her arm became

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<sup>15</sup>Samuelsen reports on vaccination programs which were introduced in Burkina Faso in 1974. The popularity of vaccinations has resulted in a popular demand for injections for curative purposes. Samuelsen documents the case studies of children (2months – 11 years) who were brought by their mothers to the compound of a local herbalist. Thirty to forty incisions were made on the child’s abdomen with a razor blade and a paste comprised of processed herbs was smeared into the open wounds and then bandaged. The desire for these indigenous and government clinic vaccinations is not motivated by an informed knowledge base of prevention and treatment but a social

increasingly edematous and ultimately infected. She employed the services of another witchdoctor when the infection became worse and he performed the same procedure. Her arm was gangrenous when she came to HBB and had to be amputated at the shoulder to prevent her from becoming septic.

### Traditional Herbal Treatment

The medicine of herbalists is believed to be derived from the ancestors without which the herbal concoctions are rendered useless. Moral discourses surround the herbalists practice. The herbalist must live a good life, maintain relationships within the community and retain a moral relationship with the ancestors in order for the medicine to have power (Bierlich 1999, 320).

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demand in which parents' seek vaccinations for their children because of the perceived benefits. These two practices share many commonalities. The local clinic and the herbalist both have fixed clinic days, use instruments, require a fee for service, treat children for specific diseases, offer a set schedule of vaccinations, pierce the body, and treat the child when they are not sick.

Biomedical vaccinations are readily understood by the population from indigenous practices for maintaining health and preventing disease. The biomedical explanation is not the same as the indigenous herbal clinician but the process fits well into the cognitive assumptions of the patients. The two practices have influenced each other. Indigenous practices are fluid and change with cultural developments. The herbalist instituted "office hours" and the clinic offers injections as the preferred method of both vaccination and treatment in response to the local belief that medication must be mixed with the blood (Samuelsen 2001, 163-175).

Vaccination clinics are popular and well attended at HBB. The discourse of R-11 demonstrates the popularity of these methods in traditional and fetish therapies.

Seventeen respondents indicated that they used herbs to treat their illness. These products were either procured and prepared by the patients or they employed a traditional herbalist. Each of those interviewed reported failure of the herbs to cure them of the disease that brought them to HBB. This does not indicate that herbal therapy is not effective and appropriate for certain ailments. These reported failures are understandable since if they had been healed they would not have come to the hospital for treatment.

A forty-five year old male (R-13) reported on the herbal treatment he took for a poisonous snake bite. “Where some of our grandparents live they do medicines (*herbs*). I ran to them. They gave me medicine, I swallowed but I was not well. Another person came and gave me (medicine) but it did not work. At that point already my whole body was hurting.” He was on the verge of death, comatose with Cheyne-Stokes respirations, when he was brought to HBB.

A twenty-seven year old mother (R-33) reported discovering an abscess on her daughters skull while she was bathing her. She treated the wound for several weeks with herbs. The child did not improve so the mother and her husband took the child to the witchdoctor (*bokɔnagbɔ*). He continued the same treatment with fetish ceremonies. “We stayed at that place for one week. When I was looking at the child, her life was not getting better, then I carried the child to come to this place (*HBB*). I carried her to come at 8:00 in the morning, then the child died.”

I conducted four interviews of Christians who did not convert at HBB during the course of an illness (R-37, 38, 39, 40). These subjects were selected and

interviewed due to the contribution they were able to make to the overall research subject matter. A sixty-seven year old Baptist pastor (R-39) informed me that his father was a herbalist. He watched him treat many of his clients. In the course of the interview he mentioned, “Yes, I have seen him prepare herbs together and roots and the bark of trees and people were healed.”

I also interviewed a Togolese lawyer (R-38) who is a member of an EBB church. His father is also an herbalist. He stated that his father “knows a lot about medicine. He knows how to heal people. He knows the plants. He knows that if you take such plants and you do like this, this comes to heal such illness. Often, when people are ill and he does their medication, they are content.”

There are several problems encountered with traditional herbal therapy in Togo. There are no prescribed dosages to determine regimen of treatment. This can lead to over-medication. R-12 was using herbs as a home remedy for a chronic tropical ulcer. She mentioned to me in her interview that an HBB doctor discovered that she was using herbs at home. “One day Doctor DeKryger told me that he wants me to stop the traditional medicines because they don’t have an exact dosage. If you use them for a long time it can make the wound worse.” Another issue is the lack of textbooks or scholastic training to accompany the practice of herbal medicine. The discipline is shrouded in a degree of secrecy and knowledge is shared orally (Rasmussen 2000, 261).

There have been attempts to incorporate traditional healers into national healthcare systems. Ghana initiated a program to integrate traditional birth attendants

into the state sponsored biomedical gynecological services among the Ewe in the Volta Region. The Ghanaian government began training traditional birth attendants (TBA) in the 1990's to improve their delivery skills, and to provide pre-natal and post-partum care. The Ministry of Health identified 1,385 TBAs and trained 529 between 1992-1995. Despite these efforts a struggle for control between traditional healers and the government professional healthcare workers ensued. The largest number of births continued to take place with untrained TBAs with family members serving as attendants. Geurts argues that healthcare improvements are not made top-down. Healthcare professionals must recognize that they are not the ones making the decisions. Improvements are accomplished by acknowledging that decisions are made by the network of people caring for their own health within their own communities (Geurts 2001, 379-408). This is relevant to the health-seeking behaviors of my interviewees. There are multiple influences which comprise decisions in choosing healthcare including biomedical, religious, social, and financial.

#### Government Hospitals and Clinics

Thirteen of the thirty-six who received treatment at HBB were first treated at a government hospital or clinic. Three were transferred to HBB after initial triage and treatment. R-11 with a gangrenous arm, and R-16 with fractured vertebrae and paralysis were turned away from medical facilities in Sokodé and Abobo respectively. R-36 was treated and released with amoeba. Four had complications post-operatively and one had recurrent bilateral inguinal hernias.

## Non-Hospital Illnesses

Health seeking behaviors are influenced by the perceived efficacy of biomedicine among health care treatment options. This relates particularly to the conceptual etiology of an illness. Biomedicine may not be deemed an effective intervention for illnesses arising from interpersonal causation.

A sixty-five year old woman (R-14) reported that her father became ill and was told by people in his community that it was Satan's illness (*Abosam fe do*) and not a hospital illness. He went to the hospital and died after returning home. R-14 concluded, "Since the illness is not that place's illness and they took him there are they not the ones that killed him?"

Illness that emanates from witchcraft can only be cured spiritually. A twenty-nine year old woman (R-9) reported that a person cannot be healed at a hospital if they become ill by stepping on an object or substance that has been cursed by a witchdoctor. "They cannot treat it at the hospital. Only witchdoctors (*bokɔnɔwo*) can treat it." R-9 says that she does not believe this but this is what she has been told.

The breaking of a taboo can cause illness. Two male respondents reported on illnesses resulting from violating a taboo (R-6, 13). These men both mentioned the same taboo of a woman committing adultery. R-6 returned with his wife to their birth village to perform a ceremony to cure an illness caused by his wife breaking this taboo. She had refused to allow him to enter her room and confessed that she committed adultery. R-13, a forty-five year old man reported that a woman who is cooking for two

men may become ill because she has broken a taboo. This illness can be passed to her husband through sexual relations. This cannot be cured at a hospital. “Some people come to cough for a very long time. They can come to the hospital but they will never recover.” The cure rests with the village elders. They must procure and prepare herbs and bathe the woman or give her an herbal concoction to drink. “If they agree and they do the medicine to them they will be healed forever. Only their herbs can treat it.”

A twenty-five year old former Muslim woman (R-11) tells the story of being given to a man in marriage against her wishes. She lived with this man for one month and then fled to Nigeria where she married a man and became his second wife. She quarreled with the first wife frequently and beat her. She made the following comment while sharing her conversion story, “The sin that I know that I did is they gave me to a man but I refused and I went to marry this person...I do not know if that was where the illness came from but the sin that I know I did was that.” She was told that her illness was not a hospital illness and chose fetish herbal treatments initially.

#### Roadside Pharmaceutical Vendors

Roadside vendors are a popular place to acquire medicines in West Africa. Granado, Manderson, Obrist, and Tanner researched interactions between health providers and customers in Abidjan, Côte d’Ivoire. Street vendors sell drugs along with a variety of other merchandise at their stands. They are most often women and frequently illiterate. The drug of choice is identified by color rather than by the inscription on the packaging. Customers know what they want and the transaction is no different than

purchasing bananas or onions. There is no discussion about the disease, the drug or the patient (Granado, Manderson, Obrist, and Tanner 2009, 319). The circumstances in Togo are remarkably similar.

