

UNIVERSITY OF PRETORIA

**GHANA PRAYER CAMP LITURGIES FOR SPIRITUAL SUPPORT
REGARDING MENTAL SUFFERING:
A PRACTICAL THEOLOGICAL APPROACH**

by

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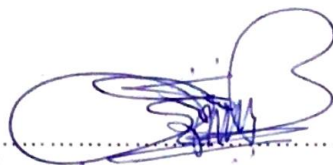
April 2022

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May God bless all persons with mental health challenges and grant them spiritual support and restoration.

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GLOSSARY

Mental health challenges/suffering

In the context of prayer camps, the study avoids the term 'mental illness' that is the domain of the medical sciences and suggests a scientific assessment or diagnosis of a person's mental state. None of that is applicable to the work done at prayer camps. Mental health challenges or suffering are a human occurrence. People in Ghana who experience such challenges seek help at medical facilities and/or at prayer camps.

Spiritual healing

Prayer camps offer 'spiritual healing' and that is then also what motivates people with life challenges, including mental health challenges, to attend prayer camp liturgies. The 'healing' in this term pertains to their worldview, expectations and beliefs and does not indicate 'healing' in the medical scientific sense of the word.

Liturgy/liturgies

In the study this term specifically denotes all worship programmes that are found at the prayer camps. These worship events and the way in which their liturgies are structured, aim to specifically help persons with life and mental health challenges.

Prayer Camp/Center

A prayer camp also called a Faith Center is a syncretistic or eclectic faith community in Ghana. It emphasize spiritual healing, or deliverance from all kinds of sickness. In Africa this was the domain of traditional and herbal healers. Christian believers at prayer camps bring the point of view of their faith to the effort to help African people who suffer from all sorts of maladies—spiritual, mental health, physical health, relational and social. The worship style is eclectic because it combines traditional customs and Western liturgies adopted from the mainline churches to offer spiritual support.

LIST OF ABBREVIATIONS

| | |
|--------|---|
| AIC | African Independent or Instituted or Initiated Churches |
| AC | Apostolic Church |
| ATR | African Traditional Religion |
| BSG | Bible Society of Ghana |
| BSPG | Bible Society for the Propagation of the Gospel |
| CoP | Church of Pentecost |
| CCG | Christian Council of Ghana |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CHRI | Commonwealth Human Rights Initiative |
| FBO | Faith-Based Organisations |
| FCHCAG | Faith Complementary Health Care Association of Ghana |
| GFD | Ghana Federation of the Disabled |
| GoG | Government of Ghana |
| GHS | Ghana Health Service |
| GSS | Ghana Statistical Service |
| GPCC | Ghana Pentecostal and Charismatic Council |
| GEC | Ghana Evangelism Committee |
| GET | Grace Evangelism Team |
| GTV | Ghana Television |
| HRWR | Human Rights Watch Report |
| MHA | Mental Health Act |
| MHPC | Mount Horeb Prayer Centre |
| MoH | Ministry of Health |
| MEHSOG | Mental Health Society of Ghana |
| MTV | Metro Television |
| MTV | Multi Television |
| NT | New Testament |
| OT | Old Testament |
| PCG | Presbyterian Church of Ghana |
| RSV | Revised Standard Version |
| SU | Scripture Union |
| TAMB | Traditional and Alternative Medicine Bill |
| WWW | World Wide Web |
| WHO | World Health Organisation |

ABSTRACT

This study investigated Ghanaian prayer camp liturgies for spiritual support for people with mental health challenges. Spirituality permeates African beliefs, attitudes and practices. Through the effective use of liturgies for what is called 'spiritual healing', the aim of prayer camps is to facilitate healing for people with mental health challenges. The point of departure is Christian values such as the restoration of human life and dignity.

In Ghana, most Christian communities believe that mental health problems have a demonic origin. This is why many people with mental health challenges and their families prefer the 'spiritual healing' approach of prayer camps in their search for a solution to the problem. Prayer camps are eclectic spiritual groups who often reside in forest areas and small villages. They are often more accessible to people, especially in rural areas, than medical facilities.

The study investigated three prayer camps in Ghana and their liturgies for spiritual healing for persons with mental health problems. The study evaluated the services the camps provide and the liturgies by means of which spiritual healing is offered. The study investigated the relationship between Christian spirituality and mental health problems in an African context. The three prayer camps selected for the empirical investigation of the study were the Mount Horeb Prayer Center, Mamfe, the Grace Evangelical Team and Patmos Prayer Camp, Akropong and the Ogie Prayer Camp, in the Achimota Forest, Accra. The study explores the reasons why Ghanaian people visit prayer camps for spiritual healing and the effects of the liturgies specifically with regard to persons with mental health problems. This is a mainly qualitative practical theological study which followed a multi-disciplinary method that included a literature study and participatory action research. Insights from the fields of ethnography and anthropology were utilised. Empirical data were gathered through interviews, focus group discussions, participatory observation, and from the popular media, including local newspapers and television programmes.

In order to situate the study within practical theological praxis, Richard Osmer's model which identifies four research tasks was adopted. The main outcome of the study is that liturgies for spiritual healing in an African context serve a very specific purpose for persons with mental health challenges and their families. Ghanaian people do not tend to attribute mental health problems only to medical and biological factors. For them the spiritual element has to be considered. For this, spiritual support is needed. The study has shown that the prayer camps in Ghana that provide spiritual support in some form is needed. The prayer camps offer spiritual healing the in form of prayers, deliverance liturgies, prophetic declarations, counselling, and rehabilitation. The study finds that the work of prayer camps is of great value to Ghanaian people who suffer with various problems and conditions, including mental health conditions, problems and challenges.

CHAPTER 1

BACKGROUND

1.1 Introduction

Prayer camps in Ghana, like many others in the sub-Saharan Africa, search for more effective and appropriate spiritual liturgies by means of which to provide support to people with mental health problems and challenges. Some Ghanaian Christian communities regard mental health problems as a spiritual attack (see Twumasi 1975 and Kyei 2012: 137-351). This then requires an effective religious ritual and liturgical practice for the restoration of the person. Prayer camps or prayer centres, as they are called in Ghana, are syncretistic or eclectic spiritual groups who gather in forests or villages. They emphasize spiritual healing, deliverance and provide a faith-based solution to all manner of ailments and human suffering. Hitherto, this practice has been the exclusive domain of traditional healers and herbalists. It has now also become a Christian practice.

At the prayer camps, traditional rituals are integrated into Western Christian liturgies. The liturgies have mostly been adopted from the mainline churches in Ghana and adapted to suit their worship services. Historically, prayer camps have mushroomed all over the country, since the 1970's (Dovlo 2004:179; see Omenyo 2006:67; Appiah-Kubi 1981). Their aim, among others, is to provide spiritual support for persons with mental health problems and all forms of what is regarded as spiritual attacks (see Twumasi 1975:6-9). Since they approach the matter from a Christian perspective, they see the spiritual healing they provide as based on the work of the Holy Spirit. The Bible is utilized, accompanied by loud and urgent prayers and periods of fasting. Special 'holy water' and various kinds of anointing oil are used. Sometimes persons with mental health problems are chained to a tree or to an immovable object. The camp leaders do this so that the person would not run away or hurt others if they are aggressive. It is also believed that, if the person is chained to a tree without shelter for some days, the demons that caused the problem would leave (Agyemang 2014:61). Other camps make use of a sanatorium to house such persons until the process of deliverance is complete.

Mavis Asare and Samuel Danquah (2017:2) distinguish three categories of worship centres in Ghana which offer liturgies for spiritual healing. The first, the camps of mainline churches, the second, the camps of Charismatic churches which in Ghana are a sub-group of Pentecostal churches, and the third, centres or shrines of spiritual herbalists.

In missionary churches which include the Roman Catholic, Anglican or Episcopal, Methodist, Presbyterian, Lutheran and Baptist churches, spiritual healing practices usually focus on *prayer* rather than rituals for warding off evil spirits. In the Pentecostal and African Independent Churches (AICs), the emphasis of spiritual healing is on *deliverance services* by means of which evil spirits are warded off. Pentecostal practices include fasting and all-night vigils. Herbalists at their shrines and centres also have the aim to ward off evil spirits. They do so by engaging the power of lesser spirits (Asare & Danquah 2017:2). Spiritual support for people with mental health problems is based on divine revelation and direction from the Holy Spirit. The Mount Horeb Prayer Centre at Mamfe in the Eastern Region of Ghana is a well established Centre with a sanatorium for people with mental health challenges and hostels for others. Not all camps in Ghana have such extended facilities. The variety of liturgical practices for spiritual healing at prayer camps is the focus of this investigation.

According to Osei (2004:106-110) the choice of a camp for spiritual healing of persons with mental health problems is not only made on the grounds of distance or the cost involved. What the family believes the cause of the ailment to be, determines which solution they regard as the best (see Danquah 1982:5-13). For example, if the person believes that the ailment is due to sin, the solution would be to attend church. However, if it is interpreted to be the result of 'demonic influence' (satanic), then the choice would be a prayer camp. If they believe that the cause is witchcraft, a curse from 'juju or 'voodoo' or wrong-doing against an ancestral spirit, a traditional shrine would be visited.

Christian religious liturgies have a specific aim (see Barnard, Cilliers and Wepener 2014:265). Liturgies aim at transforming behaviour and strengthening people's knowledge and acceptance of the grace of God as it is revealed in the life, death and resurrection of Jesus Christ. This transformation and knowledge should not only be sought in the sphere of rational information, but also in the spheres of skills and

attitudes, experiences and affections. For Barnard, Cilliers and Wepener (2014:265) these liturgical rituals can function as follows:

- liturgical ritual knowledge is often body-based;
- liturgical ritual aims to enhance the wellbeing, welfare and human flourishing of participants;
- liturgy aims at empowering worshippers;
- the church service aims to be inviting and public;
- worship should be spiritually restoring and emotionally recharging.

The word 'liturgy' according to the *Dictionary of Liturgy and Worship* (1972:222-225) is derived from the ancient Greek term *leitourgia* which literally means 'work for the people'. It comes from two Greek words: *laos* meaning 'people' and *ergon* meaning 'work' which, put together, amount to the following: the public work of the people done on behalf of the people, or public service to the gods(see Trenchard 1992). In simple terms liturgy is that which emanates from the people and works with them. It is people-centred and addresses the practices of religious worship. In a broader context, liturgy from the Latin *liturgia*, refers to 'liturgy of life'. In the narrower sense of the word it means: the order of the worship service (Louw and Nida 1989:9). For Barnard (1981:52), liturgy includes all the words and acts of worship. In this study, the term is used both in broader and narrower sense. The latter is more the focus of the investigation.

Wepener (2005:109-127) attributes the current renewed interest in liturgical studies to, among other things, the work of the liturgical movements, ecumenical works in the field, as well as a strong focus on the transformative power of liturgy in the life of congregations and individuals. This study is particularly interested in this transformative power of liturgy.

1.2 Research question

The aim of this investigation is to evaluate the services of prayer camps and their liturgies that are intended to provide spiritual healing to persons with mental health problems. Due to their particular spirituality and practices, some camp leaders and pastors have been accused of inhumane practices that violate the human rights of people with mental health problems (Human Rights Watch Report 2012). Therefore

liturgies for spiritual healing for people with mental health problems should be evaluated carefully. Some staff members at the prayer camps lack formal training with regard to mental health problems. The facilities at some camps are not sufficient. People with mental health problems are sometimes housed in insufficient residential facilities with a lack of ventilation, washrooms and water. The services and circumstances of the prayer camps are investigated and evaluated in the study.

1.3 Literature overview and research gap

Studies have indicated a connection between spirituality, religion and mental health problems. For example, Francis Galton (1883:277-94), anthropologist and a polymath, emphasises: 'Religion has been associated with healthcare since antiquity' (see Galton 1872:125-135; Fish 1995:24-27, 46). He conducted an empirical study on the effects of intercessory prayer on mortality among English royalty, clergy and missionaries. The outcome of the study inspired subsequent empirical investigations in the area of religion and health. In the same vein this study investigates the claim of prayer camps in Ghana that they provide spiritual healing for persons with mental health problems and evaluates the effects of the rituals and liturgies. Several such camps are scattered across Ghana. Even though their aim is to aid people who suffer, they are often accused of human rights abuses (Human Rights Watch 2012). However, Taylor (2016:263-275) emphasises that many Ghanaians continue to rely on these camps and recommend them to others.

A reason for the recent rapid growth of prayer camps all over Ghana is that, in all of Ghana, there are only three psychiatric hospitals. There are only about 1 350 beds available to serve an estimated 650 000 Ghanaians who suffer from severe mental health conditions (Robert and Asare 2014:8-16; see WHO Report 2016). The situation has worsened, according to the Ghana Health Report 2018, which states that 42% of Ghanaians live with a 'psychological disorder'. This is confirmed by the June 2019 issue of *Ghana Medical and Healthcare* (2019:21-22). There are also reports of poor treatment, inadequate staffing and an irregular supply of medicines and food that have further marred the reputation of these hospitals.

The geographical location of the hospitals is an added concern for some people with mental health problems. For example, two of the hospitals are on the south coast of the country and one is in the central region. This makes it difficult for the growing

population in both the north and the south to access adequate medical care (Robert, Morgan and Asare 2014). Some Ghanaians with mental health problems are, therefore, unable to gain access to hospitals for medical treatment. It is a popular view reflected in the media and voiced among development workers that accessibility is one of the reasons why people seek spiritual healing at prayer camps. However, though the lack of facilities is a real problem, more medical facilities will not tempt some people away from their traditional, religious and cultural beliefs. They will prefer prayer camps anyway. Whereas psychiatric hospitals or mental health facilities specialize in the professional treatment of serious mental disorders, prayer or faith camps are religious institutions that provide an alternative. They offer spiritual healing to people with a variety of ailments. The perspective is holistic rather than bio-medical.

Traditional views on mental health problems among many Ghanaians are that the ability of physicians to deal effectively with the spiritual problems is insufficient (Taylor 2016:264). According to Kyei (2012:137-351), some Ghanaians view mental health problems as a spiritual ailment that is either caused by the Supreme Being, or by a witch or a person who has the ability to place a curse on others. They believe that Western medicine can only offer temporary treatment in the form of pills and therapy. However, a spiritual remedy would offer a permanent solution (Kyei 2012:137-51).

Anthropologist Ursula Read (2012:438-460; see Taylor 2016:264) captures the frustration of many people living with mental illness in her quote of a Ghanaian woman's plea to medical staff: 'I want the one that will heal me completely so it won't come back again.' For the woman, 'permanent healing' could only entail a spiritual solution. Such a spiritual solution is offered by prayer camps through their liturgies and rituals. Given the deficiencies of the formal psychiatric sector and the widespread belief that mental health problems have spiritual roots, prayer camps represent the primary locus of mental health support and assistance in Ghana (Ae-Ngibise 2010; see Taylor 2016:265).

To date, these camps and their mode of providing spiritual healing for people with mental health problems have been almost entirely unregulated. On the other hand, prayer camps are supposed to function under the supervision of the Ghana Pentecostal and Charismatic Council (GPCC). However, the Council does not really supervise the activities in these camps. People go there of their own volition and

accept the 'divine direction' that is offered them. They believe that they will receive healing. For all intents and purposes the prayer camps operate as autonomous institutions (see the Ghana News Agency 12th October 2018). In 2012 the Ghanaian House of Parliament passed a bill, the *Mental Health Act 2012* (Act 846), to regulate all mental health treatments, including those provided at prayer camps. This was to be done under the purview of the Ministry of Health. However, the implementation of this bill has been slow. The prayer camps remain popular among the people. Liturgies and rituals aimed at providing spiritual healing for persons with mental health problems are understood by Ghanaians to have a positive outcome for the well-being of the individual.

Well-being is understood broadly in the Old Testament as *shalom*. According to Harrison (1962:541), it is a cognate of the word *shalem*, meaning 'healthy', 'being healed' or 'being whole'. Vere and Wilkinson (1997:69) point out that the word occurs about 250 times and means 'totality'. This can also be rendered as wholeness, healing, soundness, well-being, harmony or prosperity. In English translations of the Bible *shalom* is mostly rendered as 'peace'. Vere and Wilkinson (1997:69) describe its broader meaning as: 'wholeness, completeness, soundness, and well-being and may be used to describe these characteristics in every sphere of life, whether physical, mental or spiritual'. Another word in the Old Testament that denotes healing, health or well-being is 'blessed'. This term is particularly found in the Psalms. Here health, healing or well-being is given a further dimension that includes a relationship of trust, forgiveness of sin and obedience (See Eaton 1967; Kidner 1981 and White 1984) (Ps 32:1; 40:4; 84:12; 119:1-2).

The Dictionary of the Old Testament Pentateuch treats health and healing under the heading *life, disease and death* and presents God as the source of all life (Gen 1:1) (Alexander and Baker 2003:532-534). Life with God is a blessed life. This can be seen in the lives of Adam and Eve (Gen 1:28), Noah (Gen 9:1-5), Abraham (Gen 12:2-3, 7), Jacob (Gen 28:13-15) and the liberated people of Israel (Ex 20:24; 23:25). Blessings included health and healing, among others. Disease was a major threat for being unhealthy in biblical times. People suffered from boils, ulcers, scurvy, incurable itchiness, madness, blindness, mental confusion (See Driver 1999)(Deut 28:27-28, 35). Ill-health was seen as the result of sin and disobedience to God. For example, Miriam was inflicted with leprosy as divine judgment for her jealousy of Moses (Num

12:10). Though the Old Testament does not define health and healing in precise terms it describes the life and activities of healthy and unhealthy people and encourages a lifestyle that promotes health and healing and prevents disease.

Where disease is seen as God's punishment for disobedience and sin, healing is seen as a sign of divine forgiveness. Health or well-being is then the result of following the divine commandments. According to Howard Kee (1992:659), this illustrates the close connection between disease and the relationship between human beings and the divine. The emphasis is on personal responsibility. When a person is responsible and willing to cooperate with the Divine to heal disease, health can be maintained. In his contribution under the heading 'medicine and healing' in *The Anchor Yale Bible Dictionary*, Howard Kee (1992:659) describes healing in the biblical tradition as 'the work of Yahweh and divinely empowered agents'. The implication is that 'God gives or restores health to the faithful and sends sickness to the erring and disobedient.' Healing or sickness are signs of God's favour or punishment. In both Testaments of the Christian Bible, 'ill-health' or 'suffering' is understood as a direct consequence of sin, resulting from the choices of one's action and lifestyle. This suffering is sometimes permitted by God even through the activities of evil spirits and demons in some situations. According to Kee (1992:659), 'it is God's intention and responsibility to care for the health or healing of his people.' This may be accomplished by direct action or through a human agent such as a prophet, apostle or even a physician.

Classical theological works on divine healing, compiled in the book, *Healing* (Murray 1982 :19) establish a scriptural basis for divine healing. As one of the contributors, Andrew Murray (1982:19) says the church embodies the person of Jesus and therefore also his divine healing (Ex 15:26). Spirits and demons as the cause of illness and diseases can be found in the healing stories of Jesus. The etiology of disease as viewed by Old Testament authors is that disease is sent by God as punishment for transgression or as an experience of God's wrath (Ex 4:11; Deut 32:39). The idea of sickness as punishment was carried over into the New Testament. An example is the case of the congenitally blind man (see John 9:1-3). Other views in the Bible with regard to the origin of disease was that it was ascribed to the adversary (see Job 2:7), to a spirit of dumbness (see Mk 9:17), to uncleanness (Mk 9:25), to jealousy (Job 5:2) and to self-indulgence (Ecc 37:30-31). According to Murray (1982:93), Jesus is presented as the first, the best, and the greatest 'physician' who healed all illness and

disease. The healing method of Jesus is sharply distinguished from the earthly remedies found in the natural world. The healing of Jesus is accomplished through the divine power of the Holy Spirit.

Healing and health form part of the salvation brought about by Jesus Christ. For example in the Acts 4:1-10, the healing of the lame beggar after Pentecost by Peter and John is connected to the words repeated by Peter before the Sanhedrin as the basis for the divine healing. The scriptural foundation for divine healing lies in the twofold nature of a person; the material and the spiritual being. In his work, *The gospel of healing*, Simpson (1992:287) argues that, as the body was exposed to disease and the soul was corrupted by sin due to the fall (Genesis 2). That is why Christ the Redeemer provided 'restoration of physical as well as the renovation of spiritual life'. The gospel message is therefore delineated by the twofold commission given in the Gospel of Mark: 'Go ye into all the world, and preach the gospel to every creature ... they shall lay hands on the sick and they shall recover' (Mark 16:15-18). If sickness is connected to sin and requires self-judgement, penitence and pardon, then pardon and healing may be claimed together through faith (3 John 2).

In the New Testament the idea of *shalom* is as prevalent as in the Old Testament (see Westermann 2001:40-44). In the New Testament, the term denotes 'peace, wholeness, well-being and completeness'. For example, in John 14:27 Jesus offered his troubled disciples 'peace' that is *shalom*, which could mean emotional, physical, spiritual and psychological healing (see John 20:19, 21, 26). Terminology for health and healing is scarce in the New Testament, but the idea is abundantly present. In connection with healing, words such as *zoe* (life) and *soteria* (salvation) are used. Vere and Wilkinson (1997:70) also suggest that the following terms have a connotation with health and healing: 'peace' (*eirene*), 'blessed' (*makarios*), 'sound' (*hugies*) and 'mature' (*teleios*). The biblical idea of health or well-being is not merely about quality of life, but about life itself, life 'in all its fullness' (see Carson 1991)(John 10:10).

The Synoptic Gospels make it clear that much of Jesus' ministry was among those who today could be described as the outcasts. In that context such persons would have been tied down, beaten or left uncared for or they would have been subjected to awful 'cures'. Jesus' willingness to touch them, speak to them and accept them as liberated members of the kingdom of God provides an example for how persons with

mental health problems should be treated. An example is the Gerasene demoniac (Mk 5:1-20). The wretched man was driven from society into the tombs. Whenever he was bound 'hand and foot', he broke the chains and could not be subdued (v 4). According to Wevers (1982:164-165), verses 3 and 4 give a vivid picture of a manic stage of a depressive psychosis. Wilson (1967:804-805) suggests that the name *legion* as his given name, could be a designation of his madness. Wilson interprets 'demon possessed' as a person who was seen to have been afflicted by spiritual forces. From another perspective, it can be seen as evidence of mental illness. The man cut himself. He lived and acted as people who suffer a psychotic break would do if they were left uncared for and their condition untreated. The text suggests that this man was demon-possessed and when the demonic spirits invaded the pigs, they manifested symptoms similar to mental illness (Mk 5:10-13). Jesus healed him by driving out the demons. He was restored, returned home upon Jesus' command, and became a preacher at Decapolis telling people what the Lord had done for him (Mk 5:19-20).

The word used for his condition comes from the Greek *seleniazetai* meaning 'one who is epileptic'. The plural is *seleniazomenous* also meaning 'epileptics' and confirms the condition of the person. These Greek words, according to the *Expositors Bible Commentary*, etymologically refer to moonstruck, that is lunatic (Carson 1984:390-392).

The parallel account in Mark (9:18-20) describes the person's symptoms more vividly. The description in Matthew 17:15 is consistent with epilepsy (convulsion). Howard Kee (1992:659-64) explains that it is due to electrical disturbances in the brain. These usually present as a major fit. In the Gospel of Mark, spirits of dumbness (Mk 9:17) or uncleanness (Mk 9:25) could also be seen as illness.

Healing is all-encompassing and holistic (Murray 1982). It was not just about praying and laying on of hands, but involves the whole community. Cas Wepener (2013:6) puts it as follows: Healing basically entails the restoration of the imbalances in an individual and societal sense. These imbalances and the disorder experienced, disconnect African people from their place in the network of *ubuntu* as the basis of personal and communal life (Battle 2009). *Ubuntu* as a term comes from the Zulu dialect which means 'humanity' and often explained as that 'I am because we are' or 'I am because you are'. In a broader sense, the term *ubuntu* could mean 'humanity

towards others or the belief in a universal bond of sharing that connects all humanity' (Tutu 2012). Ubuntu has become African philosophy that sees an individual as an integral part of humanity in the sense that the welfare and well-being of one person is tied to all humanity(see Battle 2009). Ubuntu by word and deed embodies the idea of connection, community and mutual caring for all and this what prayer camps in Ghana stand for. That the total healing of persons with mental health problem is the responsibility of all and not the family of the person suffering. In Africa, illness is seen to be caused by a lack of harmony. Therefore, the principle of ordering life, healing, is an integral part of an experience of harmony with the life force. Those who seek to experience this life force need not only medicine, but also liturgies and rituals for spiritual healing. Illness does not only affect the individuals themselves, but also those who are related to them. Therefore, healing or well-being is understood in terms of the fulfilment of all the roles expected of people in their society. Healing in this sense is about a person's restoration in the community and society. This is similar to the understanding in biblical times.

Practical theology is an emerging discipline in Ghana and sub-Sahara Africa. This study aims to contribute to the field in this particular context by investigating and evaluating the role of prayer camps for spiritual healing for persons with mental health problems.

1.4 Methodology

The paradigm of the study is transformative or emancipatory (see Neuman 1997:7-8). The term 'transformative paradigm' denotes a family of research designs influenced by various philosophies and theories with the common theme of emancipating and transforming communities through action (Mertens 2009: 265-267). This paradigm was informed by postcolonial and grounded theories. The 'postcolonial' component encompasses a variety of methodologies and is widely used in the field of anthropology. The 'grounded theory' component refers to a set of systematic inductive methods for conducting qualitative research aimed toward theory development. These analyses provide focused, conceptual theories that explain the studied empirical phenomena. The analysis and development of theories will take place after data has been collected from the field. A multi-disciplinary method was used. The study utilizes the methods of participatory action research, PAR(see Reason and Bradbury 2012)

and ethnography and makes use of insights from the discipline of anthropology. The study was mainly qualitative.

The qualitative approach allows for a detailed description of the phenomenon that is investigated (Wilson 2008). A qualitative approach is also appropriate for a participatory action method of gathering empirical data. Data-gathering was done by means of the following methods: interviews, focus group discussions, participatory observation, literature and archival material (See Wepener 2006: 384-335).

The aim was to come to a deeper understanding of mental health problems in the Ghanaian context and the reasons why people and their families choose prayer camps for spiritual healing when faced with mental health challenges. A component of the study makes use of quantitative methods. The aim was to provide some statistics and indicate trends, which contributed to a broad understanding of the phenomenon in the particular context. For example, by means of quantitative methods the demography of the people who visited the camps, the number of cases of persons with mental health problems per year, the number of persons who have received spiritual healing, and the number of those referred to hospitals could be reported. During the participatory observation within the selected camps, the liturgies are observed and deliverance sessions are attended. Interviews and focus group discussions are conducted with the selected participants.

Ethnography with focus on describing groups or cultures, provides useful methods for gathering the information required for the study (Fetterman 1998:41-72). Ethnographical methods provide a cultural lens for studying people's lives in their communities (Hammersley and Atkinson 2007; see Fetterman 2010). The process is inductive and holistic. The roots of ethnography lie in anthropological studies that focus on social and cultural aspects of small communities. For the purposes of this investigation the researcher stayed at the prayer camps among the worshippers for a period of time in order to gain an understanding the religious and cultural setting, as well as the practices and their significance for the people.

Data was mainly gathered in the participants' native language, the Ghanaian language of Akan. The main aim was to observe and understand how worshippers interact with one another, and how they understand their environment, condition and circumstances. The objective was to gain a deeper understanding of their

interpretation of the benefits of prayer camps. Ethnographers aim to gain an emic perspective, or 'the native's point of view' of a specific culture (Hammersley and Atkinson 2007). The fact that the researcher is an insider to this particular culture was beneficial to the investigation. Ethnographic methods that were applied in this investigation include:

- choosing the field site, which in this case was about selecting the prayer camps;
- doing fieldwork for the purposes of gathering data;
- participant observation, where in the case of this study liturgical activities of the prayer camps were observed and the researcher participated fully in the worship services;
- ethnographic interviews, including structured and unstructured interviews and focus group discussions;
- site documents that describe the field site were compiled;
- field notes were taken.

For practical theologian and liturgical and ritual studies scholar, Cas Wepener (2005:109-127; Reason and Bradbury 2012), 'participatory action research in liturgical studies requires a method that breaks through a modernist-positivist epistemology, in which a subject-object split is kept in place, and replaces it with a humanistic approach'. This approach sees 'the traditionally uninvolved researcher participating in the whole research process, and the traditionally silent respondents being given a voice along with the researchers'. The effect of participatory action research(Reason and Bradbury 2012), is that there is collaboration between the investigator and the people. The fact that the respondents also gain access to the process of generating knowledge means that PAR is a method that also empowers local communities.

This investigation utilizes anthropological, theological and postcolonial theories. The work of Mary Douglas (2007), *Purity and danger: An analysis of concepts of pollution and taboo* explains how the term 'dirt' in the meaning of 'out of place' refers to those things in society that do not fit the ordered systems and classifications. In a similar sense, some people perceive persons with mental health problems as 'dirty' and not fit to be among people. These persons with mental health challenges are then neglected and rejected. However, mental health problems are like any other sickness,

simply a human phenomenon and an example of human suffering. The concept of Mary Douglas was utilized to understand how prayer camps were seen to have the capacity to remove 'dirt' such as mental health problems from the lives of individuals and families. At prayer camps session in Ghana no persons are regarded as 'dirty', because they receive spiritual cleansing and healing.

The study of Scott and Wepener (2017:1-9) on how the liturgy of a Methodist church in Pretoria affected individuals in the congregation with regard to emotional healing, was useful to this investigation. It provided a deeper understanding of the relationship between liturgy and healing in the context of a faith community. Emmanuel Lartey (2012:224), a Ghanaian pastoral and practical theologian, in his work, *Postcolonializing God: New perspectives in pastoral and practical theology*, examines how African Christianity as a practical spirituality can become a truly postcolonial reality. His work throws light on how African Christians who were colonial subjects have nevertheless been practicing a spirituality that bears the mark of their own authentic cultural heritage. His work provides an interdisciplinary discussion among fields such as practical theology, Black theology, postcolonial Biblical Studies, postcolonial theory, and ethnic postcolonial studies. Lartey's analysis of African indigenous spiritual movements and the constructive interplay between the Divine and the liberation of humanity was brought into dialogue with the understandings of prayer camps in Ghana explored in this study. Abamfo Atiemo (2018:99), also a Ghanaian practical theologian, puts it as follows:

There is a sense of the presence God and other spirits, who are actively involved in the affairs of the physical realm of this world, and this sense is very high especially in Pentecostal circles. Consciousness of the presence of God and spirits is central to African Christianity. The idea of the earth as the arena of God's redeeming activity is therefore part of any theology and liturgy in an African context.

Atiemo's view of the essence of the presence of God during worship services is shared by Ghanaian theologians such as Asamoah-Gyadu (2005) and Omenyo (2006). This deep consciousness of God's presence is experienced by worshippers. For many Ghanaian worshippers not all mental health problems are biological. They believe that some such problems are to an attack by evil spirits.

Richard Osmer's (2008:256) model for a practical theological investigation identifies 'the core tasks of practical theological interpretation'. His focus on research method in congregations provide fruitful insights for this investigation into prayer camps, their liturgies and ritual and their social dynamics. The investigation unfolds in the four main tasks identified by Osmer and formulated in the form of questions. These tasks are:

- The descriptive-empirical task: What is going on?
- The interpretive task: Why is this going on?
- The normative task: What ought to be going on?
- The pragmatic task: How might we respond?

The four tasks of Osmer was utilized in investigating the liturgies designed for the spiritual healing of people with mental health problems who seek out the prayer camps in Ghana. The process of the investigation will be as follows:

- **What is going on? The descriptive task**

According to Osmer (2008:4), the task was to gather relevant information on what is going on as far as the subject matter is concerned. In this case the subject matter is liturgies and rituals in prayer camps that aim to provide spiritual healing for people with mental health problems. Interviews and focus group discussions with selected participants provided empirical data for the investigation. The data from the field provided a clearer understanding of the activities at the various camps, their purpose and their effect. Questionnaires were administered to solicit information on demography, categories of mental health problems and the types of liturgies that are being used at the prayer camps.

- **Why is this going on? The interpretive task**

The second task is about interpreting the data through dialogue with insights from the inter-disciplinary literature. What is needed, in the words of Osmer (2008:83), for the theoretical interpretation of the data 'is the ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, or contexts'. For the purposes of this study the work of scholars in the fields of ritual studies and liturgical studies were utilized. This included the work of Grimes (2000; 2010), Bell

(1997), Louw (2009), and Barnard, Cilliers and Wepener (2014). For example, Louw (2009:132), from a pastoral perspective, identifies five basic dangers to spiritual health which can rob human life of meaning. These are: anxiety, guilt, despair and doubt; helplessness and vulnerability, and frustration and disillusionment. Christian believers are not exempted from these emotions. They too have to face life. These are the experiences Ghanaian believers bring to the worship services at the prayer camps. For Louw (2009:133), practical theological ecclesiology and by implication liturgy, should engage with such life issues in a way that contributes to change and healing and brings meaning and hope. The aim of pastoral care is brought in line with the aim of liturgy, namely to facilitate persons toward a state of healing, change and growth through communicating the gospel of Jesus Christ (Louw 1997:28; Maritz and Dreyer 2001:1268). Liturgy can provide pastoral support by facilitating an encounter between believers in their actual situation and God (Maritz & Dreyer 2001:1270). Prayer camps aim to facilitate an experience of spiritual intimacy. In Ghana many people with mental health problems and their families suffer because of social stigmatization and discrimination. Prayer camps provide a safe, comforting and supportive social space.

- **What ought to be going on? The normative task**

According to Osmer (2008:4), the third task is to assess what should be happening. The prayer camps and their relevant liturgies are investigated and evaluated. The focus on 'What ought to be done' constitutes the contribution of this investigation which aims to ascertain what effective spiritual support would entail for all the parties concerned – persons with mental health challenges and their families, as well as persons with other life challenges who attend the worship services and participate in the liturgies. The contribution concerns a new liturgical inculturation for the spiritual support of people with mental health problems and their families provided by prayer camps. The contribution of the study is therefore both theological and liturgical, with a component of pastoral care.

- **Strategies of action: The pragmatic task**

Osmer's (2008:4) fourth task 'consists of determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation'. The results or the outcome of this investigation was utilized to develop an inculturated liturgical praxis for the spiritual support of people with mental health problems in prayer camps in Ghana. Inculturation in the context of this study is seen

as the engagement of the Christian gospel with the traditional worship and cultural rites of the local people without destroying the bond that has kept them together all these years (see Doyle 2012:1-13). Wepener (2008:313) cautions that 'life is not possible if we have to totally re-invent anew every time the ways in which we act and engage with each other and the other'. New rituals or liturgies should build on the tradition of that faith community. With regard to African indigenous faith communities, Muchimba (2007:6) puts it as follows: 'I am very strongly convinced that if an indigenous group had only a Bible, they would practice their worship in a manner that would be relevant to their culture and within a biblical framework'. The culture of the people was taken into consideration in the liturgical recommendations made in the study. Chupungco (1992:29) puts it as follows: 'Liturgy plus culture will equal liturgical inculturation'. Something new but which is compatible with people's culture, faith and tradition be envisioned. Indeed, the researcher agrees with Chupungco that every form of inculturation of the Christian gospel and culture of the people must bring something new- a hybrid of a new phenomenon. This 'new-thing' will have to reflect in the liturgy or order of worship. Prayer camps liturgies in Ghana are inculturated, that is, the joining together the Christian faith and African Traditional worship.

According to Scott and Wepener (2017:7), liturgy should be nonspecific in the sense that it should be 'an open invitation for the congregation to enter into worship and experience and express exactly what their emotions are, as a collective and individuals.' When a service becomes rigid rather than flexible, the congregation becomes unexpressive and conservative. Homiletician Nora Tisdale (2008:75) applies this idea to preaching: 'A preacher will do well to remember that all people are like all other people and some other people.'

Liturgies for spiritual support, whether for groups with special needs or not, should be open to serving different purposes both on a corporate and a personal level. Prayer camps in Ghana have carved out their own liturgies for the support of people with mental health struggles who visit the camps for assistance. Scott and Wepener (2017:1) point out that 'physical healing in the church is a very controversial topic and is one that people have very strong opinions about'. Among Ghanaians, too, there are divided opinions with regard to topics such as healing, mental health problems, and the liturgies at prayer camps that aim to help people, but sometimes contribute to

harm. Among the religious fraternity in various denominations – Pentecostal, neo-Pentecostal, Charismatic and Mainline – there are ongoing debates.

The data gathered by means of interviews facilitate a deeper understanding of the liturgies at the prayer camps and the effect they have on those who participate in the worship. Interview questions aimed to explore the experiences and opinions of the participants. The field work was conducted by means of 'Participatory Action Research' in two regions of Ghana, namely Eastern and the Greater Accra regions. Informed consent was gained from all participants before the interviews were conducted. Ten participants from each prayer camp were interviewed making up a total of thirty interviews. The statistics were as follows:

- two persons from the leadership level, namely the founder, or prophet, or prophetess of the camp;
- four group discussions was conducted with family members who accompanied their loved-ones with the mental health challenge to the camp;
- four persons who gave testimony as having received 'spiritual healing' or who found the liturgies as effective spiritual support.

A total of ten people from each of the camps signed the consent forms before the interviews. No persons under the age of eighteen participated. No persons suffering from mental health problems was interviewed. The interviews were conducted by the researcher. Anonymity and confidentiality were assured and the names of the participants were not made known. Only the names of the prophets or leaders of the prayer camps were used. They gave their permission to use their real names in order to validate the credibility and authenticity of the data.

Permission to conduct the field research at the prayer camps was sought directly from the founders or leaders of the camps. Prayer camps as religious institutions in Ghana, are not bound by the Ethics Committee of Ghana Health Service (GHS). The GHS does not regard them as hospitals. This means that they are not regulated by the GHS. A bill for the regulation of the prayer camps has been passed by the Ghanaian Parliament, but it is yet to be signed by the President of the Republic. This study therefore adhered to the ethical protocols of University of Pretoria.

1.5 Chapter outline

Chapter two describes what prayer camps are and how mental health problems are understood in the Ghanaian context. The chapter investigates the liturgies for spiritual healing at these prayer camps and the elaborates on the functions of these liturgies.

Chapter three presents an brief overview of the history of Ghana and its religions, including the history of Christianity in Ghana. The chapter explores the establishment of the prayer camps and describes the resources that are available at the camps.

Chapter four focuses on mental health problems and explains how these problems ten to be stigmatized in the culture. People with mental health challenges are often marginalised in society and in the communities. The chapter also explores the kind of support that the prayer camps aim to provide for people with mental health problems. These aims are evaluated against the outcomes.

Chapter five constitutes the empirical part of the investigation. The data gathered from interviews and group discussions are presented. The results are analysed and interpreted by bringing them into dialogue with theoretical insights from various academic fields.

Chapter six presents the findings and recommendations of the study.

CHAPTER 2

PRAYER CAMPS, MENTAL HEALTH PROBLEMS AND LITURGIES FOR SPIRITUAL HEALING

2.1 Introduction

This chapter explains some definitions, key concepts and terminology utilised in the study. In the chapter the key concept 'prayer camp' is worked out. The chapter also explores a theology of suffering. It describes how mental health problems are understood within this particular African context. It explains how spiritual healing is seen to be the 'cure' for mental health struggles. Liturgies designed to facilitate this spiritual healing are investigated and evaluated.

