Diakonia-ammattikorkeakoulu | A TUTKIMUKSIA 32

Ikali Karvinen

Towards Spiritual Health

An ethnographic research about the conceptions of spiritual health held by the Kendu hospital staff members, patients, and the inhabitants of the Kendu Bay village

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Diakonia-ammattikorkeakoulu
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ABSTRACT

Ikali Karvinen

Towards Spiritual Health.
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This book is based on my study "Spiritual Health: An ethnographic research about the conceptions of spiritual health held by the Kendu hospital staff members, patients, and the inhabitants of the Kendu Bay village". The study was published as a doctoral thesis in 2009 in Finnish (See app. 2 & 3). When it came out I was asked about a possible publication in English. It became clear that a research summary that would serve the international research community and clinicians would be useful. This research summary is created to serve that need. This book does not fully go along with my previous study but it focuses on presenting the research findings. I considered important that the reader would form a picture of the geographical and cultural frame of reference that is described broader in the original study. Because of this I have maintained the description of the Kendu village and the beliefs of the Luo tribe. However, the main focus is on presenting the model that was formed by the research findings. This research summary also contains visual-anthropological elements. This book includes research photographs that are meant to serve as tools for reporting and interpreting the research findings.

Keywords:
ethnography, spirituality, spiritual wellbeing, public health, Kenya, field research, conception of health, state of health, health, health sociology, religious ethnography/ethno philosophy

Themes:
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I dedicate this book to two professors who have had a significant impact to my way of thinking:
To professor Tuula Vaskilampi
and
To professor Juha Pentikäinen

Authors acknowledgements

I would like to acknowledge the invaluable contribution of Eeva Lehikoinen whose specialist skills have been vital in delivering this English edition of my research.

Assisi, Monastero di Sant'Andrea, Italy 24th of August A.D. 2010
- Ikali Karvinen, PhD (Public health), MScN, BScN, BN, R.N.

Boy and the Future. Original size: 1704 x 2272.

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ALKUSANAT

Terveystieteen tohtori Ikali Karvisen julkaisun taustalla on hänen väitöskirjansa Kuopion yliopiston lääketieteellisen tiedekunnan kansanterveystieteen tutkimusohjelmaan. Väitöskirja kuuluu tutkimusprojektiin "Vertaileva terveyskulttuuri: terveys käsitteenä ja arvona suomalaisessa kulttuurissa ja sen kansainvälinen vertailu". Tutkija on ollut vaihto-opiskelijana Kenian Kendu Bayn sairaalassa, jossa hän suoritti osan tutkinnostaan. Väitöskirjassa kuvataan henkistä ja hengellistä terveyttä (spiritual health) etnofilosofisen lähestymistavan avulla. Tämä aihe on tärkeä, mutta toistaiseksi liian vähän tutkittu niin Suomessa kuin kansainvälisestikin.

Tohtori Karvisen mielenkiintoisessa tutkimuksessa uskonnollisuuden käsitteellä kuvataan yksilöiden ulkoista, yhteisöllistä ja rituaalista toimintaa, jolla on tiettyyn uskontoon, johonkin uskonsuuntaan tai luonnonuskontoon liittyviä merkityksiä. Tässä kirjassa esitetään ansiokkaasti Kenian luo-nimisen alkuperäiskansan parantajien uskonnollisuuden ja spiritualiteetin moninaisia ulottuvuuksia. Luo-kansan luonnonuskonto on kansanuskoa, uskontoa pienellä u:lla, kansansa kulttuurista äidinkieltä.

Karvisen tutkimus Kendu Bayn alueella on merkittävä lähtökohta uuden näkökulman tuomiseen kansanterveydentutkimukseen ja soveltamiseen erityisesti kehitysmaissa. Keskustelua ja tutkimusta alalta tarvitaan epäilemättä lisää. Nyt englanniksi kirjoitettu tiivistelmä väitöskirjasta on hyvin luettava ja siinä tuntuu vahvasti omakohtainen kenttätyö.

Tutkimustulokset tuodaan selkeästi esille. Karvinen osoittaa, ettei Keniassa, Kendu Bayn alueella yksilön elämää voi käsittää ilman siihen liitettävää uskon elementtiä. Esillä on myös traditionaalisten parantajien rooli tiettyjen sairauksien parantamisessa, tilanteissa joissa medisiininen lääketiede ei pysty auttamaan sairasta ihmistä eikä yhteisöä.

Karvisen etnografisessa tutkimuksessa tulee esille eri menetelmien rinnakkaiskäyttö. Kenttätyö on tarkasti dokumentoitu. Merkittävää on etnografian käyttö kansanterveydentutkimuksessa. Karvisen työ on näin hieno näyte myös medikaalisesta ja visuaalisesta antropologiasta. Työtä täydentävät monet hyvät ja puhuttelevat valokuvat.

Englanninkielinen julkaisu on arvokas osa liitettäväksi Diakonia-ammattikorkeakoulun julkaisusarjaan.

Helsingissä 11.11.2010

Marja Pentikäinen, VTT
Diakonia-ammattikorkeakoulu, Diak Etelä
Yksikönjohtaja

FOREWORD

PhD Ikali Karvinen's publication is based on his doctoral thesis in a public health research programme in the Medical Faculty of the University of Kuopio. The doctoral thesis is part of a research project called "Comparative health culture: health as a concept and value in the Finnish culture and its international comparison". The researcher has been as an exchange student in the hospital of Kendu Bay where he accomplished part of his degree. The research describes spiritual health using an ethno-philosophical approach. This issue is important but it has not been studied enough so far either in Finland nor internationally.

In Doctor Karvinen's interesting study the concept of spirituality is used to describe outward, communal and ritual actions which have meanings connected to a specific religion, faith, or natural religion. In this publication there is a laudable description about many dimensions of religiosity and spirituality of healers among people called Luo in Kenya. The religion of Luo-people is folk religion, it is the cultural mother tongue of the people.

Doctor Karvinen's research in the area of Kendu Bay is a significant starting point to bring a new view to research in public health and its application especially in developing countries. More discussion and research on the area is undoubtedly needed. This summary that has been written in English is very readable and one can strongly feel a personal approach to fieldwork.

The results of the research are clearly presented. Doctor Karvinen points out that in Kenya, in the area of Kendu Bay, an individual's life cannot be comprehended without an element of spirituality. The role of the traditional medicine men is described in healing certain illnesses especially in situations where conventional medicine is not able to help a sick person and the community.

Many parallel methods are used in Doctor Karvinen's ethnographic research. Field work is accurately recorded. The use of ethnography is significant in the research dealing with public health. Doctor Karvinen's work is an excellent demonstration also of medical and visual anthropology. The work is completed by using many good and touching photographs.

This publication in English is a valuable addition to the publication series of Diak.

Helsinki, 11th November, 2010

Marja Pentikäinen, PhD
Director of South Unit
Diaconia University of Applied Sciences, Diak South

PROLOGUE

"Spirituality is broader than religion; in listening for spiritual or existential themes from patients, it is important to recognize that spirituality can be expressed in many different ways. For some patients, church is the spiritual community, while for others it may be friends or family. Spiritual practices may include prayer, meditation, walking in the woods, listening to music or painting, journaling, intentional appreciation of beauty, or being present to the world or others… --

Spiritual care offers a framework for health care professionals to connect with their patients; listen to their fears, dreams, and pain… "Healing" is distinguished from "cure" in this context"

- From the Book: Puchalski & Ferrell 2010. Making Health Care Whole, p. 24, p. 55

1 TOWARDS SPIRITUAL HEALTH – DESTINATION AFRICA

1.1 Spiritual health as a research subject

Research findings on spiritual health are scattered in health sciences. Not until the past years has researched knowledge about this subject become more structured. This is because of the influence of some significant researchers and publishers, like Harold Koenig and Christina Puchalski from the United States. However, these studies often focus on researching spirituality and health. In my study the absence of the word "and" is significant. The aim of this study was not to find a connection between health **and** spirituality but to find an answer to **what spiritual health is.** There is hardly any knowledge about this research area. The concept of spirituality has been widely researched as a phenomenon separate from health, especially in philosophy, and there are plenty of different sources in that area (Ojanen 1998; Rauhala 1992; Rauhala 1989; Rauhala 1990). As I mentioned, the meaning of religion and spirituality in medical science has been researched to some extent (for example Antola 2006; Ehman, Ott, Short, Ciampa & Hansen-Flaschen 1999; Sloan, Bagiella, VandeCreek, Hasan & Poulos 2000; Ylikarjula 2006). In nursing science spirituality has been researched a great deal (for example Fawcett & Noble 2004; Kelly 2004; Sellers 2001; van Leeuwen & Cusveller 2004; van Leeuwen, Tiesinga, Post & Jochemsen 2006) and the studies are related to teaching nursing, leadership in nursing and strictly researching nursing. In addition, textbooks about spirituality in nursing and medicine have been published (for example Carson 1989; Lungton & Kindlen 1999; O'Brien 2003; Young & Koopsen 2004; Puchalski & Ferrell 2010) but the concept of spiritual health in this research area remains unclear. Lately the interest in spiritual well-being has increased especially in mental health care (Reeves & Reynolds 2009) and the meaning of spirituality to the patient's wellbeing in nursing seems to be of interest to the nursing staff (Lackey 2009).

The aim of this study is to produce knowledge and to describe the conceptions of spiritual health - and factors connected to them - held by the Kendu hospital staff members and patients and the inhabitants of the Kendu Bay village. This study relies on traditional describing ethnography (Hammersley & Atkinson 1995) that has features of an ethno-philosophical approach (Black 1973). In addition, photography has been used as a method of reporting and interpreting in order to bring a visual-anthropological perspective to the study. My study is a part of the research area of medical sociology but it has widely made use of the knowledge in the religion research. A reader that has observed the international discussion can detect that this study can

be seen as a part of the Medical humanities research. The research objective in this study is to describe what kind of conceptions of spiritual health the Kendu hospital staff members and patients and the inhabitants of the Kendu Bay village have and to form a model of the conceptions of spiritual health held by the staff members and patients and the inhabitants of the Kendu Bay village.

1.2 Spirituality in health care

"Spirituality helps give meaning to suffering and helps people find hope in the midst of despair. In the midst of suffering, a skillful, caring, and compassionate health care professional can be an important anchor in which the patient can find solace and the strength to move through distress to peace and acceptance" (Puchalski & Ferrell 2010, 3-4)

Both the public and health care experts have become increasingly interested in the meaning of religion and spirituality in medical science and patient work in the past years. For example, a great number of American patients hope that the doctor would discuss spiritual matters with them or pray with them. In addition, research interest in the meaning of religion in patient work has increased. Nearly 30 American medical faculties have started to offer students courses that examine religion, spirituality and health. (Ehman, Ott, Short, Ciampa & Hansen-Flaschen 1999; Gundersen 2000; Sloan ym. 2000)

Linking spirituality, religion and medical science together is not a new phenomenon because it has always occurred in theological-philosophical discussion. For example, the symbols of suffering, illness and healing in the Bible have raised discussion about the relationship between spirituality and medical science since the beginning of Christianity. (see for example Pyhien isien opetuksia sairaudesta 1989/ Holy fathers' teachings about illness 1989.) The same themes still inspire religious prominent persons to write about the connection between healing and spirituality. A good example of this is Finnish nun Kristoduli's book Sielun lääke: luostarien vuosisataista viisautta (Medicine for the soul: ancient wisdom of monasteries) (Kristoduli 2007). Kristoduli tries to awaken the modern reader with father Porfyrious's (1906-1991) thoughts about the close interaction of people's spiritual and material appearance. According to Porfyrious, physical health is a consequence of a healthy soul. According to him, healing a soul precedes a person's ability to see the deeper meanings of the illness. (According to Kristoduli 2007.)

According to several studies, religious activity promotes good health. The

most significant promoting factor is participating in the functions of the congregation. Other activities do not have a significant influence, according to Sloan et al. (2000). Supporting religious activity in a care relationship is difficult and it raises several ethical questions and that is why there has been also critical comments about connecting religion and medical science (Sloan 2006). In addition, health care staff has not been educated to meet patients' spiritual needs. (Gundersen 2000; Sloan ym. 2000.) I have presented this need to further educate the staff on this matter in my master's thesis (Karvinen 2006c).

Special spiritual dimension can be seen in the comprehensive presence of spirituality as well as in certain types of illnesses. According to Niemelä (1998), for example, alcoholism and the use of intoxicants includes existential and religious questions more than usually. Intoxicants and the condition they create are like a powerful religious experience to a substance addict. In addition, an existential vacuum can be a push towards a substance addiction. (Niemelä 1998.) The spiritual dimension can sometimes be connected to the concept of pain. Arlebrink (2006) writes that one of the definitions of pain is spiritual or religious (in Swedish andliga eller religiösa smärtan). He writes that this kind of spiritual pain is usually connected to ideological contemplation that is activated before death. On the other hand, he reminds us that not all dying patients have a religious conviction but most of them seem to have a predetermined conviction. If they have such a conviction, it helps them to deal with the approaching death. Spiritual pain challenges us to think about the concept of pain in a new way.