Five respondents referenced roadside vendors as a source of treatment for their illnesses. This was a first line of treatment for each of these five respondents. This was not only true for the illness with which they presented at HBB but for previous illnesses as well. The most common sources for acquiring medications are government pharmacies, roadside vendors, and local market herbal vendors.

A twenty-one year old female (R-34) with malaria is representative when she stated, “When I was ill, I bought products. For example, I can go to the pharmacy, buy the products or rather in the store to buy the products.” Government pharmacies do not require a prescription from a state licensed medical practitioner before purchasing drugs with the exception of narcotics.

#### Finances and Medical Care

There are a number of factors that influence Togolese healthcare seeking behaviors. The espousal of interpersonal causal ontology as an interpretive reality can result in an individual or group of individuals concluding that a particular ailment is a “non-hospital illness”. Several respondents mentioned that AIDS cannot be cured at HBB. The inability of biomedicine to provide a cure leads to the conclusion that the cause has a spiritual source and therefore the cure must be derived from the same source.

Biomedical healthcare providers are often perplexed by the healthcare choices that Togolese patients make. “Why did you wait so long before you came to the hospital?” is a familiar question at HBB. The driving force behind many of the healthcare choices of the Togolese is economic. There is no government or private healthcare insurance system. Patients must pay cash for their healthcare services. People routinely seek local and less expensive alternatives for healthcare. Twenty-seven of the thirty-six interviewees mentioned financial problems associated with their medical treatment. These responses were not solicited by questions but arose spontaneously in respondent narratives. Patients are seeking an affordable, convenient means of healthcare with which they are familiar. Westerners make healthcare choices on the same basis. A common statement is represented by a fifty-one year old man (R-25) who had a right inguinal herniorrhaphy in May 2008. “I did not have money to come quickly and it was heavy. I left and I found money and returned”.

Respondents repeatedly mentioned the need to “look for money” to pay the deposit for surgery or their bill for hospitalization. This money was found in their community of friends and family. The survival of family and kin is a primary consideration guiding African economics. The sharing of available resources within the community is the primary way that this is accomplished. The most fundamental economic consideration in African societies is “the distribution of economic resources so that all persons may have their minimum needs met, or at least that they may survive. This distribution is the African social security system” (Maranz 2001, 4). Financial

resources are scarce and the need to depend upon others to meet the economic burden of hospital bills is a determining factor in healthcare seeking behaviors. These choices are driven by finances and traditional classifications of disease.

*Contradictions in Respondents'  
Understandings of Conversion*

The purpose of this section is to review the contradictions among the respondents and analyze this data for any significance it may have for their understandings of conversion in the context of illness and healthcare delivery.

Contradictions in the Motivations for Conversion

Respondents often offered more than one reason for conversion. It is understandable that in the course of a narrative a respondent may refer to multiple events which influenced the decision to convert to Christianity. However, there are times that a respondent offers one motivating reason for conversion and then retracts the response at a later point in the interview.

An example is seen in a forty-five year old man (R-17) with a crushing leg injury. He was asked to explain what Jesus had done for him. “Concerning my legs, Jesus healed me. Jesus saved my life.”<sup>16</sup> Later in the interview he stated that healing

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<sup>16</sup>The first response to this question among interviewees was frequently their physical healing when they were asked, “What led you to become a Christian?” Responses relating to salvation and forgiveness were offered in response to follow-up questions. See question #2 in Appendix 1.

was not the motivating reason behind his conversion. “It is not because of my illness that I may need help to be cured. That was not the reason why I gave my heart to Jesus.”

It is difficult to determine the motivation from this disclaimer. It may be that he thought this was the response the interviewer was seeking or he may have changed his mind upon reflection. Respondents most frequently mentioned physical healing as the primary factor that led to their conversion. The fact that the interviewees most frequently gave a response of physical healing may be due to the fact that the interviews took place on the hospital compound. R-17 was still a patient at HBB when I interviewed him on March 21 and May 31, 2012. His case was quite remarkable. He was pinned under a bulldozer for eight hours and had partially amputated his leg with a machete in an effort to free himself. The surgical intervention along with the physical therapy he received at HBB saved his leg. The extraordinary circumstances of this case may account for his emphasis upon physical healing as a primary benefit of conversion.

#### Contradictions in Witchcraft Beliefs

The majority of contradictions occurred in this category. The most frequent contradiction was on the subject of fear. Respondents almost unanimously stated that they did not fear witches or witchcraft. This is most likely due to the teaching received in their churches. Respondents made comments such as, “Nothing can harm me because Jesus is my shield” (R-31), “I cannot fear spirits, because Jesus conquered all spirits (*gbogbɔvɔwo*)” (R-2), and “I do not have fear. Christ is in me, nothing can happen

to me again”(R-25). It became obvious as the discourses progressed that those who had discounted their fears revealed that their fears were in reality quite profound.

A sixty-five year old woman (R-24) mentioned that she had no fear of witchcraft (*adzewowo*) because she is in Christ and is surrounded by light. Later in her discourse she said, “I am afraid of them. I know that even if I fear them, I will see light from God”. Another respondent (R-20) stated that he began fearing evil spirits after his conversion but he did not fear them prior to his conversion. I probed further and asked, “Why are you fearing now that you are a Christian” and he responded, “I am not fearing them.”

A Thirty-five year old woman (R-16) said that she feared witches. I asked her why she feared and she responded, “I fear them so that I won’t fall into their mouth so they will not catch me.<sup>17</sup> People said they catch people’s spirits (*gbogbowo*) and the person will die or something bad will happen to you.” Later in the interview she retracted this statement and said that she did not fear witchcraft. She clarified by saying that she does not want to offend someone who is a witch so that they will not curse her.

These contradictions weren’t only evident in the difficulty respondents had in articulating their fears of the spirit world but also in what they understood about

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<sup>17</sup>This is reference to soul eating which occurs when a witch transforms into an animal or snake. The witch then captures someone’s soul and kills it by slitting the throat. The meat is then roasted and eaten. Infants and hospital patients are the preferred victims. Infants are desired because they can’t speak out in protest or describe events that are occurring and hospital patients are desirable because the assault of the soul eater is masked by a patient’s illness (Schmoll 1993, 200-201).

the value of fetish ceremonies to protect them from those fears. Both are epistemological contradictions that weren't self evident to the respondents.

We reviewed earlier the narrative by R-19 in which she recounted the story of a ceremony conducted by village elders to appease a witch's spirit that was causing harm in the village.<sup>18</sup> Her narrative also revealed another incident in a measles epidemic which spread through her village. A palm branch was cut to cover the house fetish.<sup>19</sup> This prevented the measles epidemic from infecting anyone in her home. These two examples from R-19 are contrasted to the previous ones. The former examples revealed an inability to articulate what was believed about evil spirits particularly in relation to the threat posed to individual Christians. R-19 clearly articulated what she believes without any inherent verbal contradictions. She would not participate in these ceremonies but she believes in their efficacy for those who do. Her beliefs about witchcraft have not changed significantly as a result of her Christian conversion. This is consistent across the interviews. There was no apparent cognitive dissonance expressed or observed as a result of these contradictions.

Another contradiction surfaced in the interviews relating to the public presentation of the gospel at HBB. We observed that a sixty-five year old woman (R-24)

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<sup>18</sup>See under "Lifestyle and Behavioral Changes – Fetishism."

<sup>19</sup>This is referred to as a "legba". It is an idol that serves as a guardian spirit of a home or individual. (Reported to me by R-39 on May 29, 2012). This can be reviewed under the section, "Witchcraft Beliefs in the Christian Community."

reported that when she was a patient in 2009, she was told that if she drank the water at HBB, she would be healed. The interview with R-24 took place on April 24, 2012. I asked the head chaplain if chaplains or clinic workers were telling patients that if they believed God they would be healed by drinking the water. He informed me that this is not communicated to the patients. I recorded the head chaplains message at a morning clinic preaching service on May 24, 2012. The closing prayer by one of the chaplains included the following statement. "Jesus, I pray that your name will save every person at this place. All those who may not need medicine they will be told to drink water, in Christ name they will be healed." It appears that this is a statement that is made frequently. There seemed to be no awareness of this contradiction by the head chaplain.

R- 13 spoke of a non-hospital illness caused by violating a taboo which could only be cured by the village elders and not through biomedical intervention yet he made the following comment regarding his recovery from a venomous snake bite at HBB. "If God did not place His hand on me by all means I should have died. It was the grace of God that worked through them and they healed me. Therefore it is not their own strength that they used to heal so it is the power of God that made me also to be healed." This man was convinced that the snake that bit him was a witch but he recognizes the cure he received at HBB. The snake that bit him was a spiritual attack yet he was cured through a biomedical process. This contradicted his previously stated belief that

non-medical illnesses can only be cured by spiritual means.<sup>20</sup>

R-14 recounted the story of a man who had an illness caused by witchcraft but his family took him to a hospital where he died. She concluded that the family was responsible for his death because they sought the wrong treatment. She also stated that her illness was caused by witchcraft and received extensive treatment from a witchdoctor prior to coming to HBB. She concluded in her narrative that “The hand of God is among you at this place. If I come to this place I will be healed.”

