

**EXPLORATION OF THE HEALING MINISTRY IN THE PRESBYTERIAN  
CHURCH IN CAMEROON (PCC)**

**By**

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**I declare that EXPLORATION OF THE HEALING MINISTRY IN THE  
PREBYTERIAN CHURCH IN CAMEROON (PCC)** is my own work rooted in my area  
of passion and that all the sources that I have consulted or quoted have been duly  
acknowledged by means of complete references.

.....

Rev. Tacheche Nchangfu Florence

DATE 07/12/2017

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## **ABSTRACT**

The renewal of interest in religious healing methods in the past few decades, in response to various perspectives of illnesses, is ‘blowing’ through the PCC-one of the reformed churches in Africa. There are two underlying assumptions in this project: the first is that sickness constitutes a major threat to good health and the second is that the ministry of healing in the PCC is not contextual in view of respecting and incorporating the cultural, social, religious beliefs and values of its people in the formation of meaningful healing ministry. The healing ministry of the Presbyterian Church in Cameroon is lacking in efficacy and essence because it does not make much meaning in the lives of the sick and their relatives.

This project gives an overview of some of the causes of tensions that exist in the PCC concerning its ministry of healing. It critically analysis, interprets and discusses the empirical results of 26 (20 laity and six clergy) members of the Musang congregation alongside some theological reflections. The project explored and highlighted the importance of the traditional worldview regarding health, illness, healing and defines healing as the work of God and that it is imperative for the Church to focus on a more meaningful healing ministry that includes physical, spiritual, social and psychological aspects, thus healing needs to be holistic.

Putting together the results of the literature review, the empirical research and the critical and theological reflections, the project suggests and affirms that there are theological, practical and socio-cultural reasons for the PCC to rethink, reformulate and reshape its healing ministry in the light of Jesus’ healing ministry. The project points out the theological, practical and cultural basis for a more meaningful ministry of healing within the PCC.

These results reveal that the PCC has no choice but to embrace this emerging biblical healing ministry if it truly wants to remain faithful and in obedience to Jesus’ three but inseparable ministries of preaching, teaching and healing.

Finally, the project proposes an integrated healing service as one of the ways towards a more practical and meaningful ministry of healing in the PCC at home and in the diaspora. Some objective comments and recommendations are also made.

### **SOME KEY WORDS OR PHRASES**

Presbyterian Church in Cameroon (PCC), reformed, reformation, reformed tradition, healing, the church's ministry of healing, the healing ministry, healing service, theological reflections, experience, health and sickness, African worldview, causes of illnesses, threats to life, good health, Western worldview, prayers, laying on of hands, exorcism and anointing with oil, contextual, practical, Kingdom of God here and now, Satan and its principalities, spiritual or supernatural world, pastoral care, compassion, in obedience, the sacraments, sensationalism, inseparable and practical actions.

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## **CHAPTER ONE**

### **AN OVERVIEW OF THE RESEARCH PROJECT**

#### **1.1 The context of this research project**

As indicated in the title of this project the study revolves around the church's healing ministry, specifically as it relates to the Presbyterian Church in Cameroon (PCC). The PCC, with a Christian population above 1.5 million, is one of the three mainline (the PCC, the Roman Catholic and the Baptist) denominations in Cameroon. Just like the other two denominations the PCC is exerting a lot of influence (politically, socially, economically, and religiously) in Cameroon. More information about the PCC will be discussed below. Tensions are developing within this Reformed church because some clergy have started conducting healing services including the use and practice of the laying on of hands, anointing and exorcism. Based on the encouraging results obtained in these healing services, as well as their theological insights and experiences some clergy and Christians feel that this kind of ministry should further be explored. While other clergy and Christians are convinced that such practices are not really part of the Reformed heritage and ethos and should be discouraged as much as possible.

#### **1.2 General comments**

Health, illness and healing are central to human existence and are central concerns of various organisations, governments and of various religions in general and of Christianity in particular (Pattison 1989:7-8, Lucas 1991:1, Manala 2006:1-2, Tacheche 2007:38, Ngwa 2008:5, Neba 2009:6-7). Besides corruption and poverty plaguing Cameroon like her counterparts in the African continent, various types of illnesses also poses a challenge not only to the Cameroon government but more importantly and especially to the mainline churches in Cameroon and Africa (Acha 1996:1-6, Manala 2006:2, Tacheche 2007:1-3). These illnesses, the direct opposite of good health and an enemy to human existence, constitute therefore, a threat to the core values of life in Cameroon in particular and Africa in general. This is one of the key affirmations in this project-namely, that illness constitutes a major threat to life.

The use of Africa in this project, unless stated, refers to Sub-Saharan peoples or black African peoples in the continent of Africa.

However, I am aware of their diversities mostly in histories, cultures and religions; but there are certain core values that permeate through these different histories, cultures and religions. This is especially seen in the works of African writers and African theologians, some of whom we studied in our undergraduate programme in the Presbyterian Theological Seminary (PTS). Some of them are: Mbiti 1990, Bediako 1990, ed. Gibellini 1994, eds. Kanyoro & Njoroge 1996. This can warrant us to talk about 'African worldview' as a 'single entity.' One of such core values is their religiosity which generally shaped their concept of life and existence (Manala 2006: 2-4). In this light, African religion is the best starting point of any African worldview and especially as it concerns health, illness and healing in this project.

Mbiti's (1990:256) insight is important here. He writes:

*...African peoples are deeply religious. It is religion, more than anything else, which colours their understanding of the universe and their empirical participation in that universe, making life a profoundly religious phenomenon. To be is to be religious in a religious universe. That is the philosophical understanding behind African myths, customs, traditions, belief, morals, actions and social relationships.*

Good health or its aspiration is so central to our society like any other societies. For this reason, huge amount of wealth, be it by individuals, organisations or governments, is being invested or spent in this direction, with the aim of improving the quality of life here and now. In spite of all these efforts (and the aspiration for good health), illness still constitutes a very big challenge not only to the Cameroon government but also to the mainline churches in Cameroon and Africa. The question here is: does the PCC in particular contribute meaningfully to this core African value of good health or at least its maintenance? Put differently, how effective and meaningful is the PCC' ministry of healing to its sick members in particular and the Cameroon nation is general?

It should be said here that the healing ministry of the church needs to be part of its practical response to the existence of various illnesses and sufferings in God's world. The starting point of such a ministry of healing emanates not only from the healing ministry of Jesus and His command to his disciples to heal the sick (Mt 10:1, 8, Mk 6:13, 16:15-19), but also from a Christian understanding of God's purpose in creating and sustaining His world. Such an understanding has enabled Christians from one generation to another to 'play a major and

decisive role' in the healing of the sick (Lucas 1997:1, MacNutt 2005:11). Some of these major roles include the building of hospitals, medical care, healing services, worship services, hospices, pastoral care, and vocational activities among other pastoral and socio-economic services

One of the implications of the last paragraph is that; there are various perspectives and dimensions to illnesses and healings. Some of these include; physical, spiritual, and psychological (emotional), social, historical, economic and political dimensions: actually every domain of life (Pattison 1989:21-38). For the purpose of this research, we will sum up all the above dimensions into four aspects namely: physical, spiritual, social and psychological perspectives. These four aspects to illnesses and healings from the general African perspectives involve the whole of life and existence and cannot really be separated or demarcated. Any attempt to do so is equivalent to tearing apart the Bible and thus un-theological, unhealthy to our Christian faith and to the church's ministry of healing. In this project these four aspects to illnesses and healings are knitted together and are thus interwoven. Again, if one aspect is overemphasised against the other, then there might be a defect in the healing processes. Hence a balance needs to be maintained for effective holistic healing. Let us illustrate what we are saying here with some concrete life-experiences.

Between August and December 2002, I had, as usual, to deal with some heart breaking experiences among other challenges and other pastoral duties. The first concerns a woman (university student) aged 24 whose only child, aged 9 was raped. This woman had also been a victim of rape as she told me, and on three different occasions. One of the questions she asked me was: "Pastor, why is God allowing this to keep on happening to me and now my girl"? Psychologically, this woman was really depressed and anxious especially about the future of her daughter. Spiritually, she finds it difficult to reconcile her faith with the God she believes is so loving and caring. Socially, she is having a broken relationship with family members and she does not speak to some of them. This entire trauma may eventually lead to physical illnesses.

The second heart-breaking experience concerns a couple whose third child, aged 21, was diagnosed with cancer. They came to the office that I should pray with them because their son would soon start his cancer treatment. I could really see that the boy was in pain. Throughout our time together in the office, including the time of prayers, the mother of this boy was crying and asking several questions. Some of which were (paraphrasing): why me?

Who has inflicted my child with cancer? What have I done to God or the gods to punish me this way and further she said ‘pastor, pray for our sins’?

The third instance concerns an accident where the wife of one of my former elders in one of my former congregations died on the spot, and one of the daughters went to “tegun” (a traditional medicine man believed to be a specialist in invoking the spirit of the dead) to find out the cause of her mother’s death. This “tegun” incidence brought a lot of tension in the family and I was invited to counsel both parties who were accusing each other.

The fourth is, again, about accusations and counter accusations on witchcraft related illnesses.

Any Pastor who makes a visit to the hospital, counsels sick people and their relatives or counsels those who have been diagnosed with terminal diseases or suffering from natural disaster or counsels bereaved families, knows that the pains from these events and experiences are so profound, devastating and heart breaking. Such have been part of my experiences since 1996 (Yancey, 2004:7-39). Because of such devastating experiences, I have to continually analyse (explore) the situation of illnesses and reflect (including theological and practical beliefs and explanations) on these analyses and embark (respond) on some habitual concrete actions (Thompson & Pattison 2008, Lartey 2000:128-134, Tacheche 2007: 1-15). These will be further understood as we progress with this project.

Back again to the four life experiences shared above, it is very true that the healing processes may involve a combination of healing methods including the insights of other disciplines. The underlying fact is that, all these people are Christians, living within a particular religious culture that has its own ways of explaining and understanding realities, a way that is basically religious in nature. So until such a background is understood and incorporated into any healing processes, such healings will remain shallow in the lives of the sick and have little efficacy in their Christian faith. (This may explain why some sick people and their families roam from one crusade to another or from one ‘prophet’ or traditional healer to another). Another common point among the four shared experiences above is that all these people find it even difficult to relate their Christian faith in a God, whom they believe to be caring and loving, with their experiences of pain. In such experiences the theodicy questions (why..., who..., how..., what..., when... among others) cannot be avoided. On a wider perspective, when one reflects on the brutal deaths or sufferings of those Cameroonians struggling for

justice, or the recent killing in the Far North of Cameroon by “Boko Haram” one cannot escape these questions: Why do the righteous suffer? Why God? Where is your love, God? On a wider spectrum again, there were similar questions raised when the Tsunami, on December 26, 2004 killed over 190.000 lives, when terrorists attacked London on 7<sup>th</sup> and 21<sup>st</sup> July 2005, and whenever people are suffering, especially innocently. Suffering or pain or sickness raises so many theodicy questions, questions to which answers, at times cannot be given or easily comprehended. Thus, this is a broad topic which we cannot deal with further because of space.

There are four points that one can draw from the above four-shared experiences;

The first is that, such experiences, among others, are bringing into light the plights, agonies, and devastating consequences and effects that ‘sickness’ exerts on the individual, family, community, Church and the nation, hence confirming the fact already stated above that, sickness constitutes a very big threat to the PCC and the African church in general (Manala 2006: 2, Wright & Smith 1997:109-111). Whether it is the crushing pain of a terminal disease or that of the loss of a dear one, or that experience from starvation, disaster, injustice or the crushing pain of other illnesses, the impact cannot be underestimated and thus the theodicy questions (why?) cannot be avoided. We will return to the theodicy questions and their impact upon those who asked them later. I think Pattison (1989: 16) is right when he writes:

*The perennial problem of suffering has not been, and cannot be solved by modern theology. This does not mean, however, that theologians and practitioners in the area of healing and illness should not continue to wrestle with it and try to find practical and truthful theodicies. All too little thought has been given to the use of theodicy in time of illness.*

The second has to do with the theodicy questions raised above. “What are they really saying and what implications do such viewpoints have on their actual response to illness and healing, and their belief systems and implicit theologies?” (Pattison 1989:16). One point is clear that such questions and experiences reveal a particular worldview, that is, the way the sick and their relatives think, interpret and understand their particular situations. Some worldviews deduced from the above experiences include, the cause and effect principles, the belief that illness can be caused by other humans or the spirit world or God and the role and impact of traditional healers. Some of these worldviews may either help to facilitate the healing process or may help to block (blockages to healing) the healing processes.

We will often come back to these very important points, because such views and impact are so central to this project.

Thirdly, from the above shared experiences, one could see that sickness or pain is not only an individual problem but also a corporate one. This reflects the African communal life system which is holistic and interrelated and interdependent.

The fourth point confirms what we have already said above that there are various perspectives to illnesses and thus various perspectives to healings. These are also confirmed by the existence of different kinds of healers (Pattison 1989: 10-11). But the utmost priorities of all who are sick and their relatives are *healings* even at all cost or at least, the continuous maintenance of good health.

Having said this, we have to focus more on the general discussions on the renewed interest in the Church's healing ministry by reviewing some of the existing literature.

### **1.3 LITERATURE REVIEW**

There is no doubt that the last few decades have witnessed an enormous interest and concern about illnesses and various healing methods within Christian churches. The discussions in this section will try to point out what has prompted this renewed interest in spite of the growing number of well-developed, scientific biomedical practitioners and healing methods. These discussions will also point out the practical and theological implications of this renewed interest on the main stream churches and the PCC in particular. The literature review will also be 'put' into critical dialogue with the empirical research results and some conclusions drawn. This part will consist of two sections: the first will deal with the literature found out of the PCC including other countries, academic circles and groups while the second section will deal with literature generated within the PCC.

#### **1. 3.1 Literature review of sources from out of the PCC**

Theologians, Christian writers and those involved in the church's ministry of healing, and especially, within the mainline churches, would agree that in the past few decades, there has been a renewal of interest in the church's ministry of healing and specifically a revival in religious healing methods in response to the various types of illnesses. At the same time, this

revival is also causing a lot of tension and doubt within the churches and especially within the mainline churches.

In the development of the scholarly review, the views of authors like DeArteaga (1996: 225-291), MacNutt (2005: 91-211) and Lucas (1997: 1-3) will be developed along the thoughts of Maddocks (1981:99ff), Pattison (1989: 1, 47- 50), Dale (1989: 1) and review groups for the churches of England (2000: 1-15) and Scotland (1998). The aforementioned authors do not only emphasise the fact that there are important developments with regard to the church's ministry of healing but, they also try to give some reasons that might have prompted this renewed interest in recent years.

Lucas (1997:1), states:

*.... There has been a renewal of interest in the 'ministry of healing'... in Christian churches in the past few decades. The cynic may see this as the church simply following the trends of the society at large. A more charitable view would be that the church is responding to the felt need of the society in which it is set, which is an understandable and worthwhile thing to do. It may even be that the trends in society have led Christians to re-examine the roots of their faith and practice and revitalise something that had been at least partially lost.*

The points which Lucas has raised above concerning some of the reasons for this renewal of interest are crucial as we will come to see. Again, Lucas' point of re-examining the roots of the Christian faith and practice and revitalising something that has been partially lost is well-developed in the works of MacNutt (2005) and DeArteaga (1996) and this will be of significance to this project. It is important that Lucas also points out that the influence and impact of the "charismatic movements" (which may include "tele-evangelists," "faith healers," "commercialising and domesticating faith") and their emphases on spiritual healing, and exorcism on the mainstream churches, should not be underestimated. DeArteaga (1996: 225-291) and MacNutt (2005: 91-211) have discussed at length about the charismatic movements, stressing their origins, impacts and shortcomings. Furthermore, the writings of MacNutt (2005: 91-145) and DeArteaga (1996: 201-221) are of utmost importance because they discuss not only the theology of the Reformed tradition concerning healing, but they also discuss Calvin's thoughts on the healing ministry. Most importantly, both writers have criticized Calvin's

doctrine of Cessationism. (Calvin's *Institutes of the Christian Religion*, book 4, will be of great significance. Here, Calvin argued vehemently, against any continuous ministry of healing in the church).

Furthermore, MacNutt (2005: 199-217) describes the charismatic movements' influence in America, Britain, Asia, Africa and Latin America. He also described his personal experiences of the influence of these movements in Britain and India, especially in the lives of the sick and in the lives of the mainstream churches. Like MacNutt, I have equally experienced the rise and the impact of these charismatic preachers in Britain, Cameroon and Nigeria (my husband is from Nigeria). The explosion of charismatically 'inspired leaders' (divine healers), their open air crusades, their various advertisements, their proclamation of God's direct divine intervention and their prosperity gospel is exerting a lot of influence world-wide. Such influences have 'provoked' to an extent some self-consciousness and renewed interest within the mainstream churches. Hence, their impacts are so strong that no one can afford to remain on the side-lines; not even the mainstream churches.

In addition to the above points, the emergence of Practical Theology and its emphases and concerns about practical actions that are of significance to the church' community and the wider community (Woodward & Pattison, 2000: 1-17, ed. Thompson 2008:15-69) have contributed significantly to the renewed interest in the church' ministry of healing.

Lartey, (2000:128-134) also contributes to the discussion on practical theological research offering critique of some of the methods used by practical theologians to engage theology and practice in transformative interaction. More about this 'branch of theology' will be discussed later.

Again, the works of Kirk (1999), Moltman (1977, 1981, 1985), Nwanza (2001), Weatherhead (1951) and Vanstone (1977), will contribute in enabling the PCC to become more of a church that is open to all people. These sources furthermore reaffirm the role, nature and mission of the church in God's world.

The work of Harding (1997: 7) is also of utmost importance because he underlines the division, tension, debate and contention existing especially within the mainstream churches concerning the ministry of healing. The current tensions over anointing, laying on of hands and exorcism together with the renewed interest in Christian healing within the PCC, reflect generally,

Christianity's tensions, controversies and responses to healing and illness throughout Christian history.

The following sources relate to the same kind of problem regarding tensions, the necessity of team work and the need for more practical actions within churches. This will, therefore, also be of utmost importance regarding the topic, (eds. Cameron & Richter 2005, Swinton & Mowat, 2006, Cameron & Bhatti 2010). Again, these sources further investigate and study local churches, showing how Reformed theologies are challenged by empirical data. They also reveal the importance and benefits for the church to engage in more practical action ministry. The article of Lee & Fiddes (Lucas 1997: 5-30), illustrates the same viewpoint. Lee & Fiddes emphasised that the combination of the church's ministry of healing and that of the medical field may be the best way of enabling healing within the church.

Pattison has made an important observation that partly holds true to the present PCC contexts. He (1989:1) writes:

*So, paradoxically, we find ourselves in a situation where there is an enormous interest and concern about illness and practical healing ministry amongst Christians... but this is not in any way matched by appropriate theological assessment and critical evaluation.*

Whatever the reasons for this renewed interest in the church's ministry of healing, one fact is that this ministry has become a matter of contention, debate and even division especially within the mainstream churches. This may explain why various denominations produce handy manuals to instruct on how to conduct religious healing services. See in this regard the publications by the churches of Scotland (1998: 15-20) and England (2000: 18-23). As such, one can find a considerable amount of literature on "exhortations to become involved in a religious healing ministry and handy manuals which instruct on how to conduct religious healings" (Pattison 1989: 1).

We return again to Pattison's caution of appropriate theological assessment and critical evaluation. In order for the healing ministry to really create an impact in the lives of the sick, the various exhortations, handy manuals, methods of healing and the discussion on the revival of the healing ministry as a whole, need to be adequately matched by appropriate *theological reflections* and *critical evaluations*. That is, theological reflections and critical evaluations "of how, why, who and the impact of this emerging ministry within the churches and outside the

boundaries of the churches. This is another aim of this project. Even though such critical evaluations will not be properly carried out in this project, I intend to include it in the subsequent research projects.

The works of Mbiti (1990: 71-77, 162-169) and Zimmermann (2007:61-74) will be of value. In addition, the articles of the following authors will also be of great value: Kalilombe, Mbiti, Lumbala, Uzuoku and Ela, (1994). These writers will enable us to understand better the African worldviews including the concept of health and illness and also, the African understanding of spirituality, spirits and the role the African worldviews play especially, in the area of health, illness and healing.

Moreover, in the development of the empirical research data the views of Frey & Oishi (1995), the Swetnam (2009), Fink (1995), Foddy (1993), ed. Biemer (2004) and ed. Van der Ven (2004), will be developed along the thoughts of Floyd & Fowler (2002), ed. Miller (2002) and Bourque & Fielder (1995). These authors offer various techniques of how to carry out survey, how to carry out the sample frame, how to design the questionnaires, how to minimise measurement errors, how to prepare oneself and the respondent for a high respond rate and how to effectively carry out a one-on one interview. Above all, they provide guidance on how to interpret, analyse and present the research results. Thus, these authors, like Glatthorn & Joyner (2005) offer a step-by-step guide to conducting effective surveys and to writing a successful thesis.

Again, the theses of Udezue (2002), Manala (2006), Susanto (2007), Ferguson (2010), and Thomas (2010) will also be of importance because of their focus on the necessity for the church's ministry of healing to be more meaningful to the sick and the importance and benefits of team work within the congregations and communities.

I am amazed by the amount of literature that I found on the internet and other modern information communication technology (ICTs) such as, the television, mobile phone, radio, I-pad among others, on divine (faith or spiritual) healing and exorcism and the number of "spiritual or healing prophets and traditional healers" that exist. I agree that there are some problems with regards to terminology in the area of healing within the Christian church; especially when we reflect on what ICTs offer to us, like in the internet and on the television

screen. Some of these people lay emphasis on spiritual healing, while others on faith, miraculous or divine healing and still others on prosperity gospel among other things.

I prefer to use the phrase *the healing ministry* or *the church's ministry of healing* because such phrases do not tear the ministry of healing apart. Thus, this project deals with holistic healing that is, the healing that covers the physical, spiritual (faith, miraculous, divine), social and psychological perspectives. Such a broader understanding of the concept of healing involves the whole person (the whole of life) including his or her environment and the relationship with God. Having said this, let us come back to this important source of information-the internet. Some of the literature on the internet has some theological and practical basis while some only reveals how the quest for healing has become a very big business; and indeed, a lucrative one preying on the vulnerable who; in their desperation or quest for healing, get hold of 'anything.'<sup>1</sup> The internet then will be a very valuable source of information on the Christian healing ministry. In this regard, the following printed articles from the internet will be of importance to this research project:

- 'The theology of health and healing', a transcript of an address by the Archbishop of Canterbury.<sup>2</sup>
- 'Suffering and healing in the Jewish tradition'<sup>3</sup>
- 'Health, sickness and healing', 'in Kenya's course syllabus at the St Lawrence University, instructor, Dr Owuor Olungah.'<sup>4</sup>
- 'What is Reformed theology' institutes of the Reformed theology<sup>5</sup>
- 'Healing community'<sup>6</sup>
- 'Cultural understanding of health and healing' course syllabus, tutor Dr R. Prentice.<sup>7</sup>

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<sup>1</sup> Just click websites such as these and one would marvel at what one sees [www. Spiritual/faith healing, http://www.pfo.org/hurtheal.htm](http://www.pfo.org/hurtheal.htm), first seen in January 2012 and then 23-25/03/ 2015

<sup>2</sup> <http://www.archbishopofcanterbury.org/1206> visited 28/10/2010 and 02/06/2014

<sup>3</sup> <http://www.stauros.org/notebooks/articlesPrint.php?=&id=347> visited 12-14/12/2009, 23/05/2013 and 20-23 February 2015.

<sup>4</sup> Website visited 12-15 September 2014

<sup>5</sup> <http://reformedtheology.org> visited 16-20/02/2014 and 05-10/04/2016

<sup>6</sup> <http://www.internetbiblecollege.info/subjects/13-subject/78-healing> community, visited 22/01/2010 and 14-16/06/2015

<sup>7</sup> <http://www>. University of Sussex lectures/courses visited 10/10/2010 and 29/11/14

- ‘Toward a theology of suffering and pastoral healing’<sup>8</sup>
- ‘Calvinism false doctrines of “Pope” of Geneva total depravity, unconditional election limited atonement, irresistible grace and perseverance.’<sup>9</sup>
- ‘Faith healing-God’s compassion, God’s power and God’s sovereignty’ by Craig. W. Booth<sup>10</sup>
- ‘Exorcism’<sup>11</sup>
- ‘Can Christian really ‘bind’ Satan or his demons’?<sup>12</sup>
- ‘When suffering continues’<sup>13</sup> and
- ‘Christ the healer: the centre of Christian health and healing ministry in Africa.’<sup>14</sup>

More of the literature review of sources from out of the PCC will be mentioned as we proceed. Let us now examine some of the literature generated from within the PCC.

### **1.3.2 Literature generated from within the circles of the PCC**

The renewed and enormous interest in the church’s ministry of healing can not only be seen in some of the congregations within the PCC but also in the literature that is coming out from some of its clergy and laity. Worth mentioning here are the works of the Reverends Ayongwa (2006); Tacheche (2007); Ngolle (2008) and Ndip (2008 and 2015). The thesis of Neba (2009) is worthy of mentioning.

The following documents will also be of great value: the Books of Divine Services (BODS, 1982), the Book of Orders (1995), the Catechism of the PCC (2008), the Constitution of the PCC (2014), the theme of the current leadership of the PCC - *transformed to serve* and current essays by Tacheche (2016:113-140) and Yenchi (2016:39-45).

Again, ten (10) articles written by theologians, health practitioners and the laity (ed. Mokoko Presbyterian Messenger, 2014), will be of great value. All these articles have something about the PCC’s ministry of healing and especially spiritual healing and healing services.

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<sup>8</sup> <http://www.csr Methodist church in Ireland> 12/10/2014

<sup>9</sup> <http://www.biblelife.org/calvinism.htm> 20-30/03/2014

<sup>10</sup> <http://www.the faith word.org> visited 06/05/2014

<sup>11</sup> <http://en.wikipedia.org/wiki/Exorcism>

<sup>12</sup> Website visited 13/03/15

<sup>13</sup> <http://www.bethel.edu/%7Erakrob/files%20suffering> 05/04/1015

<sup>14</sup> [http://www.ccih \(Christian connections for international health\)](http://www.ccih (Christian connections for international health)) visited 10/6/15

Presently, most of the literature that we have on the healing ministry within the PCC comes from the clergy who, either conduct healing services or support such practices and also, from a few laity. Those who oppose it, do so orally mostly during meetings, conferences and in meetings of Committees. Despite their opposition, more and more of the clergy are conducting healing services and are also researching and writing on the development of the healing ministry of the church and of the PCC in particular.

The work of Ayongwa (2006) is of great significance because he has not only written about anointing and exorcism and their biblical basis, but he has also taken time to document some of his experiences (some even frightening) to support why he conduct healing services. He, like others, has defended his position so passionately time and again during conferences and pastors' meetings. In his M.Th. thesis, Neba (2009) explores the place of anointing in the healing ministry of the PCC and interestingly, he also explores different types of anointing. The writings of Ngolle (2008) and Neba (2009) are of particular interest because both clergy have written on the issue of anointing. Ngolle (2008) went further to write on exorcism. Both clergy explored the origin and the Biblical concept of anointing, prayer and the various methods of divine healing including the various ways of developing the Christian faith. Ngolle went further to sketch why the leadership of the PCC is delaying in officially approving healing services and a unifying liturgy for such services. He (2008: 1-2) writes;

*The recent on-going activities of worship in the church with diverse and confused directions are the consequences of the deadlock of the committees of the church.... In fact, the recent experiences have greatly undermined the maturity of the church and question in strong terms the credibility of the theological scholarship... The liturgical confusion and the worrying attitude of the membership continue on. Where do we sketch the problem? Some people have traced it from the weaknesses of the committees charged with matters of worship and theology. Others have charged it on the over-bearing nature of church administration which had greatly weakened the fabrics of the church government.... It is at the point when the church is brought at the brink of slumber that the force of the Holy Spirit comes in, in no compromising energy to waken it in all forms, and influence the mission of evangelization and worship of God its way. The spiritual innovations on worship as now experienced are the submission of the Holy Spirit. It gives the membership of the Church no other option than to accept in thanksgiving and praise the gifts of the Spirit in the elements which enhance faith in the Lord Jesus Christ.*

We will return to this quotation in the course of this work, but suffice to say that Ngolle had been a committee member of the PCC, and may have to bear part of the blame of 'the deadlock

of Committees’ and ‘weaknesses of the Committees’ he describes. It is also worth mentioning that the tension over anointing and exorcism and the healing services within the PCC does not only relate to the ‘dead-lock of Committees’ and ‘weaknesses of Committees,’ as Ngolle claims, but it is also a matter of defending and being faithful to the Reformation traditions, heritage and ethos. More information about the Reformation tradition on the healing ministry will be discussed below. Again, Ngolle (2008:2) writes: ‘It is at the point when the church is brought at the brink of slumber that the force of the Holy Spirit comes in.... The spiritual innovations on worship, as now experienced, are the submission of the Holy Spirit.’ This claim raises some critical questions which should be discussed in this work.

I am not quite convinced that ‘spiritual innovations’ are always the ‘submission of the Holy Spirit.’ I am, by no means, disputing the work of the Holy Spirit because ‘the wind blows wherever it pleases’ (John 3:8). But one needs to be critical and more cautious when applying the work of the Holy Spirit to any human activity and especially, to spiritual healing and to Christian healing in general. One needs to take the cautions in texts like 1 John 4:1, among others, very seriously. In this text we read: “Dear friends, do not believe every spirit, but test the spirits to see whether they are from God, because many false prophets have gone out into the world.”

Currently (since November 2013 till June 2016), I am the chaplain of the University of Dschang and Parish Pastor of four congregations. Through some of these students, I have come to know more on how some of the so-call ‘prophets or spiritual healers’ are operating with the sole aim of not healing but of making money. Through some of my experiences with these students, again, I have come to realise how some of the prophets or spiritual healers are agents of the devil, whom the devil is using to initiate students into secret cults.

From January 2014- July 2015, I have counselled and prayed with more than ten students who reported their various experiences of being initiated into different cults or are experiencing various types of demonic or spiritual attacks. The students thought that they were going to these prophets or healers to receive healing or to know more about the predictions of their future but later found themselves in secret cults or other ways of manipulations. Chaplains of the other denominations are also reporting similar experiences. Some of the ways that I am combating this situation include: continuous education, youth seminars and workshops (with facilitators from all walks of life within our region) and healing services including Bible studies within the congregations.

Let's come back again to our main points. Some of the opinions found in the literature, especially in those of Tacheche, Neba and Ngolle have rightly pointed out that the PCC cannot afford to be 'stagnant' in its response to healing in a world, where our knowledge of illness, disease, health and healing is changing. This is important because some of the ways in which healing is perceived or responded to, need to be theologically questioned, reassessed and put into practical perspective. In this respect, I think of the predominant medical model of healing which has been over-emphasised to the detriment of the other models. Furthermore, my experiences from the University of Oxford and working part-time as a domestic assistant at the John Radcliff Hospital in England, further revealed to me the inadequacy of the 'medical model of healing.' There is therefore, a difference between the way these churches and churches in Africa perceive and practise the healing ministry. Healing is an integral part of the African church life, a life that is holistic in nature. Generally speaking, and basing my generalisation on my experiences in the United Kingdom and Cameroon, the quest for healing reveals to me the agony that some people are experiencing in the "face of sickness" and the extra mile that some people are determined to go in search of healing.

Presently, most of the literature within the PCC on the healing ministry is centred on two main points: The first is on the 'Biblical justification and exhortation and on the development of a handy manual,' and especially, the Biblical justification for the laying on of hands, anointing and exorcism and special healing services. The second is the request that the leadership of the PCC should approve of healing services and also to develop a unifying liturgy to be used by all who are conducting healing services. As of now, individual clergy use what they think appropriate for them.

The request for a unifying liturgy is reasonable because such services are a relatively recent phenomenon within the PCC and it is very appropriate to establish its Biblical base and its unity through a common liturgy.

While there is much to be appreciated and learned from these theologians, I think it is time to move one step forward, from 'Biblical justification and prescription' or how to 'receive healing' and how to conduct 'healing services' to a critical assessment of the attitudes, opinions and experiences of congregational members regarding the healing ministry. Such a critical assessment, I hope, is not only crucial because it will question and challenge the way I and other colleagues within the PCC have been responding to illness and healing, but it may also propose

a way forward towards an integrated and more meaningful theology of healing within the PCC and in the nation. Again, one of the points that I have always been making and will continue to emphasise is that the leadership of the PCC does not only need to approve of a unifying healing liturgy but also to pattern the nature, structure and programme of the healing service to reflect our African nature. From time to time, we will be coming back to these points because they are crucial if the PCC really wants its healing ministry to have more meaning in the lives of the sick.

Generally speaking, within the Cameroonian society, there are various explanations and perspectives to illnesses which imply that the various healing responses need to reflect such explanations and perspectives without which some of the sick members of the congregations may be feeling excluded from the healing ministry within the PCC. This would be in contradiction to Jesus' inclusive healing ministry. Some of the sick, and especially those who feel 'excluded,' may turn to roam around from one denomination to another, or from herbalist (medicine man) to another as Ngolle and Neba have also rightly observed. Some sick people are willing to get hold of anything that will promise them healing at any cost and finally some falling into the 'hands of wolves in white clothing.'

The basic point illustrated by the literature review is that, there are renewed interests in the churches' healing ministries, which a number of churches try to manage the tensions that are developing, that these tensions also exist in the PCC but also, that there are still gaps in the literature at present. This means that a number of issues are not being addressed. Examples of such gaps are the questions that bring us back to the main issues that should be mooted in a research project:

- What are the experiences and opinions of members of the PCC regarding the current healing ministries?
- What is the value and what are the benefits or negative results of the healing ministries and practices with specific reference to anointing, the laying on of hands and exorcism that are being developed within the PCC at present?
- A secondary question: is the PCC (clergy, leadership and lay people) ready or willing to change its practices and theologies on the ministry of healing (including the practices of anointing and exorcism) based on renewed theological reflection and on empirical data?

At present there is nothing to base answers on and any opinion will only be the result of speculation. Thus, the necessity to start conducting research in the area is of paramount

importance. However, these questions can only be answered in full by conducting further research which, I hope, will be done when the present project is completed. This leads us to some ‘focus reflections’ on the research problem.

#### **1.4 The research problem**

The central problem is the tension that exists within the PCC concerning the ministry of healing. I need to make this point clear at the outset that this tension is not whether people are being healed or not. The tension is about some of the religious healing methods used within healing services and the *effects* that the development of healing services has on the traditional Reformed theologies of the PCC. In the following paragraphs, I will briefly explain these tensions, and then the main points that I would wish to investigate and develop.

##### **1.4.1 Describing the contexts and issues more specifically**

As alluded to before, there has been an enormous interest in the healing ministry within the PCC and this is causing some tensions. More and more clergy and congregations are organising special healing ministries including healing services and are using various healing methods. Some of these healing methods include: prayers for healing, prayers of intercessions, anointing, laying on of hands, the communion service (sacrament), exorcism, retreats, Bible study, reconciliation, forgiveness, healthy living information, Christian education and “practical assistance” among others.

However, practices and thoughts regarding the issues of “anointing” and “exorcism” seem to have sparked up most of the tensions within the PCC. These tensions exist amongst the leadership of the PCC, other clergy as well as amongst other Christians. On the one hand, the Christians and clergy who are against anointing and exorcism and the healing services want to stick to the status quo: the present expressions of their Reformed tradition. On the other hand, the clergy and Christians who practise such healing methods or support such practices hold that; at present, the ministry to the sick is not as effective as it should be and that such methods are also Biblically justifiable.

The clergy who are concerned formulate their individual liturgies and programmes for the healing services and as such there are diversities of various liturgies and this is creating more confusion even among the Christians. This issue of confusion and its effect upon the Christians of the PCC and the theology of the PCC is partly pointed out in the literature review. Thus, two

of the main wishes of the proponents of healing services as seen in the literature review are that: the leadership of the PCC should approve healing services and that a unifying liturgy needs to be put in place to guide all who are conducting healing services. But this project stresses something more than just a unifying liturgy.

With all these in mind, the main point this project is stressing on is that the PCC's healing ministry at present is not contextual, practical and theologically sound and therefore not reflecting appropriately, the different perspectives and realities of illnesses that its members are experiencing in their day-to-day lives. Furthermore, proponents of anointing and exorcism are saying that within the Christian healing ministry, there are different perspectives and practices regarding healing that need to be taken into account and that anointing and exorcism are but two, among many perspectives of Christian healing methods. Again, this is my main stand and some of the main motivations toward this project. In order for the PCC ministry of healing to be more effective and make more meaning in the lives of its sick members, we need something more than just a unifying liturgy. Proponents of healing services, and this project in particular, just like Manala (2006) in his thesis, are raising the arguments that sicknesses constitute serious threats to life in Cameroon and Africa; and that the Church need to contribute meaningfully to the national and continental vision of 'a better life for all especially in respect of the African Christians. In this direction Manala (2006: 2-4) writes:

*Churches in both rural and urban areas of South Africa and Africa as a whole face a serious challenge of serving the congregants in a way that makes sense to Africans, many of whom are still attached to the African culture.... Ministry to the sick in Africa as practised in many mainline churches does not take into account the world-view of the African. The predominant context from which many of these churches articulate and practise pastoral care to the sick is the western world-view which is underpinned by the modernist paradigm.*

We will return again to this quotation because it is in line with the main points in this research.

One central question often raised and pondered upon by those who support the practice of healing services is: why is the leadership of the PCC, some clergy and some Christians "lukewarm" towards such practices when anointing, laying on of hands and exorcism are Biblically justifiable? One of the main but unsatisfactory answers is that those practices "are not very Presbyterian."

I must also admit that it is not very Presbyterian to have a vibrant healing service with anointing, laying on of hands, exorcism and a time of praise (singing, and at times, with some testimonies) with intercession within a Presbyterian church which tries to be faithful to its traditional Reformation roots and practices. On the other hand, I must also admit - and this seems to be a major problem - that some of the traditional Reformation theologies, responses and practices concerning the healing ministry now, are proving to be unbiblical and without cultural aspects and need further theological and practical re-assessment. If this is not done, then the PCC's ministry of healing will continue to be shallow in the minds of the sick and this will continue to have a negative consequence not only on the sick but also on the very nature of the church. And because of this gap within the PCC's ministry of healing a project like this is necessary. The following paragraphs will further point out the necessity of this project.

#### **1.4.2 The fundamental presupposition of this thesis**

The fundamental presupposition of this thesis is that the church, and the PCC in particular, has the authority, means and opportunity of discovering and rediscovering the theological and practical basis of its pastoral response to the sick in a way that can enable compassion, spirituality, fellowship, support and care, hope and also promote justice in this way. That is, the church has a special healing ministry that needs to be carried out in a way that will do justice to the being of God and justice to our human experience of a variety of illnesses. That is one of the reasons why this project proposes something more than just approving healing services and a unifying liturgy. In order for the church and PCC in particular to meaningfully and effectively contribute to the healing of its sick members and its community, to reduce syncretism, the roaming Christians and to continually instil its influence and impacts, she has among other actions, to, take into consideration the worldviews of the sick and incorporate them in the liturgy, structure and nature of the healing services. Again, the PCC's ministry of healing needs to be more inclusive in its healing responses. For instance, healing services do not involve only spiritual healing, as most of the articles in the *Presbyterian Messenger* (a Christian magazine for Cameroon, number 23, September 2014), points to. Healing services need to be holistic in nature that is, involving the whole person (physical, spiritual, social and psychological perspectives). There are, therefore, two fundamental presuppositions of this project:

The first is that good health, and to an extent valuable and quality life, is very essential to our existence here on earth and for Cameroonians and their counterparts in Africa in particular. Jesus said in John 10:10b “I have come that they may have life and have it to the full.” It is common for Cameroonians, like their counterparts in the African continent then, to aspire above everything else, for this fullness of life and wellbeing, here and now. But as Manala, Ndip, Neba, Ayongwa, Tacheche among others have pointed out, sickness constitutes a major threat to this good health and obscures the better life to which Jesus offers to Cameroonians here and now before the final best life in the kingdom. One of the reasons why sickness constitutes a major threat is because of its negative impacts, and one would dread any form of sickness because of such negative impacts. These impacts are so devastating and challenging that word can hardly explain (Wright & Smith 1997:109-116). One general fact is that, for the ‘traditional Cameroonian, illness may evoke a wide range of assumptions, interpretations, reactions and emotions (fears, embarrassment, despair, agony and frustration) as we have seen in the experience shared above. This may explain why Christians of the PCC consult medical doctors, traditional healers or roam from place to place or spend huge amounts of money all in the quest for good health or maintaining good health or getting healing as much as possible.