> *"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred"*
> *- Improving the Quality of Spiritual Care as a dimension of Palliative Care: The Report of the Consensus Conference 2009 (Puchalski et al. 2009)*

1.3 Spiritual experiences, miraculous cure and medical science

According to Ketola (2002), spiritual experiences are often linked to religious experiences. He describes spiritual experiences as an area of humane experience that is difficult to define (p.338) and it includes complexity and wide scale. In addition, he says that part of spiritual experiences are undefined experiences of feeling the presence of unknown and powerful experiences of individual's union with something bigger than him and something outside of him. Ketola refers to Glock's definition which suggests that religious expe-

riences can be defined as different kinds of observations and emotions that include a feeling with a connection to the supernatural. The experience can happen to an individual or to an entire religious community. (Ketola 2002)

Miraculous cure is an example of spiritual experience that is closely connected to individual's spiritual feelings and medical science. In Western countries miraculous cure occurs especially in charismatic movements. In an article, that is part of the Religion and Medicine series, Antola (2006) describes this kind of healing as an event that includes powerful feelings of gratitude and joy. In addition, different kinds of physical experiences like speaking languages, crying, laughing and falling are often part of the event. According to Antola (2006), a complete life change is often part of a charismatic healing experience. In this case the individual and communal elements that Ketola mentioned can be found in the healing phenomenon (Ketola 2002). Antola (2006) states that healing experience can contribute to individual's wellbeing even though there is a lack of medical proof.

1.4 Research community in this study: Kendu Bay village in Kenya

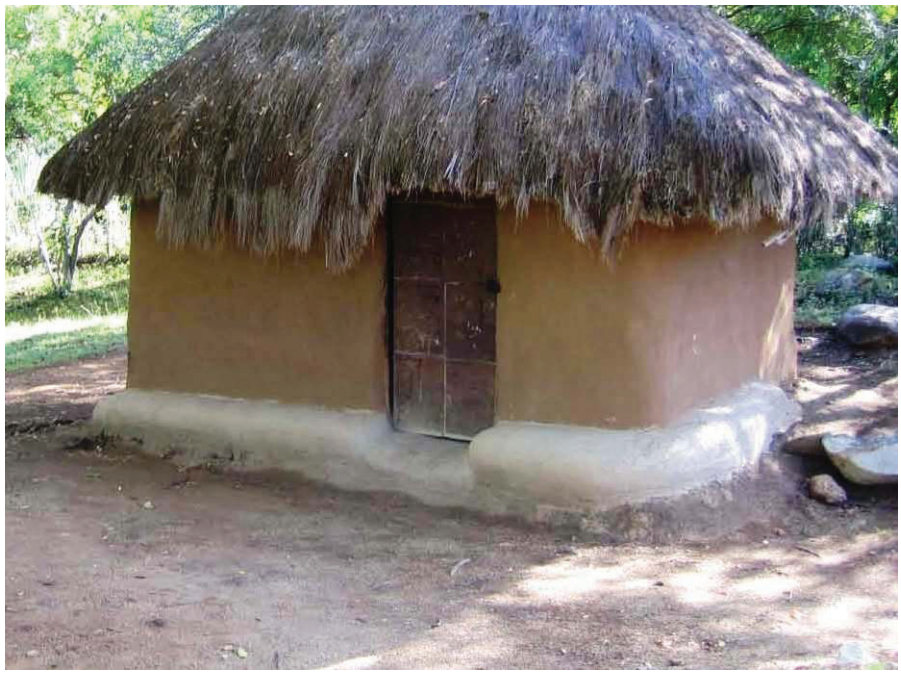
"According to an Akan proverb, 'People cure, God Heals!'. This saying captures widespread African thought concerning the interrelationship between religion and health…-- Certainly, issues of religion and health feature prominently in East Africa today. In view of the vitality of Christianity in this region, these issues naturally emerge in the interface between biblical and African traditions. The interaction between these faith traditions, set within the wider context of African realities, both past and present, raises certain questions: How do contemporary Christians in East African understand the relationship between religion and health?…" (Stinton 2006, p. 13-14)

Picture 1. The population in Kenya is divided to 42 tribes or ethnic minorities The most well known tribe is Masai. 11. June 2006. Original size: 1704 x 2272.

In this study I describe the conceptions of spiritual health held by Kendu hospital staff members and patients and the inhabitants of the Kendu Bay village by using an ethno-philosophical approach (see Black 1973; Voget 1973) and illustrative ethnographic research method. Kenya is a country in East-Africa and the equator divides the country to two equal parts (See map of Kenya, app.1). Kenya's neighboring countries are Ethiopia in the North, Sudan in the North-East, Uganda in the West, Tanzania in the South and Somalia in the East. In the East Kenya has 400 kilometers of coastline with the Indian Ocean. There are 35 million people in Kenya and the population growth was

2.6 percent in 2005-2010. In Kenya life expectancy for women is 55 years and for men 54 years. HIV/aids has a great influence on life expectancy. In addition to several local languages and the official Swahili, English is an official language in Kenya. The population in Kenya is divided to 42 tribes or ethnic minorities (Picture 1). A majority of the population belongs to Protestant or Catholic Christian congregation; about 10 percent of the population is Muslims. (Kiima, Njenga, Okonji & Kigamwa 2004; Ulkoministeriön kehityspoliittisen viestinnän verkkojulkaisu. Kenia: Kehityksen mittarit. 2007.)

The town of Kendu Bay, which is more like a village, is located in East-Africa, Kenya, next to Lake Victoria. This area is inhabited by the Luo tribe and that is why it is called Luo land. The small town of Kendu, whose official name is Kendu Bay town, is located near Kisumu, the capital city of the area, and Lake Victoria. In 2004 there were 460 inhabitants in the town, according to official records (Kenya National Mapping 2004), but I think that this estimation is too small. In addition, it is difficult to define what the center of the town is and what is just an area called Kendu. The small town center includes houses, small shops, a post office, craft shops and different kinds of workshops for fixing bikes and cars. (Picture 2).



Picture 2. A typical African shelter for food, animal and human beings. Kendu area. 19.01.2008. Original size: 2272 x 1704.

1.5 Modern health care, the Seventh-day Adventists and Kendu Bay

The Kendu Bay hospital is about four kilometers from the town center. The hospital is over hundred years old and it is maintained by the Adventist Church. The entire town is under the influence of the Seventh-day Adventist Church. The church and its charity and mission work have shaped the community in different ways in several areas of life (Picture 3). For example, monogamy is said to be common in Kendu because the influence of the Adventist Church. When considering daily life in the village and people's beliefs one needs to take into account the influence of Adventism.

Picture 3. The Kendu Adventist Hospital takes care of the smallest ones. 14.01.2008. Original size: 2272 x 1704.

The Seventh-day Adventist Church is a worldwide Christian Protestant community. The history of the Adventist movement goes back to 1844 when people expelled or disappointed in other church societies began to teach their own Adventist doctrines. Powerful religious leaders, like Ellen G. White, and the prophecies that they created strengthened the faith of individual Adventists. The official Adventist movement became the Seventh-day Adventist Church in 1860. In 1861 the first official conference was held in Michigan in the United States. The General Conference of the church be-

came the church's executive power. The General Conference voted in 1882 for church manual that has become the official doctrine of the church after some changes in the content. (Secretariat general Conference of Seventh-day Adventist 2005.)

At the moment there are over 14 million members in the Adventist Church all over the world. The church is active in 202 countries and it practices mission work and publication work, it teaches the church's faith and maintains welfare and education institutions like hospitals and universities. In addition to hospitals and health care centers, the church maintains orphanages, nursing homes and health care facilities for travelers, just to mention a few functions. The Adventist Church also maintains a great number of elementary schools, vocational schools and food production facilities. The aid organization ADRA (Adventist Development and Relief Agency International) is responsible for the Adventist Church's humanitarian work. The organization is active in 110 countries, including Kenya.

The General Conference of the Seventh-day Adventist Church has summarized the doctrines of the church to 28 main points. The basis of the doctrines is trust in the Bible as the starting point of faith and doctrine. The Holy Ghost helps to understand the Bible. The General Conference can reform the doctrines in the light of the Holy Ghost. The greatest difference to other Christian churches is the significance of Sabbath which means that the seventh day is only for rest. Dedicating Sabbath to rest means accepting the churches doctrine and salvation for the Adventists. The Sabbath is such an important doctrine of the church that there are several rules (see, for example, General Conference of Seventh-day Adventists Executive Committee 1990) concerning it and they include clothing, attending service, eating, travelling etc. Significant doctrines are also to abstain from alcohol and tobacco and to aim at healthy lifestyle and healthy diet. In addition to Sabbath, family is considered to be a holy institution. "Adventism" means expecting the second arrival of the Christ and that is why preparing for the Christ's arrival is emphasized in the church's doctrines. In Adventism current life on earth is seen as a transition to eternal salvation and that is why life on earth is examined from an eternal perspective (General Conference of Seventh-day Adventists 2005; Secretariat General Conference of Seventh-day Adventists 2005.

1.6 Luos – People around the lake

Picture 4. Representatives of Luo people. 30.01.2008. Original size: 2272 x 1704.

Kendu Bay is located in the province of Nyanza where the Luo tribe lives (Picture 4). The Luo tribe originally came from Sudan and it is the third biggest tribe in Kenya. There are over 3 million members in the tribe which is 15 % of the population of Kenya. Groups representing the same ethnic origin live also in Kongo, Uganda and Tanzania. Kenyan members of the Luo tribe live all over Kenya nowadays, including the capital city, but most of them live in the provinces of Nyanza and West-Kenya. The tribe inhabits an area that extends from the Southern Homa Bay to the Northern Sio Port near the border of Uganda. Luo land has occasionally been owned by Kisii tribe but Luos have inhabited this wanted part of Kenya again since the beginning of 20th century until today. Researchers state that before Luo tribe the area of Nyanza was inhabited by native hunting peoples and later Kushitis and Bantus. The history of the Luo tribe in the area goes back to late 15th century and early 16th century (AD). At that time the Luo tribe conquered the area by forcing the earlier inhabitants to move to the South and to the North. (Oburu 2004; Ochieng' 1979, 1985; Smith 2006; Watson & Montgomery 1999.)

The original livelihood of the Luo tribe was cattle, cultivation and fishing. When they came to the Nyanza area they tried to maintain connection with rivers and lakes. The imminence of the Lake Victoria and connection to rivers have given several opportunities to the tribe but still the tribe is one the poorest in Kenya. In 2005 only 5 percent of the households that belong to the tribe had electricity. In addition, there are more HIV and aids infections in the area than in the rest of the country. Fishing has been an important livelihood for the tribe but polluted waters, piracy and eutrophication of the waters have weakened the fish economy. (Oburu 2004; Ochieng' 1979, 1985; Smith 2006; Watson & Montgomery 1999.)

Luos believe that they are descended from one ancestor and every man that belongs to the Luo tribe continues the Luo traditions. The power in the family, possessions, children and wives go from father to son, patrilineally. In the Luo tribe family is the smallest social unit and it includes father, mother and children as well as the son's wife and their children. Families live in dala which is the clan's/family's plot of land. Dala and its inhabitants form a symbolic unity that has a deep meaning in maintaining social structures in the Luo tribe. A man's honor and wellbeing is determined by the size of the family and the number of names and wives the man has. The wealthy people in the tribe have to take care of the poor. Every Luo wife has a home to look after. The Luo wives take care of the household and daily matters quite independently. Every Luo has to get married in order to obtain a complete membership in the community. Luo tribe's living arrangements and social structures hold the community together: for example, the community regulates who takes care of the children. There is often a female nanny (jopidi) in the family. Circumcision of girls is not used in the Luo tribe but boys are still circumcised in the area of Nyanza and Lake Victoria. To prove that they belong to the tribe a teenage Luo has to remove five to six teeth from his lower jaw without painkillers. (Oburu 2004; Ochieng' 1979, 1985; Smith 2006; Watson & Montgomery 1999.)