2.2 Prayer camps

A prayer camp as a strand of neo Pentecostalism in Ghana is a Christian phenomenon with different variations and are peculiar to each location (Walter 1997:1). In Ghana, many Pentecostal scholars including Omenyo (2002:94-95) have identified five strands of the Pentecostal phenomenon, namely:

- African Independent Churches (AICs);
- Classical Pentecostalism;
- non-denominational revival movements;
- independent neo-Pentecostal churches or Charismatic ministries;
- Charismatic renewal groups in the mainline churches.

Aside from these strands, he also identifies two others, namely Neo-prophetic Ministries and Prayer Camps (Omenyo and Atiemo 2006:55-68). Prayer camps have been described by Emmanuel Larbi (2001:55-86) as 'places where salvation is pursued in most rigorous forms'. Their activities are mostly organized around some specific individuals who function as prophets, healers, prophetesses or evangelists (Opoku Onyinah 2012:147-156).

Prayer camps, according to Larbi (2001:55-86), are categorized as either the residential or the non-residential type. He emphasises that prayer centers or camps play a significant role with regard to spiritual healing as an alternative to the kind of

healing that is sought in established medical hospitals. The camps are also referred to as 'healing camps' (Larbi 2005:86-87).

Prayer camps emerged in Ghanaian Christianity as part of the Pentecostal renewal and 'Faith Movement' which began in the early decades of the twentieth century. Abamfo Atiemo (1993:16-17) explains that, following the outbreak of the influenza epidemic after World War II, prayer groups sprang up spontaneously. They were led by prophets and prophetesses who administered healing. This spiritual healing was meant for those with persistent ailments even after they had received medical care. In effect, the places where these prophets and prophetesses operated emerged as healing and prayer centers/camps.

According to Adam Morhr (2013:66-69), the earliest known such prayer camp is the 'Faith Home' at Winneba in the Central Region of Ghana. This was a branch of the Faith Tabernacle Church in Philadelphia, in United States of America. This 'Faith Home' was established in 1918 by two brothers, Joel Sackey Sam and Josephus Kobina Sam, who reportedly attended to patients who suffered from influenza during the great pandemic (Morhr 2013:68). Many people who received hospital treatment, but without success, were brought from the surrounding communities of Winneba to the 'Faith Home' to be prayed for and healed.

Prayer camps, therefore, came to the country along with the advent of classical Pentecostalism, particularly within the ministry of the Apostolic Church of Ghana under the leadership of Peter Anim and James McKeown (See Dayton 1987). Peter Anim, the pioneer of classical Pentecostalism in Ghana formed the 'Faith Tabernacle', which later became known as the 'Apostolic Faith'. It was eventually affiliated with the Apostolic Church in Bradford in the United Kingdom. In 1937 the British church sent James McKeown as missionary to assist the people who worked in Ghana. McKeown's differences with Anim over the practice of faith healing without any form of medication led to a split between the two in 1939. Further splits occurred later within McKeown's group. Three denominations emerged from this: the Apostolic Church, Ghana; the Christ Apostolic Church, and the Church of Pentecost (Larbi 2001:61-69; see also Onyinah 2012:123-126; Asamoah-Gyadu 2005:23-26; Omenyo 2002:94-95; Atiemo 1993:20-21).

The belief in spiritual gifts and blessings such as prophecy and divine healing with exorcism provided fertile ground for prayer camps to emerge. After the Anim-McKeown split, most of the prayer camps that emerged were associated with the McKeown group – that is the Apostolic Church. After the split in 1953, the majority of the prayer camps that sprang up in the country still identified with the McKeown faction, the Ghana Apostolic Church, which later became the Church of Pentecost (CoP) (See CoP Regional report of September 1991). The Church of Pentecost was, however, reluctant to integrate prayer camps into its activities. The two main reasons for this were: firstly, the tendency of leader of these camps to secede from the main church and secondly, the practices in these camps that the church considered to be ‘unbiblical’ and sought to correct in order to maintain its doctrinal purity (Larbi 2001:372). Some healing practices were said to have taken place also in Western mission churches. However, the official position of these denominations was that they opposed such practices. Prayer camps did not really emerge from these churches until much later.

The popularity of prayer camps gradually waned until the 1970s when they resurfaced and persisted through the 1980s and 1990s (Larbi 2001:383; Canty 1989). The majority of the prayer camps that emerged during this period was from the Church of Pentecost (CoP). This is why Onyinah (2012:187) describes the prayer camps as a ‘revived’ phenomenon in the CoP. The nature and form of the new prayer camps were so different that they were seen as a recent phenomenon (Larbi 2012:87), even though their origins were much older. The upsurge during that period was attributed to the Charismatic revival (Larbi 2012:383). It had a strong emphasis on demonology, witchcraft and the teachings focused on deliverance (Asamoah-Gyadu 2005:42).

The Charismatic churches, however, did not promote the establishment of prayer camps as separate entities because deliverance ministry was part of the regular ministries of the churches (Onyinah 2012:188; Gifford 1994:241-265). The only known example of a prayer camp or centre within the Charismatic churches is the ‘Solution Centre’ of the International Central Gospel Church (ICGC) (Larbi 2012:388). The new trend in Ghanaian Christianity of prayer camps went beyond the boundaries of mainstream Pentecostalism. The phenomenon was noticed in some Western mission churches where they gained much attention. Examples of prayer camps within the

historic mission churches are the following (Onyinah 2012:188; Omenyo 2005:259-260):

- The Presbyterian Church of Ghana has two prayer centres, one at Jejemiraja near Brekum in the Brong-Ahafo region and another at Akropong in the Eastern region.
- The Methodist Church, Ghana also has two centres, one at Cape Coast and the other at Kumasi.

Some mission churches were quite positively predisposed towards the prayer centres or camps. The leadership were urged to accept the phenomenon of prayer centres and regularise or integrate them in the church structures, programmes and activities. They were seen as advantageous to the churches (Omenyo 2005: 260)

2.3 Suffering

The concept of suffering, according to Hall, Langer and McMartin (2010), is 'problematic'. In their article, 'The role of suffering in human flourishing: Contributions from positive psychology, theology, and philosophy', Hall et al (2010) point out that the concept of suffering specifically presents a problem to theologians who struggle with the theodicy question of how an all-good, all-powerful God can permit suffering. John Hick (2001), an English philosopher and theologian developed what he calls an 'Irenean soul-making theodicy'. He argues that God allows evil and suffering in the world in order to develop humans into virtuous creatures who become capable of following God's will (see Geivett 1995; Hewitt 1991). From a Ghanaian Christian perspective, many worshippers believe that whatever suffering or pain they have to endure will in the end be to the glory of God, for there is no evil that can harm God's children unless God permits it to fulfil God's will and plans for that person. So to these people, the suffering of believers is not only negative, but can have the positive outcome of building a strong faith and experiencing profound healing.

The understanding of suffering also presents a problem to therapists in various medically related fields. Professionals and scholars such as psychologists, therapists, theologians and philosophers have as their primary aim the alleviation of suffering. However, suffering does also have a role to play in human flourishing and spirituality. It is not only destructive. Hall et al (2010) describe suffering broadly 'as a marker of

disordered living, a means of cultivating characteristics that are essential to the flourishing life, or an opportunity for worldview orientation'. In some traditions and religions, suffering is something to be sought, rather than avoided. For example, adherents of some religious traditions and practices, inflict suffering on themselves in order to achieve some spiritual end. Even among Christians, there are historical and contemporary examples of groups who employ suffering for spiritual purposes. Spiritual disciplines such as fasting (which involves some degree of pain for most people) are widely endorsed. Another example is self-flagellation which is characterized by the pursuit of a spiritual goals in its identification with the suffering of Jesus.

2.3.1 Theology of suffering

According to *The Baker's Evangelical Dictionary of Biblical Theology* (Elwell 1996:676), 'suffering' connotes 'the experience of physical pain and/or mental distress'. The words and phrases in the Bible expressing the idea of suffering are endless. The Old Testament, intertestamental literature, and the New Testament present two perspectives on human suffering.

Firstly, 'suffering' is seen as the consequence of the flawed nature of creation. On account of the disobedience of Adam and Eve, a wretched legacy was bequeathed to the human race (see Kuwornu- Adjaottor 2013:114-120). The ground was cursed. Human beings can only eke out an existence through toil. Childbirth is a painful event for women (Gen 3:16-19). Death is the consequence for all human beings (Gen: 2:17). With regard to this flawed nature of creation, the Old Testament prophets spoke about a future time when the suffering caused by the first humans will be removed and Israel will be restored with accrued benefits (Isa 11:6-9; 25:6-9; 65:17-25; Hosea 2:21; Amos 9:11-15). Isaiah 65:17 actually speaks of a new heaven and a new earth. The eschatological promises of the Old Testament, in line with the many intertestamental sources anticipated a time in the future when Israel will be restored to a state of prosperity with the help of a messianic figure. 1 Enoch 45: 4-5, speaks of the transformation of the heaven and the earth, at which time the Elect One, the Messiah, will dwell on earth with the righteous. Similar to some Old Testament stories, many intertestamental texts also viewed Satan as a contributing cause of the flawed nature of creation and, therefore, the suffering of human beings. Victory over Satan and his

demonic subordinates is expected at the eschaton (see T. Mos. 10:1; T. Levi 18:12; T. Judah 25:3; T. Zebulun 9:8; T. Dan 5:10-11; 6:3).

The New Testament (see Tenny 1965; Stephen 1987) continues in the same vein. Paul writes that 'the creation, subject to futility, awaits its liberation from its bondage to destruction, groaning as if in the pangs of childbirth' (Rom 8: 19-22). Similarly, in 2 Peter 3:13 and Revelation 21:1, the idea of Isaiah of the new heaven and new earth again finds expression. Paul attributes the tyranny of death, 'the last enemy' (1 Cor 15:26), to the sin of Adam, the effects of which reach to all human beings, but are nullified by the death and resurrection of Jesus Christ (Rom 5:12-17; 1 Cor 15: 20-22). The New Testament also assumes that creation is flawed as a result of the activity of Satan and his spirit allies who wreak havoc on human existence (Mk 9:14-27; Lk 9:37-43). Unlike the Old Testament and intertestamental texts, however, the New Testament understands the flawed nature of creation to have been at least partially rectified. The influence of Satan and the spirits has been curtailed through the coming, death, and resurrection of the Messiah. Jesus understands his healings and exorcisms as an assault on the kingdom of Satan (Davies 1995) (see Mt 12:25-29; Mk 3:23-27; Lk 11:17-22, 10:18-20; Jn 12:31; 16:11). Paul speaks of the exaltation of Christ over all spiritual beings (Eph 1:19-22; Col 2:15), and describes believers as those who have been rescued from the kingdom of darkness and brought into the kingdom of the Son (Col 1:13; 1 Peter 2:9).

Secondly, 'suffering' is frequently linked to sins of the descendants of the first man and woman in the Old Testament, intertestamental literature and the New Testament. As a result of their disobedience, God established a moral order in creation. That is, 'retributive justice' which appears through life experiences. Suffering in human experience is not random. It has its causal antecedents in an individual's or community's moral decisions. Retributive justice is sometimes conceived of as the working out of a moral law imminent in creation, as for example in the book of Proverbs. At other times, it is seen as the direct judgement of God that manifests in such things as drought, disease, or the invasion of foreign powers.

2.3.2 Kinds of suffering in biblical and intertestamental literature

The Bible also recounts the various kinds of suffering that befell the people of Israel as a nation and individuals. There was *collective suffering*. In the Old Testament,

nations fell under God's judgement for their disregard of God's will. For example: Nineveh faced imminent judgement on accounts of the collective guilt of its inhabitants. Repentance averted the wrath of God (the book of Jonah). The nations of Moab, Edom, and Philistia were singled out for God's judgement because of their hostile foreign policy towards Judah (Ez 25: 8-17). Babylon, though the instrument of God's judgement against Judah, was also destined for judgement for the atrocities committed against the nation (Isa 21; Jer 50:51).

Israel's covenant at Sinai is a special historical manifestation of the principle of retributive justice. The people were placed conditionally under the Torah: obedience would bring blessing, whereas disobedience would bring destruction or exile (See Driver 1999) (Deut 27:28). In this regard, the Book of Esther stands in contrast to Lamentations. Esther is a testimony to God's protection against their enemies granted to obedient people of God. God raises up Queen Esther to bring deliverance to Israel. On the other hand, Lamentations places the blame for the destruction of Jerusalem squarely on the shoulders of the apostate nation. The Book of Judges, similarly, interprets Israel's suffering through foreign domination as stemming from national disobedience to the law (Judges 2:6-23). Israel's situation differs from that of other nations, for God has promised never to destroy his people, even when they sin (Lev 26: 42; Ps 106:40-46). This may necessitate, however, that God disciplines the nation when they disobey the Torah, so that at times it may appear that God favours the nations more than Israel.

The idea that national suffering is the consequence of disobedience to God is continued in the New Testament. Jesus warns that Israel's rejection of the kingdom of God will lead to God's wrath visited on the nation (see Mt 12:38-45; Lk 11:29-32; Mt 21:33-46; Mk 12:1-12; Lk 20:9-19; Mt 23: 33-38; Lk 13:6-8; 19:41-44). Paul, likewise, states that the nation is temporarily rejected by God until the fullness of the Gentiles has come in (Rm 11). Cities are also threatened with judgement on account of their rejection of Jesus or those sent by him (Mt 11: 20-24; Lk 10:13-15).

A second kind of suffering is *minority suffering*. It could also happen that the sin of a minority or even one individual within Israel could have consequences for the whole nation. The fate of the nation as a corporate entity is bound up intricately with the moral

decisions of its individual members. Achan, for instance, disobeys God, but the whole nation is defeated in battle as a consequence of his disobedience (Josh 7).

A third kind of suffering is *individual suffering*. Individual sins can have consequences for following generations. The sins of a person can adversely affect descendants:

Yet he [God] does not leave the guilty unpunished; he punishes the children and their children for the sins of the fathers to the third and fourth generations (see Ex 34:7; Ex 20:5; Num 14:18; Deut 5:9-10).

Individuals can therefore suffer because they belong to a nation that stands under God's judgement. Individuals can suffer on account of the sins committed by the previous generation. The Old Testament with some exceptions, the intertestamental texts, and the New Testament portray God as dealing with human beings according to the principle of retributive justice. When the righteous do suffer, the theodicy question arises. In order for God to be exonerated from the charge of being unjust, justification for the apparently anomalous suffering of the righteous, must be found.

In the Old Testament, the principle of retributive justice that is operative in the existence of each human being is expressed most clearly in Proverbs and the Psalms. For example, in Proverbs, wisdom and the fear of God are correlated with long life and prosperity. Conversely, the wicked and the foolish will die prematurely and be deprived of earthly goods (see Proverbs 2:21-22; 3:9-10; 3:33-34; 5:23; 9:11; 10:3; 10:16; 10:24; 10:27; 11:18; 11:21; 11:27-28).

As in Proverbs, many Psalms are premised on the notion that God blesses those who are righteous and obey God (See Eaton 1967; Kidner 1981 and White 1984). God protects those who take refuge in God. The wicked, on the other hand, are destroyed. Psalm 1, for example, compares the person whose delight is in the 'Torah of Yahweh' to a tree planted by streams of water bearing fruit in its season. The wicked, on the other hand, are compared to chaff blown away by the wind. However, in the Old Testament there is also evidence of the irregular working out of the principle of retributive justice. Sometimes, the application of the principle is delayed. The righteous suffer for a period of time before they receive vindication. At other times, the correlation between righteousness and longevity or prosperity in this life breaks down altogether.

The notion that national calamity originates with national sin, is also prevalent in intertestamental literature. For example, the story of the Maccabean crisis was interpreted as resulting from the sin of the nation. Antiochus's persecution was really God's discipline of an unruly people (1 Macc 1:64; 2 Macc 6:13-16; 7:18, 32-33; Jub 23; T. Mos 8). Similarly, Pompey's intervention in the internal affairs of the Jewish nation, which brought about much suffering and death to some Jews, was understood as precipitated by national sin (Pss. Sol. 2, 8, 17-18). Later, in the context of the destruction of the Jerusalem temple, the Deuteronomistic principle that invasion by a foreign power is God's chastisement of Israel for its sins, is reiterated (2 Apoc. Bar. 1:5; 78: 3-4; 79:2).

A new element in the intertestamental sources is the notion that the judgment of Israel's gentile oppressors takes place as part of Israel's eschatological vindication. As in the Old Testament, it is sometimes asserted that, although the Gentile nations are God's instrument of discipline, they are nonetheless in line for similar treatment at the hands of God. In some texts, the deliverance expected on completion of God's discipline of the nation through foreign domination is the eschatological deliverance foretold in the prophets. One Enoch 90, 93, Jubilees 23, and Testament of Moses 8-10, for example, interpret the Antiochean persecution as precipitating the final, eschatological deliverance of God, whereas the Psalms of Solomon and 4 Ezra look for messianic deliverance from Roman oppression.

2.3.3 Justification of suffering in biblical and intertestamental literature

According to the *Baker's Evangelical Dictionary of Biblical Theology* (Walter 1996:676), three types of justification are given in the Old Testament, New Testament and the intertestamental literature for the suffering of the righteous. These are: eschatological, remedial, and expiatory suffering. The *Old Testament* perspective on these three types of suffering are as follows:

- **Eschatological suffering**

In the apocalypse of Daniel, the suffering of those who are 'wise' (11:35) is considered to be an eschatological necessity. The period in which the temple is defiled and the righteous are oppressed is predetermined according to the divine timetable. The individual righteous person is then at the mercy of the larger historical designs of God. Nonetheless, at the judgement of the dead, God will vindicate those who are martyred,

raising them to everlasting life (Dan.12). In his eschatology, Richard Landes (2011; see Whalen 2009) explains that the end of the physical universe will also be a time for spiritual reward of redemption for God's people. This notion of *eschaton* is also widespread among Africa traditional believers. When a person dies, it is not the end of everything. There is life after death. All persons will be judged by God.

- **Remedial suffering**

In this type of suffering of the righteous, there is a remedial function. God disciplines the righteous individual, taking preventive and corrective measures in order to keep the heart of the righteous from turning away from God. Proverbs 3:11-12:

My son, do not despise the Lord's discipline, and do not resent his rebuke, because the Lord disciplines those he loves as a father the son he delights in (cf. Psalm 94:12; Dan 11:35).

- **Expiatory suffering**

In the servant songs of Isaiah, the suffering and death of the servant had a vicarious and expiatory purpose (see Isa 53). Although in the following texts (Isa 42, 44, 49-50, 52-53), the servant is often a collective noun denoting Israel. In Isaiah 53, the servant clearly is an individual who suffers on behalf of the people. Daniel 11:35 is another example of the suffering of the righteous which has an expiatory effect.

Some of the wise will stumble, so that they may be refined, purified and made spotless until the time of the end, for it will still come at the appointed time (Dan.11:35).

In the *New Testament*, the same three types of explanations for the suffering of the righteous individual are found along with a fourth addition, namely Paul explains that 'suffering' has the effect of ensuring his dependence on the power of God in his apostolic labours. In the New Testament the three main types are as follows:

- **Eschatological suffering**

In the Synoptic Gospels, especially in the Beatitudes, Jesus teaches that the appearance of the kingdom of God will bring an eschatological reversal, so that the righteous who now suffer will no longer do so (Mt 5:3-12; Lk 6:20-26) (see Landes 2011). Matthew 5:11-12:

Blessed are you when people insult you, persecute you and falsely say all kinds' evil against you because of me. Rejoice and be glad, because great is your reward in heaven, for in the same way they persecuted the prophets who were before you.

Jesus also warns his disciples that their suffering will be an eschatological necessity. Until the consummation of the kingdom of God, those who follow him and especially those who proclaim his message will experience resistance and hostility from those on the outside According to the Gospel of John Chapter 7:7 (Carson 1991): 'the world' will hate Jesus because it hates the truth testified by Christ(see also John 15 18; Mt 10:19-23; Lk 12:11; Mt 20:22-23; Mk 10:38-39; Mt 24:9-10; Mk 13:9-11; Lk 21:12-18; Jn 7:6-11; 15:18-25; 17:14). The idea of the eschatological necessity of suffering is also found in the rest of the New Testament. For example, Romans 8:16-18 (see also Gal 3:3-4; Phil 1:27-30; 1 Thess 1:3; 2 Thess 1:4-10; Heb 10:32-34; James 5:11; 1 Peter 2:18-20; 3:13-4:19; Rev 2:10, 4:22).

I consider that our present suffering are not worth comparing with the glory that will be revealed in us.

- **Remedial suffering**

The remedial suffering found in the New Testament is prominently expressed in the letter to the Hebrews. Hebrews 12:3-13:

Consider him who endured such opposition from sinful men, so that you will not grow weary and lose heart. In your struggle against sin, you have not yet resisted to the point of shedding your blood. And you have forgotten that word of encouragement that addresses you as sons: 'My son, do not make light of the Lord's discipline, do not lose heart when he rebukes you, because the Lord disciplines those he loves and he punishes everyone he accepts as a son' No discipline seems pleasant at the time, but painful.

Later on, however, it produces a harvest of righteousness and peace for those who have been trained by it.

The author instructs the readers to 'endure hardship as discipline; God is treating you as sons' (see v 7) and quoting Proverbs 3:11-12 'My son, do not despise the Lord's discipline and do not resent his rebuke, because the Lord disciplines those he loves as a father the son he delights in', to make the point. The Book of James (1:2-3) similarly identifies trials as a means of engendering holiness, as does 1 Peter 1:3-9. According to Pauline literature, God disciplines believers in order to bring about repentance (1 Cor 5:1-8; 2 Cor 11:17-33; 1 Tim1:20).

- **Expiatory suffering**

Jesus' death is interpreted by various biblical authors as expiatory and vicarious. He is called the eschatological Passover lamb (Mt 26:26-28; Mk 14:22-24; Lk 22:19-20). His fate is explained as the fulfilment of the destiny of the suffering servant (Mt 20:28; Mk 10:45; Lk 22:37). The early church interpreted Jesus' death as vicarious and expiatory. Acts 8:32-33 (see also 1 Peter 2:21-25):

The eunuch was reading this passage of scripture: 'He was led like a sheep to the slaughter, and as a lamb before the shearer is silent, so he did not open his mouth. In his humiliation he was deprived of justice. Who can speak of his descendants? For his life was taken from the earth.'

Paul's 'fourth interpretation' of suffering is that of the righteous individual. He interprets his own suffering as a reminder of his own weakness, so that he would remember that the power of God is at work. He should not delude himself by relying on his own power, 2 Cor1:8:-10 (see also 2 Cor 4:7-12):

We do not want you to be uninformed, brothers, about the hardship we suffered in the province of Asia. We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead. He has delivered us from such a deadly peril, and he will deliver us. On him we have set our hope that he will continue to deliver us, as you help us by your prayers.

Paul again says God sent him a 'thorn in the flesh' to keep him from becoming conceited on account of his surpassingly great revelations. 1 Cor 12:7-9:

To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness". Therefore, I will boast all the more gladly about my weakness, so that Christ's power may rest on me.

The Bible gives no clear evidence on the precise nature of his suffering (See Fee 1987). Paul stresses that God permitted the thorn to continue to torment him notwithstanding the constant prayers for relief. Later he writes more about his suffering but does not concentrate on the pain. He rather focuses on the qualities it can produce in a person who has faith in God. With regard to the emotional suffering his letter had caused the Corinthians, he explains that, even though it was unpleasant, it produced something of great value: an abrupt change in their attitude. 2 Corinthians 7:8-9:

Even if I caused you sorrow by my letter, I do not regret it. Though I did regret it- I see that my letter hurt you, but only for a little while- yet now I am happy, not because you were made sorry, but because your sorrow led you to repentance. For you became sorrowful as God intended and so were not harmed in any way by us.

From the various biblical perspectives, it is clear that suffering, in whatever form it comes, is part of human existence (see Whalen 2009). Good and righteous people also suffer. Though there are many explanations for suffering, there really is no explanation. Explanations are human attempts to create order in the chaos of a suffering existence. The best human beings can do, is to go through their suffering as best they can and aim to achieve spiritual and emotional growth (see Vitillo 2015:91-98).

2.4 Mental health problems

The term 'mental health problems' or 'mental health challenges' or 'mental suffering' is chosen over against the term 'mental illness'. The latter, is medical terminology that implies assessment and the diagnosis of a person's mental states by medical

professionals. That is not the field in which this study is done. This study focuses on a context with a non-medical understanding of mental health challenges. The interpretations of this kind of suffering are spiritual and therefore the remedies that are sought are also of a spiritual rather than a medical nature. The spiritual remedies proffered include ritual and liturgy in a Christian religious context. Therefore this is a liturgical study in the sub-field of practical theology and not a biomedical study.

‘Suffering’ is a human phenomenon. It can be spiritual or physical suffering. Ghanaian prayer camps make use of liturgies for what they call ‘spiritual healing’ in order to alleviate the suffering of persons with mental health challenges. Mental health problems as a general term refers to a group of challenges or conditions that affect the human mind. According to Surgeon-General, David Satcher (1999:27-32), ‘mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alteration in thinking, mood, or behavior or combination thereof associated with distress or impaired functioning.’ Mental health, on the other hand, ‘is a state of successful performance of mental function, resulting in productive activities, fulfilling relationship with other people, and the ability to adapt to change and to cope with adversity’. Problems with regard to mental health significantly affect how a person feels, thinks, behaves, and interacts with other people (Satcher 1999:27-32).

The definitions of Satcher indicate a continuum from successful mental functioning on the one end to alterations in thinking, mood, or behaviour on the other end. Satcher (1999:27) points out that ‘even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services’. According to the World Health Organization (WHO 1948:1) mental health problems can affect people’s daily lives, relationships and even their physical health. It can be detrimental to the person’s ability to enjoy life, to attain a balance between life activities and efforts to achieve psychological resilience.

Forster (1997:15-17) in his book, *Clinical psychiatry for medical students in tropical Africa*, explains that ‘in early Greek civilizations, it was generally believed that mental illness was a supernaturally-caused affliction, and that characters in Greek mythology who offended the gods (see Fry 2017), for example, would be inflicted with insanity which could be cured with the help of priests who could influence Asclepius, the god

of healing'. At the temples of Asclepius, sick people made offerings, fasted, prayed and waited for the arrival of a divine vision, sometimes aided by a priest disguised as a god and appearing at night (see Walton 1894; Pearce 2019). In the Middle Ages, it was widely accepted that mental illness was caused by evil spirits. The treatment of mental health afflictions was taken over by the Christian monks. At first, the monks relied mainly on exorcism to heal mental disorders. They would recite prayers and do incantations over the patients in an effort to scare away the offending demons. Later, much harsher methods were employed. These methods were directed to fighting witchcraft and any kind of deviant behaviour.

For Forster (1997:15-7) the concept of 'mental health' deals with such intangible things that there is bound to be some confusion if an attempt is made to define it. However, mental health is an ideal to which human being strive. It is not merely the absence of disease or illness. Other schools of thought define mental health as a 'psychological state of well-being, characterized by continuing personal growth, a sense of purpose in life, self- acceptance, and positive relations with others' (Mate-Kole 2009:3-4).

There is no clear definition of what mental health should be. What is clear, however, is that mental health problems do affect a person's overall wellbeing. It touches every aspect of their lives. That includes the spiritual aspect.

2.4.1 Mental health in the Ghanaian context

The former Chief Psychiatrist of Ghana, J.B. Asare (2010:67-69), gives a historical overview of how psychiatry had been practiced in Ghana since 1962. Professor Emmanuel Francis Bani Forster (1962:25-29), a Gambian national and a graduate of the Birmingham University in the United Kingdom, was posted to Ghana by the colonial government to become the first psychiatrist in South Saharan Africa. He was the first professor of psychiatry at the University of Ghana Medical School. He set the tone for a scientific approach to psychiatry and established a psychiatric hospital and introduced psychiatric medicine.

After the publication of Forster's 1962 article, Dr. Kwame Nkrumah, the then President of the Republic of Ghana, planned the building of a psychiatric hospital at Ankaful near Cape Coast in the Central Region. This hospital was to accommodate patients who had become a problem for the country's tourism. He also planned the construction of

a hospital in the Greater Accra Region which was to serve as a Pan-African Mental Health Village. Two psychiatric hospitals, the Ankaful and Pantang hospitals, were commissioned in 1965 and 1975 respectively. According to Asare (2010:67-69), the mental hospitals were organized institutions with administrative structures and support services. The ward of Accra Psychiatric Hospital, for example, was been expanded to 23 wards which included a children's ward, male and female geriatric wards, male and female acute wards, male and female forensic wards, a VIP ward, a pharmacy, kitchen, laundry and rehabilitation wards. The hospital was supported by clinical psychologists from the Medical School and Ghana Health Service. There were permanent psychiatrists and an intern, 315 nurses, an accountant, 3 pharmacists, a human resource manager among the staff (Asare 2010:67-69).

The hospital was overcrowded to the tune of 2000 patients at one time. This continued until 2011 when an active programme was instituted to send patients back to their families, thus reducing the number to fewer than 1000. According to Asare the Chief Psychiatric Officer of the country, the increase of population of Ghana from 6 million in 1960's to about 30 million in 2019, has reflected in the number of admissions to the hospital. He said that there were 1000 admissions in 1960, which rose to 4,446 in 2012 and over 6,500 in 2018.

Eric Parbie (2018) is a mental health activist in Ghana who, during the 'Mental Health Week' walk 2018 in Accra, was vocal about the fact that mental health problems in Ghana are not given the necessary attention. Mental health services lack personnel, logistics and commitment, especially from the Government. He stated from Statistical Service Report 2018 that of almost 30 million people living in Ghana there are about 2.8 million persons with mental health problems. Of this number 650,000 have severe mental disorders. 2,166,000 suffer from moderate to mild mental health problems (see also WHO, Country Summary Series, Ghana, 2020).

Mental health problems are one of the critical ailments in the nation. It cannot be neglected any longer, given its immense impact on the lives of people, communities and society as a whole. From an economic perspective there is a loss of human resources and capital. It also has a negative impact on families. From 2013 to 2017, the four psychiatric hospitals in the country recorded a total of 19,254 cases. Out of that number, 15% were drug related. Mark Woyongo, former Upper West Regional

Minister (*The Ghanaian Times*: March 6, 2012: 24) said 'out of this number, over 19,000 exist only in Northern Ghana' (see Basic Needs Report 2012).

The 2010 provisional results of the Population and Housing Census indicated that 4.8 million Ghanaians are affected. The government invested less than 1.5 % (from 2012-2018) of its health budget in mental illness, out of a total budget of GH 867.2 million. The Africa Report (2012) indicates that 9.7 million was allocated to the mental health sub-sector (Africa Report 2012). The Mental Health Bill was passed, but not yet signed by the President. This leaves mental health institutions, including prayer camps, uncontrolled and unregulated. According to Mate-Kole (2009:3), 'mental health problems continue to be a contentious issue in our society. It is considered a stigma even though at least one in three people would experience some kind of mental health problems in the course of their lives'. Mate-Kole points out that mental health problems appear to arouse negativity among the population. Persons who suffer from mental illness are reduced to a sub-human category. He recalls an incident during the Ghana at 50 (1957 to 2007) celebrations when a comments was to 'remove the lunatics from the streets'. Such comments are insensitive and derogatory. It demonstrates the lack of understanding of mental health problems. With David Satcher, Mate-Kole agrees that mental health problems affect all aspects of health. Mental health problems are often subject to negative media reportage. There is an increasing need for a medium to engage in intellectual discourse on mental health problems issues, according to Mate-Kole (2009:4-5).

2.4.2 Types of mental health problems

There are different types and degrees of severity of mental health problems in Ghana. Some of the major types are: depression, anxiety, schizophrenia, bipolar mood disorder, personality disorders, and eating disorders. The most common mental health problems are anxiety and depressive disorders. While everyone experiences a strong feeling of tension, fear, or sadness at times, mental health problems are present when these feelings become so disturbing and overwhelming that people have great difficulty coping with their daily lives and activities such as work, enjoying leisure time, and maintaining relationships.

Less common are mental health problems that involve psychosis. These include schizophrenia and bipolar mood disorder. People who experience an acute episode

of psychosis, lose touch with reality. Their ability to make sense of thoughts, feelings, and the world around them is seriously affected. A psychotic episode can manifest in the form of *delusions*, where the person has false notions of being persecuted, of guilt, or grandeur. It can manifest in *hallucinations*, where the person sees, hears, smells, or tastes things that are not there. Psychotic episodes are threatening and confusing to others who do not understand it. Scott and Wepener (2017:1) point out that “illness [mental health problems] is a reality that affects all people, and healing is the main reason why people attend worship services in sub-Saharan Africa ... Illness [suffering] is a social reality; it is socially imagined and constructed. Healing in the church is something many believers experience, also in the context of worship and liturgy”.

2.5 Liturgy

2.5.1 Introduction

The New Harvard Dictionary of Music Liturgy defines ‘liturgy’ as ‘the formally constituted services of the various rites of the Christian church; also the particular formal arrangement of any such church service’ (Randel 1986: 454). According to Powers (2003:2-5), the word liturgy is ‘sometimes applied to Jewish worship; it is especially associated with prayers and ceremonies used in the celebration of The Lord’s Supper or Eucharist’. Liturgy covers a broad spectrum and has many dimensions in modern Christian worship. It is, in short, about how Christian believers worship in order to learn about the Christian faith and how to go about it. According to *A Dictionary of Liturgy and Worship* (Davies 1972:222), the word ‘liturgy’ denotes an act of worship. It is derived from the Greek *leitourgia* (See Trenchard 1992) and it was used in Hellenistic Greek as an act of public service. In the New Testament, it is employed as an act of service or ministry.

Calitz (2017:1-9) explains the broader and narrower understanding of the term as follows: ‘In broader context the term refers to the liturgy of life, while in narrower context it refers to the order of worship service’ (see also Louw & Nida 1989:9). The liturgy of the worship service includes all the words and acts of the worship service (Barnard 1981:52). Calitz also points to the *pastoral function* of liturgy. Pastoral liturgy suggests among others that liturgy should mediate and contribute to *healing* through a process of liturgical pastoral care. Firet (1968:223) is not for the term ‘agogical

moment'. This transformational moment indicates a moment of understanding and a moment of change. A pastoral approach to liturgy would aim at creating such anagogical moment in order to affect change and healing (Maritz & Dreyer 2001:1273; see Louw 1997:28). More people attend worship services that as for pastoral counselling sessions. Therefore, liturgy remains one of the most important means of pastoral caregiving for the majority of church members and also for visitors.

Louw (2009:132) identifies five elements that are toxic to spiritual health and rob a human life from meaning:

- anxiety and guilt
- despair and doubt;
- helplessness and vulnerability;
- frustration;
- disillusionment.

These are the issues that Christian churchgoers deal with every day. People will experience one or more of these emotions on a regular basis. According to Louw (2009:133), pastoral practices should engage with these life issues in such a way that change and healing can take place and people can find meaning and hope.

Liturgical studies as a field of investigation is a relatively small, but emerging field in the Sub-Saharan Africa (Wepener and Barnard 2002:2). To Wepener (2015:271-291) 'liturgical research in an African context means a continuous process of border crossing – a process that is forcing liturgists in Africa to seriously rethink Liturgical Studies in our own way, also in particular doing liturgical research in an African context'. Roman Catholic scholar, Romano Guardini (1935:27) describes the significance of liturgy and liturgical practices as follows:

The primary and exclusive aim of the liturgy, is not the expression of the individual's reverence and worship for God, it is not even concerned with the awakening, formation, and sanctification of the individual soul as such, nor does the onus of liturgical action and prayer rest with the individual. It does not even rest with the collective groups, composed of numerous individuals, who periodically achieve a limited and intermittent unity in their

capacity as the congregation of a church. The liturgical entity consists rather of the united body of the faithful. As such the Church is a body which infinitely outnumbers the mere congregation.

Liturgy is the church's public and lawful act of worship. It is performed and conducted by the officials whom the church has designated for the post. They are the *pastors* and *priests*, or in the case of the prayer camps, the *prophets* and *prophetess*. For Guardini God is honoured in the liturgy by the body of the faithful. The body of the faithful in turn derive sanctification (what the prayer camps call 'spiritual healing) from the act of worship.

2.5.2 Biblical and theological basis of liturgy

Though the word 'liturgy' is found in the Bible, there is ample evidence in both Testaments that worship consisted of specific elements and often also followed a particular pattern or order. The Merriam Webster Dictionary (2020) defines liturgy as follows:

- a fixed set of ceremonies, words that are used during public worship in a religion;
- a body of rites prescribed for public worship;
- a customary repertoire of ideas, phrases, or observances.

Liturgy can therefore consist of a prescribed order of ceremonies, specific words or formulae and ideas in the public worship of a specific religion. According to Van Olst (1991:1), the Bible is liturgically structured and anything that is not 'biblical' should not be in Christian worship.

2.5.2.1 Liturgy in the Old Testament

Old Testament scholar Andrew Blackwood (1939:33-34) identified five characteristics of the public worship of the Hebrew people. Firstly, everything is closely *prescribed* in Old Testament liturgy. There is also detailed prescription as to how the clothing of the priestly class should be made, for example (Ex 28:2, 3-5):

Make a sacred garment for your brother Aaron, to give him dignity and honour ... a breast piece, an ephod, a robe, a woven tunic, a turban and a sash. They are to make these sacred garments for your brother Aaron and

his sons, so they may serve me as priests. Have them use gold, and blue, purple and scarlet yarn, and fine linen.

The Old Testament also prescribes the liturgy for the dedication of these priests (see Ex 29 and Lev 8), the Tabernacle object in it (Ex 25:27), procedures for offerings (Lev 1:4), purification rites (Lev 12:16) and how the people should be blessed (Num 6:24-26). Secondly, Hebrew worship and liturgy included *sacrifice*. There was a liturgical procedure for burnt offerings, grain offerings, peace offerings, sin/guilt offerings and ordination offerings (see the book Leviticus).

Thirdly, the liturgy for worship is led by the *priest*. The priest is very important especially in the sacrificial worship of the Hebrew people. He is the one who takes the sacrifice from the people and presents it to God. He is the intermediary between the people and God. Without the priest's involvement this connection between the people and God could not take place. Fourthly, for the Hebrew people the *place of worship* is of great importance (Blackwood 1939:33-34). That is, everything about Hebrew worship is centered on their place of worship. To Blackwood, this is closely allied to the third characteristics. Lastly, the Hebrew *liturgical calendar* is made up of five commemorative events, namely Passover, Pentecost, Feast of Trumpets, Day of Atonement and the Feast of the Tabernacle, each with its own liturgical and ritual activities. The Year of Jubilee is celebrated every fifty years, also with specific liturgical activities.

A Bible book that is central to public worship in the Old Testament is the Psalms. Blackwood (1939:36) describes it as follows: 'The Hebrews were a singing people and the Psalms is the supreme book of praise in the history of their corporate religion'. The Psalms had a place in the liturgy of the Temple and formed an integral part of the synagogue worship after the exile. Van Olst (1991:2) explains that 'the liturgy of the synagogue, originated in part from the Psalms and these Psalms can be grouped into two poles: lamentation and praise, which manifest themselves in psalms of lamentation and psalms of praise. Our humanity moves between these two poles: petition and thanksgiving, constituting one prayer.' The psalms follow this pattern of praise, thanksgiving, lamentation and petition. Some of the psalms combine lamentation and praise (e.g. Ps 102), whereas others praise God (Ps 103). This praise is not limited to human beings. Other creatures are also called to join humanity in

singing praises to God (see Ps 148). Van Olst (1991:2) puts it as follows: 'Within the liturgical framework of the Psalms (see also Eaton 1967; Kidner 1981; and White 1984), the whole of the created world functions in praise and finds the meaning of its existence there.'