For some of these reasons named above, the church needs to continually and critically evaluate its responses to the sick.

Such evaluation, again, needs to take into account the experiences of people who are ill, which the PCC’s healing ministry (according to some proponent of healing services) at present has not actually incorporated. This is evident in the tension surrounding the healing service with the practices of anointing and exorcism in such services.

Thus, the first fundamental presupposition is that this project stresses the fact that the PCC’s ministry of healing which is a special God-given ministry to her (just like the ministries of preaching and teaching) needs to be much more contextual, inclusive and practical. And unless this is done, then her healing ministry will continue to remain shallow and thus not creating any real impact as it is supposed to do, at least from the theological view point, in the life of its sick members. (That is why I made the point earlier that we need something more than just approving healing services and producing a unifying liturgy).

The PCC and the Christian church in Africa have been entrusted with the authority, by the great healer-Jesus, to continue with the healing ministry which He alone has called the church to do.

The church's healing ministry is in obedience to Christ's commission to preach the gospel and heal the sick (Mt 28:1-20, 10:1, and 8). Before we proceed further, I need to briefly explain what I mean by these phrases: contextual, inclusive and practical, because they are some of the key words in this project. I need to say here that these are some of the phrases that I have often been using even in conferences or gatherings to drive home my message of a more meaningful healing ministry within the PCC.

Firstly, by using these words, I mean that the Gospel of Jesus Christ (Mark 1:1) must be able to 'speak and make real sense' to people in their particular socio-cultural situation(s). The Gospel must be relevant and provide real meaning to people's real life experiences including their belief systems. The healing ministry (using the words of one of our African theology lecturers at the PTS in Kumba in 2000), "needs to be incarnated in the African cultural milieu and must bear an African stamp or seal". Once this is done, the sick, even in their pain, can claim the Good News of and about Jesus as *our story* too, (Bediako 1990:15 and 2000:25. Bediako is one of the African theologians some of whose writings we discussed while we were students in the Presbyterian Theological Seminary). Allegiance to Christ becomes the natural response on the part of the sick but when this fails, and then the church needs to continue with its pastoral care ministry to them. In this way, the sick people and those around them may feel a sense of identity, inclusivity and belonging to the "healing Church of Christ" and at the same time challenging some of their belief systems that are contradictory to Christian theology and Christian faith.

Secondly, these words suggest that we, in the Reformed church, need to be more cautious about our responses to illness and healing and also need to be cautious about the effect of such responses to the sick and their relatives. These points will be explained further in this project. Thus, a new research project is of utmost importance. A new research project that will take into consideration the worldview that is, a critical worldview that values the experiences, explanations and beliefs of those infected and affected by various perspectives of illnesses and are searching and longing for healing at all means and cost. This project therefore, further stresses the fact that the sick within the PCC need something more than a unifying liturgy that is; they need a unifying liturgy that will reflect their belief systems, norms and values. Again, all these have to be incorporated into the nature, structure, programme and liturgy of the healing service.

This leads us to the second presupposition of this project. One of the reasons why the worldviews of the sick in Cameroon is neglected by the PCC's ministry of healing is because the 'concept' of healing within the Christian church and in PCC in particular, has been shifted for quite a long time, towards the Western concept which is 'medically inclined' and is predominately the missionary concept or Western concept of healing. This medical concept was influenced by the Western worldview which was largely shaped during the period of Enlightenment. During this period, reason and science triumphed over and against any need of a divine, supernatural or God's intervention in people's lives. This further brings into light the inadequacy of the PCC's current ministry of healing. Such a healing ministry is proving inadequate in Africa because the worldviews of the sick which may include religious beliefs such as beliefs in witchcraft, spiritual world, the influence of ancestors, values, and norms within a particular socio-cultural context are not adequately incorporated.

This brings us back to this important point earlier made that the four perspectives to sicknesses and healings (physical, spiritual, social and psychological), are inseparable and any separation will lead to a major theological and socio-cultural handicap. The Cameroonian society is holistic in nature just as are others in the continent of Africa and especially those in the Sub-Sahara or those who are black by nature. These points will be elaborated further in the main body of the project.

But the main point here is that the 'medical model,' which focuses largely on physical healing, does not fit in with our holistic view of the human person. With this, we move to the next section which in a way is related to what has been discussed in this last paragraph.

### **1.4.3 The assumption of Christian faith**

In this light, healing needs to be understood as comprising various perspectives; healing is more than the restoration to physical health. The assumption is that for the Christian faith, healing is a Gospel imperative and part of the church's mission to the world. Healing was part of Jesus' threefold ministry: preaching, teaching and healing. If the church wants to remain faithful today to its calling and mission then it has to give the same importance to these threefold ministry of Jesus. The PCC's mission and healing statements are all inspired by Jesus' words in Luke 4:18-19 (2014:7 PCC Constitution).

*The spirit of the Lord is on me, because he had anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed. To proclaim the year of the Lord's favour.*

According to the constitution, the PCC has a four-fold ministry: preaching, teaching, healing and liberating the people of God from sin (PCC Constitution 2014:7). The former PCC Secretary Committee to the Ministry has rightly pointed out that the PCC “cannot afford to departmentalise her mission. The four-fold mission is treated and applied holistically in the interest of her members” (Ayambod 2014:3). As already indicated above and as we proceed with this project, we will see that the PCC has not really been translating its healing mission statement into concrete actions. Again, I make this claim in the light of the tensions that are existing concerning the healing services and the practices of anointing, exorcism and laying on of hands in such services and the understanding by some clergy and laity that healing services involve mostly spiritual healing (ed. Mokoko 2014:1-15).

There is a world of knowledge in the Scripture to help churches and theologians to revitalise our Christian ministry to the sick or our Christian caring ministry, and, more importantly, to be co-creators with God and in the healing of God's children who are infected and affected with various types of illnesses. The healing ministry of the church is part of the church's practical response to the various illnesses that are being experienced by God's children.

It is a God given mission and the church, the PCC in particular, has no option than to be faithful to its calling, which includes holistic healing of the sin-sick-world. In this light, the church is not only concerned with the physical, spiritual, social and psychological aspects of healing but also, she needs to continuously challenge those political systems and structures that impinge upon the health of God's children.

Thus, the healing ministry needs to be directed and matched by appropriate theological assessment, theological reflections and constant critical evaluations. The responses of the former Moderator, in his interview, and the article of the former Secretary Committee to the Ministry point to this direction, but again, we still need to experience it practically or concretely (ed. Mokoko 2014:3-6).

We return again to the issue of evaluation mentioned above. Pattison & Woodward (2000: 300-310), point out that evaluation is an important part of being critical or taking stock of one's actions, policies and objectives and it ensures that those actions or policies make a difference that is wanted, useful and beneficial. Evaluation is the process of establishing the worth or value of an activity. In this light, 'the evaluation' in this project, will not be purely an intellectual, historical, anthropological, or sociological one but it will be based on experiences, literature review, theological reflections and the empirical research results. However, I envisage such an evaluation after this project is completed. Pattison and Woodward also warn about some pitfalls and difficulties in evaluation. Such a critical 'evaluation' will enable the church to know in specific and practical ways the worth, value and the implications of its responses to the healing of the sick. It may even stir up further debates and further critical evaluations (promote good and denounce evil) within the church which can eventually lead to the formulation of new theological theories and even more practical healing methods, and provoke more critical research in this complex but challenging area of health, illness and healing.

We have to further explore some of the reasons that are enabling me to be so passionate and committed to the healing ministry within the local congregations in spite of all the challenges even from some colleagues and from some of our leaders. Some of these reasons have already been mentioned above but more still need to be said here.

## **1.5 Additional motivations**

### **1.5.1 Personal observations**

One of the advantages of having studied at the University of Oxford in England was that I came across clergy of various Christian denominations in the world and I also had the advantage, through some of these clergy, to visit or participate in their worship services. I have worshipped in the Presbyterian Church, the Iona community, Church of England, Free church, Anglican, Pentecostal, Catholic, United Reformed and the Methodist church. Since I am interested in the healing ministry, I often raised issues concerning it in some of the congregations and the general impression was that there was a worldwide interest and revival in this ministry. At the same time, the ministry was causing some tensions within the churches. Some of the denominations that I visited gave me their handy manual for healing services, and some of the clergy and Christians told me about the tensions they were experiencing within their denomination concerning this healing ministry. I also had the opportunity to attend (as an observer) some of

their Synod deliberations and observed the growing tension concerning the Christian healing ministry. This took place between 2004 to October 2013 when I finally returned with part of my family, to Cameroon as a chaplain to the Dschang University and Parish Pastor to four congregations.

### **1.5.2 Developments within the Presbyterian Church in Cameroon (PCC)**

People living in Cameroon, like their counterparts in Sub-Saharan Africa, are more likely to die from sicknesses or diseases than others in the West. Worse still, they are more likely to die from treatable or preventable sicknesses and diseases. They are also more likely to experience the devastating effects of poverty, injustice, corruption and untold debt crises partly necessitated by the imbalance of trade. While some Cameroonians had, or are experiencing physical pain from a variety of illnesses, others may not be experiencing direct physical pain, yet the results of their illnesses may be intense and debilitating. Others still may be deeply worried as a result of their experiences of want and based on what is happening around them. When one watches the television, listens to news, reads newspapers or articles or books, visits hospitals, clinics, health centres, homes and families or listens to people's experiences, one would sense people's desire for healing even at all cost or means. This may explain why health, sickness and healing are among the church's most fundamental challenges and concerns and the Presbyterian Church in Cameroon is no exception to these fundamental challenges.

In November 2014, the PCC had a new Moderator and a new Synod Clerk elected at the general Synod meeting and they were inducted and instituted into their offices on the 15 March 2015. It is worth mentioning here, that healing services, retreats, Christian education, visitations, helping the sick and needy, counselling, reconciling, praying with people and for people have formed part of my weekly pastoral ministry since 1996 (Tacheche 2007:2). I introduced the first healing service in Musang congregation (PCC), in September 2001. This was done after several months of educating the Christians with biblical and concrete examples of the importance and necessity of such services. Some of the Christians who were already aware of such services were already demanding them before these educational programmes. It was the first time in its life that, that congregation had experienced such a healing service and thereafter the service continued on a monthly basis with some positive results. Through such services, some of the sick and their relatives came to realise that the church is a healing agent that can also incorporate their worldviews thus making healing also meaningful to their

various experiences. Again, some of the sick and their relatives came to understand better that the church's healing ministry and bio-medicine complement each other, which reinforces holistic healing. Furthermore, some of them came to realise that some of the sicknesses can be cured through fervent prayers (Mark 9:29). This, however, does not contradict the role of biomedicine in healing as earlier indicated. There were also some of them who, through the various programmes, including counselling sessions, saw the need for a re-orientation of their mind-set or change of behaviour or lifestyle.

In spite of the fact that there were some positive results after that first healing service and subsequent ones, as some Christians testified, I was accused, by some colleagues and Christians, of "going the Pentecostal way." I was not the first to be accused in this way; some colleagues who have been conducting such services before me have been labelled the same way. Their main point was that a vibrant healing service including the practice of 'exorcism and anointing,' is more of the Pentecostal traditional form of worship than that associated with a Presbyterian style. By the end of 2002 the criticisms were so intense, I was depressed, coupled with the fact that the matter had reached the PCC Synod office (the highest decision making body of the PCC). Because of the fear of the unknown, I decided to call off the healing services for some time despite the fact that some Christians were desperately requesting many of such services in the congregation. The following question needs to be borne in mind as we proceed. What impact was that decision to have on those who are genuinely searching for such a healing service and upon me? But suffice to say at this point that at that period, I found it difficult to have good sleep and I discovered that I lost appetite for food. The consequences of my decision to call off the healing services because of the fear of the hierarchy, was taking its toll on me and on those Christians who were genuinely searching for such healing services.

Before this time, by mid-2002, the leadership of our church sent a questionnaire to some of us (five clergy) who were conducting such healing services in our various parishes or congregations. Two of the questions asked us to state our theological justification for the various methods and the liturgy that we use during such services. I answered all the questions and sent my responses back to the Synod office. I have never received a reply from them.

During one of our monthly Pastors' conferences (November 2002) I shared my depression and fears concerning the healing services with one of the elderly Pastors who was, and is also, conducting such services in his congregation. He invited me for a three-day retreat. During this

retreat, we shared some visions of a meaningful healing ministry within our church and also shared some theological reflections. We also reflected on several Bible passages and one of them was Mk: 9:14-29 and especially verse 28-29 “After Jesus had gone indoors, his disciples asked him privately. ‘Why couldn’t we drive it out?’ He replied, ‘This kind can come out only by prayer.’” Furthermore, we also shared some healing testimonies as a result of the healing services in our various congregations and the positive difference that the service is making even to those around the sick persons even if the physical pains are still there. He showed me written letters from some Christians who have experienced healing from the healing services and wrote to him as a way of appreciation and thanksgiving.

After the retreat, coupled with further healing testimonies from the Musang congregation and the desire and longing for such services, I was encouraged and convinced that I am ‘theologically right’ hence, I continued with the healing services. We continue to pray that the PCC can officially ‘adopt’ such a healing service as part of the Presbyterian system and add more to it. Presently, more pastors are beginning to hold such healing services (even though with diverse liturgies and programmes) in their congregations and positive results are being told. We will share some of these positive results-healing testimonies below.

However, healing services still remain a contested issue within the PCC and this is vividly expressed in Pastors’ conferences, church and group meetings and personal discussions and conversations. Various articles in the Presbyterian Messenger, number 23, September 2014, clearly reveal that healing services still remain a contested issue and that the leadership of the PCC have not come out with any clear policies or programmes or liturgy concerning this important ministry of the church.

One of the decisions of the Golden Jubilee Synod Committee (the highest decision making body within the PCC) on this contested emerging issue of healing services within congregations was that, the pastors involved in this should follow the tradition of the Reformed churches (November 21-22, 2007). By this time, this researcher had just defended the M. Th degree in Practical Theology but was still in England. I was challenged, with this decision of the Synod, coupled with other experiences, to further reflect on ‘the tradition of the Reformed churches’ concerning the healing ministry and its effects on the emerging ministry of healing within the PCC. I was further challenged to reflect more on the tradition of the Reformed churches on the healing ministry regarding the practices of laying-on of hands, anointing and on exorcism.

Some of the questions I kept on asking and reflecting on were, and are: how can the church's ministry of healing that was so dear to Jesus, be a matter of some clergy and not the entire church? Does the PCC really understand the significance of Jesus' healing ministry for the church today? One of my conclusions, after all these questioning, challenges and reflections, was that (as already stated above), the PCC's ministry of healing is not really theologically sound, contextual and inclusive. Thus, another necessity of this project is to contribute towards a more meaningful healing ministry within the PCC.

But before now, what are some of the reasons that prompt me to keep on conducting healing services and doing more in the areas of healing even in the midst of some criticisms? This question leads us to the next sub-heading.

### **1.5.3 Personal motivations**

Some of these motivations have already been indicated above and more still need to be said here. As already stated above, I have spent some years in reflecting and researching around the complex area of illness and healing as well as being practically involved in the healing ministry. I have equally spent some time reflecting critically on the religious responses to illness and healing and especially to the Reformed traditional responses to people who are ill. To the best of my knowledge, experiences and theological reflections, there is no area of human and religious life which is more important and challenging than that of illness and healing. This is vividly seen in the multiplicity of literature in this direction and especially with the literature seen in the internet, the various advertisements in the media and the presence of so many 'prophets or healers around us. I believe that more needs to be done by the church to its members who are facing or experiencing various types of illnesses and are searching for various ways of healing. Hence, my motivation to engage in the healing ministry, like that of some of my colleagues, arises from a combination of factors.

#### **1.5.3.1 Events in society**

One of the reasons raised in the literature review that prompted the renewal of interest in the healing ministry is 'events in society.' This is also one of the reasons that prompt me to become much more active in this healing ministry. My everyday experiences of the realities

of various types of illnesses affecting and infecting members of the congregation wherever I minister, including some of the healing methods used by these sick Christians and events in the wider community, motivated me towards this healing ministry. These experiences also include those of my family and the families of some of my colleagues. Let me share some earlier motivations here.

Usually, for the purposes of practical experiences, at the end of each academic year, theological students in our seminary, the Presbyterian Theological Seminary, go for a month or a month and a half, as the case may be, under the guardian and supervision of an elderly clergy in the congregation. In 1993, I was privileged to do my first practice with a clergy who was to go on retirement at the end of that year. On my arrival in the parish, my host shared some enriching and challenging experiences and handed to me a tentative work programme for the month. One of those experiences he shared had to do with the growing number of Christians and villagers visiting “Tembo” (traditional healers) mainly for healing, protection or for prevention against any misfortune.

Just two days later, within my one month’s stay, I personally experienced for the first time the destructive nature of witchcraft. After our normal evening meditation, I went to bed at 10 pm. As I was about to fall asleep, I felt something within me. It was my first time of having such a frightening experience which, even up till date, words cannot properly describe it; but I have heard some people complain of such experiences.

From this date, I could really understand the experiences of those people. I felt as if two bags of cement were put on me and I heard strange voices but could not understand what they were saying. I struggled to shake or speak but was unable to. Suddenly, I experienced several invisible hands pressing my neck. After struggling for some time, I called the name of Jesus and I was released from that experience. When I woke up, I was so frightened, but I struggled to read Psalm 91 and prayed; it was about 1am. After some time, I was about to sleep again, it was around 4 am, the experience repeated itself. This time, with a lot of force that I woke up and my neck was actually painful. I struggled to read Psalm 23 and prayed. I was really worried and frightened this time, so I decided to leave the bedroom for the sitting room. It was about 4:20 am.

My host’s wife realised that someone was in the sitting room and came out to check. When she saw me there, she exclaimed “Ngago” (a respectable way to address a woman) are you

not sleeping? My host too, immediately came out. I narrated to them my witchcraft experiences. They were so disappointed, prayed with me and blessed my room again. They told me that they did it, before my arrival with holy water. Actually my host and his wife could understand my experiences because they have been having such also and the villagers and Christians have often been complaining to them about such agonies. We then prepared for my first Sunday service.

During this first service, my host introduced me to the congregation and he added (I could feel his disappointment in this voice) that, “She had not slept this night because of witch hunting” (again, I could see, in the faces of some of the Christians, how disappointed they were). He spoke for some time really condemning the act of witchcraft and other forms of evil. As he was speaking, I had a sudden ‘thought in me urging me to pray’ with members of the congregation who had or are experiencing such acts of witch hunting in their lives and families. I whispered it to my host and he applauded the idea.

After my host had finished speaking, I greeted the congregation, spoke a few words and asked those Christians who had or are experiencing such acts or any other act of witchcraft to rise for special prayers of deliverance. To my greatest surprise it was estimated by my host that above 80% of the Christians stood up for that prayer. We sang choruses, rebuked the works of Satan and then the service continued.

One of my daily activities, during my one month stay, was to carry out retreats, Bible studies or meditations within the various choir groups of the three congregations that made up that parish. During this time of close contact with the Christians, I really heard some of their devastating witchcraft (forces of evil and satanic) experiences and other experiences in relation to illnesses. For some Christians, ‘Tembo’ (traditional healers), were answers to their various witchcraft related problems.

In spite of the painful observations and experiences, my one month practice was so enriching and challenging. These challenges helped to shape my pastoral ministry in several ways. It should be said here that, during my two other practical month experiences, such observations were not uncommon. The influence and impact of traditional healers and charismatic preachers, with their emphasis on spiritual healing in the face of various illnesses, cannot be underestimated as already pointed out in the literature review.

However, one of my worries was with some of my hosts and other clergy. For instance, the clergy who supervised my practical work and other clergy in those presbyteries were constantly rebuking the Christians for going for protection to traditional healers and for attending healing crusades organised by Pentecostal preachers without offering to these desperate Christians a “better alternative” within the PCC. This may explain why healing services, retreats, Christian education, visitations, helping the sick and needy, counselling, reconciling, praying with people and for people have formed part of my weekly pastoral ministry since 1996.

I further think of some Christians, wherever I minister, this time not as a student pastor but as a clergy (from 1996), who told me how they sought healing by every available means. They make use of traditional medicines also and have either special pots, bottles or bags prepared by the traditional experts or witch doctors for them to either keep in their bedrooms, sitting rooms or behind their houses. Even the educated, those who can afford medical treatment and those Christians who claim to be of good standing, also have them. Some of them wear the prepared packages on their bodies, while others use them like perfume when they suspect any danger. By 1999, I became increasingly worried and got engaged in more reflective thoughts that raised so many unanswered questions. I was further challenged to critically examine and evaluate how my colleagues in the PCC and I were carrying out our pastoral care ministry especially to the sick.

One of the questions that I asked to some Christians, especially during retreat sessions, was: “Why do you have to visit the traditional experts for protection or healing while at the same time you hail Jesus as protector and healer in church”? Their reasons were manifold, but on a general perspective they visited the witch doctors or ‘spiritual healers’ to appease the spiritual world (spirits, gods or God), to ward off any sickness, (healing) misfortune, witchcraft, accident, fear and to maintain a harmonious relationship with the spirit world. A small proportion visited for prosperity reasons.

Others visited for security reasons; that if the gods or God failed, then, the traditional medicine will protect them. From the above experiences, one can say that there is a peculiar worldview about illness that cannot be underestimated.

Some of these events in society and PCC led me to the understanding that more and more Christians (clergy and laity) are in need of healing services including the practices of anointing,

laying-on of hands and exorcism. Again, I also think of some of the challenges that I, and some of my colleagues, had faced and are still facing, partly because of our active involvement in a continuing healing ministry within a Reformed church which tries to be faithful to its heritage. Some of these experiences and motivations are really challenging and heart breaking and, at times, even difficult to comprehend or to explain; but one needs to “move on in faith.” These challenges continue to enable me to reflect again and again on my pastoral care ministry, the healing mission of the disciples and Jesus’ compassion for the sick and the healing ministry within the framework of the local congregations. These reflections are leading to several practical outcomes. One of the outcomes of the theological and practical reflections is the introduction of a fortnightly healing service prayer in the Musang congregation in 2001 which we have mentioned time and again in order to stress the importance of such services.

### **1.5.3.2 Sickness - a challenge to the PCC**

Some of the outcomes of the experiences mentioned above are the critical examination and evaluation of how, my colleagues in the PCC and I, were carrying out our pastoral care ministry; especially to the sick in the congregations, communities and nation. It becomes clearer to me and confirmed by the 2007 decision of the Synod that healing should be carried out in the Reformed traditional ways, that there are really some theological and practical problems to the typical responses to people who are sick. Another motivation has to do with the challenge to some of these traditional Reformed responses to the sick, which do not take into consideration the worldviews of the sick and that of their relatives in the formation of the healing ministry. Some reflective questions I am asking include:

- What kind of theological and practical responses do the PCC and its clergy provide to the sick and ‘dying’ peoples of Cameroon?
- How does the PCC translate Matthew 10:1 (and other related texts) into practical actions in a society like Cameroon, where her citizens are experiencing a variety of sicknesses and other misfortunes?
- What are the various healing methods put in place by the PCC to the healing of her sick members?

One of the reasons for reflecting on these questions is because words and actions, theory and practice need to be inseparable entities for the Christian faith. When these are blended together,

then the PCC can be able to provide some theological and practical solutions to the challenges that sickness poses to its ministry and mission in Cameroon.

In addition to what has been said above, healing is of practical concern because of my theological understanding of sickness, the nature of God, His providence and Power. Even though I only have a faint and shadowing understanding of God's nature, I find it difficult to reconcile God's nature (Migliore 1999: 99-114) to the traditional theology that some illnesses are from God; even though such stands can be biblically justifiable. Again, healing is of concern to me because "illness" may "prevent the sick" from experiencing abundant life and liberation through Jesus (John 10:10b, Luke 4:18-19) and above all, illness is not part of God's good creation (Gen 1:31). In the midst of all these experiences, challenges and reflections, I cannot just sit back and watch, I need to contribute to the healing processes of the sick within my church in particular and my beloved nation-Cameroon.

In the same thinking, Bosch (1992: 400) writes;

*Those who know that God will one day wipe away all tears will not accept with resignation the tears of those who suffer and are oppressed now. Anyone who knows that one day there will be no more disease can and must actively anticipate the conquest of disease in individuals and society now. And anyone who believes that the enemy of God and humans will be vanquished will already oppose now in his machinations in family and society.*

### **1.5.3.3 Theological reflections**

Furthermore, another motivation has to do with my theological reflections. One of such reflections is centred on my understanding of Jesus' healing ministry and its significance for the church today. The phrase 'theological reflections' will be explained in this project. The above shared experiences and motivations are leading me to more and more theological reflections and then to various continuous and habitual action plans, some of which will be seen in this project. However, it suffices to repeat here that, healing services, vocational programmes for the orphans and poorest of the poor, Christian education, counselling, praying with people and for people are some of the outcomes of my theological reflections; hence, some of the ways that I can respond concretely to people's present realities of illnesses. It is important to mention here also that we started replacing those 'bags of traditional medicine' mentioned above with crosses in such homes. This was done after

prolonged counselling, retreats, Bible meditations, workshops and special prayer sessions held in the congregation (healing services) and at times in such homes. All these actions aim at pointing to the Christians the efficacy of Christ's blood on the cross and the supremacy of Christ's power over all other powers under heaven. Anointing, the laying on of hands and exorcism were also used when requested for or when it seemed necessary and appropriate in such homes. Some healing testimonies are told and retold by the healed and their relatives.

#### **1.5.3.4 Healing testimonies**

In spite of all the criticisms and challenges involved in the healing ministry, the positive healing experiences told and retold by some healed persons, kept on encouraging and giving us hope to keep on with such a ministry. I wish to share here some of these encouraging results with more, to be shared later.

Thanksgiving is a common liturgical practice among Christians within the PCC. Within our church, Christians use various ways and methods to give thanks to God. One of the methods is for the family to meet the clergy and discuss the appropriate Sunday for such a thanksgiving. The discussion includes some of the main reasons for the thanksgiving. These reasons will enable the clergy to select appropriate bible readings (and or) to contextualise his or her sermon, formulate prayers and to use the right liturgy that fits the purpose of the thanksgiving.

Between January to December 2003, I conducted several thanksgiving ceremonies but I will share three of them here for the Azinwi, Bihlem and Patrick (the names are prototypes) families respectively in the Musang congregation.

Ma Azinwi and her family were giving thanks to God for granting their son, Paul, healing mercies. Paul was a university student who since January 1996 started complaining of stomach pain, sleepless nights and of hearing strange voices. His uncle and his colleague, both medical doctors, did what they could medically but could not diagnose Paul's problems. Paul even underwent an operation but the stomach was still paining. Before the operation, Paul's aunt took him, on several occasions, to various herbal and traditional doctors. According to Paul's mother, the traditional healer diagnosed that poison and witchcraft were the main causes of Paul's illness. Paul was even hospitalised for two weeks in one of the traditional healer's clinics to no avail. Paul was receiving medical treatment from the healer and at the same time attending

evening crusades for healing whenever he hears there was one. In December 2001, after one healing service, Paul's cousin, a very committed member of our church, met me in the office and narrated to me their family's pain and how Paul and his family are members of the PCC, but often worshipped with the revival or Pentecostal church in the evening all in search of healing.

I booked an appointment to see her, Paul and Paul's mother. They came and after listening to all their experiences, I counselled and encouraged them to continue with the monthly healing services in the congregation as they have been doing for some time. After several counselling meetings, prayers and retreats, two elders and I went to the home of Paul immediately after one healing service. There we prayed, anointed their home and hung a cross in Paul's room.

Usually, during the healing service, I allow space for personal testimonies. In March 2003, Paul's mother gave a healing testimony about her son. She told the congregation (with Paul present) that since the day the pastor anointed her home and placed a cross in her son's room, her son started experiencing some healing. That healing experience encouraged the son never to miss any healing service and to continue to fast and pray for healing. It became clearer and clearer to them that Paul was not hearing strange voices any longer, he was able to sleep, and his stomach problem was gradually getting over. She, at the end of her testimony encouraged the Christians to keep trusting in God's healing power and not to roam from place to place in times of need.

A few months later (after this testimony), she and Paul met me in the office to arrange for a special thanksgiving service for Paul's healing in August 2003 and it was done. Six years later (2008), I was in Cameroon (from England) to attend a wedding of one of my friend's daughter. Coincidentally, I met Paul at this wedding ceremony. I did not make him out, but he introduced himself to me. When I inquired about his health, he told me that he is really fine and that occasionally he had some stomach problems, which for him, is no issue as compared to the misery which he had gone through. Paul is a very strong member of the PCC and always attends the healing services.

Ma Bilem in December 2003 gave a special thanksgiving for God's healing mercies in the congregation. According to her testimony, she had been constantly having head-ache and had taken medication including traditional ones, but her situation was still the same. She started feeling better after attending the healing services. For her, the healing prayers, the prayers of

confession, the anointing and the laying on of hands, all enabled her to be healed. The special thanksgiving was done. During this thanksgiving service, I realised that one of Ma Bilem's daughters, who lives in Douala, had been my classmate in high school. Through this relationship, I became so close to Ma Bilem and knew more information about her family, her pain and her healing.

A third healing experience is a testimony from the mother of a five year old boy, called Patrick. He was often having convulsion and at time twice in a month. She saw great improvement in her child's health condition just after attending the healing service for the first time. She continued attending these services amidst special prayer sessions and occasional retreats. From the time of her testimonies in February 2003, her son had stayed for the first time, for nine months without any convulsion. In 2004, before I finally left the Musang congregation, Patrick's mother met with me again by chance. After several discussions, she told me that she and her husband were transferred to Buea and the good news was that Patrick had never had any convulsion again.

It would be difficult for a sceptic to really believe or understand that people today can still experience healing through such services. But these families believed that such services had contributed enormously to the healing of their members. From the sharing of testimonies on various types of healings, resulting from healing services, some colleagues have been enabling opponents of the healing services to see the importance and need of such services.

These healing testimonies confronted me and the PCC with some realities namely; that the healing services are really having a positive impact on the lives of the sick, and that the church's ministry to the sick needs to be much more practical and meaningful. Because of such positive results and other challenges, I am of the opinion that such an emerging ministry should be further explored, thus, again one of the necessities of this project.

#### **1.5.3.5 "The Wounded healers"**

I have shared some of my personal experiences concerning witchcraft and the forces of evil and also, some healing testimonies. Here, I will further share some of my personal agony as it concerns the pain of illnesses, all with the aim of further justifying the necessities of this

project. The insight of Dow & Stammers' article: (1997:31-58), is of great value here. They (1997:36) write:

As we think our own part in giving and receiving healing we recognize that we are all wounded people. Most have been hurt and know pain in our own life history. This does not disqualify us. Rather, here is an authentic basis for sharing in the pain of others. We have a Saviour and Healer whose suffering and death on the cross lies at the heart of our faith. He identified with and bore our sins and our condition. Our healing ministry flows not from our own strength but from our dependence upon God. Our wounded nature helps this and makes our message that God heals authentic.

Again, I am one among the many who had and is still experiencing the agony that comes with sickness. My desire to heal and to be healed also arises from the pain which illness causes even on those around the sick person. My family and I have experienced the pain, frustration and agony of sickness and have equally experienced joy and healing through healing services and biomedicine. When I gave birth to one of our sons in England, he was taken immediately to the intensive care unit because he was breathing faster than normal. We were told at the intensive care unit, that he might be having some infection. He was there for five days, yet the same. We were, however, discharged with the hope that the breathing will get better. We were in the house for three days and the health visitor sent us back to the hospital.

Various teams of consultants and doctors carried out various investigations, but the cause of his fast breathing was not detected. At this time, his father and I, (just like the rest of our families back in Nigeria and Cameroon) were increasingly becoming worried. Each time I called my mother in Cameroon, both of us will cry over the phone. She arranged several prayer sessions with the rest of the family just as we were also doing in Oxford. On the 30th of November 2008, our son was to be presented in church, yet we were still in the hospital on the 27<sup>th</sup>. His father and friends came up with the idea that we should call off the Sunday presentation and thanksgiving service since we found ourselves in the hospital and no doctor or nurse knew what the cause of his abnormal breathing was. On hearing this, I burst into tears and his father was broken down.

We finally agreed that we will not call off the church programme but we will take him from the hospital to the church and back again to the hospital. We, however, called off the party after the

occasion. The following day (Thursday) the teams of doctors and consultants examined him as usual. Whenever each team came, I expected them to tell me that one of the test results has revealed our son's problem but none did. All they could tell me was that "the results that we did were fine." However, each time that they told me that, I was a bit 'lifted up' and gave thanks to the Triune God and continued to lift up our son in prayers to His throne of mercy. That same Thursday, at around 10 am, one of the doctors came in and told me that all the doctors and consultants have put their heads together but cannot detect the cause of the fast breathing, but Dr. Thomson will be the specialist doctor who will be looking after him. After posing several questions to this doctor he told me that "your son's sickness seems to be a miracle but with time we will get to the root of it" and I responded immediately that "the God of miracle will heal him for us" and burst into tears again. He counselled and consoled me together with two of the nurses who were on duty at that time, for I was really broken down and kept on asking so many un-answered questions.

Two hours after, Dr Thomson came in, stood very close to me, and placed his left hand on my shoulder and continued with the counselling and words of encouragement. She discharged us from the hospital that same Thursday and told me she will not leave us alone. Not long afterwards, she assured me, we would receive a letter from her secretary for an appointment to see her. We came back home and continued with our fasting and prayers and on Sunday we went for the presentation and thanksgiving. During our third routine appointment, Dr Thomson told us that she had detected through the x-ray, 'a spot in his left side' chest and that she had to continue to monitor the spot as our son was growing. By this time he was four months old. Dr Thomson referred us to another specialist and both of them were monitoring the spot on the left side chest of our son.

They finally discovered that one of our son's lungs was not 'probably connected.' We went through "hell" that even words spoken or written cannot fully express the way we felt. In addition, my husband and I lost unexplained weight and appetite during that same period. Before the age of five, he had had three operations and by God's grace he is doing fine now even though under strict diet.

Practical Theology takes human experiences and the effect of such experiences upon the lives of the people seriously. However, Swinton & Mowat (2009:5), make an interesting point that such experiences in themselves are not sources of revelation. They say;

*...in taking experience seriously, Practical Theology acknowledges and seeks to explore the implications of the proposition that faith is a performed and embodied act; that the gospel is not simply something to be believed, but also something to be lived. Human experience is a 'place' where the gospel is grounded, embodied, interpreted and lived out.*

Working closely with people infected or affected, the negative impacts are so devastating that words can hardly explain. Various types of illnesses are ruining and threatening years of investments, years of achievements and above all causing lots of agonies. Because of the agony that illness inflicts on the “sick” people, their families, church and society, I cannot be indifferent to their tears and pains. I believe that God still continues his miraculous healing works today through prayers and other practical actions. Researching therefore, on the ‘subject’ of healing, leaves me with a sense of awe and a sense of determination to contribute towards the healing processes of the sick in my denomination and country.

We now need to briefly explain how concepts or words such as *health, illness and healing, world-view, healing service* and the *healing ministry* as well as *anointing, exorcism, experience, practice and reality* are understood within this project. These concepts or words will be developed in more details in the main body of the project.

### **1.6 Explanation of some words, terms or phrases**

We acknowledge the fact that words or terms or concepts can have multiple meanings depending on the context within which such words may be used. The explanation to the following words or phrases will be in relation to their usage or understanding in this project.

#### **1.6.1 The healing ministry**

In this work, the phrase ‘the healing ministry’ or the ‘church’s ministry of healing’ have the same meaning. I prefer to use these phrases rather than spiritual or faith, or divine among others because such phrases place the concept of healing in a broader spectrum and this fits in with the Biblical understanding of healing. It seems, especially from the literature review, that the tensions arising from various Christian denominations or from the same denomination, like the PCC, concerning the healing ministry are as a result of evaluating the implications and the significance of Jesus’ healing ministry for the church today and the debate about prayers for healing. The phrase, ‘the healing ministry or the church’s ministry of healing,’ is understood in this research as a reflection of how Jesus’ healing ministry can be made much more real or

practical in the everyday lives of members of the PCC. We are not going to discuss Jesus' healing ministry but the aim here is to draw some implications and significance from Jesus' healing ministry in the light of the tension within the PCC and its current healing ministry. We are going to elaborate on the three points developed by Lucas & May (1997: 85-99). As we will see later, the concept of the church's ministry of healing here is much broader than that of healing service, yet, both deal with holistic healing, that involve the whole person and his or her relationship with the environment and with God.

### **1.6.2 Healing service**

We have seen above that healing is a broad concept. By using the phrase healing service we want to narrow the meaning of healing to particular, helpful or practical actions rendered with the aim of enabling the process of healing. But it is importance to note here that; a healing service is a special service within the life of a local congregation, held to pray for the healing of its sick members and also to intercede for God's healing grace and mercy in His sick world. This service continues within the week (s) in the community (homes, hospitals, work places or offices) wherein the clergy or elders or other Christians pray with the sick and their families, including various types of practical and social healing ways.

The main focus of the healing service is to bring the 'sick' person or situation to God's throne of mercy, grace and healing, through prayers and then through other helpful and practical actions.

### **1.6.3 Health**

There is no one common understanding of the concept of health. But one of the main points already discussed so far, is that good health, or at least, the continuous maintenance of good health, is a priority for all (individuals, governments, or organisations). For a traditional Cameroonian, health comes from God and it is sustained and protected by God. Health then, is life and life is a gift from God, which must be preserved here and now. In the main body of the project, we will define health according to the World Health Organisation (WHO), examine the criticism against this definition, present in more detail the general viewpoint of people in Africa on health and further discuss some theological insights on this issue.

### **1.6.4 Sickness and illness**

Sickness is a direct opposite of good health and thus a threat to life. This is why it needs to be fought so fiercely and by all means. Medically, and by definition, the terms *sickness* and *illness* may have some differences in meanings but in this thesis both have the same meaning and can be exchangeable or interchangeable. Illness, in its simplest understanding, is when the spirit, soul and body are unwell due to many external and internal causes. Illness or sickness refers to a disordered state, a disease, or a condition of being poor in health either mentally or physically (ed. Gana 1994:9, 16-17, Douglas, Bruce & Packer 1982: 457-464). Generally speaking sickness, in the traditional and religious perspectives, reflects the broken relationships between humans (the environment) or the spirit world and the created order.

### **1.6.5 Healing**

If sickness in the traditional and religious perspectives reflects the broken relationships between humans (the environment) or the spirit world and the created order, then healing is restoring this broken relationship and liberating people from fear and all other forms of sicknesses. I agree with those theologians and Christian writers who generally affirm that the phrase or term *healing* covers a very broad concept and also includes a wide range of practices (Maddock 1981:9, Dow and Strammers, and Lees and Fiddes, Lucas 1997, 37-38, 5-18, Pattison 1989:5-20, 87-93). Healing is a process which tries to cure, restore or bridge broken relationships. Healing is part of the proclamation of the Good News about the in-breaking of God's kingly rule here and now while waiting for its final realisation.