These respondents both believe that non-hospital illnesses cannot be cured except through fetish ceremonies. However, they both believe that although their illnesses had an interpersonal causative source, they were cured through a biological process at HBB. No explanation was offered for these inconsistencies and contradictions. Separate realities are acknowledged without any attempt to harmonize discrepancies.

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<sup>20</sup>Conversely, this comment by R-13 may provide insight into the repeated reference to “God’s hand” and supernatural intervention in healing at HBB and the apparent discounting of biomedical efficacy. Non-medical illnesses caused by witchcraft and demonic activity cannot be cured through a biomedical process. The cure can only be obtained through spiritual means.

CHAPTER 6  
SUMMARY, IMPLICATIONS,  
AND SUGGESTIONS FOR FURTHER RESEARCH

*Summary*

We observed that respondents' understandings of conversion were expressed through the specific vocabulary they chose in their discourses. The most frequently used word was *trɔ dzime* which subsumes the ideas of changing one's mind and heart (תָּקַח and μετανοέω) and turning in a new direction (שׁוּב and ἐπιστρέφω). This term was used by thirty-four of thirty-six respondents 161 times and reflects a clear understanding of the biblical requirements for conversion.

Health crises played a significant role in decisions to convert. Patients were attentive and responded to the claims of the scripture at HBB when they had dismissed the gospel in the past. The vicarious death of Christ and the Word of God were prominent features in the conversion narratives. The compassionate care of the medical staff served as a model of the gospel that was communicated in media, preaching, and personal evangelism.

The large number of patients converting to Christ in the clinic as reported by HBB is not well supported by this research. The clinic reports an average of 2,213 conversions per year between 2001-2012 for a total of 26,559. Similar yearly averages

have been reported since the inception of the hospital in 1985 which would total over 59,000 conversions. These converts are not represented, even fractionally, among the fifty-one churches in the Plateau Region. The difficulty I had in obtaining the threshold of thirty quality interviews also casts some doubt on these statistics. Two suggestions are offered as a result of this finding. First, the means of gathering these conversion numbers need to be reevaluated not only for accuracy but also for ministerial integrity. Second, and more importantly, the methodology employed in the presentation of the gospel needs to be assessed for its biblical and theological compatibility. Strains of traditional African religion which surfaced in the presentation of the gospel by HBB evangelists may result in the acceptance of a gospel that does not exist. This syncretism of traditional religion with the gospel may serve to confirm animist beliefs resulting in a gospel hybrid. Elements of this syncretism were evident in the conversion narratives. The greatest impact of HBB is found in its contribution to the church planting movement in Togo and not the exorbitant number of conversions attested in internal records and promotional publications.

There were forty short-term medical personnel who were present for various lengths of service during the four months of my research. Hôpital Baptist Biblique is dependent upon these STMM personnel in order to maintain their percent capacity for medical and surgical services. The large influx of STMM personnel impacts the mission and vision of HBB even if they are unaware of the mission and vision statements. STMMers may fill administrative roles not by assignment but by default. This can be problematic since STMM personnel do not speak French and many do not

have theological or cross-cultural training and may be unaware of the conceptual understandings of their patients regarding healthcare and the manner in which supernatural beliefs are integrated in the process of prevention and treatment.

There were numerous motivating factors that precipitated patients to convert to Christianity. Seven different motivations surfaced in the interviews with the desire for healing as the most prominent. Respondents reported on profound lifestyle and behavioral changes that accompanied conversion. Eight negative or counterproductive behaviors were eliminated and two positive behaviors were inaugurated. Sharing the gospel with others and a break with fetish practices were the two most prominent behavioral changes mentioned.

Interpersonal causal ontology was the primary etiology respondents identified as the cause for their illnesses.<sup>1</sup> Thirty-one of thirty-six interviewees referenced malevolent others as the causative agent. Witchcraft beliefs are profoundly embedded in the Christian community. This is evident among church leadership as well as church membership. Conversion to Christianity did not appear to significantly change beliefs about witchcraft.

Persecution that resulted from conversion to Christianity was another significant finding of this research. Ten different sources of opposition were named. Respondents interpreted difficulties, problems, illness, and opposition as persecution for their faith even when their difficulties were self-inflicted or when there was no clear

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<sup>1</sup>Interpersonal causal ontology is an explanation of illness, injury, and suffering attributed to malevolent others through the use of witchcraft.

connection between personal faith and illness or trials. There were many legitimate examples of persecution connected to conversion. This was most evident with the believer's break with the past and their refusal to participate in or support fetish ceremonies. Ridicule from family and acquaintances as a result of respondent conversion was also a frequent experience.

Respondents employed five different sources for healthcare. Determining factors in choosing a healthcare option were based upon the causal ontology which they determined was responsible for the illness along with the finances at their disposal to make a choice among the options.

#### *Implications and Suggestions for Further Research*

Ashforth makes a comment about his research on witchcraft in South Africa that is apropos to my research experience at HBB.

When I began trying to write about witchcraft in Soweto more than a decade ago, I had no idea it would be so difficult. I assumed one simply had to describe what people said about it, how they acted in relation to it and what the consequences of their thoughts and actions were. But I did not fully appreciate the depths of my friends' sense of their own ignorance of these matters." (Ashforth 2005, 316)

Numerous pastors, HBB employees, and my primary translator sensed a tension with witchcraft beliefs in general and the application of these beliefs to illness in particular. Several employees approached me at the end of my data collection process and asked me if I could return in the future to help them work through the problems posed by witchcraft beliefs at HBB and in the Christian community. The thought of this is daunting since this research raises more questions than it answers. The suggestion that

a white missionary might have answers to these complex religious-biomedical-cultural issues may be an oxymoron in light of the history of the response of Western missions to this perplexing subject. There is a worldview divide between the expatriate Western missionaries and Africans who work side-by-side at Hôpital Baptiste Biblique which inhibits the development of cross-cultural understandings.

The discovery of inconsistencies and contradictions in the beliefs about conversion among the respondents should not be surprising. It may be easier to decipher contradictions in other cultures than it is in one's own. I suspect that similar research conducted among American evangelicals would unveil its own list of contradictions that would seem incomprehensible to an outsider.

I would like to suggest five avenues for further study on the subject of conversion in the context of illness and healthcare delivery as a means of building upon this research. First, Peter Berger's sociological theory of religion may provide some insight into the means that have promoted the habitualization of witchcraft beliefs in the understanding and articulation of conversion as it interfaces with illness and healthcare in the Togolese context of HBB. Secondly, the interviews revealed that difficulties, illnesses, and disappointment were interpreted as persecution because of one's faith regardless of the source even when the problem was self-inflicted. This research reveals that the problem of evil is epistemologically confounded by the respondents which resulted in an existential confusion of life events and experiences. There was an inability to evaluate objectively from a list of causative options to determine the etiology of their experience with trauma and illness. Alternatives were rejected presuppositionally. This

same assessment is true of the pastors to whom I spoke and is evident from the counsel that pastors offered to their church members. There is not an adequate knowledge base for determining why evil occurs among the respondents and as a result, their experiences are not well understood or interpreted in a manner that is consistent with scripture, God's work in the world, and in the lives of individuals. The subject of theodicy has much to offer in reconciling the problem evil in the world and the suffering of the Christian because of their faith. An understanding of the problem of evil and how it relates to the Christian life would provide a biblical, theological context for dilemmas that respondents were trying to understand and interpret.

Thirdly, critical thinking is essential in distinguishing the difference between what is always true, sometimes true, partially true, or false. This is one of the greatest difficulties that surfaced in the interviews. Respondents did not appear to have the reasoning skills to separate truth from rumor. The standard of proof is effected by a lack of reasoning skills. The interviews indicated that the subjects believed that a proposition was completely true or completely false. To question the veracity of traditional witchcraft beliefs, stories, rumors, and gossip was not considered. These beliefs seem to be codified in the consciousness of the subjects I interviewed.

Fourth, African Christian identity may provide some insight into contradictions that were prevalent in the conversion narratives. African culture and religion are enmeshed to the extent that it may be said that culture serves a religious function. "This phenomenon is so pervasive throughout African society that those who convert to Islam and Christianity are never free of its influences" (Thomas 2005, 11).

It appeared that respondents were living in two worlds expressing the ideologies reflecting traditional religion and biblical precepts at the same time. This syncretism was evident in respondents' beliefs in the existence and power of ancestral spirits, witches, attendant witchcraft discourses, and the amalgamation of conversion with healing. At the same time, those I interviewed have rejected the ceremonial activities of animism and clearly articulated conversion and Christian life experiences and in many cases have suffered for their Christian faith. Christian identity in all times and cultures is discovered biblically and contextually. This is a task of biblical forms expressed through cultural functions without creating dissonance in either spectrum. This remains an unfinished task in the Togolese Christian community.