Aside from the Psalms as part of the liturgy, there were also the 'canticles'. Examples of canticles in the two Testaments include the canticle sung by Moses and the people of Israel after the crossing of the Red Sea (Ex 15), Mary's *Magnificat* (Lk 1:46-55) and Zechariah's song (Lk 1:67-79). These psalms and canticles have become part of Christian worship from ancient times until today. The mainline churches in Ghana and throughout the world sing or chant psalms and canticles during worship services.

In the prophetic books the emphasis is on the *right attitude* to public worship. The prophet Isaiah describes the wrong and the right attitude toward worship (Isa 1:11-17) as follows:

The multitude of your sacrifices-what are they to me? Says the Lord. I have more than enough of burnt offerings, of rams and the fat of fattened animals; I have no pleasure in the blood of bulls and lambs and goats. When you come to appear before me, who has asked this of you, this trampling of my courts ...When you spread out your hands in prayer, I will hide my eyes from you; Even if you offer many prayers, I will not listen...your hands are full of blood...learn to do right! Seek justice, encourage the oppressed, defend the cause of the fatherless plead the cause of the widow.

In chapter 58, the prophet Isaiah emphasizes the right attitude to fasting. Others prophets, including Jeremiah, Amos, and Malachi also spoke on the attitude to worship.

2.5.2.2 Liturgy in the New Testament

The New Testament does not mention sacrifice as part of worship as the Old Testament does. The mediation of priests and worship in a sanctuary continued over to the New Testament. In spirit, the liturgical worship of the New Testament was similar to that of the Old Testament. Blackwood (1939:39) identifies five ways in which public worship in the New Testament differ from that of the Old Testament:

- The emphasis is not on external thing. In the Old Testament worship was about certain places, a certain time, certain rites and duties. Public worship in the New Testament, on the other hand, is a matter of the heart.
- In the New Testament there is a sense of freedom in the worship of God, whereas in the Old Testament there is a fixed form.
- The emphasis in the New Testament is on the people (congregation) rather than the leader. In the Old Testament the role of the priest was crucial.
- In the New Testament there was a different spirit with regard to worship.
- In the apostolic church the people had access to spiritual power.

The book of Revelation in the New Testament can be described as 'liturgical'. It 'describes the heavenly liturgy as the same as on earth, and focuses on a scroll or book that contains the meaning of life and the answers to all we seek' (Pope 2020). Van Olst (1991:4) points out that 'the book of Revelations is full of liturgical directions which has its beginning on Sunday, "the Lord's day", also known as "the first day" in the epistles'. This 'first day' has become the official day of worship for majority of Christian believers today. Public worship services are official church gatherings of the people of God (Heb 10:25). Activities that take place during these gatherings include sharing in the Lord's Supper, giving offerings, singing and praying. Acts 2:44-47 (see also 1 Cor 16:2) describes such gatherings in the early church:

All believers were together and had everything in common. Selling their possessions and goods, they gave to anyone as he had need. Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts, praising God and enjoying the favour of all the people. And the Lord added to their number daily those who were being saved.

Revelations 4 and 5 describes great liturgical events. The twenty-four elders are seated on thrones and the seven torches are positioned. The seating arrangement of the four living beings and a vivid description of their appearance are provided. When the living beings give glory and honour to the One on the throne, the twenty-four elders fall down in worship. Both the elders and the living creatures fall down to worship the

Lamb who was slain. Revelation also gives a vivid description of events, items, actions, elements and sayings that have become a part of the worship and liturgy of the church today. Examples include:

- lamp stands (today candles) (Rev 1:12-13);
- throne (Rev 4:1), prominent in the Anglican Church where it is reserved in the Cathedral for the bishop of the diocese;
- altar (Rev 8:3; 11:1);
- incense (Rev 8:3) used in Roman Catholic, Anglican and some Independent African Churches;
- vestments (Rev 1:13): liturgical colours and apparel worn by priests and bishops;
- doxology (Rev 4:8, 11): 'holy, holy, holy, Lord God Almighty, who was and is to come', is sung and spoken in the liturgies of Christian churches today;
- bowing and prostrating in worship (Rev 4:10) is found in Anglican and Catholic churches;
- singing of hymns (Rev 5:8) takes place in the liturgies of Christian churches.

2.6 Historical development of liturgy and liturgical movements

Public worship since Old Testament times has seen many changes (Blackwood 1939:34-40). From strictly prescribed worship mediated by the priest and which included sacrifices in the Old Testament, it evolved to having a greater emphasis placed on the people and a greater freedom with regard to the form of worship. Hardin and White (1964:37) explain it as follows: 'As would be expected, the forms of worship change since human life is subject to constant change. Nothing human seems permanent'. Their work traces the history of Christian worship from the New Testament faith community to the Modern Liturgical Movement in the twentieth century.

New Testament faith communities did not worship in a vacuum. They were influenced by historical situations and their environment. These had a significant impact on the form of worship of the New Testament churches. Jesus, for instance, joined in the Hebrew public worship of his time and so did the early Christian communities. Luke 4:16-18 illustrate Jesus' participation in the worship service. Jesus did not condemn the faith and religious practices of his people, the hypocrisy of the religious leaders.

Worship in the temple, the synagogue and the home had an influence on Christian worship (e.g. Acts 2:46). Early Christian believers did not separate themselves from the Jewish community, but continued to visit the temple and synagogues, and had fellowship together in their homes.

The first healing miracle of the apostles after the ascension of Jesus was performed in the Temple where Peter and John went for the afternoon prayer service (Acts 3:1-11). Sacrifice, a key feature of the Old Testament worship, was also a feature in early Christian worship. However, they did not sacrifice animals. They brought a 'sacrifice of praise and thanksgiving' (Acts 2:47). Sacrifice in Judaism was more of an external concrete event, whereas in the Christian community it was an internal spiritual activity. However, reading of the Scriptures, preaching, singing and reading the psalms that were all part of worship in the biblical times, still form a greater component of Protestant worship today. Kwadwo Obeng (2020), a Ghanaian freelance Christian author, in an article, 'Liturgy in the New Testament', puts it as follows:

We must keep in mind that the early Christians were an emerging sect in Second Temple Judaism (Acts 24:14-15). Their practices were modelled on the temple, synagogue and generally speaking Jewish culture and customs as a whole. However, there were differences which helped them come into their own. Particularly, the inclusion of Gentiles was a point of tension which greatly influenced their practices. They saw themselves as the new people of God and developed traditions that reflected this.

Another area in which the legacy of Jewish worship survived in Christianity, was with family worship. Hardin et al (1964:39) describe it as follows:

This was particularly true of meals which had a character of a sacred occasion. The very act of eating together was a symbol of the union of the participants. Special occasions such as Passover brought particular historical reference and future anticipation to the family meal. It is not strange that Jewish Christians retained the sanctity of the meal, and that Acts considers it worth mentioning that the Jerusalem church both attend the Temple together and broke bread in their homes.

Despite the differences, early Christian worship was influenced greatly by the worship of the Hebrew people.

2.6.1 The Early Church and liturgy

According to Hardin et al (1964:43), 'the conditions under which Christians worshipped during the second and third centuries of the Christian era certainly had great consequences for their manner of worship'. Christians were persecuted and it was forbidden to practice the Christian faith. Christians therefore worshipped in secret places. In the second century Justin the Martyr describes Christian worship in his writings. The worship services followed a well-established pattern. Toward the end of the second century or the beginning of the third century Hippolytus wrote out the form of the Eucharist for the Bishop of Rome. Around that period phrases such as 'Lift up your hearts' and the reply 'We lift them up unto the Lord' became customary in worship services. These phrases still echo in the liturgy of the Holy Communion today. By the third century, Christian worship coalesced into two main parts, namely the *service of the Word* which has its roots in the worship of the synagogue and consists of prayers, reading of scriptures, psalms or hymns and sermon, and the *service of the Eucharist*. The liturgy of the Word is usually followed with the liturgy of the Eucharist. By the end of the fourth century the service or liturgy of the Word had developed a standard form. It consisting of a greeting, lessons, psalms, the sermon, the dismissal of catechumens, and prayers. The liturgy of the Eucharist was also fairly consist throughout the Christian world.

2.6.2 Medieval Christian liturgy

Worship in the Middle Ages, especially in Western Europe, went through some transformation. Several liturgies were in use. Nonetheless, the basic similarities in these liturgies outweighed the differences. According to Hardin et al (1964:44-48), worship in Western Christendom different characteristics to worship in Eastern Christendom. In the West the focus was more on the suffering of Jesus Christ and the unworthiness of the people for whom he suffered. The crucifix was therefore prominent in the Western churches.

The transformation of the liturgy in the Middle Ages included changes in the calendar of the Christian year. Many more seasons found their way into the calendar. For example, during this period, Good Friday observance became detached from that of

the Eastern Church. In the West, the attention was the cross. Other seasons such as Christmas, Advent and Epiphany were added to the Western calendar. Over the course of many centuries the commemoration of many saints, both famous and obscure, were added to the calendar. Hardin et al (1964:48) interpret it as follows: 'Such elaboration of the calendar was perhaps a symptom of what was happening to much of Western worship in the Middle Ages.' With the expansion of the calendar it became necessary to compile a guide for priests in order for them to find the appropriate liturgies for the service for the day.

During the Middle Ages the main language of worship in the Western church was Latin. Most worshippers did not know the language, so worship became largely meaningless to them. The liturgical language was one of the major areas of concern for the Reformers. Language was one of the reasons why the priests and their worship became detached from the congregation. Hardin et al (1964:67) explain it as follows:

Gradually the priest and his worship became detached from the congregation. The altar was removed from its position before the congregation to the further end of the long chancel rarely entered by a layman who did not belong to a religious order. The crucifix on the altar became the centre of the priest's devotions and he frequently said mass without the congregation. Even when a congregation was present the people rarely received communion more frequently than once a year, and in the late middle ages they only partook in the bread.

The people occupied themselves with devotions, praying the rosary, meditating on the suffering of Christ, and the venerating of relics and saints, though these practices were not part of the official liturgy. The criticism of Hardin et al (1964:68) of worship during this era is that 'the corporate sense of worship was lost to individualism and the clergy acted as though they were the church and the lay ceased to do most of their proper work in common worship'.

2.6.3 The Reformation and liturgy

Protestant Reformers aimed to restore Christian faith communities to what they were during New Testament times and the Early Church. For them, 'matters of worship were central issues' (Hardin et al 1964:69). Worship had to be reformed. One central reform

was the worship services were conducted in the language that the worshipers understood. For example, during the English Reformation, the old Latin service of worship was replaced with Cranmer's Book of Common Prayer in English (see Shelley, 2008:269). The people could not become actively involved in the worship service. Reformers emphasized frequent communion for all. Both the clergy and the people were to partake in both bread and wine. In some cases, hymns and congregational prayers were introduced in order for the people to take an active part in worship (Shelley 2008:269).

The Reformers made a substantial contribution to the development of worship and liturgy in the church. In 1523 Martin Luther (1483-1548) reformed the late medieval liturgy of the Mass. The 'pure gospel', the doctrine of justification, was his main criterion for this reformation which he called the *Latin Mass*. Luther recognized the need also for further reform of the church's liturgy. In 1526 Luther further reformed the church's liturgy. He called it the *Deutsche Messe* (German Mass) which was in the language of the people and accessible also to those who were less educated.

What is probably the most surprising element of Luther's reforms of the late medieval liturgy of the Mass, is that he did not select a single form as 'the ideal liturgy' to be followed by all Christian people. Luther actually wrote against the idea that an ideal liturgy could exist (see Herl 2008:3-22). Lutheran services from 1526 to the end of the sixteenth century and into the seventeenth century by and large followed one of those two outlines. This demonstrates a willingness on the part of pastors and lay people during this period to allow a certain amount of freedom in the execution of the church's liturgy in different locations. It also demonstrates that they arrived at a formula that promoted harmony among God's people. A side-by-side comparison of Luther's Latin Mass and Luther's German Mass is one example of the liturgical diversity Luther and his colleagues were willing to allow for in the church. This, however, does not fully illustrate the diversity of forms that the sixteenth-century Reformers incorporated: Latin chants, German chorales, hymnic settings for liturgical texts such as the Creed and the Lord's Prayer. It does illustrate that they appreciated the need for diversity in worship practices even within the same local context.

Martin Luther was not only a theologian and a Reformer, but was also a musician and a composer. In reforming the liturgy, he gave the Protestant churches a new focus on singing. He composed about thirty chorales, and with other musicians, compiled a

hymnbook. He asked that singing be taught in school. He devised a Catechism as a manual for pastors and teachers, as well as the Small Catechism that was to be memorized by the people. These catechisms provided accessible instructional and devotional material on the Ten Commandments, the Apostles' Creed, the Lord's Prayer, baptism, and the Lord's Supper. It was therefore during Luther's time that congregational liturgy replaced the choral mass. Congregational hymnals with organ accompaniment were introduced and the liturgy eventually came to resemble what is familiar in worship services of the Protestant tradition today (Herl 2008:3).

John Calvin is well known throughout Protestantism as the most influential Reformer after Martin Luther. His Christian Doctrines, values, and worship practices have heavily influenced the modern Christian world. Jehan Cauvin was born on 10 July 1509 in Noyon, Picardy, France. He was raised in a Roman Catholic household. His contribution to the development of the Christian liturgy had a great impact on the church, especially among Presbyterian and Reformed denominations. Calvin's ministry took place in two different cities. He was called to preach in Geneva, Switzerland, though only for a brief period of time. He was asked to leave after a couple of years due to theological differences with the church. From there he travelled to Strasbourg in eastern France, where he served for about three years. Finally, he returned to Geneva, where he remained until his death on 27 May 1564.

Calvin preached, taught and wrote major works such as the *Institutes of the Christian religion*. John Calvin cared deeply about the worship of God (see Maag 2010:122-130). He held to the principle that only what is explicitly in Scripture should be employed in corporate worship. His liturgical emphasis was on the *Word of God* and the *Table* (the Lord's Supper). Corporate worship should be performed in the vernacular. Congregants should be able to participate in the various parts of the worship service. Two works which specifically speak on Calvin's worship and liturgical philosophy are: *The form of prayers: According to the custom of the Ancient Church* (1541) and the *Preface to the Genevan Psalter* (1543). He abhorred the use of images and relics, the veneration of the saints, sacramentalism, and all human ceremonies. He aimed to restore direct, simple fellowship between God and the people. He advocated for true preaching of the Word, heartfelt prayer, congregational praise, and the proper use of the sacraments. Calvin wanted Communion to be celebrated weekly, but that was rejected by the church because it was similar to how the Catholic Mass

was practiced. He settled for four times a year. He believed in the 'real presence' of Christ at the Communion table. Jesus Christ was spiritually present in the process of taking the element, but the elements themselves remained ordinary.

John Calvin also contributed greatly to the development of liturgy (see Bytwerk 2004:461-468). His liturgical contributions on how the church should structure worship, strengthened the people and made it possible for them to freely participate in the worship of God as a body of believers who seek to give all glory, honour, and praise, to God.

Thomas Cranmer, the Archbishop of Canterbury from 1533 to 1556, was one of the most vital contributors to the Anglican Protestant split from Roman Catholic Church. He was instrumental in the Bible being translated into English. He became a martyr due to his staunch support of Protestant views. He was a deciding force behind the momentum gained by the Anglican movement to move away from the Catholic faith. His liturgical legacy was the Book of Common Prayer. The Book of Common Prayer created liturgical uniformity throughout the Church of England and the greater Anglican Communion by explicitly describing the worship liturgy (see Ridley 1962:289).

2.6.4 Nineteenth century liturgy

The nineteenth century saw great liturgical change. Two movements contribute to that, namely Revivalism and Romanticism. *Revivalism* had a significant impact on the liturgical worship of the American church. The focus of Revivalism was individual religious experience with the emphasis on winning souls for Christ. The institutional church considered less important. According to Hardin et al (1964:57), 'the zeal of Revivalism was to the salvation of individuals, and once they were converted they were usually directed to various reform crusades often organised as benevolent societies with no direct connection to any church'.

Romanticism, on the other hand, tended to focus more on the church and the sacraments. It supported the recovery of frequent communion. This movement saw the building of churches, the acceptance of clericalism and the restoration of much of medieval Christian worship with the clergy and choir taking the central place in the worship service. Both Revivalism and Romanticism contributed to individualism in worship. This was to the detriment of the idea of worship as a common act of obedience.

2.6.5 The modern liturgical movement

The nineteenth to twentieth century Liturgical Movement was an effort to restore the active and intelligent participation of the people in the liturgy and official rites of the Christian religion. Hardin et al (1964:58-59) deem it one of the most profound renewals of common worship of the time. Liturgical reforms took place in both Roman Catholic and Protestant Christianity during this period. The aim of the movement was to make Christian worship relevant to the modern worshipper whilst at the same time holding on to early Christian tradition. The Encyclopaedia Britannica article, 'Liturgical Movement' (2020), describes the contribution of the movement as follows:

The process involved simplifying rites, developing new texts in the case of Roman Catholicism, translating the Latin into the vernacular of individual countries, and re-educating both laity and clergy on their role in liturgical celebrations. The Liturgical Movement made use of patristic and biblical studies, Christian archaeology, and the increased availability of early Christian literature and liturgical texts.

There were therefore, revisions of liturgy in an attempt to bring the rites more in accord with early Christian liturgical understandings. The Second Vatican Council (1962:65) of the Roman Catholic Church agreed that the people should actively take part in the liturgy. The use of the vernacular for liturgies was accepted by the Council. This overturned the traditional use of Latin as the sole liturgical language. This resulted in having Mass in the language of the people. Personal devotions during Mass were eliminated. Celebrants faced the people when celebrating Mass. Other ways to involve the people in the liturgy were designed. This focus on the people led to a greater interest in Biblical study among Catholics because the belief was that, for the people to actively partake in the worship, they should be theologically literate (Hardin et al 1964:58-59).

Among Protestant denomination there were also liturgical reforms. The United Presbyterian Church published a liturgy for congregational use in 1970. This was called the *Worship Book*. In 1978 the Lutheran Church in the United States published its revised *Lutheran Book of Worship*. This included more choices with regard to the liturgy and also offered a variety of musical styles. In 1979 the Episcopal Church

adopted a revised *Book of Common Prayer*, which offered a choice of texts. One of the possibilities preserved the traditional language.

2.7 Liturgies for worship

In Sub-Saharan Africa, and also in Ghana, many people attend Christian worship regularly because they appreciate the orderly liturgy (Wepener et al 2019). According to Atiemo (2019:297), orderly liturgical worship experiences generate significant positive social capital for worshipers. He comments as follows on the situation in Ghana and specifically the role of prayer camps: 'In recent times, some scholars and social media commentators have expressed worry over prayer camps (their way of worship) that seem to be operating twenty-four hour services a day' (Atiemo 2019:297). The argument of these social commentators seems to be that people who attend prayer camps undermine the productivity of the country because they spend too much time there. The argument should rather be that people face increased hardships because of the collapse of the economy and growing unemployment. Their heightened religious orientation and attendance of prayer camps cannot be blamed. It is not always the same worshippers who attend services at the prayer camps. Different people go there at different times and for different reasons. Ghanaians tend to pray much and to seek spiritual healing for various ailments. Therefore, they go there to pray for specific needs so that they can return to their other pursuits with greater confidence and clearer direction. Atiemo concludes by saying that it is characteristic of African societies that in times of crisis people resort to prayer camps or other religious institutions to seek a solution.

Historically, the proliferation of the Independent African Churches (AICs) in Ghana and West Africa, coincided with a period when most of the countries experienced pandemics of various types (see Jenkins 1962:5). Therefore, specialized liturgies for worship became very important. People will attend church services where the liturgy affirms their faith and belief system, especially in times of crisis and need. Ghanaian people are 'notoriously religious' and set great store in things spiritual.

Muller and Wepener (2019:214) point out that in most established churches there is a fixed liturgical form. However, such a formal liturgical pattern cannot be identified in African Independent Churches, of which prayer camps form an integral part. Their liturgy and rites are not thought out, but are celebrated every Sunday in innovative and

creative ways. Often they are rather 'danced out' than described. In AICs, faith is not so much formulated in terms of dogmatic concepts. It is rather lived out in practice. In Ghana for example, Pentecostal/Charismatic churches often accuse mainline churches of not being creative and innovative enough and of not adhering sufficiently to the direction of the Holy Spirit. Their worship services are regarded as 'dull, boring and uninspiring'. In response to this, mainline services have changed. Many have updated their liturgy of service and have introduced gospel bands, musical groups, youth choirs, and choreographers, with modern musical instruments and drumming. This is then an addition to the customary singing of hymns during church services. Others have introduced spontaneous extensive intercessory prayer sessions. Some mainline churches have even added 'one-on-one counselling', deliverance and anointing to their usual Sunday services and all night vigils.

Innovative liturgy is, more often than not, 'a product of a leader's creative genius, acting in unison with the congregation's authentic responses expressed in specific ritual practices' (Muller and Wepener 2019: 214). To Muller and Wepener (2019: 224), the liturgical service is focused on bringing the participants or congregation into the wholeness of a balanced life and to experience life in its fullness – fullness that Jesus Christ has restored in his followers. Forgiveness of sin is central to the liturgy, as well as caution against the many evils in the faith community itself and society. The service calls on the people of faith to obey Scripture. On the surface, this may seem legalistic, but it is rather rooted in the indicative (Muller and Wepener 2019:224). Such a service is then very pastoral in its approach. Amongst other things, it aims to give hope to people by emphasizing the need to share love and assist those in need. The Sunday liturgical celebration nourishes this pastoral dimension.

African Christians, and for that matter Ghanaian Christians, believe in one Supreme God (see Mbiti 1986:40-43). They also believe in ancestral and demonic spirits. These are intertwined and in constant relationship with the living beings. These spirits are believed to possess supernatural powers with which they punish or reward the faithful (Sarpong 2002:95-97). According to Mbiti, African traditional worshippers' view about God is influenced by factors such as geographical location, culture-heritage, language, and social and political factors. These factors affect how the liturgy is developed also and especially at Ghanaian prayer camps. The locality and the culture of the people greatly affect the content of the liturgy for worship.

For the African Christian people to encounter God and feel God's presence in the worship service, the liturgy should have a strong focus on the life challenges the people experience. In as much as it focuses on the biblical message, it should also focus on everyday challenges in life (see Pieterse 2001:19-23).

The liturgy of life and the realities of life ought to be reflected in the liturgy of the worship service. In this way, liturgies for worship are shaped by everyday life, just as everyday life is shaped by the liturgy.

2.8 The function of liturgy

The liturgy in a worship service has different functions. Practical theologians and liturgists have done extensive work on this aspect. Some of the functions as identified by scholars Marcel Barnard, Johan Cilliers and Cas Wepener (2014) in their work, *Worship in the network culture: Liturgical ritual studies*, will be utilised in this investigation. They begin with questions such as: What is the function of liturgy? What should it achieve? The goal of liturgy can be defined in terms of social justice and human flourishing. Liturgies are not meant to be normative and exclusive. They should reflect the heuristic values that of people of faith. Barnard et al (2014) identify five functions or aims of liturgy:

- Liturgy aims at transforming behaviour by the knowledge of the grace of God that is revealed in the life, death and resurrection of Jesus Christ. This transformational knowledge is not only about rational knowledge, but should be found also in skills and attitudes, experiences and affections.
- The aim or function of liturgy is the wellbeing and welfare of participants. It aims at human flourishing;
- Liturgy aims at creating worshippers out of ordinary men and women.
- Through the liturgy, the church service should be inviting and oriented toward the public. It should be able to attract people from all walks of life.
- The function or aim of liturgy in the worship service is the spiritual and emotional restoration of people who feel weak, sick, dejected and rejected by society. It is about bringing hope to lonely and spiritually broken people.

The Dutch liturgical scholar Gerald Lukken (2005:54-73) identifies seven functions of liturgy, which in later publications, he expanded ten functions or 'dimensions' as he calls them. These are:

- a mediating dimension to the past (memory) and future;
- a formalizing dimension;
- a concentrating or condensing dimension;
- an illuminating (cathartic) and canalizing dimension;
- a therapeutic dimension;
- an expressive dimension;
- an involving or exorcising dimension;
- an ethical dimension;
- a social dimension;
- a political dimension.

The researcher agrees with Lukken's ten functions of liturgy. Every liturgy has a role in the worship and life of the participants. The multi-dimensional nature of liturgy can meet the needs of all who join in the worship. Liturgies at prayer camps have the function of meeting the spiritual, social, psychological, political and ethical needs of those who come to participate. Through the liturgies worshippers feel the presence of Christ in their everyday reality. In mainline churches this is experience comes mostly through words, signs and symbols. In the Pentecostal, Charismatic and African Independent traditions the order of service and the spiritual direction that comes from the leaders are central to the experience.

In summary, the aims, functions or dimensions of liturgy differ in their scope and content. These functions provide insight into how religious institutions approach the design of their liturgies. Their liturgies bear traces of the ideological/cognitive, social-ethical, aesthetic and psychological qualities of that religion or denomination. Liturgies also have a functional purpose with regard to particular domains. Liturgical functions concern what is regarded as true, good and beautiful. Liturgies must be meaningful to people within a specific geographical location and culture. Wepener et al (2019:34-35) conclude that in these fields, liturgy is not completely useless. It serves certain aims. This study explores the aims and meaningful contributions of prayer camp liturgies in

the lives of people in a particular geographical location within a particular culture who experience particular and challenging life circumstances. The question is whether these liturgies can contribute to their wellbeing, wholeness and flourishing as human beings and as people of God.

CHAPTER 3

OVERVIEW OF THE HISTORY OF GHANA: ITS RELIGIONS, CHRISTIANITY AND PRAYER CAMPS

3.1 Introduction

This chapter gives a brief overview of the history of Ghana and specifically that of the three main religious groups: Islam, African Traditional Religion (ATR) and Christianity. Since the focus is Christian prayer camps, the emergence and composition of the major Christian denominations in the country will be traced. Finally, the history of prayer camps, and the nature and types of prayer camps that can be found in Ghana, will be explained.

3.2 Overview of the history of Ghana

The Republic of Ghana is named after the medieval Ghana Empire of West Africa. The actual name of the empire was Wagadugu (Okyere 1996:10-83). Ghana was the title of the kings who ruled the kingdom, which was controlled by Sundiata in 1240 AD, and absorbed into the larger Mali Empire. The Mali Empire reached the peak of its success under Mansa Musa around 1307 AD. On 6 March 1957 the name 'Ghana' was adopted when the country was gained independence from the United Kingdom. Ghana is located on the Atlantic coast of Africa. Geographically, the old Ghana is located 500 miles north of the present Ghana, and occupied the area between Rivers Senegal and Niger (see Gocking 2005:2-14 ; Ellis 1893).

The first European nation to visit the land was the Portuguese. They named the south of Ghana where they settled *Da costa d'el Mina*, which means 'the coast of the mine'. This was a reference to the abundance of gold in that region. This is how *Edina* (in the Fante language), the local town where they settled, got the name *Elmina*. In 1482, the Portuguese built a castle in Elmina with the aim to trade in gold, ivory and slaves. Some years later in 1598, the Dutch arrived and they too built forts at Komenda and Kormantsi in the surrounds of Elmina. In 1637 the Dutch captured the Portuguese castle and that of Axim, called Fort St. Anthony, in 1642. Other European traders arrived in the mid-18th century (Ellis 1893). These included the English, Danes and Swedes. The coastline was dotted with forts built by Dutch, British and Danish merchants. By the end of the 19th century, the Dutch and the British were the only traders left on the coast. When the Dutch withdrew in 1874, the British took over and

they changed the name from the Portuguese to English *Gold Coast*. A British colony was created out of that strip of coastland in southern Ghana. The administration of the region was headed by a colonial governor. His officials were all from Britain. Much of the political and administrative transformation took place during the British rule of southern Ghana. By 1874 the diverse ethnic groups were united under a single political administration. Before then, the main ethnic groups which populated the country were the Mole-Dagbani, Gonja, Mossi, Akan, Bono, Fante, Ewe and Ga-Adangbe. Each ethnic group was autonomous. Historically, these ethnic groups came from outside the geographical area that is now called Ghana. For example, some tribes from Northern Ghana, such as the Mamprussi, Dagomba and Gonja, trace their ancestral linkage to medieval Ghana and the people of Mande and Voltaic. There is also anecdotal evidence connecting the Akans of modern-day Ghana to this great empire. The evidence lies in local names such as 'Danso' shared by the Akans of present Ghana and Mandikas of Senegal and Gambia who also had strong links with the empire (Gocking 2005:12-14).

After independence, the leaders of the country led by Dr Kwame Nkrumah, chose the indigenous name *Ghana* to replace the colonial name *Gold Coast*. For the country's leaders, the land and its people reflect the earlier ancient *Ghana Empire* which had built its wealth on the export of gold. Ancient *Ghana* was the first empire to emerge in Africa, after which successive empires followed. Dr Nkrumah and other nationalists who negotiated independence intended to also show the way for the countries of Africa to regain their political, social and economic independence.

The 'colonial period' of the history Ghana was 1902-1957. With effect from 1 January 1902, the Ashantes were declared a British crown colony after three decades of battles. The regions further north became known as 'the Protectorate of the Northern Territories of the Gold Coast'. Initially, the colonial powers did not involve African leaders in the political processes of the colony. That changed in the later years when shortly after World War II the Gold Coast became the first colony in sub-Saharan Africa to gain independence.

After twelve years of study in the USA and the UK, Kwame Nkrumah returned to Ghana in 1947. He was appointed general secretary of the United Gold Coast Convention (UGCC), an organization campaigning for self-government. The UGCC

had won the right in 1946 for an African majority in the country's legislative assembly. Now the aim was also to in the executive power. Nkrumah rapidly extended the movement's popular base. There were widespread riots in February 1948. The leadership of UGCC, especially the older persons, were alarmed at these events and Nkrumah was arrested (Gocking 2005:12-14). This caused a split in the movement. It let to Nkrumah founding his own political party, the Convention People's Party (CPP) in June 1949. Their slogan was 'self-government now'. From January 1950, Kwame Nkrumah organized a campaign of non-violent protest and strikes. This resulted again in his incarceration. The first general election in February 1951 was won convincingly by the CPP, even in the absence of Nkrumah. He was released from prison to join the government and in 1952 became prime minister. During the years of preparation for independence the neighbouring British Togo voted in a 1956 plebiscite, to merge with the Gold Coast. It therefore became a slightly extended territory which attained independence in 1957 under Nkrumah's leadership. The great historical name of 'Ghana' was adopted, even though the ancient kingdom was far away in present-day Mali.

Figure 1: The map of Africa showing the location of Ghana in red



Source : <https://www.bing.com/images/search/>

Kwame Nkrumah's government was fortunate to receive a foreign reserve of £200 million from the British government over against their £20 million in foreign debt (see

Fynn and Fening 1991:263-264). Cocoa prices were good and Ghana had a good income from its minerals. From 1957 to 1960 Nkrumah's government was cautious in formulating its economic policies. This was largely due to the fact that although it recognized the importance of Ghanaians gaining control of the economy, he also appreciated the need not to misuse the foreign capital. Politically, Nkrumah was aware of his status as the head of the first West African nation to have emerged from colonialism, and he had dreams of leading the entire continent into a Marxist future (Arthur 2017:185). This required that Ghana become a republic, which happened in 1960 with Nkrumah as president for life. This meant that there would be only one political party, his CPP as the ruling party. However, Nkrumah's authoritarian rule, combined with a collapse in the nation's economy, prompted a coup. When the president was away in China in 1966, he was exiled. Soon after he died in Guinea. The coup was the first of several in Ghanaian history. In 1992-1993 it emerged as a democratic nation. This was the fourth attempt at a republic after three had failed.

After Nkrumah's first republic established in 1960, there was a general election in 1969. Kofi Abrefa Busia, a university professor with a long track record in Ghanaian politics and opponent of Nkrumah came into power (Arthur 2017). However, Busia was unable to improve the economy of Ghana which was weakened by low cocoa prices. He was removed by a military coup in 1972. That was the end of the second republic.

From 1972 to 1979 the country was under military rule under the leadership of two generals, Ignatius Acheampong and Frederick AKuffo. By coup in 1979 by a group of younger military officers led by Jerry John Rawlings ended this era. Acheampong and Akuffo were executed and general elections could again take place.

The third republic began in 1979. It was led by Dr Hilla Limann and his People's National Party (PNP). That lasted only two years, when Rawlings and his officers staged another coup in 1981. After the overthrow of Limann, Rawlings took over power personally and ruled through a Provisional National Defence Council (PNDC). The specific brief was the renewal of the nation's political and economic life down to village level. During the period 1981-1992, Rawlings proved to be an efficient leader, winning international support for his economic policies. He had gained popular approval as well. After much discussion, Ghana entered into a multiparty democracy with general elections in 1992. Rawlings transformed his ruling council (PNDC) into a political party,

the National Democratic Congress (NDC), and won nearly all the seats in parliament. In this way he became an elected president of the fourth republic. The opposition parties boycotted the election. Only 29% of the electorate voted so, according to Arthur (2017:268-269), the 1992 results could hardly be taken as a popular mandate. At the end of the four year term (1996), Rawlings was re-elected for a second term which ended in 2000. According to the 1992 Constitution of Republic of Ghana, a president can be elected to serve only two terms of four years each. After two terms Rawlings stepped down and the presidential election of 2000 was won by the leader of the opposition, John Agyekum Kufuor of the New Patriotic Party (NPP). He was also re-elected for a second term, which ended in 2008.

The general election of 2008 was won by the National Democratic Congress and John Evans Atta Mills, professor in tax law at the University of Ghana, became president. However, he died after three years in office in 2012. The vice-president, John Dramani Mahama, completed the term. He won the 2012 election, but served only one term. In 2016 the opposition, the New Patriotic Party led by Nana Addo Dankwa Akufo Addo a lawyer and human rights activist, won the elections.

Figure 2: The new map of Ghana with the new 6 regions, making it 16 regions from 10.



Source: <https://www.ghanamissionun.org/map-regions-in-ghana/>

3.3 History of religions in Ghana

According to John Pobee (1991:11-12), 'religion has several definitions given throughout history, none of which has commanded universal acceptance'. George and Achilles Theodorson (1959:344) define religion as 'a system of beliefs, practices, and philosophical values concerned with the definition of the sacred, the comprehension of life, and salvation from the problems of human existence.'

Religion is also an important *social* factor in Africa. In Ghana in particular it permeates all aspects of daily life (see Opoku 1978:1-13; Clarke 1986). Though the 1992 Constitution of Ghana names it a secular state, the Ghanaian people are highly religious and it is difficult for the state to control the religious groups in the country. The constitution of the Republic grants all citizens the rights to freedom of association and worship. In Ghana religious pluralism exists. The different religions co-exist and cooperate with one another. All the major religions are represented in Ghana, but the State recognizes Christianity, Islam and African Traditional Religion as the main religions in the country.

According to the newsletter of the Christian Council of Ghana (1960:5-21), the religious composition of Ghana in the first post-independence population census of 1960 was 41 percent Christian, 38 percent Traditionalist, 12 percent Muslim, and the rest, about 9 percent, with no religious affiliation. A breakdown of the Christian section of the population showed that 25 percent were Protestant (non-Pentecostal), 13 percent Roman Catholic, 2 percent Pentecostal, and 1 percent Independent African Churches.

The 1980 estimate shows a sharp rise in Christianity to 62 percent (see the table below). The Protestant sector remained at 25 percent, but the percentage of Catholics increased to 15 percent. A significant increase was recorded for Pentecostals. From the 2 percent in 1960 the percentage had risen to 8 percent. From the smallest Christian denomination of only 1 percent in 1960, membership in the African Independent Churches rose to about 14 percent by 1980. The 1980 estimate also showed that the Muslim population of Ghana had risen to 15 percent. Conversely, the sector representing Traditionalists and non-believers (38 and 9 percent, respectively, in 1960), saw a dramatic decline. They numbered 21 and 1 percent respectively by 1980. The shift, especially the increase in favour of the Independent African Churches,

attests to the success of denominations that adjusted their doctrines to incorporate and respect traditional beliefs.

**Table 1: Census figures from pre- to post-independence
(1948-1980 and 2000-2010)**

| Religious Composition/Census figures | 1948 | 1960 | 1970 | 1980 | 2000 | 2010 |
|--------------------------------------|-------|-------|--------|-------|-------|-------|
| African Traditional Religion | 66% | 38.3% | 21.61% | 21.4% | 8.5% | 5.2% |
| Christianity | 30% | 42.8% | 52.65% | 62.6% | 68.8% | 71.2% |
| Islam | 4% | 12% | 13.92% | 15.7% | 15.9% | 17.6% |
| Others | _____ | 7% | 11.82% | 0.2% | 0.7% | 0.8% |
| None | _____ | _____ | _____ | _____ | 6.1% | 5.2% |
| Total figures in percentages | 100% | 100% | 100% | 100% | 100% | 100% |

(Source: the Christian Council of Ghana newsletter (1968), Census Reports 1970-1980; 2000-2010. Ghana Statistical Service Demographic Reports on religious organisations in the 2010 Census).

Religious tolerance in Ghana is high, for example, Christian celebrations such as Christmas and Easter are recognized as statutory national holidays. School vacations are often planned around these holidays. This is also the case with Ramadan in the Muslim faith. Important traditional festivals are celebrated by the respective ethnic groups across the country. Because of the great variety, these traditional festivals are not national holidays. They do, however, receive government recognition. For example, the *Adae Kese* festival which occurs fortnightly is celebrated by the Ashantis, and the annual *Odwira* festival by the people of the Akwapims (all Akans festival). On these sacred occasions, the Akan ancestors are venerated. There are also annual *Homowo* activities of the Ga-Adangbe, during which people return to their home towns to gather together, to greet new members of the family, and to remember the dead (See Field 1937). The religious rituals associated with these festivities are observed by the traditional elders of the respective ethnic groups (Opoku 1978:35-39; see Gyekye 2003:161-167; Quarcoopome 1987:70-91).

Despite the strong presence of Islam and Christianity in Ghana, Traditional Religion has retained its influence because of its intimate relation to family loyalties and local mores. The Ghanaian traditional cosmology centres around belief in a Supreme Being (God) who is referred to by the Akans as *Nyame* or by the Ewe as *Mawu* (Opoku, 1978:14-15). Among the Traditionalists, the Supreme Being is usually thought of as remote from daily religious life and is, therefore, not worshipped directly. There are also lesser gods who reside in streams, rivers, trees, and mountains. These gods are perceived as intermediaries between the Supreme Being and society. Ancestors and other numerous spirits are also recognized as part of the cosmological order (see Gyekye 2003:161-167).

The ethnic groups in Ghana consider the spirit world to be as real as the world of the living. To them, the dual worlds of the mundane and the sacred are linked by a network of relationships and mutual responsibilities. The traditional worshippers also believe that the actions of the living, whether good or bad, can affect the gods or the spirits of the departed. Support of family members or the tribe ensures prosperity of the lineage. Neglecting the gods or spirits would spell doom for the people (Gyekye 2003:35-47). In Ghana, veneration of departed ancestors is a major characteristic of all the traditional religions. According to Kofi Asare Opoku (1978:35-39), ancestors are believed to be the most immediate link with the spiritual world. They are thought to be constantly near, observing every thought and action of the living. Kwame Gyekye (2003:17) puts it as follows: 'Traditional African religion is built into the culture of the people and so is a way of life.' To him, social solidarity, harmony, and cooperation are therefore important values to African people. Religion provides consistent support for this dimension of culture.