1.7 Luo tribe in transformation

"A long time ago when Nyasaye-nyakalaga (the omnipresent God) used to speak to people and guide them in all their affairs, men and woman got their food and satisfied their needs without any struggle at all. Then one day Nyasaye spoke to Mieha, a young newly-married woman. "Take your kwer (hoe) to the garden" he said "when you get there, cut the ground once and leave the hoe alone. Your garden will then look after itself, finally harvesting itself! But next day Mieha took her hoe and cut the ground not once but several times. Seeing this act of disobedience, Nyasaye exclaimed, "your wretched woman, you have disobeyed my orders. Now you must dig for the rest of your life and your food will grow only as a result of your sweat. Woe to your children and to your great-great-grandchildren! They must all from now on labour for their food....If only you had obeyed Nyasaye, we would not be suffering like this." Story about the Luo tribe, as quoted by Ochieng (1979 and 1985)

The tribe religion shows ethnic togetherness in the Luo tribe. Luos have originally believed in Nyasaye who is the creator of the world. Believing in other spirits, especially in the spirits of the deceased, is typical in creator faith. People seek help from the creator god using spirits of the deceased. Also witchcraft is practiced. These acts of faith can be seen in everyday life and in special occasions. In a special occasion a member of the tribe can, for example, get ability from a deceased spirit (juogi) to influence other person's mind and heal him. This kind of person is called a medicine man. A medicine man can use herbs and their mixes to get rid of an illness. Mountains, rocks and trees have traditionally been considered as holy places and people gathered around them to sacrifice and pray for good crop and rain. (Ochieng' 1979, 1985; Watson & Montgomery 1999.) The stories of the tribe and its history were passed on to the next generation by oral storytelling, called siwindks that widowers told the young girls and boys in the tribe. Age brings wisdom and that is why older people can teach young people everything related to life. (Ochieng' 1979, 1985; Watson & Montgomery 1999.)

The surroundings of the Kendu hospital and the people living there are strongly under the influence of Luo culture and beliefs and different Christian influences (Picture 5). The culture is in transformation where some of the old traditions are ignored because of the new religion. In addition, the culture faces Western influences that attract especially young people. In his book Anatomy of inculturation: Transforming the church in Africa Laurenti Magesa (2004) interestingly describes studies made in Kenya, Tanzania and Uganda

concerning the need of churches and congregations to adjust their doctrines to the African cultural heritage. The employees and members of the Catholic Church and African congregation (AIPCA) that were interviewed in Kenya hoped that in the congregation, religious music and family celebrations African traditions and customs could be better taken into account. For example, the African congregation considers important to maintain the local tribal culture in the area. (Magesa 2004.) This study's cultural context in Kendu Bay is not simple but complex and challenging. In this study one cannot examine the traditional Luo culture and its spiritual dimensions and connection to health or other religions in the area and their spirituality and connection to health. This study was made during an interesting phase of cultural transformation and it has to face the challenges that come with it.

Picture 5. Various Christian denominations are present in the Kendu area. Some of them have Roman Catholic background. 17.12.2007. Original size: 2128 x 943.

1.8 Carrying out this study

"Fieldwork takes place in a variety of social and cultural settings. We use the term 'the field' to refer to a heterogeneous group of locations and contexts. everyday life as an area of social enquiry makes the boundaries of observation and analysis almost limitless. While generalizations about the field are difficult, and often unhelpful, all fieldwork sites will have at least one common factor. The field is a site peopled by social actors and, implicitly, by the social researcher. The primary task of the fieldworker is to analyze and understand a peopled field. This task is achieved through social interaction and shared experiences. It follows, therefore, that fieldwork is dependent upon and guided by the relationships that are built and established over time. (Coffey 1999, p.39)

The data in this study was collected in the Kendu hospital and the village community surrounding the hospital in 2007 and 2008 in the means of ethnographic field study. The reader who is interested more about the basis of ethnographical research should see the several available good text books of this topic (See the Box 1).

BOX 1. FURTHER READINGS, Ethnographic Research

- Aspers, P. 2007. Etnografiska metoder. Malmö: Liber.
- Davies, C. A. 2008. Reflexive Ethnography. A guide to researching selves and others. 2nd Edition. London: Routledge.
- Maanen, J. V. 1995. Representation in Ethnography. London: Sage Publications.
- Coffey, A. 1999. The Ethnographic Self. Fieldwork and the representation of identity. London: Sage Publications.

The trips to the village community were done on foot, by motorcycle or by the local bus, matatu. During the data collection my base was the Kendu Adventist hospital. In most of my trips I had a local guide who was also an interpreter. This study is based on the following research data (table 1, see next page):

Table 1. Research Data

- Patients' and villagers' individual and pair interview data
Sixteen people participated in the interviews. Three of the interviews were carried out as pair interviews. In the interviews I used a predetermined interview frame.
- Group interview data
14 nursing students, two nursing teachers, two nurses and 28 other informants, that included villagers and congregation representatives, participated in the group interviews. There were eight group interview sessions. In the interviews I used a predetermined group interview frame.
- Health care staff's or other hospital staff's individual interview data
Seven people participated in the interviews. In the interviews I used a predetermined interview frame.
- Medicine men's or pastor's individual interview data
Nine people participated in the interviews. In the interviews I used a predetermined interview frame.
- Observation data
Photograph data that includes over 800 photographs but only a fraction of them was used as data and a means of reporting
- Essay data that includes four essays written by nursing students in groups
- Newspaper article data that includes two articles that are appendices in the field diary
- Written document data that includes three documents
- Field diary data Field diary data includes descriptions of the research field, research phenomenon, own feelings and progress of the research

2 SPIRITUAL HEALTH

A model of the conceptions of spiritual health held by Kendu hospital staff members, patients and the inhabitants of the Kendu Bay village

In this study a model of spiritual health was created with the help of the research knowledge. The model has two functions: it summarizes the research findings and it presents the connections between the findings and thus classifies the research findings.

The conception of spiritual health held by Kendu hospital staff, patients and the inhabitants of the Kendu Bay village is formed from factors that explain, support or threaten spiritual health. The model constantly refers to symbolic space which means the unity of culture and community when one wants to emphasize the unique nature of the Luo culture and its spiritual dimension. Symbolic space includes, in addition to other cultural elements, a significant cosmic community where the visible community joins. God, Holy Ghost, different kinds of evil spirits and demons (for example, local demon Jin) and the spirits of deceased villagers (for example, field diary 10.02.2008; group interview RH2V3 11.12.2007) are part of the cosmic community. The model uses the term explaining factor when defining spiritual health because the culture is so rich, complex and profound. No individual factor can explain the observed reality of the symbolic space and the conceptions of spiritual health cannot form an unchangeable model. One needs to accept that the value of the explaining factors changes all the time and the model goes through constant transformation because of the internal and external changes in the community. The conceptions of spiritual health held by Kendu hospital staff, patients and Kendu Bay villagers do not form a stable unity but a constantly transforming dynamic model. The model becomes more specific and it gets new forms in a cultural language game where everyone inside and outside the community participates.

2.1 Factors that explain spiritual health

Supernatural as an explaining factor of spiritual health

> *"...So, I can say, that we Africans, we have certain belief towards that what is controlling the nature. It's this supernatural...that (is) the one which is controlling our life... (It) Is that belief. We have belief. Towards supernatural. We want to know, how things are happening. So through spirituality we can get all this things..." (Female Student Nurse, RH2V1 11.12.2007)*

The most important spiritual health component in the conceptions of spiritual health held by Kendu hospital staff, patients and Kendu Bay villagers was believing in the supernatural. The supernatural and its different meanings influence all components of health: physical, mental, spiritual, economic and social health and wellbeing. Health and wellbeing can be seen as the same thing. When the conceptions of spiritual health held by Kendu hospital staff, patients and Kendu Bay villagers are concerned, one can use the term *supernatural explaining factor* and its influence reaches the symbolic space that surrounds the whole community. Understanding the supernatural explaining factor is like a key to a locked door. Supernatural operates in cosmic community and it consists of God, Holy Ghost, demons, evil spirits and the spirits of deceased villagers. Cosmic community in symbolic space is as real as the visible reality. The local demon Jin was said, for example, to appear in several different forms and cause illnesses. The supernatural explaining factor gives answers to questions related to *becoming ill, the meaning of being ill and healing*. I describe this in my photograph analysis in the following way:

> *"In the photograph a 28-year-old medicine man* (Picture 6) *presents ritual items that function as a bridge between the visible reality and cosmic community. The illness or problem in visible reality and the solution from cosmic community meet in these three ritual items. In a therapeutic process the medicine man uses ritual items to invite the cosmic community to actively solve a problem or cure an illness. In this healing action Holy Ghost, God and evil spirits are part of the cosmic community. The cosmic community becomes real in a curse that causes the illness and in healing where the cosmic community, in this case Holy Ghost, actively functions to heal the illness, to harmonize the individual and to cancel the curse."*
> (The photograph analysis)

Picture 6. Items that function as a bridge between visible reality and cosmic community. 17.01.2008. Original size: 2272 x 1704.

Supernatural as an explaining factor in becoming ill and healing

The community's living conditions, social structures and economic environment with its habits form a unity that is united by religions and beliefs, i.e. spiritual capital, in the community. In this unity supernatural is a meter for balance, harmony and wellbeing and it actively affects the changes in these factors. Balance, harmony and wellbeing can be disturbed in an individual or communal level. When an individual is concerned it can mean an illness of mind, spirit or body. The community, on the other hand, can face an accident or an epidemic. One of the understood (and often only) factors leading to becoming ill or becoming unbalanced in an individual's or community's life is the supernatural explaining factor. These include God's direct action, curse, breaking taboos (jand ruok in Luo language) or the possession of spirits. The supernatural explaining factor gives an answer to the existential question of becoming ill. Christian members of the community sometimes described the functioning of the supernatural explaining factor with the terms sin (richo in Luo language) or "God's providence". God may let an illness to try people's

patience in order to show His love and power through healing. God may allow an illness to function as a "signpost" from a wrong life style to the correct path. On the other hand, an illness can occur as a consequence of sin, breaking God's commandments. Immorality and breaking or neglecting God's commandments could cause an illness. An illness of mind, body or spirit was not considered separate but they were closely linked together. Whether a person could be spiritually healthy and physically ill was considered irrelevant. The causal relationship between the changes in body, mind and spirit caused changes in other sectors when one sector changed.

> "*There is sickness in the world because God talks to people how they are and because of the….Because they have not obeyed the God… Many are not faithful in marriage…These are the fruits.*" (older male patient from the *hospital,* H1 29.11.2007)

A traditional supernatural factor that explained becoming ill was being cursed, possession of evil or spirit of the deceased and breaking taboos. Curse was considered as an active act and a state i.e. being cursed. Curse seemed to be a link between material and spirit and healing should influence this link. In a curse the cosmic community functions actively in the life of an individual or community causing negative signs in symbolic space. A negative sign can be, for example, becoming ill or destruction of possessions. In the community there was a consensus in the supernatural's influence on the healing process. Without supernatural there could be no healing under any circumstances. The active functioning of the cosmic community was a necessary precondition for starting the therapeutic process. This conception excludes, for example, the possibility of a medicine ordered by a doctor to work without the supernatural explaining factor. The order in which supernatural and natural functioned in the healing process was individual and situation specific. Supernatural often functioned together with the natural (often a substance). The functioning of the Christian members of the community and the hospital was characterized by the widely accepted conception that supernatural explains healing together with natural i.e. a substance. Bio-medicine treatment that represents substance (e.g. medicine, surgeon's knife, liquid) included an element of prayer. A prayer, call for help and praise for God preceded or occurred simultaneously with natural treatment. For Christians a prayer was a function that enabled one to approach the cosmic community and hope for wellbeing. This could be seen, for example, in the nursing staff's and patients shared morning prayer before starting the actual nursing work, prayer before anesthesia and prayer with giving medicine etc. A common conception was that "people medicate, God heals"(Picture 7).

Picture 7. People medicate, God heals. A spiritual healer from Kendu area. 17.12.2007. Original size: 1704 x 2272.

The conception of an appropriate nutrition as an explaining factor

Appropriate nutrition (*onger tiender* in Luo language) got a bigger role than expected in the conceptions of spiritual health held by Kendu hospital staff, patients and the Kendu Bay villagers. Nutrition was not just "a fuel" for maintaining bodily functions but appropriate nutrition, preparing it and consuming it had a clear meaning that explained spiritual health. Nutrition was thought to influence directly and indirectly person's spiritual state through his body. A common conception was that you are what you eat. Eating had a strong social meaning and it was connected to hospitality. Shared and slow eating proved togetherness, social acceptance and respecting other people

which suggested balance in the community.

The common conception of appropriate nutrition could be divided to two different conceptions that explain spiritual health: (a) traditional conception of appropriate nutrition and (b) Christian-fundamental conception of ideal nutrition. Reality was often between these two conceptions because poverty and difficult natural conditions forced to be flexible with the ideal models. It is noteworthy that neither of the models occurred as such but the conceptions were mixed together into a separate reality that could be considered as an independent explaining factor.

> *"According to Zen's mother, healthy nutrition is also a sector of spiritual health. Zen and his mother tell me about the Luo traditions in the family. One of them is polygamy which I talked about a little only with Zen. The family's food is prepared in a fire made of three rocks and it is special because it is modern (compared to other tribes), said Zen. Traditional Luo tribe food was peanuts, corn and miletti..."* (Quotations from the field diary 12.12.2007)

Above I shortly describe Luo tribe's idea of appropriate nutrition and preparing food. The community's traditional conception of appropriate nutrition that explained spiritual health was a mix of nutrition concepts based on the tribe religion and the limits of available nutrition caused by natural conditions. Geographical environment, especially the closeness of Lake Victoria and harsh natural conditions for animals and plants, created cult like features for the appropriate and used nutrition.