### **1.6.6 Worldview**

My explanation and understanding of 'worldview' is as a result of my theological insight and experiences. This is a very important concept and from time to time we will be returning to it. Two important facts that characterise the African worldview are: its religiosity and its holistic nature. But for now, it suffices here to summarily say that the word worldview refers to those values, norms and beliefs that help to shape the way a people understand and interpret their everyday activities – the totality of a way of life of a people that is, the ways realities are perceived, understood and lived out in a particular socio-cultural context (Manala, 2006: 107-109).

### **1.6.7 Anointing and exorcism**

The words anointing and exorcism have often been misused or misunderstood especially with connection to spiritual, psychological and social dimensions to healing. To anoint means: to smear on, to rub and by implication to bless, consecrate or set apart for a special service, vocation or purpose. The word anointing has a normal, symbolic and religious meaning: beauty, joy, health and healing and power and strength (ed. Brown 1975: 119-121, Douglas, Bruce & Packer 1982:50). This project will deal with anointing in the contexts of healing, that is, as one of the healing methods (James 5:14, Mark 6:13). The oil is blessed during each healing service; after all who wish to be anointed have been anointed, the Christians can take home the rest of the oil and continue anointing themselves, in faith and continuous prayers through Jesus the great healer.

Testimonies, stories of demonic activities and belief in the existence of evil forces and witchcraft are common among Presbyterian Christians, other Cameroonians as well as in other parts of Africa. There is a lot of disagreement and dispute in beliefs concerning the existence and the destructive nature of evil forces (demons, Satan). From my personal experiences, I believe in the existence and destructive nature of evil forces. *Exorcism* is a process whereby indwelling evil spirits, other spiritual entities or demons or Satan is compelled to leave a person's body or place, area or things that they believe to have been possessed with destructive effects on that person, place, area or thing (Pearsall 1998: 645). Again, this is a complex issue. However, I see exorcism as a healing *process* wherein fervent prayers in that name of JESUS, are made, or casting out 'any evil forces' by the authority of that name JESUS. Depending on the situation these prayers can be made for several weeks (months) and at times, accompanied with continuous counselling, retreat and reading Bible passages amidst meditations and anointing of the concern. Again, like the issue of anointing, exorcism in this project does not imply any magical or mystic power but all our prayers are made in faith to the Triune God.

### **1.6.8 Experience and reality**

These are some of the key words used by practical theologians. They are common everyday words. Experiencing is the general way in which we use all our senses to talk about how we relate to ourselves, make contact with and engage the world. Experiencing refers to registering selective information that makes some sense to the one who is experiencing (Schlauch 2000:213-217). It can be argued that reality is real and totally accessible just like revelation is. Realities have to do with the various ways in which we construct and interpret the situations or

the same phenomena with the researcher also participating actively in this interpretative experience. All reality is interpreted and formulated via interpretative processes within which the researcher is inevitably enmeshed with the quest for better understanding and making more meaning to the situation or experience (Swinton and Mowat 2006: 36-37). The word practice will be explained below under practical theology.

Before we proceed, we need to try to locate this research project within one or other of the fields within the discipline of practical theology. Some of the disciplines within the field of practical theology include: black theology, liberation theology, feminist theology, pastoral care and counselling, evangelism, worship (liturgy, preaching, and communication), diaconia (various congregational and social services), spirituality, Christian doctrine and morality among others. The key phrases in this project will help us to locate the area of discipline(s). These, include: sickness, healing, the healing ministry, exorcism and anointing. These key phrases do not relate to one of the other disciplines mentioned above alone but to the church and its function in general; hence for this reason, we will look at these issues as Ecclesiological ones.

Ecclesiology is that branch of theology that looks at the church's self-understanding. I prefer to look at these issues as ecclesiological issues for two main reasons. The first is that healing ministry, exorcism and anointing problems relate to church structures, to the offices, to authority, to gifts, and to theological understandings within that church. The second reason is based on my experiences within the pastoral ministry and my theological reflections especially in texts such as Matthew 10:1, 8, James 5:14, Mark 6:13 among others. This leads us to some focus reflections on the research project.

### **1.7 Reflections on the research project**

In the light of the above discussions, I wish to reflect more on some of the shortcomings of the literature review and especially within the circle of the PCC. Such reflections are important because they will help to narrow the gap existing at the moment concerning the PCC's ministry of healing and thus propose ways that can contribute to a more meaningful ministry of healing within the PCC. Such reflections will further point out the necessity of this project. Furthermore, I will also assess the attitudes, opinions and experiences of congregational members based on their exposure to the healing services and the healing ministry within the

PCC. The assessment of the attitudes and opinions of members will include the impact and effect of this emerging healing ministry on their lives and some of the reasons why I am so passionate and committed to such a ministry. It may be difficult to actually evaluate the impact of a healing ministry but one important aspect is that of consciousness of the effect of the Gospel on the lives of people in their socio-cultural milieu.

Should the results of the empirical data, critical and theological reflections be in favour of this emerging healing ministry:

- One could go one step further to discuss how the PCC's healing ministry can be made much more real or practical and meaningful in the daily lives of PCC Christians.
- The PCC (laity and clergy) is challenged to rethink about its Reformed theologies and the practical implications of its policies on the daily lives of its members who are experiencing various illnesses and are looking up to the church for healing.
- The PCC would have to think again about healing services.
- I will go another step forward from a unifying liturgy to 'describing and prescribing' the healing service as an advancement towards, a more meaningful healing ministry because such services, to an extent, cater for the holistic needs and take into consideration the socio-cultural and religious worldview of the sick and their relatives.

Some preliminary questions that I am reflecting on then are:

- Why would some Presbyterians adhere to traditional theologies while others are of the opinion that reformed theologies on the subject of healing should be updated?
- What are the attitudes and experiences of the Christians of the PCC concerning the current practices of healing ministries?
- Could practical field experiences based on renewed theological reflection and empirical studies be of some influence in the formation of and changes in theologies on healing ministries in the PCC?

Answers to the above questions and reflections will be attempted in this project. Such research therefore, is intended to reveal the value, worth, strength and pitfalls of the healing ministry and also to challenge and encourage the PCC to improve its responses in a way that will be more

contextual, inclusive, practical and useful to the sick. This will further challenge the leadership of the PCC, clergy and Christians with data based on critical renewed theological reflections and empirical research. All these may enable the laity and clergy to engage at a deeper level of discussions or even debate and further research about the complex phenomena of illness and healing.

My wish, vision and hope, is that all these discussions and reflections may eventually inform (raise more awareness) and lead us towards an inclusive and contextualised practical and meaningful theology of illness and healing. Thus, inform and improve our healing responses in a way which reflects the various perspectives of illnesses which, we, the members of the PCC are experiencing in our everyday lives. But which is the most appropriate methodology to achieve all these aims and wishes? This question leads us to the research methodology.

### **1.8 The Research methodology**

Researchers use two broad methods (Empirical and Theoretical) to enable them to achieve their goals (eds. Glatthorn & Joyner 2005:39-45). As already indicated, this research is located within the discipline of Practical Theology.

In spite of the fact that Pastoral Theology and Practical Theology (some will like to call it Applied Theology) have different historical developments, their definitions often overlap because they share some significant common ground: Both are concerned with practice; "...relating practice to the Christian theological tradition... both are closely associated with the ministry of the church... with contemporary practices, issues and experiences..." (Woodward and Pattison, 2000: 1-19). However, it should be noted that some differences also exist between Pastoral and Practical Theology.

Current essays edited by Pattison & Woodward (2000: 74-145), suggest that practical theologians, in particular, employ varieties of methods and approaches to engage theology and practice in transformative interaction. These methods and approaches depend on the issues that are being considered, investigated or researched, that is, different issues, theological themes and circumstances require different approaches and methods. Of much importance also, and relevant for this research is Lartey's paper (2000:128-134) in which he criticised some of these methods and then proposed his own method: the pastoral cycle. His method, above other things, takes experience seriously and draws on insights from social, political and psychological disciplines

among others. There are a number of people who have propounded this method. This method has also been refined in various ways and in different fields. According to Thompson & Pattison (2008:21-29, 54-60.), Kolb's learning cycle is the basis from which the pastoral cycle might have developed. Some of the pastoral cycle promoters, as further indicated by the above authors, are Segundo, Todd and Green.

Lartey's method also provides another benefit in that it opens up an opportunity for secular knowledge and perception to be interrogated by theological wisdom and insight, and vice versa. There is another useful variation of the pastoral cycle: the theological action research by Cameron and Bhatti (2010), wherein emphases are laid on theological reflections which lead to some sort of action. The theological reflection aspect of the pastoral cycles is one of the crucial aspects of this thesis. Swinton and Mowat (2006:1) have also discussed various perspectives on practical theology – especially the relationship between practical theology and qualitative research.

Historically, Practical Theology is a recent theological discipline. It probably emerged "... in the German Protestant tradition... in the late eighteenth century (Woodward and Pattison. 2000:2). There is no one universal definition or scope of Practical Theology.

Different theologians define it differently depending on their experiences of engaging in the different fields within the discipline of Practical Theology. My "provisional" definition of Practical Theology is based on my theological reflections and experiences of engaging in Practical Theology and the pastoral ministry in general. This definition is similar to that of Woodward and Pattison and to that of Swinton and Mowat. Pattison and Woodward (2000:7) and Swinton and Mowat, (2006:6) respectively write:

*Practical theology is a discipline in which religious beliefs, tradition and practice meet contemporary experiences, questions and actions and conducts a dialogue that is mutually enriching, intellectually critical, and practically transforming.*

*Practical Theology is critical, theological reflection on the practices of the Church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God's redemptive practices in, to and for the world.*

These definitions are not normative, but as we will realise as we proceed through this research, both definitions express some of the ways that I "think, criticise, reflect and engage" in Practical

Theology and the pastoral ministry in general. But we need to still say a few words about the term *practice*. There is no one universal definition to this complex term within the discipline of Practical Theology and this term practical (practice) does not imply that the other theological disciplines are not involved or engaged in practical actions.

The term practice is of a different nature but generally speaking, it is more than individual actions done to one another. Since Practical Theology is ‘critical theological reflection on the practices’ of the church, such practices need to; be rooted in the Christian tradition, be meaningful to the situations and bear witness to the Gospel message - the Good-News. Theological knowledge gained through theological reflections and the exploration of situations is gained in constant dialogue with the Scripture, tradition, reason and further experiences. Such knowledge then sets the stage for the development of communal activities which give meaning, value and direction to the particular forms of practice.

Swinton and Mowat, (2006: 22-23) write:

*The important thing is that the practice bears faithful witness to the God from whom the practice emerges, and whom it reflects, and that it enables individuals and communities to participate faithfully to Christ’s redemptive mission....All Christian practices emerge from the reflection on and interpretations of the nature and purposes of the practices of God in history.... It is in enabling people to learn and participate in ‘the communicative practices of Jesus’ and the continuing quest to perform them faithfully, that Practical Theology finds its focus and goal. This wider theological context for the enabling of faithful practice is important. All human practices emerge from and seek to participate in the wider practices of God*

We will return to this quotation later but I must add here that Swinton and Mowat (2006: 24-25) are right in pointing out that one of the fundamental aims of Practical Theology is to enable the church to perform faithfully as it participates in God’s on-going mission into and for the world. And one of the tasks of the practical theologian is to ensure that the practices of the church remain faithful to the practices and mission of God as revealed in the life, death and resurrection of Jesus Christ and His continuing redemptive works.

On the basis of the provisional definitions and understanding of Practical Theology and my experiences of engaging in the various fields within this discipline, the research methodology will be a combination of theoretical and empirical studies. A theoretical study will include a

literary view on Calvin's thoughts on the healing ministry and on how the PCC has followed his theology on the healing ministry. Some components of empirical methodology will be included because attitudes, opinions and experiences will be critically assessed and evaluated through an interview schedule. In both methodologies, the Bible will be a useful reference point including lived experiences and the literature review mentioned above.

Since the main objective of this research is to serve a Christian purpose, it is appropriate to use processes, methods and criteria that draw their inspiration and values from experience, reason, tradition and Biblical perspectives. The knowledge gained in my diploma degrees (2009) in health and social care, (2011) diploma in international administrative management and (2012) diploma in counselling will help to inform and direct the way I carry out research; especially knowledge in the following modules "Psychology of health and social care", "Focus on social issues and wellbeing", "Public health and health promotion," and various ways of analysing and presenting research information. (The topic of this research relates directly to an "exploration of the healing ministry..." The purpose of such an exploration is to serve a particular objective namely promoting, enabling and contributing to a better understanding and meaningful ministry of healing within the PCC).

In order to really get a grip on the emotions, attitudes, experiences and opinions on the issues of anointing and exorcism and the general experiences of the healing ministry within the PCC, self-administered, semi-structured interview schedules will be given to members and clergy of the Musang congregation.

This congregation has a Christian population of above 3000 adults and children. The congregation like most congregations in the PCC has various choir or choral groups and what is distinctively known in the PCC as Movements. There is the youth movement (Young Presbyterian, and Christian Youth Fellowship (CYF)), the men's movement: Christian Men Fellowship (CMF), and the women movement: Christian Women Fellowship (CWF). These movements champion and facilitate the course of evangelisation processes within the PCC and financially, they are the backbone of the PCC. 99% of all the congregations within the PCC have these movements. The youth, men and the women departments produce yearly study materials for their various groups or movements. Apart from these movements the Musang congregation is also having seven different choir groups. Each of these movements and choir groups has an elected executive body made up of the president, secretary and

treasurer among others. These executive members ‘oversee’ the activities of the group “alongside” the group elder and the parish Pastor. Two members of each of the seven choir groups and two members of each of the three “movements” will be chosen and interviewed by the researcher. These chosen members will be the president and the secretary. Open-ended semi-structured interview schedules, comprising of more or less than ten questions, will be presented to each of these twenty Christians. The two members of each group will be interviewed independently and in the English language. Again these members are chosen by virtue of their leadership positions in their respective groups.

Since the year 2004, six clergy have ministered in this congregation and all of them have continued with the special healing services, including anointing, laying on of hands and exorcism which this researcher introduced in 2001. Each of them will be given an interview schedule comprising of more or less than five open-ended questions. The researcher will personally hand the interview schedules to all of them and interview them on the agreed date and time. The interview schedule and questions of the clergy will be different from those of the members of the congregation.

I am very cautious that the formulation and wording of the questions are very important. A poorly worded question can affect the measurement. There are some useful books on how to formulate good questions and minimise measurement errors (Foddy 1993, (Biemer and Groves 2004, Bulmer 2004, Frey & Oishi 1995). A good question is one that produces answers that are reliable and that provide valid measures of something we want to describe (Fowler 1995:2). Designing questions for a survey instrument is designing measurement criteria. Certain characteristics of questions and answers need to be carefully followed such as the form and wording of the questions and the likely answers that the questions will evoke (Floyd 1995:3, 2002:76, Frey & Mertens 1995:1-2, Aday 1996:103-105). The researcher also intends to carry out a field pre-testing of the interview schedules. This, we hope, will increase the reliability of the measurement.

There are various ways of interpreting and analysing the respondents’ answers or the data collected. The books, by Derek and Ruth (2009: 83-98), Aday (1996:107-110), Swinton and Motwat (2006:38-46), will be made use of. We do not intend to carry out a full-scale statistical analysis, since such analysis will not fit in with the objectives of this project. A critical narrative approach (this will be explained below) will be used to compile and to express the views,

opinions, attitudes and experiences of Christians concerning their exposure to a healing ministry.

Narrative (story or written or spoken account or occurrences) research is a popular and yet a 'contested and developing' field within the humanities and social sciences (et al. Hurwitz 2004:1, et al. Molly 2008:1-4, Swinton and Mowat 2006 36-40). There are various categories of narrative research some of which include: non-fiction (e.g. New Journalism, creative non-fiction which can include correspondence and photos and artefacts, oral history, biographies, autobiographies and historiography); fictionalised accounts of historical events (e.g. anecdotes, myths, and legends); and fiction proper (e.g. literature in prose or poetry) among others. In spite of all its limitation, narrative research is fundamental to human understanding, it provides information about the real contexts of peoples' lives, that is, it investigates the methods human beings use to structure experiences as narratives, including the meaning, significance, values, and belief embedded in such specific experiences. Narratives provide information about ourselves and our social, political, cultural and religious context, that is, we make sense of the world and the things that are happening around us and within us by constructing narratives to explain, interpret and express our discoveries, events, experiences, emotions and also the experiences of other people (et al. Hurwitz 2004:1, et al. Molly 2008:1-4, Swinton and Mowat 2006: 36-40).

This research concentrates mostly on oral history and autobiography narrative research methods because the main point of this section revolves around the attitudes and experiences of members of the Musang congregation based on their specific experiences of a healing ministry. (*Autobiography* provides an account of someone's life experiences and *oral history* provides an eyewitness account that may be first hand or passed on from one generation to another). Through a self-administered, semi-structured interview, members recount their realities of their live-experiences (and even those of others) and the impact of the healing services and ministry in their daily lives.

Both methodologies will take into account the significance and influence of the socio-cultural context of the eyewitness account or account of one's life experiences, the individual's integrity as a distinct living human being and their values, norms and beliefs. The researcher used the data to reflect, analyse, reconstruct and recount how these Christians feel, interpret, benefit, and understand (Swinton and Mowat, 2006:38-60) the specific healing ministry. The data will also

enable the researcher to gain a deeper insight and knowledge including the impact or effect that this specific healing ministry is having on the daily lives of members of the PCC.

By exploring both methodologies, we intend to achieve or to communicate some of the following points: One of the hunches that, the researcher has drawn from the preliminary reading, analysing and evaluating of some of the documents of the PCC, especially some Synod Committee reports, is that the leadership of the PCC wish to maintain their traditional Reformed heritage concerning the healing ministry and that they value or prefer some methods of healing to be better than others. If this assumption is correct, then the researcher will wish to communicate to the leadership of our church that the Christian healing ministry constitutes a very broad spectrum and that there are different healing perspectives.

Secondly, if we are proven correct in our thinking, we will wish to communicate that some of our Reformed traditions concerning the healing ministry seem to be anti-biblical and therefore we need a rethinking of our whole theology of healing.

Thirdly, the researcher will wish to communicate that the renewed interest in the Christian healing ministry is a ‘world-wide movement’ which the PCC needs to embrace. The empirical and narrative methods would act as some sort of a “feedback” for the PCC because attitudes, opinions and experiences will be written up, critically assessed and evaluated through an interview schedule and critical thinking, which will also include the results of the literature review. Again, from the preliminary findings, the majority is in favour of the development of a healing ministry and healing services. If the results of the research project amongst members of the Musang congregation confirm changing attitudes and positive sentiments towards the emerging ministries of healing, then the PCC will be confronted with a real problem. It will offer us an example of how empirical data could challenge the validity of some of the traditional Reformed theologies on the healing ministry. Thus, the PCC leadership will also be forced to ask the question whether they need to listen to the voices of its people. The empirical data and the narrative research may help to convince the PCC about the necessity of a more theological and inclusive healing ministry.

## **1.9 Objectives and contributions to knowledge**

This project stresses the fact that a meaningful ministry of healing must be contextualised, inclusive and practical. Put differently, such a ministry must take into consideration the worldviews of the sick. One of such worldviews is the aspiration of maintaining and protecting good health. Such a ministry is in line with Jesus' healing ministry and his command to heal the sick and therefore should be encouraged. The research will provide a theological, practical and socio-cultural justification for a continuous ministry of healing within the church today. This thesis will be timely and useful to those within the PCC who are thinking about or even promoting, enabling or seeking healing because it focuses on reflexivity, accountability, responsibility and practicability in the light of the significance of Jesus' healing ministry for the church today. This research highlights the core belief systems concerning health, illness and healing of the African people and Cameroonians in particular. It will therefore develop a healing ministry which will likely take into consideration the worldview and voices of the laity and the sick and, at the same time, a healing ministry that is biblically oriented.

Another objective was that the research points out the shortcomings of the current healing ministry, and those of the existing literature together with some of the root causes of the tension within the PCC. At the same time, this research may encourage and challenge the policy makers of the PCC, clergy and pastoral workers, to articulate carefully and thoughtfully with what it is that we do, and whether our activities or actions are worthy and valuable to those seeking healing in Cameroon. I am in contact with some of my colleagues and especially with some of those who share the idea that the healing ministry within the PCC needs to be evaluated so that more of the best healing responses will be promoted or practised, thus enabling more and more people to be experiencing the healing presence of God in their lives. Such healing experiences can overflow in active participation and responsibility in the family, community and nation thus leading to further healing of the nation.

This research could be a transformation process for us. Reflecting and thinking critically on the whole issue of healing from a theological perspective is so challenging and transformative. The Cameroonian context is leading us to different ways of thinking and acting in response to the issue of healing the sick in the country. So we hope it may inspire others also, and even stir up further debates and the critical evaluation of the PCC's responses to healing of the sick. It may also clarify thoughts and sentiments on anointing, laying on of hands and exorcism and inform

Christians more on the nature of God who is ‘ever active’ and can use whatever and whoever for His purpose.

Furthermore, this work aimed at making a contribution to Practical Theology in particular and Christian Theology in general. The research will endeavour to steer Practical Theology in Cameroon onto new paths in that empirical data will be evaluated and used in assisting the development of new or adjusted theological theories.

I need to make this point clear at the outset: This researcher does not intend to research or write a biomedical or scientific record on healing because she is incompetent to do so. The aim here is to continue to challenge the PCC to make her healing ministry more useful and meaningful. In doing so, the voices of the sick and laity were considered in the formulation of an inclusive and contextualised healing ministry. And in making the voices of the sick to be heard, this project, once more, is proposing a refined healing service as a starting point of a more meaningful healing ministry within the PCC. In spite of all these objectives and contributions the research has its shortcomings.

### **1.10 Limitations**

I acknowledge that a research like this has its limitations. One of the limitations is that the terms *illness* and *healing* have very wide implications, perspectives and meanings yet none of these will be adequately exploited in this research.

Another limitation is that, I could not do a comprehensive overview of the literature on illness and healing and the Reformed traditions but will only consult selected works especially those that have to do with my motivations, interest and objectives of the project. Some challenging questions and problems were raised in this work but no adequate answers or solutions were provided. A further limitation could be the fact that members of only one congregation were involved in the research. Some Bible quotations needed some hermeneutic or critical exegesis but none of these was adequately done because of space constraint. These shortcomings are partly due to the limitation of knowledge, finances, space and the main objectives of the project.

However, the research will probably open avenues for further investigations, discussions and even debates in which some of these shortcomings can be taken up in more details.

## **1. 11 Outline of the thesis**

The first chapter is the general introduction giving an overview of the entire project as already seen above.

Chapter two forms an additional introductory background and will constitute a kind of foundation and framework to interpret and understand better the rest of the project. This chapter will focus on the Reformation theology and on Calvin's thoughts on the healing ministry. The aim of this chapter is to further reveal some of the root causes of the tension surrounding the healing ministry and to further point out the weaknesses of the PCC's ministry of healing and the necessity of this project.

Chapter three is the core of the project because it is the only chapter comprising an empirical research (one-on-one interview) component and it will revolve around the attitudes, experiences and opinions that members of the PCC have developed with regard to the healing ministry. The purpose here is to examine how their religious and socio-cultural identity enabled them to interpret, explain, and provide meaning to their lived-experiences of illnesses. This will provide some vital insights into how these Christians and their relatives are struggling to give meaning, and at the same time, struggling to cope with their experiences of illnesses. Chapters 4-7 will discuss the significance of the empirical research results and this will be done alongside the literature review, the objectives and motivations of this project.

Chapter four will examine some of the worldviews (social, cultural, religious, explanations, and interpretations) and meanings that the sick explore and use to cope with their various lived-experiences of pain as revealed from the results concerning health, illness and healing. Furthermore, this chapter will also discuss some of the main theological, practical, cultural, moral and ethical issues raised in the results including some reflections of other issues presented in the project.

Chapter five discusses issues raised in the results concerning further shortcomings of the Reformed traditions on the healing ministry. Further discussions will be on some aspects of

evaluation, in relation to other literature reported in this research, critical evaluation of the effectiveness of the research methods, and the validity and reliability of the findings.

Chapter six focuses on the theological and practical principles drawing inspirations from the significance of Jesus' healing ministry for the church today. The main points here are that there are theological, practical and socio-cultural needs for a continuous ministry of healing today which, the PCC and any Christian church, need to take very seriously in order to remain faithful to its calling and mission.

Chapter seven focuses on the significance of the healing services.

Chapter eight will be the conclusion of the research project, drawing attention to some pertinent issues and making some critical suggestions and recommendations. Finally, a detailed proposal for a further research project will be outlined.

## CHAPTER TWO

### A BRIEF REFORMED VIEW OF THE CHURCH

#### 2.1 Introduction

One major problem has been identified- the tension within the PCC. This tension is having an adverse effect upon the PCC ministry of healing. This tension only further supports the position of proponents of healing services namely: that the PCC ministry of healing is not actually contributing to the existential needs of its sick members. With this in mind, we return again to this question raised in the previous chapter: Why would some Presbyterians adhere to traditional theologies while others feel that official Reformed theologies on the subject of healing within the framework of the local congregations should be updated? To attempt reflecting especially on the first part of the above question we have to firstly, revisit the Reformation theology on the healing ministry and explore the Reformed traditional and theological views of the church. Put it differently, we need to “launch an investigation”, using the literature review, into some of the root causes of these tensions over the PCC ministry of healing. That will be the focus of this chapter.

The literature review shows some strength of Neba’s work, like that of Ngolle, and Tacheche among others. One of the strengths of their work is the focus on, Biblical justification for anointing of the sick and exorcism in the healing services. A second strength is that, these works are full of exhortations and handy manual on healing services. And a third strength is that, these works challenge the leadership of the PCC to officially improve the ways the church minister to the sick. One way of doing this is to approve of these special healing services within the local congregations and a unifying liturgy. These works, coupled with the high request for more healing services within the local congregations, reveal that, there is an enormous interest and concern about illness and the various healing methods not only amongst the Christians but also amongst theologians.

In spite all these positive contributions of the literature review within the circle of the PCC, the review reveals more importantly some serious short comings. This leads us once more to one of the motivations to this project, namely the shortcomings of the literature review.

That is, they failed to ‘delve into’ some of the main root causes of the tension surrounding the healing ministry within the PCC. If these causes are not ‘investigated,’ then any attempt to answer some of the questions already raised in the previous chapter will be inadequate and as usual, not contributing to a meaningful healing ministry.

The purpose of this chapter is threefold:

Firstly, to point out some of the root causes of the tension within the PCC and make a critique of them focusing our thoughts on the Reformed theological traditions as well as the renowned theologian and father of the Protestant tradition, John Calvin. We will concentrate on the works of MacNutt (2005:140-144), DeArteaga (1992:83-87) who have drawn some of their inspirations in Calvin’s Institutes, book 4, chapter 19 sections 18-21. Calvin is of interest to me because he is “the reformer who most deeply wounded the healing ministry...” with his doctrine of ‘Cessationism’).

Secondly, to make a critique of some of the traditional Christian responses to illness and healing especially focusing on the PCC’s ministry to the sick

Thirdly, to briefly point out the Reformed view of the church that is, the nature and role of the church. This will be done by focusing again on the PCC’s understanding of the concept of the Church.

The final section of this chapter will focus on the necessity for further research.

The ‘results’ got in this chapter, will, in some way, be ‘brought into critical dialogue’ with the results of the empirical research so as to pave a way forward to a more meaningful ministry of healing.

It should be said again here that this chapter will form an introductory background and will constitute a kind of foundation and framework to interpret and understand better the rest of the project. This chapter will have five sections namely:

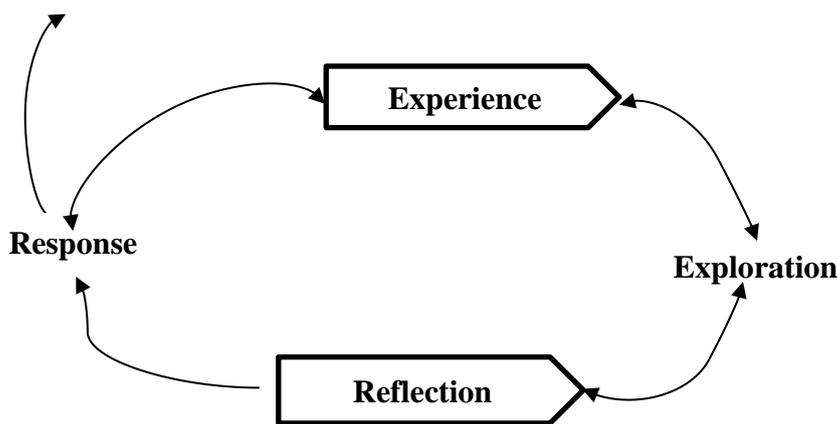
2.2 A brief explanation of Theological reflections

2.3 A literary overview of Calvin’s thoughts on the healing ministry,

- 2.3. 1. The Reformed theological tradition
- 2.3.2 Typical traditional responses to people who are ill
- 2.4 A brief Reformed view of the Church,
  - 2.4.1 The PCC concept of the church,
  - 2.4.2 The PCC's ministry to the sick,
- 2.5 A new approach is of utmost importance.

**2.2 A brief explanation of Theological reflections**

Before we “launch the investigation” into some of the root causes of the tensions over the PCC ministry of healing, we will briefly say something again about theological reflections. I have earlier indicated that healing services have formed part of my weekly pastoral ministry since 1996. One of my motivations towards healing services is as a result of my theological reflections upon the experiences of illnesses and its effect upon the sick in particular, and the PCC ministry of healing and mission in general. The following points need to be added to what had been said in the previous chapter about theological reflections. In order to attempt to explain the meaning and impact of my understanding of theological reflections within my pastoral ministry, I will use a modified version of Lartey’s pastoral cycle to first describe the process before trying to define it (Lartey, 2000:128-130). This will be done in four sections: experience, situational analysis or explorations, theological reflection and response.



A modified version of Lartey’s pastoral cycle

I need to say here that all the four sections that is, the whole process, must be viewed as theological in order to get a better grip of the phrase theological reflection, the context of the research and the various responses to the experience. There are various types of pastoral cycles such as Kolb's learning cycle and Segundo pastoral cycle (Thompson & Pattison, 2008:21-24)

I preferred a modified version of Lartey's pastoral cycle because it is similar to my understanding of theological reflections. This approach examines the content of faith and practice. It is a theology done with the people and not for the people. Its weakness may be that it becomes anti-intellectual, and may over-estimate the importance of context. This weakness can be overcome by not allowing the needs of the context to dominate the content of the gospel. More importantly also, is the fact that this approach takes experience seriously; works well in a group and gives opportunity for all to participate. Thus, this approach begins with some form of *concrete experience*. It suggests that practical theology, as Liberation theologians have articulated, must continually seek to be close to people's real experience because the God we worship is not a distant God but one who is actively involved in human life (Ex 3:7, John1:1-15, 3:16, Lartey, 2000:128-130).

All the promoters of the pastoral cycle rightly point out that the starting point for any theological reflection is some sort of an encounter of an experience (s) of a real life situation(s) (Swinton & Mowat 2006: 5, eds. Thompsons and Pattison 2008: 56-60, et al. Cameron 2010: 27-28). The words 'experience and reality' have been explained in the first chapter but we need to say more about these words here. There is a common saying "experience is the best teacher." Even though I do not fully share this opinion, there are some elements of truth in it: 'best teacher' in the sense that experience(s) can help to orientate the way people think, inquire, reason, worship, speak (using all our senses) and thus guide our interpretation (s) of the experience (s). These various interpretations and orientations take into account belief systems, among other factors, which eventually would guide some actions in response to that experience. For instance, Israel's experiences of God's mighty deeds (Hosea 11, Exodus 19) in their life enabled them to speak and to worship 'their God' differently from their neighbours. Similarly, the experiences that the early disciples had with Jesus up to his ascension and the Pentecost event shaped the way they spoke, lived and worshipped Jesus and his 'Abba' and this has continued throughout the Christian history (Tacheche 2007:1).

The experience in our context is that of the agony of various illnesses. It is an established fact that illnesses constitute a major threat to life and it is also an established fact that the healing ministry within the PCC is lacking in its essence and efficacy. Hence some of its sick members are feeling abandon and some keep on roaming from place to place in search of healing at all cost. I encountered such realities in my family, families of colleagues and congregations everywhere I ministered within the PCC as a clergy. This means that "... the researcher will be involved with the research process not as a distant observer but as an active participant and co-creator of the interpretative experience" (Swinton & Momat, 2006: 35).

Such real life encounters with people imply that practical theology and theologians must continually seek to be close to people's real experiences of life. Such closeness will enable a better understanding and a 'feel of the emotions and the pain' of the concerned and thus provoking a better analysis of the experience and concrete responses.

The challenges from such experiences or encounter enabled some critical reflections (situational analysis) with the aim of knowing more about the experiences. In analysing the situation of illness and healing, one needs to critically reflect on the causes, particular views or beliefs concerning illness, the way the people understand and respond to their illness or seek healing. Such analysis continues to extend to the nation to see whether there are political, social, psychological, economic and religious factors that help to cause illness or prolong the healing process. These analyses also include insight from other disciplines all with the aim of getting a better understanding or interpretation of the situation and also adequate responses ( Swinton & Mowat 2006 :12, 15-16, eds. Thompsons & Pattison 2008:15-69 especially 50-69).

Current essays edited by Woodward and Pattison (2000:73-144), suggest that once the situational analysis has been done then the Christian faith further questions and challenges the experience and the situational analysis and also questions what is being done, how it is done or what still needs to be done. Through such challenges, critical reflections and critical questioning, one is at the same time highlighting and reinterpreting the community's theology in relation to their faith and experiences. This can mean a continuing participation in the common life of community of faith and this will involve the deployment of a comprehensive theological vision.

Such a theological vision will also include the interpretation of the central Christian message in interaction with the culture, explanation and experiences of the particular people of faith. According to a classical definition and Migliore (1991:2), theology is “faith seeking understanding.” Theology is faith venturing to inquire, daring to raise questions and calling into questions, unexamined assumptions about God, ourselves and the realities in the world). For instance, the analysis of the situation of illness raises some theological reflections-is sickness part of God’s good creation? - does sickness reveal God’s love? - Is God a distant God, who is not still active in his world? What is the PCC doing? How am I responding to the felt need of the sick? What is wrong with the present responses? These questions arise from the experiences of the community of people of faith daring to relate the Gospel message to life experiences. And rather than having the answers, believers often find that they have a new set of questions (Migliore 99-101).

One of the tasks of practical theologians and those involved in theological reflections (laity and clergy) is to continually and critically reflect on the practices of the church “as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices into and for the world” (Swinton & Mowat 2006:6). This is also important because practical theologians are concerned with actions, issues and events that are of human significance in the contemporary world, and at the same time, take the insights and resources of the Christian tradition in Scripture as primary resources for its understanding and activity (Woodward & Pattison; 2000:7-8).

All these critical reflections, explorations and questionings lead to the fourth stage known as the *response* (cf. Cameron 2010:1, 18-20, Lartey in Woodward and Pattison 2000:132). One point that I need to make here is that such responses are not out of curiosity, pity or self-aggrandisement but are necessitated out of the desires and challenges to find more faithful and continuous action ways of relating theology, practice and experience in a way that is meaningful both to our Christian faith and to the encounter (experiences). In other words, these transformative concrete decisions and or continuous action responses must be able to do justice: to the being (nature) of God, to Christian theology (and in particular, the discipline of Practical Theology in the case of this project) and to the complexity of our human experiences (Lartey 2000:132). This paragraph will be further explained as we proceed.

One of my responses and continuous plan of action for the sick in the Musang congregation is a monthly healing service and my active involvement in the None Governmental Organisation (NGO). This may further explain why such responses have formed part of my weekly pastoral care ministry since 1996 and my active involvement in NGO within the congregations and outside to the wide community (Tacheche 2007:2). One can rightly affirm that the development of healing services is one of the practical ways of translating our Christian faith to give some sort of meaning to those Christians who are experiencing various illnesses and are searching for healing at all cost.

It is true that other theological disciplines take human experience seriously, but Practical theologians take human experience and the implication of such experiences much more seriously with the aims (as already indicated) of making useful decisions and action plans (responses) to live-realities. One reason for doing this is that the Gospel is not simply something to be believed, but also more importantly, something to be lived. I agree with Swinton and Mowat (2006:5) who affirm that human experience is a 'place' where the gospel is grounded, embodied, interpreted and lived-out.

With all these explanations we return to this question: what is the definition of theological reflections? Several definitions have been offered but I feel that these ones are important in relation to the objectives of this project. Theological reflection is a process by which explicit explorations, connections and integration are made between belief (faith) and practice (faith and action (James 2: 14-26, Thompson and Pattison 2008:3-8, 28 and Cameron 2010:18-60). One of the implications of such a definition is that our Christian faith cannot be separated from practice or from our experiences. Any attempt to do so will seriously challenge our very identity, existence and above all, our Christian theology. Theology then must be critical reflection on the community's faith, practice and experience so as to continually rendering useful meaning to both our faith and our experiences. In this light, theological reflection is a process of interrelating, interpreting and translating life experiences to the Christian faith with the hope of enabling practical responses to what prompted that theological reflections (Thompson & Pattison 2008:3- 28). Hence, these reflections are not a one off experience or encounter but a habitual practice in the everyday pastoral life and the responses are continuous translations of the Christian faith into practical actions that are useful to the sick and those around them (Thompson & Pattison 2008:3,8, 28).

Thompson and Pattison (2008: 3, 8, 28) further write:

*Theological reflections are habitual, conscious, methodical and purposeful correlation of some of the insights and resources of the theological tradition with contemporary situations and practice, resulting in a continuous process of critical awareness, transformation and action.*

Such an understanding reveals that the church is not only to be heard but also to be seen practically through their habitual concrete actions or responses as they undertake mission (Missio Dei) to God's people in God's world (Bosch: 2009:389, Kirk, 1999). If, for instance, the church is praying for starving children in the world she also has a practical duty to generate actions or responses that would go a long way to reduce starvation and its implications upon such children. Those in Jesus' day did not only hear him teach and preach but they also saw, experienced and felt, through his concrete actions, the love of God to them and to the world. As a consequence, they responded to Jesus' message by putting their faith in the 'Abba' of Jesus and continuing with Jesus' mission after his death, even in the midst of all odds, empowered by the Holy Spirit.

Another outcome of my theological and practical reflections is seen in my MTh (2007) dissertation with a focus on some of the practical programmes within and out of the Musang congregation. These included more pastoral care programmes such as praying with and for people, micro financial projects and vocational activities, financial support to desperate orphans in school, sporting activities, the Biblical justification for healing services and counselling. A few words need to be said here about counselling. In this context and in the context of this project, this word does not mean one person (counsellor) solely giving advice or directives to the other (client). It means both parties exploring different ways of improving or dealing better with situations in life and encouraging the client to choose the best option(s) in relation to the particular life situation(s).

Counselling is an active, personal and purposeful relationship between two or more people sharing and exploring together with the aim of helping the 'client' to understand his or her situation or their situations and then deciding what should be done. However, the counsellor must be aware of the overall aims of counselling and then help people to think things out for themselves. Some of the aims or purpose or types of counselling in relation to this project may include: clarifying counselling, educating counselling, financial counselling, confronting

counselling, preventing counselling or spiritual counselling (Taylor 1992:72-88). All these activities and vocational trainings are really making a positive impact in the lives of some individuals, their families, and the society. For me, this is really love-in action. Through some of these outreach programmes, I came to understand better the Christians, and especially their various health problems and the community to which, by God's grace alone, I have been called to minister.

