



Holistic Approach to Mental Illnesses¹

DANIEL RAKOTOJOELINANDRASANA

Mental illnesses or disorders affect one fourth of the human beings in the world and their prevalence is far from declining.² This article describes the model of Toby Ambohibao, Madagascar, suggesting it as a way for the church to do healing ministry and, particularly, as a Christian way to approach the problems of mental disorders today.

Toby means literally camp or place of rest on a journey. It consists generally of a church, surrounded by Christians living together and taking care of sick, suffering, and needy people.³ The Toby of Ambohibao is located in the suburb of Antananarivo, the capital city of Madagascar, and is situated next to the Lutheran Hospital of Ambohibao, with which it works in partnership. Tobys are a creation of the *fifohazana* (the revival or awakening movement) and are the place where the *fifohazana* normally performs its ministry.

¹For further details, see Daniel Rakotojoelinandrasana, "Holistic Approach to Mental Illnesses at the Toby of Ambohibao" (DMin thesis, Luther Seminary, 2002).

²Alberto Costa, "World Aspects of Psychiatry," in *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*, ed. Benjamin J. Sadock and Virginia A. Sadock, 7th ed. (Philadelphia: Lippincott Williams & Wilkins, 2000); Alberto Costa et al. find that there are about 1.4 billion people currently suffering from mental disorders and related troubles.

³Peri Rasolondraibe, "Healing Ministry in Madagascar," in *Baptism, Rites of Passage, and Culture*, ed. S. Anita Stauffer (Geneva: Lutheran World Federation, 1998) 133–144, for further description of the toby.

The "toby" model of ministry to people with mental illness in Madagascar combines standard medical treatment with preaching, pastoral care, prayer, exorcism, and Christian education, all in a setting of Christian community and Christian love.

The model draws its shape from its historical development and from its understanding and experiencing of the healing ministry in the New Testament. It acknowledges the existence of spirit-related disorders that may affect people's health and lives in different ways. It has developed an approach to mental disorders that integrates scientific medicine and biblical methods in caring for the mentally disordered.

TOBY AMBOHIBAO

Malagasy people believe in the pervasive presence and activity of spirits in the world. Spirits may be benevolent as well as malevolent. This belief is at the origin of the worship or veneration of the ancestors and the practices of witchcraft, magic, and divination. People see congruence and at the same time antagonism between the traditional worldview and the new world brought by the Bible. Besides the proclamation of the truth of the gospel, Malagasy Christians believe in the need to engage the world of spirits and to develop a model of ministry that conforms to the one developed by Jesus—more precisely, to proclaim the kingdom of God, to heal the sick, and to cast out demons (Matt 10:7–8). Scientific medicine is perceived as neutral, complementary to the healing ministry of the revival and the church.

A specific element of the Ambohibao model is the identification of what is called spirit-related disorder (SRD) as an entity different from mental disorder and any other diseases. The Ambohibao model categorizes mental disorders into three main groups: (1) Mental disorders of medical/pathological or natural nature. These disorders are of the same kinds as malaria, stomach problems, tuberculosis, etc. They are due to recognizable and understandable factors. (2) Spirit-related disorders or SRDs. These may resemble psychiatric and medical disorders, but are different because they are caused by attacks of witches or magic or by demon possession secondary to a contact or practice of occult activities. SRDs need special deliverance through the revival ministry. (3) The combination of the two previous ones.

In the mind of the leaders of the revival, a toby is designed to be a healing community where each individual learns the Christian lifestyle, especially learning to love and accept each other, to pray, to deepen the understanding of the Scripture, and to apply those teachings in daily life. The toby is expected to be a big family where everyone can feel love and learn to love.⁴

The pastor is the one who coordinates the activities of the toby. He works with the committee of the toby. While doctors are doing the medical work, the *mpiandry*⁵ or shepherd has a multifunctional role, attending the spiritual, the relational, and the physical aspects of the life of the toby and its patients.

⁴Cf. A. Thunem et al., *Ny Tantaran' ny Fifohazana eto Madagasikara* (The History of the Revival in Madagascar) (Antananarivo: Trano Printy Loterana, 1972).

⁵*Mpiandry* means shepherd. She or he has a two-year training period and works often as a volunteer evangelist, teacher, counselor, and caretaker.

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

1. Church activities: worship services, administration of the sacraments, education, pastoral care, evangelization, training in *mpiandry*.

2. The ministry of “work and empowering” (*asa sy fampaherezana*).⁶ People are ministered to through the preaching of the word, prayers, and deliverance or healing ministry. Some patients live in the toby with the *mpiandry* and can receive care twenty-four hours a day, as their needs dictate.