Root vegetables, vegetables and fruits that grow in modest conditions form the basis of the accepted nutrition and certain animal products such as eggs, milk and meat enrich that nutrition. In the community there is a powerful belief that creator god (Nyasaye in Luo language) created Lake Victoria and thus intended that fish in the lake is appropriate nutrition for people. The community is in many ways dependable on Lake Victoria. Thus the community is known for fishing and fish food (Picture 8). The community calls itself "the people around the lake".

Traditional forbidden nutrition is associated with the devil and death. Certain birds, a dog, snakes, donkey meat, a cat, frogs and a crocodile are mentioned as examples of food that should not be eaten due to their spiritual dimension. Eating food like this was considered as breaking a taboo or being cursed on purpose. According to beliefs, breaking taboos or a curse was followed by serious negative events, such as a house set on fire. Forbidden food also caused fear because it was thought to be poisonous. It is noteworthy that a majority of the community members that were converted to Christianity still attempted to avoid these foods because of the abovementioned beliefs, even

though they, on the other hand, wanted to obey the new nutrition taught by the church and congregations.

The most influential Christian congregation in Kendu Bay area, the Seventh-day Adventist Church, is known to emphasize healthy nutrition and abstaining from stimulants. The Adventists' view of ideal nutrition that supports spiritual health was Christian-fundamental and the influence of nutrition teaching was not limited to the members of the Adventist Church but it had spread further in the community. In addition, other congregations had started to teach healthy nutrition the same way as the Adventists.

The concept of nutrition was fundamentally ideal and appropriate for Christians because it did not give a freedom of choice about nutrition and on the other hand, departing from this normative nutrition caused guilt and shame. Even though in the formal doctrine of the Adventist Church nutrition is not linked to salvation, in practice the community members link it to salvation. In the minds of the community members salvation culminated to *dedicating Sabbath to rest, Christian model of family life and appropriate and ideal nutrition for a Christian. For example*, one could stay away from church service because one felt guilty of eating forbidden food. The literal interpretation of the Bible's instructions affected this. The nutrition teaching of the Adventist Church was not linked only to appropriate nutrition but the Church also taught other things related to nutrition which can be seen as a special feature due to the developing country context. Appropriate groceries, cleanliness and preparing food the right way were examples of other nutrition teaching of the Church. This had a positive impact on the population because the Adventist Church, with its own health care projects, had done valuable work in getting clean drinking water for the villagers.

Nearly all nutrition teaching was related to fundamental and literal interpretation of the Bible. Both ideal nutrition, forbidden food and instructions related to nutrition were found, according to the informants, in the Bible, especially in the Old Testament. Another important source was pastors' and health workers' teaching and teaching and guidance in different projects, congregation events and in hospital. The basis of the Adventist Church teaching was the thoughts and books by Ellen G. White, the main prophet of the Church, and they were understood literally. The information from these sources was connected to Western so called scientific knowledge and the result was strict fundamental-Christian teaching of nutrition. The Adventist Church taught, following the views of Ellen G. White and the Bible, that, for example, eating meat and drinking coffee or tea is forbidden. Vegetarian diet without stimulants formed the basis of normative nutrition.

In reality the traditional conception and the Christian-fundamental conception of appropriate nutrition were mixed into an original food culture in Kendu

and it was influenced by the availability of food, seasons and the economic situation of the families. Departing from the Christian-fundamental nutrition caused guilt and shame. It was considered problematic that Adventism forbid, for example, eating chicken even though it was an important part of the local food tradition, especially in celebrations:

> *"...it is hard if we are talking of the food; especially for the youth. You talk, you say, like, don't eat meat, (do) not eat chicken, when youth, we go from places to places looking for, may be studies, for research... and we go to (a) place and get the food, while here the chicken is very common, everybody eats chicken and then you find hard to not do this, and then the anxiety, because when we say, do not eat that, but the elders in the church, they eat and we others think, should we follow this? (This) cause anxiety..."* (Male patient from the hospital H5 30.11.2007)

Picture 8. The community is known for fishing and fish food. 05.02.2008.
Original size: 1704 x 2272.

Balance with culture as an explaining factor

Culture (timber joluo in Luo language), in this context, means the symbolic space where a person lives. The culture in Kendu Bay nowadays consists of the traditional Luo culture and the Christian and general Western culture that mission workers later brought to the area with them. The mission workers did not bring just new religion to the community but also the idealizing of Western lifestyle which challenges the local traditional culture. Religion, beliefs, natural conditions, social life between sexes, area specific illnesses, school system and the community's social structures form a cultural unity that deeply affects a person's spiritual health. A key word between culture and spiritual health is balance. Even though balance, also called harmony in the community, was given several different meanings, balance was generally considered a space where an individual, and the surrounding community, experience that life is important, meaningful and appropriate considering the unwritten and written norms of the community. In Kendu Bay an individual experiences two kinds of challenges in forming a balanced relationship between the culture of the surrounding community and symbolic space. An individual's first challenge is finding a meaningful relationship with the traditional Luo culture and its beliefs and religion. The second challenge is creating a meaningful and balanced relationship with Christianity. In the data one could separate three different ways to relate to Luo culture. These were (1) complete rejection, (2) assimilation and (3) complete enculturation i.e. coexistence.

Complete rejection means that an individual totally abandons traditional culture if not in practice then at least emotionally and in his thoughts. People whose experience of converting to Christianity has been especially powerful said that after converting they could not maintain features of the former cultural traditions in their lives. Traditional culture was considered pagan and thus it was shameful and had to be abandoned. It was seen as a threat to real faith and serving God who had significantly changed the lives of the community members. For example, telling children about the habits and beliefs of the traditional culture could be considered misleading the children:

> *"As I have been baptized, NO! I can even not tell to my family, that in my tradition I was like living like this... You will mislead your family, in spiritual aspects"* (PH3/4 20.11.2007).

Stimulants, like alcohol and tobacco, were connected to the traditional culture even though one realized that they came into the country through colonization. Most of the Adventists that participated in the study said that there

was no possibility to practice the traditional culture in any way after they converted to Christianity. Baptism, the external sign of converting, functioned as a mediator between the old and the new life.

> *"...if you are really baptized, you can not commit cigarettes, you can not commit alcohol, you can't commit sex with someone (out of marriage), because one man, one wife. ... Catholics, and other protestants, they are not in, what we call, law, such regulations, they don't follow..."* (Male patient PH3/4 20.11.2007)

In this context assimilation means partial maintaining of traditional culture beside Christian lifestyle. This was evident, for example, in a positive attitude towards food cultures, social structures and ethnicity that came from both cultures. Assimilation meant maintaining traditional culture only when it did not interfere with an individual's relationship to God or congregation life. Assimilation could also be interpreted as a phase in between traditional culture and complete rejection. In this case an individual might have converted to Christianity twice. In the first converting one formally joined an old church society, for example Catholic Church. Later through a powerful religious awakening, for example, joining the Adventist Church (complete converting and baptism) caused total abandonment of the traditional culture. If assimilation was a phase in between, it was commonly connected to negative comparison to current rejection phase.

The superiority of the new congregation over the old one was highlighted in the comparison. The strict moral and health rules of the new congregation had a positive nature that brought the community together. The position of the Bible as the highest authority was emphasized and traditional church societies were charged of weakening the Christian message and giving up on the traditional Christian values. On the other hand, many interviewees had noticed that traditional churches had improved their teaching and started to stress the meaning of the Bible as the authority of learning and life. Enculturation means complete coexistence of traditional culture and new Christian culture. In this case there was no contradiction between the traditional Luo tribe religion and Christianity and an individual felt that one served the same God in the traditional culture as in Christianity but now one new more about him and he was called with the right name. Enculturation included simultaneous existence of elements of traditional culture and elements of Christian culture. At the same time one might believe in (Christian) God's healing power of body, mind and spirit but also faith healing was used if needed.

Enculturation was considered challenging or even threatening in the Christian congregations. In addition, a person who maintained traditional tribal religion beside Christian religion was considered not to have experienced true converting or he had lost track. Christian congregation taught that one cannot live with "a Bible in one hand and amulets in the other". It was considered especially challenging that when people became ill they relied on the traditional culture by seeking help, for example, from faith healing. This was hard to accept because these people could be in a leading or important position in a Christian congregation. They could use traditional faith healing to get better but also to take an advantage of witch power in their preaching and healing work. The medicine men said that Christians aiming at leading positions hoped that medicine men curse people who get in the way of their progress in the congregation hierarchy. On the other hand, enculturation was the most visible with medicine men themselves. They could be members of Christian congregations but practice traditional healing at peace with their new faith. Very small Christian congregations had been formed or moved to the area and enculturation was part of their functioning. In this case, for example, congregation's pastoral care might have features of traditional culture. In these churches polygamy, which traditional Christian churches primarily fought against, could be accepted.

All in all, traditional Luo culture was thought to be vanishing because of the new more Christian culture. For example, nursing students felt that they had lost their connection with the traditional culture because of their young age. People who had a strong new faith did not experience losing the old culture difficult but, on the contrary, relieving. On the other hand, new and old culture could cause tension between generations:

> *"First of all, for like us, who are born when culture were already destroyed, ... we find that, ok, our forefathers, it's them whom gave us the culture, and it is related religion ... most of us don't really feel that pain of that what has happening, to losing our culture.."* (Female student Nurse RH2V3)

There was a strong conception of respect as one necessitate for spiritual health in the community. First requirement was respecting one's own body. Christian churches taught that by respecting one's body as a temple of God one guaranteed a chance for healthy body, mind and spirit. Especially the Adventist Church emphasized a person's moral responsibility of his loaned body because God would demand an explanation of using the body. A body formed a meeting point between the spirit of God and person and thus taking care of one's body did not affect only physical health but also spiritual health. In the teaching of the Adventist Church this had a significant role in the hospital and in the community.

Another requirement was respecting neighbors and God. By respecting neighbors and God one promoted one's own and neighbor's spiritual health and good social relations. In this way the concept of spiritual health was linked to social and economic aspects of the community. In the most concrete and meaningful way respecting one's neighbor meant accepting and carrying out the Christian conception of family.

In an individual level balance in relation to culture as an explaining factor of spiritual health described an individual's relationship with traditional culture and, on the other hand, "new" Christianity. In a communal level balance as an explaining factor of spiritual health was related to religious diversity and collective outside relations. The Luo tribe has experienced a tremendous change as the community has become Christian. There has been powerful mission work in the area and the souls of the community have been fought for, if not literally at least figuratively. The hospital of the Adventist Church has been in the area for a hundred years. The coexistence of several different tribes and language groups used to be a challenge but now the challenge in the tribes is religious disintegration. Thinking that one's own religious group is better than others or disappointment in one's church society's work in the area were factors that weakened balance in the community. In my field diary I describe how one of my interviewees commented on this in the following way:

> *"According to Michael, the Catholic community had not developed the same way as the Seventh-day Adventist community and he took the church building as an example. It was true that Magau's church was quite modest. "* (Quotations from the field diary 02.12.2007)

On the other hand, peaceful coexistence between different religious groups was considered to be an achievement that guaranteed versatile development of the community. The community was in constant transformation with its external symbolic space. Westernization and modernization and expressing the community's ethnicity in a meaningful way in the changed symbolic space were factors that had a greater impact on the community's spiritual health than expected. This was evident when the study was made because then in Kenya there was an unforeseen political crisis which became a tribal conflict between the Luo tribe and Kikuyu tribe. Tribe and ethnic background still have a great meaning and the community that calls itself Christian is puzzled, worried and disappointed because the power in crisis situation was channeled in violent means.

Westernization and modernization, which had improved the quality of life of the community members in many ways, might also mean unbalance of spiritual health in the community. Westernization brought with it phenomena

like alcoholism and taking drugs and people in the community felt defenseless and helpless when facing these kinds of problems.

Ability to existential contemplation as an explaining factor

The ability to existential contemplation as an explaining factor for spiritual health was connected to an individual's potential to create a meaningful unity of factors connected to symbolic space that explained fundamental questions of existence. The ability to existential contemplation was seen as an ability to analyze one's own and community's existence and it was only typical for humans and it had no material dimensions. In this case existential contemplation could mean, for example, the possibility of meaningfully explain why a person is born, why he dies or where the community comes from and where it is going. Without exception these kinds of questions were activated when people became ill, when they had mental health problems or when they faced spiritual, social or economic difficulties. In this case with existential contemplation one sought answers, for example, to questions related to the meaning and origin of the illness. Existential contemplation and existential dimension were understood as a person's readiness to deal with supernatural matters (transcendental self). In this case existential contemplation might prepare a person for believing in God and thus existential dimension might get a negation nominator. This means that existential longing refers to a feeling of emptiness and it gets fulfillment only when a person recognizes his need to create a relationship with the supernatural. Existential contemplation was connected to spiritual growth and maturing, a potential to develop as a spiritual being. Spiritual growth and maturing and existential contemplation were elements that depended on and fed each other. Without one also the other is meaningless. Spiritual growth and maturing were also connected to increase of goodness and hope in the community. A will to live a good life at peace with neighbors was the goal, enabler and measure of existential contemplation and spiritual growth. The element of goodness also helped to reject weak and harmful characteristics. In this case existential contemplation included also ability and will to change, to choose right moral choices and hope for better future and world.