With these few words concerning theological reflections, we now move forward to "launch our investigations" to establish (or find out) some of the root causes of the tension within the PCC concerning its healing ministry. Again such knowledge will enable us to discover or rediscover our mission in such a way that can improve our responses to the sick and finally enable the PCC to contribute more meaningfully to the healing processes of the sick.

### **2.3. A literary overview of Calvin's thoughts on the healing ministry**

I have already mentioned some of the positive contributions of the literature review within the circle of the PCC; now we have to first focus on their shortcomings before briefly exploring the thoughts of Calvin on the healing ministry.

Firstly, these works fall short of adequately tracing the root causes of the tension surrounding the healing ministry including the root cause of the 2007 Synod decision. Neba (2007:75-91), in his M.Th thesis has stated some highlights about Martin Luther, John Calvin and John Knox but my interest here is with John Calvin. He was the most influential theologian of the Reformation and he is often referred to as a great systematic theologian and the 'father of the Reformed Tradition.' Neba actually raised the issue of the tradition of the Reformed theology concerning the healing ministry and also made mention of Calvin's Institute. However, he said nothing about Calvin's theology concerning the healing ministry or his radical doctrine of Cessationism which, for me, is one of the root causes that has contributed eminently to the weaknesses of the traditional Reformed theologies and thus to the tensions, silence or better, still the neglect of the healing ministry among Protestant congregations as we will come to see.

Secondly, these works said very little about the traditional Reformed understanding of the Church and the Reformed theological tradition. Such areas need to be explored to see whether the problem concerning the healing ministry is further stemming from there.

Thirdly, and similar in some ways to the first point, the literature review fell short of critically pointing out some of the weaknesses of the traditional Reformed theologies concerning the healing ministry as well as the typical Christian responses to people experiencing various types of illnesses. One of such weaknesses, and a serious one, is the failure of taking into consideration the worldviews of the sick that is, how a particular socio-cultural context enables them to interpret, explain and understand lived-realities.

Fourthly, they fell short of critically assessing the attitudes and opinions of members of the PCC based on their exposure to the recent on-going healing ministry and the impact of such a ministry in the lives of members of the PCC. However, Neba (2009:135-137) appended a questionnaire at the end of his work, concerning healing services from a random selection of PCC Christians and clergy from the entire Cameroon nation containing ‘the aged group, frequency and percentages.’ The final results only came up during his recommendations and in half a page showing that 93.3% of the laity and 96% of clergy are in favour of healing services (2009:129). While appreciating what he had written, I think a much better empirical research needs to be carried out and a better analysis of the opinions of the Christians documented and then analysed, interpreted and discussed. Such a research will be in line with the data collection and research principles, guidelines or rules and thus will lend more credibility to the results findings and to the objectives of the research project.

Since the literature review failed especially to trace the root causes of the tension and the 2007 decision of the Synod already stated above, it thus failed to attempt justifiable answers to these questions: Why would some Presbyterians adhere to traditional theologies while others feel that official Reformed theologies on the subject and practice of healing should be updated? And what is the tradition of the Reformed churches on the healing ministry including the practices of anointing, laying on of hands, and on exorcism? I earlier indicated that one of my motivations to actively participate in the healing ministry was based on events in the society. We need to further expand on this in relation to our history as a Reformed people.

The Synod decision of 2007 and the general tension provoked me to rethink and to reflect on our history that is, to reflect more on our roots, identity, theology and mission in God’s world. Our particular reflection and focus here is based on the traditional Reformed theologies concerning the healing ministry.

I base my reflections on the overview of Calvin's *Institutes*, Book 4, chapter 19, sections, 18, 19, 20 and 21. I acknowledge the fact that there might be some shortcomings of 'hand picking' small sections like what I am doing here. My experiences, including the writings of MacNutt 2005:129-131, DeArteaga 1992: 83-87 among others, provide some justifications of my focus in these sections. In these sections of the Institute, Calvin pours out his dissatisfaction concerning the healing ministry in his day and from that dissatisfaction developed his 'doctrine' of sensationalism.

John Calvin (1509-1564), was one of the influential Reformation theologians whose writings, though some controversial, helped greatly in the development of the Christian theology later called Calvinism (Walker 1992:419-503). His writings, including his sermons, provided further the seeds for the Protestant (Reformed, Congregational and Presbyterian) churches who look to him as the chief exposition of their traditions and beliefs. Calvin developed his Christian Theology in his biblical commentaries, sermons and treatises but the most concise expression of his views is found in the *Institutes of the Christian Religion*.<sup>15</sup> This is a document defending his faith and theology and also a statement of the doctrinal position of some of the Reformers and Reformed theology (MacNutt 2005, DeArteaga 1992, Walker 1992:419-503).

The first generation of Reformers were taught Catholic theology (DeArteaga: 1992: 83). In reacting against Catholic scholasticism, both Luther and Calvin turned to Augustine (we will return to Augustine later) for inspirations. The aims of the Reformers were to criticise several serious errors in the Catholic theology, to reconstruct the church along its original biblical faith and truth and to cleanse it from all corrupt practices. This was really a commendable effort and Christian theology really needs to appreciate these Reformers (class lecture, Church history, PTC, November, 1993, DeArteaga: 1996: 83-84, MacNutt 2005:139141, Walker 1992:419-503).

In this light, the leaders of the Reformation understood themselves to be 'reformed' in two ways: Firstly, they were 'reformed' from what they believed to be the corrupt practices or traditions of the Roman Church of the day, that is, they criticised practices or traditions that were not traceable to the Scriptures, the earliest Church and Jesus. This position is summed up in the phrase "Ecclesia Reformata semper reformanda" which means "the reformed church

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<sup>15</sup>Website reformed theology/calvin visited 12-18 February 2015.

always to be reformed.” This phrase does not mean that the church is always inventing something new with the passage of time as some theologians believe or interpret the above statement (Neba 2009:87). Rather, this phrase, according to the Reformers, means that they were not innovating or instituting a new brand of theological thought or proclaiming something new. But they were ‘*turning again*’ to the form of the church’s beliefs and traditions originated by and from Jesus himself, lived out by the first disciples and the early church and bore witness to in the writings of the Old and New Testaments (class lecture, Church history, PTC, October-December, 1993, Walker 1992:419-503).<sup>16</sup>

Secondly, Reformed means rejecting the idea that tradition alone can provide a sufficient form for matters of faith and belief. The Reformers insisted rightly that the ‘Word of God’ is the only ultimate source of appeal, and that all other sources of knowledge, including a church’s tradition had to appeal to this central source—the *Word of God*. Tradition, belief, reason and Scripture combined can provide sufficient form for matters of faith (class lecture, Church history, PTC, February, 1994 and Wikipedia, the free encyclopaedia on John Calvin seen on the 13-21 January 2014).

Having said this, we proceed to the main points of this section namely: Calvin’s views and more importantly his doctrine of Cessationism. This doctrine called for the abolition of any continuous ministry of healing through prayers, anointing and exorcism within the church. From time to time throughout this project, we will be referring to the above aims of the 16<sup>th</sup> Century Reformers and comparing them with the sections of Calvin’s writings as stated above, the 2007 decision of our Synod Committee, the general tension concerning the healing ministry and the research objectives. And at the end of the project, we will draw some conclusions. First, we will expand more on Calvin’s thoughts on the healing ministry.

### **2.3.1 Calvin called for the abolition of a continuous ministry of healing**

Martin Luther, John Calvin and other Reformers made many original contributions to Christian theology and Protestant theology in particular.

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<sup>16</sup> Further information got from Wikipedia, the free encyclopaedia on John Calvin seen on the 13-21 January 2014).

They read the writings of St Augustine of Hippo (354-430) and carried on some of his theological views into Protestantism. Just like St Augustine, John Calvin believed in the theory of Cessationism (such a belief existed beyond the time of Augustine, MacNutt 2005:139-141, Neba 2009:74-85, DeArteaga 1996:83, 145). Sensationalism is the belief that miracles and the healing ministry ceased after biblical times or ended with Jesus and with the death of the last apostle. The healing ministry and miracles, including the practices of anointing and exorcism, have no proper place in the life of Christians and demons have also been vanished from this world after the resurrection of Jesus. St Augustine, according to MacNutt and DeArteaga, later on changed his belief in Cessationism as seen in his book *the city of God*, where he described the healing ministry in his parish. But Calvin did not change his belief in Cessationism; hence, he did not believe in any continuous healing ministry within the church (MacNutt, 2005:140-141, DeArteaga, 1992: 71-74). The following quotation will partly reveal Calvin's views on the church's ministry of healing. He (MacNutt, 2005:140-141, DeArteaga, 1992: 71) writes (Book 4, chapter 19, section, 18):

*... But the gift of healing disappeared with the other miraculous powers which the Lord was pleased to give for a time, that it might render the new preaching of the gospel forever wonderful. Therefore even we do grant that anointing was a sacrament of those powers which were then administered by the hands of the apostles; it pertains not to us, to whom no such powers have been committed.*

I believe that it is not theological and biblical for Calvin to hold that the gift of healing can disappear in God's world at any given period of time. We will later review some of his quotations supporting his doctrine of Cessationism and thus defending his position against any continuous ministry of healing. We will also, from time to time as we progress with the project, be referring to some of these quotations. We turn to the PCC's understanding of the church and her ministry to the sick.

#### **2.4 A brief Reformed view of the Church**

Generally speaking, all the churches that grew from the sixteen century revolt against the Roman Catholic Church can be called Reformed. Today, we speak more of Reformed theologies rather than theology because many Reformed churches have taken up distinctive characteristics. Churches are often reformed in one aspect or the other; therefore, no universal Reformed theology can exist but theologies. So too there is no single definition of the church that can be binding or generally accepted by all the Reformed churches. However, there are basic core principles stemming from the Reformed fathers of the 16<sup>th</sup> century that guide any

Reformed church in the formation of their theology, their understanding of the concept of the church and their understanding of the mission of the church in the world. They are: sola Scriptura (Scripture alone), sola fide (faith alone), and sola gratia (Grace alone), (PTC, class lecture, church history 1996, Manala 2006:59). We will return to these core principles later.

To explore a brief Reformed view of the church, we will turn to the PCC's understanding of the church. But before we do that, we need to say a few words more about the PCC as an institution and as a great contributor to a better Cameroon.

#### **2.4.1 A brief history of the PCC**

The coming of the Gospel into the Cameroon soil started in the 1840s with the London Missionary Society and later on, the Basel Mission (a Swiss-German mission society) in 1886, who then took over from the London Baptists who were increasingly finding it difficult to continue with their work in Cameroon. The First World War in 1914 interrupted the missionary work in Cameroon because the missionaries returned to their home country. Before this time, the Missionary Society had trained indigenous pastors, evangelists and catechists. These believers continued tremendously with the task of evangelisation until the return of the Basel Mission in 1925.

The Basel Mission was amazed on their return at the tremendous work and expansion of the Gospel in Cameroon. Gradually, the Basel Mission could confirm that, Cameroonians could continue with the task of preaching, teaching and healing and at the general Synod held at Ntanfoang in Bali, on the 13 November 1957, the birth of a vibrant indigenous church was announced. This indigenous Church took the name Presbyterian Church in the Southern Cameroon (PCSC). After the plebiscite of 11 February 1961, she was renamed the Presbyterian Church in West Cameroon (PCWC) and after the 1972 referendum she was renamed Presbyterian Church in Cameroon (PCC) (Keller 1968: 93).

The PCC is the church of **Order**, we read in the introduction to the book of Orders (1995: IV) that:

*The Book of Orders is intended to provide us with proper guide-lines in the conduct of our lives and exercise of our Christian faith. The goal is to have a systematic approach in administering ourselves in an orderly manner. If we express so much concern about the seemingly anarchy and confusion that reigns in*

*the secular institutions today, then we must make a conscious effort to convince that our standards of justice are better and higher.*

Presbyterians acknowledge only one order of ministry in Christ's church, but they believe that lay people also have a large part in the government of the church. This is because a cardinal principle of Reformed theology is that all believers are priests by virtue of their baptism (the priesthood of all believers - 1 Peter 2:9). In every congregation there are elected elders (laity) who assist the clergy in the administration of the congregation (Awasom: 1995:3-4).

“The Presbyterian church has always been a church of the Word. This means that it recognizes the Bible as the supreme rule of faith and lays great stress on preaching from the Holy Scriptures as one of the ways by which God's kingdom is extended”( Awasom: 1995:3-4). She also believes in the two Sacraments -Baptism and the Lord's Supper, understand itself as “... a true part of the one Holy Catholic and Apostolic church which was founded by our Lord Jesus Christ and of which He alone is the Head”(Awasom:1995:3).

The PCC is a member of the World Council of Churches (WCC) and also a member of the World Alliance of Reformed Churches (WARC) who have theological and historical roots in the French and Swiss-led Reformation: John Calvin, Ulrich Zwingli among others. In June 2010, the World Alliance of Reformed Churches (WARC), and the Reformed Ecumenical Council (REC) merged to form a new body called the World Communion of Reformed Churches (WCRC). (More information about the Reformed churches and traditions will be discussed later). The Presbyterian Church in Cameroon serves a Christian population of above 1,300,000, in 1,475 congregations with 440 clergy (PCC 2017 Diary: 76).

The PCC operates a vast range of social services, covering education, medical work and rural development, church centres, communication, home making and handicraft centres, youth, women and men departments, a scholarship board, rehabilitation centres, among others. The PCC has two rural training centres (Fonta and Ako) where youths and the rural masses are trained in modern farming and agricultural techniques. There are other institutions such as the Prescraft (Presbyterian Handicraft centre), Prespot (Presbyterian Pottery Project), Prestech (Presbyterian Technical Services) and Tellco-Presswood (Presbyterian woodwork Training Centre) where youths, artisans, the disabled and others learn specialised skills. They are either self-employed upon their graduation or employed by the PCC.

The first aim of the PCC in all these is not to make profits but to offer employment, education, moral teaching and healing, thereby increasing the quality of life and alleviating poverty, sickness and other social ills among Cameroonians. The majority who attend such centres, or experience such concrete actions of the PCC, have come to the realisation that, God loves them and that, hard work, discipline and honesty are keys to success. In addition, the PCC also has the Presprint and Presbook and aids refugees in other African countries through their yearly contributions to the AACC (All Africa Conference of Churches). With such concrete actions, the PCC can rightly be seen as offering alternatives for greater development and through such activities; some Cameroonians are experiencing God's love and grace (Tacheche 2007: 43-47). If she encourages an organised healing ministry with an official common liturgy together with more counselling, educational programme and theological explanations within the framework of the local congregations, then more Cameroonians will be experiencing God's healing works in their lives. We return again to a brief Reformed view of the church.

#### **2.4. 2 The PCC's understanding of the concept of the church**

We need to make this point again here that, the PCC (Synod: Constitution 2014:5)

*... is the historical and constitutional successor of the BASEL MISSION CHURCH IN KAMERUN established in 1886 as an external arm of the EVANGELICAL MISSIONARY SOCIETY OF BASEL (BASEL MISSION) in Switzerland. It maintains the spiritual and theological continuity of that Church, and upholds the Reformed Tradition.*

In exploring a brief Reformed view of the church we will turn to the PCC's understanding of the Church and thus the understanding of its ministry as we find it in its constitution, catechism, book of Orders and liturgies for the blessing of medicine and the visitation of the sick and the dying. This question is asked and answered in its catechism (2008:51): What does the church mean? There are three similar reflective questions which we will add here which are significant to the reasons why we are actually exploring the concept of the church within the PCC: How does this understanding of the PCC concept of the church reflect her identity as an African church; bearing in mind that one of the criticisms on its healing ministry is that it has shifted more towards Western concept rather than the holistic concept of the African worldviews? How does its concept of the church reflect our 'Africanness' and at the same time, remain true and faithful to Christian theology and the Christian faith? The third question is: Which type of church can be considered a healing church for the sick in Cameroon and PCC in particular?

What follows now are some quotations from its constitution and catechism. The quotations provide understanding of the church, its theology, mission and ministry. The first blocks of quotations are taken from her constitution (2014:7-8) and the second blocks of quotations are taken from her Catechism (2008:51-53). And the third blocks of quotations will be on the Liturgy for the visitation of the sick. I will then make some general observations at the end of these quotations.

#### **2.4. 3 Definition of the church**

The Church is the community of the people of God, who, through the work of the Holy Spirit, come together in the name of Jesus Christ. She is the pilgrim people of God, witnessing to God's salvation, through word and deed, as she journeys towards God's coming kingdom (articles 6.i)

The PCC witnesses to right, justice, truth and peace in the social, economic and political life of Cameroon and the world... This is done on the basis of love and forgiveness, in obedience to the Word of God, as recorded in the Holy Bible (article 6.ii).

#### **2.4. 4 Mission of the church**

The mission of the PCC, like that of the Universal Church, is to proclaim the Good News of God through Jesus Christ, in word and action. The proclamation of this Good News includes preaching the word, teaching, healing and liberating the people of God from sin (Luke 4:18-19), (article 7).

#### **2.4.5 Ministry**

The PCC manifests her life in different activities. She preaches the Word of God, instructs the catechumens, and builds up the faith and life of the believers through the teaching of the Word and the administration of the Sacraments; through care and the exercise of discipline. She feels responsible for the education of the youth, men and women, takes care of those who suffer, and practises brotherly care and love. She fulfils her mission also through different institutions and movements created by her (article 8).

#### 2.4.6 Source of authority

- i) **The Scriptures:** The PCC accepts the Scriptures of the Old and the New Testaments, (the Holy Bible) which witness to Jesus Christ her Lord. These Scriptures are the supreme rule of her faith and practice. Only in obedience to the witness of the Scriptures will the church be able to walk towards her goal-the coming kingdom of God (article 9).
- ii) **The creeds:** She accepts the Apostle's Creed and the Nicene Creed as appropriate expressions of her faith as safeguard against heretical teaching (article 9)

The second block of quotations is taken from articles 96-105 of her catechism (2008:51-53). The ideal is that each member of the PCC should own a copy of the catechism alongside the Bible and diary among other PCC documents. The catechism is one of the main documents used by the laity (especially elders) and clergy in the teaching of catechumen candidates in preparation for their baptism or confirmation. Because of these basic reasons, the information presented in it is much more elaborate than that in the constitution. Thus the PCC catechism is a document or handy manual that further expands on some of the information in the Constitution with further additions for the building up of the Christian faith.

In the foreword to this Catechism Nyansako-ni-Nku (2008: ii-iii) writes:

*“Train up a child in the way he should go, and when he is old he will not depart from it (Prov. 22:6). “THE WAY: Catechism of the PCC.” This is the new catechism of our church. It has been completely revised to meet up with the challenges of living the Christian faith today. In the Way, God speaks and we respond. He leads and we follow. Thus the psalmist prayed regularly, ‘Teach me thy way, O Lord that I may walk in thy truth (Ps. 27:1-sic). This new catechism sets us on the highway of the Way. It is the catechism of the post-jubilee church. It is intended to re-construct a church which is firmly grounded in the Spirit. It provides instructions on the good life, that is abundant life in the church (John 10:10). The Way sets new converts on the way to holy living and a healthy church life. In the early days of the church, Christians were first referred to as ‘those of the way’ (Acts 19:23, 22:4). Christians generally conduct themselves differently from other people. It could be clearly seen that Christians were on the way to righteousness... The way is not just the road. It is this central Person, Jesus, through whom we come to the Father.... This catechism is the Way. It draws its strength from God’s word in Holy Scripture. In our reformed faith and theology, the Bible is not only the foundation of our belief and measuring rod of our*

*faith, but the Bible, as Calvin thought, is also a way of life... It should be used for the education of young converts to the faith, and also to help to make them ardent members of the PCC.*

We will return again to this long quotation but for now, we will further explore the PCC's understandings of the concept of the church.

#### **2.4.7 What does the church mean? (Article 96)**

The church is the mystical body of Christ consisting of all people of every race, land and age who have been chosen by God the Father, purchased by the Blood of Jesus Christ, its Lord and sanctified by the Holy Spirit. The church consists of all who gather together on the basis of the principles of God's word, and in the name of the Lord Jesus Christ in any one place to worship God, work for Him and witness to Him ( Mt. 28:19, Acts 2:40-42, 16:5, 20:2, Eph 1:1-4, 1Thes 2:13), (article 96).

#### **2.4.8 The Holiness of the church**

The church is Holy because it is set apart (Sanctified) and it is different from every human organisation or institution. It consists of consecrated ones by God to live for Him and serve Him in the World (article 97).

#### **2.4.9 The universality of the church**

Catholic means universal. The church is Catholic because there are no divisions or distinctions in the church on account of race, colour, class, or sex. The Catholic or universal Church is visible and invisible militant and triumphant (Gal 3:28), (article 98).

#### **2.4.10 Christ as king and head of the church**

Jesus firstly, pours out heavenly gifts upon us, members of His body-the church-through the Holy Spirit. Secondly, He supports and defends us against all our enemies by His power (article 99).

#### **2.4.11 The Triumphant (invisible) church**

The triumphant or invisible church is the spiritual church that cannot be seen with our human eyes. It consists of all believers, past, present and future with Jesus Christ as the

Head. It is called triumphant because all the cries and pains that are found in the visible have been changed into songs of triumph (Eph 2:5-6), (Article 100).

#### **2.4.12 Militant (visible) church**

The militant or visible church is the physical church on earth. It is composed of people of God moving towards His coming kingdom. It is visible in its work and members, in the ministry of the Word and Sacraments, and in its organisation and governance. The visible church is under God's special care and government. As it goes through opposition and persecution through the ages, it is protected and preserved against all its enemies (John 6:37, Revelation 22:27), (article 101).

#### **2.4.13 Oneness of the church**

The church is one because Christians believe that God revealed Himself to us in Jesus Christ. We all (Christian churches) believe in the triune God: Father, Son and Holy Spirit. We all believe in one baptism for the remission of sins (John 17:23), (article 102).

#### **2.4.14 The Protestant church**

The Presbyterian Church in Cameroon belongs to a body of the church militant known as Protestant Churches. We are called Protestants because we protest against the things which are not in conformity with the Holy Bible, but are preached and practiced by the Roman Catholic Church and other churches. Protestant churches uphold the Holy Bible, the inspired Word of God, to be the supreme rule of faith and life (article 103).

#### **2.4.15 Symbols of the church (Article 104)**

The church as God's people has several names or symbols by which it is known:

**The Flock of God:** Jesus often talked of Himself as the good shepherd. He talked of His sheep and lambs.

**The Household of faith:** We belong to the household of faith, which is that of God in Jesus Christ.

**God's Building:** We are God's building. Jesus Christ is the foundation and chief corner stone.

**The Bride of Christ:** Paul feels a divine jealousy for the church, which he betrothed to Christ as a pure bride to her only husband. The relationship of the Christian Church and Christ is a personal and intimate as that of a bride and a bridegroom.

**The body of Christ:** We are the body; Jesus Christ is the Head of the church. He works through the members who depend on Him for everything. He expects perfect obedience from the members. There should be unity, sympathy and appreciation and no jealousy among the body of Christ (Romans 12:4-5, 1Peter 5:2-3).

#### **2. 4.16 The Church in the world, (Article 105).**

The purpose of the church in this world is:

- a) To make known the manifold wisdom of God;
- b) To bring eternal glory to God;
- c) To constitute a dwelling place for God;
- d) To bear witness unto the truth;
- e) To edify its members; and
- f) To evangelise the world (Matthew 28:18-20; Ephesians 2:20-22, 3:10, 1Timothy 3:15).

What follows is the liturgy for the sick and some general observations will be made.

#### **2.5 “The ministry to the sick and the dying”**

We return once more to this central point raised in chapter one that sickness constitutes a major threat to life not only in Cameroon but also to the continent of Africa. One of the central accusations against the healing ministry of the PCC is that, that ministry has not been contextual, inclusive and practical; we have already explained the meaning of these words in the previous chapter. The following paragraphs will focus on some aspects of the liturgy of the PCC’s ministry to the sick and the dying. In addition, this section will also contain a section of the charge after the institution and induction of pastors into their parishes and the detailed liturgies will be appended at the end of the project. Volume IV of the PCC BODS (Book of Divine Services) has two main sections: the first section is titled “The ministry of reconciliation” which deals with private and general confession of sin and the second section is titled “The ministry to the sick and the dying.” Our focus is on the second section.

In the introductory remarks to this section we read: “Besides an individual, this service can also be celebrated with several patients in the home, in the hospital, or in church (healing service)”

(BODS volume IV 1982:26). This is a liturgy used by the clergy when he or she visits a patient or patients. This liturgy is made up of eight sub-sections as follows:

### **2.5.1 The salutation**

The pastor on entering the home greets the members of the home and then, ‘on coming near the sick person, the pastor greets him or her, saying peace be with you my dear brother or sister, from our Father and our Lord Jesus Christ. In the name of God the Father, the Son and the Holy Spirit...’

### **2.5.2 The introduction**

Pastor: ‘My dear brother (sister), we have come together in the name of Jesus Christ, who restored the sick to health, and who himself suffered so much for our sake. He is present among us now. James 5:14-16 is read. Then the pastor continues after that reading: ‘That is why we have come here today as pastor and elders of the church to pray over you, and to lay our hands on you, and to administer the sacrament of Holy Communion to you (this section is omitted if that patient is *not* a communicant member). We entrust you to the power and grace of Jesus Christ, that he may ease your suffering and restore your health.’

### **2.5.3 The act of penitence**

This can be private-only the pastor and the patient or general confession including others.

Pastor: ‘To prepare yourself for this sacred celebration call to mind your sins and pray with me...’ The pastor then pronounces words of forgiveness upon the patient.

### **2.5.4 The ministry of the word**

Here the pastor reads a psalm and a Bible text and meditates or gives words of exhortations.

### **2.5.5 Ministry of intercession -prayer of healing for patients and others**

### **2.5.6 The laying on of hands**

Pastor: As our Lord Jesus Christ gave power and authority to his disciples to lay hands upon the sick that they might recover, so I lay my hands on you. The pastor continues to pronounce words of healing and words of exhortation

### **2.5. 7 Holy Communion**

If the patient is a communicant member, if not this section is omitted.

### **2.5. 8 Closing prayer, benediction and dismissal.**

Besides this liturgy for the visitation of the sick, there is another liturgy for ‘the blessings of medicine.’ When the Christians are sick they go for medical treatment and the medicine prescribed to them is bought and first brought to the pastor to bless before the patient starts taking it. I must say here that only very few Christians are aware of this liturgy and very few make use of it. This means that the clergy need to educate the Christians that such a liturgy exists within the PCC. This liturgy is made up of three parts: the opening, the Scripture reading and the blessing. We only have to focus on the blessing here (BODS Volume V1, 1982:101)

**Minister: let us pray:**

*Almighty God, you sent your only Son Jesus Christ to be the saviour and Helper of men. We praise you that your will is life, health and strength. We therefore beseech you to assist us with your heavenly grace and bless +this medicine produced by nature in your providence and prepared by human hands under your guidance, that it may soothe pain, relieve suffering and restore health and wellbeing. And as you, merciful Lord, have assured us that you are our healer, we commend to your loving care all patients. Let your healing life flow into them, and relieve their anxiety, give them confidence to cast all their care upon you, and assure them that your everlasting arms are around them; give them patience under their sufferings, and happy ending of all their trouble...*

### **2.6 The liturgy for the institution and induction of a Parish Pastor (BODS Volume 11 1982: 85).**

Transfer of pastors and posting of those graduating from the PTS take place during the last week of May and in some cases, during the first week in June of each year. And by the 1<sup>st</sup> of July they are expected to be in their new parishes. There is then the **institution and induction** service organised by either the Presbyterial Secretary or the Moderator or his or her representative for all the newly posted, appointed or transferred clergy. One part of the liturgy for such a service is called the charge and every clergy of the PCC has been given this charge, this is part of what is written there:

*As you were commissioned at your ordination (authorization) do your work as a servant and steward of God's holy mysteries eagerly and faithfully not under compulsion, but willingly, not for mere pay, but from a real desire to serve in the fear of God, without giving any offence, as it befits your high office. Be careful to preach nothing but the sure and vital word of God, neither adding anything to it nor taking anything from it, calling all to repent of their sins and to accept Jesus Christ as their Saviour and Lord. Care for the flock of Christ. Strengthen all the members in their Christian life in true godliness and a holy, blameless walk, and pray for them. See to it that you visit them, especially the sick and afflicted and prepare the dying with the means of grace for a peaceful end. Guide the Christian teaching of the young in school and in church. Maintain Christian discipline....*

Having presented all these quotations from the BODS, the constitution and the catechism, some general observations can be made concerning the PCC's understanding of the church and importantly how this understanding reflects in its ministry to the sick.

The first is that the PCC's understanding of the church is in line with the concept of the church found in the Heidelberg catechism which is one of the important documents of the Reformed Churches. This then fits in with the general theological understanding of the church which is not a building or a denomination but a 'community (a body of people, assembly or company) of the people of God' whether conceived of as spread throughout the world or as gathered locally (Douglas 1982:205-207). In one way this fits in with the reformed principle of priesthood of all believers (1 Peter 2:9). It is also important that the PCC uses the phrase 'community of the people of God' and 'the flock of God' (1Peter 5:1-4). This is reminiscent of the Old Testament idea of a 'remnant' of the people of God.

In the O.T, not only is God often depicted as the 'shepherd' of his people, but the image of the 'flock' is used specifically of the 'remnant' in the O.T. prophecy (Jeremiah 23:1-8, Ezekiel 34:15-16). The PCC sees the church in that continuum (Romans 9-11) but with a greater servant-service role to the world (Catechism 2008:53, article 105: 'the church in the world'). We will return to the issue of 'Israel and church' later. It is also of great theological significance that the PCC understands the concept of the church both in 'soteriological' and institutional terms (the visible and invisible). As clearly revealed in the catechism, the aim of the PCC is to 'build up' this 'body of Christ' continually to the 'ends of the earth' and in doing all these she is drawing its strength from the Scripture (Article 105, Catechism 2008: 53).

The second is that the greater servant-service role of the church, as indicated in the first point, places greater responsibility on the church's nature and mission.

The PCC has four-fold broad ministries: preaching the word, teaching, healing and liberating the people of God from sin (Luke 4:18-19). There is no doubt that medically the PCC is well developed and well advanced and so sophisticated. It has three main hospitals, with one of the best eye services in Cameroon, and a host of health centres even in the remotest parts of Cameroon; all with the aim of caring for the sick and thus contributing to a better life for all within Cameroon. The PCC was the first denomination in Cameroon to open a hospital in 1953, for people suffering with leprosy and this was and is still a milestone in its pastoral care ministry. I do not intend to write about the medical system but the point here is that of the pastoral care ministry to the sick in these hospitals and other public hospitals in Cameroon (Tacheche 2007: 46-48).

However, the PCC had laid more emphasis on preaching and the teaching. It is also of interest that she makes reference to Luke 4:18f but fails to actually liberate people from the forces of various evils, witchcraft problems or sicknesses or other misfortunes and see liberation primarily in term of sin. Some reflective questions are:

- What of those who live in constant fear of the unknown?
- What of those chained or bound by the various forces of evil-Satan! We read, for instance, in Luke 10:16 “Then should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years be set free on the Sabbath day from what bound her”?

We will return to Jesus’ healing but the point I am making here is that Jesus’ threefold ministry cannot be separated or classified. If this is done, like in the case of the Reformed tradition, then there is really a theological problem and thus a weakness that is having negative consequences on the ministry and mission of the church.

The reason for saying that it is a theological weakness stems from the ‘misunderstanding’ of the reformed principles of sola scriptura. The principle itself is not wrong but it is the practical application that is wrong. The scripture is the main source of authority, guideline or norm for the ministry in general and the pastoral care ministry to the sick. Words or verses from Scripture are used to exhort the sick and to assure them of Jesus’ love and care for them. This could have been a source of strengthen to enable the PCC to follow the Scripture’ by equally laying emphasis on the threefold ministry of Jesus.

The third is that confession of sin and ‘discipline’ (especially rebuking what is wrong and in love,) are important in the pastoral ministry.

The fourth point is that Pastoral care - being shepherd to the flock in all directions is one of the emphases in the above quotations. We see again from these documents, that, the ministry to the sick is an integral component of the wider pastoral ministry. It is one of the responsibilities of the pastor to visit the sick (and all the Christians in his or her parish including the whole community) and pray with them and to administer Holy Communion to them and prepare the dying towards a peaceful end here on earth. Hence there are two main points here in relation to the ministry to the sick. There is the parish pastor who organises especially home and hospital visits to the sick with the elders and Christians assisting in this direction.

The PCC has full-time chaplains who are clergy in most of its hospitals and also in public hospitals in Cameroon. If for one reason or the other there is no chaplain in a hospital or health unit then the nearest parish clergy does part-time chaplaincy there. They, among other activities carry out morning meditations with both the staff and the patients and their families. They organise retreats with staff, counsel both patient and staff and see to it that there is a cordial working atmosphere. They also follow up long term cases with more counselling and more pastoral care programmes. Again, they administer Holy Communion to patients and pray with them regularly. Visiting the sick and spending some time (as seen in the liturgy above) with them is not an optional task for the clergy but a *charge* that must be taken with all seriousness and commitment. A *charge* that is aimed at caring and fortifying the faith of the sick and their relatives; these may take various ways depending on the situation. Some of these ways include: counselling, pronouncing words of forgiveness, reconciling, rebuking, exhorting, assuring, comforting and edifying and other practical ways of caring and building up the faith of the sick.

A word needs to be said here about the main liturgy that is used every Sunday. Prayer for the sick, the oppressed and those with various difficulties form part of the intercessory prayer each Sunday and this is a further commendable effort from the PCC. The sick in the congregation feel their need being lifted up to God by the entire congregation and church. And the ‘Amen’ (let it be so) at the end of the prayer by the entire congregation, confirms the healing wish of the church and those of the sick.

From all that has been discussed in this section, two important facts can be drawn which will lead us to the next section. The first is that the ministry to the sick either at home, congregation or hospital, is, first and foremost, directed to the sick individual who is in pain or sick or who needs help and the Bible, is the starting point for the help. This is a commendable effort from the PCC but still has its flaws. Another important point is that from every indication, the PCC is having a ‘developed’ Western-influenced view of pastoral care ministry to the sick. One reason for this is because the Reformed tradition stems from the Western world and the PCC states that clearly in its constitution (2014:5). All these have enabled me to keep on reflecting and initiating concrete actions with the aim of promoting holistic healing not only to PCC’s sick members but also to all Cameroonians. Such reflections need further analyses so as to get into the roots of the matter with the aim of enabling further adequate concrete responses.

## **2.7 A general critique of the typical Reformed responses to people who are ill.**

Reformed theology is what the reformed church believes throughout its history. Such beliefs turn to shape the way she minister to the world that is, the way she proclaims the Word of God in word and action. We have to explore this section again by largely focusing on the PCC ministry of healing. All what had been said above about the PCC’s understanding of the church and its ministry to the sick can be theologically justifiable. There are clear and well developed principles and guidelines to guide clergy in their pastoral care ministry to the sick in the home, or hospital.

In spite of these, we still need to reflect on the following questions which are prompted by what has been discussed so far and especially the experiences about various types of illnesses shared up till this point.

- Does the PCC current ministry to the sick really make the Gospel of Jesus Christ (Mark1:1) relevant to the sick in Cameroon?
- Does her healing ministry really reflect that of Jesus?
- Is her healing ministry really contextual?
- Where is the place of anointing, exorcism, liberation, African myth and African spirituality?
- How does she administer to those who are psychologically or emotional ill because of witchcraft related problems?
- And the overall question is, is the PCC healing ministry really meaningful to the sick?

For many who are actively involved in the healing ministry the answer to this last question is *No*. The following reasons necessitate such an answer. The liturgy for the visitation of the sick does not really fit in with Jesus' healing ministry and mission to the disciple to heal the sick and cast out demons (Matthew 10:1, 8). Even though James 5:14-16 is one of the main texts read and expounded to the sick, there is no provision for anointing of the sick in the liturgy or in any other document of the PCC, nor any provision for exorcism (Acts 16:16-18, Luke 10: 17). If we reflect on some of the experiences shared already about various types of illnesses, causes of illnesses and the holistic view and understanding to health and illness and healing then the liturgy and the healing ministry in general have not incorporated the worldviews of the sick. This is one of the points that proponents of healing services and some clergy, especially some of those whose areas of specialisations is African theology, Practical theology, liberation theology and missiology, are making all the times in conferences or when they are called by the leadership of the PCC to defend their position of healing services. Because of the absence of such a worldview, a gap has been created between its healing ministry and the lived experiences of its sick members which makes the ministry to the sick not as meaningful as it ought to be.

One of the reasons why the healing ministry has not incorporated the worldview of the sick is because its ministry to the sick has been shifted, as earlier indicated, too much to the Western concept of healing which deals mostly with medical and physical means as primary ways of bringing about healing. This Western concept views illness and healing primarily in organic terms and healing from modern medical methods—a split between body and soul then takes place (Pattison 1989:46-49), which is really un-African. Kelsey, as Pattison points out criticises such a split. Pattison (1989:47) quoting Kelsey writes:

*Other ideological elements have been the growing pessimism about the value of bodily life on earth, the material dualism of modern western thoughts which have emphasized the split between body and soul/mind/spirit, and more recent theologies which have rejected the notion of direct supernatural intervention in the world.*

No one argues against medical treatment but the points here are:

- From the African perspective medical treatment is not the only primary way of bringing about healing.
- Again the split between the body and the soul is 'foreign' to the African worldviews of a holistic nature of humanity and community life.

-This model does not take into consideration the African worldview or belief in the natural and supernatural world and forces (the spirit world), the causes of illnesses and the various healing ways (see Bediako 1990:5-7, Uzukwu 1994:95-111 especially 95-98 and Manala 2006:108-117). MacNutt (2005:91-152 especially 145-152) and DeArteaga (1990:83-107) have discussed some of the reasons why the Western worldview of healing has focused only on medical and physical perspective. Both writers, importantly, have also discussed the history of the decline of the healing ministry within the church throughout church history. They have also affirmed that the enlightenment and dispensationalism consist of the final blows to the decline of the church's ministry of healing. We are not going to discuss the general Western worldview or the impact of Enlightenment and dispensationalism in this project.

Furthermore the idea of confession of sin before the clergy prays for healing in the above liturgy is theologically correct but, implicit in this idea of confession, is the view that at least some illnesses are caused by sin. Again such views can be theologically and socio-cultural justifiable. However, the problem here is the issue of the patient feeling guilty (adding another burden upon another) especially if the sickness is not responding to treatment as expected by the patient and the relatives. The Good News at this stage at least, should be centred on Jesus' love and desire to heal us both physically, socially, psychologically, spiritually including every domain of our lives and not on confession of sin. I think it would make more sense if the pastor can include aspects of forgiveness in his prayer for healing. However, if the patient desires to confess the sins before the prayer as the liturgy shows, then that is perfectly correct but it should not be made mandatory upon the sick.

The liturgy gives no provision for the patients to express their view concerning their sickness and this is a weakness which has a negative impact on the healing process of the sick. If we, once more, reflect on the experience which I shared in chapter one about the 24 year old woman whose daughter was raped and especially the request of the mother whose son had cancer that: "Pastor pray for our sins" then one could sense a high degree of frustration, depression, agony and fear and above all her belief system. By implication her request presupposed that her son's cancer may be as a result of sin. I counselled her and her family for a long time and in addition arranged special prayer sessions with them more often and at times, followed-up even some of the hospital treatment programmes. The saddest part in this experience is that the man finally died in my hands and the mother continued with her theodicy questions while I continued with counselling and pastoral care to her and her family which really contributed to their recovery

process after the great lost. In moments of sickness, pains, difficulties or other misfortunes Christians naturally (directly or indirectly) turn to the traditional or religious practices because these beliefs, norms or value are part and parcel of our identity, our being or our existence. Calvin's doctrine of Cessationism has shaped, to an extent, consciously or unconsciously, the way the Reformed churches and clergy respond to people who are ill.