3. The ministry of counseling (*dinidinika*). This ministry covers a vast area, including pastoral care and counseling in the typical understanding of the word. It consists of interviews and conferences with patients and families in order to establish the causes and the contexts of the problems or disorders that are bringing them to the toby or to counseling. With regard to demonic influences, oppressions, and possessions, the interview will aim at establishing whether there were contacts with occult or magico-religious practices. It will also try to figure out any guilt, sins, or relational conflicts with parents, relatives, and friends that need to be straightened out or forgiven.

4. Other ministries and activities. Depending on the particular toby and its environment, there are other activities, such as farming, schooling, and health care.

*“differentiating among medical, mental, and
spirit-related disorders is a fundamental step in caring
for patients at Toby Ambohibao”*

Differentiating among medical, mental, and spirit-related disorders is a fundamental step in caring for patients at Toby Ambohibao. The model requires a multidisciplinary approach from doctors, *mpiandry*, and the other caretakers in making a diagnosis. Most of the doctors who work at the toby are *mpiandry* or have had training in spirit-related disorders besides their medical training. Pastors and *mpiandry* have also been trained to recognize when to send patients to doctors if they are in doubt about the nature of a disorder. The diagnosis is assessed on the basis of the following four major criteria:

1. Criteria from the anamnesis or the history of the patient and his or her disease. One element essential in such anamnesis is the intercourse with occult activities and worship of spirits

2. Criteria from the symptomatology or study of signs that does not fit into regular medical symptomatology

3. The power of the name of Jesus in making a differential diagnosis, unveiling the presence of spirits and casting them out of the patient

4. Criteria from the outcome while under treatment. Normal mental disorder-

⁶Toby Lehibe Ankaramalaza, *Ny Toby, Ny Mpiandry, Ny Asa Fampaherezana* (The Toby, the Shepherd, the Ministry of Empowering)(Antananarivo: Trano Printy Loterana, c.1998), gives a description of these terms and their role in the toby.

ders and spirit disorders have different patterns in their outcomes. Improvement is often drastic for people who have SRD as opposed to people who have classic mental disorders.⁷

There are three principal means for the treatment of both medical/psychiatric and spirit-related disorders: medical, sociopsychological, and spiritual and religious.

1. The medical means include the use of medical drugs, such as neuroleptics, tranquilizers, antidepressants, and electroshock therapy, and appropriate treatment for other medical conditions. The use of these means expresses the holistic approach of the Ambohibao model, where scientific medicine and religious methods work together. Dale Matthews, a medical scholar from Georgetown University doing research in holistic healthcare, suggests his logo for this kind of approach: “Prayer and Prozac.”⁸

2. The sociopsychological means affirms love as a healing factor that will give affirmation, cohesion, and support for the person. The concept of loving community is drawn from a biblical understanding of the teaching of Jesus about “love” as the cornerstone of the Christian lifestyle (John 13:35), an important teaching of the revival leaders and tradition.

3. The spiritual and religious means: at Ambohibao, prayers, services of worship and healing, specifically aimed at the healing of the sick, are performed two times a day, morning and afternoon.

There is a common track of treatment or ministry for all people who come to the toby for whatever reasons. It consists of the preaching of the gospel, instruction about the basic Christian faith, and inviting people to repentance. Repentance means renunciation of sin and of practices believed to be related to the devil, for example, worship of and trust in idols and ancestors, practices of magic, sorcery, witchcraft, divination, and spiritism. After repentance, people are encouraged to put their trust in Jesus Christ. Then, there is the healing and the empowering component, which consists in the casting out of demons or evil spirits. Cases known certainly to be related to demonic influences (diagnosis done previously) will be seated in the front row when the deliverance ministry begins. The deliverance ministry is followed by the laying on of hands and blessing that is called the work of support and strengthening or empowering (*asa sy fampaherezana*). This is combined with specific prayers for the person who is being ministered to.

How does the model recognize that a person is delivered from demonic influences?

The sign of certitude is when the person expresses true relief and joy, almost ecstasy, then is able to call upon the name of Jesus for salvation, mercy and thanksgiving, and from then on her/his behavior and attitude will be consistent with a

⁷M. Scott Peck, in *People of the Lie* (New York: Simon & Schuster, 1983), discovers the same thing.

⁸Dale A. Matthews, *The Faith Factor* (New York: Penguin, 1998) 64. By this expression, Matthews, a physician, wants to say that faith, represented by prayer, and medicine, represented by Prozac, can work together.