Finally, the ethics of evangelism will be considered as it applies to a vulnerable population at HBB.

#### Peter Berger's Sociological Theory of Religion

Berger's theory suggests a sociological model through which culture is produced. This model views culture as a dialectical process in which culture and society shape the individual and the individual in turn shapes society. "Religious legitimations arise from human activity, but once crystallized into complexes of meaning that become part of a religious tradition they can attain a measure of autonomy as against this activity. Indeed, they may then *act back upon* actions in everyday life, transforming the latter, sometimes radically" (Berger 1967, 41). This is the manner in which stories about witchcraft and illness become "crystallized" through repetition and comparison with other stories. They gain a legitimacy or as Berger says, "a measure of autonomy"

through this process. The dialectical process was evident in the interviews as respondents told stories they had heard about witches. These narratives shaped their understanding and beliefs to the extent that similar stories are considered normal or true and the necessity for corroborating evidence became irrelevant.

Berger's sociology is concerned with epistemology as it arises from existential realities. His focus is upon common everyday knowledge as it is developed and produced in human affairs and the process by which knowledge is accepted and attains normative status. It appears that witchcraft beliefs have gained this normative status among the respondents to the degree that they they do not question the narratives they hear and contradictions are not noticed or of little concern when they are made obvious.

Culture is the totality of what people produce both material and immaterial. This culture that is produced is an objective reality in the environment and a subjective reality within people's consciousness. Society is the outcome of the culture that is produced through the objective and subjective aspects of human action and interaction.

Many stories were provided by respondents as evidence for the existence of witches or an interpersonal causality to which they attributed their illness. A forty-four year old male (R-37) told me the story of a witch who wanted to determine if his power would work against a white man. The witch observed a white man who was about to start his car and he pronounced an incantation and the car would not start. A mechanic was called and he was unable to start the car or determine the problem. The witch then

spoke another incantation and the car started. I asked R-37 if he was a witness to this event. He told me that he had heard this story from the witch himself after the witch had converted to Christianity and was giving testimony of the things he had done. He provided this narrative as evidence for the existence of witches and the power of witchcraft. The knowledge contained in this story is shared as normative. This narrative and similar ones are communicated in a matter of fact manner and accepted as a cultural norm. Stories such as this one are readily accepted without question. None of the respondents who shared witchcraft narratives were witnesses to the events that they described. Witchcraft ideology is shaped and reified through this dialectical process. Individuals' understandings are shaped from a young age by the stories they hear. Their personal experiences are interpreted through this interpersonal causal grid and they in turn make contributions to the witchcraft metanarrative through stories of their own.

The social construction of culture is the result of men and women inventing and using tools, developing language, creating values, and shaping institutions. Culture provides stability and structure yet it is dynamic and changing through production and reproduction. "Not only is the individual's participation in a culture contingent upon a social process (namely, the process called socialization), but his continuing cultural existence depends upon the maintenance of specific social arrangements. Society, therefore, is not only an outcome of culture, but a necessary condition of the latter" (Berger 1967, 7). This is the dialectic nature of Berger's model. Society is both an outcome and a process in the development of culture. Witchcraft etiologies have been socially constructed as a component of the larger culture.

Interpersonal causal ontologies are part of the socializing process by which the Africans I interviewed for this research explain reality. Challenging this reality disrupts the maintenance of social arrangements. Witchcraft is “an inherent characteristic of African reality” (Marti 2011, 2). It is a means by which the world is understood and explained.

There is a three step process in the development of culture according to Berger.<sup>2</sup> The three steps in this model include externalization, objectivation, and internalization. The first is externalization in which individuals act out, produce, invent, and voice in the world through physical and mental activity. Secondly, objectivation occurs when the ideas and material substances which have been produced take on a structure and organization of their own. Once objectivated, these cultural substances take on a life of their own and exert power and influence over individuals. This objectivated reality now serves to both constrain and enable individuals to carry on their lives. It has a socializing influence upon behavior.

The witchcraft beliefs of the respondents seem to follow this process of externalization in which the respondents have participated in fetish ceremonies, witnessed events, heard and made witchcraft accusations, and observed taboos. These stories and events are continually externalized and ultimately objectivated when they produce a system of understanding for explaining reality. There is a public consensus which espouses interpersonal causation when an unusual or unexplained event occurs or a

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<sup>2</sup>These three moments or steps “are not to be thought of as occurring in a temporal sequence. Rather society and each part of it are simultaneously characterized by these three moments, so that any analysis in terms of only one or two of them falls short” (Berger 1966, 129).

remarkable story is told. This process of externalization and objectivation was evident in the respondent discourses as well as through the observations and critiques by my translator and linguist, and the conversations I had with pastors. Objectivation takes place when that which people externalize becomes structured and organized. Witchcraft ideologies have remained intact within the consciousness, beliefs, and actions of the Christian converts I interviewed and the Christian communities which they have joined. This is evident from the witchcraft narratives that surfaced in the conversion discourses and witchcraft accusations that are directed toward other converts.

Objectivation constrains and enables people as they develop behaviors in response to social realities. These behaviors were observed in the manner in which interview subjects responded to or avoided persons they suspected of being witches, witchcraft accusations they made, reported or with which they concurred, and interpersonal causal explanations that were offered for illness and misfortune. The organization of these actions, events, and thoughts occur through habitualization, typification, and institutionalization.

Habitualization economizes effort by the application of routine. It does so by narrowing choices. There may be a myriad of ways to perform a task but habitualization results from selecting among the choices which provides not only an economy of effort but an order to life. Meanings are imbedded in routines and become normative without reflection upon meaning. This is a process of socialization which provides a stabilizing environment (Berger 1966, 53-54). The predominant etiology referenced by respondents for their illnesses was witchcraft. This was often the default

cause when interviewees did not understand the pathology involved or did not recognize or accept personal culpability for their malady. This can't simply be explained as irresponsibility or ignorance. The explanations of interpersonal causation that surfaced in the conversion discourses are representative of habitualization. Witchcraft and demonology are imbedded in the meanings and interpretations that are offered to explain the events of daily life. These explanations have been culturally normed so that there is no reflection or contesting of these meanings.

Berger states that habitualization provides a stabilizing environment socially. It appears from my research that witchcraft ideologies have a destabilizing force in Togo because of the fear and accusations that accompany witchcraft discourses. The idea that witchcraft beliefs provide a stabilizing environment is incongruous. There was a consensus among respondents about the nature of witchcraft and its influence upon daily life. It serves as an explanation of reality which provides meaning to life and these meanings are held with conviction. The habitualization aspect of Berger's model is evident in the conversion narratives but it may be more accurate, for this research, to conclude that interpersonal causal ontologies provide a cultural norm rather than a stabilizing environment.

Habitualization may appear to be challenged by modernity.<sup>3</sup> This is perhaps most apparent in the health-care options available in Togo. The reputation and

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<sup>3</sup>Modernity has been assimilated into witchcraft beliefs and discourses. Geschiere states that witchcraft is so diffuse in Africa that it "continues to be a key element in discourses on power, despite modern processes of change (or perhaps because of them)" (Geschiere, 1997: 7-8). An example of this was reported by R-35. In his

success of biomedicine at HBB is increasing. Some respondents stated that they would not go anywhere but HBB for their healthcare needs. However, there are two influences that rule against a change in habitualization as it relates to healthcare. First, the majority of respondents visited other health-care providers prior to coming to HBB and many were advised by family and community members to seek non-biomedical treatment. Secondly, there is strong attestation to interpersonal causal ontologies (“spiritual or non-hospital illnesses”) among the respondents.

Typification is a shared idea about a relationship or a category that focuses on its generic characteristics. People, events, and situations are placed into categories (types) in order to simplify and understand reality. In social settings we fulfill the roles that are expected of us, and others in the setting reciprocate in kind (e.g. instructor/pupil - classroom, vendor/customer – store, administrator/secretary - office).

Witchcraft accusations may well fit into the processual step of typification. Certain personal profiles are characteristic of the categorization of a witch resulting in accusations.<sup>4</sup> Typification has a profound social rigidity. It is difficult for

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discourse on witchcraft and conversion he stated that his brother boards airplanes spiritually to go to the whiteman’s country. My primary translator also mentioned that cell phones are used to cast spells or incantations on others.