These responses are based on the typical foundational belief of the Reformed people and on this researcher's experiences in the pastoral ministry. I have already mentioned above the strong foundational Reformed belief which is based on the sovereignty of God over all things. What does this belief mean in our everyday lives and especially in the everyday lives of those experiencing various kinds of illnesses? I will come back to this question.

I also mentioned the decision of the 2007 Synod (that those pastors involved in the healing ministry should follow the tradition of the Reformed Church) and the criticisms I faced from some colleagues and Christians when I started special healing services in the Musang congregation. I will further share an experience I had with one elderly colleague with the aim of illustrating some of the responses to people who are ill. This colleague invited me to his office (June 2002), where we had a very long discussion, but the summary of it was that, he was not happy with the anointing and the prayers of exorcism that I and other colleagues are organising in our congregations because such practices, as he claims (and as usual), are not part of the Presbyterian tradition.

I shared with him some of my counselling experiences about Christians being attacked spiritually, ritual killing and some visiting the traditional medicine people for various forms of protection and quoted text such as James 5:13-16, Mt 10:1,8 and Mk 6:13. He replied that God answers prayers and that I should "build up the faith" of the Christians through regular visit, counselling, Bible studies and more prayers sessions rather than anointing and exorcism because the miracles, as we read them in the Bible, are very rare today. I further replied him that, the fact that miracles are rare today does not mean that healing services should be eliminated or that miracles are not happening today. The God of the old is the same today and tomorrow and He is still very active in His world (and in the continuous manifestation of miracles even if rare). One would not be very wrong to think that this colleague stood for the voice of the typical traditional ways in which the Reformed Churches have been responding to people who are ill. I was so disappointed with the theological views of this elderly colleague.

I replied him that, despite all what he had said, I will continue with the healing services because they also help to build up the faith of the Christians. He was not very comfortable with my reply. According to my colleague (and those who think like him), those of us who practice anointing, exorcism or conduct healing services might be trying to usurp God's sovereign power. The 'sovereignty of God's power' is misunderstood in many ways. Some think God ordained all the sicknesses or suffering in the world and that we cannot do anything about it, and some think that there are some measures that can help in alleviating sicknesses as seen through the healing services and the NGO in the Musang congregation. We will see more of them later.

Thus, the PCC ministry of healing, best as it may outwardly look, is not creating the positive impact it ought to do in the lives of the sick and their relations because that ministry does not address their existential or everyday problems. The consequences, as some of the literature review within the circle of the PCC had rightly pointed out, are disastrous both on the PCC mission to the world and the sick and their relatives.

We return again to the quotation from Ngolle's writing in the previous chapter, where he emphasises some of the negative consequences, which are in line with some of the experiences that I have also shared in the previous chapter. But we need to expand on Ngolle's views. It is very clear that PCC Christians roam from place to place or from one healer or prophet to another in search of wholeness. At times this leaves them more confused and frustrated and can easily make them fall prey into the hands of the devil or unscrupulous dealers. Some, in search of wholeness, finally find themselves in occult societies. The PCC needs to do something to reduce this rampant movement of her Christians.

Closely linked to the above point are the experiences of witchcraft, evil spirits and other satanic manifestations in the everyday experiences of members of the PCC. I can write several articles on such experiences. But the PCC ministry does not provide concrete solutions to these problems. It is not that the Christians do not believe in an all-powerful God and His power over His church but that the church does not help the Christians to experience the all-powerful power of God in their everyday realities. Furthermore, some are in the PCC but still attend crusades or other services that promise them healing. In the morning, for instance, they are in the PCC and in the evening in a crusade or herbal home all in search of healing. Some go to these places out of frustration and disappointment with the healing they received in the PCC.

The consequences of these are 'lack of faith' and syncretism (double allegiance). For instance in one Christian home one can find both the cross and a bag of medicine for protection from the traditional healers. I have seen this in some homes of our Christians. It is also true that in times of difficulties they turn more to their religious view that is why they, consult mediums, diviners and other traditional healers. The PCC has placed more emphasis on preaching, but the same priority has to be given also to healing so as to actually reflect Jesus' threefold ministry of preaching, teaching and healing (Manala 2006:151-153).

Such negative experiences of the sick 'greatly undermined the maturity of the church and question, in strong terms, the credibility of the theological scholarship' (Ngolle 2008:1-2) and they equally question its theological understanding of the concept of health, illness and healing within the context of Africa. I concur with my colleague (reformed responses) that better preaching, house visitation, pastoral care, counselling and practical outreach measures can enable healing, but all these measures do not solve the problems of the sick, especially those suffering from various spiritual illnesses and those who are afraid of various demonic powers or problems and those suffering from witchcraft related illnesses. I do not also claim here that healing services will solve all the problems of the sick people. But there need to be a special place for the African worldview in the church's ministry of healing. As already seen above, healing services try to incorporate some of these perspectives but even then, more still needs to be done in the area of healing services.

From the discussions, it is apparent that the PCC ministry of healing is not really contextual, inclusive and practical and does not really reflect Jesus' healing ministry or that of Jesus' disciples as found in the Bible. Jesus' healing ministry as well as his disciples; involved all aspects of human life and this 'attracted' a lot of people into believing the message of Jesus and the early church. Put differently, the PCC ministry to the sick is not theologically and socio-culturally sound and thus not really contributing meaningfully to the healing of the sick. Hence the issues at stake require a new approach and a fresh investigation.

## **2.8 A new approach is of utmost importance**

We have seen above that some of the traditional Reformation responses, theologies and practices concerning the healing ministry are now proving to be unbiblical and unrealistic. There is both a theological and practical need to work-out a new approach in response to those infected and affected by various types of illnesses and are searching for healing even at all cost.

Such an approach will be based especially on empirical data, critical evaluations and critical theological reflections. Let us explain further what I have said in this paragraph.

The theological and practical weaknesses of the doctrine of Cessationism are challenging Reformed churches and the PCC (laity and clergy) in particular to rethink about its theologies and practices on the healing ministry. Thus a research and a new approach needs to be worked out which takes into account the experiences, worldviews, attitudes and opinions of PCC Christians based on their exposure to the emerging healing ministry. A research and new approach that will not only be based on empirical data but also on renewed theological reflections, critical analyses and practical experiences, a research that might challenge attitudes, policies, theologies and even practical responses and also necessitate further research. I present the results of the empirical research in the chapter that follows.

## **CHAPTER THREE**

### **THE EMPIRICAL RESEARCH**

#### **3.1 INTRODUCTION**

This is the only chapter comprising of empirical research and it revolves around members of the Musang congregation. The aim here is to assess member opinion, feeling and attitude towards the emerging healing ministry. The research took place between the months of February and March 2014. The participants included twenty members (11 females and 9 males) of PC Musang and six clergy (one female and five males). For the laity, two members of each of the seven choir groups and two members of each of the three “movements” were interviewed by the researcher. Eligibility (Frey & Oishi 1995:56) for the laity was based on the fact that they were top leaders (holding positions of greater service responsibility) in their groups, that is, the president and the secretary of each group were interviewed. Constitutionally, only members of good moral standing, (‘mature in the faith and active commitment’) can be elected to these top leadership positions. This is so because leadership in the church is “leading people to Christ” and this entails a lot of sacrifices (time, money, physical and manual and talents). Eligibility for the clergy was based on the fact that they are currently ministering in the Musang congregation or have ministered in this congregation since 2004. Two clergy who are presently ministering in this congregation were interviewed including four other clergy who have ministered in this congregation.

From December 16-18, 2013, I carried out a pre-field pilot interview schedules with five volunteers (all Christians of PC Musang) three of whom are teachers and are used to various survey methods. A pilot test (or pre-testing) aims at trying out, with the purpose of helping to produce a survey form and information that are usable in relation to the main objectives of that research (Fink & Kosecoff 1998:5, 35-36). The volunteers were very helpful to me, their constructive criticism (feedbacks) helped in the way I actually conducted myself, communicated with the respondents and carried out the actual interview. Open-ended, semi-structured interview schedules, comprising of eleven questions for the laity and five questions for the clergy, were presented to each of the twenty-six participants through a one-on-one interview schedule.

The insights of Floyd (2002:76-82), Foddy (1993 especially 181-192) and Fink and Kosecoff (1998:3-6), are of great importance in designing the questions and asking them during the interview. The entire interview lasted for a period of nine days and the duration of interview per participant ranged between forty to sixty minutes. There were also some probes up questions to enable the researcher to get as much information as possible from the participants. In the following paragraph, I will explain how the research was conducted.

### **3.2 How the empirical research process unfolded**

This part of the research requires considerable coordination and attention to details. The process began with the sample selection and ended with the interview and the taking down of notes of the 26 participant. This research process can be summarised in three main stages: respondents' preparation, the researcher's self-preparation, and the collection of data through open-ended semi-structured interview. I agree with Swinton and Mowat (2006: 63-64) who states that:

Interviews are concentrated human encounters that take place between the researcher who is seeking knowledge and the research participant who is willing to share their experience and knowledge. Such encounters are designed to enable the researcher to access and understand the unique meanings, interpretations and perspectives that the participant places on the chosen subject.

In addition, the entire probe up questions, together with observations throughout the interview further provided the researcher with more and valuable raw data. I need to add here that knowledge gained in my counselling diploma studies especially in the behavioural module enabled me to really gather more information about *their experiences* and emotions through their non-verbal actions.

Through the one-on-one interview, participants recounted their stories, the realities of their life experiences (and even those of others) and the impact of such lived-realities in their lives. The researcher will then use these data to reflect, analyse, structure, order, reconstruct and recount how these Christians are feeling, interpreting, benefiting, and understanding the emerging healing ministry. I agree again with Swinton and Mowat (2006: 38, 41-60) that narrative knowledge is perceived to be a legitimate, rigorous and valid form of knowledge that informs us about the world in ways which are publicly significant. One importance of this method is that it takes into account the significance and influence of the sociocultural context of the eyewitness account or the account of one's life experiences; the individual integrity as distinct living human

beings and their values, norms and belief systems. Such a method and first-hand information can enable the researcher to gain a deeper insight and knowledge including the impact or effect that the healing ministry is having on the daily lives of members of the PCC. Such knowledge can then help the researcher to attempt answers to some of the questions raised in this project. This leads us to propose some measures that can help to meet the goals and objectives of the research and that of the mission of PCC which draws its inspiration from Luke 4:18-19. This further gives a significance publicly and an eventual generalisations of these realities to other people and context, and have a further validity of the research method.

### **3.2.1. The respondents' preparations**

Firstly, all through this research project, I am aware of certain vital points and one of them is that, the majority of researchers hope for a very high response rate to enable them to collect sufficient data needed for their projects which will enable them to partly or fully achieve their aims of surveying. Secondly, a high response rate will also help to provide high quality data which may lend more credibility to the validity and reliability of their results (measurements) and eventually to the generalisations (the Swetnams 2009:23), of their observations, conclusions and recommendations (Frey & Oishi 1995:30-32). I am conscious that, to have a high respondents' rate, I need to cooperate (motivate, encourage and word the questions correctly see in this regard especially Foddy (1993: 1-9) and Floyd (2002:76-81) with all the eligible participants and as such, I left nothing for chance. The response rate is the degree to which cooperation is obtained from all eligible respondents in a sample.

#### **Response rate = completed interviews / numbers of eligible respondents**

The response rate is the measure of effectiveness of data collection (Frey & Oishi 1995:30, Fink 1995:53-57 and Fink & Kosecoff 1998:5-6, 50). With this in mind, I did all I could leaving nothing for chance, in ensuring from stage after stage, that I obtained a high quality data including a high response rate from the respondents through a one-on-one in- person interview. A one-on-one in-person interview is a 'purposeful conversation' with a structure in which a researcher asks the same set of prepared questions in a consistent way to all selected respondents with the aim of gathering information on a focused content (Frey & Oishi 1995:1, Swetnam 2009:65. Such data can either stand, or analyse on its own, or be used as part of a research project.

The two clergy who were currently ministering in the Musang congregation and the volunteers, I got the names and contact details of the eligible participants in the Musang congregation and the clergy who have ministered in this congregation since 2004 and immediately I started communicating with them. From our initial phone conversations, I found out that the research topic was of interest to the participants and that the two clergy currently ministering in this congregation were very willing to assist me to obtain the best results that I needed.

The letter of introduction and consent form for participation in the project were sent to each participant through the volunteers. I made phone calls two weeks afterwards again to all the participants to be sure that they have all received both letters and understood their contents and were ready for the interview on the suggested week and days. Before this time, I had already informed all the eligible clergy through phone calls that I will interview them at their various parishes and we individually agreed on the date. The eligible clergy had no worries with the consent and the letter of introduction. Some of lay persons were unwilling to participate in anything that can reveal their identity. I had to do everything I could to reassure the participants through phone calls of absolute confidentiality, anonymity without identification (Fink & Kosecoff 1998:36). They were assured information such as names and phone numbers will not be revealed to anyone but that I will only record their responses in my note book.

Furthermore, I reassured them that I will not be judgemental or biased to any of their opinions or responses to any of the already prepared questions during and after the interview. Again, I informed them that I needed an honest response from them and assured them that the final copy of the project will be in our Seminary library in Kumba for anyone to read if they wished to do so.

A reminder text message was sent to the participants two days to the one-on-one interview date, and a text message also that their transport expenses incurred participating in the interview will be refunded. I wish to make this note here; the majority of the participants after the interview refused to take any transport expenses. They told me that they are interested in the research and want me to succeed as much as possible which was such an additional commendable effort from them. I was equally cautious about the environment where the interview was performed. So, I did everything possible to reduce any limitations. The interview for the 20 (11 females and 9 males) participants took place either in the Musang congregation (18 members) or around Musang neighbourhood (office, 2 members).

The youngest participant was aged 26 and the oldest 78 years. Before we proceed on how the day of the interview was, I need to say something about myself preparation toward the one-on-one interview.

### **3.2.2 Self preparation**

Swinton and Mowat (2006:58) have observed that the key to good qualitative research does not lie in technical knowledge alone. Good research requires a certain approach which is dependent on the researcher's self-awareness. Our focus here is this researcher's continuous self-awareness, self-reflexivity, sensitivity and self-preparation towards the one-on-one interview after reaching a conclusion on structuring the questionnaire, selecting, motivating and encouraging the sample to be interviewed. Swinton and Mowat (2006:58-61) defined reflexivity "... as a process of self-reflection carried out by the researcher throughout the research process that enables her to monitor and respond to her contribution to the entire proceedings." They are right in holding that sensitivity and reflexivity are closely intertwined. More information about sensitivity and self-reflection will be developed later. I already mentioned above about the field pre-testing of the interview schedules with five volunteers in December 2013 and January 2014, in the Musang congregation. I must admit here that the feedback I got from the volunteers contributed in preparing me better towards the actual interview, the writing down of the data, the transcription and the eventual analyses and interpretation of the raw data.

There was constantly 'this voice in my mind' (especially after the feedback from the field pretesting exercise), reminding me about my personality during the one-on-one interview and that the interview is a key data collection tool to use to get as much information as possible from the respondents yet remaining formal, friendly and focused. This also kept reminding me that I am 'the primary key tool' and how effective I am in listening, recording and my general sensitivity and reflexivity toward the entire research will actually produce effective measures (Swetnam 2009: 64-69). There are various methods of interpreting and analysing data just as there are in collecting data. Data analyses and discussions are the processes of critical reflection whereby the researcher assigns meanings to the data collected during the entire research process. I ensured a cordial relationship was already existing between the researcher and the participants (and the congregation both the clergy and laity) before the date of interview: firstly, because of our initial conversations and secondly, because I had ministered in this congregation where I initiated the monthly healing services and started the two Sunday services; I built the

present clergy's house and was one of the founding members of the NGO among other activities, events and projects. I conducted the entire interview myself and on each interview day, I often arrived at least thirty minutes before the scheduled time. I checked the table and placed the two chairs at each end of the table in one corner of the church, placed my note book and my pen on my seat and waited for the respondent to arrive.

On his or her arrival, I tried to make the interviewee feel comfortable and relax as much as possible. For instance, a smile and at the same time we greeted and wished each other a happy day, followed by a hand shake, general conversation for 2-3 minutes about the interviewee's family and job. Furthermore I assured him or her again of strict confidentiality, non-bias or judgemental, the purpose of the research and the importance of the participant's contributions to the research and that the interviewee is not forced to answer any question and can call off the interview at any time. After putting off our cell phones, the respondent's permission form was read and signed and we proceeded to the actual interview (questions 1-11).

### **3.2.3 Data collection through the one-on-one interview.**

I have already indicated above, that there are various types of data collection methods. I need to add here that after pondering over and over again through the research problem, the research objectives, the interview schedule and the sample frame, I finally chose the one-on-one interview method. Schaeffer insights are important here (2004: 369-377). This method had three main advantages over and against the other methods at my disposal.

Firstly, it was the best method that can enable me to get to the root of the research problem. Secondly and more importantly, this method provides some answers to the research questions and thus to a deeper understanding of the experience that motivated the research. This leads eventually to the improvement to that experience that necessitated the research in the first place. The aim of the one-on-one interview thus was to get a grip of the congregants' and clergy's feelings, attitudes, opinions and experiences concerning the emerging healing ministry in the congregation including the practice of anointing and exorcism in such healing services. Thirdly, such a method also enables the researcher to realise some of the objectives of this project and further motivated the researcher to carry out further research (Swinton & Mowat 2006:55-56, Frey & Oishi 1995:1-6) after the completion of this present one.

I used one pre-prepared questionnaire comprising 11 (eleven) questions for the laity and 5 (five) for the clergy throughout each interview. These questions were ‘simple and modest’ and were asked in a similar style that was consistent to all the participants starting with the first question and ending with the last question as written on my questionnaire’ sheet. During the entire interview period, I also explored what we call in professional counselling, ‘active listening and keen observations,’ which enabled me not only to take down written text, but also to understand through the participants’ body actions and movements (gestures and postures) some of the feelings and emotions of some of their life experiences as they responded to the questions. In most cases I read each (4-11) question twice and slowly for a better understanding of the question.

The interviewee’s response (yes or no) to question 4 was the determining factor to proceed with the interview or to terminate it at question 5. All the 20 (laity) interviewees answered YES to question 4, which enabled me to continue with the interview. None of the 20 participants terminated the interview at any stage; all the participants answered all the 11 questions and some probe up questions. Some of the probe up questions came through observations of the respondent’s voice and tone, facial expressions, body movement among others while others came to further get a grip of the respondent’s feelings, attitude and better understanding of their responses. All the 20 participants were interviewed individually and were interviewed in the English language.

Six (one female and five males) clergy also participated in the research project, two are presently ministering in the congregation and were interviewed at Musang; four who had ministered in the congregation, were interviewed in their offices at their present parishes of work at the time of the interview. On the agreed date of the interview, the interviewee and I started with some general conversations as already said above and followed by the signing off the respondent permission form then proceeding to the actual research questions (1-5). All the clergy answered all the 5 questions. There were several probes up questions from the researcher to better get the theological and practical experiences of the clergy.

I am very aware that ‘the telling of their stories,’ the accurate recordings of these told-stories and the eventual transcriptions, formed the heart of this research. No change is therefore given for errors. With such an understanding, I coded all the questions in my personal note book and developed a type of shorthand writing during the entire interview in order to take as much

information as possible and to be as accurate as possible with the daily written information. In some cases I pleaded with the participants to speak slowly or to repeat themselves so that I could copy word verbatim, that is, taken down all their words, phrases and sentences in particular responses. I need to say here that more than half of the written document per participant, was word verbatim. In this way, I was able to write down as much original information as possible. All their responses are written down in my 'note books.' Before I went to bed each day, I developed the shorthand writings of that day of each participant into a clear written document or transcript and each participant had a file containing all their responses including notes of their various visual observations during the entire interview period and on the various probe up questions.

### **3.2.3.1 General observations**

There was really a high degree of cooperation between the researcher and the participants. Three probe up questions that were consistent to all the 26 participants had to do with the causes of illnesses, the impact of traditional healing and healers and their understanding of the words health, sickness and healing. I need to make this point here that additional topics or chapters are added from the ones presented with the research proposal in order to do justice to the research results and the research objectives. I needed to say more about the research by first assigning some meaning to the findings of the laity and then we will move to that of the clergy. By doing this, we are partly analysing and interpreting the written documents of the interview. And the best method is by using a narrative research.

### **3.3 The Musang congregation: voices of the lay-people are heard**

The Musang congregation is found in the Mezam presbytery of the north-west region of Cameroon. This is one of the fast growing congregations in the Mezam presbytery. It has a Christian population of above 3000 (three thousands) and Sunday school children above 1500. (one thousand five hundred). The congregation operates a dual Sunday service system because of the population. The Musang scenario is already familiar to me for several reasons but I tried as much as possible to distant myself mentally during this research from that familiar scenario and looked at the whole scenario through theory (Depoy & Giflin 2005: 15-17). I did so because of my understanding that theoretical perspective will enable me to gain further insight and understanding to the participants' life as they lived (what actually happened) and experienced it (their feelings, emotions, thoughts, meaning known to the one who lived the experienced)

within our socio-cultural context. This congregation has six choir groups and three movements: Christian Youth Fellowship (CYF), Christian Women Fellowship (CWF), and Christian Men Fellowship (CMF). Two members from each of the choir groups and two members from each of the movements and two members from members of the congregation who do not belong to any choir group or movement participated in the research.

The data obtained from the laity will first be presented, that is, analysed and interpreted without any discussions and then followed by the data from the clergy. The discussions will be in the next chapters. For purposes of better clarity I will write down each question as contained in the questionnaire and then present the overall answers in percentages and in narrative form. In some cases I will quote verbatim what the participants said.

**1) What is your year of birth?** The youngest participant was 24 years old and the oldest was 78. 30% of the twenty participants were below 35 years old and 70% were above 35 years old.

**2) How long have you been attending services in this congregation?** The attendance years for the twenty participants were between 5-38 years. 20% of the participants have been attending services in the congregation for more than five years but less than ten years and 80% have been attending services in the congregation for more than ten years.

**3) How long have you been a member or leader of the ... (the group is named here) Choir group or movement?** 18 (90%) participants belonged to a constituted group or movement within the congregation and 2 (10%) were not members of any constituted group, that is, the coordinators of all members of the congregation who do not belong to any constituted choir group or movement.

**4) Have you attended any of the healing services in this congregation?** (If the response is no go to questions 5a and b and *end interview*, and if the response is yes, continue from 6a). Question 4 was the determining factor to proceed with each interview or to terminate it at question 5. All the 20 (100%) interviewees answered YES to question 4, which enabled me to continue with the interview from question 6.

**5a) Are there any reasons that discouraged you from attending the healing services?**

**5b) Do you wish that the leadership of the PCC should discourage such healing services within the PCC?** (I ended interview here and thanked the participants for participating in the research). As already indicated above there was no point of asking these questions because all the participants responded **yes** to question 4, indicating that such services are vital to them. From question four we proceeded to question six.

**6a) What are some of the main reasons that motivate (or encourage) you to attend such services?** All the 20 (100%) participants gave at least five main reasons, with a lot of similarities as to why they attend healing services and also reasons why they think some of their relations and other Christians attend such services. These reasons can be summed up as follows:

-Healing services contribute to their various healing processes. All the participants used at least two of the following phrases in responding to this question: healing services “are a source of liberation from sin and special blessings” “are biblical (James 5:14)” “enriching”, “comforting and uplifting” “help in deepening my faith” “Satan and all its principalities are subdued in a special way during such services” they “make me feel better and at the same time challenge me to face up to the everyday reality which sickness imposes on me.” They are a “practical way of fellowshiping and bearing each other’s burdens” especially through the prayers of intercession which include all the sick in various parts of the world.

-Some are motivated because of the meditations and exhortations, singing, prayer of intercession and anointing.

-Some are motivated because they see them as a form of bringing their load (Mt 11:29) personally and yet within a corporate worship before God in prayers, singing and anointing and in faith believing that God will heal in His special way. This load may include that of sin, pain, disappointments and all the worries of this world.

-The healing services through various meditations “make me to see God and my problems in a more positive way.” That is, some view their pain or sickness and that of others as punishment from God or lack of faith or both. Religiously they understand that God or their ancestors can inflict people with pain, sickness and other misfortunes as a mean to correct them. Hence, in addition to what had been said above some attend healing services as a way of appeasing the spiritual world or correcting their mistakes or re-establishing a cordial relationship.

**6b) what are some of the causes of illnesses? How do you deal with these causes?** There were a lot of similarities to their responses which can be grouped into four points: All the 20 (100%) participants believe that one of the main causes of illnesses is from the spirit world

including God, that whatever happens, good or bad in the world, God is having a hand there. One way to deal with sickness related to the spirit world is to appease it especially through prayers and sacrifices that is why some consult the traditional healers. All the 20 (100%) participants believe also that humans can also cause illnesses to their fellow humans either through their actions or behaviour or through witchcraft or both. Hatred, jealousy and fear are some of the reasons that the participants gave as to why human beings would inflict others with illnesses. One common way to deal with these types of sicknesses is through protection or warding the illness away and through prayers. 15 out of the 20 participants (75%) acknowledged that the traditional medicine man is the best solution to witchcraft related illnesses, and ten out of these 15 participants said that the recent introduction of anointing and exorcism within the healing services has more power than that of the traditional medicine men. Again all the 20 (100%) participants believe that sickness is normal but if the illness is serious or prolonged then some questions begin to arise leading the sick to seek healing anywhere even at all cost. Medical attention is first sought if sickness is believed to be normal but the why questions will set in when healing is delayed or where there are inconclusive diagnoses or other misfortunes. In addition to what had been said above, all the participants also mentioned one or more of the following, as causes of illnesses: un-confessed sins, carelessness, greed, unforgiving spirit, taking Holy Communion in an unworthy manner and disobedience to the spirit world or disobeying God's laws.

**6c) Do you use olive oil (anointing oil) as part of a healing process? (Please can you explain further your answers?)** All the participants (100%) responded **yes** to this question. One could find some similarities, differences and even contradictions in their explanation as to their reasons (or that of others) for using the anointing oil. The main similarity is that all the participants made reference to James 5:14 and that Jesus used various forms to heal and that the 'oil is part of medication.' All the participants made it clear that faith is the most important aspect that is, through the faith of the believer, healing is taking place even if the physical pains may be there. Two participants (10%) made an analogy between anointing and Holy Communion; they said "the dedicated oil is mystical and through faith, healing takes place just as through the bread and wine we have a mystical fellowship with God." "Anointing has a more spiritual symbol to me just like the bread and wine has a strong symbol for us Christians." Six participants (30%) regarded anointing oil as a modern day protective charm. Two of their most interesting quotations are: "I anoint myself each time I sense danger or when leaving the house to certain places."

“The blessed oil breaks the yoke of Satan, I anoint it and anoint my family members and I know of others who do the same when we are attacked mystically by the devil or our enemies or when we are in pain.”

**7a) How do you benefit from the intercessory prayers during the healing services and the prayers of exorcism (exorcism means the casting out of demons or evil spirits in peoples, places or things) in particular?** All the participants generally agreed on three main points concerning the prayers of intercession: that they are a source of: “spiritual revival” “restoration” “strength and a channel” through which God can bring healing to His sick children.” During such prayers “God hears our cries and sends us his healing grace” and “blessings in a way that words are not apt enough to explain but the healing experiences and blessings are being felt.” Such prayers give “us that special awareness” that “we are not alone” our “illnesses are put under the cross of the greatest healer” and such awareness “produces faith (unquestionable reliance on God), inner peace, confidence and hope to move on each day even when prayers are not answered.”

In spite of all these positive observations, about 70% of the participants had mixed feelings because there are certain periods or moments when they or their relations feel that God had abandoned them or is angry with them and does not respond to their prayers. One of the participants said that his brother and wife are medically fine but for twelve years have not had a child and they are tired of praying. Another spoke of the daughter’s illness for over fifteen years in spite of all the medications, fasting and prayers.

As concerns the benefits from the prayers of exorcism, 16 (80%) participants attested that they have or know relatives or friends who have benefited and are benefiting because they are being liberated, comforted or set free from the forces of sickness and of the devil and its principalities both within their homes, communities and at workplaces. Four (20%) participants said that they have benefited only indirectly, because they are still constantly being attacked by evil forces. Two of them further said their first thought when sick is to seek medical attention and prayers only come in later and mostly as the last resort.

**7b Do you think prayers of exorcism contributed to your healing process?** Fourteen (70%) participants answered yes, that such prayers have contributed positively to their healing or someone they know because exorcism brings deliverance, freedom, inner peace and breaks

loose the power of Satan. Some added that the benefit, at times, is short-lived because the sickness often comes and goes. 4 (20%) said “I do not know” “I cannot tell” and 2 (10%) said that such prayers do not contribute to their healing. However, all the 20 participants’ believe in the devastating effects of evil forces and the necessity of the prayers of exorcism.

**8a Do you share your healing experiences or testimonies from such services with others?**

Only eight (40%) participants agreed that they share their healing experiences with others as one way of thanking God and testifying about God’s goodness in their lives and also as a way of encouraging others in similar situations. Ten (50%) do not share their experiences with other Christians partly because of fear and partly because they thought it was wrong. Two (10%) participants have not really experienced prolonged healing, they are “often on and off” and therefore see no need of sharing healing experiences and hoping that they will one day experience prolonged healing as others are testifying.

**8b What is the impact or importance of the healing service on your quality of life (By quality of life? (I mean improved sense of overall wellbeing; improved sense of personal health; and improved sense of happiness).**

All (100%) the participants mentioned that healing services have helped to build up or deepen their faith and spirituality and improve their quality of life thus their relationship with God and humanity. However, three (15%) of the participants further said that all the other services within the church and the various groups’ activities, all combine to build up the faith of the Christian but healing services have a positive impact in the lives of those who are sick and those who care for these sick people. The participants used one or more of the following phrases to express the impact of such services to them: “my attitude towards God and my situation changes positively,” “I have more inner peace;” “I do not see God as one who always punishes but as one who loves me even in my pain;” “my children and I are free from frequent demonic attacks;” “I no longer roam from place to place in search of healing;” “I called the pastor to destroy the protective charms in my home;” “It plays positively on my psychology and I feel better;” “I have a better understanding of God’s love, grace and healing powers;” “I am relieved of sorrow and unhappiness;” “I feel better each time I attend the service;” “I have surrendered all my pains to God while still on my daily medications” (this participant is a cancer patient and told me with much emotions how she and her family have questioned God and still continue to question him as concerns the cancer and how they have moved from one traditional healer or prophet to another in search of healing). “I tend to appreciate more even in my family crises;” “I am no longer a double Christian.”

**8c Since you started attending the healing services have you been feeling better in your everyday life?** Eighteen (90%) of the participants answered yes to this question and all added that especially during the singing, prayers and anointing. Most of them added also that the various parts within the service contribute immensely to their feeling better. One (5%) of them answered *no* and one said he is “on and off” and finds it difficult to say yes or no to the question.

**9a) The healing services are made up of several parts, some of which include: singing; meditation and word of exhortation, Bible studies, intercessory prayers including prayers of exorcism and anointing. Are there any of these parts that you do not benefit from or you do not appreciate or like? Why? Please can you explain your answer!** All (100%) participants said each part is enriching in its own right and thus they benefit from all the parts and appreciate all of them. However, three (15%) of the participants made some important observations namely:

-all the parts are important but the way some clergy carry out the parts reveals some hypocrisy and disorder in the service.

-The way some Christians respond to some parts reveals disorder in the services

-More education and a unifying liturgy may help to make all the parts much more enriching.

**9b. Are there any parts of the healing service that you appreciate most or like best? Why?** Again all (100%) participants appreciated all the parts but six participants added that more order should be observed during the intercessory prayers and anointing, to avoid the type of noises they hear during such services in other Christians denominations like the Pentecostals.

**9c. Would you like to continue attending special healing services?** All (100%) participants answered yes to this question and four added that the disorderly Christians, who are Pentecostal-like, need to be called to order because they disturb the other Christians with their noises especially during the prayers.

**Dear participants, I would like to ask you some questions about the healing services in this congregation in relation to other members and the PCC in general.**

**10. Did the healing service, including the use of anointing and exorcism, contributes to the healing process of anyone that you know?** All (100%) participants answered yes to this question. Fifteen (75%) participants said they have close family members or friends whose health situations have greatly improved through anointing and prayers of exorcism. Some of the participants actually narrated eye witness accounts of the liberation of Christians from the forces of the devil partly through the use of anointing and exorcism. Below is one of such eye witness accounts:

*“... After attending the healing services for some times...this Christian who is my neighbour told us how she and her family were invaded by the forces of the devil and that she always thinks and likes to cause pain to people... After counselling and retreating with the pastor, a day was fixed to come and pray in her home... I, like two of the other neighbours who were present at the invitation of this woman were shocked to see the pots of concoctions, bags of medicines some with feathers and the smell that came out of that woman’s house... that woman and her family are liberated today...”*

Some of the phrases used by these participants to recount some of their experiences include: “... from my experiences people are being healed especially psychologically and spiritually.” “I have witnessed healing happening to Christians through exorcism...” “The devil is devouring us.... and one way to combat its destructive effects is through the fervent and constant use of anointing and exorcism and miracles are happening through these means of healing in our Musang congregation.” It is not a magical formula but healing is gradually taking place in various ways in our lives....” However six participants also added that they know of people who are attending the healing services whose health situations have not physically improved. Two actually gave personal experiences of their relatives who have not been healed. One of them said that her sister has been attending the healing services but she is still suffering from her illness (epilepsy) which they believed was inflicted on her by the gods or evil people. Another said that her mother is still suffering from her back and neck pain in spite of all the medications and all the healing services.

**11. Do you wish that the leadership of the PCC should encourage or discourage healing services in this congregation and within the various congregations in the PCC? Please can you explain further your answer!** All (100%) the participants said that, the PCC should encourage healing services in all their congregations and some of them added that the PCC should do it immediately because they are already marching behind time and the Christians (and nation) are sick in various ways and are looking up to the church to respond adequately to some

of their everyday needs. Nine of the participants said that the PCC should produce some guidelines or liturgy to avoid disorder in such services. Fourteen of them said that some PCC Christians are roaming from one church or 'prophet' to another in search of healing and if all the congregations have these healing services then the number of the roaming Christians will reduce and more and more sick people will be experiencing healing and especially inner healing.

### **3.3.1 The clergy**

Having presented the results of the laity, let us turn to those of the clergy. As already indicated above, six (two currently ministering in the Musang congregation and four who have ministered in this congregation) clergy participated in the research project and these are the results the researcher obtained from the one-on-one interview with them. It should be mentioned here that two of these clergy had never carried out special healing services including the practice of anointing and exorcism until they were posted to the Musang congregation where the Christians compelled them to continue with the healing services. These are their results:

**1a The PCC's leadership has not officially approved or produced a liturgy for special healing services including the use of anointing and exorcism within our denomination, why are you carrying out such services in the Musang congregation?**

**OR**

**1b) The PCC's leadership has not officially approved or produced a liturgy for special healing services including the use of anointing with olive oil and exorcism within our denomination, why did you carry out such services when you were a clergy in the Musang congregation?**

Three of the clergy started their responses to this question by saying that, they are conducting or carrying out or have carried out special healing services "in response to the demands or needs of the Christians..." two of them started with this phrase "it is biblical to do so...." And one of them said that "... before moving on to the issue of the official liturgy...." Five of these clergy further added that they are carrying out healing services including the practice of anointing, laying on of hands and exorcism not only as a response to the needs of the people but also in response to their experiences of illnesses and also their theological reflections. All six clergy shared at least one healing testimony with me as a result of the healing services and also shared

how these services are also transforming lives. However all of them equally shared their frustrations when healing is not being experienced. I wish to share one such testimony of the transformation of lives by Rev. Ayongwa. This clergy was transferred to Bonadikombo parish in 2006. Shortly after taking over office, he organised a crusade. This crusade had threefold aims: healing (including the practice of the laying on of hands, anointing and exorcism), winning backsliders back into the PCC and also winning souls for Christ. The clergy exhorted the Christians to go out and 'fish' the backsliders and encouraged them to be steadfast in their faith. Backsliders are those Christians who were Presbyterian but for one reason or the other are no longer coming to the Presbyterian Church and people who have not fully accepted Christ as their redeemer and saviour even if they are in the church. There was a very positive response, which enabled the pastor to keep on organising more of such crusades.

One of the active communicant members brought her friend who was a Presbyterian but had backslidden (lapsed Christian) for a long time from any activity within the PCC and was no longer participating in Holy Communion services. Normally before any re-admission into full membership again into the PCC, the clergy usually asks such Christians some of the reasons that made them to backslide from the PCC and whether they are willing to re-pledge their allegiance to Christ their master and to actively participate in the life of the congregation and to follow the constitution of the PCC. After the active communicant had introduced her backslidden friend to the clergy, the clergy chats with them for a few minutes and then asks the backslider to say something about herself. She said (Ayongwa, 2006: 6)

Pastor, I am a mermaid. I left the PCC for the Full Gospel mission where I thought I would be anointed so as not to go back to the sea through a motor accident the next month September. Unfortunately, they have not been able to help. Some of my relatives and even I had dreams while others consulted the witch doctors, who confirmed the pending accident in which many will die with me. Since I am convinced the accident is at hand to whisk me out of this world, I have loved to stay and not go back into the sea. In so doing, even innocent people in the car will lose their lives. I have come so that you anoint and deliver me.

During the interview, Ayongwa made mention with passion as usual of the above experience and more and then, added; (14 January 2014)

Florence, I am an African theologian and the gospel must be inculturated to really make it the Good-news. The gospel must be able to liberate, rebuke, comfort, challenge, exhort and thus be meaningful and relevant to those who hear so that they can then believe it and live it. Jesus inculturated the gospel in his days. The bent-over woman in Luke's Gospel was bound by Satan for 18 (eighteen) years, look at the case of the mermaid that I have told you, bound also by Satan. She is not alone; Satan is devouring our society-ritual killing, initiation into secret cults among other ills. We must unbound the power of Satan and healing services including retreating or fasting, fervent prayers, laying on of hands, exorcism and anointing are some of the ways to unbound Satan. Florence (he continued), I will never stop healing services because of victimisation from our colleague or leaders. The people are in need of such services, the Christians are in need of them and the nation and the world are in need of them. Jesus has given the Church (and PCC) the authority and I, as his disciple, will continue to be faithful to the Gospel message of preaching, teaching and healing.

All the clergy acknowledged the fact that healing services, and especially with the practice of anointing, the laying on of hands and exorcism are a contested issue within the PCC. They also acknowledged that some parts of the PCC Book of Divine Services (BODS) liturgies include prayers for healing. For instance, the intercessory prayers every Sunday contain prayers for the sick, volumes four and six contain valuable liturgy about the blessing of medicine and the general visitation of the sick either in the hospital or at home, ( BODS Volume four and six p. 25-27, 99-100 which I have also made mentioned of in chapter two). They incorporate these healing liturgies of the PCC to their individual healing service liturgy while waiting for a unifying one. All the clergy also said that because of the pressure from some clergy and laity, the leadership of the PCC has said that all those clergy interested in healing services and anointing need to buy the anointing oil only at the PCCs' Sisterhood of Emmanuel Convent located in Bafut. 'I must admit,' said one of the clergy, 'this is a very big step forward by the leadership of our church and we hope that, more positive results will be following.'

## **2 What is your opinion concerning anointing and exorcism within the PCC?**

All the six clergy hold the opinion that anointing and exorcism are biblical (James 5-13-16, Mk 6:13, Kings anointed) and that all who are carrying out such practices in faith are theologically, culturally and practically right. Four of them said that whether the PCC officially approves of their practices or not, they are continuing with them even though at time they are victimised by some clergy. Generally, all the clergy make clear distinctions between ordinary, symbolic, sacred, and healing anointing and that their focus is mostly on healing anointing. All the clergy further gave at least two testimonies of their experiences of the devastating forces of evil and the agony that some people go through in life; how some Christians (including some clergy and

their families) have really been liberated and healed through the process of exorcism, laying on of hands and anointing. All of them also pointed out that healing should not only be seen in terms of the disappearance of pain but also in terms of peace of mind and the transformation of character or belief systems or practices.