The religious activities of chiefs are generally limited to routine bi-weekly and annual festivities. The priests of Traditional Religion, by their association with specific shrines are regarded as specialized practitioners. Through them the spirit of the gods will grant direction to the people. Priests undergo rigorous training in the arts of medicine, divination, and other related disciplines. They are, therefore, consulted on a regular basis by the people (see Opoku 1978:75-81). Many diseases are believed to have a spiritual cause. Traditional priests as herbalists administer a remedy. Visiting a shrine is a frequent practice among uneducated people in rural communities. This does not suggest that the more educated Ghanaians have abandoned this tradition. Even with

Christianity and Islam so deeply rooted in Ghana, some educated individuals also consult traditional priests and medicine people in times of crisis.

3.4 History of Christianity in Ghana

The presence of Christian missionaries on the coast of Ghana can be dated back to the arrival of the Portuguese in the fifteenth century. Pobee (1991:12; see also Clarke 1986) explains that Christianity is an intruder in sub-Saharan and West Africa. These regions were evangelized first in the fifteenth century and then more vigorously and more effectively at the end of the nineteenth century and the beginning of the twentieth century. Pobee further points out that theologies, liturgies, structures and many more from the North Atlantic were transplanted to Africa with the result that the churches in Africa are in a 'North-Atlantic captivity' rather than that they belong to the African people.

It was the Basel/Presbyterian and Wesleyan/Methodist missionaries who in the nineteenth century, laid the foundation for the Christian church in Ghana. Beginning their conversions in the coastal area (Methodist) and among the Akwapims (Basel), these missionaries established schools as 'nurseries of the church' to educate African people. Almost all the major secondary of high schools in Ghana, especially boys' and girls' schools, are mission or church-related institutions (See Bartels 1965). Although churches continue to influence the development of education in the country, church schools have been opened to all since the state assumed financial responsibility for formal instruction under the Education Act of 1960.

Various Christian denominations are represented in Ghana. For example, the Volta Region has a high number of Evangelical Presbyterians, the Akropong-Akwapim is home to the Basel/Presbyterians, while the Methodist denomination is found in the Central Region and the coast of Ghana. The Anglicans are mostly located in the Greater Accra region and the coastal towns. The Roman Catholic Church is well represented in Central Region, Ashanti and the Northern Region of Ghana.

Table 2: The 1970 census shows the situation of Christianity in Ghana.

| | Denomination | Numerical strength | % of population |
|------------------------------|--|-------------------------|-----------------|
| Historic/Mission Churches | Roman Catholic | 774,200 | 15.77% |
| | Methodist | 536,820 | 11.37% |
| | Presbyterian | 556,480 | 12.00% |
| | Anglican | 106,940 | 2.2% |
| | Others in the Christian council | 21,030 | 0.45% |
| Independent African Churches | Millenialists: Seventh Day Adventists | 40,720 | 0.66% |
| | Watch Tower | 161,880 | 3.43% |
| | Pentecostals | Christ Apostolic Church | 104,200 |
| | African Christian Churches | 175,900 | 3.73% |
| Total | | 2,484,600 | 52.68% |

The 1970 census further showed that the majority of Christians then belonged to the historic or mission churches. The Roman Catholics and the Protestants constituted 41.79% of the population and other denominations only about 10.03%. Some of the smaller denominations such as the AICs were rather loud and their methods of worship unconventional by the standards of the historic or mission churches. Their prophets and leaders sometimes presented credentials and big titles that were rather questionable. Some used religion to further their own interests. Some of them were and embarrassment to their 'church leadership'. The leadership of the historic or mission churches tended to be more reputable and reliable. This cause tension between the Pentecostal/Charismatic churches and the mission churches for more than three decades (1970-2020). That made a merger or collaboration difficult. In the historic or mission churches who set the 'standard for worship' with a strict liturgical order, there is also a lack of unity. Divisions tend to revolve around who is superior,

who has better resourced, who has more members and who has well-trained pastors or ministers. All of this diversity and lack of unity contributed to the state's decision to rule Ghana a secular state. All powers are legally invested in the executive president who ensures cohesion of the various religious bodies in the country.

After almost five decades, this situation with regard to the religious groups and denominations in Ghana has not changed much. For example, figures from the 2000 and 2010 Census Report show that the historic or mission churches together made up 31.5% of the population in 2010. This represents a decline of 2.2% from the 2000 census figures.

The Report further shows a lack of growth among the Protestant churches – Methodist, Presbyterian, Lutheran, Baptist and Anglican – in the course of the decade. A decline of 0.2% was recorded. The lack of unity, the elitism among the educated, the lack of evangelization among the less educated, the lack of 'operating' under the Holy Spirit (speaking in tongues, praying loudly for long hours, performing miracles and deliverance, spiritual consultation) are blamed for the decline (see Omenyo and Atiemo 2006:55-68). The less privileged and uneducated Ghanaians left the mission churches to join Pentecostal/Charismatic churches who use the local languages in the worship service, local music for 'praise and worship', and operates more with the Holy Spirit. The Roman Catholic Church also had a decline in membership in the decade of the census report. In the 2000 census report they made up 15.1% of the population, but that dropped to 13.1% in the 2010 census report. This represents a reduction of 2%. The most substantial growth within that decade was to be found in the Pentecostal churches (see Asamoah-Gyadu 2010). From 24.1% in the 2000 Report membership increased to 28.3% in the 2010 Report, which indicates a growth of 4.2%. The smaller churches recorded an increase of 0.4%.

Table 3: Religious demographics

| Denomination | 2000 census in % | 2010 census in % |
|-----------------------|-------------------------|-------------------------|
| Pentecostal Churches | 24.1% | 28.3% |
| Protestant Churches | 18.6% | 18.4% |
| Roman Catholic Church | 15.1% | 13.1% |
| Other Christians | 11% | 11.4% |

Source: 2010 Population and Housing Census Report.

3.4.1 Christian Council of Ghana (CCG)

In 1929, a unifying organization called 'the Christian Council of Ghana' was established to bring all the Protestant churches together so that they can have a unified voice with regard to national and religious issues and to increase their influence with the government (CCG 1971 and 1960 reports). The churches that came together in this Council were the Methodist, Anglican, Mennonite, Presbyterian, Evangelical Presbyterian, African Methodist, Episcopal Zionist, Christian Methodist, Evangelical Lutheran, and F'Eden, Baptist churches as well as the Society of Friends. The Council served as the link also with the World Council of Churches and other ecumenical bodies. Later some broke away to form their own councils. This left five members: Methodist, Presbyterian, Anglican, Evangelical Presbyterian and A.M.E. Zion (CCG 1960:8, 1971:5). Over a period of time the CCG succeeded in uniting the mainline churches so that they could speak with one voice confronting the nation on social, religious and political issues. As an ecumenical institution, the CCG gave member churches the freedom to make their own decisions with regard to their faith, doctrine and liturgy.

The National Catholic Secretariat (NCS) was also established in 1960 to coordinate the different dioceses in the country. These Christian organizations were also concerned with the spiritual affairs of their congregations, and occasionally responded to political matters. For example, in 1991, both the Conference of Catholic Bishops and Christian Council of Ghana called on the military government of the Provisional National Defence Council (PNDC) to return the country to constitutional rule. The Roman Catholic Church newspaper, *The Standard*, was critical of government policies. Therefore, since independence and to the present, churches have been serving as the conscience of the nation.

3.4.2 Ghana Pentecostal and Charismatic Council (GPCC)

The GPCC is the umbrella body consisting of over 200 Pentecostal and Charismatic church denominations and para-church organisations in Ghana. It was established in 1969 but registered and recognised as a legal entity in 1971 (See Gifford 1994: 241-265). The aims were to pursue the unity of the body of Christ, to propagate the gospel and to meet the spiritual and socio-economic needs of its members and Ghanaians in general. According to the Population and Housing Census (PHC) 2010, the GPCC represents over 28% of the Christian community in Ghana. It is the largest Church

Council in Ghana in terms of membership. It serves as the prophetic voice, advocate and gatekeeper of the nation. It has partnerships with other church councils with the aim to do development work in the country. In 1969, Rev. Gyan Fosu of the Assemblies of God Church suggested that the four main Pentecostal Churches in the country unite under one body in order to foster good relationships. These were the Assemblies of God, Christ Apostolic Church, the Apostolic Church-Ghana and the Church of Pentecost. Such a union would enhance the growth of the Pentecostal Movement in Ghana.

Leaders of the various churches were taken through a two-week orientation at the Trinity Theological Seminary in Legon. After a series of meetings with the founding members, the Ghana Evangelical Fellowship (GEF) was established on 3 March 1969 at the Evangel Assemblies of God Church, Adabraka, Accra. The GEF was later linked with the Association of Evangelicals of Africa and Madagascar (AEAM). The name was changed to the Ghana Pentecostal Fellowship (GPF) in 1977. Four years in 1981, the name was again changed from 'Fellowship' to the Ghana Pentecostal Council (GPC). In 2011 the name was changed to the Ghana Pentecostal and Charismatic Council (GPCC) to reflect the composition of its membership at the time. According to Kwesi Yirenkyi (2000:325-338) in his article, 'The role of Christian churches in national politics: Reflections from laity and clergy', these Christian churches in Ghana and Africa have been speaking for the silent majority in the absence of viable societal structures for justice. An example in the Ghanaian context is when Christian churches opposed military rule and dictatorship between the 1980's and the 1990s. The churches undertook the task of defending the rights of the ordinary people. They became actively involved with politics and governance and remain so still today (see Yirenkyi 2000:338).

3.5 History of prayer camps in Ghana

A *prayer camp* or *faith centre* as it is called in Ghana and some parts of sub-Saharan Africa, is a syncretistic or eclectic church that emphasizes spiritual healing, deliverance and treatment of all kinds of sickness, which hitherto was an exclusive rights of traditional and herbal healers (See Twumasi 1975). The worship pattern is eclectic, because it combines traditional customs and Western liturgies from the mainline churches. The aim is to provide spiritual healing. Prayer camps proliferated around the 1970's. The spiritual healing they offer is based on the revelation and

direction of the Holy Spirit. Supporting the work of the Holy Spirit are: bible readings, extensive loud prayers, the use of holy water, anointing oil, shackles, and accommodation in sanatoriums for people with mental health problems (Twumasi 1975:26). The sanatorium or mini clinic for people with mental health problems, is open to the public. Some prayer camps have a large following of both Christians and non-Christians who come for spiritual healing. The camps dedicate specific days of the week for 'healing/deliverance'. Traditional healers and herbalists, psychiatric hospitals, some prayer camps provide help with social, spiritual, psychological and psychosomatic problems.

From the beginning of the twentieth century, Ghana shared in the worldwide experience of New Religious Movements (NRMs) (see Dovlo 2004:179). These are movements emerged out of older established religious traditions such as Christianity, Islam, and African Traditional Religion (ATR). The Africa Independent Churches (AICs), of which prayer camps are part, are an example of a new religious movement. It sprung up around 1914 as a result of the activities of individual African prophets. Prominent was particularly the West African Liberian Prophet, Wade Harris. These prophets were seen as 'messiahs or saviours who had come with the message of hope for spiritual liberation' (Arhin-Sam 2011).

Some of these prophets were members of the mainline churches who later broke away from the church. Others sprang up from spiritual churches or were established by migrants from Nigeria (Omenyo 2006:67). Churches such as 'Twelve Apostles', 'Mosama Disco Christo Church' (MDCC), and others, focused on people in the mainline churches and those in the community who were unable to meet their socio-economic needs (Larbi 2001:41). Kingsley Larbi (2001:41) explains it as follows: 'The economic changes in the country brought with it social pressure which forced many to turn to various sources for supernatural help'. According to Larbi, the boost of the cocoa industry, which led an increase of wealth in Ghana, also brought with it and he increased perception that witches work to destroy crops. The people needed something to protect them against these 'destructive powers' of the supernatural realm. These perceptions are based on the African worldview of the potency of the supernatural world to influence the African way of life (see Twumasi 1975; Appiah-Kubi 1981; Mbiti 1990).

Therefore, the emergence of the African Independent Churches (AICs) (See Dovo 1992) and for that matter prayer camps, was to offer a solution to these problems and provide protection for the people. This included mental health problems which were also seen as the doings of evil forces. People joined the New Religious Movements (NRM) because they felt the need to be protected from life's unbearable circumstances (see Mbon 1992:59). This protection was offered by the Africa Independent Churches.

3.6 Types and nature of prayer camps in Ghana

There are several types of prayer camps in Ghana and a wide variety of ways in which they operate. According to the Commonwealth Human Rights Initiative (CHRI) of the Human Rights Watch Report (2012:25-37), Ghana has several hundreds of prayer camps. Jocelyn Edwards (2014) from United States of America in her study on prayer camps in Ghana found that 'the exact number of prayer camps in the country is unknown, yet it is estimated that the number reaches up into the hundreds.' The Ghana Pentecostal and Charismatic Council (GPCC) and Ghana Evangelism Committee are conducting a joint survey to ascertain the actual number of prayer camps in Ghana for their records.

These camps are believed to have emerged as far back as the 1920s. Little is known about their history, numbers, or operations since they are not state-regulated (CHRI, 2008). They are mostly found in the Southern part of Ghana. In the Ada district, one of the ten districts in the Greater Accra Region, there are an estimated 70 prayer camps (Selby 2012). Edwards (2014) observed that 'they are often located outside of town and cities, and ... visitors spend time in residence'.

The prayer camps in Ghana differ in size and degree of sophistication. There can be one self-appointed leader or prophet and few followers, or there can be a more elaborate hierarchical leadership structure and hundreds of people in residence. Those who have hostels, chalets and a sanatorium have subsidised fees. These prayer camps do not exclusively treat people with mental health problems, but also provide general prayer and counselling sessions. These often attract people with physical ailments such as cancer and infertility. People also need prayer for matters such as unemployment, travels abroad, marital problems and spiritual issues. The spiritual healing sessions also focus on substance use, sex addiction, gambling

addiction, nicotine addiction, aggressive behaviour, stealing and other behavioural problems.

Most of the prayer camps operate like other Christian institutions. Their facilities can include places of worship, schools, markets, residences, a sick-bay and a sanatorium for persons with mental health issues. They support charities for orphans, homeless people, the elderly and people with special needs in the community. The only difference between mainline churches and prayer camps is that the latter are more Pentecostal/Charismatic by nature. This includes belief in the power of miracles, consultation with angels and spiritual healing (Christian Council of Ghana Report, 2013:7).

In Ghana, prayer camps are believed to play an important role in the spiritual healing of mental health problems. The camps provide an alternative and complementary solution to mental health challenges. The liturgical method that is used for this spiritual healing is a mixture of Christian beliefs and traditional customs, with also sometimes herbal healing included (Twumasi 1975). Intensive prayers, long-fasting and exorcisms form part of the methods for spiritual healing. In some cases, the camp administers herbal medicine to people with mental health problems to keep them calm. Most of the treatment methods used are widely accepted by the people and church members who visit for help (Twumasi 1975). The living conditions of the people in residence at the camps, vary from one prayer camp to the other. Some have adequate shelter and good sanitary conditions for both sexes, whereas at others camps the safety of the people and the conditions of hygiene are questionable.

Originally, the prayer camps were set up as retreat centres for prayers and spiritual healing. A training programme was organised by the Human Rights Advocacy Centre (HRAC) with the support of the Rhodes Scholars' Southern African Forum (RSSAF), Oxford United Kingdom on 4 December 2010 at Kasoa in the Central Region (see Christian Health Association of Ghana – CHAG). Gradually a shift to 'healthcare centres' occurred. Despite their involvement with mental health problems, almost or all of them operate with little or no state regulation. From the side of the churches, some camps nominally fall under the authority of the Ghana Pentecostal and Charismatic Council (GPCC), an umbrella body for 200 churches and evangelical associations in the country (GPCC Information Centre 2019). The council has an ad

hoc committee of elders which monitors compliance of member churches with their guidelines. However, the council's responsibility of overseeing the camps is limited. Some of the liturgies for spiritual healing in the camps are often inconsistent with the Council's guidelines. If these camps are suspended or have their registration permit revoke, they continue to operate without any supervision (Human Rights Watch Report 2012:30-40).

The following lists some of the most popular prayer camps in Ghana. The older camps established from the 1950's onward, include:

- the Okanta Prayer Camp located at Adeiso in the Eastern Region;
- the Edumfa Prayer Camp in Cape Coast, Central Region;
- the Nyankumasi Prayer Camp Cape Coast, Central Region;
- the Hebron Prayer Camp, Medea Accra-Nsawam road).

Some of the more recent ones, established since the 1990's include:

- the Mount Horeb Prayer Centre, Mamfe, Eastern Region;
- the Grace Evangelical Centre, Akropong-Akwapim, Eastern Region;
- the Mama Comfort Prayer Camp, Achimota Forest, Greater Accra Region;
- the Kasoa Healing Centre, Kasoa, Central Region.

(see Human Rights Watch Report 2012:30-40)

Figure 3: The map of Southern Ghana showing the locations of major psychiatric hospitals (in red cross) and prayer camps (in blue triangles).



Source : <https://www.bing.com/images/>

CHAPTER 4

THREE PRAYER CAMPS: HISTORY, MINISTRY AND RESOURCES

4.1 Introduction

This chapter focuses on the interviews conducted at three selected prayer camps, namely: Mount Horeb Prayer Centre, Mamfe, Grace Evangelical Presbyterian Prayer and Patmos Prayer Camp, Akropong, and Ogie Prayer Camp, Achimota Forest, Accra. The chapter also reports on the participatory observation of worship services and prayer sessions. The various physical facilities for providing spiritual support for people with mental health problems are described.

Prayer camps in Ghana are believed to play an important role in mitigating the mental health problems of people who go there for spiritual healing (Agyemang 2014). They provide alternative and complementary support for people who suffer from various conditions. Christian beliefs and traditional beliefs, practices and remedies are combined in an eclectic fashion. Intensive prayer sessions are accompanied by periods of long dry fasting (no food nor water for weeks). Various methods are used to exorcise evil spirits. These are called 'deliverance sessions' (see Atiemo 1994:32). Herbal medicines prepared under divine direction are used to reduce the pain of members who become aggressive because of their mental health condition. Family members, who accompany the people with various conditions, understand the liturgical processes as the way in which spiritual healing is facilitated.

I observed that the living conditions at the prayer camps varied from one camp to the next. Whereas some have separate rehabilitation facilities for males and females, others did not have facilities for persons with mental health problems. According to the camp leaders and founders, the prayer camps were originally intended as Christian retreat centres for prayer and spiritual upliftment. The purpose of these camps only gradually shifted to the spiritual healing of persons with mental health problems.

4.2 The Mount Horeb Prayer Centre

4.2.1 The founding of the prayer camp

The Mount Horeb Prayer Centre, situated at Mamfe in the Eastern Region, is a well-established and internationally recognised prayer camp in Ghana, which supports people with mental health problems and facilitates spiritual healing by means of liturgical and ritual practices. The interview with the prophet and his wife provided an overview of the prophet's personal history and details of how the prayer camp came into being.

The prophet describes his birth as 'mysterious' (Okai 2009). Once when he requested his birth certificate he found a receipt attached to it which read *Kweku Nii Okai Born Prematurely (6 months)*. He asked his parents about it. His mother told the story of how she was a hawker who sold salt. When she was six months pregnant, she felt signs of premature labour. She called on the people around her for help. A security guard assisted her with the delivery of a healthy boy. The security guard, probably a Muslim, said in Akan to his mother: *Wo awo Osofo kesse paa o* (this child is a great man of God). Prophet Okai was born under a mango tree. For him, his birth was the first sign that God had a purpose for his life. Some women wrapped him in a cloth and he and his mother were taken to hospital where he and his mother remained for several months. He was placed in an incubator with other six babies. A hospital chaplain came to their ward. According to his mother, the chaplain who prayed for the babies, pointed at him and gave the following instruction to the nurses: 'This baby is too powerful to be among the others. Give him a separate cot.' So, right from birth 'God set me apart to glorify God's name.'

Prophet Nii Okai related the dreams and visions that shaped his calling. When he was twelve years old, he had a vision of a big piano. When he played, people would come and listen. The sound could be heard all over the world. He did not understand the vision at the time. He needed someone to interpret the vision, but could not find anyone. He did not tell his parents. He now believes that the vision pointed to the future prayer camp.

After his birth, his mother no longer sold salt, but began to sell 'kenkey', a local Ghanaian dish of the Ga tribe from Accra. The dish was made of corn. One morning

the boy told his mother: 'Today nobody will buy your kenkey because I had a dream in which I saw a black cloth covering the kenkey you sell.' The mother left to sell the kenkey, but to her surprise sold nothing. This became widely known among the family and in the neighbourhood. The boy continued to have dreams about the mother's business. His solution was that, after cooking the kenkey, his mother would give him money to buy the first batch before she went out to sell the rest. This worked well. After this first sale, a long queue of people waited to buy the kenkey. By midday, it was sold out. The business went well. His mother could expand it and employed assistants. In a short time, she succeeded in establishing a 'kenkey factory' in the area.

About his father, he related the following. Once in a vision, he saw his father fall from the top of a roof on which he was working. When he told him about this dream and pleaded for him to stay at home. His father retorted: 'Nii, everyday you wake up and tell us stories, today you are commanding me not to go to work because of your so-called dreams, what do you want me to do?' His father left for work. He did get hurt at work that day. The news once again spread across the family and the neighbourhood. As a child, Okai also had a dream that a stray dog would bite his father. Again, the father did not take it seriously. He left for work in the Abeka suburb of Accra. As his father rode his bicycle through Tesano Estates, an elite neighbourhood in Accra, a big dog bit him in the leg. He was taken to hospital. To the prophet, these visions confirmed that God had work for him to do. When his father returned from hospital, he said: 'Daddy I told you so'. His father did not respond.

Prophet Okai also had visions when he was at school. He would ask God to show him examination questions. Something like a chalk board would appear and show him the questions. In the examination, they would appear exactly as he saw in his vision. Prophet Okai gained admission to a Business School and did well 'because of the directions from God'. He could not continue his education because his father left for Nigeria and did not return. After an absence of fifteen years, his mother went to look for her husband. She left Okai to take care of his sister. In order to do so, he had to work. While he was employed by a bank, preached and continued to have visions.

Prophet Okai lost his employment. He consulted a man of God for divine intervention, but the man of God said to him: 'Nii Okai, God is going to use you that is why you are going through challenges. Go and prepare yourself, pray to God, and God will begin

to use you.’ Prophet Okai was annoyed with the man of God. He saw a great future for himself in the banking business. He did not aspire to pastoral ministry.

After having lost his employment he intended to travel to the United States of America, procure the necessary documents and then send for his family. However, his passport went missing. Too much time had elapsed and he lost the opportunity. With the assistance of a previous client, he acquired a new passport and air ticket from Togo to the US. On his way to the airport, the car broke down and he had to take three busses. The flight was delayed and would only depart the next day. He stayed in a hotel for the night. That night armed robbers broke into the hotel and stole the passengers’ luggage. In his luggage were his certificates and documents, but not his passport. He was a foreigner in Togo and knew nobody in the country. It was very late at night and he was terrified. He heard some people speaking a local Akan language of Ghana. One of these people called a relative who lived in Togo for assistance. Prophet Okai was taken to a place where people were smoking, using cocaine and drinking alcohol. He came to the realisation that God wanted him to learn some life lessons and that he should return to Ghana.

His attempt to journey further was again fraught with difficulties. Again, he was a foreigner in another country, this time Nigeria. Again, he was in distress and was assisted by Yao who was also Ghanaian and was employed by an international airline company. Yao took the prophet to his apartment and provided him with food and wash facilities. On the same day, Yao lost his employment. The prophet remained in Nigeria for one month to take care of the apartment while Yao was away. During his stay there, the prophet began to pray. He remembered the dreams and visions of this youth. He proceeded to fast for three days and on the third day God spoke to him:

Kwaku Nii, Kwaku Nii! I am the Lord God of Abraham, Isaac and Jacob, return to Ghana. The time has come for you to do my work. If you become disobedient and travel to the United States of America, only your dead body will return to Ghana, for I the Lord, will not be with you. If you obey and return to Ghana, I will make you great and your name will spread all over the world.

He decided to return to Ghana to do God’s will. Because he was embarrassed, Kwaku Nii did not return home but went to a friend’s house. The friend was not at home. He was at a prayer camp called ‘Okanta’, at Suhum in the Eastern Region of Ghana.

When the friend returned, he related that he had dreamt of Kwaku Nii. In the dream, Kwaku Nii had become a man of God and God was using him tremendously. After having heard Prophet Okai's story the friend advised him to visit the Okanta Prayer Camp for spiritual direction. Kwaku Nii Okai travelled to the Okanta Prayer Camp with the assurance that God would show him God's power. When he arrived, the people were on their way to 'consultation'. They were queuing to see the man of God. There were people suffering from mental ailments who had come for spiritual healing. He felt the presence of God at the camp and knew in his spirit that God was going to refine and mould him. On his first night at the prayer camp, he heard the voice of God again:

Kwaku Nii, now that you have come. You are no longer a bank manager, but a servant. You have to humble yourself, help this man of God, and do whatever he wants you to do. When you wake up in the morning, perform the house duties such as sweeping, and fetching of water. Then the voice left.

Early the next morning he woke up and began filling the empty barrels with water from a well. When he awoke, the man of God was amazed to find the 'former banker' fetching water. From that day on, he received extra strength to be of service. The voice of God came to him frequently, directing him on what to do. This voice has been with him up to the present day. Whenever someone comes to him with a spiritual problem, the voice of God speaks to him and directs him how to solve it.

After a long period of dry fasting, he was to be anointed on God's instruction. The night before the anointing, Okai had a dream in which he saw himself dressed in a military uniform with weapons around his waist. He heard the usual voice saying: 'Use this armoured vehicle.' Four small vehicles appeared around him. The man in the vehicle in front held up two flags, one green and one red. He was directing traffic. Then Okai saw soldiers in a battle array. They each held a trumpet with bright lights surrounding it. As they started blowing the trumpets the heavens opened and a voice said: 'There comes a great prophet and evangelist for the 21st century.' The convoy moved through the town followed by a huge crowd and stopped at a large mansion. Three angels welcomed him. He saw Jesus seated on a throne with Elijah and Moses on either side. Jesus was holding a silver cup. Moses poured oil into the cup. It overflowed and some of the oil poured onto the floor. Okai knelt and Jesus anointed him. There were songs of praise and a voice spoke out: 'This is the greatest prophet, and evangelist we have

anointed for the 21st century, today you are “Paul”, the helper of the third world countries.’ When he woke up, he added ‘Paul’ to his name. His official name is now Paul Kweku Nii Okai.

Prophet Okai served at the Okanta Prayer Camp. An elder was in charge of the farm and labourers. Kwaku Nii supervised the labourers for one-and-half years, during which time he did not travel to Accra to see his family. He became well known at the camp. There was some friction between him and the other young pastors at the camp. Early one morning he heard the voice summoning him to a place where he was met by three angels. The angel in the middle saluted him and said: ‘We are going to use the swords against your enemies. You are going to Mamfe-Akuapem and from there you will spread the gospel throughout the whole world. With these swords we are going to fight for you.’ He did not share this vision with anyone. Only on the 10th anniversary of his ministry at the prayer camp did he share it with the congregation in his testimony.

According to Prophet Okai, God commissioned him to leave the Okanta prayer camp and go to Mamfe in Akropong-Akwapim in the Eastern Region. He did not feel that he was equipped to begin a ministry, because he did not have much knowledge of the Bible and did not know anybody there. The voice said: ‘Open your eyes’. He saw the image of a large egg rolling towards him. When it reached him, it broke and a fully-grown fowl emerged. To him, this meant that God had already prepared a place for him for his ministry. He set off to the unknown town of Mamfe. He had a vision of the whole trip to Mamfe-Akuapem, the exact place, and the landmarks for which to look out. He saw the location of the demons and witches that controlled the townships of Mamfe, Aburi, Lateh, and Akropong and the adjacent towns. Traditionally, Mamfe was known as the ‘home of demons and witches’. It had been cursed by a powerful priest, Okomfo Anokye, who spiritually and physically assisted the Ashanti Kingdom in 1695 when King Osei Tutu was King, and also during the British invasion of the Ashanti Kingdom.

When Prophet Okai arrived at Mamfe, the voice of the Lord directed him to a stream of water in a forest. He saw a farmer and introduced himself: ‘I am a servant of God, the Lord has asked me to come to this land and start a ministry, who do I see for permission concerning this land’. He was directed to the family that owned the land. They responded to his story with: ‘God is great! God is great!’ The elder of the clan

explained that, before her death, the woman who had owned the land had a dream of an angel of the Lord saying: 'On this land, I, the Lord will build my church. People will be saved here. There will be healing and redemption on this land.' She told her family what the Lord had revealed to her and instructed them not to sell the land or use it for any project, for it belongs to God. She further instructed the family members to offer the land to any man of God who will come and ask for it. Prophet Okai was the first person to ask for the land to start a ministry. To Prophet Okai, this was the fulfilment of what God had revealed to him.

The family disputed the way in which the land would be made available to the prophet. Some wanted him to have it without payment, whereas others wanted him to pay a small amount. Eventually all agreed to a long lease, but for ministry purposes only. A fetish priestess and shrine assistant warned them of a bad omen, but the family proceeded with the arrangement. Prophet Okai could choose the portion of the land he needed for his ministry. The prayer camp was originally located next to a refuse dump. According to the voice, that location had spiritual significance. To Okai, it meant that the spiritual problems and afflictions of the town were buried under the Mount Horeb Prayer Centre. The family also offered Prophet Okai a room in their house where he could stay while he prepared the land. However, the voice instructed him to live in the forest not in a house. He cleared a section of the forest and built a shed where he could keep his belongings and sleep.

It was a terrifying experience to live alone in the forest. At night, he could hear the sounds of animals. At dawn, hunters in the forest were searching for game. He heard gunshots. He prayed that the hunters would not mistake him for an animal and shoot him in the dark. Prophet Paul Kwaku Nii Okai asked how the people would find his ministry. God replied that in three days people would get to know where he was located in the forest. One night when he was praying, he saw a star in the sky. He thought it looked like a satellite. The voice explained that the function of a satellite is to bridge the communication gap among nations. His ministry would be like the satellite, bringing people from all nations and continents together. People of all walks of life would come to this mountain for spiritual support.

The Spirit gave him a name for the ministry: Mount Horeb as in Exodus 3:1-2 and 17:6. The ministry in Mamfe was therefore called the *Mount Horeb Prayer Centre*, and the

motto was: *No Weapon*. The ministry was to be a prophetic ministry with a focus on healing/deliverance and counselling for people with mental health problems.

The first miracle took place when a nearby farmer whose father was dying approached prophet Okai. When the prophet saw the dying man, he felt the power of God come upon him. He began to pray and sing. The sick man began to vomit blood and objects. He raised the man up. The man was able to stand on his feet and speak. He asked who the man of God was. The news of his healing spread and people came to see the miracle. After the healing, people began to come to the forest for prayer, counselling and direction. Prophet Okai became famous in the area. The voice instructed him not to put up signs to direct people to the camp. The testimonies alone would bring people from far and near. He should only work hard and rely on the Holy Spirit. The Human Rights Watch Report (2012:37) indicates Mount Horeb and the Edumfa Prayer Centre as the most established prayer camps in Ghana. These prayer camps have special 'sanatoria' where persons with mental health problems can stay and receive spiritual support. The Edumfa Prayer Centre housed 25 people with mental health problems from November 2011 to January 2012. The Mount Horeb Prayer Centre had 135 persons with mental health problems within the same period. On 21st June 2021 the figure was 104. According to the report the Mount Horeb Prayer Centre, Mamfe, has a greater capacity and better facilities for accommodating people with mental health problems. Among others they utilise well-planned liturgies for spiritual healing them.

The Prayer Camp at Mamfe celebrated its 28th anniversary on 23 June 2021. The prophet was trained at the Okanta prayer camp, which was linked to the Pentecost Church. Mount Horeb prayer centre was later also linked with the Church of Pentecost from which it received support and leadership. It became part of the Church of Pentecost and was governed by the constitution of the church. At one stage wealthy business people joined the prayer centre. They formed the 'Men's Fellowship'. The group organised business programs and became successful within the prayer centre. This, however, was considered a breach of the constitution and affected the relationship between the Pentecost Church and the prayer centre. The Men's Fellowship requested that the prayer centre cut ties with Pentecost Church and become independent. The Church of Pentecost excommunicated prophet Okai from the Pentecost Church. The centre was called the 'Prayer and Healing Wind' when it

was part of the Pentecost Church. After it became independent, the name was changed to the Mount Horeb Prayer Centre. It has since drafted a constitution and trains its own pastors and workers.

Pastor Albert Haliga, the current General Secretary of the Prayer Camp, confirmed that the name 'Mount Horeb' was the result of the covenant of the founder Paul Kweku Nii Okai with God and his call to service. From its humble beginnings in the 1990's, Mount Horeb has grown. Facilities now include a state of the art auditorium, hostels, a Bible school, chalets, markets, a cemetery, conference rooms and a sanatorium for people with mental health problems. The prayer centre currently has some twenty-four branches throughout Ghana and Europe, especially in the United Kingdom. The prayer centre has a congregational church called Christ Miracle Gospel Ministries International (CMGMI), which operates separately from the prayer centre though it is located on the same premises. The centre has several residential pastors assigned different ministerial responsibilities which includes counselling.

4.2.2 The ministry

At the Mount Horeb Prayer Centre liturgies for spiritual healing form the main component of the service they provide for people with mental conditions and other forms of suffering. Through participant observation over a period of three nights, it became clear that these liturgies can be distinguished as those with a *spiritual* focus and those with a focus on *material or physical* support.

One aim of the liturgies for *spiritual healing* is that people with mental health problems can come to restoration and wholeness (See Canty 1989). The order of worship includes a 'healing/deliverance' session, music ministry, dancing, a sermon or word of exhortation, intercession, offertory, confession, testimony, prayers for people with mental struggles, prophetic declaration, anointing. Worship services for spiritual healing and deliverance take place on Thursdays. On a Friday there are night vigils. On Saturday mornings there are prayer sessions and Sunday services are for thanksgiving. There are also midnight or dawn prayer sessions from Monday to Sunday from midnight to 3:00 am as the Holy Spirit directs. One of the 'prayer warriors' quotes Romans 12:6-8 as biblical support for this practice:

We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully.

Another pastor explains it as follows:

At Mount Horeb Prayer Centre, every spiritual gift is needed during worship service before people can receive support. Nobody is a waste or useless in the House of God. Even the people with mental health problems who come for healing and spiritual support and who are healed through their own testimony, increase our faith and belief in God. I dropped out from school, but God is using me to support the prophet and put a smile on the faces of people who come here. Here, there is no stigmatisation or discrimination. We are one family.

When someone arrives first at the camp for spiritual healing, the person first sees Prophet Okai for consultation and counselling. Prophet Paul Kwaku Nii Okai begins the process of identifying the spiritual problem with counselling, prayer and a word from the Epistle of James 5:13-14:

Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord.

According to the prophet Okai, it is the mandate of the elders and prophets of the church as God's servants to ensure that God's children, including people with mental health problems, are set free from bondage and demonic attack. Consultation and counselling are the first step of the liturgical support. It is offered to all visitors and worshippers who report to the centre, whatever their spiritual problems, disease, life issues or mental health problems.

During the consultation, Prophet Okai asks for the persons' bio-data and the history of their mental health problems or physical ailment. A relative or family member provides

this information if the persons with mental health problems cannot speak or engage in conversation. If they are able to speak, they relate their spiritual issues and how long these have persisted. They are asked whether they have visited other prayer camps and what the outcome was. After the consultation, persons with mental health problems are admitted to the sanatorium.

The Prophet is assisted by trained pastors, counsellors and caregivers. Paramedics and nurses of the local hospital, who are also members of the Centre, provide free basic medical services to people with mental health problems. They evaluate whether these persons will be able to endure the dry fasting part of the spiritual healing process, which is quite severe. A nurse quotes 1 Peter 4:10-11 to substantiate her support for the process:

Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. If anyone speaks, he should do it as one speaking the very words of God. If anyone serves, he should do it with the strength God provides, so that in all things God may be praised through Jesus Christ...

Whether a person is a medical doctor, nurse, psychologist, prophet or care-giver, the talent or vocation God has given the person is meant to be used for the benefit of all. Whether she works at the hospital or prayer camp, she regards it as service to humanity and to the less privileged. All the pastors, counsellors and caregivers with their families are in residence at the camp in order that they can be available all the times. The prayer vigils are led by the pastors. The prophet and the pastors also do counselling with families and relatives to inform them of the progress or status of their loved-ones at the sanatorium. Persons with mental health problems often remain at the prayer centre for extended periods of time. This requires a great measure of tactfulness, discipline, cooperation and respect of the caregiver. One pastor put it as follows:

We have been called by God to support our brothers and sisters to come out from this demonic enslavement of mental health problems. Our duty is to support the Man of God, (who we called Papa) with the help of the Holy Spirit, to facilitate healing so they can also worship God like we do. I have been a pastor here for the past fifteen years. I have seen God's healing of these persons. God makes them whole

again. We have countless testimonies to show that. As you could see during service, we have more than 70 persons who currently need spiritual healing. God will do it for them.

Some of those who have been healed, now live permanently at the Centre. They serve at the sanatorium as porters, taxi drivers, security guards and caretakers.

Before the 2008 general elections, Prophet Okai had prophesied that candidate John Evans Atta Mills would win the national elections. Mills did win the elections and became President of Ghana in 2009. After his death in 2012, the then vice-president, John Dramani Mahama, went to the prayer camp at Mamfe for special prayers. He won the 2012 general elections and became the president of Ghana. Pictures of prophet Okai with Mills and Mahama are displayed in the offices of the Prophet and are also on 2013 calendar of the Centre.

The leader in charge of the sanatorium and the deputies take good care of the people with mental challenges. Their duties include seeing to the general hygiene, adherence to the fasting and prayer days, and bringing the people to Prophet Okai for consultation, counselling and prayers on Tuesdays. Their time with the prophet is not interrupted. Some are accompanied by their families who live with them at the camp. The leader explains it as follows:

I have been working here for the last 20 years taking care of my brothers and sisters. There must always be someone here to look after them. That is why we are three people here. On Tuesdays from 05h30 they are bathed and have breakfast. The meetings with the prophet are from 09h00 to 12h00. He meet them individually and prays with them. Those who need further prayers are brought to the Thursday service for anointing.

It was difficult for me to gain access to the sanatorium because of bad experiences they have had with researchers and the media before. The Centre has made the headlines several times. Examples are the following:

- The Ghana's *Daily Graphic* of 14 September 2011: 'Mental Patients Suffer Violations in Prayer Camps'.
- *The Chronicle* of 28 August 2008: 'Mental illness, Prayer Camps and Society... A Factor of Human Rights Abuse'.

- The *Daily Guide* of 12 December 2008: 'Mills Changes Prayer Camp'.

The Thursday healing/deliverance service lasts for the greater part of the day. It involves exorcism and the casting out of demons/evil spirits (See Eni 1988). This takes place at the 'healing auditorium'. During that event, two or more pastors surround the person, while the leader lays hands on the person. They surround the person for protection, in case the person falls down violently or becomes aggressive during the deliverance process. Prophet Okai explains it as follows:

The 'manifestations' of the mental person, that is, being aggressive or violent in nature, and sometimes mentioning names of people during deliverance session is part and parcel of the healing process. It means the demon(s) responsible for the mental health problems, is being cast out, or is tormented within the person. When the prayers are repeated, the person can be set free and become whole again.

One pastor referred to this as 'being slain in the spirit'. The person goes into a sudden sleep and falls to the ground where the Spirit of God 'operates' on the person.

Bernard Spilka et al (2003:525) point out that 'prayer, whether public or private, as a form of ritual has been described as being essentially supportive and therapeutic ... in one's personal armamentarium'. They describe prayer 'as an active, cognitive, coping strategy and often an attempt to deal with distress and serves as a kind of self-therapy.' Studies have shown that prayer and religious belief or activity can be beneficial to the elderly, the sick, and people with various difficult circumstances. With regard to the treatment of mental health problems Tepper et al (2001:660-665) explain: 'Prayer also serves as a pervasive and potentially effective method of coping for persons with mental health problems, thus warranting its integration into psychiatric and psychological practice.'