<sup>4</sup> Macfarlane states that those who were accused and tried for witchcraft in 16th and 17th century Essex, England fit a specific profile of age (fifty to seventy), gender (female), economic status (poor), occupation (beggars), and disposition (cantankerous) (Macfarlane, Alan, 1999). Those initially accused of witchcraft during the Salem witch trials fit a similar profile (Hill, 1995).

someone who is typified as a witch to break free from this categorization.<sup>5</sup> This surfaced in the interviews with R-12. This woman converted to Christianity as a patient at HBB in 1994. She committed to discipleship, received baptism and joined the Tsiko church. She became active in evangelism in the hospital inpatient ward and outpatient hostel during the course of her treatment. She is now an employee of HBB. She provided the clearest testimony of conversion and the Christian life among those I interviewed. However, she has been typified as a witch because of physical, gender, ethnic, and marital characteristics that comprise the witch category. She has been marked by this type for twenty years within the Christian community.

Institutionalization is the process by which people develop habitual patterns of behavior and categories of thought that make social relationships orderly and predictable. “Institutionalization occurs whenever there is a reciprocal typification of habitualized actions .... The typifications of habitualized actions that constitute institutions are always shared ones (Berger 1966, 54). Institutions are dependent upon habitualized behavior for their existence. This habitualized behavior is socially categorized (typed) and is reciprocated in social interaction. People act typically (in a manner expected) and habitually within institutions. This appeared to be true in the respondents conversion discourses. Concepts of illness and wellness are conditioned by witchcraft. An illness may be the result of breaking a taboo and ancestral retaliation, demonic activity, or the envy of others.

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<sup>5</sup> Once a person was categorized (typified) as a witch during the Salem witch trials; this identification was almost always permanent (Hill, 1995).

“Institutions further imply historicity and control” (Berger 1966, 54).

They are characterized by a shared history of behavior which provides moral authority and a sense that the institution has always been present and that behavior has always been typified as it presently exists. Witchcraft has followed this process of institutionalization through a long history of habitual patterns of behavior in response to illness and misfortune. The Bremen mission diabolized traditional Ewe religion in the mid-nineteenth and early twentieth century by claiming that the spirits and ghosts that the Ewe feared and worshiped were in reality the Devil and his demons. This attracted the Ewe to Christianity but at the same time confirmed the existence of the traditional ghosts and spirits among Ewe converts. “Most Ewe Christians had experienced their presence in their own lives .... This even applied to the second- and third-generation Christians, many of whom still believed that the traditional powers were real” (Meyer 1996, 215).

Much of what Meyer reports from the archives of the Bremen Mission is remarkably similar to the findings of my research. The statements regarding the Ewe Christians in Ghana over 100 years ago are true of those I interviewed for this research. Respondents spoke of their encounters with demonic forces and ancestral spirits. Second and third generation Christians continue to believe that traditional powers are real. Meyer speaks of the diabolization of traditional religion as a result of the evangelization of the Ewe by Bremen missionaries between 1846 and 1916. “New converts tend to adopt a variant of Protestantism emphasizing the image of the Devil and transforming traditional gods and ghosts into “Christian” demons ... the Devil continuously endangers

the the purity of the doctrine and Christian lifestyle. This gives rise to a popular, syncretistic variant of Christianity centered on demonology” (Meyer 1996, 221).

There has been a degreed diabolizing of Christianity among the converts I interviewed. The Devil receives an inordinate amount of recognition and accountability for the events of daily life. These intransigent manifestations of traditional religious beliefs are representative of the institutionalization of witchcraft. This has produced, as Meyer discovered in the Bremen archives, a syncretistic variant of Christianity centered on demonology.

The third step in social construction is internalization. Individuals externalize into society through their personal actions but they also internalize, as objective realities, what others have externalized. Subjective consciousness is shared reciprocally through this means and has a socializing effect on the individual and on culture (Berger 1966, 129). This final step solidifies a concept for an individual or group socially to the extent that it may become a conviction, value, or part of one’s identity. Once a social construct is internalized, it is not altered or changed easily. This has some ramifications for conversion.<sup>6</sup>

This social construction theory applied to the subjects responses in this research provides some insight into the complexity of beliefs about conversion and the

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<sup>6</sup>*Trɔ dzime* (to turn the heart) was the most frequently used term to describe the conversion experience of the respondents (161 times by 34 of 36 respondents). This term corresponds to the biblical words תשוב and ἐπιστρέφω (to turn, repent). Witchcraft beliefs, to varying degrees among the converts I interviewed, have not been subjected to *trɔ dzime* and to this extent conversion has been incomplete among the respondents.

Christian life. Contradiction may not cause cognitive dissonance because there is a social-cultural network that supports and reifies these beliefs through externalization, objectivation, and internalization.

### Critical Thinking

The respondents were almost unanimous in attributing their illnesses to witchcraft.<sup>7</sup> Follow-up questions employed to explore their understandings of this etiology revealed several different perspectives. Witnessing premature deaths (R-25), the testimony of others (R- 1, 10, 11, 12, 13, 15, 16, 24, 29, 31, 32, 33, 36),<sup>8</sup> envied by others (R-5, 25 ), personal experience with unusual or unexplainable events (R- 3, 18, 19, 27, 34, 35), participation in witchcraft ceremonies (R-20), and the biblical teaching about Satan (R-22) were listed by respondents as evidence for the existence of witches.

Each of these understandings which substantiated witchcraft beliefs among the respondents would benefit from critical analysis. Interpersonal causal ontologies are assumed to be true without question. “The path to reasonable conclusions begins and proceeds with questions” (Browne and Kelly 2012, 2).

Browne and Kelly suggest two metaphors representing alternative styles of thinking. The first metaphor is that of a sponge in which information is absorbed uncritically and passively. This approach provides no method for determining what is an

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<sup>7</sup>Thirty-one of thirty-six interviewed were either convinced, suspected, or were told by others that their illness was the result of witchcraft.

<sup>8</sup>This includes, stories, gossip, opinions, media, and accusations of witchcraft.

opinion or a fact nor distinguishes truth from falsehood. A danger of this style is defaulting to the majority viewpoint.

The second metaphor is panning-for-gold in which ideas and information are subjected to a method that distinguishes between what is to be valued or discarded. This method requires asking critical questions and reflecting upon the answers. Both methods make a valuable contribution to knowledge. “The sponge approach emphasizes knowledge acquisition; the panning-for-gold approach stresses active interaction with knowledge as it is being acquired” (Browne and Kelly 2012, 3). Information gathered by the sponge method provides no clear direction for making decisions or prioritizing data. The authors offer ten questions necessary to develop critical thinking skills in order to pan-for-gold in a body of knowledge and assess the accuracy of arguments and data.

1. What are the issues and the conclusions?
2. What are the reasons?
3. Which words or phrases are ambiguous?
4. What are the value of descriptive assumptions?
5. Are there any fallacies in the reasoning?
6. How good is the evidence?
7. Are there rival causes?
8. Are the statistics deceptive?
10. What reasonable conclusions are possible? (Browne and Kelly 2012, 9)

The critical thinking skills represented in this methodology would aid the Togolese in assessing the etiology of their illnesses and lead to an appropriate response to

its cause. There is significant confusion represented in the interviews and this confusion is accompanied by fear.

The director of the nursing school at HBB spoke of the need for teaching critical thinking to nursing students in a country which emphasizes rote memory in most academic settings. A nursing student who is not able to think critically doesn't graduate from the program.<sup>9</sup> Nurses must make clinical judgments of a patient's signs and symptoms and choose the appropriate interventions.

“Critical thinking is a judgment process. Its goal is to decide what to believe and/or what to do in a given context, in relation to the available evidence, using appropriate conceptualizations and methods, and evaluated by the appropriate criteria” (Facione and Facione 2008, 2). Nursing graduates from HBB may apply clinical thinking skills to biomedical interventions for their patients but do these same skills transfer to abstract situations and contexts in their daily lives? Interpersonal causal ontologies are still espoused by HBB nursing school graduates and critical thinking skills are not applied to witchcraft beliefs.<sup>10</sup>

Grauerholz and Bouma-Holtrop argue that making judgments about the social world require critical thinking skills that vary from those needed in other disciplines. They refer to this as critical sociological thinking. “Critical sociological

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<sup>9</sup>Email from Sharon Rahilly, RN, PhD. April 8, 2011.

<sup>10</sup>See responses from R-37 in sections on “Therianthropy in Witchcraft Beliefs” and “Peter Berger’s Sociological Theory of Religion”

thinking is not a broad thinking process applicable to different disciplines. It requires sociological knowledge and skills and the ability to use this knowledge to reflect upon, question, and judge information while also demonstrating a sensitivity to and awareness of social and cultural contexts (Grauerholz and Bouma-Holtrop 2003, 487).” This may explain how it is possible to apply critical thinking skills in biomedical clinical situations but not in certain socio-cultural contexts.

Further research in critical thinking as it applies to the topic of this dissertation, as well as training of Togolese Christians in critical thinking skills may provide a way forward in the perplexing morass of conversion in the context of illness and healthcare delivery.