They also made this point, that anointing and exorcism (the healing service) do not completely meet all the immediate needs of the sick because they have also seen situations of continuous pains and torments in spite of all the anointing, exorcisms, fasting and fervent prayers. In such situations, they often asked the ‘why question or the theodicy question;’ but received no clear answers. Yet, in faith the clergy continue with the healing services leaving the rest in the hands of the Maker, who alone has called them to His service. For the clergy, the important thing is, to bring the patient or situation into the presence of the Triune God in fervent prayers and such prayers may include practical actions such as the laying on of hands, anointing and exorcism who alone is able to grant healing according to His will alone.

**3a. Some opponents of anointing and exorcism claim that such practices are more of the Pentecostal traditional life style than that associated with the Reformed traditional Presbyterian form of worship, what is your opinion to this criticism?**

All the six clergy said that anointing and exorcism are biblical and both the Pentecostal and the Presbyterians draw their inspiration for such practices from the Scriptures. They also agreed that the Pentecostal churches started the practice of anointing and exorcism long before the Presbyterians’ but that does not mean that such practices are exclusive to the Pentecostal churches. Some quotations from three clergy are:

**Clergy one** “...the reformed tradition had not got everything right and if we are rediscovering some of our lost biblical history... and rediscovering how we today can improve our pastoral care ministry... in relation to the demands and needs of the Christians...then the criticisms are wrong.”

**Clergy two** “... who is Paul and who is Apolos (1 Corinthians 3), the important aspect for me is that such practices are biblical and they are bringing ‘healing to the sick’ and the society needs such healing methods more than before... any reformed tradition or theology that opposes any clear biblically based practices is called into critical questioning... so I cannot hold such an idea.”

**Clergy three:** It is an unfortunate situation for those who do such comparison to what is biblically clear...and I feel really disappointed because those clergy and laity have not understood properly the historical Jesus and his mission (Lk 4:18-19) to the world...”  
“... our roots are from the Pentecost...the issue of anointing and exorcism depends on faith, both the faith of the clergy and that of the sick person and those around the people... and positive results are happening and testimonies of healing experiences are being told and retold again and again.

**3b. Why would some Presbyterians adhere to traditional theologies, while others feel that official Reformed theologies on the subject of healing within the framework of the local congregations should be updated?** Their responses here are similar to what had been said above. But the summary is that all the clergy said that some Presbyterians wish to maintain their traditions and heritage but these traditions are not helping now because the Bible (Sola Scripture) is the ultimate authority. As also indicated above, anointing, exorcism and laying on of hands are biblically justifiable.

**4a. What are the avenues open for the PCC to support the members of the congregations in the face of sickness especially physical, social, spiritual and psychological illnesses?**

All the six clergy made mention of the various social services within the PCC covering education, medical work, rural development, and vocational activities where citizens can learn specialised skills for employment. Furthermore, the clergy mentioned that all the various weekly or monthly activities within the congregations and parishes which include retreats, Bible studies, intercessory prayers, weekly programmes of the various choir groups and movements, exhortations, counselling among others, are helping in assisting patients and their relatives within the congregations and the community. One of the clergy holds the view that a drop-in centre needs to be created in each presbytery and a trained theologian who is at the same time a trained counsellor, be there to listen and help Christians and non- Christians in need of such services.

**4b Should the PCC play some role in addressing the issues of health and healing when administering the gospel to members of her church? What is the nature of this role?**

All the clergy answered yes to the first part of the question but differed in giving a structure or nature to such a role. Four of them said that the nature of the role will depend on the situation at

hand which may include the clergy actually being with the people, ‘identifying with their problems, listening to them but at the same time “lifting them out of their situation.”’ Two of them mentioned James 2:14-26 whose central message is that faith without concrete deeds or action is dead faith. Preaching the gospel is not enough; the Gospel needs to be very practical in relation to the needs of the people. For instance, one of the clergy said that, if the people need medicine the church cannot just preach and pray for healing, she does all she needs to help in providing the means of having the medicines. He actually named more educational and awareness programmes, micro-financial projects to assist small businesses and to enable others to start small businesses and vocational training in congregations and presbyteries.

**5a) What are the major difficulties you or your congregations are facing or had faced in carrying out healing services?**

Their difficulties are numerous and they include theological, practical, moral and ethical difficulties. One of the major difficulties raised by the clergy is purely a theological one. It has to do with the reality of sickness, the mystery of human suffering and the various “why” questioning. None of them had clear answers to all the ‘why or theodicy questions.’ Some of their quotations included “I visited a ten year old child in the hospital suffering from cancer, I could not answer even one of the why questions the parents of this child asked me.” “I have asked ‘how long Lord’ questions countless times” All the clergy also agreed that the existence of pain challenged their ministry and the nature of God whom we proclaim, affirm and confess as loving and caring. And that some sick people see their suffering as a punishment from God or the gods.

All the clergy further identified the problems of syncretism, ‘lack of faith,’ the clergy being seen by some Christians as a modern “gambi-man” and the restricted (the oil can be bought only at the Sisterhood convent) anointing oil by the leadership of the PCC. One of them further said that: “some Christians are expecting immediate results (instant healing) after the healing service and if not they may think that their faith or sin is the problem and some will be roaming from denomination to denomination or from one native treatment to another.”

Another major difficulty comes from some of church leaders and colleagues. Here are four experiences from some of these clergy: “I was one of the 42 called by the Synod Committee in 2010... I was one of those who were assigned to produce a draft liturgy...and together with some theological backings...but we are still waiting as usual for their response.... And it is frustrating to keep on waiting”.

“... all services are healing services why hold special services again in the name of healing that is contradictory”.

“...my friend, in this my presbytery, we do not conduct healing services; so do not carry out any...”

“... I can only appoint you to a higher office in this church if you stop healing services....”

### **5b How can we (clergy) improve our healing services in the congregations?**

Again all the clergy agreed that there is the possibility of improvement and some of these ways are: Sharing of healing experiences and services with other colleagues who are also carrying out similar services in their congregations. Intensify counselling, Bible studies, retreats, and other outreach programmes in the parishes. Clergy need to programme their work to allow enough time to properly prepare for the healing service including time for retreat and special time to commune with God. Jesus withdrew for special prayers so too should the clergy for better ministerial formation and the missionary task of proclaiming the Good News in word and action to the end of the age. Furthermore, one of them insisted that theological writings, discussions and dialogue with the culture, will help to orientate or reshape our thinking and hence improving our understanding of God and our relationship to God and eventually our healing.

The results have been presented with some analyses and without any discussions. With this general presentation let us begin to discuss, analyse and assign meanings to the lived-realities of the collected data. Chapters four, five, six and seven will focus on the discussions of the results. Some general remarks about the results are necessary before we go into some detailed discussions.

Firstly, the results reveal that illness really constitutes a major challenge to the PCC’s ministry of healing and this is the focus of the discussions in chapter four. Secondly, the results challenge Calvin’s doctrine of Cessationism, challenge the Reformed traditional responses to people who are ill and equally challenge the fact that biomedicine is not a cure to all illnesses. All the clergy and the laity who participated in the research confirmed these facts with testimonies especially as revealed through their responses to questions 1 and 5a (clergy), 6 and 7 (laity). Hence, the results reveal some shortcoming of the Reformed tradition and its theology of healing and this will be the focus of chapter five.

Thirdly, the results of the empirical data show that all the 26 (100%) participants are in favour of a continuing healing ministry. This has been one of my strong points even in conferences, or pastoral meetings that theologically and practically, there are some convincing arguments for an intensified continuing ministry of healing within the framework of the local congregations today and this is the main subject of the sixth chapter. Fourthly, all the clergy affirm, especially in response to question 1, that they are carrying out such services in response to the demands and needs of the Christians (Luke 9:10-11) and also in response to their theological insights and experiences. The laity also affirmed that they desperately need such services because of the numerous benefits they are receiving from them. They are benefiting both physically, spiritually, socially and psychologically. These services are making a positive difference in their lives and in their relationships both with others and with God. They are becoming more and more active participants and partners in mission and evangelism within their family and community. Hence, chapter seven will focus on the significance of the healing services. Moreover, chapter eight will be the conclusion and some recommendations.

It is very important to note here that the results reveal not only what is happening in the lives of the sick within the local congregations but also why it is happening. This brings me to another reason for my active engagement in the healing ministry: Events in the society. Here, I think in particular of some Christians who are experiencing various types of witchcraft-related illnesses and are making use of traditional medicines for various protections and healings. Biomedicine then is not a solution to every illness (Blacker & Stevenson 1997:146). Prayer, anointing, exorcism and laying-on of hands have their own place and constitute an important part in the process of healing in general and healing of particular types of illnesses. This may also explain why prayer is an important element in traditional healing - praying either to the ancestors, spirit or Supreme Being. This may further explain why some Christians mix traditional, biomedicine and healing services at the same time without seeing any contradiction. With these general remarks, we move into some detailed discussions of the results. These discussions will not be limited only to the results but the results will be the springboard from which we will engage into a wider perspective of health, illness and healing within the PCC.

## **CHAPTER FOUR**

### **HEALTH, ILLNESS AND HEALING: A CHALLENGE TO THE PRESBYTERIAN CHURCH IN CAMEROON (PCC)**

#### **4.1 INTRODUCTION**

The empirical research results confirm one of the main points raised in the first chapter namely, that sickness constitutes a major threat to life and thus consequently a major challenge for the PCC's ministry of healing. Chapter 4 will focus on the worldview of the 26 research participants concerning health, illness and healing. These worldviews will be discussed alongside some main theological, practical, socio-cultural, moral and ethical issues raised in the results and its consequences on the sick and the PCC. We will first briefly explain the meaning of worldview and then move to examine these worldviews and their significance in the healing processes of the sick in the PCC. We have already discussed some worldviews in chapters one and two above here; we will only focus on those views that are clear from the empirical results. Two main questions come to mind in this chapter: How do the 26 research participants generally interpret, understand, or explain 'health, illness and healing'? How does this understanding, interpretation, or explanation influence their healing processes? We will not end here, but will move to a broader understanding of health, illness and healing. We will be comparing, from time to time, these participants' worldviews with the main motivations and objectives of our research project. At the same time, we will again be pointing out some of the limitations to the healing ministry, the weaknesses of the typical Reformed responses to people who are ill and at the same time also highlighting the significance of the empirical results.

The intention in this chapter is, to try to sketch from the empirical results, the way the socio-cultural context and belief systems including our Christian faith are influencing the understanding of health and illness and eventually influencing the healing methods and healing processes. In doing this, we are at the same time, explaining and interpreting some of the traditional understanding of illnesses and healings and assigning some meaning to the lived-experiences of the participants. The importance of this chapter also lies in the fact that it will reveal some insight into the way the sick feel, think and act and some of the healing methods sought in times of sicknesses and the reasons why such healing methods are sought. Such a critical understanding into the insight of the feelings of the sick may challenge the PCC and

‘may set the stage’ for the PCC to develop, incorporate or strengthen its various responses to the healings of the PCC Christians who are infected or affected with various types of illnesses. Again, such understanding can challenge and enable the PCC to reconsider its theologies on healings and to take into consideration the voices of the sick as it evaluates and shapes or reshapes its ministry of healings. Furthermore, this chapter can help to direct, explain or shape the nature and form of healing services within the PCC. This will further strengthen my position that other perspectives of healing methods need to be considered by the PCC and above all, meet up with the main objective of this project, which is that of a more meaningful ministry of healing.

**The chapter will have six sections:**

*4.2. An overview of the term ‘worldview’*

*4.3. Interpreting their situation of sickness: a challenge to the PCC*

*4.3.1 Health*

*4.3.2 Illness*

*4.3.3 Healing*

*4.4 Some theological and practical issues raised in the results*

*4.4.1 The nature of God and the reality of sickness*

*4.4.2 Causes of illnesses*

*4.4.3 The ‘cause and effect’ principle*

*4.5. Blockages to healing*

*4.5. 1. Syncretism*

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**4.2 An overview of the term ‘worldview’**

Two important facts that characterise the African worldview are its religiosity and its holistic nature. For instance, there is no distinction between conscious and unconscious, sacred and secular, physical and spiritual. Thus, the Western concept of separation between body and spirit makes little sense to the African and its communal and religious life style. Manala (2006: 108-109) is right in stating: “In Africa, life is viewed, understood and experienced as an indivisible whole, a single unit in which all realms inter-relate and work in unison.” My explanation of ‘worldview’ is because of my theological insight and experiences. I understand worldview as those values, norms and beliefs that help to shape the way a people understand and interpret

their everyday activities – the totality of a way of life of a people that is; the ways realities are perceived, understood and lived in a particular socio-cultural context. Traditional worldview implies what is peculiar to a particular people and in our research context, we will focus on the general and common worldview held by the research participants and the sick and how they seek healings or try to cope with their experiences of pain. Manala (2006:107-108), quoting Schwar (2001:79-80), Kraft (1989:20) and Nyamiti (1999:2) said that worldview generally refers to a comprehensive philosophy of the world of human life and of the universe. Worldview is culturally specific. It has two main significances: it provides an environment within which to explain and interpret the reality surrounding human existence, it structures human thinking thereby providing order and meaning and helps people find existential meaning; especially regarding questions of life and death, evil and other misfortunes. As we proceed, we will be seeing how these worldviews are influencing the lives of the research participants and the sick and that of their relatives and especially in the area of healing thus challenging the PCC to rethink about its healing responses.

#### **4.2.1 Interpreting the situation of health, sickness and healing**

Generally, speaking the results reveal that illness can evoke a lot of emotions, feelings or reactions especially those illnesses that do not respond adequately to any healing process or illnesses of which diagnoses are inconclusive or those that can lead to any deformity or life time or terminal conditions. Some of these emotions or reactions reflect deeply held socio-cultural, philosophical, religious or spiritual beliefs or orientation, and can influence the responses to the illness or how, they deal with the psychological trauma of the illnesses and their after-effect. Furthermore, illness is no respecter of status, age, or affiliation. The effects of sickness can also involve all aspects of the person's life: physical, social, spiritual and psychological and also affect relationships, beliefs, identity, hopes and aspirations. The emotions or feelings confront us with facts of life: we are vulnerable to disease, illness, affliction and that we are mortals with a limited life span.

In this light, there are specific 'worldviews' in the Sub-Saharan African (or African) societies that determine, among other things the concept of health, illnesses and healings (Zimmermann 2007: 61, Manala 2006:103-105). However, due to the influence of globalisation, modern and scientific biomedical development, education and the influence of Christianity, some of the traditional worldviews are changing.

This does not mean that every African or Christian of the PCC has identical worldviews but we will focus on the common views, which are of significance to the research results and objectives. Sickness is a lived-experience of pain, agony, grief, reflections, explanations and counter explanations, of questioning, inquiring and of searching for healing at any cost. The importance of these explanations, reflections, interpretations and questioning to illnesses can be summarised in these words of Pattison (1989: 41-42):

Explanations (interpretation, reflections and questioning) of illness are very important and powerful. They prescribe what is good and valuable...; they describe the situations in which the sufferers find themselves; and they set out a course of action, which will restore them to health... Because of the importance of values in explanations of illness..., it is possible to describe them as moral explanations in the very broadest sense of the term. It is also possible to construe them as spiritual explanations.... Explanations of illness from different perspectives must be evaluated very carefully and critically, for they both describe and shape the world in which the sufferer lives. Sufferers, of course, also have their own explanations for being where they are and experiencing what they experience....

Implicit in such interpretations are the general Christians traditional ways of trying to make sense out of the situation of pain, sickness and other misfortunes. In order to struggle to understand or clear the puzzle and dilemma between their faith and their lived-realities of various types of illnesses, the traditional worldviews have developed explanations and interpretations to illnesses, which involve the spirit world and God in one way or the other. This is evident in the results. It is important to say here that the general traditional worldview concerning health, illness and healing are similar to those raised in the empirical results, as we will see below.

The way the sick and their relatives explain or understand their situation gives an indication to the type of healing method(s) that they will follow. Whatever the feelings or emotions or affiliations of the sick or their relatives, one fact that came out so strongly in the results is that the desires or priorities of the sick and their relatives are to strive to gain as much relief or healing as possible even healing at any cost or means. Again, such information will enable us to understand the empirical results better and will help us in the generalisation of the results to other contexts and in our recommendations.

#### **4.2.2 Health**

In order to explore better the traditional worldview concerning health, illness and healing, we first have to understand the people's concept of life in general which as already stated above is rooted in their religiosity and communal life style... Mbiti's observation of the religiosity of the African people is very important in this chapter and in the project. He writes (1990: 15).

... for Africans, the whole of existence is a religious phenomenon; man (sic) is a deeply religious being living in a religious universe. Failure to realize and appreciate this starting point, has led missionaries, anthropologists, colonial administrators and other foreign writers on African religion to misunderstand not only the religions as such but the peoples of Africa... Africans have their own ontology, but it is a religious ontology and to understand their religions, we must penetrate that ontology.

This failure to appreciate this starting point of the African people is not something only of the past. The results reveal that any ministry to the sick that fails to take into consideration their worldviews, experiences or listen to the voices of the sick, is bound to have serious theological and socio-cultural setbacks. This is one of my main points and Manala (2006: 2-3) in his thesis raised a similar argument that the church, as a stakeholder, needs to contribute meaningfully to the national and continental vision of 'a better life for all especially in respect of the African Christians. The worldviews of the sick, need to be taken into consideration, else the church will keep on repeating the mistakes of the early missionaries to our continent (Mbiti, 1990:15) and thus failing in one of its missionary tasks namely; 'contributing meaningfully to the national and continental vision of a better life for all' which includes that of healing the sin-sick-world.

One of the important points that Mbiti makes in the above quotations, which is supported by Manala, and the empirical research results, is that the 'African traditional religions are an important source and point of departure for the discussion of Christianity in Africa and its activities,' more especially, an important source of a good starting point for a meaningful ministry of healing for churches in Africa. 'It is therefore imperative for theologians and ministry practitioners who work within the African context to seriously explore the African traditional religion' (Manala 2006:103-104) and understand its importance and implications in the lives of the African people. Such explorations and understandings are vital because the African religion contains valuable information that helps to shape the African worldview and in this light, one can rightly affirm that African religion is the core of the African worldview.

These views – the invaluable wealth of the African religion, are also supported by contributions from African writers and theologians such as: Mushete, Mbiti, Lumbala, Kaliombe and Ela (Gibellini 1994, Mndende, Kanyoro & Njoroge 1996:242-251 and Bediako 1990:5-70).

With such a religious background, we move to the empirical results' understanding of the concept of health before moving to a wider concept within Africa and beyond. According to the results, health is understood generally within the traditional setting, as a 'complex whole' and 'sickness' as an enemy that threatens life and needs to be 'fought and defeated' by all cost or means. The entire results reveal that health, in terms of scale of preference is top on the list of all and thus poses a real concern for all people. All the 26 participants agreed that health is of utmost importance; that 'good health' is what most, if not all, human beings would desire or wish for. That is why individuals, families, organisations and governments may go to any length in order to protect or maintain good health or do everything possible to remain healthy or at least to maintain good health.

One basic fact from the results is that religion permeates the whole of life and because of this, the African traditional community is holistic in nature as seen above with their understanding of the four (physical, spiritual, social and psychological) but interrelated understanding of health, illness and healing. One of the reasons that came out clearly in the research is that health has a connection with religious thoughts. Health is believed generally, to come from the Supreme Being and is protected by the ancestors, spirits or the Supreme Being. In this light, Africans understand and view health as sacred - as a precious gift from God and according to them, God is the one who generally sustains it even if other human beings are at the forefront. This is evident even in greetings (this will be illustrated below) in our various 'traditional' languages. The maintenance of good health becomes a priority because it symbolises happiness, goodness, wellness, life and the means to continued family lineage.

Health, in this light, is understood as sacred; as the highest gift to humankind and this implies that life is sacred, (good health is synonymous with long life, existence and with continuity of the family lineage. Such a sacred belief about health and life enables the traditionalist, like her counterparts in the Sub-Saharan Africa, to view health from an all-inclusive and holistic perspective – the physical, the social, the spiritual, and the psychological wellbeing of a person. These four aspects of health are not separate entities; they are intertwined or interconnected. This is different from the Western world, which views health mostly from the physical

dimension (Duncan & Wilkinson 1997:59-62 and Zimmermann 2007:61). My experiences working in the Accident and Emergency Department at the John Radcliffe Hospital in England confirm these views.

Such an understanding reveals the significance of good health to the Cameroonians, who like their counterpart in other parts of Africa and the world, can go to any length in order to keep on maintaining good health or to remain healthy. Some of the ways used, according to the research participants, to maintain good health or at least to stay healthy include sacrifices which may take various forms, prayers (which may include to the ancestors and to God), rituals, protective measures from traditional healers alongside modern medicine. Some people use special protective charms or magic to protect themselves especially against evil forces or misfortunes and various illnesses (experiences already shared in this project and Zimmermann: 2007:62 supports some of the views presented in the research results), others use a combinations of herbs and modern medicine, while others adopt a healthy life style among others. One of the important reflections and question is: how does the PCC's healing ministry meet the needs of its sick members who, at the same time, are seeking healing by protecting their health from various harms or illnesses, including witchcraft-related illnesses? We will come to this question later.

For the research participants like their counterparts in Cameroon, the physical aspect of health is not very difficult to explain or understand it has to do with the physical aspect of the human body. As long as the physical body or processes are functioning well, and as long as there are no symptoms of any disease, a person may be considered physically healthy. The social aspect of health is related to the environment, that is, the context in which a person is living. The social aspect has to do more with relationships, be there within the family, neighbourhood and community. The more stable that environment is, the healthier the people living there. The psychological perspective of health is closely related to the social perspective. A stable environment makes for a psychologically strong mind and thoughts of its occupants. One reason is that their minds are seriously not troubled, nor is their peace being seriously disturbed, nor are they living in perpetual fear, or living with serious depression and stress. The spiritual aspect of health is understood beyond this natural world to the supernatural world and to some extent, can be related to the psychological aspect of health. A cordial relationship with the spirit world (ancestors, gods, spirits and the Supreme Being) is a precondition for good health. If there is no serious disruption in these four aspects people are said to be generally healthy but if there is any serious disruption this can cause sicknesses, prolong or hinder healing processes (Zimmermann

2007: 61-62). The following examples from my experiences will illustrate the above point well. When someone in my tribe greets the “neighbour” in the morning that “*a ba foma or ne be la*” (Has your day dawn, I wish you well, or are you well? or how are you?) different responses are made depending on the situation or experience of the “neighbour.” For instance, Ma Azinwi on her way to her farm saw Pa Ngwa returning from tapping his palm wine and greeted him, Pa Ngwa, “*ne ba la*”? Pa Ngwa replies, we are not ok, we are in trouble because Dorothy is encroaching into our farmland and that is giving us a lot of headache and waste of valuable time as the case now is with the local council.

Pa Ambe greets his daughter-in-law, Evelyn, “*ne be la*” she replies, “thank God Pa we are all strong.” For Evelyn, as long as nothing disrupts the physical body, as long as there is no pain or symptoms of any disease, a person may be considered strong and healthy (Physical aspect of health). Furthermore, since Evelyn is experiencing good health she praises God, which implies that good health comes from God, (spiritual aspect of health,). Still concerning the spiritual aspect of health, it is necessary that people should have a cordial relationship with the spirit world (God, gods or ancestors). In the situation of Pa Ngwa the physical, social and psychological aspects of health are knitted together. The social and psychological aspects of health are related to the environment or context in which a person is living. This can be the family, extended family, neighbourhood, community, village or town. Peace, harmony and stability of those living in this context are a precondition of health. The absence of peace, harmonious living and serious instability, may affect the health of some people or worsen the situation of those who are already sick. Socially and psychologically, Pa Ngwa’s family is not at peace with his farm neighbour. Both families might even be living in fear, fear of the unknown, fear of witchcraft, and might in fact develop symptoms of ill health. Witchcraft (we will return to it later) is one of the common ‘social diseases’ which indicates that all is not well in the family, community or environment. Psychologically, Pa Ngwa and his family are disturbed, troubled and depressed and this is causing headache (physical symptoms of ill health) to this family. One of the purposes of greetings in my language is to wish the person good health or ‘wellness’ (wholeness). This is true in many other languages and generally the response to greetings expresses something about the state of health of the person: a broken relation or disharmony, a good relationship and wholeness or simply expresses ‘wellness’ (well-being).

In spite of all these, there are clear limitations to the realization of complete health, as we will see later under illnesses. Another important question we ask is, to what extent can we expect some of the limitations to health to be removed through the PCC ministry of healing? Again, we will return to this later but first, let us move to a wider perspective of the understanding of health.

“Health for all by the year 2000” was a common slogan in Cameroon in the nineties and the government, organisations and churches drew up programs, policies among other activities, to help achieve this wider aims or goals. One of the fascinating realisations during our diploma study in Health and social care (2009-2010), is that, people often talk about health but find it difficult to define it. One of the reasons for the difficulties may be that, the word *health* has different connotations and meanings to different peoples. However, there seem to be a general agreement between theologians and Christian medical practitioners that the secular humanist understanding within the Western world of the meaning of health has some setbacks (Woodard 1959:34-35, Maddocks, 1981:35, 17-19, 163, Duncan and Wilkinson 1997:59-83 and Pattison 1989: 22-45).

This secular humanist understanding within the Western world, of the meaning of health, propagates that humans have an existence that is confined only to this life and have no need of a God, or religion; that health is concerned mostly with the physical aspect of humanity and if something is wrong with our health, the natural order is to seek medical attention (Pattison: 1989: 14, 22-24). According to MacNutt (2005:145-152) such an understanding was influenced by the period of Enlightenment and it greatly contributed to the decline of the church’s ministry of healing. Such a view is really contrary to the African understanding of the concept of health as seen above. These theologians and Christian writers therefore see a need for a better definition to health and thus try to put forth a concept of health that is holistic and which is in line with the Biblical concept of health and healing as will be seen below.

Most of the literature that I have read about health often quotes the World Health Organisation’s (WHO) definition of health, which was adopted in 1948. Health according to this organisation is a “state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity” (Duncan and Wilkinson 1997: 60, Appendix 1 1997:193). Duncan and Wilkinson are two senior doctors in the UK who try to elaborate on WHO’s definition and then

put forward their concept of the meaning of health. This WHO's definition of health has often been criticised as being too idealistic. But, Duncan and Wilkinson hold the view that such a criticism is unfair because the definition was intended to clarify the objectives of the organisation, namely 'the attainment, by all peoples, of the highest possible level of health.' Health now is a human right prerogative (Duncan and Wilkinson 1997: 60-64).

From the African and Christian perspectives, the WHO's definition is not only idealistic but it omits the spiritual aspect to health. Manala (2006:133-134) while making reference to Igenzoa (1994:126) writes: "While holistic and therefore acceptable to a certain extent for our purpose, this definition (WHO's as seen above) is incomplete in that it is silent on the articulation of the origin and purpose of health. It is in a nutshell, lacking in spiritual or religious dimension..." Their aim of 'the attainment by all peoples of the highest possible level of health can be much more effective if the spiritual aspect of health is added to it. Duncan and Wilkinson further point out that the definition is having a major shortcoming; that it does not define clearly the meaning of wellbeing (a vague concept). They suggested that expressions such as wellbeing, soundness, wholeness and harmony constitute some of the popular ways that people use to express the concept of health. They put forward their concept of health from a Christian perspective which we will see later. Maddocks' understanding of health is similar to that of Duncan, Wilkinson and some theologians and Christian practitioners. He views health as encompassing the totality of creation and as a divine gift and grace from the Creator to his creation and a foretaste of the wholeness to come (Maddocks: 1981:7).

From both the African and Christian perspectives, health involves all aspects of life and the participation of all creatures (holistic understanding of health). Health is not just for the individual but also for the wider community in which the individual lives. Healthy relationships with humanity, environment and God are vital to family, community and the nation's health. This holistic understanding of health is in line with the Biblical concept of health. From the biblical perspective, health is more than the physical. It also comprises the social, spiritual and the psychological aspect of the human life; that is, a holistic perspective. In the Old Testament, health is often expressed by the word shalom (peace) meaning soundness of body and soul, harmony, peaceful social relationships and undisturbed and peaceful relationship with God, Shalom means wellbeing in all its fullness.

In the New Testament, passages like John 10:10b 1 Thessalonians 5:23 and 3 John 1:2, provide an indication of a holistic understanding to health (Zimmermann 2007:66-74). Duncan and Wilkinson (1997:83) provide a satisfactory summary of the meaning of health and this summary, in some ways, fits in with the concept of health from the Cameroonian perspective.

Health is the complete wholeness of a person's entire being in all aspects of body, mind and spirit. This includes human relationships to God, to fellow humans and to their environment, as well as within one's own person....Health is the gift of God, given in order that men and women may love and glorify God in their being; doing and living. The standard of health becomes that which God provided in his Son, Jesus Christ...Health is expressed in life by holiness of character, serenity of being, strength of body, harmony of living and the absence of disease....Whilst a measure of health is possible in this life, the permanent attainment of complete health must await the resurrection. But it is right to seek it as a means to these ends.

From this quotation and the discussions above, one could say that, health is not only a human right prerogative as the definition of WHO holds but most importantly, as the African worldview reveals, health is God's special gift to humanity. This is revealed perfectly through Jesus' ministry (John 10:10b, where he declares, 'I have come that they may have life, and have it to the full.' In Luke 4:18-19, he says, 'The Spirit of the Lord is on me, because he has anointed me....' In addition, in Luke 7:22, '...Go back and report to John what you have seen and heard: The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, and the good news is preached to the poor'), death (John 10 and especially 10:11, 17-18) and resurrection (Matthew 28:16-20). During his ministry and after his resurrection, Jesus commanded his disciples to continue with the restoration to health through *Word and action* (Mt 10:1, 8, 28:16-20) while waiting for the final consummation where health will receive its perfection at the kingdom. With this, we proceed to the understanding of illness.

#### 4.2.3 Illnesses

In the previous section, we saw that health is understood generally in an all-inclusive perspective and that there are some limitations to health throughout life. One of these main limitations to health comes through various types of illnesses. Firstly, like in the previous section, we will look at some common understanding of illnesses and experiences as revealed from the empirical results and we will try to relate this to the Cameroonian society and then move to a wider perspective. Just like the understanding of the concept of health, these common

perspectives include: physical, social, spiritual and psychological and they are interrelated, that is, they are understood holistically. Physical sickness mostly has to do with those symptoms of illnesses that may be ‘visible’ in the human body or fluid or tissues (various diseases, body deformations, cancer, diabetes, and fever among others). Spiritual illness is not mostly ‘visible’ but the effect can be so severe, it ‘attacks’ the spirit or soul or inner mind of the person. Psychological illness (emotional hurts) has to do more with the mind and the mental state (internal) and later on may reflect on the physical body. This form of illness is related to that of the spiritual because both forms start inwardly before reflecting on the physical body or flesh and some do not even reflect on the physical body but their consequences can be disastrous. The social form of illness relates to the environment where one lives, which may include the family, community or nation. The more stable and harmonious living within the four aspects is a precondition for good health and if there is any serious ‘disturbance’ within these four, people may be ill (Zimmermann 2007:61-73). The results reveal that the Cameroonian society has developed traditional ways of understanding and dealing with all four but interrelated aspects of illnesses.

While good health is top on the scale of preference, ill health is at the bottom. Put differently, ill health does not exist on humanity’s scale of preference because illness is a threat to our existence here and now. Illness is the opposite of what good health will provide. The research results show that good health is a symbol of a cordial relation with both God and the spirit world while illness is an enemy that disrupts the flow of life. Thus, sickness or illness in the traditional and religious perspectives reflects the broken relationships between humans (the environment) or the spirit world and the created order while healing is restoring this broken relationship and liberating people from fear and all other forms of illnesses. From a traditional view, we will move to a wider view. The concept of illness, just like that of health is holistic. This may explain why illnesses or misfortunes are understood in the wider context that is physical, social, spiritual and cosmic. There are often spiritual and psychological issues that cannot be undermined in the experiences of illnesses. The results really reveal the frustration, fear and agony in the face of illnesses. Agony can be defined as ‘acute or extreme physical or mental pain’ or ‘to worry greatly’ (Cowie, 1991:24). There are several things or experiences that can cause people to worry greatly or to feel deep or unbearable pains such as: pain, loss, separation, failure, frustration, guilt and disappointments. One common word used for all such experiences in this work is *sickness*.

Those who believe in the Triune God could not comprehend easily how a loving, merciful and caring 'Parent could allow such illnesses' to torment people and especially good and innocent people. As such, some try to give different interpretations or meaning to their illnesses. The huge scale of human experiences of war, sickness, disharmony, natural and man-caused disasters, extreme poverty and injustice, are a major obstacle to the Christian faith. One of the questions that people of all generations have been asking or acquiring answers in the face of pain or meaningless and haphazard disasters and suffering and which came out clearly in the results, is how can a loving God permit such pain, diseases and suffering? This question has no easy answers. Such a question has to do with the nature of God and His involvement in His world, the origin of evil, sickness and suffering and the whole issue of theodicy and even Theology in its entirety.

We once more return to one of the motivations to this project, namely: events in the society. While engaging, exploring and participating in the pastoral ministry within the PCC, we found that Christians share common traditional views about health, illness and healing and are receiving traditional treatments or visiting traditional experts for their various health problems; this is evident in the research results. I have already shared some of my frustrating and challenging experiences. Here, I am particularly thinking about those that have to do with witchcraft, Christians having protective bags, bottles or other concoctions from the traditional healers in the name of protection and healing and the various emotions that illness can provoke.

One of the main aims of sharing some of these experiences is to raise more awareness about the plight of sick people and to reveal that sickness constitutes a real threat to the PCC ministry of healing. Furthermore, the sharing of such experiences helps to raise awareness about the worldview of the sick and to compare such views with the results and to continue to point out that the PCC's current responses to healing of its sick members are not inclusive. Hence, more need to be done in the area of healing within local congregations. From those experiences and the results, one would try to sketch some significance and belief systems embedded in such shared experiences. The results reveal that there are three main ways in which the sick and their relatives interpret, explain or understood their lived-situation of pain. The first is that some sick people and their family take up a more positive approach (this is the smallest group) and try to rise above their illnesses.

They interpret or understand their pain as normal, natural or as a challenge to bear witness to their faith, or deepen their spirituality. Even with this group, they still, grapple with the ‘why me’ questions or the theodicy questions.

The second is that some are depressed with their illnesses or the illnesses of their relatives and are asking so many questions. Some in this group even turn to blame themselves or hold the traditional view that their situation may be because of their sin committed against God or the gods or from their enemies. There are a lot of accusations and counter accusations within this group.

The third group, which is similar to the first two points above, think that sickness is normal but when healing is not being experienced at the time that they may be expecting it, then they turn to raise some worries and start to interpret their sickness as either from the spiritual world or from their enemy. I must say here that these ways (interpretations or explanations) are interwoven and at the same time inseparable. That is, all these three views can go simultaneously, and it is very common to find one sick person or the relative holding all the three views together. Throughout the interview, I did not come across any one person who holds only one of these views, nor did I come across anyone who has not grappled with the theodicy questions (why me...) in relation to sickness or other misfortunes.

Three facts can be drawn from such interpretations namely: the causes of illnesses, the cause and effect principle and the puzzle of the nature of God to which we will turn later. Illness is one of the limitations to a God-given healthy life. A consensus statement on the Christian ministry of healing by a group, made up of- Christian health professionals, pastoral workers, theologians and ethicists, agreed that there are limitations to healthiness throughout life (sometimes severely), because of in-built genetic defects, the normal process of aging and the influence of environmental factors as well as other physical or mental illness. These limitations to ‘healthiness,’ as we also saw in the traditional Cameroonian setting arise from damaged relationships between people or from a weakened relation with God. Currently, there is a world of knowledge through publications, advertisements and seminars about health and illnesses and the discovery of better and various scientific methods of healing. Yet the clergy, their families and congregations and communities are still facing daily health problems. We come again to this important question: to what extent can we expect some of the limitations to health to be removed through the church’s ministry of healing (Lucas 1997:1,194-195).

This question is very challenging, hence, we will be reflecting on it from time to time. Illness is no respecter of status, race, age or affiliation, hence the experience of illnesses is common and universal because from time to time we are ill or have close relatives who are ill. However, the understanding of various types of illnesses is complex and raises some tensions among physicians, Christians or even the sick and their relatives. My family and I have gone through such experiences of tension especially with the health crises of one of our children and two other family members. The ‘diagnosis’ of life threatening diseases such as cancer, heart problems, HIV/AIDS, the experiences of others illnesses, of a fatal accident, of natural and man-made illnesses, are some of the realities that confront not only PCC Christians, but also other peoples in the world. It would not be an over statement to say that, humanity in general is living in times of unprecedented and terrifying sickness and disease despite the tremendous advances that humanity is making to improve the quality of health and healing for all creatures.

Pattison (1989:21-41, 76-90) in reply to the question, ‘what is illness’? Outlined different perspectives on illnesses, because, illnesses have to be met with variegated intellectual and practical responses from contemporary Christians. This is similar to the point I have made earlier that in order to respond adequately to the process of healing, one must actually and critically understand the various perspectives of illnesses and the way the sick people interpret, understand and explain their illnesses. The perspectives that Pattison outlined include: the medical model, psychological, epidemiological and social administrative approaches, sociological, anthropological, historical and political and conflict perspectives.

If the four general perspectives to illnesses from the result viewpoints include the whole of life, then most of the perspectives outlined by Pattison are indirectly implicit in the Cameroonian views. One point that I need to emphasis from all these perspectives is the principle of cause and effect. We will come back to this important principle. However, it is important to say that this principle is not only common to the Cameroonian society, it is prominent in some of the perspectives analysed by Pattison. Pattison says that, people who are influenced by Western biomedicine tend to see illnesses primarily in terms of identifiable cause and effect. If something goes wrong with the body, the thing to do is to identify a clear cause and then deal with it medically. Pattison (1989: 20-40) makes it clear that often there is no direct correlation between a particular cause and a certain effect and that it is useful to take account of constraints on a situation or phenomena instead of simply talking of cause and effect phenomena.

#### **4.2.4 Healing**

We have seen above that the Cameroonian traditional concept of health and sickness, as also revealed by the results, is holistic, that is, it involves the whole of life and it is composed of four but interrelated dimensions. Logically so too is the concept of healing. Like the concept of health and illness, it is difficult to have a ‘universal’ definition of the term healing because healing is a complex phenomenon and involves a range of (traditional) practices. This may imply that, peoples’ experiences and understanding concerning healing differ yet there are some similarities in the process of healing. Just like the understanding of health and illness, healing too will include physical, social, spiritual and psychological, that is an all-inclusive and holistic perspective as revealed by the results.

We have equally seen above that traditionally, and supported by the research results, sickness reflects a disruption or broken relationships among humans or between humans and the spiritual or supernatural world. Healing from the traditional view tries to restore or breach broken relationships. It tries to re-establish peace, harmony and stability. Healing tries to meet the physical, social, psychological and spiritual needs or aspirations of the people. Traditional healing is a search for ‘wholeness;’ that total ‘wholeness’ that ‘liberates’ humanity from all that sickness can cause. However, who are the healers, who are the healed and how is the healing process within the traditional setting? (Pattison 1989:20-22). One of the simplest answers is that everyone is in need of healing at one stage in one’s life. Nevertheless, we need to understand some of the ‘traditional healing processes’ because the PCC’s response just like any Christians’ response, need to be rooted in the experiences of the sick as well as in the Biblical traditions. According to the research results, traditional healing forms an important part in the life of the sick and those who usually spearhead it are the traditional medicine men or healers. We will return to them and to healing in the wider perspective later. Having explored the interpretations, understanding of health, illness, and healing, let us move to the next section.