2.2 Factors that support spiritual health

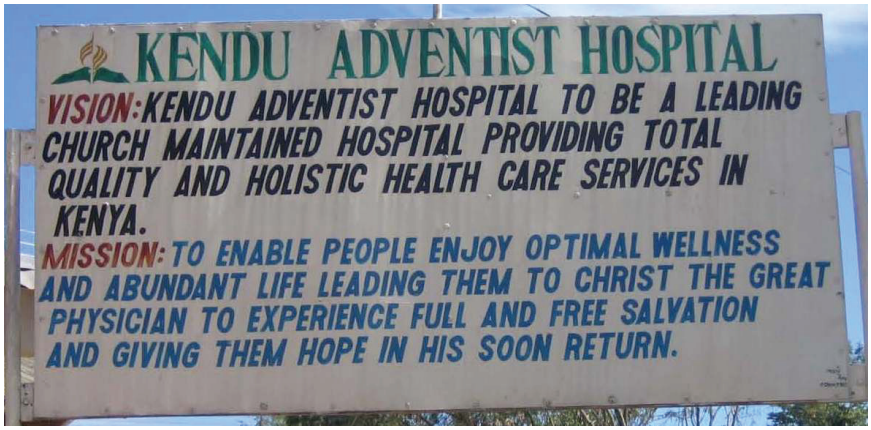
The conception of spiritual health held by Kendu hospital staff, patients and Kendu Bay villagers consists of factors that explain, support or threaten spiritual health. Factors that support spiritual health were (a) traditional and modern nursing that supports spirituality and (b) moral and health teaching.

Nursing that supports spirituality

Spiritual health was supported by nursing that supported spirituality and it was divided to traditional and modern support of spirituality. Modern support of spirituality included health care staff's spiritual nursing, hospital's official pastoral care and (Christian) pastoral care in congregations and religious communities. Traditional support of spirituality included traditional healing that medicine men practiced in many forms.

Christian support of spirituality has become a modern way to support spirituality in the community. This is not just because Christianity is so widespread but also because the churches and congregations, especially the Adventist Church, in the area have carried out several projects that promote health and are connected to nursing. Even though the primary goal of the health care projects and hospital is to promote and support physical health and treat illnesses, one cannot ignore the holistic nature of the services. In the community's symbolic space it is not possible only to take care of the body but the care always includes a thought of a patient's or client's need for spiritual, social and economic wellbeing. In Kendu hospital visions and mission the holistic nature of the services is described in the following way (Box 2, based on picture 30.11.2007, original size 2272 X 1704):

BOX 2. Kendu Adventist hospital Vision & Mission:



Traditional African healing and supporting spirituality is nowadays considered a negative and rejected way to support spirituality in communal level. Medicine men are not visited less often but in the conservative congregations and churches in the area visiting traditional medicine men is a sign of pagan culture and unbelief. Traditional healing is quite active beneath the surface: It has strong hidden support of the community and a great number of supporters who, partially in secret, use the services. Medicine men are respected

in the community not just because of healing but because they maintain the traditional culture. Christian community does not legitimize their position which makes the traditional supporting of spirituality seem shameful and anti-Christian.

Both modern and traditional health care and supporting spirituality included a strong belief that healing cannot occur without the supernatural explaining factor which was described in chapter "Supernatural as an explaining factor of spiritual health" as explaining illness, being ill and healing. Supernatural explaining factor is connected to factors that support spiritual health through the element of faith. Faith has, in this context, a religious and non-religious meaning. Non-religious in the sense that modern health services that support spirituality were believed to be able to give needed health care services that had beneficial impact on wellbeing of body, mind and spirit. Religious meaning of faith meant that healing could not occur without the supernatural explaining factor and this explaining factor only functioned through faith.

Picture 9. Ancient Wisdom. Traditional healing by a medicine man. 22.01.2008.
Original size: 1704 x 2272.

Modern nursing that supports spirituality

Modern support of spirituality included health care staff's *spiritual nursing, hospital's official pastoral care and Christian pastoral care* in congregations. Now I will only focus on health care staff's spiritual nursing.

Kendu hospital staff considered supporting spirituality as a self-evident nursing practice. Supporting spirituality happened through spiritual nursing and hospital pastoral care. There was no clear distinction between these two and it was not necessarily needed. Spiritual nursing was not connected to specific profession but nurses' aids, nurses, doctors, nursing students and Clinical officer staff practiced it. However, spiritual nursing was the most visible in nurses' work.

Spiritual nursing was divided to consultation, prayer activity and pre and post medicine prayer.

Consultation means, in this context, a patient's opportunity to discuss spiritual matters with health care staff. Giving time, exchanging thoughts, spiritual encouragement and open interaction were the most significant means of consultation. Information gained from consultation was expected to be written down to the patient's care plan and to be used in later spiritual supporting of the patient. Consultation had got certain features borrowed from psychology and thus spiritual nursing aimed at supporting mental health as well as supporting spiritual health.

Prayer activity was the most visible and the most organized form of spiritual nursing by health care staff. Health care staff on duty was responsible for prayer activity in the hospital wards. Prayer activities included songs, prayers and some encouraging words of God's healing power, love and willingness to help patients. Being able to watch a spiritual TV-channel in the hospital wards was also prayer activity. During prayer activity or after it patients were sometimes given spiritual literature for independent spiritual work.

Pre and post medicine prayer was spiritual nursing carried out by health care staff. It means a prayer that preceded or followed giving medicine or care procedure: For example, before giving medicine or before anesthesia one prayed for the patient hoping that it would help care procedure's impact on the patient. With no exception all interviewees said that the patients who were prayed for were thought to heal faster than other patients.

Medicine men as supporters of traditional spirituality

"I met this medicine man near the center of Kendu Bay where he was working in his second and regular job. He was 59 years old but looked a bit younger. He politely told me about his regular job but when he heard that I was interested in his healing work he became serious and thoughtful. Soon I

and my assistant were invited to a small room and the medicine man started to tell us about his healing work. Different kinds of magic objects were taken out from a cardboard box and the backroom of the radio workshop changed to a medicine man's reception.

First, the medicine man wanted to show me his patient records. Also this medicine man talked about patients, just like many other traditional medicine men that I had met. Patient's name, problem, contact information, used herbs, price of the treatments and information about possible further treatments were written down to the records. According to the medicine man, result of the treatments is usually fast and healing should happen in less than a week. People possessed by demons are set free in a half and hour.

We move on to the real healing work which starts with an introduction and diagnosis phase. In this phase the man says that he changes from an ordinary person to a medicine man that uses witchcraft. He takes out three eggs that have been emptied. The eggs start to move on the table by themselves so that the narrower side points at each one of us around the table. The medicine man also puts marbles, a match box and a mirror on the table. On the mirror he puts an egg that symbolizes him and it helps him to make a clear diagnosis. Making a diagnosis costs; the price is always the same, 100 Kenyan shillings. An egg is put on the money.

The medicine man takes out his most important tool, "a wooden accordion" and he talks to it in Luo language. So far the medicine man has talked to me in English but now he wishes that the interpreter will start to interpret to me in English. The wooden accordion has a bird's head and, according to the medicine man, it represents the devil. In the accordion there is a hole filled with ashes of a burned herb. The medicine man asks the accordion to point at people whose name he calls. I am called a visitor... The accordion turns to everyone in the room in turn. The medicine man wants the accordion to show where we came from and it turns to Kendu hospital. The medicine man repeats his orders to the accordion several times so that I become convinced that the accordion really obeys the medicine man.

The medicine man uses the marbles on the table to make a more specific diagnosis. The marbles say more about the illness and its supernatural origin; curse, used herbs and patient's pain. I ask what cosmic reality consists of and the medicine man says that Holy Ghost, spirits of the deceased and demons are part of invisible reality. According to the medicine man, an illness can never occur without a spiritual dimension. Cosmic community is always

included in an illness. Different spirits cause different kinds of illnesses. The medicine man says that treatments vary but everyone who visits him gets better for sure. He reminds us that people possessed by demons cannot be treated in a hospital because normal medicine does not work for them. The medicine man is specialized in healing skin and eye illnesses and diabetes.

The medicine man says that he has inherited the gift of healing from his family. Before starting healing work he had been ill and after his own healing he saw in his dream the herbs that he should use in healing work…"
(Description of meeting medicine men 07.02.2008)

Above I describe one of my meetings with a traditional medicine man. As mentioned before traditional medicine men have a significant role in supporting the community's spirituality. Medicine men's work is a part of unspoken, shameful and partially forgotten supporting of spirituality. In this study the term traditional medicine man is used to describe different kinds of medicine men who using a prayer, herbs, prediction and witchcraft positively or negatively influence the wellbeing of body, mind or spirit of the community members. Usually more than one of the abovementioned elements were used in healing work and thus medicine men cannot be categorized, for example, to herb healers, witch doctors or faith healers but the term traditional medicine man refers to all of them.

In the community traditional medicine men are called doctors (*joahang* in Luo language, *daktari* in Swahili). In healing work one could make a distinction between herbal healing and faith healing depending on what the primary influencing factor of the therapeutic process was.

Herbal healing

In herbal healing a medicine man used a plant, a part of a plant or a mix of plant and other ingredients to prevent illnesses, to cure illnesses or to change something in a patient's life. Nearly always the traditional medicine men who practiced herbal healing used a term patient of their clients. There were two views of herbal healing in the Christian congregations: Some Christians associated herbal healing with witchcraft and thus did not accept it as an appropriate help for a Christian (see Box 3). Some people, on the other hand, called herbal healing alternative medicine and thought that it purely made use of "nature's own pharmacy". In some congregations people were even encouraged to use herbs to cure illnesses.

BOX 3.
Spirituality and Herbal Healing
The spiritual element and practical arrangements made herbal healing problematic. Faith healing had nearly always included also the use of herbs so according to some members of the community, using herbs always included witchcraft. Practical problems of using herbs were possible side effects, appropriate dosage and pureness of herbal medicine. Even though Christian congregations were almost ready to accept using herbs for the most part, suspicious attitudes could be caused by practical problems. Also deaths due to herbal overdose were reported. Herbal treatments were believed to heal spiritual, mental and physical problems.

Faith healing

The meaning of faith healing in supporting spirituality in the community proved to be great. Traditional faith healing included diagnosing problems and becoming free of the problems with spirits, rituals and herbs. As a therapeutic process faith healing included preparing and diagnosing phase, medicating or ritual phase and becoming free. People who practice faith healing say that illness, whether it is about body, mind or spirit, always has a spiritual dimension.

Moral and health teaching

Also moral and health teaching was considered important in supporting spirituality because in the community people strongly believed that moral and spiritual factors affect the appearance of factors that burden body, mind or spirit in the life of an individual or a community. Moral and health teaching, in this context, includes all formal and informal encounters where an individual's and community's moral and health are strengthened and considered as a versatile and positive resource. Moral and health teaching did not come to the community through mission work as often thought, but it in va-

rious forms has been part of the community's information transfer tradition from early on. Traditional ways to transfer information about the community's moral and health conceptions have gained new forms and contents through converting to Christianity. The main message of the mission hospital's moral and health teaching is related to taking care of one's body which I dealt with earlier with respect demands of Christianity. Body has to be taken cared of as a temple of God and it should be given enough nutrition, exercise and rest.

Resting had a significant role in the teaching of the Adventist Church and it was seen in Sabbath, dedicating Saturday for rest and free time. Rest and Sabbath can be considered to be the same thing. In Sabbath one avoided all work, sport activities and chores.

2.3 Factors that threaten spiritual health

The conception of spiritual health held by Kendu hospital staff, patients and Kendu Bay villagers consists of factors that explain, support and threaten spiritual health. Factors that threaten spiritual health can be divided to two categories: (a) misdiagnosis of mental health problems and (b) the community's minimal protection against factors that harm it. Both factors are connected to the community's culture and habits of action but they strongly affect the individuals in the community.