#### Theodicy and the Problem of Evil

Respondents were almost unanimous in providing a narrative that was descriptive of persecution for their faith (34 of 36). There were many profound stories shared revealing negative consequences endured due to Christian conversion. Some of these narratives demonstrated a misunderstanding of the nature of evil and the meaning of persecution. The interpersonal causal ontologies voiced in the conversion discourses led many respondents to view all illness, difficulty, and inconvenience to be sourced in the Devil and evil spirits. Birgit Meyer reports on similar perspectives among the Ewe converts in Ghana between 1846-1916. “Most Ewe Christians did not adopt the Pietist feeling of internal sinfulness but partly stuck to the old understanding of evil. In line with traditional concepts of evil, Ewe Christians found that evil was expressed through

sickness and other forms of life destruction, and considered it a result of inappropriate behavior in a relationship, not as an individual state” (Meyer 1996, 215).

I found a strong attestation to personal sinfulness among the interviewees (16 of 36). Statements such as, “Jesus died for me, he took the burdens of my sin (*nuvɔ*)” (R-31), and “I confessed to God that I am a sinner (*pecheur*)” (R-28) demonstrate that there was an awareness of personal sinfulness among the respondents. However, alongside these claims of personal moral culpability was the belief that sickness was a form of persecution attributed to witchcraft. The two respondents who gave attestation to their personal sin above also made the following comments related to illness. “We think it is because of witches (*adzetɔwo*)” (R-31) and R-28 accused his sister-in-law of being a charlatan (*charlatante*) and causing the illness of his daughter. Thirteen of the sixteen who spoke of their personal sin also referenced witchcraft as a source of their illness. These contradictions are difficult to reconcile and appear to concur with Meyer’s finding that Ewe Christians “partly stuck to an old understanding of evil” (Meyer 1996, 215).

These contradictions continued to surface in the conversion discourses and represent what appears to be a subconscious conflict of separate realities. Meyer remarks that “demons exert a stronger influence than God on people’s interests in their daily lives” (Meyer 1999, xxi) among the Ewe of Ghana. The discourses in my research would support her statement. There seems to be a preoccupation with the activity of evil spirits without a concurrent understanding of the purpose of suffering in the life of the Christian exemplified in the life of Christ and Paul.

Respondents did recognize that their illness brought them to HBB and it was there that they heard the gospel and converted to Christianity. They spoke of God's hand in their illness so that they would come to know Christ. This belief did not preclude the activity of witches as a causative agent. There was no attempt to synchronize the two explanations. The difficulty seems to arise when they seek to explain the evil that is experienced in their Christian lives. There is a cognitive disconnect between an evil world and the Christian life. This is revealed by the expectations respondents have as a result of conversion. Respondents expressed the conviction that conversion results in healing (14, 22, 26, 28, 31, 32, 33, 35), and the removal of difficulty from life (21, 22, 26, 27). Witchcraft is blamed for unresolved problems without reference to the sovereignty of God over the forces of evil. This is the conundrum facing Christianity in Togo.

D.A. Carson writing to a Western audience says that "one of the major causes of devastating grief and confusion among Christians is that our expectations are false. We do not give the subject of evil and suffering the thought it deserves until we ourselves are confronted with tragedy" (Carson 1990, 9). The subjects in my research certainly gave the subject of evil and suffering the thought it deserves but may not have given it proper thought, grounded in biblical understandings of suffering and evil. There are false expectations of conversion and the Christian life which arise from false explanations of evil.

Evil and its attendant perceptual source of witchcraft cannot be dealt with in isolation. "It is one of the outcomes of having a society run on the principle of magic, in which the power of Almighty God is not recognized" (Harries 2000, 493). A clear

biblical theology of God's purposes in suffering (Heb 12:1-13; 1 Pet 4:13-14) needs to be taught in the EBB churches. The education of the pastoral leadership is where this needs to begin.

The problem of evil is explained as witchcraft by the respondents. Evil is viewed as illness, difficulty, inconvenience, and persecution for the faith. It is hard to find God's purposes in any untoward life event if everything is attributed to witchcraft. This may offer some explanation for the reason the Devil gets more attention than God in the explanations that accompany the activities of daily living.

Ghanaian Pentecostal churches have addressed the subject openly through deliverance ministries (Onyinah 2002; Kwabena Asamoah-Gyadu 2004), but in many cases this has given more emphasis to the Devil in the teaching of the church (Onyinah 2004), presented Jesus as the greatest sorcerer (Harries 2000), and left the church open to accusations of witchcraft (Marshall-Frantani 2001). These churches are to be commended for taking up the challenge of this vexing problem but the methodology and theology they have chosen may simply be a hybrid of Christian animism. "If we proceed on the mistaken assumption that we can infer truth about spirits from people's beliefs about spirits, we will invariably end up syncretistically incorporating animistic and magical notions of spirit power into our doctrinal understanding of the demonic world" (Priest, Campbell, and Mullen 1995, 13).

Further research needs to be done toward developing a biblical theology of evil that addresses the intractable problems presented by interpersonal causal ontology. This could only be accomplished with the partnership of EBB pastors and church

leadership. This subject needs to be brought out of the shadows and discussed in a safe environment with clear objectives. There is risk in doing this but the consequences of doing nothing are evidenced in this dissertation.

The Pentecostal deliverance ministries that have swept over Ghana with a furor have not come to Togo. The emergence of these ministries in the 1970's and 1980's were strongly influenced by American preachers Oral Roberts, Kenneth Hagin, Kenneth Copeland, and Benny Hinn which centered upon faith healing and prosperity (Onyinah 2004, 334). This same phenomena has not been duplicated in Togo. There seems to be a cultural and linguistic barrier that has impeded the establishment of these ministries in Togo. The influence of American culture is pervasive in Ghana yet Togo may be influenced more by France and Europe than by America. The French language is the lingua franca of Togo and may serve as a barrier to the influence of American Pentecostal faith healers. However I suspect that these barriers may only be temporary. The tremendous growth of the Pentecostal deliverance churches in Ghana is a testament to the manner in which deliverance from the fear of witchcraft and ancestral curses resonates with Africans. It is imperative that the EBB church develop a theology of the problem of evil that addresses the role of witchcraft in the lives of Togolese converts. This topic could ultimately fracture the churches if it continues to be unattended and dealt with only as a private problem.

### African Christian Identity

How can these contradictions between conversion and causation be explained? Perhaps part of the answer may be found in the quest for African identity

among the respondents. There are two opposing tensions in church history which are both rooted in the gospel. Walls refers to these as the indigenizing principle and the pilgrim principle (Walls 1996, 7-9). The indigenizing principle refers to the gospel inculturated in cultural garb to reflect the mores of a given society so that the church becomes, as Welbourn and Ogot wrote, “a place to feel at home” (Welbourn and Ogot 1966). “The impossibility of separating an individual from his social relationships and thus from his society leads to one unvarying feature in Christian history: the desire to “indigenize,” to live as a Christian and yet as a member of one’s own society” (Walls 1996, 7). The Christian church has divergent expressions and appearances across time and cultures so much so that these varied manifestations may not appear to represent the same entity. However, there are critical links that identify them as part of the same body of belief and practice. These diverse historical and cultural churches worship the same God through the Lord Jesus Christ, share the same textual basis for their faith, communicate to God through prayer, and observe the same ordinances.

The pilgrim principle functions in tension with the indigenizing principle. The pilgrim principle informs the Christian that although she may feel at home, she is not home. The Christian is in the world but not of the world (John 17:11-13). The transforming process of sanctification (Rom 12:1-2) causes the convert to realize she is a stranger and exile on the earth (Heb 11:13). Discipleship, discernment, and skill are required to navigate the cultural landscape to determine one’s identity that is consistent with the Bible and culture. This is a difficult task in any context but may be more so in a

culture where many are first or second generation Christians and there is not centuries of Christian history upon which identity can be established.

Walls states that the primary theological debate in Africa today is “the nature of the African past” (Walls 1996, 12). This statement seems particularly relevant for the respondents I interviewed and the EBB churches they attend. Contradictions that surfaced in the conversion discourses are representative of confusion about what is true and what should be believed. This confusion did not entail the person and work of Jesus Christ or the necessity for repentance and confession in conversion. The respondents exhibited confusion when they sought to provide a rationale for illness, persecution, and difficulty in the course of daily life. This confusion has implications for Christian growth and discipleship. Aspects of traditional religion and Christianity are juxtaposed in the consciousness and experience of converts without a clear sense of how to evaluate conflicting precepts. It appears that this perplexity is related to a struggle for identity. John Mbiti speaks of the search for identity among converts from traditional African religion to Christianity.