#### **4.3. Some main theological and practical issues raised in the results**

The major theological and practical issues raised in the results include those pertaining to the nature of God, (theodicy questions), the causes of illnesses, the cause and effect principle, ‘lack of faith,’ syncretism, the impact of traditional healer and the dilemma of prayer for healing.

#### **4.3.1. The nature of God and the reality of sickness.**

In African, traditional life atheists do not abound as all believe in a supreme being or power that is higher than that of human beings. With such a religious atmosphere ‘God is no stranger to the African people; everyone, even children are aware of God’s existence, His nature and works almost by instinct. Such knowledge about God’s nature and works are expressed vividly in songs, prayers, stories, myths, names, religious ceremonies and proverbs (Mbiti 1990:29-73). In response to, especially questions 6a for the laity and 5a for the clergy, the 26 participants struggled with a lot of emotions to ‘reconcile’ their faith in the Triune God whom they believe to be loving, caring and all-powerful to the lived-reality of various types of sicknesses and other misfortunes. Some of the most frequently used attributes of God known and used even in songs, names, prayers, myths, and conversations among Christians of the PCC as the results reveal are : God is loving, caring and compassionate (the providence of God).

In the Bafut language, (a village in the North West region of Cameroon, and this is similar to other languages within Cameroon and others in the continent of Africa), there are some popular ways in which the people affirm who God is: God is the creator, maker, king and ruler, provider and one who continuously loves, sustains and cares for His universe. When the Bafut person says ‘Nwikong’ it means God who is so caring, loving and compassionate. ‘Mabi’ means spreader, creator or maker of the universe. ‘Fon buri mbo nsi’ means King of earth and heaven, that is, God is personally ruling earth and heaven at the same time. Or names such as ‘Bihnwi’ means God is the one who has planted it, ‘Azinwi’ means God knows it all, ‘Bonwi’ means God’s goodness or God’s grace, ‘Ntowni’ means God’s messenger and the list can go on and on (Mbiti 1990: 15, 29-30).

All the clergy agreed that one of the most fundamental beliefs about God among our people is that He is the providential and sustenance of His created universe. It means, He provides and sustains life (sets the time for birth and death), health, fertility, rain, sunshine, food and all other necessities needed to sustain His creatures (Mbiti 1990: 39-42 and Migliore 1991, 99-105). We need to fit in this belief of God, into the wider context of our universal Christian faith and theology.

African Christians in particular and Christian theology in general, have given many answers to the question of the being of God such as: God is omnipotent, omniscience, omnipresence, God is light and God is love, God is a caring and loving Father among other attributes (Jüngel 1993:314, Mbiti 1990: 29-38). With such an understanding of the nature and being of God, Christians then confess and affirm the Lordship and providential care and love of God over his world. This implies that “God the creator does not abandon the creation, leaving it to run on its own, as deism teaches. The true God is no absentee landlord but remains ever faithful, upholding, blessing and guiding the creation...” Migliore 1991:100). But this confession and affirmation about the being and nature of God, about His providential love and care, is seriously challenged and tested by the reality of sickness and the power of evil in God’s world. Put differently, those who believe in the Triune God cannot easily comprehend how a loving, merciful and caring ‘Parent’ could allow afflictions to torment people and especially ‘good and innocent’ people.

When we watch images on our television sets, listen to news, read newspapers, visit hospitals and homes and listen to patients and people talk about their pain or experiences of pain and frustrations, or conduct a research like the one in this project, where people share their experiences and those of others on illness and healing, then we will confess and affirm that illnesses and the forces of evil are not illusions, nor just cultural or primitive beliefs. They are realities that confront us on a daily basis (Migloire 1991, 99-100, Mbiti 1990: 41-44, Beker, 1994:1-3, 107-108). Sickness, or pain or agony confronts humanity of all ages including Biblical people with the question of *why or how*. I cannot count the number of times that I have asked the theodicy question, nor count the number of times that I have heard it from Christians and colleagues. “Why is my six year old son suffering from cancer? Why can I not have my own children? Why am I in continuous pain? Why am I not being healed? Why did my child have an accident and both legs amputated? Why should thunder strike two of my cows? Why is my child blind? “How long O Lord... why O Lord (Psalms13: 1-2, 10:1,)” “My God, my God why have you forsaken me (Mark 15:34)” “why should I be inflicted with HIV/AIDS”? Why are some people not healed today? Why me? And the list goes on and on, it is an endless list of questions and questioning.

The *why* questions, challenge us to think and challenge our very existence (where we are coming from and where we are going to), including our belief systems and practices, our theology and our everyday lived-realities (Yancey, 2004:7-40).

At times these *why or how long* questions are ‘open protest reactions against’ what one is experiencing. They are questions of despair, lament, anguish and pain. The most frustrating thing to me, and I hope to anyone who asks or reflects on the theodicy questions is that there are no satisfactory answers to such questions and that such questions can never be avoided.

I will not discuss the issues of general suffering because they are broad and complex topic. Nevertheless, my aim is to point out that various types of sicknesses exist and their effects are at times so devastating; and because of such negative impacts or effects on the lives of Christians, the church needs to take its healing ministry seriously. Another aim is to relate the Christian faith to the everyday reality of sicknesses and how we (the church) can help the sick to continue to affirm the Lordship and providential care, and love of God over His world even in the face of sickness and other misfortunes.

All the six clergy affirmed that there is no theologian or theology that can seek to provide satisfactory answers to the why or how questions or pretend to undermine the impact of such questions in the lives of those who asked them. Those of us again, who are involved in the healing ministry, would never cease to wonder why God who is omnipotent, omniscience, omnipresence, God who is light and God who is love, will allow his loving children to be tormented by pain, sicknesses and various evil forces. This only points out to us that our knowledge of God, whom Jesus had revealed to us, is not exhaustive; that there is the “other side” of God that we do not know or understand because our faith sees only dimly (1 Corinthian 13:12). Migliore (1991:99), quoting Barth, says that all theology is necessarily “broken thought” and this is true especially when we affirm God’s providential love and care in the face of the realities of evil and various types of pain or agony in the lives of God’s children in God’s world.

The clergy, as well, pointed out that the healing ministry of the PCC has not really thought about the impact of such questions and reflections, in the lives of her sick members, and until it does so, the PCC’s ministry of healing will continue to commit the mistakes that the missionaries made, when they arrived on the African continent, with the Good News (Mbiti 1990:15). The church, according to these clergy, is having the task to comfort, reassure, guide and support those confronted with sickness and their families and in one word, to *heal* the sick. However, we have already seen that the PCC ministry of healing is not really meeting the needs of its sick members. Christian apologists and theologians have attempted, and are

still attempting, to explain or answer the ‘why questions.’ Generally, they use the cross of Jesus as a starting point and explain further, that God is at work in the world bearing the pain and infirmity of His people and transforming painful experiences, even if we cannot understand or explain it.

The results also reveal how Christians attempt to resolve the dilemma of our faith and lived-experiences of sickness or embrace the situation of illness. We have already seen this above but for purposes of emphasis we will still say that some sick people feel that their sickness is as a result of some wrong or sin that they have committed either to the gods or God. While some take up a more positive approach to their situation no matter how grievous it may be; they look for consolation in the Bible and the church. For such people, their sickness may be a challenge or a means to deepen their spirituality so they depend on God through prayers and medicines to reveal to them the purpose of their afflictions; if at all, there is any purpose, and to give them strength, hope and above all healing. Some people in their affliction, will reflect and meditate and see that they may have contributed to their situation by the way they have been previously living their lives and through such reflections, may change their attitudes, behaviour or even eating habits. Sadly, some people have no access or money to acquire medication that modern medicine has to offer and as such, propound the theodicy questions. This paragraph will be taken up again under causes of illness.

The dilemma of struggling to reconcile our faith with the lived-realities of sickness is not only to the sick in Cameroon but also to the Christian faith and Christian theology in general. Faith, in a God who Christians belief is loving and caring, who cares even for birds and evil people (1Jn 4:8, Jn 3:16, Mt 5:45, 6:26-30, 10:30, Ps 104:27) and the lived-experiences that seem to reveal a God who is not: loving, healing and caring or powerful in the face of pain, sickness, evil and other misfortunes. (This dilemma reveals itself glaringly, as already said in the results for both the laity and clergy, and especially responses to questions 6a and b and 7a (laity) and 5a (clergy)). Generally, in trying to make meaning to their faith and their lived-realities of sickness (or in trying to attempt to reconcile their faith with the lived-realities of sickness) and how some people are not healed even after fervent prayers, the research participants resorted to their worldview and in particular worldviews about explanations and interpretations of illnesses. Some of the interpretations and reasons why some people are not healed today from the 26 participants include sickness as punishment (one of the causes of

illnesses), 'lack of faith' and syncretism. Each of these points will be discussed in the next paragraphs.

### **4.3.2 Causes of illnesses**

It is important to point out that the cause and effect principle is prominent in the explanation of the causes of illnesses among some Cameroonians as is the case in other parts of the world. The Cameroonian traditional worldview concerning causes of illnesses (Mbiti: 1990:189-190, Migliore: 1991:10, Manala: 2006:141-148) has some similarities to that of the middle Ages and to that of the Biblical context (Zimmermann 2007: 61-76). Some of these similarities will be highlighted though not exclusively. The aim of highlighting it again is, to further examine critically, some perspectives of illnesses in a wider sense, to propose 'adequate Christian responses' which can continually enable the process of healing within the PCC. This can be 'achievable' because the different understanding of causes of illnesses will determine different reactions and may lead to different healing methods if the PCC actually wants to actively and practically engage in this problematic and complex holistic phenomenon called healing.

The general research results reveal that from the traditional worldview, there are *three main causes to illnesses*. Harding (1997:13-17), had named three causes or sources of sickness: the fall (physical), Satan (spiritual) and God (judgement). From the Africa perspectives, the causes of illnesses are to be understood in a deeper level, which may be called a 'spiritual' level.

Firstly, we have natural causes such as drought, epidemics and various serious calamities. Again as human beings, we are within the created order and are subject to the laws of creation, that is, we are bound to be ill at one moment or the other and human being are subject to aging and eventually passing on from 'Susa to zamani'(Mbiti, 1990: 21-26).

Secondly, from the traditional worldview, it is believed that illnesses can be caused by other human beings or evil forces or through witchcraft (Satan). Some of the experiences that I have already shared support this view. I wish to share one more here to help illustrate further that such views are not illusive but real. In 1998, an old man aged 86, through the influence of her daughter, registered for catechism classes in preparation for the Christmas baptism. After attending the classes for two weeks, he told the daughter how wicked he had been even to himself. He revealed to the daughter that he inflicted the stomach problem that his wife suffered

with for a year before her death. When the daughter told me the revelation, I invited this man and he confessed that the wife was not the first person that he had inflicted with pain or deadly illnesses. He usually paid the traditional medicine men to invoke the shadow of the enemy and mystically inflict the disease. He said further that they usually have sexual intercourse with people in their dreams. Furthermore, he told me that he had a neighbour, when he was working with the CDC (Cameroon Development Corporation) and wanted to inflict, on several occasions, a similar disease that he inflicted on the wife, but that man was never sick. Moreover, when I asked him why that man was never sick he replied that the medicine man could not see the man's shadow. When I asked him again why the medicine man could not see that man's shadow, he replied that the man was a strong Christian and that papa (the medicine man) told him that it was very difficult to get some Christians because they possessed a particular stronger power than theirs.

Such stories and testimonies abound in the PCC, Cameroon and other African societies and the research participants shared similar views. All the clergy would have many of such testimonies. I have counselled and prayed with some Christians who confessed of killing other people. Anger, pride, wickedness, envy, greed, jealousy, disrupted relationship and ignorance are some of the reasons why some people believe that some human beings inflict pain or any kind of illnesses or diseases on their fellow human beings. This can be done physically or mystically and at times with the help of specialist traditional doctors or through some magical means (Mbiti 1990: 45-46, Manala 2006: 141-148).

Thirdly, from the traditional worldview and from the results, sicknesses may come from the spirit world (evil spirits, gods or God). Our religious and spiritual orientations help to shape such an understanding. This can happen when there is a disruption or breach of the relationship between the individual, family, group or community and the spirit world (spirits, gods, Supreme Being) and the illness or misfortune may be a corrective measure or punishment for the individual, family, group or community (Mbiti 1990:45-46, Migliore 1991:100). This may explain why some Cameroonians offer sacrifices or perform rituals to appease the spirit world and to pray for more blessings. Some acquire protective medicines from witch doctors or contact traditional experts or receive other forms of alternative medicines, or roam from one place to another. In this direction Mbiti (1990:59) writes: "One may add that an ontological balance must be maintained between God and man, the spirits and man, the departed and the living. When this balance is upset, people experience misfortunes and sufferings or fear that

these will strike them. The making of sacrifices and offerings on the other hand, is also a psychological device to restore this ontological balance. It is also an act and occasions of making and renewing contact between God and man, the spirits and man, i.e. the spiritual and the physical worlds”.

The above quotation will be better understood as we proceed in the following paragraphs. One traditional theodicy argument that is also clear in the results is that God whom we confess and affirm as loving and caring, rewards his children according to their deeds. Such an argument enables some Christians to see their sickness as a divine punishment from God (Migliore 1991:106-107, Mbiti 1990:43-46), or the gods because of their sins. Such understanding ties in with our traditional beliefs. I cannot count the number of times that I have counselled, educated and prayed with Christians who hold such views, especially the second and the third views, that is, that their illnesses are caused by others either human beings or the spirit world including the Supreme Being (God). It is with such an understanding that in the early 1990s, some Cameroonians generally saw HIV/AIDS as a punishment from God. This view is changing now because of education and more knowledge about HIV/AIDS. The AIDS patients and other sick people who accepted this view see themselves as being rejected by God or see God as one who punishes even innocent people. This is really a big challenge to me, I believe a big challenge also to all the churches, and in a way this challenge enables us to question and reflect again on the church’s ministry to the sick. However, we need to explore this question further, are there certain illnesses that are from God?

The theological dilemma continues. Since some sick people could not reconcile how a loving and caring Father would allow his children to suffer from various types of diseases and illnesses, they therefore resorted to figure out that some illnesses could be because of sin committed or punishment for some sort of wicked deeds. The sickness by such understanding serves as a corrective measure. From the results, the answer to the above question is in the affirmative. All the laity affirmed that there are certain sicknesses that are because of either sin or other misdeeds committed against God or the gods. They supported their point with some Biblical quotations and with material presented in the 1996 study booklet of the CWF and CMF. Before we go into some of these biblical passages, let us first see what is written in the 1996 study booklet. The Departments for Women’s work, lay training and evangelism of the PCC produce a joint yearly Bible study and other social concern materials for the Christian Women Fellowship (CWF) and Christian Men Fellowship (CMF) groups.

These two movements or groups constitute the backbone of the PCC numerically and financially and they champion the course of evangelism and various community outreach programmes. Both the women and the men groups study the same Bible use the same material on their weekly meeting days, in addition to other social and local concerns or needs. I must emphasize here that, the Departments for Women's and Men's work have been producing amazing yearly Bible study materials including meditations themes and various materials for various social concerns for these groups. The theme of the 1995/1996 CWF-CMF study material was: Is there no balm in Gilead? Jeremiah 8:22 (Why are God's people sick?). The study material focused on three types of sicknesses: physical, spiritual and psychological (emotional) and emphasised their interrelationship to each other and with the environment.

This study material brought tension, misunderstanding and debate among some Christians and some clergy concerning the reasons why Christians are sick and the various ways of healing especially healing through prayers, anointing and exorcism. I must admit that this tension continues at present and one of the motives of this research is to challenge some of these tensions. The theme of Bible Study three was: Why are Christians sick? And part of the reply is "As we know, sickness does not come from God but from the devil... In addition, sickness is a curse when we offend God.... In the introduction of the study material we read "... two passages... Deut 28 and 1 Cor 11:29-30 tells us clearly the source of sickness... disobedience of God's clear laws... eating unworthily the Holy Communion..." (Gana 1995/1996:17, 10, 24-27).

Sickness in this light is principally understood in the light of the popular view as:

- coming from the devil including human beings: all that is negative or evil, (the book of Job, Luke 13:10, Job 2:5-7),
- as a disciplinary measure from the spirit world: 1 Cor 11:23-30, Job 23: 10-12 and as
- God's judgement or punishment for sin: Deut 28:15-22, 27-28, 35, Num 12: 1-15, 2 Chr 21: 12-19, 26:16-21, Ps 38:3, 41:4, John 5:14f and 9:1ff, Mark 2:6. Such a Biblical understanding of the causes of illnesses fits with the Cameroonian traditional explanations for the causes of illnesses: every sickness is believed to have a cause, which can be explained, beyond the natural level to the spiritual one (gods, spirits or God). The CWF-CMF study material of 1995 presents sources of sickness as from the devil, humanity and from God. If the materials presented in the CWF-CMF 1995 study book concerning sickness ties in with the general explanation of sickness within the Cameroonian and Biblical contexts, what was the cause of this continuous

tension within the PCC? We will be returning or referring to this question later. However, the following points need to be made.

One of the main causes of these tensions arises from some of the healing methods presented in this study material such as prayer for healing and especially in relation to anointing and exorcism. Again, sickness and health are complex phenomena, that is, sickness is a very broad topic including various perspectives and the ministry of healing includes a very wide range of practices. Thus, the views presented, and especially the literal presentation in this study book, cannot be considered as the 'whole truth' about sickness and healing; even though such views may be Biblically supported. Furthermore, sickness is an unpleasant fact, a feature of Creation, sickness at times just had to attack us, and we are vulnerable to disease and pain hence the cause and effect principle does not work in every sickness. The Biblical presentation of sickness in this study material is one sided, for example there are passages concerning sickness that do not reflect the cause and effect dimensions and there are limitations to this cause and effect dimension which are not considered (Mt 8:2, 14 Mark 3:1, Luke 7:2). Some limitations to health were not touched in this study material.

Some of the negative consequences of this study material are that: some sick people were, and are really, feeling guilty that they cannot be healed because of their fault, which can be sin or lack of faith. Again, some women and men in these groups think (or claim) that they can now heal the sick, especially through prayers and exorcism and they were then practising methods that can be seen as unbiblical.

However, some good aspects about that study material and the empirical results are that, the Christians are encouraged to seek medical healing together with other forms of religious methods such as forgiveness, reconciliation, prayer, community living and sharing. Again, the study material presented what I will call 'simple theology and simple direct facts about sickness' and healing from the traditional Christian point of view, yet, the everyday realities and experiences are that sickness and healing are complex phenomena.

The dilemma remains, why should a loving and caring God from the Biblical perspective punish or correct his children with sickness? God 'plays a decisive role' among the Israelites in explaining their concept of sickness just as the spiritual world does in the Cameroonian context. I think we need to really discuss further this issue of sickness as punishment because such view

can be Biblically supported. There is a peculiar world view in the New Testament (NT), that is not common in the Old Testament but common in the Cameroonian worldview, that people can be possessed by demons (unclean spirits, Satan, evil spirits) and as a result get sick (Mark 5:1-17, Mt 12:12, 15:22, 17:14-18, Acts 5:16). Demons are spiritual beings, which are evil by definition and by their very nature and existence. If one follows this definition, then demons in the New Testament can be likened to witchcraft in the Cameroonian context because the ultimate goal of witches or wizards is destructions, pains and sorrow. I admit that the whole area of demons and witchcraft are controversial but for the NT and Cameroonian context, they exist and can cause sicknesses. Some claim that demons in the NT can be viewed as mental patient today (Zimmermann 2007:74) but I do not share such a view.

However, there are some differences between the Biblical world and the Cameroonian context in terms of causes of sickness. Unlike the Cameroonians, the Israelites did not conceive sickness as being caused by other human beings. Again, there are some Biblical passages which do not state clearly that people are sick because of their sin (Gen 4:1, 1 Kings 15:23, 2 Kings 5:1) or because of God's punishment, only the sickness is mentioned with no further explanation (Mt 8:2, 14 Mk 3:1, Lk 7:2, Zimmermann 2007: 68-69, Pattison 1989: 40).

On the one hand, Jesus' reply to the question, whose sin (John 9), implies that some sicknesses are not the result of sin. On the other hand, Jesus' words: 'see you are well again. Stop sinning or something worse may happen to you' (John 5:14), indicate that there is a relationship between sin and sickness. The traditional Africa person, believes that everything that happens, and in our context every illness, must have its cause which is understood beyond the natural level to the spiritual level. Closely linked to this is the cause and effect principle.

We come back once more to this principle. One of the explanations given in trying to understand the reality and causes of sicknesses has to do with the cause and effect principle that is, giving an explanation to every reality of life or everything that is happening in one's life even if it is perceived as natural. Mbiti's observation (1990:1-2, 77), that Africans are notoriously religious is true because, Cameroonians just like some people in Sub-Sahara Africa, 'attach' a lot of religion, values, morality and ethics to almost everything that happens in their lives, families or communities. There are various types of proverbial sayings among my tribe's people with much hidden meanings and one of them is: "nothing happens for nothing." This may imply the cause and effect principle, that is, whatever happens, especially a misfortune or

illness has an identifiable cause and effect. This may explain why some Cameroonians are too inquisitive or eager to know why certain negative things are happening to them, or to know the real cause and possibly the origin of any misfortune or illness. That is why some have to visit the fortune-tellers or traditional medicine men to explain to them the cause of their illnesses or misfortunes. This may also explain why some Cameroonians acquire protective medicines from witch doctors.

The cause and effect worldview is one of the natural ways of viewing situations, identifying causes and looking for possible ways of solving problems or recovery from a misfortune or illness. It is a worldview that seeks preventive measure. As such, a cause is identified and a solution or possible solutions are identified in relation to the cause; then preventives or healing ways or methods are identified to deal with the cause or to prevent it from reoccurring or at least to weaken its negative effect. Explanations and interpretations of people's experiences are very important to them; especially explanations in relation to health, illnesses and healings. Whether such explanations come from the sick (for most sick people their priority is to strive to gain as much relief or healing as possible and through any means) or the healer. The way people act towards situations can tell something about their general perception of the situations and their worldview. In particular, the way people respond to illnesses tells us their general, religious and philosophical perception of sicknesses and healings. There may be a clash of values between such perceptions and other worldviews. The importance of these explanations and interpretations to illnesses is that they prescribe what is good and valuable, describe the situations in which the sick persons find themselves; and they set out a course (Pattison 1989: 40f)

There may be some justifications for the cause and effect worldview since one of its ultimate goals is to identify clear causes and set directions for possible solutions or for in-depth understanding of the 'illness.' However, there are some limitations to such a worldview. We will look at these limitations in relation to illnesses. Often, not every clear or particular cause has an identifiable, clear, or particular effect. Not all illnesses can be viewed primarily in terms of identifiable causes and effects. To do this is trivializing the sickness and compromising the healing process, which may have fatal consequences. For instance, to interpret that malaria is witchcraft is exaggeration, because malaria is caused by mosquitoes; wrong diagnosis, implies wrong treatment and the consequences can be fatal. Again, to think that malaria can be treated only with a combination of boiled herbs and plants without the additions of medical treatment at

the same time is a misunderstanding of the parasite that causes malaria fever. I have witnessed, with a broken heart, children dying of malaria fever because medical treatment was delayed for such patients. Some of the parents went for medical treatment when it was already too late in the name of first trying traditional treatment. I can also understand that poverty is one of the reasons that attract some people to traditional treatments; but a high price is often paid when the right treatment is delayed or when a wrong diagnosis is made. At times, there is actually no direct correlation between a particular cause and a certain effect (Pattison 1989:40). Still at times, the innocent seem to suffer as much as the one who is guilty or the sickness outweighs in all reasonable thinking, the particular effect or sin as claim. This principle can lead to self-blame, I am the cause of my sickness; rather than dealing adequately with the sickness and perhaps, learning more about how to prevent or live with it. The clergy identified this problem and many more as they responded to their one-on one interview.

The multi-dimensional understanding of sickness and healing, is very important and vital for the individual, family and community. However, not every sickness has an explanation or an identifiable cause because as humans, we are vulnerable to sickness and degeneration and there are certain experiences or sicknesses whose causes cannot be explained. One of my criticisms of traditional healers and healing is that there are some illnesses, whose specific medical development or causes the healers do not know much, but claim to cure and some do so just to exploit the vulnerable sick persons. Another area of critique has to do with the complex issues of witchcraft, divination, magic and sorcery. Families and friends have been torn apart due to accusations and counter-accusations. From the research results and experience, some of this information is clearly false. The point I am making here is that, it is preferable and appropriate to seek medical or modern diagnosis alongside prayers and other religious healing methods for this will lead to better understanding of the illnesses and consequently, better ways of enabling the healing process towards that wholeness which for Christians, will finally be manifested at the Parousia.

#### **4.3. 3. 'Lack of faith'**

Lack of faith is one of the difficulties identified by some of the clergy as they carried out healing services and some of the responses of the laity agreed with this. To the question 'what is faith'? The catechism of the PCC (2008:3) has this to say; "For us Christians, faith means firm belief or unquestionable confidence in God.

It enables us to believe all things, seen and unseen, revealed by God in His inspired word in the Bible (Mk 11:22, Rom, 12:3, Heb11:1). This catechism is a document used by all the congregations of the PCC and especially in the preparation of candidates for baptism and confirmation, readmission and admission. To the best of my knowledge, the preparatory classes for baptism and confirmation are also handled by the laity. If a Presbyterian has been groomed to believe for instance, that faith is unquestionable confidence in God and the lived realities proved the contrary, then it is natural for him or her to ‘start losing that confidence’ in such a God that is ‘proving to be a failure.’

Since believers do not live in a vacuum and since faith cannot be separated from practice or from real life experiences, Christians need to continually relate that faith to what is happening in their lives. And since what is happening in real life seems to contradict that faith, then Christians are challenged to think, question and seek better understanding of their faith so as to illumine life, practise and live-reality (Migliore 1991: 7). In other words, faith is a relation to the living God and since this faith sees only dimly (1 Cor 13:12) and cannot actually fully grasp or comprehend who this God is, faith, as Migliore has rightly pointed out, needs to continue to inquire and raise questions in relation to life-experiences; faith needs to keep on ‘seeking understanding.’ Christian faith asks questions, seeks understanding, ventures to inquire both because God is always greater than our ideas of God and because the public world that faith inhabits confronts us with challenges and contradictions that cannot be ignored (Migliore 1991: 7-8).

That definition of faith in our catechism is Biblically right but practically, is having some setbacks. This definition further compounds the theodicy questions and suggests that Christians are puppet believers who just have to accept or believe everything even if that faith contradicts realities. In this light, I am of the opinion that it needs to be revised so as to enable lived-experiences challenge and question our faith and theology. Faith is seeking understanding about our existence, our destiny, about the nature and being of God, about our theology and lived-realities. God has given us the free will and that free will enables us to question and even ‘remind God’ of His covenant with His people if things or lived-realities contradict that faith. This can explain why some PCC Christians who put on such a firm faith or unquestionable confidence in God ‘start protesting even unconsciously against such a God by going, for instance, for protection or for help to other gods or to traditional healers. The insight of Lees and Fiddes (1997:17) is important:

There is obviously a danger here of putting the emphasis upon the faith of the individual person who needs to be healed, with the result of fostering a guilt complex which will certainly stand in the way of health and wholeness. We have heard the insensitive and damaging accusations that 'you didn't have enough faith' or you didn't pray hard enough.

The results reveal that some of the sick people and their family interpreted their lack of healing as not having enough faith. All the six clergy rightly pointed out that this is really a big theological problem (why are some people healed and others are not?) which cannot be avoided and which has no easy answers. On my own part, I cannot count the number of times that I have counselled and prayed with the sick and their relatives who hold such views.

Such views may have some justifications. If we read texts like: Matthew 8:5-13 the faith of the centurion enabled Jesus to heal his servant: Matthew 9:22, Jesus said to the woman who had been bleeding for twelve years "Take heart, daughter... your faith has healed you," and Mark (5:34b) adds "Go in peace and be freed from your suffering. In Mark 2:1-12 we read that Jesus healed a paralysed man because of the faith of his four friends. In these passages, we can understand that both the faith of the relatives and faith of the sick contributed to their healing. Lack of faith is one of the interpretations given when the sick are not healed or when people are not being healed. A reason that comes out of the research to support this study is: why people are sick? In the second instance: why some are healed and others not, this leads to the idea that some sicknesses can be viewed as a punishment from God or the gods (Lees and Fiddes: 1997:19-22, 99). Such views could be biblically justifiable (Mark 9:14-29, Matthew 17:14-20, Luke 9:37-42, 1 Corinthians 11:22-32). In John 5:14 we read: "Later, Jesus found him at the temple and said to him 'see that you are well again, stop sinning or something worse may happen to you.'

Biblically, it is true that there is a correlation between faith and healing, sin and sickness, pain and suffering (MacNutt 1974:113-148, Mwanza 2001:21-32). However, this is of great significance to the sick; there are passages about Jesus' healing that faith has nothing to do with those who are healed. Similarly, there are passages that reveal that sickness is not a consequence of sin or punishment from God. Jesus healed out of his grace, mercy and compassion and thus the starting point in counselling and praying with those with such damaging views- (damaging because they are a hindrance to healing or help to block the healing

process) is the compassionate love of God revealed ultimately at the cross. We will come back to the significance of Jesus' healing in chapter six. However, it is important to add here that such passages about sin and sickness do not reveal a better understanding of the nature of God nor that of the illness because such views help to block a better exploration of the nature of the illness and thus the healing process. Many complex factors, and some even hidden, may be preventing or blocking the healing processes. Thus, it is important to explore and unmask them in order to enable the healing process to go 'faster.' These paragraphs are not glorifying sin nor saying that faith is not important. The point I am making here is that in counselling and praying with those sick people who express the problem of sin and faith (some of the blockages to healing) the starting point is God's all-embracing-agape revealed through Jesus ministry, and above all, at the cross and the resurrection (Romans 3:23, John 3:16, MacNutt 1974:98-108, Dale1999:21-33). We return to one of the reasons why the clergy spoke about 'lack of faith.'

#### **4.3.4. Syncretism**

The research results especially those of the clergy hold that syncretism is a double standard lifestyle wherein some Christians confess Jesus as Lord and at the same time still clinging on to other powers for security, protection or healing. The following examples will enable us to understand the word syncretism better.

Three of the clergy shared some challenging experiences, in response to question 5a, which we will share here, which also tie with the experiences I shared about events in the society, (where some Christians sought healing through the traditional healers and have either special pots, bottles or bags prepared by traditional experts or witch doctors for them to either keep in their bedrooms, sitting rooms or behind their houses). Each clergy, within the PCC would not lack something to say about syncretism in his or her congregation and the various ways they use in order to 'educate' the Christians on this double standard way of life.

One of the clergy said, he entered the car of one of his Christians and his eyes coincidentally fell on an 'alacata pepper' tied just near the cross near the windscreen. The message written on the cross is 'Jesus never fails.' Out of curiosity the clergy wanted to know more about the 'alacata pepper' and his Christian told him that his experiences have proven that Jesus fails at certain moments and in such moments the 'alacata pepper' will protect him.

A clergy, made an illustration of a man with two faces; one of the faces is facing the church and holding the Bible with one hand while another face of the same person is facing the traditional doctor and holding a fowl to sacrifice with the other hand. This scenario is familiar because I have seen such pictures in films and on the backs of theses in the seminary. The research results, as already indicated, affirm this fact. The same Christian we find in the church service in the morning singing and shouting that Jesus is his or her security may be the same person who, in the evening, goes to traditional healers for sacrifices and protection.

One of the clergy said he was so disappointed with his elder sister who took his son, without his knowledge, for traditional protection. This child was seven years and was often sick. The sister of this clergy believed that if she takes her brother's sick son for traditional protection, then the son will not be sick again or at least the effect of the sickness will reduce. When that clergy learned of his sister's action, he rebuked her bitterly and some family members who were supporting such action. I could feel the frustration of this clergy because I have experienced it in my family.

If we examine closely some of the responses of the laity already shared above, and especially a response such as "I am no longer a double Christian;" then one would perceive aspects of syncretism. Again, such responses, together with the clergy's experiences, reveal the dilemma of our Christian faith in relation to the everyday realities of sickness.

Theologically, some of these responses revealed that such Christians doubt the Lordship of God over His world, the goodness, love and care of God over his creature and thus pose a question on the very nature of God. If God is still omnipotent, omnipresence and omniscience, if God is love, why should his loving children continue to face illnesses and the destructive forces of evil? One can write volumes in response to this question and many have been written, yet, the question remains fresh every morning and with no satisfactory answers. It is such a dilemma that led some sick people to roam from place to place or to go to traditional healers for protection so that if God fails then the other powers will help them. The literature review within the circle of the PCC points out this fact, especially the writings of Ngolle (2008:1-2). The results reveal that unless the PCC takes into consideration such religious worldview of the sick, then its healing ministry will continue to remain shallow in the minds and lives of its sick members.

Mbiti (1990:59), rightly observes that, if we (the church) fails to appreciate the ontological starting point of the worldview of the sickness; a worldview that understands illness as a religious encounter and better still, a worldview that knows that the whole of existence is a religious phenomenon and that human beings are deeply religious beings, live in a religious universe, the church will keep on repeating the mistakes of the missionaries. Such has serious consequences ('lack of faith,' roaming, syncretism and further pain as we have seen above) to the church's mission and the healing ministry in particular. They are such realities that I tend to reflect on how we (the clergy) have presented the Gospel message to our fellow brothers and sisters in Cameroon. Then I began to ask and examine - whether we have over-emphasised certain doctrines or teachings about God that seem to contradict lived-experiences; or- whether there are certain teachings of the church that we have to revisit or reformulate certain theological teachings or redefine our pastoral care ministry especially to the sick? Another consequence of not taking the ontological starting point of the worldview of the sick seriously is the subject of the next section - the impact of the traditional healers upon the lives of some of our Christians. But before we go there we have to say a few points on the dilemma of prayer for healing.

#### **4.3.5 The dilemma of prayer for healing**

Just like the healing service, the prayer for healing generates debate among churches and among the same denominations like ours. According to Dow and Stammer (1997:37), this debate is influenced by the concern's worldview, an interpretation of the passages that refer to Jesus' healings, an understanding of the meaning of healing and an understanding of the causes of illnesses. All the 26 participants value the power of prayers. They all hold that prayers can do even the impossible, 'that prayers changes situations' for the better.

One of the difficulties identified by the clergy as they conduct healing services and their pastoral ministry as a whole, is what I call 'the dilemma of prayer;' that is, when the prayers seem unanswered and the hurts or the pains or the sickness continues. All the 26 participants have experienced this and are still experiencing such moments or situations. This really poses a dilemma to our Christian faith and 'gives birth' to some theodicy questions and eventually to some interpretations and explanations. The question here is: why are some people not healed after the prayer for healing? This dilemma, as earlier indicated, reflects to some extent, the people's understanding of the causes of illnesses and the understanding of sickness and healing

recorded in the Bible. One fact is clear here, that the types of spontaneous healings or miracles we read in the Bible are not occurring or are very rare today. This is one of the reasons, as we saw in chapter two, that prompted Calvin to fight against any continuing ministry of healing in the Church.

Both clergy and laity have proposed several reasons as to why prayer for healing is not working for every one today. Two of such reasons have already been discussed above namely the problem of 'lack of faith' and syncretism. Another traditional response, according to the results, is that sickness in such moments is seen as punishment or seen as having a particular purpose for the concerned. But the dilemma and the 'why questions' still remain and continue to baffle both the laity and the theologians and our Christian faith as to why some people are healed and others are not healed. And the question still remains: Why are some people not healed even after fervent and continuous prayers including fasting, anointing, exorcism and laying-on of hands? Responses to these questions would largely depend on our understanding of the meaning of prayer and healing. We will return to the meanings of prayer and healing later. However, the dilemma still remains no matter what explanation we give, including that which says that not all prayers and in particular not all prayers for healing are being answered by God the way the sick and relatives want or wish. Such dilemma can be frustrating and at times causes the sick person to seek help from the traditional healers.

#### **4.4. The impact of traditional healers**

Because all our prayers for healings are not being answered by God the way we want or wish, some turn to seek for answers or solutions from the traditional healers. The practice of syncretism becomes very visible when we turn to Christians and traditional healing. It is clear from the results that despite tremendous advances in science, modern medicines, and technology, despite the presence of modern health care facilities and treatments, a good number of patients and Christians are still receiving traditional treatments, alternative medicine, modern medicine and religious healing methods and some do so simultaneously. Some do not even notice any contradictions of faiths. The laity, generally in their responses, affirmed that traditional healers are so influential in traditional healing. Ndencho (2008:418-429), in his article, writes: "Most traditional cultures believe that, to maintain the health and vitality of human beings, they have to address forces in both the natural and the spiritual world..." This article confirms what we have earlier said that for the African, one cannot separate between

natural and supernatural, body and spirit because their religion runs through their blood stream; it is natural, in-born, by instinct that they are religious. This is really a big challenge to theologians and scholars within the PCC and above all a challenge to its healing ministry; challenging the PCC's theological understanding of illness and healing within its context- a context that is largely religious. They have neglected the worldview of the sick and focused more on the physical aspect of illness and healing. Until the PCC incorporates both the natural and spiritual or supernatural in its understanding of illness and healing, its Christians will continue to shuffle from place to place.

According to the results some of the most popular traditional healers in Cameroon are: the witch doctors, diviners, traditional medical experts and 'herbal' healers. From the knowledge gathered from the results, my experiences and my pastoral ministry, especially knowledge through events in the society which I have already shared above, including knowledge gained through prayer sessions, counselling, retreats and sharing of experiences, I will briefly paint a picture of how the above four groups of traditional healers carry out their healing processes. Such information is necessary, if the PCC really wishes, to take into consideration the voices and worldview of the sick in the reshaping of its ministry of healing in a way that would be more meaningful to the sick and their relatives. Here are two of the questions that I have often been reflecting on: How can the PCC liberate the negative traditional healing methods concretely and give those Christian values in such a way that these methods would become truly Christian and Cameroonian? What kind of theological and practical responses can the PCC provide to its sick members that would not contradict the Christian faith and lived experiences? We will return to these reflections again.

There was one probe up question that I asked to the majority of participants including the clergy. This question concerns the impact of traditional healers in the life of the individual, family and community. The majority of the laity spoke positively about them and even tried painting a picture of their healing processes. The majority said they visit the traditional healers for mostly issues that they believe are related to 'spirituality' that is, illnesses that cannot be diagnosed medically or treated with modern bio-medicines. Such issues include witchcraft, spirits world, demonic attacks and other misfortunes or issues that need special types of blessing within the family or community. Furthermore, some claim that they visit the medicine-man for preventive purposes. Mbiti's remark (1990:162), that, "To the African societies the traditional medicine-men are the greatest gift and the most useful source of

help,” confirmed the laity’s general way of viewing the traditional healers. This may explain why some Christians have pots or other physical symbols kept in their homes as a way to prevent any sickness or misfortune from the enemy or the devil. The clergy spoke very critically about these healers which ties in with some of my criticism as will be seen below.

In the following section, I will try to sketch the social, cultural and religious impact of the traditional healer upon the healing processes of the sick and their family and the community. This information will be very scanty and fragmented because my main source is the results, experience, some literature and the internet. But I must also say here that the results have challenged me to carry out a research on the impact of traditional healers and healings in the lives of Christians in Cameroon once this project is completed. More about the preliminary notes on such a research will be seen at the end of this project. It is also important to say here that traditional medicines are valued in Cameroon just as in other parts of Africa. On 01/09/2015, Cameroonians joint their counterparts in other African countries in celebrating the 13<sup>th</sup> Anniversary of the African traditional medicine. Prior to this day of celebration, our media (the radio, television and newspapers) focused on the impact of such medicines in the healing of Cameroonians and on the role of the association of traditional healers. This association according to the news on the television that day is aimed at promoting good values and better healing practices.