At the Mount Horeb Prayer Centre most worship services begin with an opening prayer, praise and worship, and brief intercession. These elements will now be briefly discussed.

- **Opening prayer and praise and worship**

The leader of the music team explains this element as follows:

This item on the liturgy: praise and worship is scriptural. Psalm 100:4 says 'enter his gates with thanksgiving in your heart and into his courts with praise'. Music is the key that opens the locked soul before healing/deliverance can take place. We are careful about the type of songs to sing before the start of worship, before and after sermon/Word of God, before and after healing/deliverance, for the offering and before and after the time for testimony. Sometimes, the music ministry alone is able to heal the sick or prepare them for total healing.

Persons with mental health conditions were present in the worship services. In this way they could have fellowship with the entire congregation. They could join in the singing, dancing, and clapping. They could 'make a joyful noise before God'. Prophet Okai regards this spiritual exercise as also important to the healing process because it lifts the spirit and opens the inner world of the person for deliverance. It gives those who have been in the camp for an extended period of time the opportunity to socialise with the faith community. The songs are mostly sung in the local languages, especially the Akan language. The congregation is able to sing along and participate fully in the worship service.

- **The sermon, Word of God and prophetic time**

The Word of God or exhortation precedes the healing session and is delivered by the prophet himself. Prophet Okai explains it as follows:

The Word of God is fundamental to all the things they do, and healing is received when one receives the Word of God. Psalm 107:20 says: 'he sent his word and healed all that were sick from their diseases'. It is the Word of God that heals not the prophet. I am only a vessel God uses to spiritually release all those in demonic shackles and set them free.

The theme of the sermons is often: the victory of Christ over evil. The Word of God strengthens the faith of the people. Some members of the congregation explain that they believe in the Word of God and find comfort in God's promises. Prophet Okai uses specific Bible verses to deal with anxiety, depression and mental health problems. These include Philipians 4:4, 6, 9, 13 and 19:

Rejoice in the Lord always. I will say it again: Rejoice ... Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving present your request to God ... Whatever you have learned or received or heard from me, or seen in me-put it into practice. And the God of peace will be with you ... I can do everything through him who gives me strength ... And my God will meet all your needs according to his glorious riches in Christ Jesus.

- **Testimony**

Before the healing service, the pastors and counsellors identified persons who had been healed of mental health problems and were willing to share their testimony. After the offertory and music ministry, they are led to the front by the pastors to testify before the congregation of the healing power of God. Sometimes, Prophet Okai would affirm relate his first encounter with the person. This testimony time, according to the head of the sanatorium, 'is a psychological booster for those waiting to be prayed for'. To avoid faking or false testimonies, the pastors first evaluate those who have been selected to give testimony to ensure that they are well and able to speak before a large crowd. The General Secretary of the camp explains that 'this liturgical process is important, because at Mount Horeb Prayer Centre, credibility is vital. Genuine and real testimonies boost the spiritual enthusiasm of members and encourages faith and hope'. The leaders substantiate this practice of testimony with Revelation 12:11:

They overcame him [devil/Satan] by the blood of the Lamb and by the word of their testimony; they did not love their lives so much as to shrink from death.

Testimony from those who have been healed serves to motivate and inspires the entire congregation. It especially inspires those who are waiting on God for healing. One hour or more is allocated to testimonies during the service. The testimony of a man who had experienced spiritual healing from mental health problems is the following:

I don't know how long I was sick. My mother says close to five years. I cannot tell exactly where my mental problem began, but one day after my promotion at work [a bank], when I sat down on my new office swivel chair, then I felt a sharp pain across my back then a mild headache and suddenly was behaving strangely. I began shouting and insulted the Director and my colleagues at work. I did not remember

what I had said. All I know is that they used ropes to restrain me. They took me to the Accra Psychiatric Hospital where I was admitted. After two weeks I was discharged. I stayed at home for another week and took the medication I was given. When I returned to work, the problem manifested again. This time I removed my clothing, went outside and ran across the street. I was almost knocked down by a car. They called my parents. I was restrained yet again and taken to the psychiatric hospital where I remained for one week. When I was discharged, somebody advised my mother to bring me to the Mount Horeb Prayer Centre, Mamfe, to come and see Prophet Okai. In November 2020 my mother brought me here. After counselling, prayers and fasting, today [the testimony was in April 2021], by the grace of God, I am well. I went back to Accra Psychiatric Hospital for assessment and was told that I am fine. Unfortunately I lost my employment at the bank due to prolonged absence. I am unemployed. However, I thank God for the healing and I thank Prophet Okai for being God's willing agent. I thank my parents, especially my mother who has been with me since November 2020.

The testimony of another is as follows:

According to Prophet Okai, the demon who did this to me was a strong one. Anytime my mental problem manifested, I could walk barefoot from Accra to Kumasi [Central part of Ghana] through to Bolgatanga [Northern part of Ghana] and then continue to Burkina Faso boarder. As soon as I get to the boarder then 'something' would tell me to go back home. During these journeys, I would not eat anything. I only drank drink water wherever I could find some. My sister brought me to this prayer camp after my return from one such trip. I had to be bound in chains in order for them to bring me here. I was kept in chains here for a while before I was moved to the other sanatorium.

- **Laying on of hands and anointing**

After the testimonies comes the healing/deliverance part of the service. Prophet Okai lays on hands and does the anointing. The practice of anointing with oil is based on James 5:14: 'Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord.' This rite of anointing the sick is performed frequently. It forms part of all the prayer and spiritual healing sessions,

including the night vigils and dawn sessions. This rite, according to Prophet Okai, is part of the spiritual direction of the Holy Spirit. He explains it as follows:

The use of the anointing oil spiritually weakens the demons responsible for mental health problems. It serves to counter or defend against attacks of the evil spirits on the prayer warriors, pastors and himself.

The anointing oil is used upon the direction of the Holy Spirit.

In their sermons, the prophet and pastors emphasise faith in Jesus Christ. The people should not rely solely on the anointing oil. Jesus Christ is the healer of all spiritual disease. His name is mentioned and then every principality bows before him. The anointing breaks the yoke of suffering and sets the one in bondage free.

- **Use of Holy Water**

During the time that I attended the services, the Prophet made use of Holy Water or Blessed Water once. It formed part of the healing ritual performed for a woman who was accused of being a witch. The Prophet splashed the Holy Water on her face. She fell down lay there for a long time.

- **Confession**

The liturgy for spiritual healing includes a time for confession. Those who are prayed for have the opportunity to confess openly before the whole congregation the sins that weigh heavily on them. This practice is based on 1 John 1:6-10:

If we claim to have fellowship with him yet walk in the darkness, we lie and do not live by the truth. But if we walk in the light, as he is in the light, we have fellowship with one another, and the blood of Jesus, his Son, purifies us from all sin. If we claim to be without sin, we deceive ourselves and the truth is not in us. If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness. If we claim we have not sinned, we make him out to be a liar and his word has no place in our lives.

This scripture is read to introduce the time for confession. It serves to encourage members not to hold back but to name their sins. If they are not honest about their sins they cannot expect miracles to follow. When invited, the people come forward in great numbers to confess all sorts of things, including: witchcraft, juju, charms, broken marriages, spiritual killing, stealing, and cheating. After the persons have confessed

freely to God and asked for forgiveness, the Prophet commends them and sometimes the congregation applauds them for their boldness.

In general, Ghanaian culture attributes mental health problems to spiritual attacks and demonic activity rather than to psychosis (See Eni 1988). Evil deeds and a bad life style are believed to open the souls of people for spiritual attack. Some rather serious sins include 'money rituals' in Ghana and Nigeria. They are referred to as *sakawa*, 'yahoo' or '419' and involve human sacrifice (See Asamoah-Gyadu 1996: 12-23). This is done for among others political power. In the session I attended, two men confessed to selling human body parts for 'more money'. They put it as follows:

We dropped out of secondary school because of financial difficulties. Life was unbearable. We began stealing money and breaking into shops. Things improved somewhat when we went to see a *mallam* [a Muslim spiritualist] who supplies spiritual charms, amulets and other spiritual objects for protection. We wanted to be protected against the police. The spiritualist asked us to bring dead human parts. These we procured at a cemetery where we dug up some graves at midnight. We sent the body parts to the spiritualist who fashioned amulets to wear around our waist and wrists when going out to commit the robberies. Later the spiritualist told us to get fresh human body parts for the purposes of increasing our wealth. We killed a school boy at a remote village and sent the requested body parts. Unfortunately we were arrested and each served with a 10 year jail sentence. During our incarceration we were of sound mind. Everything was fine. However, when we were released from prison we cannot sleep at night. The ghosts of the people were haunting us. We begged God for forgiveness. Please pray for us and deliver us.

After their confession the auditorium was quiet. Prophet Okai prayed for them and asked them to give their lives to Jesus (See similar at Scott and Wepener 2017: 1-9). After such an open and honest confession, healing can take place. The person has shown remorse and has repented. In cases where the persons with mental health problems are not able to speak, a family member or relative who has knowledge of the origin of the mental problem can tell the story and make the confession on behalf of the person.

- **Fasting**

Fasting is an integral part of the process of spiritual healing of mental health problems. Persons who are in need of spiritual healing or deliverance, do not eat or drink for extended periods of time. Prophet Okai explains that fasting is crucial to the spiritual healing of persons with mental health problems. Fasting is referred to in the Old and New Testament. Jesus himself fasted, as is related in Matthew 4:1-2: 'Then Jesus was led by the Spirit into the desert to be tempted by the devil. After fasting forty days and forty nights, he was hungry.' Prophet Okai points out that, after the forty days and nights fasting, Jesus was able resist and overcome the devil. Therefore, fasting has the inherent power to heal and destroy the shackles of the evil one. Fasting also serves to separate individuals from their sins and focus on God. From a Ghanaian Christian perspective, mental health problems are regarded as a serious demonic ailment that requires fasting and prayer in order to exorcise the demon(s). The scriptural passage that is quoted in this regard is Matthew 17:18-21:

Jesus rebuked the demon, and it came out of him, and the boy was healed at once. Then the disciples came to Jesus privately and asked, "why could we not drive it out" He answered, "Because of your little faith; for I assure you and most solemnly say to you, if you have faith the size of a mustard seed, you will say to this mountain, 'Move from here to there', and it will move; and nothing will be impossible for you.

At Mount Horeb Prayer Centre, the period of fasting ranges from three to seven days, seven to fourteen days, or fourteen to twenty-one days, depending on the severity of the mental health problem (Okai 2009). It can be dry fasting where the person goes completely without any food or water for six to twelve hours every day. On special occasions water is taken intermittently. The fast is broken with fruit before the person can transition to solid food again. Prophet Okai explains it as follows:

All the success stories at the Mount Horeb Prayer Centre are due to fasting and prayer. People are examined by paramedics before they are allowed to proceed with the fasting. Fasting is our weapon against demons who want to torment God's holy temple. It is powerful and dangerous. The longer the dry fasting, the hungrier the demon

responsible for mental health problems becomes. The demons feed on the food the person eats. When we prescribe dry fasting, the demons become uncomfortable and vacate the person. The demon comes back after three days, but if it meets the same dry fast conditions, it leaves finally, never to return. That is what people often experience after a week or two at the sanatorium.

One of the persons at the camp who had experienced spiritual healing, tells his story as follows:

I have been an alcoholic for 30 years. I started drinking alcohol at age 10. I drank what was left over in my father's bottle or glass. I soon became addicted. I can drink alcohol all day and go on without food. Later on in life, I was diagnosed with kidney and liver disease. My body was emaciated and I feared for my life. My sister brought me to see the prophet who recommended I stay at the camp for a month. I began with the three days fasting for two weeks from 6 am-to-12pm each day. The first week was extremely difficult and I wanted to run away. However my legs were chained I could not go anywhere. After a week of fasting, the strong urge to drink alcohol had vanished. During the second week, I became nauseous at the smell of alcohol. From 2019 to the present I have never again consumed alcohol. I recommend to people to complete their full period of fasting before leaving the camp.

4.2.3 Facilities

Apart from the liturgies for spiritual healing and deliverance, the Mount Horeb Prayer Centre is one of the few prayer centres with an infrastructure that includes a sanatorium for people with mental health challenges. It also has a facility for training pastors.

Prophet Paul Kwaku Nii Okai established a *Bible School* for the training of pastors in order to ensure high standards of practice and professionalism among pastors, church workers and prophets. This is especially important when these practitioners interact with people with mental health challenges. The Bible School was established fairly recently and does not yet have sufficient personnel for all the programs. Courses in Biblical Studies, Pentecostal and Charismatic Studies and Prophetism, Demonology and Deliverance are taught. Prophet Okai occasionally invites psychiatrists and

psychiatric nurses to equip pastors and caregivers with regard to mental health issues and effective care for persons with mental health challenges.

The Mount Horeb Prayer Centre has a well-established mental health and rehabilitation facility called *the sanatorium*. The facility can accommodate up to 150 persons. The personnel include caregivers and pastors. Healthcare professionals from the Ghana Health Service (GHS), Mampong Akwapim, visit the facility occasionally to evaluate the physical condition of the people who are fasting.

The sanatorium was established in 1993 along with the prayer camp (Okai 2009). According to Prophet Okai this was done in response to the direction of God. The sanatorium has provided services for hundreds of people with mental health problems who were in need divine intervention. The stigmatisation of people with mental health problems is common in Ghanaian society. It reduces the full personhood of human beings. They are treated as sub-human and their basic human rights are often violated. Stigmatisation and discrimination against people with mental health problems are combatted fiercely at the prayer camp.

In 2021 the 28th anniversary of the Centre and sanatorium was celebrated. All who have received healing there, were invited to join in the celebrations. The 30th anniversary in 2023 will be a national event of thanksgiving. A committee is already preparing for the big event. Spiritual healing for people with spiritual and/or mental health problems is seen as a special gift of God who works through people such as Prophet Okai. For this gift of healing and the spiritual support of people with mental health issues the prayer centre has gained wide recognition in the country.

According the leader of the sanatorium, a highly subsidised fee of 100.00 Ghana cedis (the equivalent of \$16.00) is charged per person per month. Three meals per day are provided for those who are not fasting. The Centre provides clothing for the people in the sanatorium. Clothing donations are received from Non-Governmental Organisations (NGO's) and international partners. The routine medical screening is also free of charge. Many persons who have experienced healing from mental ailments elect to remain at the camp and not return home. One person has been residing there for nearly 25 years. Families may visit their loved-ones. Family members who wish to remain at the Centre can stay in the hostels or chalets for a fee.

The sanatorium consists of four buildings. The first building is for people who have come for spiritual healing. The second building houses the 'aggressive and violent' persons. Though some are locked securely in chains, they are treated well. The third building houses female persons with mental health problems and their female caregivers. The fourth building is the rehabilitation centre. Those who have received deliverance are monitored there for some days before they are discharged. The sexes are separated, especially for the protection of women. An incident at another prayer camp reported in a Ghanaian newspaper in 2013 was the following:

A death incident has occurred at the Accra Psychiatric Hospital, where a person with mental health problems strangled another inmate to death who was asleep, and in the process injured another, who wanted to restrain the violent mental patient.

The investigation uncovered that some male patients had sexually abused female patients. This occurred at night when the authorities were not present or there were only a few people on duty. Some patients were even able to sneak out to town. This created a rather negative impression of mental health facilities in the country. However, no such incident has ever taken place, at the Mount Horeb Prayer Centre in the 28 years of its existence. There were no incidences of death, suicide or sexual abuse. Security and supervision are strict. The separate buildings for male and female patients have also contributed to the good record of this facility.

The 'rehabilitation arena' is a space for socialization and relaxation for those who stay at the Centre. This is where visitors and researchers can interact with the people. The beautiful location of the sanatorium on a hill also provides a therapeutic environment, which contributes to spiritual healing. The facility is located in a forest. The air is clean, cool and refreshing. There are no disturbances from the outside world because the location of the facility is far away from public scrutiny.

People with mental health problems receive the attention they require at the sanatorium. There is constant monitoring and supervision. The pastors and caregivers at the Mount Horeb Prayer Centre, especially those in charge of the sanatorium, receive training in psychology, clinical counselling, the ethics of counselling, clinical pastoral education (CPE) and First Aid. The training provides the workers with basic

knowledge of how to deal with mental health issues and trauma. They are trained in suicide prevention and are instructed how to deal with the effects of prolonged dry fasting.

The Mount Horeb Prayer Centre, Mamfe, has about ten chalets for dignitaries and visiting scholars and researchers. Behind the chalets, there is a four-storied hostel building with about hundred rooms. Groups or individuals who come for a spiritual retreat or for spiritual healing can rent the chalets or hostel facilities. The liturgical routine enables people to abstain from social activities and focus on God. The use of colour and the architectural design aim to provide a peaceful experience. The rooms have good ventilation. The facilities are available to all categories of people. Those who specifically struggle with mental health issues are admitted to the sanatorium. The residence of the Prophet is large and includes apartments. Some rooms are used as offices and consulting or counselling rooms where he meets, listens to and prays with people. Newcomers wait in the forecourt until he is ready to see them.

The Mount Horeb Victorious Church International with its motto *No Weapon* is a subsidiary of the Prayer Centre. The church has its own auditorium. On Sundays services are held for the members of the church and the people of the Mamfe township, as well as for the prayer centre community. The Mount Horeb Prayer Centre is a welcoming place which allows individuals, including political and religious leaders, students, researchers and para-church organisations, to visit and spend time at the centre. Some three to four thousand people attend the worship services. On special occasions, there can be up to seven thousand people, many of whom travel from afar to Mamfe for spiritual healing.

There is a special prayer and healing spot deep in the forest on the river bank. It is called *kokoase*, which means 'under the cocoa tree'. Worshippers pray there at night or at dawn. In the morning meditation is practiced there. The space is large enough for all those who want to go there and pray. The environment according to the founder, Prophet Okai, is therapeutic for spiritual support (healing) and promotes well-being for worshippers.

Prophet Okai acknowledged in the interview, that initially when prayer camps started, the knowledge of mental health problems and how to deal with them, was insufficient. The Ghanaian media kept reporting human rights abuses in prayer camps, including

his own (See Human Rights Watch report 2012). An example is a television documentary titled '*Mental health and Prayer Camps*' directed by Stephenson Aggrey which was aired on 20 June 2010. Negative media reports nearly destroyed Prophet Okai's ministry. The Ghana Health Service and Ministry of Health among others wanted to close down the facility. However, according to Prophet Okai, God miraculously intervened. To this day people who suffer and their relatives trust the Centre to provide effective spiritual support to people who suffer, also those with mental health issues. The attendance at the Centre attests to that. One of the benefits people with mental health problems derive from worship and liturgy, is the fellowship and social support they experience. According to Harold Koenig (2005:136-137), 'religion helps and could improve mental health'. He confirms 'that indeed religion enhances social support'. The religious community can provide the kind of support and understanding that forms the basis of 'supportive psychology', which is often utilised for the treatment of persons with emotional conditions. Koenig (2005:137) points out that some 95% of recent studies show that 'religious persons have more social connections and experience a higher quality of spiritual support' than others. Observation at the Mount Horeb Prayer Centre confirms this. The interaction among all the people at the Centre including those with mental health problems is positive, respectful, inclusive and supportive. The leadership, workers, and caregivers readily shared their experiences.

Through observation and interviews, the researcher gained insight into the history of the founder, the establishment and running of the prayer camp, the content of the liturgies for spiritual support and healing, with a specific focus on people with mental health conditions. The location at Mamfe, the environment of the forest, the personnel of caregivers and pastors are conducive to providing effective spiritual support for people with mental health problems. Family members and relatives who were interviewed, generally expressed their satisfaction with the service the facility provides. They have the hope that this is a place of restoration for their loved-one.

4.3 The Ogie Prayer Camp in the Achimota Forest

4.3.1 The forest environment

The Achimota Forest Reserve located in the heart of Accra the capital city of Ghana houses the most prayer camps in Ghana and West Africa. There are several hundreds of prayer camps, fellowships and mini churches within the forest zone. Accra is one of the fastest growing cities in West Africa. With it comes many challenges, including disease, unemployment, homelessness, and poverty. These factors have forced many to take refuge in the forest reserve. From 1930 until today 27% of the forest has been lost. A large portion of the forest was claimed for tertiary education. Townships were established in the forest area. Due to the fast expansion of Greater Accra Region, there is pressure from private and public real estate developers to utilise the forest reserve for residential purposes. Currently, the Ghana Armed Forces are protecting the only green belt in the capital. Most major and international road networks pass through the forest reserve. Electricity cables, water pipes, telecommunication cable all pass through the forest reserve. The Achimota Forest Reserve was to be managed partly as a national reserve, recreational park and a study facility for biological science students and researchers. In 2002 when the Accra Zoo had to make way for the building of the Presidential Palace (Jubilee House, the seat of the Presidency), it was relocated to Achimota Forest Reserve. The forest is currently managed as an Arboretum and Wildlife Rescue Centre.

At the beginning of 2017, the Ghana Forestry Commission targeted the Achimota Forest to become the leading destination for eco-tourism in the West Africa sub-region. The idea was that the Eco Park would ward off intruders who threaten the forest. The aim is to provide tourist facilities and animal sanctuaries, as well as a 'spiritual enclave' for religious believers. This space will include a pavilion, a grotto, sanitary facilities and a car park. Currently Christian and non-Christian worshippers attend the various prayer camps in the Achimota forest throughout the year, with an especially large attendance at weekends. Through participatory observation and interviews, the study has established that the following factors contribute to the popularity of the prayer camps in the forest:

- **Conducive environment**

The location is conducive to spiritual development. According to Okyerefo (2009:4), prayer groups in Achimota Forest are unique because, unlike churches in the city that are constantly harassed because of the excessive noise, the forest reserve is large enough that the noise does not disturb the community. People can freely express their

feelings, emotions and longings through 'warfare prayer'. They shout aloud without alerting the authorities or bothering the neighbours. One pastor explains it as follows:

Here, I can pray, shout and scream and nobody will come and sack me. It is the best place to tell God everything bordering me. I have been coming here for past five years and I see changes in my life both spiritually and physically.

- **Sacred land**

People tend to see the forest reserve as 'sacred land', unpolluted and undefiled, good for holy and spiritual activities. In an urban setting such as Accra, the Achimota Reserve is experienced as a place where the Holy Spirit can touch the soul and relieve people of demonic and spiritual bondage, as well as from mental, economic and financial stress. One pastor explains it as follows:

This is a holy place. It is a virgin forest. It is good for fighting your spiritual battles. You can hear the still, small voice of God when meditating. Sometimes I come here quietly and alone to wait upon God for spiritual direction.

- **Friendship and fellowship**

People come to the Achimota Forest for 'true friendship and fellowship'. There they experience spiritual and material support from others. They feel spiritually bound together with the common desire to make a spiritual breakthrough. One of the women puts it as follows:

We pray together all the time on various subjects, individually and as a fellowship, sharing personal testimonies, family challenges, and relationship matters. Through general confession or from revelations by our men of God, we tend to know the personal stories of each member and thereby become sympathetic and empathetic towards one another. When I lost my father, all these members you see here attended the funeral and donated cash to the amount of one thousand Ghana cedis. I personally feel welcome and at peace when I come here

for prayers. I can confidently tell you that the forest is my second home and I have not regretted joining this fellowship.

- **A place for meditation**

The Achimota Forest Reserve is a serene and quiet place for spiritual meditation and prayers. Some prefer to sit alone while others join a group to pray. For their visit to the forest, people buy tickets at the entrance. The groups who come to pray often see these prayer sessions as an extension of their main church activities. They are official members of a church denomination who then also become 'visiting members' of the prayer camp. This practice is quite common. Ghanaian Christians feel free to worship elsewhere, while maintaining membership of their denominational church. According to the 2012 statistics Ghana Statistical Service (2012:40), 28.3% of the total population were Pentecostal and Charismatic, 18.4% Protestant, 13.1% Catholic and 11.4% are members of other churches. More recent statistics are not yet available. Because the historic or mission churches such as the Anglican, Methodist, Baptist Convention, Lutheran, Presbyterian and Roman Catholic churches opposed the military government and its Religious Bodies Registration Law (RBRL) of 1989 under the PNDC Law 221, they are not on the record as registered denominations and are not included in the statistics (Dovlo 2005:642-643).

According to Turner (1991:95), liminal spaces are conducive to transformation or the breaking down of boundaries. Achimota Forest can be seen as a liminal space and the people who visit there as 'liminal personae' or 'threshold people' (Turner 1991:95). According to (Okyerifo 2009:6), worshippers in the forest go through 'a process of transformation from a profane to a sacred experience but rather than die eternally in order to have new life in the said process, they revert to the ordinary, profane life when the forest experience is over, returning to it as frequently as they can'.

4.3.2 The founding of the prayer camp

The Ogie Prayer Camp in the Achimota Forest is specifically known for spiritual healing for people with mental health problems. That is why this prayer camp is of special interest to this study. Unfortunately, 'Covid-19' has affected the operations of the prayer camp since March 2020, which delayed the interviews with the leaders of the camp. Finally, an interview with Prophetess Lucy, the founder of the camp, was possible. The situation was dire. The Achimota Forest Reserve Guards had ransacked

all the prayer camps in the forest. All the temporary shelters for gatherings and the dwellings of the people with mental health problems were destroyed. The Prophetess and her daughter had relocated to a place called Pokuase on the outskirts of the capital but still within the Greater Accra region.

The Ogie Prayer Camp in the Achimota Forest Reserve was founded by Prophetess Edem Agordo Lucy. She was born in the Volta Region of Ghana. Her parents were 'fetish-priests' or shrine/ancestral worshippers of the traditional religion. She was born into a family of six. All her siblings were apprentices of the parents, learning the ways of traditional worship. She, however, chose to become a Christian. She was banished from the family by her father and had to leave. When she converted to Christianity, she took the name 'Edem' a name in the Ewe language for both males and females meaning 'saved or salvation'. Because her parents were fetish priests, she received no formal school education. She speaks only broken English. When she was banished from her parental home, she left the Volta Region and went to Accra for the first time in her life. There she did not know anybody in the city and had no relatives in Accra with whom she could stay. She had only the clothes she was wearing, no money and no luggage. She lived as a squatter on the streets of Accra for almost two decades. In the Kanda area, she found an empty space close to the Nima Police Station where she stayed for there for twelve months. She would rise early and beg on the streets for alms in order to survive.

After a year, she met a homeless man and invited him to stay with her. After few months of living together, the man reported her to the Police and she was ejected from the place. Life became unbearably difficult. In the midst of her suffering, she heard the voice of God instructing her to move to the Achimota Forest. She had not heard of the Achimota Township or the Achimota Forest and did not know how to get there. She went to the 37 Military Hospital bus station to enquire.

At the Achimota Golf Club Secretariat she told the administrator that God had sent her to come and preach to the people of the Achimota Forest. The administrator thought she had a mental health problem. She could not express herself well in English or Twi. Her native language was Ewe. Fortunately a man who was employed at the Golf Club Secretariat could speak Ewe. She told him her story. The man and the administrator advised her not to venture into the Achimota Forest Reserve because the Forestry Commission Guards, Achimota Police officers and Achimota School security have

mounted operations to rid the forest of trespassers. If they found her there, she could be arrested. She decided against going to the Forest. She found an empty room in an abandoned pub and stayed there for several months. She wanted to learn more about God, so she enrolled in a local Bible School. She remained there for only three months, because the principal discriminated against her because she was Ewe or 'Voltarian'. One night when she was sleeping, she heard the voice of God telling her to go to the Mount Horeb Prayer Centre, Mamfe, in the Eastern Region to see Prophet Kwaku Nii Okai for spiritual direction. Prophet Okai invited her to stay at the camp for a few months and wait upon God. There at the Mount Horeb Prayer Centre she received the gift of ministering to people with mental health problems. After a few months, she travelled to the Okanta Prayer Camp at Adeiso where the founder prayed for her and told her what God has planned for her. She was to stay there for three months to wait upon the Lord. One morning God visited her and told her to return to the Achimota Forest and begin her ministry there. She first thought that would not be possible because of the security in the forest. She tried to sell bread by the roadside at Adeiso in order to earn some money. However, she struggled to pay the supplier. Because of malnutrition she became ill, was hospitalised at the 37 Military Hospital and remained in the intensive care unit for three months. After that she was moved to a ward there she remained for six weeks. One night she heard the voice of God telling her to get up, go around the wards and pray for the other sick people. She did what God commanded her to do. She was rebuked by the hospital authorities. What she did went against policies and ethics of the hospital. When she continued the next day, she was forcefully removed from the hospital. She could not pay the bill, so she was detained for two days. A man from the Christ Apostolic Church (CAC) heard of her plight and paid the bill. This gesture prompted her to join the Christ Apostolic Church in Taifa, a suburb of Accra. The voice of God came to her again and reiterated that she should move to the Achimota Forest. This she did in 2009.

She recounts how the Spirit of God led her through the thick Forest to the exact spot where the prayer camp was to be established. When she arrived there and the Holy Spirit confirmed that this was the place, she felt suddenly at peace. However, the place was 'spiritually heavy', with big trees. She returned to Achimota to buy a machete, a hoe, water containers, and material for constructing a temporary shelter, as directed by God. She found living in the forest alone more difficult than all the years she had

lived on the streets. She was surrounded by dangerous reptiles and wild animals. The forest was also a hide-out for thieves, miscreants and weed smokers. She sensed that the forest was infested with spiritual forces and demons. She was attacked both spiritually and physically. After two weeks in the forest, she embarked on dry fasting, both to save food and to wait upon God. She did 40 days of dry fasting three times a year. She was used to going without food due to the many years of homelessness in Accra. Life in the forest was unbearable and sometimes she felt abandoned by God, or that God was punishing her for something she had done. She could not think of anything she has done to warrant this punishment. She had accepted Jesus Christ as her personal saviour, abandoned her family gods and disobeyed her parents to follow Christ. In tears she said: 'I thought Jesus would protect me, and not let me to go through these hardships for so many decades'.

With what little money she had, the Prophetess bought mega-phones, an amplifier, tambourines, a pair of drums, a pulpit, an offertory bowl, some plastic chairs and a small generator to produce power for the worship services. She used the megaphone to pray loudly in the early morning and at night to attract people. People slowly began joining her prayer ministry in the forest. There were people with health conditions, spiritual issues, financial difficulties and mental health problems. She prayed and many were healed. A 'healing miracle' happened when she encountered a woman who had gone into her twelfth month of pregnancy without having delivered the baby. The Prophetess saw that this was a spiritual attack. She called together her prayer team and used anointing oil when praying for the woman. The prayers began around 11h00 and by 15h00 the woman was in labour. It was too far to the hospital so they had to assist with the delivery. The baby boy was delivered safely. This was the first time she delivered a baby, but God told her that she would be a mid-wife and assist other women as well. From 2011 to 2019 she had delivered fifteen babies successfully.

One Sunday at dawn, God spoke about the name of the prayer camp. She was searching for a name for the growing prayer camp that would denote something powerful. She initially thought of a Ewe name, *nutifafa*, which means 'peace' because to her, when people are troubled they need inner peace. She thought that the prayer camp would be called 'Peace Prayer Camp'. However, God gave the name *Ogie*, which means 'saved' or 'redeemed' in the Akan language. God can save or redeem all who are suffering. This name expresses that the prayer camp would be open to all.

Because the Akan people are the largest ethnic group in Ghana, more people will be visiting the camp for spiritual support. The prayer team agreed with the name *Ogie* because the Akan language was spoken by almost 80% of Ghanaians. The Prophetess herself, after many decades in Accra, was now able to speak, preach and prophesy in the Akan language.

The Ogie prayer camp differs from the other prayer camps in the Achimota Forest. Sunday services were added to the weekday spiritual support sessions because people decided to stay with her at the prayer camp. The Sunday service was called the 'Glory Light Salvation Ministry' to distinguish it from the Ogie prayer camp. Prophetess Mama Lucy is supported by six pastors whom she calls 'disciples', four of whom are women and two men. Occasionally people remain at the prayer camp after having been healed. These helpers do not receive any remuneration. One explained it as follows:

We are happy to serve Mama Lucy. She is a woman of God and a mother. We know this forest is not our permanent place, so we are helping her to get a better location that is why we are not taking anything from her. We trust God to give us resources to put up a new prayer camp where everyone who comes will have a place to sleep.

One prayer warrior sees it as his task to protect the Prophetess during healing and deliverance sessions. He puts it as follows:

Because she is a female minister, she gets physical attacks from some of the people with mental health problems during the healing sessions. I shield her from harm. I am also in charge of her safety on worship days. I assist her directly when she needs anything. If I have to move away from her presence to get what she needs, another male takes my place. I have worked with her for the last five years and have learnt a much from her.

4.3.3 Ministry

Prophetess Mama Lucy had no formal education or theological education. She is directed by the Holy Spirit. The order of the Sunday worship services is similar to that of most churches in Ghana:

- opening prayer;
- praise and worship;
- offertory;
- testimony;
- word of ministration (sermon);
- prophetic declaration (do's and don'ts from God);
- spiritual intervention (healing and deliverance);
- thanksgiving and new testimonies;
- closing prayer, impartation and benediction;
- dismissal grace;
- special counselling and direction (those she identifies to see her after service).

Though the basic liturgy is followed, there is no 'static liturgy'. The order of worship or liturgy can change at any time on direction of the Holy Spirit. Sometimes God could intervene and direct her to administer healing to someone with a spiritual need. Direct prophetic declarations can also change the order of the service.

In addition to the Sunday worship services, the prayer camp operates throughout the week with programmes for every day. On Tuesdays, there are spiritual counselling and consultation sessions. On Thursdays, there are healing and deliverance sessions. On Fridays, there is a night vigil and on Saturdays a healing and deliverance service. The number of worshippers differs. On average, some 50 to 100 people attend. Around 15 to 30 people stay at the prayer for spiritual direction.

With regard to persons with mental health issues and persons under demonic or attack differ, the process will differ from person to person. However, the following elements are standard practice:

- **Mandatory dry fasting**

Prophetess Lucy recommends fasting, either dry or with water, and either for a full day or part of the day, for the worshippers. She regards fasting as powerful and effective in the spiritual healing processes. There have been some casualties, however. Some people who came for spiritual healing had previous conditions such as 'chronic stomach ulcers' of which Prophetess Lucy was not aware. The condition of the people deteriorated because of the fasting regime and they had to be hospitalised. Generally,

the period of fasting would range from 3 to 40 days, depending on the magnitude of the spiritual suffering. For persons with mental health problems the minimum fasting period would be 7 days and maximum 21 days. For Prophetess Lucy it is God who directs the duration of the days of fast for each person. During the prayer session, she speaks the revelation from God as to what ought to be done aloud.

- **Prayers**

At the Ogie prayer camp, there are prayer sessions during deliverance services, during healing services, or one-on-one prayer sessions with Prophetess Lucy after the services. She could also refer people to the 'prayer warriors' for special mid-night prayers. Depending on the severity of the mental health problem or spiritual challenge, sometime between mid-night and 04h00 the prayers would elicit intervention from God. The prophetess regards these mid-night prayers as especially effective for spiritual healing of persons with mental health problems.

- **Anointing oil**

According to the Prophetess, anointing oil is use under direction of the Holy Spirit. It occurs occasionally, mostly when a demonic attack remains unresolved after long and intensive prayer. She relates an example as follows:

There was a woman who came to the prayer camp, complaining of 'something' moving through her head. The woman had gone to the hospital for a MRI scan and other tests, but doctors could not find anything wrong with her head. She was in severe pain when she came here. During prayer time, God told me to anoint the head of the woman with oil and lay my hands on her head. During the prayers, mucus came from her nose and mouth and she began to vomit. Afterwards she lay down and slept for a while. When she woke up, she said that 'something heavy' had been lifted from her head. She felt 'calm in her spirit'. From that day on, the pain did not return. The woman comes for prayers when there is a service.

- **Sand**

One day God told the Prophetess to use sand from the forest to facilitate spiritual healing for a man who could not walk. The man was a business trader who travelled overseas in order to import goods to Ghana. One day he felt a sharp pain in his legs and could never walk again. After having visited the major hospitals in Koforidua in the

Eastern Region and in Greater Accra with no success, someone suggested to his wife to bring the husband to the Ogie prayer camp in the Achimota Forest. During the spiritual consultation, the prophetess learnt from the spiritual realm that the source of the attack was witchcraft. God directed her to use sand from grounds of the prayer camp to heal him. Seven times she rubbed the sand on his legs of the man. Then she held his hand so that he could stand up and walk. To the glory of God the man was able to walk again.

- **Spiritual water**

The Prophetess uses 'spiritual water' as and when directed by the Holy Spirit. The first time she used spiritual water was during an exorcism. The woman was purported to be a witch. The Holy Spirit directed the Prophetess to sprinkle spiritual water onto the woman so that she can confess to all her bad deeds. The witch confessed after the spiritual water was sprinkled on her. Prophetess Lucy then added spiritual water to the elements of the liturgy.

- **Obeying the directions of God**

The Prophetess has a unique way of listening to God's voice for spiritual direction. While giving spiritual direction to persons with mental health problems, she is sometimes able to ascertain the minimum number of days for fasting, while with others she is able to tell how long the process of spiritual healing would last. Unless otherwise directed by the Spirit of God, all persons with mental health problems and people who need spiritual healing should remain at the camp for at least seven days. She has 'aggressive persons' chained to tree stumps to keep them calm until she can attend to them. As a woman minister, she has been injured many times by 'aggressive and violent' persons with mental health problems who are brought to the camp for spiritual healing. She sees the chains as vital to the spiritual healing process. She compares them with the injection given to patients at a psychiatric hospital to calm them down.

4.3.4 Facilities

There is no electricity in the forest. The Ogie prayer camp makes use of a small generator to produce electricity before during and after worship services. When they have electricity, they charge their mobile phones, watch television and listen to the radio. Those who attend the night prayers rely on locally made lights called *bobo*, which use kerosene, or torches with cell batteries. The prayer warriors always pray in

darkness. A taxi owned by the son-in-law of the Prophetess is used as the official transport for the Prophetess and her family. It is also used for emergencies such as when someone needs medical attention because of a snake or scorpion bite and has to be taken to the Achimota Hospital. The taxi helps them to meet everyday needs such as filling gas cylinders, buying food, transporting children to school and buying fuel for the generator. At the Ogie Prayer Camp there are containers and buckets for fetching and storing water for everyday use. There are to water pipes in the forest.

The Prophetess finds a permanent location and the necessary facilities important for providing spiritual healing for people who come to a prayer camp. The Ogie Prayer Camp's location in the Achimota Forest is the reason why it is constantly ransacked by the guards of the Ghana Forestry Commission, the guards of the Achimota School Security, and the Achimota Police. This ransacking and the breaking down of the temporary structures on site has had a detrimental effect on the prayer camp. This has constantly hampered the provision of spiritual healing services to persons with mental health problems.

When the coronavirus pandemic broke out in Ghana and restrictions were implemented from March 2020, churches, religious institutions, schools, industries and citizens were locked down. The restriction of movement led to the security personnel removing everyone from the forest reserve. They sent all the persons with the mental health problems at the camp home and destroyed the temporary shelters. From March 2020 to the second quarter of 2021, the camp has not been functioning well. The place was virtually empty. The prophetess' daughter explains it as follows:

It has been difficult for us, especially when coronavirus hit Ghana last year and all churches were closed down. Already we do not have many members. The lockdown and banning of religious activities which lasted almost a whole year. Coupled with the harassments from the Forestry guards and the police, life has been difficult. I suggested to my mother that I begin a small farm with goats. She has agreed. Now our immediate challenge is water, since the lockdown and restrictions on movements, we cannot go anywhere, not even to Achimota School where we usually went every morning to fetch water.