Traditional religions must yield more and more their hold in shaping people’s values, identities and meaning in life. They have been undermined but not overthrown. Modern change is clearly evident almost everywhere and at least on the conscious level. But the subconscious depths of African societies still exert a great influence upon individuals and communities, even if they are no longer the only final source of reference and identity. With the undermining of traditional solidarity has come the search for new values, identity and security which, for both the individual and his community, were satisfactorily supplied or assured by the deeply religious background. (Mbiti 1990, 256)

This is the tension between the indigenizing and pilgrim principles. The tension is evident in the discourses of the converts I interviewed and in the independent EBB

churches as they struggle to agree in their association of churches upon acceptable cultural expressions of worship. It appears from the perspective of a Western missionary that issues of dancing and drums in worship are irrelevant when the plagues of witchcraft beliefs and teenage pregnancy are unabated and unaddressed.

The worship wars in the EBB churches are most likely of a different kind than what we witness in the American evangelical church. These struggles in the EBB churches are the outworking of the indigenizing and pilgrim principles. They are searching to establish their identity and in this light the issues surrounding worship are more relevant than what appears on the surface. The weightier issues of witchcraft ideologies, interpersonal causal ontologies, and teenage pregnancies will remain beyond the capacity of the churches to address corporately until these initial concerns for identity are established. The conversion respondents and the EBB churches are grappling with their history in a quest to find “a place to feel at home.”<sup>11</sup>

This struggle is pertinent to the subject of conversion since “full conversion is never a point in history: it is always a process affecting the inner man and his total environment. It may take several generations to reach maturity in a given community. But even then it requires a continual renewal if the conversion is to become relevant at every given moment in history. Religions at the receiving end of conversion may have to be more patient with African societies” (Mbiti 1990, 257). Mbiti’s statement

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<sup>11</sup>This same process can be witnessed in a larger context. The African Independent Church Movement (AIC) is an expression of this quest for identity locally as they seek to find their place within the history of Christianity. The AIC experiences a bifurcated allegiance in which they “remain torn between two dimensions and are forced to exist in both worlds” (Thomas 2005, 70).

that “full conversion is never a point in history” is perhaps too strong. It would be more accurate to say that conversion is more than a point in history in light of the conversion literature in the Old Testament which we reviewed earlier. The point is that conversion speaks to identity and that identity is not qualified exclusively by the new birth. Israel’s identity was formed by the conversion process in which the covenant was renewed and they were restored throughout their history.<sup>12</sup> Conversion is a turning to but also includes a continual movement towards. It is “an ongoing socialization and formation by and into a Christian narrative for all dimensions of life” (Reuschling (2009, 80). This is a process of both identification with Christ personally and identity of the self with a redeemed community.

### The Ethics of Evangelism

Research protocols have been employed by academic institutions for the protection of research subjects. Human rights and research policies have been established within academic departments to guide researchers and protect vulnerable populations. However, there are no academic statements that define ethical parameters for evangelism. Missiology as a discipline has not sufficiently focused on the ethical dimensions of evangelism among people seeking and receiving healthcare. There is a need for a literature to surface the issues that relate to evangelism among this vulnerable population. Numerous reports surfaced in my findings which raise concerns about the evangelistic methodology employed with patients in the clinic reception area and exam

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<sup>12</sup>An example of this is seen when Moses leads the nation in covenant renewal in Moab. See the use of *שיב* in Deut 30:2-3.

rooms, on the operating room table, and on the campus of HBB. There needs to be a better understanding of the theology of evangelism and accompanying methodologies that respect the dignity of others by those who engage in evangelism in this institution.

There is a large influx of highly skilled short-term surgeons who perform procedures for patients that could not be obtained anywhere else in the region. The results from these reconstructive, orthopedic, and other specialties are often extraordinary. The value of these services to the population cannot be overstated. There is a significant emphasis placed upon recruitment of these specialists and the development of nursing and medical training programs. It may appear that the attention given to the medical/surgical services at HBB dwarfs the emphasis upon the contextual understandings of evangelism and the training and oversight of its evangelists.

#### Final Comments

Hôpital Baptiste Biblique has been at the forefront of a modern church planting movement in Togo over the past three decades by serving as an outpost of Christianity and Western bio-medicine in a context where traditional religion and traditional medicine flourish. The positive impact of HBB upon the lives of the Togolese is evident from the conversion narratives of those I interviewed. This dissertation has revealed the contribution and importance of HBB as a holistic ministry to the bodies and souls of the Togolese for the glory of God. It has also uncovered areas of concern that may impede an even greater potential for the gospel on the campus of HBB, in the lives of her converts, among the EBB churches, and throughout Togo. It is my hope that this research will serve to begin a new conversation facilitating new understandings of the

manner in which Western biomedicine interfaces with a conversion culture at HBB in Togo.

## APPENDIX 1

### INTERVIEW QUESTIONS

1. Tell me how you became a Christian.

Gblɔ alesi netrɔ zu Kristotɔ nam.

Dites nous comment vous êtes devenus Chrétien.

2a. What led you to become a Christian?

Nukae na be ne trɔ zu Kristotɔ?

Qu'est ce qui vous a amené a devenir Chrétien?

b. Why did you decide to become a Christian?

Nukata neɖoe be yeatrɔ zu Kritotɔ?

Pourquoi est ce que vous avez décidé a devenir Chrétien?

c. Is it because of this illness or is there another reason that you want to become a Christian?

Dɔlele sia tiaɛ alo nu bubua ɖe tiaɛ nedi be yea zu Kristotɔa?

Est ce que c'est a cause de la maladie ou une autre raison que vous voulez devenir un Chrétien?

d. Was it the fear of evil spirits, healing, a desire to be rich, or protection?

Vɔvɔ na gbɔgbɔvɔwo, dɔyɔyɔ, ga kpɔkpɔ tae?

Est-ce que c'est a cause de peur ou des mauvais esprits, le guérison, un désir a devenir riche, ou la protection?

3. Explain to me the message that you heard about Jesus Christ when you came to HBB.

Gblɔ Mawu nya si nese nam tso Afetɔ Yesu Kristo ɲu esi ne va HBB.

Explique nous le message que vous avez entendu concernant Jesus Christ quand vous étiez venus à l'HBB.

4a. What does this message mean to you?

Gɔme sese kae le Mawu nya sia ɲu na wo?

Qu'est-ce qui la signification de cet message à vous?

- b. What did Jesus do for you?  
 Nakae Yesu wɔ na wo?  
 Qu'est-ce que Jesus a faire pour vous?
- c. Why is this important to you?  
 Nukata wole vevie na wo?  
 Pourquoi est-ce que c'est important à vous?
- 5a. Tell me what you knew about Jesus Christ before you came to HBB.  
 Gblɔ nusi ne nya tso Yesu Kristo ŋu hafi neva HBB.  
 Dites moi ce que vous connaissiez de Jesus Christ avant de venir à l'HBB
- b. What have you heard about Jesus Christ?  
 Nuka wogblɔ nese kpɔ tso Yesu Kristo nu?  
 Qu'est-ce que vous entendiez concernant Jesus Christ?
6. Have you suffered any consequences for believing in Jesus Christ as your Savior?  
 De akpɔ alo nekpɔ yometiti aɖe le esi nexɔ Yesu Kristo dzi se abe wo Dela enea?  
 Est ce que vous trouviez des persecution a cause de votre foi en Christ?
7. What kind of persecution have you suffered for being a Christian?  
 Yometiti ka fomevi eye nukata woati yowome ɖe wo xɔse ta?  
 Quelle sorte de persecution avez vous souffrez a cause de votre croyance en Christ?
8. Tell me how your family responded to your belief in Jesus Christ.  
 Fo nu nam tso nusi wo fometɔwo wɔ alo wuawɔ le tiatia si mewɔ be yea xɔ Yesu  
 Kristo dzise ŋu  
 Comment est ce que votre famille repondiez de votre croyance en Jesus Christ?
9. Tell me about any changes that have happened to you since you became a Christian.  
 Fo nu nam tso tɔtrɔ siwo dzɔ le wo agbeme tso esi netrɔ zu Kristotɔ ŋu.  
 Dites moi les changements qui s'est passé dans votre vie depuis vous avez devenu un  
 Chrétien.
10. There are numerous options available for healthcare in the area such a herbalists,  
 shamans, and government clinics. You can go there. Why did you choose  
 to come HBB?

Mõnu kpɔkpɔ bubu fomevi vonowo li hena dɔyɔyɔ alo lãme sã nyawo to ameyibo Tikewɔlawo gbedalawo, bokɔnɔwo, kple dziɔɔdu fe kɔdziwo. Ateɲu ayi tefe mawo. Nukata ɲuti nɛtia be yea va HBB alo kɔdzi sia, Tsiko Todome dɔyɔfea ?

Il y a plusieurs choix disponible pour le traitement médical comme les herbalites, charlatans, cliniques gouvernement. Pourquoi est-ce que vous avez choisi a venir à l'HBB?

11. Tell me the story of how you became sick.

Gblɔ alesi neva dzedɔ la ɲutinya nam.

Dites moi comment vous avez devinir malade.

12a. Why do you think this happened to you?