Christian normal life.⁹ In the practice of the revival, a person who is still demonized is incapable and unwilling to call on the name of Jesus.¹⁰

CHALLENGE OF THE AMBOHIBAO MODEL TO THE WESTERN VIEW OF HEALTH AND HEALING

1. *The challenge of the concepts of spirits or demons and of spirituality in health and healing today*

The history of psychiatry and religion reveals abuses committed because of a belief in demonic possession or evil spirits (e.g., the witch hunt craze).¹¹ The Enlightenment and the development of scientific psychiatry have completely ruled out spirits and the demonic in dealing with mental disorders. However, a new trend in psychiatry has opened itself to the recognition of certain disorders related to spirits and phenomena of possession that have been identified all around the world.¹²

Authors who have done research into the relationships between mental disorders and spirit factors insist on the importance of differentiating between the two. Abigail Evans, from Princeton Theological Seminary, reporting from the studies done by the Anglican Church Study Group on Possession and Exorcism, writes: “After reading the vivid descriptions of these possessed people and the accompanying exorcism, there is no way to confuse them with typical psychotic episodes.”¹³ Other authors, such as M. Scott Peck and John Nicolas, suggest that scientific studies of demonism and exorcism will yield a greater understanding of the world of spirits and the reality and effectiveness of faith and exorcism.¹⁴

2. *Rediscovering the holistic dimension of health and healing*

Walls have separated religion and faith from medicine in the Western world

⁹Read Mariette Razivelo, “The Doctrine of the Holy Spirit in the Betsileo Context” (ThD thesis, Luther Seminary, 1994) 210 and 227. The case of Mahonjo, which she cites in her work, tells how she was completely different after her deliverance and could criticize her previous state.

¹⁰Daniel Rakotojoelinandrasana, “Deliverance Ministry at the Toby Ambohibao” (DMin project, Luther Seminary, 2001).

¹¹This was an excessive movement in the fifteenth and sixteenth centuries that led to the killing of hundreds of thousands of people, mostly women, accused of witchcraft, many of whom were mentally disordered people. The theological work of Heinrich Kramer and Jakob Sprenger, *Malleus Maleficarum*, was instrumental in the development of the movement. Mental disorders were associated with demon possession. See *The Malleus Maleficarum of Heinrich Kramer and James Sprenger*, trans. Montague Summers (New York: Dover, 1971).

¹²See Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM IV) (Washington, DC: American Psychiatric Association, 1994) 67; Ralph Colp, “Psychiatry, Past and Future,” in Sadock and Sadock, *Kaplan & Sadock’s Comprehensive Textbook of Psychiatry*, writes, “DSM IV, probably the most ambitious undertaking in the history of American psychiatric nosography [the description and classification of diseases], was based on 6 years of collecting and analyzing relevant information, and with field tests of proposed changes in diagnosis; it continued the atheoretical approach to causes” (3330); “The DSM has a clearer, a more detailed, precise delineation of symptoms and a more medical and less psychoanalytical view of the symptoms; it was widely read and accepted in America and became the common language used by workers in psychiatry” (3327).

¹³Abigail Rian Evans, *The Healing Church: Practical Programs for Health Ministries* (Cleveland: United Church Press, 1999) 88.

¹⁴See Daniel Rakotojoelinandrasana, “Holistic Approach,” 134–135.

for the last three centuries. In the United States, modern medical authors, such as Larry Dossey, Dale Matthews, and Charles Koenig, and medical schools, including Harvard Medical School, are now studying the interplay of faith and healing.¹⁵ In the field of theology, Abigail Evans calls for a holistic understanding of the healing ministry of the church.¹⁶ The Lambeth Conferences in the United Kingdom have, since the 1940s, encouraged the church to study and to practice a holistic ministry of healing.¹⁷ A big and very significant step was taken when the World Health Organization changed its definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹⁸

“contrary to the prediction of the Enlightenment that the advent of science would remove demonism from our society, one sees a resurgence of demonism in our postmodern world”

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

SIGNIFICANCE OF THE AMBOHIBAO MODEL FOR THE MINISTRY OF THE CHURCH TODAY

Contrary to the prediction of the Enlightenment that the advent of science would remove demonism from our society, one sees a resurgence of demonism in our postmodern world. Demon possession is a universal phenomenon, found not only in tribal cultures. The Western world, and the church in particular, needs to be ready for its challenge. Following Rudolph Bultmann, modern authors have called demonism and exorcism parts of the New Testament that need to be demythologized. The Ambohibao model, on the other hand, finds congruence between its own experiences and the teaching and praxis of the New Testament. For the Ambohibao model, it is impossible to consider demonic reality and exorcism as myths. A christological truth, often ignored by the church, is the fact that the Son of God has come into the world to destroy the work of the devil (1 John 3:8). The experiences of revival in Madagascar and in many other countries challenge the notion that the demonic is not a reality of this world and affirm that the Christian

¹⁵Larry Dossey, *Healing Words: The Power of Prayer and the Practice of Medicine* (San Francisco: Harper, 1993); Matthews, *The Faith Factor*; Harold G. Koenig, *Is Religion Good for Your Health? The Effects of Religion on Physical and Mental Health* (New York: Haworth Pastoral, 1997).