> *"We had an amazingly good discussion about the meaning of mental health in a community with Azuk. Under diagnosis, connection with demons, lack of education, fear for mental health patients… A need for educating the community about mental health matters, research and even a project seemed important in my opinion."* (Quotations from the field diary 28.01.2008)

This is how I describe local mental health situation in one entry in my field diary. Mental health was defined in the community mostly with different kinds of negations. These could be lack of mental illness, lack of stress or that one does not have problems in his life. Defining mental health was surprisingly considered more difficult and even unnecessary than defining spiritual health. Often the meaning of mental health was set aside but mental health and spiritual health were always connected in some way. People in the community thought that good mental health enables also good spiritual health and this way an opportunity to serve God. It was a very functional definition. On the other hand, the correlation was reciprocal: Without spiritual health there was no mental health. Good spiritual health did not exist without good mental health and vice versa.

In a positive description mental health was defined as an ability experienced in everyday life and a possibility to grow, develop and function. In this

case good mental health had a very practical meaning enabling daily work and chores. In the same way as spiritual health was explained with factors related to nutrition, also mental health was thought to be dependent on factors related to nutrition. Wrong nutrition and different stimulants could ruin mental health. According to Christians, a person's mind was the primary target of enemies of the soul and thus mind's functioning should not be weakened, for example, with stimulants.

Misdiagnosis of mental health problems was proved to be a factor that threatens spiritual health. It became a factor that threatens spiritual health because these sectors were thought to have a symbiotic relationship. There were only spiritual explanations for mental health problems in the community and this could turn against oneself. Traditionally the community did not recognize the Western concept of mental health problems and mental health problems were not included in the numerous local health projects. There was no health care unit specialized in mental health problems in the area but the country's only psychiatric health care unit is in Nairobi.

Mental health problems were considered shameful and threatening to the community's wellbeing. Mental health problems could not be diagnosed and also people who, in my opinion, did not belong to this category were labeled mental health patients (in a traditional sense).

> *"And of course there are elements which (can) destroy mental health and especially the things we put in ... especially the relationship between the nutrition and mental health is very close. And when I was looking at the body, the mind and the spirit, there is a very symbiotic relationship. You can not affect one without affecting the others. ... the things, that will affect the brain, that's why we are talking the narcotics, drugs, which brings a bad influence on brain. And many people now have destroyed their mental health because of the substances. And this one; I say, 'cause... our enemy, Satan... He knows that he will be beaten (to) the head, so he will beat our heads before we beat him..."* (Middle age male who is working in the hospital H7 04.12.2007)

Traditional diagnosis of mental health problems

Traditionally the community divided people who suffered from mental health problems to six different categories:

> *"(1) mad, (2) epileptics, (3) retarded, (4) stressed, (5) nightrunners and (6) addicts. "* (The field diary 06.02.2008)

Madness (Neko in Luo language, *janeko* from a person) was a general

nominator for mental health problems which had an unknown origin. As a diagnostic category madness was broad and there were no specific criteria for it. Madness as a mental health problem was automatically associated with demonic powers, possession of spirits and spirits of the deceased. Madness could occur in several ways, for example, as feared external symptoms. For example, an inability to express oneself with speaking could mean madness. Walking around naked was a special feature of madness.

The second category, retardation (*orana* in Luo language), was milder than madness and it included different kinds of inborn and natal disabilities.

The third main category of mental health problems was epilepsy (*janduluwe* in Luo language). Epileptic seizures - falling to the ground, cramps and other external signs were considered frightening. The physiological explanation for epilepsy was unknown and thus this illness was connected to madness and mental health problems.

The fourth category of mental health problems was stress (*paro* in Luo language) which was the only category that did not automatically include supernatural, demonic origin. Stress could be caused by being in an accident, death in a family or other hardships. Sometimes these were considered to have a supernatural origin. In the Western medical science the best definition for this category of mental health problems is posttraumatic stress reaction.

The fifth category of mental health problems was nightrunners *(jajuok mar otieno* in Luo language). In the community this was not considered a mental health problem the same way as, for example, madness because nightrunners had nightly episodes only periodically. Nightrunners' compulsive need to run at night, often naked, was thought to be inherent demonic action. A person who was called a nightrunner could act and work normally at daytime but have episodes of nightrunning every now and then. Nightly activities included, for example, throwing sand, sprinkling water, knocking on people's doors and lighting fires.

People in the community thought that stimulants could cause different kinds of mental health problems. The worst problem was a misuse of opiates *(janjaga* in Luo language) and alcohol (jakongo in Luo language). The general term addicted *(jamer* in Luo language) was used for these people.

Relating mental health problems to curse, demons and spirits of the deceased made them feared. The supernatural explaining model, lack of information and lack of mental health services made it nearly impossible to get help or medication for mental health problems. The only help for mental health problems was breaking the curse and getting rid of the demons. This made the community members to seek help from traditional medicine men and charismatic ministers and preachers who practiced faith healing. A person who suffered from mental health problems could have difficulties to get help also because of financial troubles.

The community's minimal protection against factors that harm it

The data enabled one to analyze factors that harm the community and they could be labeled as factors that threaten spiritual health of the community. The threatening factors were related to the community's social and economic factors, living conditions and functions related to health. One could not protect oneself from these harming factors and the community did not have separate service structures against these harming factors.

One harming factor that threatened spiritual health was political and natural catastrophes. This was a major threat because the community was not able or it did not have an opportunity to prepare enough for the catastrophes. The political violence that followed the elections in December 2007 was not expected in the community even in the worst nightmares. When natural conditions were concerned, Luo land was a challenging living environment and, for example, pollution in Lake Victoria did not cause just physical illnesses but also spiritual sickness. Pollution in the waters and giving up fishing will cause financial distress for many families and they will be forced to move elsewhere from their ancestors' land. Inability to recognize this kind of catastrophes and to prepare for them made the community easily harmed. Political and natural catastrophes affect families' financial situation by increasing financial distress of the families that are already poor.

Picture 10. The community works together for better water and sanitation. 14.2.2008. Original size: 2272 x 1704.

2.4 Analyzing the research findings

Spiritual health is, in the perspective of culture research, an interesting research subject. When one deals with spirituality and health one needs to have a respectful attitude. These include a person's deepest feelings and the questions of life and death as this field study shows. Combining these topics in a scientific research causes understandable and sometimes powerful reactions. An interesting and rich individual and communal world of experiences related to spirituality and health is opened up to the researcher and it increases enthusiasm to proceed in the study. On the other hand, the chosen topic and methods rouse constructive criticism in the research community. By combining phenomena related to faith and science and by researching spirituality's effect on health a researcher faces the thought that one cannot know something for sure and that researching is useless speculation. In the article "Kuinka puhua siitä mistä ei voida tietää?/ How to talk about something you cannot know?" Eskola wisely states that

> *"Kun uskonnollisesta elämänmuodosta käsin halutaan perustellusti sanoa jotakin siitä, mistä tieteen menetelmin ei voi tietää, saattaa päättelytoiminnan rakenne olla yllättävän lähellä tieteellistä tutkimustoimintaa."* (Eskola 2000, 49).
>
> *("When one wants to justifiably and from a religious standpoint talk about something that cannot be scientifically proved, the structure of reasoning might be surprisingly close to conducting a scientific research."* (Eskola 2000, 49).)

In this study spiritual health has been approached by scientific methods. This study took place in a unique environment in the origin of mankind, Africa whose rich and diverse culture is partly unattainable for research. (See Hurskainen & Siiriäinen 1995.) As a researcher I think that just documenting transitory African culture and examining its diversity and becoming interested in it is valuable work.

Research findings and concepts used

In this study spiritual refers to a comprehensive understanding of spirituality's effect on everything in a person's life. Spirituality is an inseparable part of an individual's daily life and it gives meaning to social relationships, ethics, practicing spirituality and both health and illness. Magesa (2004) states similarly in his study Anatomy of inculturation: trasforming the church in Africa. He describes African spirituality in the following way:

"We must therefore expand the notion of spirituality to include everything that a person is and does: body, mind, will, and emotions. The question for spirituality is: Do these, or the use of these faculties in given circumstances, lead a person towards or away from communion with God? Now it seems to quite clear from this question that we must look at spirituality in two ways: one positive, leading to God (or grace) and the other negative, leading away from God (or sin). but they are both equally spiritual aspects, because both concern a person's relationship with God. Both have to do with person's final destiny.(Magesa 2004, p. 219)

In the same context Magesa refers to Jesuit theologian di Mello's conception of spirituality:

"People change and needs the change. So what was spirituality once is spirituality no more. What generally goes under the name of spirituality is merely the record of past methods" (Magesa 2004, p. 220)

Magesa's latter quotation from di Mello strongly supports the results of this study. Magesa writes, in addition, that

"one of the most important contributions that African religiosity can offer to African Christianity is its acute consciousness of the unity between humanity and the visible and invisible universe, especially during worship. This awareness arises out of the realization that all morality, grace, as well as sin, is acted out in the universe and has consequences throughout it. (Magesa 2004, p. 224)

Magesa's thought is, in my opinion, close to this study's finding of the reality of symbolic space where several different factors get their meaning in spirituality which includes both visible and invisible reality. In this reality god, spirits and spirits of the deceased function actively. Also Chepkwony (2006, 22) uses similar concept:

"The African ***universe of sickness*** *is inseparable from the* ***universe of spirit****"*

Even though Chepkwony has borrowed the thought from Jean-Marc Elall, it seems to be totally correct, taking into account other research, to use the term symbolic space for the visible and invisible research community described in this study.

Factors that support spiritual health

In this study factors that support spiritual health were nursing that supports spirituality in its traditional and modern form and moral and health teaching. Modern nursing that supports spirituality included health care staff's spiritual nursing, hospital pastoral care and Christian pastoral care in the congregations. I use the terms traditional and modern to describe nursing that supports spirituality. Often when health care systems are concerned the terms official and unofficial, or alternative and Western/ biomedicine are used (Vaskilampi 1982; Vaskilampi 1992). In this study I decided to use the terms traditional and modern because both systems live in Kendu side by side. A strong factor that supports spiritual health is present in both traditional and modern health care. In addition, it is noteworthy that this study is about paying attention to spiritual health in health care and not about treating physical illnesses as referred to in earlier studies that describe traditional and modern health culture.

Supporting spirituality in these two systems, modern and traditional, differs radically. The traditional system is based on ethnic healing work that is centuries old and traditional for the Luo tribe, whereas the modern system is based on a Christian world view and its center is God's healing power through prayers and medical treatments.

Interestingly, Western mission workers' and development aid workers' support for spirituality in health care services organized in Western way and supporting spirituality in Christian communities have become accepted forms of supporting spirituality. The situation is interesting because in Western countries health care system is often criticized not to be holistic and relying one-sidedly on the world view of biomedicine. An explanation for this is that in Kendu the hospital and the health care sector in general has succeeded in taking a strong role that supports spirituality. As a researcher I keep thinking how patients' spiritual needs could be taken into account in the Western health care system in a meaningful way.

Factors that threaten spiritual health

Based on my research findings, factors that threaten spiritual health are misdiagnosis of mental health problems and the community's minimal protection against factors that harm it. The definition of mental health in the community was functional. When mental health was described positively, it was defined as an ability to function, grow and develop in everyday life. In this case good mental health meant an ability to manage daily work and chores. Under or misdiagnosis of mental health problems were threats when mental health was concerned. Linking mental health problems to curse, de-

mons and spirits of the deceased made the problems feared and unspoken. There were no health care facilities for people who suffered from mental health problems.

In my literature review I presented Kiima's et al. (2004) typology of Kenyan beliefs about mental health problems. The conceptions of mental health problems include, for example, beliefs that (1) the origin of mental health problems is supernatural, for example, influence of spirits or gods, (2) mental health problems are caused by sins towards ancestors' spirits or (3) mental health problems are caused by a curse. All elements presented by Kiima et al. are, according to my study, related to Luo tribe's beliefs about mental health that are related to the origin of mental illnesses.

Murthy (1998) writes in his article Rural psychiatry in developing countries, how important it is for developing countries to have access to mental health services and to have educated staff so that people with mental health problems could have appropriate psychiatric treatment. In this case rural communities' resources are family's and communities' social support and close relationships in the community. In my opinion, for example, mental health services that are based on a sense of community and family support are needed in Kendu Bay. Murthy (1998), on the other hand, does not talk about shame and fear which were linked to mental health problems in the Luo community, according to the people who participated in my study. This might be because there had been no teaching about mental health in my research community. Later in the chapter that deals with reliability of my study I will go back to the question whether the data is sufficient to describe mental health's effect on spiritual health.

In this study existential contemplation and ability to link oneself as a part of the processes of cosmic community (transcendental self) was a part of spiritual health. People who participated in the study did not automatically consider believing in God or external religiousness necessary but they considered important that an individual can contemplate the meaning of life, where he comes from and where he is going. Existential contemplation could have a negation. In this case existential contemplation was considered meaningless unless it leads to knowing God. Also Perrin (2007) writes that identifying transcendental self is not necessarily connected to God or holiness but everyone has an inbuilt ability to understand life in its broader dimension. Identifying transcendental self and existential contemplation answer questions about a person's spiritual being, travel towards one's calling and what one truly believes in.