The Prophetess regrets the lack of financial and logistical support from the side of the government. Better support would better enable her to meet the spiritual and material

needs of persons with mental health problems. She sees her ministry as a contribution to healthcare in the country.

Through participatory observation, the workings of the Ogie Prayer Camp traced and documented. The process of spiritual healing as led by the Prophetess and her team through their liturgies has the aim to provide spiritually support for persons with mental health problems and worshippers with other problems. Despite the material and logistical challenges in the forest location, the prayer camp has endured for over two decades. The Prophetess attributes this to God's guidance and direction. She was aware of the challenges of living in a forest and operating a prayer camp there, but it was more important to her to obey the voice of God.

4.4 The Grace Evangelical Presbyterian and Patmos Prayer Camp

4.4.1 The founding of the prayer camp

Most of the prayer camps that facilitate spiritual healing for persons with mental health challenges and other problems are affiliated with African Independent Churches (AICs). This particular prayer camp that is affiliated with one of the mainline churches in Ghana, the Presbyterian Church of Ghana, is therefore of particular interest for this study. The question is whether the approaches and practices will differ significantly from the others.

The Presbyterian Church of Ghana is a mainline Protestant Church in Ghana founded by Basel missionaries in 1828 (Asamoah 1944). The missionaries were trained in Germany and Switzerland. Moravian Missionaries arrived in the country from the West Indies in 1843. By 1848, the Basel Mission Church had established a seminary, now called the Presbyterian College of Education, Akropong. The purpose was to train church workers to assist with the missionary work. The leadership adopted two popular Ghanaian languages in the training of the seminarians: Ga spoken by the people of Greater Accra (Field 1937) and Twi spoken by the Akan people (Agyemang 1978).

Ordained ministers of the church wear the Geneva gown and a clerical collar. Historically, the Presbyterian Church of Ghana is considered a 'high church' denomination. Formal liturgical readings, traditional hymns and occasional administering of Holy Communion characterise the worship services. In recent times,

praise and worship elements have been incorporated to meet the needs of younger congregants. The Presbyterian Church of Ghana does operate prayer camps as part of its religious activities. One such a prayer camp is the Grace Evangelical Prayer Centre and Patmos Prayer Camp all at Akropong.

According to the retreat coordinator and administrator of the prayer camp at Akropong, most of the prayer camps of the Presbyterian Church were the result of the initiative taken by individual members who were involved in the spiritual renewal activities of the church, especially within the Bible Society for the Propagation of the Gospel (BSPG). Those believed to have special spiritual gifts ministered to the needs of the people through faith healing, deliverance, predicting the future and solving spiritual problems. These gifted members tried their best to meet the spiritual needs of all, but could not do so in the short space of time that was usually available to them. They came up with the idea of additional meeting times and places in order to deal with the more demanding cases. Some people had to be referred to the leaders of the BSPG for professional assistance in various areas. As the activities expanded and the spiritual needs became more pressing, local congregations began to schedule regular prayer sessions to deal with the demand. The gifted members, around whom the ministration of faith healing and deliverance revolved, emerged as leaders of these prayer meetings. Though they operated under the main leadership of the BSPG, in time the venues of such meetings became known as 'prayer centres'. These prayer centres were officially affiliated with the BSPG.

According to the Prayer Director of GET and Patmos, the first prayer centre to be established in this manner was the Gethsemane Prayer camp at Jejemiraja near Brekum in the Brong Ahafo Region. It was established in 1976 under the leadership of Daniel Ansu, a member of the BSPG. Ansu mentored a number of people who later established other prayer camps in the Brong-Ahafo Region. These camps include the Meremano, Abirikasu, and Yaamansu centres. The initial prayer centres to have emerged from the Presbyterian Church of Ghana were therefore situated in the Brong-Ahafo Region. In general Daniel Ansu is credited to by the originator of the prayer centre concept in the PCG. The administrator identified Evangelist Dr. Abboah-Offei as the person who established the Grace Prayer Centre at Akropong. The Grace Prayer Centre is operated under the by the Grace Evangelistic Team (GET), a semi-autonomous group in the Grace Congregation of the Presbyterian Church of Ghana in

Akropong-Akwapim. In an interview with the founder, Evangelist Abboah-Offei, emphasised that they are semi-autonomous and not under the control of any particular congregation of the Church, as provided for in Article 14 of the Constitution, but should promote the interests of the entire Church.

The first congregation, established in 1835 by the Missionary Andreas Riis, was called Christ Church. This congregation holds a special place in the PCG and is referred to as 'Church' rather than just congregation' (Agyemang1978).

One of the GET leaders were asked by the Evangelist to show me around the facilities. He related that in 1986 Mr Abboah-Offei had to resign from his position as Manager of the Okumaning State Palm Plantation Farm under the divine direction of the Holy Spirit. He relocated with his family to Akropong Akwapim to become an agricultural science teacher at the Okuapeman Secondary School in Akropong. The family moved to Akropong and joined the Christ Presbyterian Church. He also joined the BSPG and later became the President. His wife established a prayer cell of which her husband later became a leader. Over time, the group grew to become prayer warriors and a deliverance/healing team. The prayer team held prayer sessions for faith healing and deliverance at Riis Hall, a meeting room at Christ Church. The hall became a place for the special prayer meetings, retreats and other spiritual meetings for small groups. The hall was named after Reverend Andreas Riis, the pioneer Basel missionary who founded the Christ Church.

In 1996 Christ Church decided to expand and open two new 'annexes' of the congregation in other parts of Akropong. Abboah-Offei, Asare and Sampson were mandated to establish one of the 'annexes'. The first annex was established at a local Presbyterian school. This is now the location of the Grace Prayer Centre.

The decision by the Christ Church Session to open two new congregations was in line with the PCG's evangelism strategy, named 'Operation 2-1-2': every member of the PCG was to win two new souls every year and every congregation should plant two new churches every year until the year 2000 (Buertey 2017:50-67).

The first service of the Grace Congregation was held on 24 March 1996. The prayer group operated from the homes of members. Families met in individual houses for morning devotions and prayer. These families volunteered their homes (Dedication Brochure 2014:13-18). These morning devotions created fertile ground for the new

congregation to grow. The faith healing and deliverance team under the leadership of Evangelist Abboah-Offei continued to hold its meetings at the Riis Hall. It began to draw such large numbers that the hall became an unsuitable venue. Evangelist Abboah-Offei integrated the prayer and healing activities into the morning devotion of the new congregation. The spiritual support services attracted people from other nearby towns. The fast growing congregation was named 'Grace' for both the prayer centre and the congregation. The leadership saw this as the 'Grace of God' at work. Therefore, to distinguish the Church from the Prayer Centre: the prayer centre was first named: the Grace Deliverance Team' (GDT).

Evangelist Abboah-Offei with his educational and professional background, was able to provide what the people described as a 'sound theological and biblical basis for faith healing and deliverance ministry' in the PCG. The new congregation emerged as a unique place for prayer and spiritual renewal as well as for faith healing and deliverance in the whole of Akropong. Membership of the spiritual support and deliverance team was restricted to Presbyterians. Persons from other denominations could join in the services without changing their membership. In a short time, the Grace Congregation and the Grace Deliverance Team became the major point of attraction for many Ghanaians in search of spiritual healing for mental health problems and spiritual attacks. Evangelist Abboah-Offei describes his camp as follows:

Our ministry is the bringing together of all the fires of revival lit by the BSPG across the country into a real bonfire. At Grace and Patmos, there is nothing God cannot do for you. Whatever you have lost shall be restored hundred fold. All we need to do is feel free and leave everything to God. See around you and hear the testimonies of the power of God that is all I can say to you. God is faithful and ready to release every burden anyone is carrying. There is no sickness that God cannot heal, sight comes from the head therefore, when the head is free from suffering it can do great things.

Another pastor put it as follows:

Events happening today show that what Evangelist Dr Abboah-Offei said in 1996 in relation to the spiritual renewal in the Presbyterian Church of Ghana has been fulfilled. When God called him to this ministry, he said, there will be a spiritual renewal in the whole nation

and everyone sick will be healed, and now you can see all kinds of people receiving faith healing. I am in a Seminary, but spend my weekends here learning from him and this team. I have learnt about many dimensions of spiritual issues and have met many people. God is using him to give spiritual support many people, including those who are being attacked by evil spirits.

In 2004, the name 'Grace Deliverance Team' was changed to 'Grace Evangelistic Team' (GET). The name was changed to accommodate other aspects of the group's programmes and activities such as revivals and crusades. This is not only for Presbyterian congregations, but also for other denominations in Ghana and other countries in West Africa and further afield. 'GET' now trains Christians from other churches in spiritual healing and assists them to establish prayer centres.

The Grace Evangelistic Team (GET) did not provide residential facilities for the people who were in need of spiritual healing. In 2002, Evangelist Abboah-Offei began the construction of a residential prayer camp on a piece of land he had acquired from a Chief. 'Patmos Prayer Camp' was the name of the project, which went into operation in September 2010. According to Evangelist Abboah-Offei, 'this prayer centre was created to serve as a prototype of what "Prayer Camp" should be like'. The name comes from Revelation 1:9:

I, John, your brother and companion in the suffering and kingdom and patient endurance that are ours in Jesus, was on the island of Patmos because of the word of God and the testimony of Jesus.

The Evangelist explains: 'It was on the island of Patmos that the Apostle John was exiled after being tortured and left to die. Instead of dying, he recovered strongly and wrote the book of Revelations'. Therefore, 'the most important thing everyone coming to seek spiritual support should look out for is: spiritual recovery; the Word of God; and testimonies about Jesus Christ'. He puts it as follows:

Patmos prayer centre is available to all manner of people including persons with mental health problems, demon-possessed persons, church groups, para-church organisations, and individuals, free of charge, no money is taken, but accepts freewill gifts and donations from beneficiaries after the spiritual support.

Patmos is a private prayer camp, which collaborates with the GET at the Grace Presbyterian Church. The camp uses the services of the prayer warriors, team members and pastors of GET.

4.4.2 The ministry

The Presbyterian Church of Ghana is a well-endowed denomination in Ghana with well-grounded liturgies for worship. In the same vein, the prayer camps GET and Patmos conform to best liturgical practices of the main church. They have weekly, monthly and seasonal services.

Weekly spiritual services are called 'Restoration' and are held on Wednesdays and Saturday from 13h00 to 17h00. According to Evangelist Abboah-Offei, this spiritual service is meant for people who have lost hope, feel depressed, have mental health problems, or experience demonic attacks. The Evangelist puts as follows:

Whatever you have lost in life: marriage, health, job, money, a spouse, a child to drug abuse or through any means, be it a spiritual or natural occurrence, God is able to restore it bountifully. Spiritual restoration is possible. Faith healing is possible. A miracle is automatic and joy is inevitable to anyone who calls on God.

People who come for spiritual healing from demonic attacks or witchcraft can stay in the hostels for a maximum of seven days. The stay in the hostel is at no cost for two days. Voluntary donation are encouraged to support the maintenance of the facility.

Monthly spiritual services are called 'Commanding the Month'. These take place on the first day of every month from 04h00 to 06h00 at the two prayer centres, the Grace Presbyterian Church and the Patmos Prayer Centre. Evangelist Abboah-Offei explains the rationale behind this service as that, on a spiritual level, every month has hidden promises and blessings for Christian believers. However, these blessings will not come automatically. The person should pray to activate them. Similarly, there may be possible dangers in the coming month. Christian believers should pray to avert them. 'Commanding the month' attracts great numbers of people including older persons, children, the sick, and persons with disabilities. 'Commanding the month' seems to be a service for the whole township of Akropong. Families, church members and Muslims attend in great numbers before they proceed to their engagements for the day. The

people say that the program meets their spiritual needs. They have witnessed the effects of it in their lives.

Holiday prayer retreats are held on public holidays. The Grace Evangelistic Team and the Patmos Prayer Centre host this special retreat in the woods near the home of Evangelist Abboah-Offei. The people then move to the Grace Congregation for the evening prayer session. This 'holiday prayer retreat' is named the 'In the Woods Experience'.

A *spiritual programme for special seasons and occasions*, such as during Lent, Easter, Advent or Christmas, includes mid-day prayer sessions at the Grace Congregation and Patmos. According to the camp administrator, these programmes encourage the people to participate more fully in the special season. Especially during Lent they benefit from the forty days of praying and fasting. The *21 days and Divine exchange* programme begins on the 19th day of Lent and ends on Holy Saturday. It entails fasting and prayer with teachings. Participants should fast and pray on their own during the day, and come together for congregational prayers from 12h00 to 13h00, and again in the evening from 18:30 to 20:00. The 'Divine exchange' part is for the last three days of the Holy Week, from Maundy Thursday to Holy Saturday. There are three parts to the programme: the day's session, the dawn prayer session and an evening session. The theme for the celebration is: 'The cross and its significance for Christians and humanity'. Participation is also high throughout the three days.

The *seven-day prayer retreat* takes place from the second Sunday of December to the third Saturday of December. The last day is an anointing service to break yokes and empower members to go into the world as victors.

4.4.3 Spiritual healing for mental health problems

Liturgies for spiritual healing were similar to those of the other prayer camps that were investigated for the purposes of this study. The only difference was the allocation of time for prayers for spiritual healing, and the general approach to spiritual healing. The order of service was easy to follow. A form was given to every person on which to write the spiritual challenge they face and the reason why they have come for spiritual healing. Evangelist Abboah-Offei pointed out in the interview that in effect all the liturgies at the camp focus on people and families with spiritual challenges, which include mental health problems. The Grace Evangelical Team (GET) and Patmos

Prayer Camp at Akropong are, according to him, well known for spiritual healing of all kinds of problems, including mental health problems. He put it as follows: 'The practice of deliverance or faith healing is grounded in the belief of Ghanaians both here and abroad that there are spiritual forces, witchcraft, and demons causing these mental health problems. In the same manner, there are spiritual solutions through Jesus Christ to these spiritual attacks.' Evangelist Abboah-Offei distinguishes their approach to spiritual healing from the approaches of other prayer camps.

The Presbyterian Church of Ghana (PCG), 'GET' and Patmos Prayer Camps, do not operate residential sanatorium for persons with mental health problems who wish to stay. We pray for them directly or provide counselling and spiritual directions to enhance their coping skills. After prayer and counselling we refer them for medical examination at a mental health facility such as the Mampong Government Hospital or the hospitals at Pantang or Accra. As a church we are mindful of the laws regarding mental health. The Presbyterian Church of Ghana must not be seen as violating these laws or abusing the fundamental human rights of persons with mental health problems in the name of spiritual healing.

Another similarity between these camps and others is the liturgical element of testimony. Persons who have received spiritual healing attest to that fact. A team member explained this as follows:

There have been instances of divine healing during deliverance time. God has been merciful to our prayers and prayers of these suffering people. God has restored wellness to persons who participate in our liturgies of healing either for themselves or for loved ones. The Evangelist is gifted with spiritual healing. That is his divine assignment. As pastors and team members of the Presbyterian Church, we respect the fundamental human rights of all people who visit us for spiritual healing. We do not house persons with mental health problems in a camp. That is where GET and Patmos differ from other prayer camps in Ghana.

A family member witnessed as follows after the service:

My sister's teenage daughter had severe mental problems. The school informed her that her daughter went out naked on campus one morning. The school security could not control her. She was aggressive and violent, screaming at the top of her voice. Nobody knew what was happening. She admitted to the Pantang Psychiatric Hospital for four weeks. She improved and was discharged. She returned to school to complete her examinations. However, as soon as she got back to school, the problem manifested again. At that point, I advised my sister to bring the daughter to the Patmos Prayer Camp to see Evangelist Dr. Abboah-Offei. During intercession time she vomited a 'black substance'. Evangelist Abboah-Offei interpreted this as a witchcraft manipulation perpetrated by another student who was jealous of her academic success. It was meant to destroy the young woman's education and future aspirations. After the intercession and deliverance she had not experienced any further mental challenges. She returned to school and completed her examinations. She is now reading law at University of Ghana, Legon.

Another woman who had received spiritual healing attests to it as follows:

I lived and worked in Europe for ten years after graduating from university. I met a man on Facebook and we dated long distance for three years. I invited him to come to Europe so that we could get to know each other better before getting married. He was refused a visa on three occasions. We became desperate. I used all my savings to hire lawyers to take the case. The lawyers were eventually successful and he could come to Europe. After some years, my best friend at our Ghanaian church in Europe and my fiancé got married behind my back. Friends sent me photographs. When I confronted them, they reported me to the police for threatening to kill them. I was detained and deported to Ghana. I began to act strangely, talk to myself, cry uncontrollably or laugh out loud. People turned to look at me. My mental health, relationships with family and friends and my appearance were affected. I was unkempt and remained indoors. In 2021 on Easter Sunday, someone invited me to see Evangelist Abboah-Offei for prayers and counselling. After the spiritual healing, I felt the burden lift. By the grace of God I dress well again, take my medication and got a

new job at Tema. I am in a relationship with a man again and hope to get married soon.

4.5 Summary

Throughout the participatory observation at the three prayer camps, it became clear that Ghanaian people, irrespective of their background, whether educated or not, tend to believe that liturgies for spiritual healing are effective and can help them with their problems. Participants who attend the camps mostly adhere to the instructions and directions of the leaders, believing that these are the guidelines provided by the Holy Spirit. The environment, location and resources play a role in the experience of the services rendered.

Despite the 'Covid-19' pandemic participants interacted freely with one another during worship. This made it difficult to identify the persons with mental health problems. Mostly they could only be identified through their testimonies. No one was stigmatised after giving their testimony. These persons were rather encouraged to persevere in their pursuit of wellness.

With respect to the Mount Horeb Prayer Center, Mamfe, the approach of the camp leader, as well as the liturgies for spiritual healing and the physical facilities for persons with mental health problems made it easy for effective monitoring of the persons and their progress throughout their period of their stay. Most of the participants expressed hope and optimism with regard to the prospects of spiritual healing for mental health problems.

The Grace Evangelistic Team (GET) and Patmos Prayer Camp, find that it is not prudent to keep persons with mental health problems in residence. After counselling and deliverance they are referred to a hospital for assessment. The Presbyterian Church is one of the oldest churches in Ghana. They adhere to the laws of Ghana and are respectful of the fundamental human rights of persons with mental health problems. Their approach is different from other prayer camps with regard to what spiritual healing entails and how it should be provided.

The Ogie Prayer camp in Achimota forest had a specific challenge. The location of the prayer camp affects its operations. Despite the challenges faced by the leadership, they used their limited resources to provide the best possible spiritual healing to persons with mental health problems.

Accessibility to the three camps is much more attainable than to psychiatric hospitals in the country. Throughout the year, people have access to the camp and can receive spiritual healing without much difficulty. Leaders are welcoming and listen to and pray with every person who comes to the camp. Counselling is free of charge. Leaders are often able to reveal source of the mental health problem and provide a spiritual solution.

To stay at a prayer camp is generally much more affordable than medical care in hospital facilities in Ghana. The high cost of medical care and lack of medication for mental illness deters many people and families from seeking help there. The provisional results from the 2021 Census provided by the Ghana Statistical Service (GSS) indicated a population of 38 million. However, the number of mental health facilities have not increased since independence. Many Ghanaian people in the rural areas do not have access or the financial resources to procure professional medical care for mental health conditions and challenges. Therefore many prefer to elicit the services of prayer camps.

CHAPTER 5

EMPIRICAL INVESTIGATION OF THREE GHANAIAN PRAYER CAMPS

5.1 Introduction

This chapter presents the results from the fieldwork. The data are analyzed and interpreted. The question is on whether the prayer camp liturgies provide effective spiritual support for persons who suffer from mental health problems. The study employed a multi-disciplinary approach. The transformative or emancipatory paradigm is informed by post-colonial and grounded theories. The method of 'participatory action research' (PAR) and insights from the fields of ethnography and anthropology were employed. The practical theological framework for research in the discipline by Richard Osmer formed the point of departure.

The study investigated Ghanaian prayer camp liturgies in order to ascertain whether effective spiritual support was received by people with mental health challenges. The sites where data were gathered were: the Ogie Prayer Camp in the Achimota Forest near Accra, the Mount Horeb Prayer Centre at Mamfe in the Eastern Region, and the Grace Evangelical Presbyterian and Patmos Prayer Camp in Akropong, also in the Eastern Region of Ghana. The prayer camps are well known in Ghana for offering spiritual healing to people with mental health problems. These prayer camps serve not only people from the African Independent Churches (AICs) and people from the Pentecostal and Charismatic tradition, but are also people from mainline churches such as the Presbyterian, Roman Catholic, Anglican and the Methodist Churches in Ghana.

The respondents included camp leaders such as prophet/prophetess, evangelists, pastors, administrators of the camps and care-givers. A second group of respondents included church members and families and relatives of the persons with mental health problems who came to the camps for spiritual healing. The third group of respondents included persons who received spiritual healing and are still living at the prayer camps.

Data was gathered by means of structured and semi-structured interviews. I conducted all the interviews myself and did so mostly in English, the official language of the Republic of Ghana. Where respondents could not communicate in the English language, the local language, Akan, was used. Informed consent was received from

the participants before the interviews were conducted. Few participants who could not either signed the informed consent forms, verbally agreed or put their thumb print on the consent forms.

The fieldwork was carried out immediately after the most stringent 'Covid-19' lockdown restrictions were lifted. When the pandemic first broke out in Ghana in 2020, the President announced a total lockdown of all institutions including churches and religious organizations. This lasted until August 2020. There were further restrictions on church services, public gathering and the number of public workers who could keep working. Prayer camps were also greatly affected. The challenge this pandemic posed to data collection was that it took a long time for the administrators of the selected prayer camps to respond to letters of permission and granting access to the leaders. Secondly, some of the people with mental health problems who were residing at the camp were sent home to their relatives, whereas others were sent to Accra Psychiatric Hospital. The Achimota Forestry Commission Security did not allow the camp to operate further. Another form of data collection was the *observation* of the liturgies at the selected prayer camps.

In dealing with ethical considerations, the right to self-determination, anonymity and confidentiality were duly observed. Informed consent was obtained after ethical clearance had be given by the University of Pretoria. The respondents were informed of their right to voluntarily participate in the study or to decline, the process was explained to them and respondents were assured of confidentiality. Respondents were assured that there were no risks involved and that all information provided would be for academic purpose only.

5.2 Respondents and data

Three sets of interview questions were designed for data collection. The first group of respondents consisted of camp leaders: prophets/prophetesses, founders, pastors, administrators and care-givers. The questions focused on their background, call to ministry, reasons for establishing or working at the prayer camp, and the liturgies that are designed especially for people with mental health challenges.

The second group of respondents consisted of the relatives of people with mental health problems who were staying at the camps with them. The questions focused on their motive for bringing their loved one with mental health challenges to a prayer camp

rather than taking them to a clinical facility. The reason for their choice of this particular prayer camp rather than one of the others was also explored. The aim of the interviews was to ascertain how the relatives of persons with mental health challenges understand the impact that the liturgies at the prayer camp have had on the family members for whom they are seeking help.

The third group consisted of persons who had received what they understand to be spiritual healing and were willing to give their testimonies. Questions focused on how they came to the prayer camp, whether they were detected with mental health problems before they came to the prayer camp, and how they experienced the liturgies of spiritual healing at the prayer camp.

Ten participants from each of the selected prayer camps were interviewed. That made up a total of thirty respondents. At the Mount Horeb Prayer Centre, Mamfe, the respondents included the founder/prophet, his wife, senior pastors, and care-givers at the sanatorium. The other respondents were relatives of the persons with mental health problems and the persons themselves who were willing to share their testimonies regarding to the spiritual healing they received there.

At the Grace Evangelical Presbyterian and Patmos Prayer Camp, Akropong, the respondents were as follows: the founder/evangelist, the prayer team, the administrator of the camp and relatives of persons with mental health challenges who brought them there for spiritual healing.

The Mount Horeb Prayer Center is the only one with a sanatorium which provides specific accommodation and care for persons with mental health problems. The 'GET' and Patmos Prayer Camp does not have such a sanatorium. The persons with mental health problems who attend that camp go to the Mampong Government Hospital for clinical assessment. They then return to the camp voluntarily to testify in the liturgies about the spiritual healing they have received.

At the Ogie Prayer Camp in the Achimota Forest, Accra, respondents included the founder/prophetess, her daughter, son-in-law, prayer warriors, care-givers and one person who had received spiritual healing and was now still living at the camp. During the Covid-19 pandemic the Ogie Prayer Camp suffered greatly because it had no

permanent structure to accommodate the worshippers. Persons with mental health problems were taken to the psychiatric hospitals in Accra. Others were sent home.

5.3 Demography and survey of the respondents

The following demographic and general information is relevant to the study: gender, age, the number of days spent at the camp and the kind of spiritual support received through the liturgy.

Table 4: Gender distribution at the three prayer camps

| | Respondents | Percentage |
|--------------|-------------|-------------|
| Males | 10 | 33.3 % |
| Females | 20 | 66.7 % |
| Total | 30 | 100% |

Source: Fieldwork data 2021

Thirty people were interviewed at the different prayer camps. The gender distribution was as follows: twenty females representing 66.6% and ten male respondents representing 33.3%. The gender distribution shows that more women attended the services at the prayer camps than men.

In Ghana and elsewhere in the world women tend to participate in religious or spiritual activities in greater numbers than men. At religious gatherings, one is likely to see more women than men.

Table 5: Age distribution

| Age bracket | Number of respondents | Percentage |
|--------------|-----------------------|-------------|
| 18-35yrs | 8 | 26.7% |
| 36-55yrs | 15 | 50% |
| 56 and above | 7 | 23.3% |
| Total | 30 | 100% |

Source: Fieldwork data 2021

The age distribution shows that respondents within the age bracket 18-35 made up 26.7% of the participants. This is the second highest. The highest number of participants were in the age bracket 36-55. They made up 50% of the participants. This means that middle-aged respondents constitute half of the people who patronize prayer camps for the purposes of spiritual healing. Respondents aged 56 years and above represent 23.3% of the people attending camp who make up the third group. Elderly people are not found at these prayer camps in great numbers due to the strenuous nature of the liturgies.

Table 6: Educational level of respondents

| | Level/stage | Respondents | Percentage |
|-----------------------|---|-------------|-------------|
| Educated/literate | Basic/ Secondary/ Vocational and Technical | 15 | 50% |
| | Tertiary/ University | 10 | 33.3% |
| Uneducated/illiterate | | 5 | 16.7% |
| | Total | 30 | 100% |

Source: Fieldwork data 2021

An aim of the study was to ascertain the educational level of persons who participate in the liturgies for spiritual healing at the prayer camps. In Ghana there is a general perception that more people who are uneducated or illiterate tend to visit prayer camps than educated people. The study found that majority of worshippers had some form of education, be it on a basic, secondary or vocational/technical level. They are able to read the Scriptures, take notes on the sermon, follow the spiritual direction of the leaders and understand what is required of them. It can therefore not be said that the spiritual leaders at the camps take advantage of illiterate people, though there were few respondents who could not read and write. The people are there of their own volition and consent to that in which they participate.

Those without formal education [classroom learning] but who could speak the local dialect, represented only 16.7% of the total number of respondents who visited the prayer camps for spiritual healing. People with tertiary education represent 33.3% of the participants at the prayer camps. The notion entertained by a section of Ghanaian people, namely that 'highly educated' and 'high class' citizens do not visit prayer camps, is therefore unfounded. On the contrary, on occasion two sitting presidents of the Republic of Ghana visited prayer camps. There have also been a number of students, both international and local, as well as researchers from Universities in Ghana and internationally, who conducted academic research at the prayer camps. From a scholarly perspective the article of Arias, Taylor, Ofori-Atta and Bradley (2016; see Edwards 2014), 'Prayer camps and biomedical care in Ghana: Is collaboration in mental health care possible?' explores the matter of holistic healthcare where the spiritual and biomedical aspects can both received adequate attention.

The data therefore indicate that the group of worshippers found at prayer camps in Ghana is mixed. Those who attend the prayer camps are often well-rounded, intelligent, educated Ghanaians with ample resources, who spend their time, money and energy participating in liturgies for spiritual healing. Prophet Paul Kwaku Nii Okai put it as follows in the interview:

People think those of us here at payer camps are school dropped-outs or illiterates. If I did not tell you that I was a banker during the interview and that I started working with Bank of Ghana before moving on to become a manager for a Rural Bank, will you have believed me? My wife, Mama Betty too was former Head of Department for Food and Nutrition at Okuapeman Senior High School, before leaving to join me full time. My first born son who is in charge of Mount Horeb UK branch is well educated in England likewise my daughter. Therefore, let people know that we are not uneducated, but once God calls you, there is nothing you will do but to obey and that is why a Ga-man is in Akan town healing all people.

Evangelist Abboah–Offei, the founder and leader of the Grace Evangelistic Team and Patmos Prayer Camp, was a senior tutor with the Agricultural Department at Okuapeman Senior High School before he experienced a call from God to enter into

prayer camp ministry. His pastors are educated persons. They are also given in-service-training on how to care for persons with mental health and spiritual issues.

Table 7: Religious affiliation

| Religion | Respondents | Percentage |
|-----------------------|-------------|-------------|
| Christian | 20 | 66.7% |
| Muslim | 8 | 26.7% |
| Traditionalist/Others | 2 | 6.6% |
| Total | 30 | 100% |

Source: Fieldwork data 2021

The statistics on religious affiliation and background of respondents reflect the general composition of worshippers found in most of the prayer camps in Ghana. Worshippers from difference denominations attend the prayer camps, which are non-denominational. People from all religious persuasions are welcome to go there for spiritual healing.

The majority of people who attend the prayer camps in Ghana are members of Christian church that include mainline, Pentecostal/Charismatic or African Independent Churches (AICs). The results of the study show 66.7% Christian and around 26.7% of the total number of people at the prayer camps to be Muslim. A fairly significant percentage of Muslim people in need of spiritual healing therefore also visit Christian prayer camps. The need for spiritual support for persons with mental health problem seems to exceed religious differences. To an extent this is reflected in the results of the 2010 and 2021 Population and Housing Census (PHC) which indicated that the majority of the population was 71% Christian and 17% Muslim (Ghana Statistical Service 2021).

In general there is religious tolerance in Ghana. All religious groups are accepted. Many Muslim and minority groups tend to be conservative and seldom attend Christian services other than weddings, funerals, or some important events of a relative, friend or work colleague. To find people of religions other than Christian at the prayer camps is an indication that mental health challenges know no religious boundaries. All manner of persons go to prayer camps for assistance. Traditionalist, herbalist, and minority groups represented 6.6% of the persons found at the prayer camps.

Traditionalists were seen participating in the deliverance services at the Patmos Prayer Camp and the Mount Horeb Prayer Centre. At the Patmos Prayer Camp a traditional healer had come with his family to consult with Evangelist Abboah-Offei for spiritual direction. The traditional healer who attended the Mount Horeb Prayer Center had brought a person with mental health problems for spiritual healing with Prophet Okai.

The data therefore shows that Ghanaian people can attend prayer camps irrespective of their religious affiliation in order to seek spiritual healing for mental health and spiritual problems. The camps are open to the public at large.

Table 8: Denominations of respondents

| Denominations | Respondents | Percentage |
|--------------------------------------|-------------|-------------|
| Orthodox/Mainline Churches | 10 | 33.3 % |
| Pentecostal/Charismatic Churches | 18 | 60% |
| African Independent Churches (AIC's) | 2 | 6.7% |
| Total | 30 | 100% |

Source: Fieldwork data 2021

The table shows that members of the mainline churches remain members there even though they attend occasional services at the prayer camps. They attend these services specifically when there is a need for spiritual healing. They often feel that their church is not spiritually equipped to assist with matters such as demonic attacks, for example.

The highest number, some 60% of worshippers, belong to Pentecostal/Charismatic churches in Ghana. Historically, the founding members of these churches broke away from mainline churches to start these independent churches. Mainline churches are regarded as 'not spiritual enough' and not sufficiently in tune with the workings of the Holy Spirit. They are seen as 'not aggressive enough' when it comes to dealing effectively with matters such as deliverance, miracles, healing, or prophesying. In present-day Ghana, worshippers can go to different churches for prayers, anointing,

healing, deliverance or spiritual support as the need arises. It is therefore not surprising to find a high percentage of people from Pentecostal/Charismatic traditions at the prayer camps.

Only 6.7% of the worshippers were members of African Independent Churches. This is also not surprising, since AIC's tend to be conservative and adhere strictly to their own doctrines. They tend not to mingle with other churches. However, the figure of 6.7% shows that, despite their strict doctrinal differences, a small number of their members do seek spiritual healing at prayer camps, especially for mental health problems (data from the field work; cf. Spitzbeck 2018:16).

Table 9: Respondents understanding of the liturgies for spiritual healing

| | Respondent | Percentage |
|------------------------|------------|-------------|
| Yes, I do understand | 15 | 50% |
| No, I don't understand | 2 | 6.7% |
| All I need is healing | 13 | 43.3% |
| | 30 | 100% |

Source: Fieldwork data 2021

On the issue of 'understanding the liturgies for spiritual healing', the study interviewed some worshippers for their views. Fifteen respondents representing 50% of worshippers said they understand that the liturgies there are aimed at supporting persons with mental health problems. The reason they visit the prayer camp is for spiritual support. Thirteen respondents representing 43.3% said they do not mind whether they understand the liturgical process or not. They still wanted to be part of it. They simply wanted healing for their loved ones or themselves. Two respondents representing 6.7% said they do not understand the liturgies, but trust God for healing. This information shows that most of the worshippers or families with persons with mental health problems are fully aware that the liturgies are meant for spiritual support.

Table 10: Number of times respondents have visited the prayer camps

| | Respondent | Percentage |
|-------------------------------|------------|-------------|
| 1 st time of visit | 8 | 26.7% |
| 2 to 3 times of visit | 10 | 33.3% |
| Multiple times | 12 | 40% |
| | 30 | 100% |

Source: Fieldwork data 2021

The study enquired as to the number of times worshippers attended prayer camp services. Twelve respondents representing 40% of worshippers said they have visited the prayer camp multiple times and that they are familiar with all the liturgical programs for spiritual support. Ten respondents representing 33.3% said it was their second time of visiting the prayer camp. According to them, their second visit was because of the camp leader asked that he/she should come back to complete the spiritual healing. Others said they enjoyed the service the first time, hence their second visit. Eight respondents representing 26.7% said their visit was their first time after people recommended the prayer camp to them. The figures show that most of the worshippers found at prayer camps are regular worshippers who know the days for healing services and times to meet camp leaders for counselling.

Table 11: Effectiveness of the liturgies on respondents

| | Respondents | Percentage |
|--------------------|-------------|-------------|
| Very effective | 20 | 66.7% |
| Somewhat effective | 8 | 26.7% |
| Not effective | 2 | 6.7% |
| | 30 | 100% |

Source: Fieldwork data 2021

Respondents were asked this question based on their experience with the liturgies whether they can be seen as 'very effective'; 'somewhat effective' or 'not effective'. Twenty respondents representing 66.7% said the liturgies are effective for spiritual support for persons with mental health problems. Eight respondents representing

26.7% said the liturgies are somewhat effective and that are appreciative of them. Two respondents representing 6.7% said the liturgies are not as effective as they thought they would be. They said that their loved ones still remain at the prayer camps even after months of seeking spiritual healing. There was no breakthrough for them. The information shows that majority of worshippers believe in the effectiveness of the liturgies for spiritual healing. The majority of respondents follow the instructions of camp leaders and are willing to persevere.

Table 12: Camp leaders and care-givers view on the liturgies for enhancement

| Should the liturgies be enhanced? | Leaders/care-givers | Percentage |
|--|----------------------------|-------------------|
| Yes, with free medical care | 25 | 83.3% |
| No, God doesn't share His glory | 5 | 16.7% |
| None of the above | 0 | 0 |
| | 30 | 100% |

Source: Fieldwork data 2021

During the investigation camp leaders and care-givers were asked if they would want the liturgies to be enhanced in any way. Twenty-five camp leaders and care-givers representing 83.3% said they would like collaboration with medical personnel. Medical practitioners could examine those doing the dry fasting before, during and after the period of fast to ascertain their physical capability of enduring that particular spiritual exercise. From the interviews it was clear that both camp leaders and care-givers were worried about the side effects and complications of dry fasting on some of the persons with mental health problems at the camps. Five respondents representing 6.7% said the liturgies should not be enhanced, but should remain the way they are. To them God would not want to share God's healing glory with anyone. The figures do show, however, that the camp leaders do see a need for medical collaboration. They would prefer a formal partnership between themselves and psychiatric or government hospitals.

Table 13: Respondents' views on enhancement of the liturgies

| | Respondents | Percentage |
|-----------------------------|-------------|-------------|
| Yes, with free medical care | 27 | 90% |
| No, leave them like that | 2 | 6.7% |
| Don't know what to say | 1 | 3.3% |
| | 30 | 100% |

Source: Fieldwork data 2021

When the same question was posed to some worshippers, 27 respondents representing 90% said 'yes' they would want paramedics to examine persons instructed to do dry fasting for a long period of time to ascertain whether they are fit enough to embark on this spiritual journey. To them, these examinations should not be done at the beginning of fast, but during the long period of dry fasting. They should make sure that these persons are physically strong enough to complete the fast. Two respondents representing 6.7% said the liturgies need not be enhanced. They are sufficient. One person representing 3.3% did not respond to the question.

Tables 13 and 14 show the number of respondents who would prefer that medical examination is included in the process of spiritual healing. They want to ensure that all persons going through long dry fasting are physically fit to begin and complete this facet of the healing process. This has been confirmed by scholars who investigated the prayer camps. For example, Mavis Asare (2017:49) in an article, 'The African belief system and the patient's choice of treatment from existing health models: The case of Ghana', concludes that many prayer camps seek collaboration with healthcare practitioners (see Tabi, Powell and Hodnicki 2006:52-58; Ofori-Atta et al 2018:6-10). Therefore, this request by camp leaders, caregivers and respondents is not surprising and should be considered for spiritual healing.

5.4 Reasons for attending prayer camps

The study investigated the reasons why Ghanaian people who are confronted with mental health issues often prefer to go to prayer camps for spiritual healing rather than seeking help at a psychiatric facility. Reasons respondents gave were the following:

- **Detecting spiritual roots of the mental health problems**

According to the leadership of the prayer camps, staff, workers and worshippers the cause of most mental health problems is spiritual. It often manifests as physical problems in some form. From a scholarly perspective, Sefa-Dede (2001:5) points out that mental health problems are regarded differently in different cultures, which means that there are 'varied opinions on the causes and how these cultures grapple with its solution'. Some cultures around the world view mental health problems as a biological matter. African Christians tend to view mental health problems more as a spiritual than a biological matter. Many African people, also Ghanaians, believe that mental health problems are caused by demons and evil spirits (Ciccrelli and Meyer 2006:563). This creates disequilibrium in the body. More broadly it also affects communities and society.

Spiritual healing is therefore seen as a community matter. It is the duty of the whole community to ensure that people who are in need of spiritual healing receive it. In Africa it involves everyone. The method of healing focuses not only on the physical aspect, but also on the emotional, psychological, moral, psycho-social and philosophical aspects of the persons in their context and culture (Amoah 2009:112). According to the traditional belief system, demons harm humans. Cultural explanations for the cause of mental health problems were identified by the study as a main factor that influences the choices of people who seek spiritual healing at prayer camps. Most of the people who were interviewed perceive mental health problems to be a result of mystical or supernatural forces such as witchcraft, curses, evil, or ancestral manipulations. Harold Koenig (2007:28) explains it as follows:

Religious beliefs may also influence decisions on whether to seek health care and whether to comply with medical treatments. Certain fatalistic beliefs like it is God's will, can and influence patients' action.