Nukata nɛsusu be nusia dzɔ ɔe dzi wɔ ?

Pourquoi pensez vous que vous avez tombé malade?

b. Do you think you have done something wrong?

Wɔ ɲutɔ wɔ nuwɔna ye loo fometɔwoe loo?

Pensez vous que vous avez fait quelque chose mauvaise?

c. Has someone done something to you?

Ameaɔe wɔ nusia ɔe ɲuti wɔa?

Est-ce que quelq'un a fait quelque chose contre vous?

13. What did others in your family and village tell you about your illness or about this accident?

Nuka amebubuwo le wofomea me kple wo dumetɔwo gblɔ tso wo dɔlele alo afɔku sia ɲu?

Qu'est ce que les gens dans votre famille et les gens dans votre village dise concernant votre maladie ou accident?

14a. When you were brought here, how did the doctors at HBB explain the cause of your illness to you?

Esi wokɔ wɔ va HBB dɔyɔfea ɔee, aleke ɔkitawo alo dɔyɔlawo woɔe dɔlele sia me na wɔ?

Comment est-ce que les medicines à l'HBB a expliqué la cause de votre maladie ou accident?

b. Are you satisfied with their explanation?

Ekpɔ ɲudzedze le wofe nugɔmedeɔe ɲua?

Est-ce que vous avez satisfait avec leur explication?

15. Why do you think the treatment you received at HBB or the Tsiko hospital will cure you or help you to recover?

Nukata nèsusu be atike alo dɔyɔyɔ si nèxɔ le HBB alo Tsikɔ Toɔdome dɔyɔfea adagbe le ŋuwò ?

Pourquoi pensez vous que le traitement à l'HBB va vous guérir?

16. Tell me about the ways in which you sought treatment or a cure before coming to HBB.

Fo nu nam tso mɔ bobu siwo dzi neto hedi dɔyɔyɔ alo lamese hafi meva HBB.

Dites moi les manières de laquelle vous avez cherché le traitement avant de venir à l'HBB.

17a. Could you tell me if there are certain illnesses that HBB cannot treat effectively.

Ateŋu afo nu tso dɔlelea ɔe wo si wo ma teŋu ada alo akpɔ dɔyɔyɔ le HBB kɔdzi oa?

Pouvez vous nous dire s'il y a certaines maladies que l'HBB ne peut pas guérir?

b. Tell me the name of those sicknesses that cannot be cured at HBB.

Fo nu nam tso dɔlelea ɔe wo si wo wo gblɔ na be me nye kɔdzidɔ o.

Dites moi les noms des maladies que l'HBB ne peut pas guérir?

18a. Tell me why you think that HBB is not effective treating these illnesses.

Fonunam tso nusita nesusube HBB dɔyɔfea mateŋu ayɔ dɔ sia fomevi blibo o?

Dites moi la raison pour laquelle l'HBB ne reussi pas avec ces maladies.

b. What is the cause of this illness?

Nukae nye nusi de megbe na dɔlele siawo fomevi?

Qu'est ce que c'est la cause de cette maladie?

19a. Tell me what you have done or would do to seek treatment for one of these illnesses.

Gblɔ nam nusi ne wɔ alo awɔ adi dɔyɔyɔ na dɔlelesia fomevi.

Dites moi ce que vous avez fait en cherchant le traitement pour une de ces maladies.

b. Where would you seek treatment for this kind of illness?

Afika na di dɔyɔyɔ le na dɔlele sia fomevi kple nuka ta ne yi tefema?

Où est-ce que vous cherchiez le traitement pour cette maladie?

20. Have you been a patient at HBB in the past ?

Ɖee nenyɛ dɔnɔ va HBB Toɔome dɔyɔfea kpɔ le yeyiɣi siwo vayi mea ?

Est ce que vous etiez un patient à l'HBB avant?

21. Describe to me the experience you had as a patient at HBB, your diagnosis, treatment, cure, and impressions.

Fonu nam azɔ̄ tso wò ɲutefekpɔkpɔ wo ɲu abe dɔnɔ ene le yeyiɣi siwo va yi me. Le kpɔdeɲu me dɔlele si wokpɔ nawò, dodokpɔ si wowɔ nawò, atike si wo nawò kple wo ɲudzedze kpɔkpɔ.

Décrivez à moi votre experience comme un malade à l'HBB, votre diagnostic, traitement, guérison, et impressions.

22. How did you deal with your sickness in the past?

Aleke ne wɔ dɔ tso wo dɔlele ɲu le gasi va yi me ?

Comment aviez vous traité vos maladies dans le passé?

23a. How are you dealing with your sickness now?

Aleke ne le dɔwɔm tso wo dɔlele ɲu fifia?

Qu'est ce que vous faites quand vous tombez malade maintenant?

b. Are your family members making sacrifices on your behalf?

De wo fometɔwo sa avɔ de nuwoa?

Savez vous si votre famille a fait des ceremonies pour votre guérison?

24a. How would your grandparents dealt with this type of illness?

Aleke tɔgbuiwo wo kple mama woawɔ dɔ tso dɔlele sia fomevi ɲu?

Comment est-ce que vos grandparents ont traité cette maladie?

b. What kind of ceremonies or sacrifices would they have performed for you to be healed?

Kɔ nu ka fomeviwo woawɔ tso dɔlelea ɲuti be nakpɔ dɔyɔyɔ?

Quelle cérémonie que fassent-ils pour vous etre guérir?

25a. Do you believe that witches exist and cause harm and death to others?

Ɖe ne xɔese be adzetɔwo le eye wonana fuɔɔname kple eku amewoa?

Pouvez vous me dire si les sorciers existent et s'ils ruinent ou tuent les gens?

b. How do you know this is true?

Aleke nanya be nyatefe enye nusia?

Comment savez vous que c'est vrais?

25. Can you explain to me if witchcraft had a role in your sickness?

De atenu a fonu afe egome nam nenybe adzewowo fe asi le wo drolele mea?

Pensez vous si les sorciers ont leurs mains dans votre maladie?

26. Do you have a fear of witchcraft?

De nevona na adzewowo oa?

Est-ce que vous avez peur de la sorcellerie?

27. Has your faith in Christ changed your fear of witchcraft?

Aleke wo xose le Kristo me tro wo vovona na adzewowo?

Est-ce que votre foi en Christ a changé votre peur de la sorcellerie?

APPENDIX 2

CONSENT FORM (Ewe)

Lɔlɔdɛdzigbale

Numedidi si me nele gome kpɔm le enye be woaku nu me tso kadodo si le dɔlele kple dɔyɔyɔ dome le Hopital Baptiste Biblique dɔyɔfea le Kpele Tsikɔ eye amesi le nya sia gome kum enye John Morgan. Le nugɔmekuku sia me la, aɔ biabia siwo ku ɔ wo dɔlele dɔyɔyɔ kple dzimetɔtrɔ ɔ Afetɔ Yesu ŋu. Miedi be miakaɔ dzi na wo be nya siwo kata nagblɔ na mi la manɔ nyanya me na ame bubua ɔke o. Nenemake mimayɔ wo ŋkɔ le tɛfea ɔke akpe ɔ nya siwo kata ŋu naɔ na mi o. Miedi be nase egome be wo gomekpɔkpɔ le nyagɔmekuku sia me la enye wo lɔlɔnu faa fe nuwɔna eye mɔnukpɔkpɔ le asiwo be magayi edzi o. Le wo gomekpɔkpɔ le nufɔfo sia me la ele lɔlɔm be yeana nya ŋuɔɔ siwo hia le nugɔmekuku sia me.

Nya ŋuɔla fe ŋkɔ \_\_\_\_\_

Efe asidede agbale sia te \_\_\_\_\_

Ŋkeke \_\_\_\_\_

Name: \_\_\_\_\_

Date of Interview \_\_\_\_\_

Age: \_\_\_\_\_

Length of Interview \_\_\_\_\_

Gender: \_\_\_\_\_

Church \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Interviewer(s) \_\_\_\_\_

Marital Status \_\_\_\_\_

Address: \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Admission \_\_\_\_\_

## CONSENT FORM

The research in which you are about to participate is designed to investigate the relationship between illness and healthcare at Hôpital Baptiste Biblique in Kpelé Tsiko and is being conducted by John Morgan. In this research you will answer questions related to your illness, treatments, and conversion to Jesus Christ. Please be assured that any information that you provide will be held in strict confidence. At no time will your name be reported along with your responses. Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study. By your participation in this interview, you are giving informed consent for the use of your responses in this research project.

Name of participant \_\_\_\_\_

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Interview \_\_\_\_\_

Age \_\_\_\_\_

Length of Interview \_\_\_\_\_

Gender \_\_\_\_\_

Church \_\_\_\_\_

Ethnicity \_\_\_\_\_

Interviewer(s) \_\_\_\_\_

Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Admission \_\_\_\_\_

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