As a researcher I think that an ability and need for existential contemplation shows that a person is a unity and thus there is a need for holistic health care. It is easy to understand individuals' disappointment in Western health care

where one easily focuses only on physical healing, even though there are also so called alternative treatment and therapy forms where spiritual wellbeing is taken into account. For example, new kind of health exercise, yoga, creates a similar opportunity in the Western countries (see, for example, Almberg 2007).

In my literature review I referred to Bradford's (1995) categories of spirituality and I described experiences of love, interaction and expressing feelings as part of good mental health (see Lehtonen & Lönqvist 1999). According to my research findings, it is important to see the link between existential ability, spirituality and mental health. Could one, for example, support a person's existential dimension more in mental health work and this way reach better healing results?

Minimal protection against harming factors was a factor that threatened spiritual health. During my research period Kenya went through an unforeseen political catastrophe where thousands of people died or got wounded. Hundreds of thousands of people had to leave their homes and escape the political crisis that was almost like a civil war. In the crisis situation comfort and help was sought from a higher power which could unite the nation again. I think that protection against crisis situations means mainly identifying one's own conviction before crisis so that when one faces a crisis, one has something to turn to. I compare this to Arlebrink's (2006) thought that I earlier quoted: when one faces death, people who have thought about their own conviction find it easier to accept the approaching death than people who have no conviction.

Reliability and ethicality

In this study I evaluate the reliability of the results based on Leininger's (1991, 112-115) definition of reliability criteria for ethnographic field research data. This methodological choice typical for evaluating ethnographic research aims to build a bridge between my Western thinking and research material from my research community. Leininger's reliability criteria examine reliability of data collection, analysis and research findings in six different perspectives which are: credibility, confirmability, meaning-in-context, recurrent patterning, saturation and transferability.

When considering the results of an ethnographic study, it is important to understand the limitations of the research method and the researcher's own personality's effect on the research results (LeCompte & Goez 1982). I think that my own continuous contemplation during the field period is one significant reliability criterion. Contemplating reliability was self-evident for me and it happened as if a discussion with myself in the field diary.

Credibility. In this study factors that increase credibility were *knowing the research community, diverse data collection methods and the researcher's will for continuous evaluation of objectivity.* Credibility is increased because I knew, to some extent, the research community beforehand. I have spent three months in Kenya in 2006: a month in Kendu Bay and two months in Baraton near Eldored. I knew the local culture, religions and beliefs to some extent which helped me to plan data collection thoroughly even before the actual field study period. I already knew different possibilities to carry out data collection in practice and I knew key members of the community who were important in carrying out the study. During the field research period I tried to increase my knowledge of the research community in various ways. Living in the research community enabled me to examine local culture comprehensively and take part in its everyday life.

The customs and habits of the research community became familiar to me through authentic daily experiences, for example, in shared meals or participating in the community's church services. I wanted to move in the community as much as possible and meet several different people. The best contacts to the community members happened in long walks that I did to the community both alone and with my assistants.

Credibility was increased by diverse data collection methods that I used to approach the research phenomenon during the field research period. Methods that I used were individual interviews, pair interviews, group interviews, essays, photography and observation. Group interviews proved to be an especially productive way to collect information. In addition, data collection was conducted in several different places, like in people's homes, hospital, churches and health care projects' facilities. The informants represented the research community comprehensively. Their age, residence, profession and religious background varied which increased diversity in examining the phenomenon. One can, of course, ask whether limiting the group with certain criteria would have produced more focused information about the research questions.

This study has approached human life's phenomena and researching them requires special understanding and cultural sensitivity from the researcher (the concept of cultural sensitivity, see Koskinen 2003). Professor Pentikäinen (1999) states in his article that describes shamanism and the North's religions that in religious ethnographic research, the researcher cannot be a complete outsider in the field work. He continues to state that a study that belongs to religious ethnography is an interaction process where both the researcher and the participant both ask and answer. Pentikäinen (1999, 261) reminds us that it is important for a community to know what is researched and why and on whose side the researcher is. This poses a challenge to the credibility of

research and also in my study I have to say that as a researcher I have strongly influenced the ethnography of this study. In other words, in an ethnographic study the researcher never is in an objective position the same way as, for example, in a quantitative study. In this study I wanted the research community to know my role as a researcher and why I am in the community and why I do research. Often in the group interview situations interactive discussion was developed and I was asked questions and in the end of the discussion I got to tell them my own thoughts and experiences of the local culture.

Confirmability. In this study confirmability was increased by the chosen research method, field work methods and reliability of the observations. The chosen method, anthropological approach and ethnographic research method were well suitable for the research community whose culture significantly differs from our own and there is not much researched knowledge about it. With this study I wanted to get a comprehensive and diverse concept of the phenomena and this challenge was met best with an anthropological approach and ethnographic method.

During field work I attempted to organize and analyze the data in the field as much as possible. This enabled continuous discussion about my observations and conclusions with the key persons and other people who participated in the study. Members of the research community could verify my observations or correct faulty conceptions. I was able to interview some people several times and it improved the reliability of the observations. I organized one group interview just because I wanted to ask the interviewees if my observations were accurate and true in the local culture. For example, the community's traditional conception of family or nutrition's meaning to spiritual health required several conversations and plenty of examination of views from new perspectives. (see, for example, Hammersley 1995)

Meaning-in-context. In Leininger's (1991) reliability criteria meaning refers to the research findings' meaning-in-context related to the research phenomenon. Meaning-in-context shows that research findings are related to certain context, the culture's symbolic system, everyday functions and interaction. During the field study period my previous studies about spiritual nursing and the meaning of spiritual support in different contexts (Karvinen 2006a, Karvinen 2006b, Karvinen 2006c) helped me to better understand the importance of context when spiritual health is concerned. The observations that I did about the research topic's meaning-in-context in the community during my first study trip to Kenya (in 2006) were supported by this study. The most important thing is that spirituality in the community is related to everyday life and it was considered an important and meaningful part of private and public life. Both the informants in the study and other key persons stated several times that the study deals with vital and significant matters of

the community. Spirituality in the community was a daily and true phenomenon that structured the worldview of the community members. I was often encouraged to do research on my chosen topic. This study both supports previous knowledge about spirituality and creates new researched knowledge about the phenomenon.

Recurrent patterning. Recurrent patterning means diversity of the events related to the research phenomenon and sufficient research period. This study lasted over three months. Without previous experience of the research community that time might not have been enough for a study as broad as this. Previous experience of the research community enabled one to focus on relevant phenomena. The field work period was not very long and the research period got shorter because of my compulsory stay in Nairobi. Despite this I tried to collect research material diversely taking into account traditional and modern health care sectors. In addition, people who belonged to different religious groups shared their experiences of spiritual health which increased diversity.

The fact that Kendu hospital was previously a base for several research processes needs critical evaluation. The hospital has an exchange program and several exchange students have made small studies of different medical topics in the area. The community members and especially the hospital staff are used to helping research. I keep thinking how big effect this had on the research findings and did it make recruiting informants in the study easier. As far as I know several smaller studies that were made earlier were related to the hospital functions and the number of informants was minimal. There are not many larger scale studies about the community. In addition, my research topic differed from all the previous studies which was confirmed by both the hospital executives and my research assistants.

Saturation. Saturation means sufficiency of the research data both qualitatively and quantitatively. In practice this means a point in the study where interviews do not produce new knowledge about the phenomenon but the old knowledge repeats itself. In this study data about Adventism, supporting spirituality and moral and health teaching was saturated faster than the rest of the data. It took longer time for data about traditional culture, mental health and factors that harm the community to be saturated and data about mental health was not fully saturated. I made a conscious decision not to examine mental health more because it would not have belonged to examining my research phenomenon but it would have required a study of its own. In addition, there was a variety of religious groups in the area and thus I was not able to get to know all of them thoroughly. I did not think it was relevant because the ratio between members of the Adventist church, the most influential church in the area, and other participants in the study correlated quite

well with the division of local population to different church societies.

With continuous examination of data sufficiency and analysis I tried to find out everything related to the phenomenon. At the end of my research period I did not try to repeat the interviews with a same formula that I used in the beginning but I focused on information that I wanted to specify. In most cases I was not able to repeat the interviews because, for example, patients in the hospital change quickly. However, I interviewed some of the key informants several times. Then I was able to focus on one narrow subject, for example accepted family conception in the culture, in the interviews that were very informal discussions. Already during the field research period I thoroughly thought about saturation and sufficiency of the data.

Transferability. When I wrote about the findings of this study I mentioned that the conception of spiritual health presented in this study is not stable but it is a dynamic model in constant transformation. This study took place in a unique period, certain people participated in the study and as an anthropological study it focused on certain cultural environment. I thought about the problem of transferability in my field diary the following way:

> *"I need to let myself think that these conceptions of spiritual health describe prevailing health conceptions in the research period. Patients in the hospital change constantly. Thus it is important that the villagers' sample is sufficient. I pondered these thoughts in the evening through the perspective of Leininger's reliability criteria. For example, recurrent patterning would probably occur in similar African environment where Adventism is strong but, on the other hand, the Luo culture gives the study a unique nature…"* (Quotations from the field diary 17.12.2007)

The research findings cannot be directly transferred to other communities. The research findings verified, to some extent, previous studies and, on the other hand, they created new researched knowledge. The verified knowledge can be widely made use of and transferred to, for example, the treatment of Kenyans in Kenya or in other countries. New knowledge, on the other hand, can be transferred to other communities where there are members of the Luo tribe and where Adventism has a strong influence.

2.5 Conclusions

According to the literature review and field research, the following conclusions are presented:

1. Spiritual health is part of an individual's and community's wellbeing.

2. In the Luo community there is a strong belief in the supernatural which is a significant part of spiritual health.

3. Appropriate nutrition has an influence on spiritual health.

4. An individual's balanced relationship with culture and ability to existential contemplation is part of spiritual health.

5. Spiritual health can be supported with nursing that supports spirituality. Spiritual health is part of a patient's true needs that should not be ignored in health care.

6. Both traditional and modern supporting of spirituality are significant ways to support an individual's and community's spiritual health. In order to improve Kenya's health care system and individuals' health status should the practise of traditional medicine men be examined in cooperation with representatives of both modern and traditional systems.

7. Belittling mental health problems and misdiagnosis can weaken spiritual health.

8. A community's minimal preparation for crisis situations and conflicts can become a threat to spiritual health.

9. In health care one should take into account a patient's conception of possible supernatural origin of an illness.

10. World Health Organization (WHO) should seriously take into account propositions to renew health definition presented in 1946 so that a concrete reference to spiritual health would be added.

EPILOGUE

Picture 11. A poster in the house of a Spiritual healer nearby Kendu Bay.
17.12.2007. Detail: 474 x 719.

"The heart is an image for the self at a deep level, deeper than our perception, intellect, emotion, and volition. As the spiritual centre of the total self, it affect all of these: our sight, thought, feelings and will." The Heart of Christianity by Marcus J. Borg as quoted in: Nelson, K. 2007, p. 7.

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Appendix 1. Map of Kenya.

Source: – http://www.homeaway.fi/vd2/maps/hr/en/Kenya.gif Accessed: 14.07.2008.

Study site locations: Kabondo Division (Kauma market), Rangwe Division, Kasipul Division (Oyugis Town), East-Karachuonyo Division (Mawego Catholic centre), Nyando District, Kendu Bay Town (North East Karachuonyo location), Homa District (Homa Hills) Upper Nyaburi Village (Kendu Adventist Hospital)
Kendu Adventist Hospital is receiving most of the patients from following areas: Nyamica District, Kisii District, Migori District, Kuria District, Homa District, Nyando District, Rachuonyo District, Kericho District ja Rongo District.

Appendix 2. Original Research Abstract in English.

Basis and methodological choices of the research:
This doctoral thesis research that belongs to the research field of public health and medical sociology describes spiritual health using an ethno-philosophical approach. The research was carried out as an focused ethnographic research in the hospital of Kendu Bay and in the village of Kendu Bay and its surroundings in the province of Nyanza, Kenya. This area by Lake Victoria is inhabited by the Luo tribe. The aim of this research is to produce information about spiritual health and to describe the conceptions of spiritual health by the Kendu hospital staff and the inhabitants of the Kendu Bay village. This research is part of a research project called "Comparative health culture: health as a concept and value in the Finnish culture and its international comparison" at the Department of Public Health at the University of Kuopio. The research includes a literary review of the concepts of spiritual health. Literature about the subject is part of the research field. Finnish research data that studied the opinions of medical students about health as a spiritual phenomenon supported the actual data collection.

Data collection:
The research data was collected with the methods of observing, interviewing and photographing. The interviews included individual, pair and group interviews. In addition, nursing students wrote four essays for the research. A total of 99 people participated in the study. The data included over 800 photographs and a small part of them is used in the data analysis and reporting the research results.