From the fieldwork and interaction with worshippers it was evident that most of the respondents who visited prayer camps did so based on their worldview and their understanding of the cause of their problem. The testimony of one person who received spiritual healing at the Mount Horeb Prayer Centre Thursday deliverance service, is as follows:

I cannot tell how it happened, I felt dizzy one afternoon while taking a walk. I felt a sharp pain in my head and that was all. I have suffered for years, anytime, this mental health problems came upon me, according my big sister [who was standing next him during the testimony], I could walk barefoot from Accra to Kumasi through to Bolgatanga and then continue all the way to Bawku in the Upper East Region, then to Burkina Faso. As soon as I get to the border, 'something' [an inner voice] would tell me to come go back home. I would suddenly be ok and able to see that I am not my hometown and that the local language is different from what I speak. So I would communicate in English to ask the way out of there. While I was walking all these miles, I would not eat anything, because there was no food. I would only drink dirty water from the gutters or river banks. Ghanaian Police and immigration officers at the border would put me on a bus to take me back to the Accra Regional Police Station from where my sister would be contacted. After one of my returns, my elder sister, who is here with me today, brought me to this prayer camp for divine intervention. I thank God for using Prophet Okai to spiritually set me free.

This respondent attested to how God delivered him from this mental health problem. There was 'something' – he could not described it in words – that compelled him to walk thousands of miles through towns, cities and regions of the country, even crossing the border to the neighbouring country, Burkina Faso. He did not know where he was going. He did not get tired. This compulsion had caused him to lose his employment, marriage and friends. He found that he 'needed spiritual intervention'. After the deliverance service, his sister who brought him to the prayer camp, confirmed his testimony. The pastors who attended to him when he was first admitted to the prayer camp also confirmed this. They attested to the fact that he was 'now a new person'. This testimony illustrates the effect of the belief that mental health problems can have a demonic cause. A person under such demonic influence often has enormous strength and is able to ward off the people who try to help. They are also often immune to other forms of sickness.

At the same deliverance service another person gave testimony that her only daughter was admitted to the sanatorium for couple of months. She related as follows how she and her daughter came to this prayer camp:

My daughter [who was standing next to her] was diagnosed with a mental health problem at the Koforidua Government Hospital in the Eastern Region [she showed the congregation her medical reports]. My daughter has been suffering from this mental illness for close to seven years. This affected her relationship, marriage and further education. I heard of this prayer camp from a friend and brought her here. Through the spiritual direction, fasting and prayers, which I did along with her, it was revealed by the Prophet that her mental problem was due to a demonic attack. After the first deliverance session I saw a great improvement in her behaviour towards me and the caregivers. How she communicates has improved much.

According to Seer Jesse, the pastor in charge of the sanatorium, the young person had been at the prayer camp for two months. Her mother believed the daughter's mental health problem to be the result of a curse after a broken relationship. In Ghana, relationships, broken marriages and disappointments are often seen to be the cause of mental health problems, especially among women. It is believed that some young women in Ghana lure married men to take them on as what is called 'side chicks'. This destroys families. Some of the married women whose husband cheated on them with these young women would then go to a shrine to curse the young woman or hire a thug to kill her. This is the background to Prophet Okai's revelation to the mother as to the cause of her daughter's mental health problem. After the sessions of spiritual healing, the young woman was found to be responding well.

The Prophetess Mama Lucy also confirmed that before the Covid-19 pandemic the Ogie Prayer Camp in the Achimota Forest had hosted persons with mental health problems for a number of years. She explained it as follows in the interview:

My son, you know in Ghana and in Africa nothing happens without a cause. Every challenge people go through, every event or disaster that occurs, has a spiritual cause. Unless the root cause is dealt with, nothing will improve. Mental health problems are caused by a demonic attack which is designed to destroy people with a bright future. I had persons who needed spiritual healing here. During the lockdown of Covid-19 pandemic some were taken away. Were it not for the restrictions, you would have found many if them here for spiritual healing. Many of the people were brought here by relatives after they had spent many months in hospitals. Yet their suffering remained.

If someone tells you there are no evil spirits in the world then that person is a liar. Believe me my son, the things I have seen in this forest because of the healing ministry, only God can describe it. Mental health problems are not only biological. There are evil spirits at work.

Prophetess Mama Lucy's explanation resonates with many Ghanaian and African people. Some African people believe that the forest is a places where evil spirits and demons reside. Therefore, having a prayer camp in a thick forest to offer spiritual healing to persons believed to be possessed and tormented by demons, will have its difficulties. There will be spiritual battles to overcome.

At the Grace Evangelical Team and the Patmos Prayer Camp, two different places founded by same person, Evangelist Abboah-Offei explained that mental health problems was caused by evil spirits and demons. He put it as follows:

I have been in this ministry for close to three decades and I can tell you for sure that mental health problems and other devastating life events are not only biological or accidental. Evil spirits are involved. Let no one deceive you. Whenever we pray, fast and do deliverances, people who were sick or possessed receive instant spiritual healing. However, it is our church's policy to ask them to be evaluated at a medical facility. Then, if they choose to do so, they can come back here to offer their testimonies. We have a host of photocopies of reports that confirm their healing. At our services, a good number of persons return to testify to God's grace and healing.

According to Evangelist Abboah-Offei, though there have been reports of spiritual healing, the Presbyterian Church of Ghana does not admit persons with mental health issues to their prayer camps. The GET and Patmos therefore pray for such persons and then advise them to go to Government Hospitals for psychiatric help. After they have received medical attention, they can return to the camp.

A woman whose daughter had a severe mental health challenge, first had her daughter admitted to a hospital in Koforidua. There she remained for many years without any sign of improvement. In fact, her condition was deteriorating. When they arrived at the Mount Horeb Prayer Centre, the Prophet indicated that problem was spiritual and suggested a method of spiritual healing. According to the mother, the

daughter's condition has since improved. She is now much better than she was when in hospital.

Aside from the interviews with the leadership of the prayer camps, I also interviewed workers, staff and care-givers. All of them were in agreement with the cultural interpretation that mental health problems were caused by supernatural and evil forces. Many respondents therefore found that prayer camps were the appropriate means to support loved-ones with mental health problems.

Prophet Paul Kwaku Nii Okai of Mount Horeb Prayer Centre indicated in an interview that, with the help of the Holy Spirit, they are able to detect the cause of a person's suffering – whether it is spiritual or biological. He explained it as follows:

By the grace of God and with the help of the Holy Spirit, we are able to detect whether a sickness is spiritually influenced or just biological when the person goes through the mandatory three days fasting on the first visit. This is because, by the instruction of the Holy Spirit, we know that the demons that attack the person, reside inside the person and share their food and water. Therefore, when we declare a three day dry fast for such a person, the demons go away, because they become hungry, thirsty and aggressive. That is why persons with mental health problems become aggressive and agitated during the process of spiritual healing. Sometimes, during deliverance sessions you would hear the demons speaking through the person, giving reasons why the demons possessed the person and indicating what could be done. I can tell you: what these persons go through is caused by witches from home and other places.

This spiritual assessment method of 'dry fasting' to ascertain the root cause of what is seen to be a demonic attack, is used by all prayer camps, as well as by Pentecostal/Charismatic churches in Ghana and elsewhere. The leaders believe it to be a means of detecting whether the predicament of the person is due to demonic or whether it has psycho-somatic causes.

According to Prophet Okai, demonic spirits leave the person's body when they begin to fast. The person then returns to a calmer state. The demons return after some days to check whether the person has begun eating and drinking again. That is why the leaders recommend a long period of dry fasting for what they regard to be 'possessed

persons'. If the demons return to find that no food or water were consumed, they depart permanently. That brings about changes in the behaviour of the person. Testimony to such change is given by the healed persons at the prayer camps. The liturgy of prayer and fasting as a means of spiritual healing for persons with mental health issues at prayer camps and some churches in Ghana, has yielded some positive results. It is utilised as a catalyst for healing and deliverance from demonic attacks.

A parent whose son attended a well-known high school in Accra and suffered from recurring nightmares to the extent that he could not remain in boarding school any longer, shared the following testimony:

I chose to come to this prayer camp instead of a hospital, because my son has suffered from nightmares for years, ever since his first year at the secondary school in Accra. My boy gets these nightmares only at night when the lights are out. According to the housemaster and dormitory mates, he often wakes up screaming loudly and waking everybody in the dormitory. This attack of evil has affected his reputation at school and his academic performance has suffered. The school authorities advised me to take him out of the residence. I pleaded with them to give me time, because we live outside Accra. I brought him to this prayer camp and told Prophet Okai about the situation. After prayers and fasting the nightmares have gone. He has since returned to school. I am told by the housemaster that he is doing well, I came with him today to give this testimony to inspire others and to thank the Lord.

This parent decided not take the child to hospital because she thought that the nightmares had other than biological causes. She thought that the source of the problem was spiritual and the aim was to destroy the young person's education. After the prayers and fasting at the prayer camp where they stayed for three days, the young person's nightmares ceased. The parent and son came to the Thursday Deliverance Service to give testimony.

The testimonies show that the people find the liturgy for spiritual healing to be effective. Most of the respondents indicated a lack of faith in the ability of conventional hospitals to treat certain forms of mental health problems. They regard prayer camps or spiritual

churches to be better equipped to deal with the root causes of some mental health issues.

- **The methods of spiritual support**

The liturgy and methods of spiritual support practiced at prayer camps for the sake of spiritual healing of persons with mental health problems concur with an African worldview and African Christians' understandings of the role of their faith. Mental health problems is deemed to have a spiritual cause. It is engineered by demons or witches. Therefore the remedy should be of a spiritual nature. At all the three prayer camps the method of spiritual healing begins with prayer and fasting. The leaders make use of a simple liturgy of prayer, fasting, bringing the Word of God, anointing with oil, providing spiritual direction and interpreting revelations from the Holy Spirit in order to detect the root cause of a person's ailment.

The spiritual process for detecting the root cause is called *akwankyere* in the Akan language. It articulates the process of how leaders receive spiritual direction and revelation from the Holy Spirit in order to provide healing for suffering people. The *akwankyere* is widely used by the Pentecostal/Charismatic churches. In another sense, *akwankyere* as a divination process is performed by local priests, herbalists or traditional healers when there misfortune, sickness, plague, famine, or a bizarre death occurs in the village or community. In a Christian context, the *akwankyere* is not the main focus of the process of spiritual healing. Through the revelation and direction of the Holy Spirit, the *akwankyere* provides the liturgical path for the leader to facilitate spiritual healing.

One woman at the Mount Horeb Prayer Centre, Mamfe, spoke as follows about the warm reception her testimony received:

I like the way Prophet Okai received us. By 06h00 he was already seated at the car park, meeting new and old visitors. No matter the number of visitors that day, Prophet Okai would sit, listen, counsel, pray and attend to everyone, from 06h00 to 12h00 or even 14h00 sometimes. He listens intently and through the guidance of the Holy Spirit tells you the source of the issue for which you have come to the prayer camp. He does not charge any money. We can make a voluntary donation to support the ministry. After having

listened to you, he gives spiritual direction. He tells you what is going on in your life and what the solution to your suffering would be.

My observation supports this testimony. Many worshippers stay at the prayer camp. By 05h00 everyone is up and ready to see Prophet Okai. From 06h00 to 12h00 Prophet Okai attends to the people face-to-face, after which he goes to the main church for the afternoon deliverance session.

Most of the respondents expressed their satisfaction with the attention they received. They were also satisfied with how their relative with the mental health problem was attended to warmly. They all spoke positively about the 'free spiritual counselling', face-to-face consultation, peaceful environment to meditate, and the prayer, fellowship and home-care given to the persons with mental health problems. The warm reception, welcoming leadership and simple liturgy made them emotionally calm. They were content to stay there for several months without missing home.

Respondents who had experienced conventional hospitals reported that the reception at some of the government hospitals was not inclusive and encouraging. Patients often had to wait at the Out-patient Department for many hours before they were attended to. The patient was often in pain, aggressive or in need of emergency care. They were often not examined thoroughly or had their medical history checked. A respondent who is both a nurse at a government hospital and a worshipper at the prayer camp explained it as follows:

At the hospitals we don't have enough time to spend on each patient, since the sick persons are many and we have limited time. We have been trained not to spend too much time on one patient. We have been advised not to get too close or intimate with persons with mental health problems because their mood could switch in an instant. They can become aggressive and injure us while we are in the process of helping them. It is different here at the prayer camp where we come in our free time. Here we are a family in Christ. We have time to examine the people and offer counselling as part of the spiritual support we provide. Those who are prayed for by Catechist Evangelist Abboah-Offei are referred to our hospitals and we follow up on them.

The nurses indicated that the attitude of some of their colleagues toward people with mental health problems often exacerbates their pain and suffering. Negative attitudes

of the caregivers tend to increase the depression of the persons have come to the hospital for treatment. A pastor at Patmos camp explains it as follows:

I think people prefer coming here because we have time for them. Any church leader who does not have time for the members is not a true follower of Christ. Jesus had time for followers who were sick, needy, and hungry. Therefore, if we are working in His vineyard, we must be courteous to sick persons who have travelled far to seek spiritual healing. Evangelist Dr. Abboah-Offei encourages the team members to meet everyone, listen to them and pray with them. Our mission and vision state that we aim to make all visitors feel at home and follow up on their progress even when they are referred to the hospitals or return home. The journey to this camp is long. We ask people to book an appointment before coming so that we can attend to all of them. We do not want anyone to be disappointed when they arrive, especially when Catechist Abboah-Offei is not available or is travelling.

Some of the prayer camps make good use of health workers who are both church members and medical professionals. These professionals offer their free time to attend to the medical needs of the persons at the camp. They checked blood pressure and sugar levels. This is important, considering the long periods of 'dry fasting'.

Prophetess Mama Lucy of the Ogie Prayer Camp in the Achimota Forest finds that spiritual support begins with the attitude of the leader and the care that is provided. She explains that some persons with mental health challenges do not receive love and attention from their family. That exacerbates their suffering. It can lead to depression or suicide ideations. Jesus had a positive attitude toward suffering persons. His example should be followed by all Christian leaders.

A respondent who had received spiritual support explains it as follows:

I have remained at this prayer camp the past ten years after my healing by Prophetess Mama Lucy. I vowed not to go back home. I wanted God to use me to assist others in the same situation. I attend to them, feed them, and clean them when they soil themselves. I also prepare them for the deliverance service and make sure they are presentable. Whenever people come to this forest and see me recovered from my mental health problem,

it gives them hope that God will heal them too. Covid-19 affected us, but we trust God to help us relocate to a permanent place. Here we do not discriminate against anybody, whether they have mental health problems or not. We see everyone as one family and God's children who are suffering and in need of spiritual healing. I thank God for using me and Prophetess Mama Lucy to meet the spiritual needs of such persons.

After his spiritual healing, this respondent chose to stay on at the camp to care for others with mental health problems. Spiritual healing is the main reason why many Ghanaians visit prayer camps.

- **Accessibility and cost**

In my interaction with the respondents, I was given additional reasons why Ghanaian Christians visit prayer camps for spiritual healing. These camps are accessible and low cost. In Ghana, it is difficult to gain access to a psychiatric hospital. The reason is that there are only three such hospitals in the country and they serve a population of thirty one million. The limited space makes it difficult for persons with mental health problems to get help there. The second reason is the high financial cost of having a relative admitted to such a hospital. For this reason many people cannot afford hospital treatment.

In 2012, the Human Rights Watch Report (2012:28-36) indicated that there were twelve practicing psychiatrists and 600 psychiatric nurses nationwide. These professionals serve over 2 million persons with mental health problems. At present the number would be closer to 4 million. At the time of the report, the three public psychiatric hospitals in the country had a capacity of 200, 500 and 250 respectively (HRWR 2012:28). This means that only 950 Ghanaians could have access to mental health facilities, leaving millions to suffer without help.

Prayer camps and faith centers on the other hand are able to provide access for persons with mental health issues and their families. In 2011-2012, the Ghana Human Rights Watch Report (2012) identified the Mount Horeb Prayer Centre at Mamfe as one of the top five prayer camps and the highest number of persons with mental health challenges, namely 135 people. Currently 100 persons with mental health problems are accommodated at the sanatorium.

The prayer camps as local communities are welcoming, accommodating, and open to all worshippers. The leaders are willing to talk to and assist visitors. Worshippers are supportive of each other. The respondents expressed their gratitude that they could bring their loved-one to the camp for spiritual healing. The cost of staying at a prayer camp is far lower than any medical facility would be. Pastor Jesse Gyasi, head of the sanatorium at the Mount Horeb Prayer Center, explains it as follows:

Our fees for persons with mental health problems who want to stay in the sanatorium is 150 Ghana cedis for a month. This is less than \$1.00 for the month. Because we are a religious and non-profit organization, we obey God's command. In fact for a long time the fee was 50 Ghana cedis, less than 50 Cents. Now, food, water, electricity and detergents for cleaning have gone up in price. Therefore management decided to increase the price to ensure that we can provide proper care. In addition to the highly subsidized fees, Prophet Okai's foreign partners and Charity Organizations, as well as some local benefactors, often bring us clothing, shoes, toiletries and sanitizers, especially for those abandoned by their families, so that they can appear clean and neat at the services. Management pays all the medical expenses and provides medicine for those who develop any ailment from the long dry fasting, or sustain injuries during the deliverance services. Persons at the sanatorium who are not fasting, receive three meals per day. Those scheduled to fast are provided with fruit and water when the time comes to break their fast. The fruit comes from the camp's farms. Many of the ushers, casual workers and care-givers you see around here, are persons who have received spiritual healing by God's grace and have decided to remain here in order to help others.

In my interaction with worshippers it became evident that financial constraints was a primary reason for them to turn to prayer camps for spiritual healing for persons with mental health challenges. Senah (2004:68) points out that "faith healing is patronized when a lot of money is not demanded from the health seekers". The three prayer camps do not charge fees for consultations with the leaders. A parent who brought her daughter to Mount Horeb Prayer Centre puts it as follows:

I did not pay substantial money for bringing my daughter here. My husband and I are pensioners. We struggled to pay the bills at the Koforidua

Government Hospital. To bring her here, we just had to take the transport from Koforidua to Mamfe. It wasn't difficult for us. Because I don't have money for the hostel I sleep in auditorium after the service. My daughter is accommodated in the sanatorium. I am here to cry to God. I believe God will be merciful to us. My daughter's situation is improving and I know God will heal her.

This woman described how, at one point, she had to sell some of her clothes and other belongings to pay the medical bills at the government hospital. There her daughter's condition did not improve. However, at this prayer camp she paid less than five hundred Ghana *cedis* for two months and already she is seeing an improvement. Many worshippers at the different prayer camps have similar stories. The liturgies for spiritual healing that can be attended at the prayer camps, have brought relief to many families.

- **The severity of the mental health problems**

Many mental conditions are recurring. People who suffer from mental health problems cannot expect to be completely healed. Their best prospect is to learn to manage the condition. Social and spiritual support can help them to do so. At the worship service a male worshipper who gave his testimony, told the congregation about his strong urge to take his own life and how his life changed after counselling and prayers at the prayer camp:

I had wanted to take my life from this world. There was a strong desire to kill myself after a broken relationship. I had spent much money on the woman's education. After graduation she married another man. A friend sent me the wedding photos. No amount of prayer, counselling and comfort from family could help me. The urge to take my own life was strong. Colleagues from work brought me here after two suicide attempts. They brought me to Mamfe. I was unhappy when I realized it was a prayer camp. After a session with Prophet Okai, he asked me to stay for seven days, the first three of which would include much prayer and fasting. Honestly, I am feeling much better and have forgiven the woman. God used me to help her reach her goals, though she did not become my wife. Initially, I did not understand God's plan for me, but through counselling, I understand God's purpose for our lives better. Every Thursday, I drive myself to Mamfe to fellowship with

my friends. Suicide tendencies prevent sound reasoning. I thank God for Prophet Okai and my friends.

This testimony brought many worshippers to tears. The man narrated how his friends and Prophet Okai helped him to overcome his bitterness and suicidal tendencies. Suicide is often seen in Africa as the manipulations of demonic or evil spirits. Many Ghanaian Christians believe that suicidal tendencies, drunkenness and alcoholism, drug abuse, chain-smoking, mental health issues and terminal disease are orchestrated by spirits or demons. The best remedy would then be prayer and spiritual counselling. The biblical text that is often used to substantiate this belief is Mark 9:14-29, the story of Jesus healing a boy possessed by demons. Verse 29 reads as follows: 'After healing the boy, the disciples approached Jesus in private and inquired why they could not heal the boy the first time, Jesus told them certain illness could be healed 'only by prayer and fasting.'

Western medical science would have given a psychological explanation for the suicide ideations and would have recommended medical treatment by a clinical psychologist or psychiatrist. However in an African Christian and traditional religious setting, the problem would be interpreted as caused by witchcraft. Among Ghanaian Pentecostal/Charismatic Christians suicidal tendencies are viewed as a kind of demonic possession. An evil spirit is behind the severity of the condition. The evil spirit can only be driven out by prayer, fasting, counselling and the Word of God. In the same vein, different forms of mental health problems are seen as a spiritual battle between good and evil, life and death, sanity and insanity, light and darkness, God and Satan. Spiritual leaders must then intercede by means of liturgical prayers and words from Scripture. The affected person does dry fasting in order to contribute their part in the battle to overcome the malignant spiritual forces.

- **The influence of testimonies**

Liturgically, the act of giving testimony in public worship is an integral part of the process of spiritual healing. This phenomenon that has become part and parcel of African Christian liturgy, is based on biblical texts such as 1 John 5:9; Psalm 119:46; Luke 21:13; 1 Corinthians 2:1; Revelation 19:10; and John 19:35. An example is John 5:31-34, 36:

If I testify about myself, my testimony is not valid. There is another who testifies in my favor, and I know that his testimony about me is valid. You have sent to John and he has testified to the truth. Not that I accept human testimony; but I mention it that you may be saved...I have testimony weightier than that of John.

Testimonies are not meant to benefit the speaker, but the people who hear the testimony. The tradition of giving testimony is a characteristic of Pentecostal/Charismatic and African Independent Churches. Worshippers who have received spiritual healing or a miracle of some sort, stand before the congregation and tell their story of God's miraculous help brought about through human means.

Often the family of persons with mental health struggles choose a specific prayer camp when seeking help for their loved-one, after having heard testimonies of those who have received spiritual healing. In the interviews respondents were asked to articulate their motivation for choosing a specific prayer camp. From the side of the camp leaders, Prophetess Mama Lucy of the Ogie Prayer camp in the Achimota Forest explained people's motivation for attending the camp as follows:

I have had a lot of referrals from worshippers who first came here. As you can see, in this forest there is no way I can advertise or go on radio to talk about my ministry. Friends of worshippers and those who have been healed hear us pray when they come into the forest for retreats. They then bring or recommend persons with mental health problems to me. When I was telling you about my life, I told you, that Jesus said to me He will direct people into my church, so I should not worry. How did you hear about me if someone had not directed you hear or you heard us pray in the forest? God is faithful and keeps God's promises to us, God's children. My whole life is a testimony. It is enough to bring people here.

Evangelist Catechist Dr. Abboah-Offei of the Grace Evangelical Team and Patmos Prayer Camp puts it as follows:

When Jesus calls you for a mission, He directs people to you for support. My team members and I do not advertise. People come in their numbers based on the testimonies they hear from others. The Presbyterian Church of Ghana is very particular about its brand and name. Therefore, as faithful members

of the Church, we are mindful of what we do, so as not to bring the name of the Church into disrepute. Since you have been here, haven't you seen people coming and going with many of them having received a miracle? Remember, Jesus did not advertise His ministry. His good works brought people to him. We are followers of Jesus, therefore, we must follow in His footsteps.

Prophet Paul Kwaku Nii Okai of Mount Horeb Prayer Centre, Mamfe, explained it as follows:

My son, it is good to advertise to draw attention to other people who are suffering. Mount Horeb Prayer center is on all media outlets including social media. People are suffering but do not know where to go for help. We keep announcing our flagship and deliverance services to all Ghanaians, but trust me, the best advert we have had over our three decades of existence, is the testimonies of our worshippers and visitors who come for spiritual healing. I can confidently tell you, Mount Horeb Prayer Centre, is the only prayer camp in Ghana with more than 100 persons with mental health issues at our sanatorium. If we are not doing something right, how could the nation of Ghana with all its powers allow us to keep these persons here? Everyone you see at the sanatorium or auditorium was brought in by family, a relative or a friend. Others heard of the testimonies of those who have received spiritual healing. Others heard through.

These statements by camp leaders indicate that in Ghana testimonies are an indirect but powerful way of publicizing the ability of a spiritual leader, a denomination, or a spiritual programme to help people. Various forms of publicizing are found in Pentecostal/Charismatic and African Independent Churches. Members are often challenged to bring their friends and acquaintances, especially when the church is about to launch a big religious programme. The services are then often broadcast on television and radio.

Prophet Paul Kwaku Nii Okai explains that testimonies give hope to those who have lost hope. Most respondents confirmed that they were introduced to the prayer camp by a friend or relative. There are also reports, however, of churches and prayer camps in Ghana whose leaders give false testimonies about miracles in order to enhance their reputation and boost their image. They portray themselves as powerful men of

God. In the three prayer camps however, this is not the case. In these camps the act of giving testimonies is part of the liturgy of spiritual healing. At the beginning of every service, testimonies are given by persons who have experienced spiritual healing. The persons who share their testimonies are first screened by assistant pastors, before they tell their story to the congregation. According to Prophet Okai, it was through one of these testimonies that a presidential candidate, Prof John Evans Atta Mills visited the camp in 2008 for special prayers. He tells the story as follows:

President Mills said to me, he was told by some close confidants to come to Mamfe to this Prayer Centre and God will grant his presidential bid request. I took Prof. Mills to my office, had a long conversation with him and prayed for him. I said to him during the prayers, that the Lord has opened my eyes and I saw in the realms of the spirit that he Prof Mills had won the 2008 general elections and it came to pass. His then running mate, candidate John Dramani Mahama was with him. When Prof Mills won the General Elections in 2009, he came back here to give thanks to God. In 2012 when he died, the Vice President, John Mahama, also came here and requested prayers to win the 2012 general elections to continue the legacy of Prof Mills, I prayed with him and told him he will surely win the elections and it came to pass. He also came back after 2012 to thank God.

After having won the general elections, President John Atta Mills returned to the prayer camp with his whole entourage. That was the best publicity the camp ever had. It attracted other high profile politicians from Ghana and West Africa who subsequently visited the Centre. For Prophet Okai, the prophecies that came in for both candidates Mills and Mahama showed that God had some special mission for the Prayer Centre. Their presidential victories gave the prayer camp and by extension all prayer camps greater credibility. It boosted their image, they gained popularity and the attendance figures rose.

On 12 December, 2009 the headline of an article by a newspaper reporter with the *Daily Guide*, Kwame Okoampa-Ahoafe, read: *Mills Changes Prayer Camp*. The article was on the Mount Horeb Prayer Centre, Mamfe. On 23 June 2013 President John Dramani Mahama visited the Prayer Centre on the occasion of its 20th anniversary. At a thanksgiving service, Prophet Okai prophesied that the judgement on the 2012 Election Petition to Supreme Court, will be in favour of President Mahama. That turned

out to be the case. The Mount Horeb Prayer Centre is fast becoming a point of reference for research on prayer camps and spiritual healing for persons with mental health problems.

- **No stigmatization and discrimination**

Persons with mental health challenges are often stigmatized in African communities. Ghana is no exception. Persons with mental health conditions are marginalized at home, at school, in offices, institutions and public spaces. In some cases, these persons are denied basic human rights. Many families, for fear of stigmatization, do not want to be associated with persons with a mental health condition because of the discrimination and humiliation that accompany the situation. People with mental health problems are banished to separate rooms, perceived as 'less than human' and deemed unworthy to be counted as a citizen of the country. When a person's mental health problem becomes known, this can become a burden on the family and community. From the interviews with respondents at the various prayer camps, it became clear that, because of stigmatization, many families prefer to send their loved-one with the mental health challenge to a prayer camp which is quite a distance from their own community or town, rather than sending them to a nearby psychiatric hospital.

In the three prayer camps people with mental health conditions worship together with the congregation and are fully incorporated into the faith community. This does, however, depend on the severity of the condition. When they are discharged from the prayer camp the aim is that they should be fully integrated into the community. Prayer camps therefore serve as a safe space without stigmatization or discrimination. Pastor Seer Jesse Gyasi, the head of the Mount Horeb Prayer Centre sanatorium, explains it as follows:

It is my 25th year as a care-giver for persons with mental health problems in this sanatorium. These people are often unable to think for themselves, bath, eat, and do simple tasks. It is unfortunate how others perceive them, even after they have received spiritual healing. Some people do not believe that God is capable of spiritual healing. That is why they keep stigmatizing them. At Mount Horeb it is mandatory that we worship together every week. We share the space with the congregation. The people with mental health

problems have family who love them and see them suffering. That is just like with any other illness. It can happen to anyone. Christians should not discriminate. All people are God's creation. They should see God in all people and attend to vulnerable persons as Christ would do.

Pastor Gyasi is one of the longest serving caregivers at the sanatorium. He quoted Luke 15:1-32 as an example of how followers of Jesus should treat marginalized people in society. However, some family members abandon persons with mental health problems. They simply leave them at the camp and disappear. Pastor Gyasi points out that some of these persons have themselves become caregivers at the sanatorium and now they are the ones who help others to meet their daily needs.

At the Ogie Prayer Camp in the Achimota Forest, there are trees and tree stumps to which people with serious mental health conditioned are chained from time to time. In an interview, Prophetess Mama Lucy explained the reasons as follows:

Yes, at Ogie Prayer Camp, persons with severe mental health problems are sometimes shackled to a tree. This is not because we discriminate against them. Firstly, we do not have an accommodation facility as does the Mount Horeb Prayer Centre. That is why they are tied down while they receive spiritual healing. The Holy Spirit reveals the type of demons that are causing the mental health problem. These demons cannot tolerate discomfort or harsh conditions. If anything causes discomfort, they will leave the person alone. That is why we treat persons with severe mental health problems like this. We make them feel uncomfortable for a period in order to free them from the demons.

Secondly, some persons with severe mental health problems are aggressive or become aggressive during deliverance sessions. That is why we keep them tied to a tree until they calm down. Restricting their movement by tying them to a tree helps us to provide the necessary spiritual healing. It also ensures that they do not run away and roam around in the forest or go to town.

Thirdly, some persons with severe mental health problems wander off and end up at the Achimota School Campus where they attack staff and students. In 2012, a member of the staff was slashed by a person with a severe mental health problem who ran away from the camp. This incident

brought the Ghanaian police, the forest guards and the school security to our prayer camp. All the structures were destroyed completely – you can see the ruins over there. So, before people judge us saying that we abuse people's human rights, they should ask why we do what we do. Our ultimate goal is to provide spiritual healing.

Prophetess Mama Lucy emphasizes that persons with mental health problems are not discriminated against at her prayer camp. They are chained to a trees as part of the healing process. Unfortunately, the media and people of the Human Rights Watch often misunderstand this process. At the prayer camps only persons who are showing improvement are given the opportunity to give testimony before the congregation. They are assisted by a family member. Camp leaders use this part of the liturgy to assess the mental stability of the people and to ascertain their progress or whether they are fully healed. Such testimony does not amount to 'scientific proof' of healing. Fake testimonies are sometimes given.

The data gathered in the course of this study showed how Ghanaians view prayer camps and why so many of them attend these camps. The study found that spiritual churches or prayer camps are usually the first choice when people are faced with the difficult issue of a mental health problem. Motivations for choosing a prayer camp include cultural, social and economic factors. Cultural beliefs regarding health and illness play a significant role in people's choice to seek spiritual support at a prayer camp. The cultural belief that mental health problems are the result of evil spirits or a demonic attack, influences the choice to seek prayer and spiritual healing.

The liturgies at the prayer camps are the reason why people seek spiritual healing there. The free counselling and social support also contribute to the popularity of the camps. Although prayer camps are sometimes criticized in Ghana for not being sufficiently scientific in their approach, the study has demonstrated that they have some very specific psychological and emotional benefits for the people. The accessibility and affordability of the camps are significant factor. The inaccessibility and high costs of mental healthcare in Ghana are a deterrent for many. The number of mental health facilities in the country is not sufficient for servicing the entire population. Mental healthcare often does not reach people in rural areas. For many Ghanaians, prayer camps are the only affordable and accessible form of support for people with mental health issues.

The policy of 'no stigmatization' and 'no discrimination' against persons with mental health problems at prayer camps is a hugely positive factor for families who choose to take their loved-one there for spiritual healing. The stigmatization of people with mental healing issues deters many people from seeking professional healthcare. They fear that their families will be humiliated or even ostracized.

Various aspects of the liturgy at the prayer camps are attractive to Ghanaian people who seek spiritual healing for loved-ones with a mental health issue. The reason is that these liturgies resonate with cultural and social beliefs, values and norms. The effects of these liturgies will now be discussed.

5.5 The effect of liturgies for the spiritual healing of mental health problems

This section explores the effect of the liturgies for the spiritual healing at the selected prayer camps in Ghana. Persons confronted with mental health issues are interested in the spiritual healing offered by the prayer camps mainly because of two reasons. The first is the Akan idea of *akwankyere* which can be described as 'spiritual direction' or 'spiritual revelation'. Christian people see *akwankyere* as the spiritual process whereby the Holy Spirit *homhom konkoro* in Akan communicates, reveals and directs a prophet or spiritual leader to the cause or source of a person's mental health problem or the spiritual attack on the person. The process also indicates how the situation of suffering should be resolved. All of this is accomplished by means of a liturgy. The person who is able to present these liturgies effectively is deemed a successful spiritual leader or 'person of God'. The verse in Scripture that is applied in this regard, is John 14:26: "But the Counselor, the Holy Spirit, whom the Father will send in my name, will teach you all things and will remind you of everything I have said to you."

A prophet or 'person of God' who is not in tune with the Holy Spirit will find it difficult to perform miracles or deliverances. Worshippers first receive this *akwankyere* during consultation or counselling with the spiritual leader or prophet. Secondly, the people who come to prayer camps for healing, receive care and support from the fellow worshippers and caregivers. This makes the camps an inviting environment for people who struggle.

Some of the positive effects of the liturgies for spiritual healing at the prayer camps include that the people learn effective coping skills, receive social support and love,

and learn to cultivate healthy behaviour, cultivate hope and a sense of optimism, and exercise spiritual discipline. These positive effects will now be discussed briefly.

- **Coping skills**

The various liturgies at the prayer camps enable persons with mental health problems to develop more effective coping skills. Firstly, they learn to cope with the spiritual process to which they are subjected. This leaves them with a sense of optimism and the hope that they will be able to carry on with the process of spiritual healing accomplished by and in the liturgy.

More effective coping skills enable people with mental health problems to reduce feelings of depression and anxiety. The effects are even more positive if accompanied by a strong faith, a good attitude, and meaningful religious practices. Persons with mental health issues but who have a strong faith base, have a better chance of attaining full spiritual healing than others. Those who exhibit qualities such as faith, hope, and forgiveness as they received social and spiritual support and prayers, show greater improvement than those who do not. For example, those with substance use disorder or suicidal tendencies who follow the 'spiritual direction' (*akwankyere*) given to them stringently and adhere to the required prayer times, fasting and abstinence, tend to recover or show improvement more readily than those who did not. Prophet Paul Kwaku Nii Okai explained it as follows in the interview:

People with a strong religious background and spiritual belief in God through the power of Jesus Christ normally receive spiritual healing more quickly when they come here. They do not have to stay for the entire number of days. Their willingness to cooperate produces rapid results. Those who do not have a strong faith because of the state of their mental problem, have relatives intercede on their behalf during the deliverance services. Subsequently, when their condition improves, they are better able respond to the spiritual directives and get better sooner.

According the leader of Mount Horeb Prayer Centre, Prophet Okai, belief in God and in Jesus Christ, is a catalyst and prerequisite for spiritual healing. Worshippers are therefore encouraged whenever they come to the prayer camp to focus on their faith in God. Sometimes relatives are advised to intercede on behalf of a person with mental

health problems who cannot do so for themselves. One of the persons who had received spiritual healing explains it as follows:

Personally, I like this place because it is far from my hometown, I came from the Central Region. I smoke weed and use cocaine, sometimes up to fifteen times a day, without eating. Then I don't get them, it feels like I am dying. I will be restless and aggressive towards anybody I meet. In fact, I even had fight with the police and have been in jail many times. But I go back to that behaviour whenever am released from jail. One day I became very sick. As sick as I was, I was still doing drugs. My friends put me in a taxi which took me from Gomoa Fetei in the Central Region to Mamfe, in the Eastern Region. I don't remember what happened when I got here. All I knew was I was in the sanatorium the next day. They prayed for me. I became sober and after three days I could respond to the prophetic direction and was told of the source of my mental health problem. For the past three years that I have been here at the prayer camp. I have never smoked again or touched cocaine. I do not drink strong alcoholic beverages. I know God has delivered me from this spiritual curse that almost killed me. I have decided to stay and support other persons with mental health problems who are brought here.

The testimonies of persons with substance use disorder give an indication of how they were helped by the seven day spiritual healing programme. They attest to having stopped using substances after that period. The belief is that the demons leave the person after a certain number of days that the person is then free of the craving for the substance. This spiritual explanation of their problem (*akwankyere*) often causes persons to fear that, when they leave the camp, the disorder would return and they would experience a spiritual attack again. Persons with substance use disorder are accommodated in the rehabilitation room at the sanatorium. They do not mix with the persons with other mental health problems. This focused attention on them and their problem helps them go through the spiritual healing process successfully.

Prophet Okai quotes Proverbs 23:20-21 as a caution against drunkenness, stating that the insatiable desire to drink strong liquor leads to a 'wasteful life'. This also has spiritual implications. From the perspective of an African worldview, it is believed that witches can put a 'spiritual pot' in the belly of a person, which causes the persons to

spend all their money on alcohol. This lifestyle causes stress and physical and mental harm to the person. It also affects loved-ones. Evangelist Abboah-Offei of the Grace Evangelical and Patmos Prayer Camp explains it as follows:

People with mental health and other problems tend to feel more at ease and hopeful when they have met me and my team members and we have attended to their spiritual needs. From that moment, they are better able to cope with their problem. They report improvement week after week until there is total deliverance. Many people don't know that the Word of God can be a 'coping mechanism' that soothes and heals all brokenness and gives hope to live again. When people hear great messages from spiritual leaders and pastors, they are comforted spiritually. That boosts what I have termed 'their spiritual immune system' (SIS) which helps them overcome whatever challenges they may face.

To Evangelist Abboah-Offei, the Word of God inherently has the potential to help broken people and those who suffer from mental health conditions to find solace within themselves and the strength to fight whatever is troubling them. Spiritual leaders and pastors should therefore preach the appropriate message to persons who have lost hope, feel helpless and are suffering. He believes that what he and his prayer team do on a spiritual level, brings relief to the persons who come to consult them about their problems. Prophetess Mama Lucy of the Ogie Prayer Camp, in an interview, put it as follows:

I am living testimony of how the Word of God can help you cope with life situations and restore you. I lived away from my family for three decades because my father disowned me when I became a Christian. I came to Accra alone without knowing anybody. I slept on the streets for close to two decades, but I still believed in God and trusted in the Jesus who called me. Today I am in the position of helping vulnerable people. How can I say: I won't do it? God will never forgive me! It is my sacred duty to meet the needs of all spiritually broken persons who come all the way to this prayer camp in this forest for spiritual healing. So if you ask me about 'coping skills' I will say that, by the grace of God, people who come to this prayer camp, after prayers and spiritual interventions are able to withstand whatever challenges they may be going through until there is total deliverance.