¹⁶Evans, *The Healing Church*.

¹⁷Morris Maddocks, *The Christian Healing Ministry*, 3rd ed. (London: SPCK, 1995).

¹⁸Preamble to the Constitution of the World Health Organization, as adopted by the International Health Conference, New York, June 19–22, 1946; online: <http://www.who.int/about/definition/en>.

church, founded on the teaching of and the faith in Jesus Christ as recorded in the Bible, is the most appropriate agency to bring hope, healing, and liberation for those who are oppressed by the demonic.¹⁹

The model of Ambohibao preaches a holistic salvation, a salvation that does not just save people from sin, in view of the other world, but a salvation that also addresses the predicaments of the present world. David Bosch states that “there is no tension for Jesus between saving from sin and saving from physical ailment, between the spiritual and the social.”²⁰ A holistic salvation addresses all the predicaments that may come upon us in this world: sin, death, separation from God, the devil, debts, slavery, colonialism, diseases, fear, and many other things.

“a holistic salvation, a salvation that does not just save people from sin, in view of the other world, but a salvation that also addresses the predicaments of the present world”

The 1988 Lambeth Conference resolution suggested the following as a holistic program of healing for the church today:

The ministry of healing should be established in every diocese. It should expand beyond sacramental ministries to include counseling, deliverance from demonic oppression, medical research, and the study of related ethical issues; it should work for fair distributions of resources and personnel; and it should include drug addicts, sufferers from AIDS, and the work of hospice.²¹

The church has to reclaim its ministry of healing. The Lutheran World Federation, understanding the need for the church to be a healing church serving a wounded and broken world, adopted for its Tenth General Assembly the theme: “For the Healing of the World.” Margot Kässmann, the keynote speaker, called the church to understand that healing is part of the church’s great commission, not merely a secondary, diaconal task.²² The African colloquia resolution on “Health, Healing and Development” during the Congress on the World Mission of the Church at Luther Seminary in 1998 recommended:²³

Many of the African Instituted Churches and the “new churches” are more involved in healing than the mainline churches.... *We call the church to greater study*

¹⁹Many authors have noted that, in Africa and other parts of the world where there is a dramatic growth of the church, the power encounter between Christianity and the other divinities has been instrumental in the conversion of people to Christian faith. This power encounter was also the determining factor in the conversion of many pagans to Christianity in the early time of the church.

²⁰David J. Bosch, *Transforming Mission: Paradigm Shifts in Theology of Mission* (Maryknoll, NY: Orbis, 1991) 33.

²¹Cited in Evans, *The Healing Church*, 22.

²²Online at http://www.lwf-assembly.org/PDFs/Kaessmann_Keynote-EN.pdf

²³Craig Moran, ed., *Proceedings of the Congress on the World Mission of the Church, Saint Paul 1998* (Saint Paul: Luther Seminary, 1998) 62–63.

and practice on the relationship of faith and healing, and call the church to be healing communities.

Evans identifies five factors that have been a block to the full involvement of the church in the healing ministry: (1) the lack of an appropriate model of health ministry because of the noninvolvement of the church in that ministry for many years; (2) the unorthodox theological positions that often sustain healing ministry in certain denominations; (3) the church's uneasiness with integrating health ministry in all its ministry activities; (4) the lack of educational basis for the training of doctors and pastors for this kind of holistic ministry of healing; and (5) "little verifiable data existed to persuade the scientific community of the church's effectiveness as a health care institution."²⁴ The Madagascar toby model addresses all these factors of resistance.

Jesus taught, preached, and healed. The church, his body, has no alternative but to follow his path. ⊕

DANIEL RAKOTOJOELINANDRASANA was the medical director of the Lutheran Hospital of Ambohibao, Antananarivo, Madagascar, before he came to Luther Seminary for his D.Min. program. He is a mpiandry (shepherd) in the Malagasy Lutheran Church.

²⁴Evans, *The Healing Church*, 17–18.