Data analysis:
The research data was analyzed with the methods of inductive content analysis and data inspired qualitative content analysis. The inductive content analysis directed the classification of the content. The most significant form of analysis was continuous analysis of the data during the field study period. The photographs were analyzed by specifying the situation when the photograph was taken and the content of the photograph. The basis of the photograph analysis was Suojanen's (2000) criteria of what a researcher should consider when collecting data of religious language and communication.

Research questions:
The research questions were to 1) find out what kind of conceptions of spiritual health the Kendu hospital staff, patients and villagers have and to 2) create a model of the conceptions of spiritual health by the hospital staff and patients and the inhabitants of the Kendu Bay village.

Results:
The results describe the conception of spiritual health by the staff and patients of the Kendu hospital and the inhabitants of the Kendu village. The results created a model of the spiritual conceptions of health. The model describes life of the research community as a part of symbolic space where visible and invisible reality are strongly present as a cosmic community. Spirits of the deceased, demons and God are part of the invisible reality. In the model the conception of spiritual health is divided into 1) factors that explain spiritual health, 2) factors that support spiritual health and 3) factors that threaten spiritual health. According to the model, supernatural explains becoming ill, being ill and getting better. In addition, the conception of nutrition, person's relationship to the surrounding culture and person's ability to practice existential contemplation proved to be factors that explain spiritual health. In the model health care that supports spirituality and teaching of moral and health proved to be factors that support spiritual health. Significant supporting of spirituality appeared in its modern and traditional form. The misdiagnosis of mental health problems and the community's minimal protection against factors that may harm it proved to be factors that threaten spiritual health.

Source: Karvinen, I. 2009 Spiritual Health: An ethnographic research about the conceptions of spiritual health held by the Kendu hospital staff members, patients and the inhabitants of the Kendu Bay village. Kuopio University Publications D. Medical Sciences 451.

Appendix 3. Original Research Abstract in Finnish.

Tutkimuksen lähtökohdat ja metodologiset valinnat:
Tässä kansanterveystieteen ja terveyssosiologian tutkimusalaan kuuluvassa väitöskirjatutkimuksessa kuvataan henkistä ja hengellistä terveyttä etnofilosofista lähestymistavan avulla. Tutkimus toteutui kohdennettuna etnografisena tutkimuksena Kendu Bayn sairaalassa, Kendu Bayn kylässä sekä sen lähialueilla Nyanzan provinssissa Keniassa. Alue on luoheimon asuma-aluetta Victoriajärven tuntumassa. Tämän tutkimuksen tarkoituksena on tuottaa tietoa henkisestä ja hengellisestä terveydestä ja kuvata Kendun sairaalan henkilökunnan ja potilaiden sekä Kendu Bayn kylän asukkaiden henkisen ja hengellisen terveyden käsityksiä. Tutkimus kuuluu Kuopion yliopiston kansanterveystieteen yksikön tutkimusprojektiin ”Vertaileva terveyskulttuuri: terveys käsitteenä ja arvona suomalaisessa kulttuurissa ja sen kansainvälinen vertailu”. Tutkimus käsittää kirjallisuuskatsauksen henkisen ja hengellisen terveyden käsitteistä. Aihealueen kirjallisuus ymmärretään osana tutkimuskenttää. Varsinaisen kenttätutkimusaineiston keräämisen tukena on käytetty suomalaista pilottitutkimusaineistoa, jossa selvitettiin lääketieteen opiskelijoiden mielipiteitä terveydestä henkisenä ilmiönä.

Aineistonkeruu:
Tutkimusaineisto kerättiin havainnoimalla, haastattelemalla ja valokuvaamalla. Haastattelut toteutettiin sekä yksilö-, pari- että ryhmähaastatteluina. Näiden lisäksi sairaanhoitajaopiskelijat kirjoittivat neljä esseekirjoitusta tutkimusta varten. Tutkimukseen osallistui kaikkiaan 99 henkilöä. Valokuva-aineistoa kertyi yli 800 kuvan verran, josta pientä osaa käytettiin aineiston analyysissä ja tutkimustulosten raportoinnissa.

Aineiston analyysi:
Tutkimusaineisto analysoitiin osittain induktiivisella sisällönanalyysimenetelmällä ja osittain aineistolähtöisellä laadullisella sisällönerittelyn menetelmällä. Induktiivinen sisällönanalyysi ohjasi sisällönerittelyä. Merkittävin analyysin muoto oli aineiston jatkuva analyysointi kenttätutkimusjakson aikana. Valokuvat analysoitiin kuvaustilannetta ja kuvan sisältöä eritellen. Valokuvien analyysin perustana toimivat Suojasen (2000) esittämät kriteerit siitä, mitä tutkijan tulee huomioida kerätessään aineistoa uskonnollisesta kielestä ja viestinnästä.

Tutkimustehtävät:
Tutkimustehtävinä oli (I) kuvailla millaisia henkisen ja hengellisen terveyden käsityksiä Kendun sairaalan henkilökunnalla ja potilailla sekä kyläläisillä on, sekä (II) muodostaa malli sairaalan henkilökunnan ja potilaiden sekä Kendu Bayn kylän asukkaiden henkisen ja hengellisen terveyden käsityksistä.

Tutkimustulokset. Tutkimustulokset kuvaavat Kendun sairaalan henkilökunnan ja potilaiden sekä Kendun kylän asukkaiden henkisen ja hengellisen terveyden käsitystä. Aineistosta nousseiden henkisen ja hengellisen terveyden käsitysten pohjalta syntyi malli, joka kuvaa tutkimusyhteisön elämää osana symboliavaruutta, jossa ovat voimakkaasti läsnä näkyvä ja näkymätön todellisuus kosmisena yhteisönä. Näkymättömään todellisuuteen kuuluvat muun muassa vainajien henget, demonit ja Jumala. Mallissa käsitys henkisestä ja hengellisestä terveydestä jakaantuu (1) henkistä ja hengellistä terveyttä selittäviin tekijöihin, (2) henkistä ja hengellistä terveyttä tukeviin tekijöihin ja (3) henkistä ja hengellistä terveyttä uhkaaviin tekijöihin. Mallin mukaan yliluonnollinen on selittävä tekijä sairastumiselle, sairaana olemiselle ja paranemiselle. Myös käsitys ravinnosta, yksilön suhde häntä ympäröivään kulttuuriin ja yksilön kyky eksistentiaaliseen pohdintaan osoittautuivat henkistä ja hengellistä terveyttä selittäviksi tekijöiksi. Mallissa henkistä ja hengellistä terveyttä tukeviksi tekijöiksi osoittautuivat taas spiritualiteettia tukeva hoitotyö sekä moraali- ja terveysopetus. Merkittävää spiritualiteetin tukemista esiintyi sekä sen modernissa että perinteisessä muodossa. Henkistä ja hengellistä terveyttä uhkaaviksi tekijöiksi sen sijaan osoittautuivat mielenterveysongelmien väärindiagnosointi ja yhteisön vähäinen suojautuminen sitä haavoittavilta tekijöiltä.

Source: Karvinen, I. 2009 Spiritual Health: An ethnographic research about the conceptions of spiritual health held by the Kendu hospital staff members, patients and the inhabitants of the Kendu Bay village. Kuopio University Publications D. Medical Sciences 451.

Diakonia-ammattikorkeakoulun julkaisuja A Tutkimuksia

Sarjassa julkaistaan merkittäviä tutkimuksia. Julkaisun on tuotettava uutta ja innovatiivista tutkimustietoa Diakonia-ammattikorkeakoulun opetus-, tutkimus- ja kehittämistoiminnan alueilta. Sarjaan voivat tarjota julkaisuja niin Diakonia-ammattikorkeakoulun omat työntekijät kuin ulkopuoliset.

1 Kainulainen, Sakari (toim.) 2002:
Ammattikorkeakoulu - tehdas vai akatemia?

2 Rask, Katja & Pasanen, Sina 2003:
Perhekuntoutuksesta valmiuksia päihteettömyyteen, vanhemmuuteen ja elämänhallintaan. Perheen yhdistetty hoito (PYY) -kuntoutusprosessin arviointi.

3 Rask, Katja & Kainulainen, Sakari & Pasanen, Sina 2003:
Diakoniatyön ja kirkon nuorisotyön arki vuonna 2002. Tutkimus diakoniatyöntekijöiden ja kirkon nuorisotyönohjaajien kokemuksista seurakuntatyöstä ja työtaidoistaan.

4 Rask, Katja, Kainulainen, Sakari & Pasanen, Sina 2003:
Koulutuksen antamat valmiudet seurakuntatyöhön.
Vuosina 1998-2002 valmistuneiden diakoniatyöntekijöiden ja kirkon nuorisotyönohjaajien sekä heidän esimiestensä käsityksiä kirkollisista valmiuksista.

5 Hynynen, Heidi & Pyörre, Susanna & Roslöf, Raija 2003:
Elämä käsillä - viittomakielentulkin ammattikuva.

6 Gothóni, Raili & Jantunen, Eila 2003:
Seniorien seurakunta - 75-vuotiaiden helsinkiläisten ajatuksia elämästään ja seurakunnastaan

7 Karjalainen, Anna Liisa 2004:
Kokemuksesta kirjoittaminen ja kirjoittamisen kokemus.
Omaelämäkerrallinen kirjoittaminen sosionomikoulutuksessa ja narratiivinen menetelmä sosiaalialan työssä

8 Launonen, Pekka 2004:
Nuorisonohjaajasta nuorisotyönohjaajaksi. Suomen evankelis-luterilaisen kirkon nuorisotyönohjaajien koulutus ja ammattitaidon muuttuvat tulkinnat 1949-1996.

9 Rautio, Maria 2004:
Muuttuva työelämä haastaa työterveyshuollon kehittämään menetelmiään ja osaamistaan. Työterveyshuollon menetelmien kehittäminen moniammatillisena opppimisprosessina.

10 Leskinen, Riitta 2005:
Itseohjautuva ammattikorkeakoulun jatkotutkinto-opiskelija. Tapaus Diak ja Hamk.

11 Hyväri, Susanna & Latvus, Kari 2005:
Paikallisia teologioita Espoossa

12 Lampi, Hannu 2005:
Miehen sydäninfarktikokemus: Fenomenologinen tutkimus sairastumisesta ja potilaana olosta.

13 Semi, Eija 2006:
Sosiaalialan työn ja sosiaalipedagogiikan yhtymäkohtia historiallisen tulkinnan ja opetussuunnitelmien valossa

14 Ryökäs, Esko 2006:
Kokonaisdiakonia

15 Pesonen, Arja 2006:
Asiakkaiden kokemuksia mielenterveyspalveluista

16 Karppinen, Leena 2007:
”Vain paras on tarpeeksi hyvää lapsille”.
Ruusu Heininen Sortavalan Kasvattajaopiston perustajana ja kehittäjänä

17 Hyväri, Susanna 2008:
Paikkasidos elämäntavassa ja elämänkulussa - maaseutu ja kaupunki yhden ikäryhmän kokemana

18 Jantunen, Eila 2008:
Osalliseksi tuleminen – masentuneiden vertaistukea jäsentävä substantiivinen teoria

19 Rautasalo, Eija 2008:
Hoitotyön ammattilaisten näkemyksiä ikääntyvien ihmisten seksuaalisuudesta

20 Korhonen, Saila 2008:
Ohjaus siinä sivussa - työelämässä toimivien ohjaajien kokemuksia sosionomi (AMK) –opiskelijoiden harjoittelun ohjauksesta

21 Mikkola Tuula 2009:
Sinusta kiinni – Tutkimus puolisohoivan arjen toimijuuksista

22 Launonen Pekka 2009:
Kasvu kirkon työntekijäksi

23 Valtonen Minna 2009:
Kertomuksia kirkon työntekijäksi kasvamisesta

24 Rättyä Lea 2010:
Diakoniatyöntekijöiden kuvauksia työstään ja siinä jaksamisestaan

25 Gothóni Raili ja Jantunen Eila 2010:
Käsitteitä ja käsityksiä diakoniatyöstä ja diakonisesta työstä

26 Koivumäki Risto 2010:
Isyyttä alihankintana. Narratiivinen analyysi sijaisisänä toimivien miesten identiteetin rakentumisesta

27 Hiilamo Heikki ja Saari Juho 2010:
Sosiaalisten mahdollisuuksien politiikka

28 Ritokoski Sami 2010:
Työ, jolla on tulevaisuus.
Seurakunnallisen varhaisnuorisotyön ydin ja haasteet työntekijöiden kuvaamina

29 Pietilä-Hella Riitta 2010:
Tuntemattomista vertaistuttaviksi. Esikoisäitien ja –isien perhevalmennusprosessi Espoon uudentyyppisessä perhevalmennuskokeilussa

30 Vuokila-Oikkonen Päivi:
Nuoren psykoosiriskin tunnistaminen ja interventiot

31 Pessi Anne Birgitta ja Saari Juho (toim.) 2010:
Hyvien ihmisten maa. Auttaminen kilpailukyky -yhteiskunnassa