- **Love, fellowship and social support**

The investigation has shown that the affection, fellowship and social support people with mental health problems and other worshippers experience at the prayer camps on a daily basis, have a positive effect on the recovery process. According to Prophet Paul Okai of the Mount Horeb Prayer Centre, this affection, fellowship and social support is about unconditional love and respect for all worshippers, especially those with mental health problems. This is an integral part of the liturgy for spiritual support. He finds the biblical example in Acts 4:32-36 and John 13:34-35:

All the believers were one in heart and mind. No one claimed that any of his possessions was his own, but they shared everything they had. With great power the apostles' continue to testify to the resurrection of the Lord Jesus, and much grace was upon them all. There were no needy persons among them. For from time to time those who owned lands or houses sold them, brought the money from the sales and put it at the apostles' feet, and it was distributed to anyone as he had need.

The network of families and friends worshipping together, having conversations after service, sharing food and drink, has a positive emotional, psychological and spiritual effect on those who were depressed, tired, lonely and ready to give up on life and their faith. The prayer camps in Ghana serve as 'villages of hope', where people from all walks of life can interact freely, and make new spiritual friends without any ethnic or language barriers. For example, at the sanatorium, care-givers interact and have conversations with persons with mental health problems who are recovering and responding to the spiritual healing they receive.

Most of the prayer camps are located outside of towns, some deep in a forest. A person with problems could feel rather isolated if it were not for fellowship and interaction with others who have similar reasons for being there. The liturgy for spiritual healing is such that all worshippers or persons with mental health problems worship together. They pray, fast, sing, share testimonies and move together in the auditorium. As part of the liturgy, first time worshippers are asked to stand and are welcomed specifically. The other worshippers see them and acknowledge their presence. The pastors enquire as to their reasons for attending the prayer camp. This is where the socialization begins. It then continues in conversations after the church service.

The social interaction with others helps persons with problems to resist making unhealthy choices or become bored. In this way their suffering is reduced. It is in keeping with the Galatians text (6:2, 10) which exhorts believers to do the following:

Carry each other's burdens, and in this way you will fulfill the law of Christ
... therefore, as we have opportunity, let us do good to all people, especially
to those who belong to the family of believers.

Such constant social interaction in a loving and supportive manner is not possible at psychiatric institutions or other hospitals. Love, irrespective of how it is defined, has healing power. Positive relationships and loving fellowship are therapeutic and provide significant emotional and spiritual support for persons with mental health problems. At prayer camps, interaction and social support with leadership and worshippers strengthen the spiritual support people receive. This contributes to the recovery process. Fellowship as social and spiritual support is seen as a way to enhance people's coping skills. An elderly female respondent interviewed at the Mount Horeb Prayer Centre relates her experience as follows:

I have made many new friends since I came here three weeks ago. We have formed a prayer team and we pray together waiting upon God daily. When I just arrived I was so disturbed that I kept to myself, thinking about the other children at home, but Prophet Okai told us to interact freely with one another, for God could use any ordinary member or visitor to meet our spiritual needs. I began opening up. I am glad that I came to this prayer camp. On the days that we are free, we join other worshippers on the farm to weed or harvest vegetables. Sometimes we fetch water to help in the kitchen. When I communicated with my husband and the children at home I could say that we are fine here and God is meeting our needs. All was well at home and I am also at peace within myself.

At the Grace Presbyterian Evangelical Team and Patmos Prayer Camp, Akropong, where due to the Presbyterian Church of Ghana Regulatory Policy there is no sanatorium for people with mental health problems, love, fellowship and social support are shared primarily at the deliverance services. Another opportunity for socialising is the 'free two day stay' at the hostels of the Grace Presbyterian Church where the camp bus takes worshippers for prayers. A couple describes their experience as follows:

We have been married for seven years and do not have children. When we heard about Evangelist Abboah-Offei and the Patmos Prayer Camp, we decided to book an appointment to see him. Today is our second and last day. We thank God for the prayers and spiritual direction the Evangelist has given us. We have met other couples also waiting upon God for fruit of the womb. That has given us hope that in God's own time we will hold a baby in our arms. We like the fellowship, couples counselling and the warm reception here. It is good for our spiritual development. It also gave us some time out from our busy schedules. We will surely come back next month.

I observed many worshippers in a joyful mood as they interact and fellowship together. Worshippers travel from all over Ghana to the Patmos Prayer Camp to receive spiritual healing. This confirms that fellowship and showing love to one another is healing in itself. Persons with mental health problems receive spiritual support in the form of the love shown to them and the feeling of belonging they can experience here. When people feel lonely, frustrated, lost, hopeless and useless in life, their mental health challenges are exacerbated. In this respect the liturgy and social interaction at the prayer camp make a positive contribution to their lives.

At the Mount Horeb Prayer Center one of the caregivers is a barber who shaves the people's hair for free. He describes his work at the camp as follows in the interview:

I am a barber by profession. I had my own barber salon in Kumasi in the Ashanti Region. I relocated to Mamfe to stay at this camp twelve years ago. I came to see Prophet Okai to seek spiritual help to aid me to travel outside Ghana in search of greener pastures. A friend who lived London for the past 15 years told me that I should visit the Mount Horeb Prayer Centre. After his visit to the Centre in 2007, God opened doors for him. That enabled him to travel to London. However, when I came here and watched the people at a deliverance service, I didn't like their unkempt appearance, especially the people with mental health problems. So I approached Prophet Okai after the church service and told him that I am a professional barber. I would like to shave the hair of the people for free. He agreed and accommodation was arranged for me. That week I shaved closed to 70 men and women's hair. Immediately their appearance improved. Since

2010 I have been stationed here officially as one of the caregivers. I offer my services to the people with mental health problems, as well as to the pastors and worshippers. I provide a clean shave whenever I am called upon.

- **Promoting healthy and good Christian living**

The liturgy at the prayer camps also have the goal to promote healthy living and a good Christian life. With regard to people with mental health challenges, the aim is to expose them to the teachings of God and the power of prayer and fasting. The spiritual leaders aim to be a positive role model of good Christian living. Challenges people with mental health issues face include substance use disorder or a destructive lifestyle. Therefore, they are exposed to a different way of life at the prayer camps in order for them to see and experience the benefits of a more positive and healthy lifestyle.

The sanatorium at the Mount Horeb Prayer Centre has a rehabilitation shelter where regular counselling sessions, prayers, and guidance with regard to social and emotional skills are provided. The schedule aims to keep them busy, punctual, neat and clean. Pastor Gyasi, the leader of the sanatorium, calls it 'all inclusive spiritual support'. Persons who have come to the end of their time at the camp and are about to be discharged are taught vocational skills so that they can go back into society and make their contribution. Substances that were a problem for them are kept out of reach. A man who was recovering from substance use disorder articulated his story as follows:

I lost my job due to excessive drinking and using substances. I adopted this lifestyle when I was at university and wanted to be 'in' with my friends. I developed a problem with alcohol and was drinking strong liquor any time of the day. I managed to complete my education. My problem became worse when I began earning money. Eventually my mother brought me to see Prophet Okai, to help me. The Prophet asked me to stay here for seven days. I have been here for three months now, and in all this time I have not drunk any alcohol or thought of drinking again in my life. I hate the smell of alcohol. Whenever I hear people talk about alcohol I get emotional. It has ruined my life and future. I wish I knew before I came here how devastating it is to our internal organs and spiritual progress. At the prayer camp there is no way one could sneak out to go and buy unholy substances. You will

be caught and exposed, or even punished severely. I don't want to disobey God again, so I won't give the devil another chance to destroy my life.

After having gone without alcohol for three months this man felt that he was relieved from demonic bondage and the subsequent destruction of his kidneys. The compulsion to drink excessively left him at the prayer camp. He adopted healthier behaviour and godly living along with the worshippers at the camp. In his testimony, he spoke of how he could have died from organ damage or he could have injured himself, as he often fell into gutters on his way home when he was drunk. Prophet Okai revealed to him that drunkenness was a demonic attack. Should he go back to drinking excessively, he will get a stroke or die. Because of this, he decided to stay permanently at the prayer camp after his discharge.

At the Grace Evangelical Team (GET) and Patmos Prayer Camp, Evangelist Abboah-Offei in one of his deliverance sermons admonished worshippers to avoid a detrimental lifestyle that could ruin their spiritual life and the development of their faith. The sermon was on Galatians 5:16-21:

So I say, live by the Spirit, and you will not gratify the desires of the sinful nature. For the sinful nature desires what is contrary to the Spirit, and the Spirit what is contrary to the sinful nature. They are in conflict with each other, so that you do not do what you want. But if you are led by the Spirit, you are not under law. The acts of the sinful nature are obvious: sexual immorality, impurity and debauchery; idolatry and witchcraft; hatred, discord, jealousy, fits of rage, selfish ambition, dissensions, factions and envy; drunkenness, orgies, and the like. I warn you, as I did before, that those who live like this will not inherit the kingdom of God.

To Evangelist Abboah-Offei, Christians who live a destructive life open themselves to demonic attacks, which affect their spiritual and physical growth. To the Evangelist, most of the destructive lifestyles that result in mental health problems are orchestrated by evil forces that aim to destroy a person's future.

In Ghana, most Christians tend to obey and respect instructions from their spiritual leaders rather than take the advice of medical professionals. Sermons on 'good Christian living' therefore often have a greater positive impact on people's lives than medical information on a healthy lifestyle. According to Prophetess Mama Lucy, at the

Ogie Prayer Camp in the Achimota Forest, being spiritually and physically ‘innocent’ of social vices, is a good antidote against *juju*, or black power, or witchcraft. When people sin, they become open to demonic attacks. Therefore the liturgical element of ‘confession of sins’ in the worship service is an important aspect of the spiritual healing people need when they struggle with a variety of problems.

- **Feeling of hope and optimism**

Participants attest to a feeling of hope and optimism as they recover from their mental health issues. This was especially observed during ‘testimony time’ in the liturgy. Some worshippers shouted: *I receive my miracles too, in the name of Jesus, no weapon*. Others jumped up and threw themselves onto the floor, crying tears and praising God. Testimonies from those who have experienced healing were a source of encouragement for newly admitted persons with mental health problems and their families. They experienced that there was hope for them too. They were optimistic and hopeful that the ‘spiritual direction’ they would receive from the Prophet would help them on their road to recovery and healing. A woman who was interviewed at the Mount Horeb Prayer Centre explained it as follows:

I know God is here, and I believe in whatever is happening here. If it had not been for this prayer camp, I would have lost my daughter. It was Prophet Okai who prayed for us and told me what to do to save my child. Something strange happened to my daughter and she almost died. I am a witness of the goodness of God, therefore, I believe in all the testimonies that the people are sharing. They are true. We saw some of the people when they first came to the camp and now we see what God is doing with them. Every Thursday, I travel from Tema to this deliverance service. I don’t miss it, unless am out of the country. I trust in God and hope that the reason why I came here will be affirmed.

This mother brought her daughter for spiritual healing with Prophet Okai. She had come to the Thursday’s deliverance service. In the interview she said that she is a member of the Tema Methodist Church, but every Thursday she travels to Mamfe for ‘spiritual direction’ and to participate in the deliverance service. Ghanaians tend to be hopeful and optimistic with regard to the power of Christian spirituality. They believe in the supernatural support and healing of God through the direction of their spiritual

leaders. Because of this, Ghanaians take going to church or religious places to have their spiritual and emotional needs met, very seriously.

However, the study also found that not all worshippers or persons with mental health challenges automatically receive spiritual healing when they visit the prayer camps. Some lose hope during along the waiting period and do not follow through. Some stayed for prolonged periods of time, but did not receive healing. A Ghanaian woman who resides in the United States of America brought her son to the sanatorium for spiritual healing. The son had been at the Mount Horeb Prayer Centre for four months, but there was no sign of improvement. She keeps coming to Mamfe every month to avail herself of his progress, leaving the other children in the care of their father in the States. Pastor Gyasi, head of the sanatorium, confirmed that, just like in all health institutions, a person cannot be guaranteed healing when visiting a prayer camp. According to him, prayer camps in Ghana are sometimes accused of human rights violations such as that persons with mental health problems are kept there for a long without improvement. On whole, however, the majority of people do receive some form of spiritual healing before they leave the prayer camp.

- **Spiritual discipline**

Spiritual discipline is an important facet of any religious activity. This also goes for persons with mental health problems and their relatives. They should obey the spiritual direction (*akwankyere*) of the leaders. If people go through the spiritual exercises prescribed by the leaders, they tend to make rapid progress. According to the leaders of the prayer camps, spiritual healing is predicated upon the moral and religious discipline of worshippers. Commitment is needed on the part of the persons with the mental health problem and their family. Prophet Paul Kwaku Nii Okai of the Mount Horeb Prayer Center, substantiates this with a quote from John 9:1-3, 6-7:

As he went along, he saw a man blind from birth. His disciples asked him Rabbi, who sinned, this man or his parents that he was born blind? 'Neither this man nor his parents sinned,' said Jesus, 'but this happened that the Work of God might be displayed in his life...Having said this, he spat on the ground, made some mud with the saliva, and put it on the man's eyes. 'Go', he told him, 'wash in the Pool of Siloam' (this word means sent). So the man went and washed, and came home seeing.

To Prophet Okai, the method Jesus used to heal the blind man could be described in our day as a human rights abuse and inhumane treatment of the blind man. However, when the blind man obeyed Jesus' instructions, he received his sight back. This is what Prophet Okai calls 'spiritual discipline'. It is needed by all worshippers and people with mental health problems if they are to receive spiritual healing from God. Obedience is the secret to spiritual healing.

Worshippers and persons with mental health problems are encouraged to live a disciplined and 'holy life' during their stay at the prayer camp and thereafter. Before they are discharged the leaders instruct them as to what they should do when they arrive home. They should return to the prayer camp from time to time for a 'spiritual review' of the state of their healing. Prophet Okai explains it as follows:

Many of the worshippers are able to stay the course of spiritual obedience and discipline to the extent that some later even become workers for God, pastors and evangelists. Others voluntarily request to remain at the sanatorium to assist other persons with mental health problems who have come for healing. Of course, there may be one or two persons who will go back home and allow the demons and spirits to attack them again, often leaving them worse than before. But the success story of the testimonies over three decades shows that we have provided healing and support to people and can say: This ministry is God given.

The results of the investigation indicate that the liturgy for spiritual healing has indeed helped many worshippers at the prayer camps and persons with mental health afflictions who come there for healing. Many people learn there how to live a constructive and discipline life after what they have experienced as 'spiritual healing'. Such persons are able to integrate into the community and make a productive contribution to their environment.

5.6 Summary

The results of the empirical investigation indicate that the liturgy for spiritual healing of persons with mental health problems at the three prayer camps generally have a positive outcome for them and their families. The persons with mental health conditions and their relatives are provided with the care they need in order to persevere until spiritual healing has been attained. The manner in which the spiritual

leaders approach the *akwankyere* process in many cases brings relief to the persons who struggle with mental health challenges and their families. The leaders identify a spiritual cause for the mental health condition and reveal to them directions from God for spiritual healing.

The social support, fellowship and love shown by caregivers, pastors, leaders of the camp and the other worshippers enable the persons with mental health problems to experience a sense of belonging, which greatly aids the healing process. Stigmatization and rejection by society due to the mental health problems from which they suffer are not the response of the persons at the prayer camps. Here the accepting, warm and friendly social environment contributes to their recovery and healing. Healthy behaviour and a godly lifestyle are required of people who attend the liturgies for spiritual healing. They are required to be tidy and clean when they attend the deliverance or healing services, and also when they attend counselling sessions with the prophets.

On the whole, the liturgies for the spiritual healing of persons with mental health problems serve a variety of purposes and fulfil various spiritual needs. Worshippers feel more optimistic and hopeful after having attended these services. Some of the prayer camps collaborate with nearby hospitals and make use of the services of trained hospital nurses and paramedics.

The following chapter will present the findings and recommendation of the investigation.

CHAPTER 6

FINDINGS AND RECOMMENDATIONS

The study investigated three prayer camps in Ghana and their liturgies for spiritual support with a specific focus on helping persons with mental health problems and their families. The aim was to evaluate the contribution these camps make to the lives of people with mental suffering and their families and to make recommendations as to how the spiritual support these camps provide could be enhanced. Since the people who attend these Christian prayer camps are Christian believers, the relationship between Christian spirituality and mental health problems as understood from an African perspective, was relevant to the study.

This qualitative study followed Richard Osmer's model for practical theological research to describe and explain the liturgies at the camps that are utilised to provide spiritual support to persons with mental suffering. The investigation was conducted by means of the participatory action research method, observation, interviews, and focus group discussions. The results of the empirical investigation were interpreted within the theoretical framework of the study and brought into discussion with the insights gained from the relevant literature in the field.

The three prayer camps selected for the empirical part of the investigation were: the Mount Horeb Prayer Center, Mamfe, the Grace Evangelical Team and Patmos Prayer Camp, Akropong, and the Ogie Prayer Camp in the Achimota Forest, Accra. The aim was to investigate the effect of the liturgies at these camps on the participants. The focus of the study was on people with mental suffering and who specifically attended the camps with the hope of acquiring spiritual healing. On the one hand, the reputation of these camps has been tainted by accusations of human rights abuses. On the other hand their value and credibility have been affirmed by the fact that two sitting Presidents of the Republic of Ghana, Prof. John Evans Atta Mills and John Dramani Mahama visited, worshipped there, and requested prayers for the national elections.

By means of the data gleaned from the empirical part of the investigation interpreted within the theoretical framework, the study explained why some Ghanaian worshippers choose prayer camps for spiritual healing. This choice is mostly based on their understanding of mental health issues. For many African Christian believers, mental

suffering are understood as both spiritual and biological. From an African perspective, spiritual intervention is therefore necessary in order to uproot the actual cause of the problems. This is probably the main reason why many persons with mental suffering choose to go to a prayer camp in search of spiritual healing and a solution to their mental health problems.

The study found that the liturgies and rituals at the three Ghanaian prayer camps that were investigated, have a significant positive effect on many of the persons with mental suffering who come there for spiritual healing and the relatives who accompany them. This is not a new phenomenon. Religion has been associated with healthcare since antiquity. Today, in the African context of the Ghanaian prayer camps, this association is still strong. Many people who suffer from what they consider to be mental and spiritual problems who attend the camps, find significant support there.

In the course of the empirical investigation the liturgies of the healing services were observed and interviews were conducted with selected respondents. The study found that more women participated in the services for spiritual healing than men. As far as age distribution is concerned, respondents aged 36-55 made up the highest number of people at all the prayer camps. With regard to the educational level of the people, 50% of the respondents had some form of basic, secondary, vocational or technical education. They were literate and able to read the Bible, contemplate the Word of God, and follow the spiritual direction given by the camp leaders. With regard to the religious affiliation of those who attended the prayer camps, the study found that 66.7% of the respondents were Christian, 26.7% Muslim, and just some 0.6% of other persuasions. Christian worshippers who attended the Prayer Camps either belonged to mainline, Pentecostal/Charismatic (some 60%) or the African Independent Churches.

On the question of “why this is going on”, or the interpretive task of the investigation, data gleaned from the respondents 50% show that people understand the liturgies to provide them with spiritual healing, facilitated by means of the direction and instructions of the camp leaders, 43.3% respondent did not mind which liturgical practice is being used and 6.7% respondents said they are unfamiliar with the liturgies. Most of the respondents 90% agreed that sometimes hospital treatments and Western medication can reduce the pain of mental illness, but spiritual intervention is able to remove the root cause of the problem, 6.7% of respondents didn’t want any western

medication while 3.3% said nothing about hospital collaboration. In the study of anthropologist Ursula Read (2012:438-460) a Ghanaian woman is quoted as follows: 'I want the one that will heal me completely so it won't come back again'. The people are therefore seeking a permanent solution to their suffering. For them that permanent solution is spiritual healing and that can be obtained at the prayer camps.

On the question of what ought to be going on, the normative task, most of the respondents agreed that the liturgical practices with their focus on prayer, fasting and counselling should be maintained while western medicine should be added. So to respondents what ought to be going is enhancement of the healing liturgies collaborated by western medicine. Some of the healed interviewees who are persons with mental health challenge, believe that there is a relationship between prayer and healing and that through prayer, God could be petitioned to intervene in human affairs and demonic activity that causes human ailments be eliminated

With regard to strategies of action, or the pragmatic task, the investigation found most respondents preferring the actions or practical strategies taken by camp leaders towards spiritual healing. Respondents loved the informal collaboration between their prayer camp and some government hospitals in supporting such persons and this must be formalised. The respondents were positive about the cordial relationship between the staff at the prayer camps and persons who did the periodic clinical examinations. Practical theologian, Cas Wepener (2008:213), points out that 'life is not possible if people would want to totally re-invent anew instead of engaging with each other'. Therefore, for best practice, constant engagement between faith healers and medical practitioners for people with mental health challenges, is necessary. In an African context the situation cannot be managed by any single entity alone.

In this qualitative study the gathering of empirical data included the life experiences of camp leaders and their motivation to establish a prayer camp. Worshipers who bring their loved ones with mental health challenges to prayer camps were also interviewed to ascertain what their motivation was, as well as what their expectations were and what they found the outcome to be. Some of the reasons for choosing a prayer camp for their loved ones included:

- their ability to spiritually detect the root cause of the mental health problems;
- the nature of liturgies and methods of spiritual support;
- the accessibility and the low cost of the help received at prayer camps over against what it would be at government hospitals;
- convincing testimonies of people who have been helped at prayer camps;
- the policy of no stigmatization and no discrimination at the camps.

With regard to the effect and impact of the liturgies on persons with mental health challenges, some positive results included the following. Persons were supported in such a way that enabled them to cope with the liturgical process till healing was achieved. The unconditional love, fellowship and social support from others enabled people to go through the spiritual healing process. The focus on the development of a physically healthy lifestyle and a good Christian spirituality was particularly positive and constructive. The spiritual discipline of the liturgies and the instruction and counselling of the spiritual leaders were found to be a good foundation for their future lives. Many relatives expressed a sense of hope and optimism that their loved ones had indeed receive spiritual healing.

The liturgies at the prayer camps were found to be open and flexible. Worshippers were invited to express their emotions, both as a congregation and as individuals. This correlates with how Wepener (2017:7) describes liturgies. He points out that, when a church service becomes rigid rather than flexible, the congregation becomes unexpressive and conservative. The liturgies at the prayer camps were designed to serve different purposes, namely on the one hand specifically for persons with mental health issues, but on the other hand also for the other worshippers with their life challenges, whatever these may be. For the people concerned, the experience at the prayer camps was generally constructive. Despite the bad media reportage many Ghanaians therefore continue to rely on these camps and recommend them to others (see Taylor 2016:263-275).

However, Scott and Wepener (2017:1) point out that 'physical healing in the church is a very controversial topic and is one that people have very strong opinions about'. Especially the issue of 'spiritual healing' for persons with mental health problems regarded in Western medicine as a clinical matter – would be such a controversial topic. Ghanaian practical theologian, Abamfo Atiemo (2014:284-289), however does

find 'that prayer camps in Ghana deserve a closer look as they are a supposedly compassionate, faith-based response to mental disability'. This was the purpose of the investigation which found that indeed many people are given new hope and their lives are given new direction after their stay at the prayer camp. The evaluation of the prayer camps and their service to the people also identified some recommendations for improvement.

The study recommends that the various liturgies for persons with mental suffering at the prayer camps in Ghana be enhanced, streamlined, and documented. This will afford Ghanaians anywhere to send persons with mental health problems to Prayer Camps and expect good results. Persons with mental suffering should not, on admission to the prayer camps, be submitted to a prolonged period of dry fasting without a sufficient medical assessment as to whether they are physically and mentally able to withstand it. This can avoid medical complications and the worsening of their condition.

More intensive training specifically with regard to mental health conditions and challenges is recommended for camp leaders, pastors and care-givers who are responsible for the care of persons with mental health problems. Basic training is needed with regard to mental health and illness, the various types of psychosis, and above all, appropriate care before admission, during their stay, and after their release from the prayer camps.

Prayer camps in Ghana should form one body with an administrative structure, in order for them to cooperate among themselves and interact effectively with the Ghanaian media, the Ministry of Health, the Ghana Health Service and other stakeholders. This can help to address issues such as the misconceptions regarding and stigmatisation of prayer camps, as well as the lack of funding and government involvement.

Academic avenues should be created for scholars, researchers and scientists to investigate and augment the services provided by the prayer camps to persons with mental health challenges and their families. The prayer camps can provide alternative and additional support to people who face these challenges, especially since medical services in the country cannot cope with the current need. Further academic research, theorising and strategies for practice can benefit the people of Ghana and contribute to mitigating the high pressure put on the few psychiatric hospitals in the country.

Should there be well-organised collaboration and a constructive cooperation between prayer camps and psychiatric hospitals, persons with mental health problems can have better access to effective mental healthcare services. This should include diagnosis, voluntary treatment, and regular monitoring by professional health service providers. Recognition of the contribution of prayer camps with their liturgies, spiritual guidance and pastoral counselling services especially in local communities where clinical facilities are scarce, could facilitate a holistic type of care which provides Ghanaian people also with the spiritual care that is important to them in their religious and cultural context. This can be provided in a safe space which does not carry the weight of social stigmatisation to the extent that is often the case with psychiatric health care facilities.

Recognition of the services provided by prayer camps from the Ghana Health Service (GHS) and Ministry of Health (MoH) will also help provide legitimacy to the spiritual care provided by the prayer camps. The Mental Health Act, Act 846 of 2012, has already been passed by Parliament of Ghana and authorised by the President of the Republic of Ghana. Walker and Osei (2017:38-39) explains the intent as follows:

The Act aims to create a new system of mental healthcare in Ghana, which includes provisions for the creation of a modern, community-based mental health system and for the protection of the rights of persons with mental disorders. It further states that 'only accredited institutions are now able to admit patients against their will, meaning that unorthodox facilities such as prayer camps will no longer be able to keep patients chained or secluded. To ensure their compliance and to investigate complaints, institutions will be subject to inspection by visiting Committees which will have the power to visit all mental facilities'.

The Act regulates the operations of prayer camps that provide spiritual support for people with mental health problems. The Act aims to ensure transparency and professionalism.

From a Practical Theological perspective, further research in the fields of liturgical studies and pastoral care and counselling on prayer camps in an African context with the aim to alleviate mental health problems, is called for. In Ghana and the West African region as a whole Practical Theology is still an emerging discipline in some of

the Universities and Theological Seminaries. This study aimed to pave the way in this regard and inspire African practical theologians to further develop African practical theological theories and methodologies. At present Christian spirituality, religion and mental health problems are topics of interest in many parts of the world. This study aimed to bring an African perspective to the discussion.

The main outcome of the study is that liturgies for spiritual healing and support in an African context cannot be ignored when it comes to persons with mental suffering. The World Health Organization (WHO) has long since pointed out that spirituality is an important dimension of the quality of life of human beings. Sulmasy (2002:28) points out that 'how one is faring spiritually affects one's physical, psychological and interpersonal state and vice versa. Koenig (2005:15) also emphasises that health professionals should include spirituality in healthcare because among other reasons is the fact that many patients are religious. If this is the case in Western contexts, it is even more relevant and urgent to consider and include in African contexts where all things spiritual occupy a prominent place in people's lives and can contribute significantly to their sense of well-being.

In a Ghanaian context there is the realisation that mental health problems cannot only be attributed only to biological factors and diagnosed as 'psychosis', but that there is also a spiritual element that has to be considered. For this spiritual support is needed. The study has shown that the prayer camps in Ghana that provide spiritual support in the form of prayers, deliverance liturgies, prophetic declarations, counselling, and rehabilitation, are of great value to Ghanaian people who are in needs of spiritual assistance. The Mount Horeb Prayer Center Mamfe, the Ogie Prayer Camp, Achimota Forest, the Grace Evangelical Team and Patmos Prayer Camp, Akropong, and other prayer camps in the country serve the Ghanaian community they provide valuable spiritual support to those in need. In this way the camps augment the insufficient mental healthcare services in the country in a meaningful way, while doing so within the cultural and religious belief systems and language that are familiar to the people. Indigenous Ghanaian people with mental health problems understand the kind of support provided at the prayer camps. They know where the rituals come from, what they mean, and what they are intended to accomplish. Psychiatric hospitals mostly do not have a holistic approach which includes the spiritual aspect of being human. At prayer camps this aspect is emphasised. The belief is that each person is a unique

creation of God and as such has great value. To the spiritual leaders at the prayer camps, no human being is a 'wasted life', irrespective of the person's physical or mental challenges. In African philosophy and worldview the holistic support of an individual is the responsibility of the whole community. This includes spiritual support. According to Opoku Onyinah (2010:130), 'the African Christian's concept of salvation includes good health, prosperity, abundant life, protection from evil spirits, entities, safety and security'. In this context spiritual healing is a socio-religious issue. African Christian people understand that mental health issues are part of human life. For them the solution lies in the liturgies for spiritual healing. These are provided at prayer camps.

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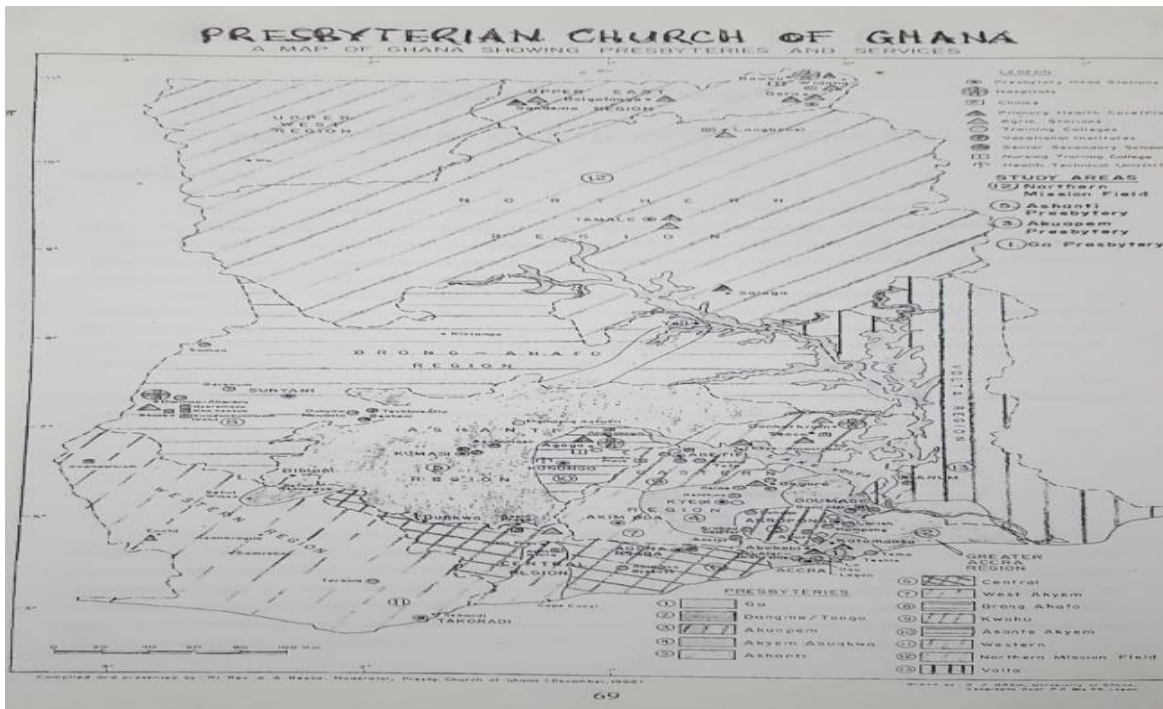
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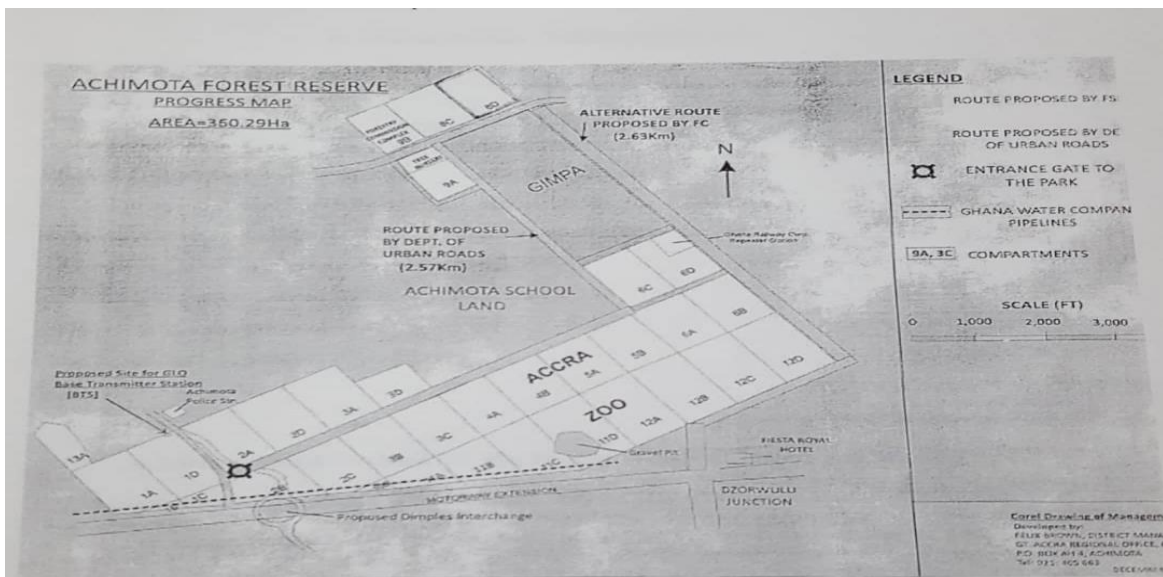
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APPENDICES

Appendix 1: Map of Ghana showing Presbyterian Churches and Prayer Centres




Appendix 2: the Map of Achimota Forest Reserve



Appendix 3: A feedback form for worshippers who have read a brochure by the Prophet Paul Kwaku Nii Okai feedback form

Set Apart as a Prophet
—My Personal Testimony

FEEDBACK FORM



I trust that this book has blessed you. Please take a few minutes to complete this form and return it to me at any of the address below.
 Date: ____/____/20____

Name: _____
 Address: _____
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 Tel: _____ Postcode: _____ Country: _____

How did you obtain a copy of this book?
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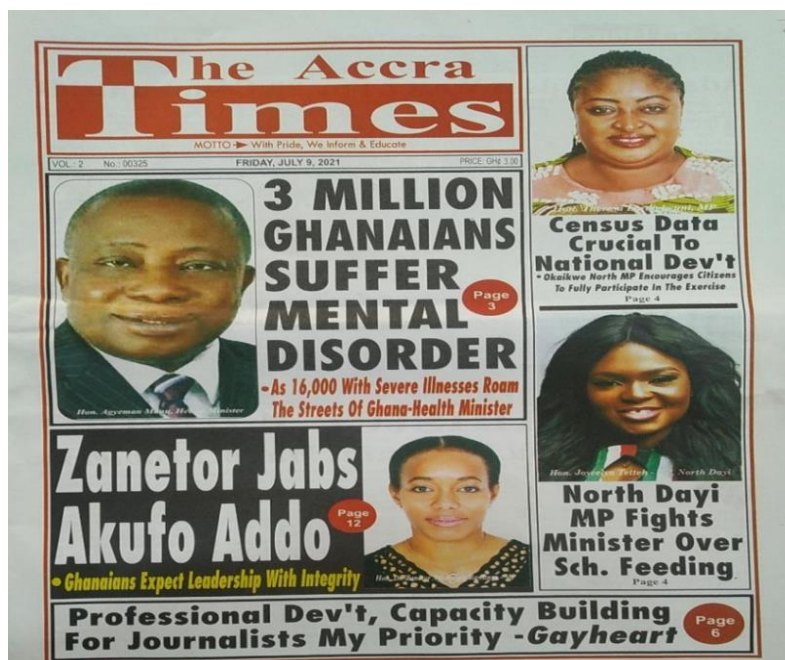
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| <p>UNITED KINGDOM Mount Horeb Hall 111 Consort Road Peckham Rye London SE15 3RW e-mail: cmgmi@btconnect.com Tel: 020-77323660</p> | <p>GHANA Mount Horeb Prayer Centre/ Christ Miracle Gospel Min. Int'l P. O. Box 43, Mamfe-Akwapim Ghana-West Africa Tel: +233-244958495, +233-243440809 +233-244957956</p> |
|--|--|

Appendix 6: Some newspapers in Ghana reporting of the influx of mentally ill persons on the streets.



Appendix 7: Minister of Health disclosing that three million Ghanaians suffer mental disorder, and 16000 with severe illness roam the streets of Ghana.



4. What did the prophet/prophetess say about the suffering?.....

5. What have they asked you or your child/relative to do?
.....

6. How long have you or your child/relative been in the camp?
.....

7. What spiritual support have you received?.....

8. What, if anything, do you like about the spiritual support your child/relative is receiving?
.....
.....

9. Is there anything you not like about the spiritual support?
.....

10. What would you want to be added or removed to improve this prayer camp?
.....
.....

Thank you for participating.

Questions for spiritually supported persons

Dear respondent,

I will be grateful if you could kindly complete these questions. I will use the information for my Doctoral research in Practical Theology. The study investigates existing liturgies at prayer camps in Ghana that provide spiritual support for persons with mental health problems. The question is whether these liturgies could be improved.

Please complete the following and expresses your honest opinion.

General Information

- Full name:
- Age: a. 18-35 years..... b. 36-55 years..... c. 56 and over.....
- Gender: Male..... Female.....
- Educational Level: Basic..... High school..... Voc/Tech.....
Tertiary....
- Religion: Christianity..... Muslim..... Traditionalist.....
- Denomination: Orthodox..... Pentecostal..... Charismatic.....
- Name of your
denomination.....

1. How long were you at the camp?

.....

2. What brought you to this prayer camp?

.....

3. Were you aware that your family were bringing you here?

.....

4. Before you came to this camp, did you go to a hospital to find the source of your suffering?

.....

5. Can you remember the ways in which you received spiritual support from the camp?
.....

6. How long since you came to the camp have you been feeling better or well?
.....

7. Which of the following did you particularly like during the deliverance?

(a) Prayers..... (b) The sermon..... (c) Long fasting.....

(d) Use of anointing oil..... (e) Others.....

Explain what you liked and why

.....

8. Is there anything you did not like about this prayer camp?
.....

9. What do you think can be added to enhance the liturgy of spiritual support?
.....

10. Would you recommend this prayer camp to other people?
.....

Thank you for participating.

Questions for camp leaders

Dear respondent,

I will be grateful to you if you could kindly complete these questions. I will use the information for my Doctoral research in Practical Theology. This study investigates existing liturgies at prayer camps in Ghana that provide spiritual support for persons with mental health problems. The question is whether this could be improved.

Please complete the following and expresses your honest opinion:

General Information

- Full name:
- Gender: Male..... Female.....
- Denomination: Orthodox..... Pentecostal..... Charismatic.....
- Name of your prayer
camp.....
- When was it
established?.....
- What led to the establishment of the camp?
.....
.....
.....

1. Do you charge any fees?
.....

2. Is your prayer camp independent or part of a
church?.....

3. Does the camp have a constitution or ethical guidelines for its operation?
.....

4. Is the camp registered and does it have license or permit to provide spiritual
support for people with mental health problems?
.....
.....

Why the liturgies are designed the way they are?

.....
.....
.....
.....
.....

5. What do you think could be done to enhance the current liturgies?.....

.....
.....
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.....
.....
.....
.....

Thank you for participating