Mbiti (1990:162) has rightly pointed out that there are issues of terminology here with no clear written information. As such, only little information about them is exposed to the public. There remains a great deal of information to be gathered and made available to the public. This is one of the reasons that I wish to research more in this area after the completion of this present project. The diviners, witch doctors and the traditional medical experts’ roles and functions may be interchangeable, that is, each may be able to treat fairly different types of illnesses even though they are ‘specialists’ in some specific areas. These traditional ‘medical experts’ are expected to ‘know the symptoms of diseases and how to treat’ them. They are believed to be specialists in the treatment of a variety of illnesses and diseases. If the physical need of an individual, for instance is headache, the healing process may involve mixing some traditional herbs and other ingredients for the person to eat or drink. The diviners claim to be specialists in communicating with the spirit world. In order for them to heal the ‘root cause’ and not only the symptoms of the illnesses, they would first of all ‘find out’ from the spirit world why a particular people or family or community are inflicted with certain misfortunes, diseases or

sicknesses. There are a special group of diviners who claim to, also communicate with the dead, that is, if someone dies untimely, the family members can go to diviner and the dead will explain why he or she died not to the family but through the diviner to the family. I asked one of the participants why the diviner cannot allow the dead person to speak directly to the hearing and understanding of the family members? (This is one of the questions to ask the diviners during the research proper as already indicated above). He replied that the diviners are the people to carry out the 'post mortem' since they are the intermediary between the spirit world and the living.

There are witch doctors that are specialists in the treatment of witchcraft-related sicknesses. Witchcraft issues are very controversial, we will return to this later. These witch doctors, like diviners, claim to communicate with the spirit world. Their healing processes involve warding off the evil spirits and thus 'liberating' the sick from further attacks or reducing the negative effects of further attacks. If the healer 'finds out' that the sickness is from the evil forces, then the process of healing will involve a power greater than that of the evil forces and the warding off of the evil forces or appeasing them through sacrifices and thus 'liberating' the sick from them. The warding off process may include protective medicines injected, in a special way, into the skin or body or kept in the homes of those being attacked. It is believed that when the witches or wizards smell such protective medicines they will not come back to trouble those living in such homes or having the medicines in their bodies or at least their negative impact would be reduced. All these protective medicines are renewable after a specific timeframe or they will cease to be effective and the witches or enemy can attack again even more forcefully and with real devastating consequences. This explains why those using such forms of healing are constantly visiting the healers for more enforcement or reinforcement of their healing or when they feel threatened or sick.

Some of the laity in the research said that, prayers to the gods or God are an important element in the healing processes, by the traditional healer. If the patients' sickness is infertility (that he or she cannot have children), then the healing process will include prayers to the god of fertility or to the Supreme Being. Alternatively, they pray the gods or God to bless the roots or plants or the various concoctions to be used as medicine for healing. One central aspect of the prayer has to do with complete healing, that is the healer will petition, on behalf of his or her patient, for complete healing which will include, as already noted above the physical, social, psychological and spiritual need of the patient.

For the purposes of better understanding, I will, from now, be using the phrase traditional healer or experts to refer to all the specialist traditional healers who are not associated with mainstream medicines. The ‘post or office’ of a traditional healer can be hereditary or learned or trained. However, there are some who claim to be inspired or instructed by the spirits or through dreams to become healers, or specialists in the treatment of certain sicknesses or diseases. Generally, some traditional healers usually depend on the spirits and the power of their gods in order to heal. This may explain why various forms of sacrifices and prayers to the gods or God are an important element in the healing process (Mbiti 1989:162-164).

Some of the laity further said that, traditional healing can involve a variety of traditional healers with different functions, specialities or roles, and in some cases, healing may also involve the speciality of more than one healer and a variety of healing methods. Some who receive traditional treatment, argue out that, just as in the biomedical field or in modern scientific medical treatment in the modern sense, where there are different specialists and doctors caring for the different needs of patients, so too in traditional healing, there are specialists in different fields. In the modern medical treatment, the physical needs of the patient are mostly dealt with while in the traditional healing the physical, spiritual, social and psychological needs are all dealt with at the same time. This is really an important aspect because of the holistic nature of our society.

The traditional healers are expected to be ‘medical’ specialists or experts in a modern biomedical sense that is, to be able to diagnose a disease through the symptoms or through their special “laboratory or x-ray, or technical knowledge.” The “laboratory, x-ray or blood test” of traditional healers are conducted either through their psychological skills, highly skilled-communication network system, or through the ‘power’ they possess to communicate with the spirit world or to see beyond the ordinary eyes. The traditional healers use a variety of methods to ‘see,’ what they claim, ordinary eyes cannot see. Some throw cowries on the floor and in a mystical way, they claim to see beyond what ordinary eyes cannot see. They claim to see the spirit world and the patient ‘sitting before them’ and all his or her sickness or problem. They then communicate their findings to their patients. Some have a special clay pot with certain concoctions inside, when they look into the pot; they communicate their ‘findings’ to their patient. Some use chains, to look at it and communicate with their patient; while others use their hands to feel or touch the patients among other methods.

When their ‘findings’ have been done and communicated to the patients, a healing process may be prescribed, proposed or begun. This healing process varies, depending on the individual, family or community’s needs or degree of sickness and may include some of the following: a combination of herbs, curative plants and roots and other ingredients from animal, birds and insects. Again, the healing process may also include: charms, protective medicines, religious ceremonies, sacrifices, spoken words, incantations, water, oil and cloths. Payment is received in kind or cash, and sometimes demand to have sexual intercourse with their patient. The payment depends on the individual and family and also on the nature of healing. In some situations the cash payment is very huge which may lead the patients to borrow money or even sell some of their property before meeting up with the costs. In other situations, the traditional healer will ask the patient to bring certain things to combine with his or her treatment. Some of these things demanded are impossible for the patient to get, like the heart of a python, or that of an elephant. If the patient cannot get the things then the healer will demand more money so as to get them (Mbiti 1990:162-167). Mbiti (1990:165) points out the impact of the medicine-man as follows:

First and foremost, medicine-men are concerned with sickness, disease and misfortune. In African societies these are generally believed to be caused by the ill-will or ill-action of one person against another, normally through the agent of witchcraft or magic. The medicine-man has therefore to discover the cause of the sickness, find out who the criminal is, diagnose the nature of the disease, apply the right treatment and supply a mean of preventing the misfortune from occurring again. This is the process that medicine-men follow in dealing with illness and misfortune: it is partly psychological and partly physical. Thus, the medicine-man applied both physical and ‘spiritual’ (or psychological) treatment, which assures the sufferer that all is and will be well. The medicine-man is in effect both doctor and pastor to the sick person.... In African villages, disease and misfortune are religious experiences, and require a religious approach to deal with them. The medicine men are aware of this, and make attempts to meet the need in a religious (or quasi-religious) manner-whether or not that turns out to be genuine or false or a mixture of both. Obviously some of the activities involved in dealing with illness may not have any overt value, but they are psychologically vital and no doubt play a great role in healing the sick or helping the sufferer.... Overall, the medicine-man gives much time and personal attention to the patient, which enables him to penetrate deep into the psychological state of the patient.... Suffering, misfortune, disease and accident, are all ‘caused’ mystically, as far as African peoples are concerned. To combat the misfortune or ailment the cause must also be found, and either counteracted, uprooted or punished. This is where the value of the traditional medicine-man comes into picture. So long as people see sickness and misfortunes as ‘religious’ experiences, the traditional medicine-man will continue to exist and thrive.

One important aspect that emerges so prominently in the results is that in traditional healing, the role of the ancestors is very important. Cameroonians, as most Africans would do, 'turn' to their ancestors for healing, blessing, protection and prosperity. Moreover, one way of doing this is through individual or corporative prayers, petition for complete wholeness. It is believed that the ancestors are closer to the higher spirits, gods or Supreme Being and as such, are in a better position to mediate or intercede on behalf of their living family members who need healing, blessing and protection.

The traditional healers carried out healing in a holistic way; they are fully aware of the multi-dimensional approach of health, sickness, healing and the intertwined nature of physical, spiritual, social and psychological healings. The traditional healers have a very good network of communication, of keeping themselves informed of what is going on in the community or even in people's homes or families. They know not only their society, but also the individuals and family's needs. What can the clergy learn from this? Do we know our Christians and spend enough time with them? They are good psychologists and they use such skills at times to contribute effectively to the physical, psychological, social and spiritual needs of their patients, family and community (Zimmermann 2007:64).

It is important to also acknowledge that there are some Cameroonians who cannot be classified as traditional healers in the narrowest sense of the word, but who are aware of various curatives herbs, natural ingredients or plants for the treatment of particular or common illnesses. They might be called herbal or natural healers. The CWF and CMF yearly study material at times has a lesson on curative plants and herbs and how to use them. In the case of 'malaria fever,' for example, some people boil a combination of leaves with roots and drink and or bath with some. Pamphlets have even been written on how to use curative plants for the treatment of a variety of sicknesses. I have tested some and felt better, even though only for a short period of time. There are some places where anyone wishing to learn more about herbal plants can go and do so. I need to emphasize here that the herbal healers have very little, if at all, to do with the gods or spirits, charms and magic as the above previous healers. I may say here that, some of these curative plants and herbs are effective in the treatment of some illnesses. Some act as first aid which implies medical attention is needed for proper diagnosis and treatment. Some are only 'tried and error' that is, one type is given and if no positive response then another type is given and such delays may finally lead to the death of the patient.

Some of the traditional healers are respected in the society while some are members of the traditional council. For some, traditional healers symbolises hope of good health, security, peace and prosperity. They are the medical experts and friends of the people because they are always accessible. They are even seen as the ‘psychiatrists, doctors, pastors, counsellors, and peacemakers of the community. We must emphasise here that their good psychological knowledge and highly skilled communication system really play a positive role in the healing process of the sick, family and community. Some are devoted to their work in alleviating sickness within their capacity. Again, they are experts in understanding and integrating reality, re-establishing harmony, reinserting the sick to his or her rightful place within the family or community, enabling the sick to regain their wholeness and well-being and liberating them from all that ‘causes sickness’ (Mbiti 1990: 166-167).

However, the research participants and especially the clergy noted some shortcomings of the traditional medicine men. It is important to note here that some of the shortcomings presented in the next paragraphs were also raised over the CRTV (Cameroon radio and television) on 01-09-15 during the 13<sup>th</sup> Annual Celebration of Traditional Healing in Cameroon.

The art of exploitation, abuses and harmful practices are found among some traditional healers. In as much as there are certain sicknesses or diseases that the traditional experts can cure, and restore the person to ‘wholeness;’ there are some that they cannot cure, yet some claim to do it just as a means of exploiting the vulnerable sick person for their selfish interests. There are also fake traditional healers, who use their “office” to exploit people financially, sexually, psychologically, physically, and socially, thereby causing more harm than good.<sup>17</sup> Exploitation is a shame to any profession even if it is common in Cameroon. Because of deception and harmful practices on the part of some traditional healers, patients have died because of delay in receiving the right treatment and these defeat the very purpose of their work.

Some surround their treatment with a lot of rituals, taboos and all sorts of “do not” instructions. All these may be to establish their firm grip or position within the society or to blame the sick, if their treatment is not effective, for failing to observe all the rituals. However, not all rituals or taboos are negative. Some of the rituals, as some people claim, unite the patient with the whole creation and the spirit world and enable the patient to participate in the recovering process thus

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<sup>17</sup>Website google Traditional healers 06/04 2015

facilitating the healing process, (interconnectedness of and interdependence between humanity and the rest of creation). Nonetheless, some carry out unnecessary rituals just to make the healing look mystical so that they can remain in business.

Another area of critique has to do with the complex issues of witchcraft, divination, magic and sorcery. The “x-ray, lab” or the diagnoses that the traditional healers claim to carry out are sometimes wrong and they bring more confusion and sickness thereby defeating their very purpose of healing. In an attempt to ‘find out the cause’ of the misfortune or sickness, some people are scapegoats, that is, they are singled out by the witch doctor, or sorcerer or diviner as witches or wizards, that is, those who are causing sicknesses or misfortunes to others . As a result, some innocent people have been beaten to death, while others face untold discriminations, abuses, broken relationship and even banishment. Families and friends have been torn apart due to information that they got from the sorcerer or diviners especially about accusations and counter-accusations. From my experiences, some of these means of information are clearly false. Bearing in mind that the Cameroonian society is holistic in nature, individuals, families or communities cannot experience authentic healing if there is disharmony, disunity, quarrels and bitter feelings towards each other. When the ‘atmosphere is polluted’ there cannot be adequate peace or harmony and such a ‘polluted atmosphere can breathe’ in more sicknesses. In this light the traditional healer with their information from their magical worldview tend to promote sickness or prolonged healing.

At times, the traditional healer’s approach that is meant to promote good life becomes a threat to that life. Cases have been reported and testimonies recounted how some traditional healers provide poison to people to kill others or how they carry out the killing themselves.

Sometimes the environment, containers and the ways of preparing native medicine by the traditional healers are very unhygienic; no disinfecting of instruments, skin piercing instrument used for more than one person, no right dose of medicine or side effect tested and monitor and all these combine to cause further sicknesses to people. The right dose and side effects of medical treatment can be verified scientifically and controlled; but this is not the case with traditional healing. In traditional healing, patients do not even know what they are taking as medicine, nor are the consequences of what they are taking in their life. The lack of reliable information from the healer concerning ‘what’ the patient is taking may combine to add more sickness rather than healing (Zimmermann 2007:64 and internet visited 10-12/10/14).

Another area of critique is when Jesus' power is equated to that of the gods – this is syncretism as already seen above. I have asked this question several times to individuals and to some Bible study group members: Are we aware that allegiance to Jesus and to the gods is a form of syncretism? The majority answered yes, and added that in the face of fear, pain, frustration they have no option than to cling to anything that can alleviate their pain or offer or promise them healing or liberation. One woman made a comment that the majority shared in one of our Bible study groups in June 2003. She said that if all of us in that Bible study group were asked to undress or that our bedrooms or homes should be searched, then one will see amulets or bags of traditional medicine that people are using for protection; that some Christians are in the church in the morning singing “Jesus is my security...” and after church they are with the traditional healer singing “the bag or amulet is my security.

Indeed the results reveal that in the area of healing, there are clearly some uncomfortable mixture of worldviews, or a melange of beliefs and an ambivalence that leads to double existence and thus a contradiction to the Christian faith. This is syncretism, because, Jesus' power cannot be compared to any other power in the world. One is not completely against traditional medicine but we are against syncretism, negative culture, dualism, parallelism and trivialization and the limited understanding of the causes or adequate knowledge or information about illnesses. All these may harm, compromise or interfere with the process of authentic healing and integration of culture and the Gospel. An authentic integration will enable the Gospel to liberate the culture, people, and religious beliefs in the light of the Gospel message, and this needs to be one of the tasks and challenges of the churches in Cameroon as elsewhere in Africa.

A word needs to be said here about Biblical people and traditional treatment. Biblical people also knew about traditional treatment (Jeremiah 8:22, 2 Samuel 5:23f, Dt 7:12, Psalm 5:13-14) among others. Biblical people also had traditional experts or doctors who cured or healed some diseases (2 Chronicles 16:12, Jeremiah 8:22). Apart from the traditional experts, some individuals had the gift of healing (2 Kings 5:1-14). The religious leaders had the task to heal (Ez 34:4, Zec 11:16-17) but they failed. All these healing need to be understood as holistic (Isaiah 57:18-19, Jeremiah 33:6, Hosea 11:3-restoring). John 10 revealed Jesus as the ultimate source of wholeness (1 Thes 5:23). But God alone brings healing even if others are involved.

#### **4.5. The worth of the African worldview**

We return to the invaluable worldview, which helped to shape holistic life style in Africa. Manala (2006: 105-106) summarises the invaluable wealth of the African religions that shaped the African worldview from a website which he accessed on 20-11-2003. He writes, the following elements of African traditional religion (s) are especially admirable:

- a) There is a widespread belief in a supreme God, unique and transcendent
- b) Africans have a sense of the sacred places, persons and objects, sacred times are celebrated
- c) Belief in the afterlife is incorporated in myths and in funeral ceremonies
- d) The invisible world of the spirits and ancestors is always present and the intentions of those spirits can be ascertained; care is taken to ascertain the will of the spirit to whom sacrifices may be due or from whom protection may be sought.
- e) Religion enfolds the whole of life; there is no dichotomy between life and religion.
- f) Ancestors mediate between God and man (sic).
- g) Belief in the efficacy of intercessory prayer is widespread
- h) Bodily purification is required before one may approach to offer sacrifice to God; there are nevertheless provisions for spiritual purification also.
- i) It is believed that sin harms the public good; hence there are periodical purification rites in order to promote public welfare.
- j) Worship requires a fundamental attitude of strict discipline and reverence
- k) Pardon is final and acknowledged by all: an offence, once forgiven is never recalled

Gaining an understanding of such an insight may challenge the PCC to re-evaluate its healing ministry; and until this is understood adequately, then the church will continue to heal symptoms and not the root of the sickness. Such an understanding is crucial to the church's healing ministry and mission because of the holistic nature and the worldview concerning illnesses and because some of her members go to traditional healers while some do it secretly. They go to receive traditional treatment; and because all are in need of healing, irrespective of their affiliation, the PCC needs to look for ways of meeting the needs of its sick members and their families. Such an understanding is also crucial to the church for the purposes of evangelisation and encouraging those moral traditions and values that promote and enhance abundant life while discouraging those that undermine life. Such a traditional worldview and understanding of the multi-dimensional and integrated nature of the human personality, enabled

wholeness and a richer concept of enabling well-being and communal life style; thus promoting and enhancing the process of holistic healing. Mbiti (1990:256) writes:

... we have shown that in their traditional life, African peoples are deeply religious. It is religion, more than anything else, which colours their understanding of the universe and their empirical participation in that universe, making life a profoundly religious phenomenon. To be is to be religious in a religious universe. That is the philosophical understanding behind African myths, customs, traditions, belief, morals, actions and social relationships

For a traditional African and Cameroonian in particular (Christian or non-Christian), life is a totality hence health, illness and healing affect the whole of life and thus are interwoven, that is understood in an all-inclusive and holistic perspective (Kalilombe 1994: 119 and Mbiti 1990: 15-18).

We have explored the empirical research results together with the traditional worldviews of Cameroonian/African in the area of health, illness and healing. In exploring the worldviews of the 26 participants, we are, at the same time, explaining and interpreting some of the traditional understanding of illnesses and healings and thus assigning some meaning to the lived-experiences. With this, we return again to the PCC ministry of healing as seen in its liturgy of the visitation of the sick and her concept of the church as seen in its constitution and catechism.

One of the conclusions drawn, after exploring some of the documents of the PCC in chapter two, was that the PCC's ministry of healing does not actually reflect that of Jesus and His disciples and this is really a call for concern. Again, one of the significance of exploring the worldview of the 26 participants together with that of the general Cameroonian and African worldview we find another important shortcoming of the PCC's ministry of healing namely; its neglect of incorporating the African worldview into its healing ministry. The consequences of these neglects are very serious: Christians in search of healing but could not find it within its 'own house' roam from place to place out of frustration or (Manala 2006: 152-153), lack of faith or trust in God or both. Thus, illness and healing really constitute a challenge to the PCC ministry of healing and she has no choice but to accept the results and improve its ministry to the sick if she really wants to make a positive contribution towards the healing of its sick members in particular and the healing of the nation in general.

The next chapter will further focus on the weaknesses of the Reformed tradition and thus the healing ministry of the church; again pointing out the necessity of a new or fresh approach to the sick.

## CHAPTER FIVE

### THE REFORMED TRADITION DID NOT GET EVERYTHING RIGHT

#### 5.1 INTRODUCTION

We once more return to another motivation to this project. This was one of the affirmative statements made by some of the research participants and the general results and especially those of the clergy confirm this phrase. This phrase reflects one of the strong points of chapter two—weaknesses of Cessationism, weaknesses of the traditional Reformed responses to people who are ill and hence weaknesses of the PCC ministry to the sick. We come back to this second part of the question raised above: why would some Presbyterians adhere to traditional Reformed theologies while others feel that official Reformed theologies on the subject of healing within the framework of the local congregations should be updated? Two other questions to be added here are: what is the Reformed theological tradition? What is the Reformed tradition concerning the healing ministry? In chapter two we attempted answering the first part of the main question by observing that some are adhering to the traditional Reformed theologies because they wish to maintain the status quo that is, heritage, ethos and tradition. But there are also those who are observing that the heritage, ethos and traditions, especially concerning the ministry of healing, are not Biblically and socio-culturally grounded hence the phrase ‘... the Reformed tradition did not get everything right’ The results reveal that there is a necessity to critically revisit some of the traditional Reformed theology on the ministry of healing and this is the main focus of this chapter.

All the six clergy, in their response to the interview questionnaire and especially questions 1 and 3, the responses from some of the laity, acknowledged that, there are some serious theological and practical weaknesses to the reformed traditional theology on the ministry of healing. In order to support the claim of two of the research participants (the clergy) that, ‘the reformed tradition did not get everything right’ and to reveal further the weaknesses to its theology on the ministry of healing, we will return again to the main aims of the Reformation, its theology and tradition. And then we will constantly be referring to John Calvin’s healing theology and comparing it with the literature review, the results of the empirical research, together with some theological reflections. This is with the aim of coming into dialogue; so as to improve the healing ministry within the PCC and to continue challenging them with data (research results) which may enabled her to actually reflect its Biblical roots and the socio-cultural context in

which the healing ministry and the Gospel is being implemented. This chapter will be divided into four sections.

*5.2 “...The reformed tradition did not get everything right....”*

*5.2. 1 The Reformed theological tradition*

*5.2. 2 The Reformed tradition concerning the healing ministry*

*5.2. 3 Anointing, exorcism, the laying on of hands and miraculous healing*

*5.2. 4 The decline of the healing ministry*

*5.3 The significance of the empirical research*

*5.4 The significance of the main research methods*

## **5.2 The Reformed tradition did not get everything right**

The decision of the 2007 Synod Committee (highest decision making body within the PCC), that, those clergy conducting healing services should follow the tradition of the Reformed churches and the general tension and controversy within the PCC concerning healing services, support the perspective which seeks to maintain our very roots and identity, heritage and ethos as traditional Reformed people (PCC Constitution 2014:5). However, there are Presbyterians who are convinced that some of the traditional Reformation theologies concerning the ministry of healing are now proving to be unbiblical and un-contextual and need further theological reflections and practical re-assessment. The results support the position of proponent of healing services that the PCC's responses to healing at present are not contextual, practical, and theologically sound. A more meaningful approach needs to be developed; an approach that will take into consideration the various understandings, interpretations and worldviews of illnesses.

In the above chapter, we stated some challenging questions and some reflections on the necessity of revisiting some Christian theology or teachings that will enable the church to rethink and reshape its pastoral responses to the sick in such a way that will be more meaningful to them. Let us come back for the third time, to these questions: Are there some theological traditions within the PCC that have to be revised or reconceptualised in some way so as to adequately reflect the reality of our experiences (sickness) and reflect the experiences of the Christian faith in the Triune God? How can we attempt answers to the why questions that our faith experiences are asking especially in relation to illnesses?

In order to do justice to the results, the statement "... the Reformed tradition did not get everything right..." and to attempt answers to the questions raised above, we have to critically reflect again on the main aims, the basic principles, and the theology of the Reformation and how influential they are, especially on the healing ministry of the PCC.

### **5.2.1. The Reformed theological tradition**

Within the first few months in our theological formation in the seminary (at least in my situation) we were already familiar with Luther, Calvin, history of the Reformation and more especially with three Reformation cardinal principles (which I mentioned in chapter two): Sola Scriptura, Sola Fide and Sola Gratia, with the main aims and purpose of the Reformation (ed. Walker: 1986: 419-562, DeArteaga, 1996:83-86, MacNutt:2006: 139-141, Manala 2006:172-176).

One of the main aims of the Reformers was to reconstruct and cleanse the church from corrupt practices. One of their popular phrases was: "Ecclesia Reformata semper reformanda" which means "the Reformed church always to be reformed."<sup>18</sup> Neba (2007:87) interprets and understands this position to mean that "... the church's need to seek constant renewal..." One of the implications of Neba's interpretation and understanding of this position is that the church is always inventing something new or seeking constant renewal with the passage of time. There might be some truth to this interpretation but there are some shortcomings to such an interpretation and understanding. If Neba's interpretation is sustained, then it implies that the healing services and anointing which he writes about are just an invention (or constant renewal) taking place in and within the church (and the PCC in particular) with the passage of time of which I do not totally agree with.

In contrast to Neba's interpretation, the phrase "Ecclesia Reformata semper reformanda" according to the Reformers, as earlier indicated, means that they were not innovating, inventing or introducing a new brand of theological thought or proclaiming something new. But they were '*turning again*' to the form of the church's belief and traditions originated by and from Jesus himself, lived out by the first disciples and the early church and born witness to in the writings

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<sup>18</sup> www Reformed tradition and theology visited 2011, 2013, and 10-15 January 2015

of the Old and New Testaments.<sup>19</sup> If this interpretation of the phrase (“Ecclesia reformata semper reformanda”) is sustained, which I fully agree with, then those who practise or support healing services within the PCC are ‘*turning again*’ to the form of the church’s belief and traditions originated by and from Jesus himself, and *lived* out by the early church (MacNutt 2005:26, Mt 9:35-10:1, Mk 6:13, 16:15-19, Lk 10:17-19, James 5:13-16).

Those conducting or supporting healing services are ‘*turning again*’ to the form of the church’s belief and traditions which were once neglected or very little attention paid to by the Reformed traditional churches (MacNutt 2005:27-37) including the PCC. According to the research participants and especially the clergy, such healing services help us rediscover some of our lost Biblical history and to rediscover how we can improve our pastoral responses and pastoral care ministry to the sick. Both the responses from the laity and clergy support this fact especially, responses to questions 6b and 7b of the laity and 1, 3, 4 and 5 of the clergy. But this Biblical and theological truth concerning the ministry of healing is not sustainable according to Calvin’s Cessationism doctrine and those within the PCC who oppose special healing services. That is, Calvin’s doctrine of Cessationism is not theologically sustainable according to the results, hence one of the truths of this affirmation that “... the reformed tradition did not get everything right...”

‘Reformed’ means rejecting the idea that tradition alone can provide a sufficient form for matters of theology, knowledge of God, faith and belief. The Reformers rightly insisted that, the ‘Word of God’ is the only ultimate and absolute authoritative source of appeal and that all other sources of knowledge, including a church’s tradition, had to appeal to this central source—the *Word of God* (the principle of Sola Scriptura).

Tradition, belief, reason and Scripture combined can provide sufficient form for matters of faith. This implies that, those practising healing services, including anointing and exorcism within the PCC, are translating this ‘*Word of God*,’ as recorded in the Scriptures, to bear more meaning in the everyday lives of the PCC Christians who are experiencing various types of illnesses and looking up to the PCC for liberation, healing and encouragements.

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<sup>19</sup>Website reformed theology visited 10-15 January 2015

The question remains, if those conducting healing service are turning to Scripture, which is one of the fundamental principles of the reformers and following the command of Jesus to heal the sick and cast out demons, why is there tension in the PCC concerning healing services? I will return to this question later.

In continuing with healing services even in the midst of challenges, especially from colleagues, the six clergy said that they are rejecting the idea that no tradition, even that of the great Reformers or that of the PCC alone, can provide a sufficient form for matters of theology, faith and belief. It is only when tradition, reason, belief and Scripture combine together can matters of faith, belief and practice be effectively provided. These clergy have done all ‘these combinations’ and are convinced that theologically, socio-culturally and practically healing services have a prominent place and base. Another truth of this statement is that “the reformed tradition did not get everything right”.

Furthermore, all the 26 participants said that healing services including anointing, the laying on of hands and exorcism are Biblically justifiable (James 5:13-16, 2:14-26, Mt 10:1, 8, Mk 6:12, Luke 4:18-19) and necessary for the present church. If those supporting or conducting healing services are actually in line with the principle of Sola Scriptura, then the cause of tension concerning healing services does not lie with those conducting such services but with those who are against such services and want to maintain the status quo. Another truth of the affirmation that “the reformed tradition did not get everything right” is due to the fact that we cannot be maintaining and supporting the status quo, which is contrary to realities of biblical truth.

All the clergy shared the worries of Christians constantly visiting traditional healers for protection and healing because those Christians feel that they cannot get it in their own church (the PCC). One of the clergy during the interview said that one of the Christians in his congregation was admitted in the hospital. When he went to visit and pray with him, he was not there, he decided to move round the hospital so as to wait for his Christian. When this Christian finally returned with the wife, the clergy smelt an offensive odour coming out of the man. The clergy also saw some little blood at the back of the Christian’s hands with some concoctions rubbed there. Looking at his Christian closely, he saw about five of such places. When he asked what it was, the wife whispered in his ear: ‘Pastor they do not treat witchcraft related illnesses in the hospital.’

One of the clear implications in this testimony is that, from the African perspective, sickness cannot be viewed only in terms of the physical and healing cannot be viewed only in terms of bio-medicine.

Two of the research participants were in a pastors' conference in 2008 where one of the proponents of healing services asked a question to one of the opponents of healing services about the essence of Paul's letters. This New Testament scholar replied that Paul was largely responding to the needs of the Christians in his days. Some who were in that conference and who support or conduct healing services applauded that reply. The clergy who asked the question then said, 'in healing services we are responding to the felt needs of the society and our Christians in particular.' In conducting healing services, as the empirical results clearly revealed, the clergy are responding to the needs of the Christians and their own needs, including their experiences. The Christians, as revealed by the research participants, are demanding, longing and are in need of such services on an everyday basis because such services contribute significantly to their various healing processes. All the clergy in their responses, especially to question 1, pointed out that the various types of illnesses oppressing Christians warrant the PCC to seriously rethink about their responses to the sick.

When we started the healing service in the Musang congregation in 2002 and before each meditation, there was always space for discussions of some pertinent issues or concerns from the Christians. One of such concerns was and is the issue of witchcraft and various forms of satanic powers. We discuss their root causes and possible ways of combating them. The discussions, at this initial stage, were so interesting and challenging that the members asked for special retreat sessions on this topic and other topics so as to have enough time to explore situations. These special retreat sessions were organised quarterly. Some colleagues, the laity and I was assigned to prepare particular sections or topics for the retreat. Such retreat sessions often end with healing service and this time, including the Sacrament of Holy Communion. Gradually, it finally became a common practice in the Musang congregation to have a monthly retreat that is, on the day before the healing service and this practice still continues. Some of the central topics or themes for such retreats include:

“The power of forgiveness and reconciliation;”

“Faith without practical actions is dead faith;”

“The power of faith and prayer;”

“There is Power in the name Jesus;”  
“Some ways of combating evil spiritual forces;”  
“The power of agape;”  
“Jesus is my security;”  
“Breaking through ancestral curses;”  
“The wounded healer;” and  
“Come and mourn with me” among others.

Each retreat session normally takes at least eight hours. I believe, and testimonies from some of the Christians including the research results confirm that such practical actions within the congregation contribute to ‘a healthy’ individual, family, church and a healthy community.

Some of the laity believe (especially responses to questions 6a, b, 8b and 11) that healing services are a source of liberation, blessings, enriching, comforting, uplifting and healing even if the physical pain may still be there. I have already shared some healing testimonies about the positive difference that healing services are making in the lives of the sick. However, healing services do not equally provide solutions to all the needs of the sick. One of the difficulties of the clergy who participated in the research is the fact that some sick peoples’ illnesses remain the same even after all the prayers, anointing and the laying on of hands. However, they also pointed out that they continue with more pastoral care to enable such people continue to cope better with their situation or experiences of constant pain.

The insights of Ferguson (2010), Cameron (2010), eds. Cameron and Richter (2005), are helpful here. These sources investigated and studied local churches, trained local leaders, showing how Reformed theologies are challenged by empirical data and reveal the importance and benefits for the church to engage in more practical action ministry which is resulting to better pastoral care ministry and thus to various healings. We return again to one of the points I have always been making namely, that the leadership of the PCC do not only need to approve healing services with a unifying liturgy but also need to structure it to meet, both the natural and spiritual or supernatural illnesses, and to provide coordinated practical action programmes for the entire PCC congregations. Such action plan helps to strengthen and equip more Christians to better cope with negative challenges and especially those in relation to illnesses. It is true that some congregations are doing this, for instance the NGO in Musang which we established in

2001, to assist very poor orphans, HIV/AIDS patients and to offer opportunities for small businesses. I must say here that this NGO is really transforming lives.

The situation of witchcraft and its related illnesses, for instance, is really a call for concern; it is a desperate situation as revealed by some of the shared experiences in this project. The healing services do not only need to pray for the liberation of those trapped in it, but also try to get into the root of why it is existing, with the aim of trying to reduce its negative impact upon the lives of its members. As such, the healing services need to be programmed or structured by our leaders in such a way that meets most of these needs.

Again, the responses of both the clergy and laity make it clear that the emerging healing ministry within the PCC is a 'worldwide moment', which the PCC needs to embrace, incorporate and encourage within the framework of its local congregations. It is another truth of the affirmation that "the reformed tradition did not get everything right".

In addition and in spite of all the various types of victimisations and criticisms (responses to questions 3 and 5), all the six clergy are determined to continue with the healing services in the congregations. They are continuing with these because they are convinced, beyond doubt that the Reformed traditional theology on the ministry of healing is proving unbiblical and unrealistic. This is another truth to support this affirmation that "the reformed tradition did not get everything right".

The motivations of the clergy, in conducting or supporting healing services, are similar to mine. I will repeat some quotations from the six clergy because of their importance to the aims of the research: "the Reformed tradition did not get everything right and if we are rediscovering some of our lost biblical history and rediscovering how, we today can improve our pastoral care ministry in relation to the demands and needs of the Christian. "Any reformed tradition or theology that opposes any clear biblically based practices is called into critical questioning". It is an unfortunate situation for those who do such comparison to what is biblically clear and I feel disappointed, because those clergy and laity have not properly understood the historical Jesus and his mission (Luke 4:18-19) to the world. Our roots are from Pentecost and the issue of anointing. Exorcism depends on the faith of the clergy and that of the sick person and those around the people. Positive results do happen and testimonies of healing experiences are being told and retold.

There is a need to question and challenge in conferences, seminar workshops and meetings, the theology of opponents of healing services. The gospel message must be made real and relevant to the situation of the people. This does not mean that the gospel message has to provide ready-made solutions or answers to every human problem or situation. As a practical theologian, I believe, this is also one of the beliefs of the clergy, that the gospel message, that is, the Good News of and about Jesus the Christ, must exhort and or (using the words of one of our M.th lecturers) ‘comfort the uncomfortable, disturb and challenge the comfortable.’ I will further explain such a belief with some concrete illustrations.

The church cannot just be praying for starving people or refugees or preaching and praying for justice, peace and unity in its country or the world. The church must also do everything possible to concretely prevent starvation, injustice, disunity and hatred. One of the implications for such a church is that, it must first and foremost practice transparency and accountability from top (Synod) to bottom (local congregation). The church must be transparent and just in conducting its own internal elections, elections from top (synod) to bottom (congregational); the church must be transparent and just in the transfer of personnel, with appointments or election of those in leadership positions. The church must render a true account of all its finances and must be just in the way it uses finances from the local, presbytery to the central church. All what I am driving at in this paragraph is that, opponents of any clear Biblical practices like that of anointing, laying on of hands and exorcism, are not only unjust to those who need such healing services but are equally unjust to the Gospel message. It is unjust to our Creator and his whole purpose of creating humanity and sending his Son as a sacrifice for human sin. This is a further support to this affirmation that “the reformed tradition did not get everything right”.

On several occasions, theologians should share some of their worries, ideas and reflections with the laity and clergy concerning the ministry of healing within the framework of the local congregations (Tacheche, 2016: 125-239). Some of the reflections that we have often engaged on include: If the Reformed Traditional Theology of the 16<sup>th</sup> century and the interpretation of the phrase “Ecclesia Reformata semper reformanda” imply *turning again* to the Scriptures and *upholding the sovereignty of God* overall other things, then why would there be tension in the PCC concerning healing services and the practices of anointing and exorcism which can all be Biblically justifiable! If the mission of the PCC is to proclaim the Good News of God through Jesus Christ in *word and action* and this proclamation includes preaching, teaching, healing and liberating the people of God from sin (Luke 4:18-19) why would the practice of healing services

provoke tension? Why would the Synod Committee of 2007 say that the clergy should follow the tradition of the Reformed churches in conducting healing services? However, the main question for reflection that we will be referring to from time to time as we proceed as already stated above is: Why would some Presbyterians adhere to traditional theologies, while others feel that official Reformed theologies on the subject of healing within the framework of the local congregations should be updated? We have already attempted some answers above but to further attempt some answers to the above reflections or questions and especially to the main and last question above, we will return to the crux of the matter. Before we do this, let us share some further experiences.

In 2002, the Synod Committee gave five of us (the clergy) a letter, demanding to know our theological basis and the liturgy we use during the healing services. In 2010, 42 clergy who are reported to be conducting healing services were called to a meeting and were asked to produce a draft liturgy. This was done. One of the six clergy also said: “I was one of the 42 called by the Synod Committee in 2010. I was one of those who was assigned to produce a draft liturgy and together with some theological backings...but we are still waiting, as usual, for their response.” They are still waiting for the Synod Committee to respond to their draft liturgy just as some of us have been waiting for our reply since 2002.

In chapter one, we already saw how Ngolle, (2009: 1-2), attempted some answers as to why certain committees of the PCC often delay in responding adequately to matters affecting the worship and healing services within the PCC, he writes: “some people have traced it from the weaknesses of the committees charged with matters of worship and theology. Others have charged it on the over-bearing nature of church administration which had greatly weakened the fabrics of the church government...In Church committees, individual project their egoistic influences which often delay the mission and the evangelization of the church”

Some of the delays in matters concerning worship and healing services in particular, stem from the fact that some of the committee members view it as not part of the Reformed heritage, theology and ethos therefore, might be thinking that their silence, delay and threat including victimisation, will make the ‘matter die down naturally.’ Unfortunately, as the literature review and results show, they are making a serious mistake because more and more congregations and clergy are researching, demanding, organising and are in need of healing services.

All 26 participants support, encourage and benefit from healing services. But this question still needs to be answered: what is really the root problem surrounding the healing services? We return again to the Reformed tradition. I have consciously used this affirmation "... the reformed tradition did not get everything right..." several times within a very short period of time. This is because this affirmation is so crucial to this research. It summarises my main point presented in chapter two and it ties so well with one of my motivations to this project. We need to expand this affirmation further. We will do this by returning to the roots of the matter and in particular to Calvin's Cessationism doctrine. This will be done again in the light of the results, the literature review and some quotations from his *Institutes of the Christian Religion*.

In addition to all what was said, in the second chapter, Calvin's radical doctrine of Cessationism is the belief that miracles and the healing ministry ceased after Biblical times or ended with Jesus and with the death of the last apostle. With such a belief, he called for the abolition of any continuous ministry of healing through prayers, anointing and exorcism. Below are some of his quotations to back his doctrine. Since some of these quotations overlap each other, I will prefer, for purposes of better discussions, to present all the quotations as a block and then discuss them as such.<sup>20</sup>

... so on the other hand these men (Catholic priests) insult the Holy Spirit, by making his power consist in a filthy oil of no efficacy. It is just as if one were to say that all oil is of the power of the Holy Spirit, because it is called by that name in scripture, and that every dove is the Holy Spirit, because he appeared in that form (book 4, chapter 19, section 20).

In other words, James spoke agreeably to the time when the church still enjoyed this blessing from God. They (Catholic priests) affirm indeed, that there is still the same virtue in their unction, but we experience differently.... They (Catholic priests) make themselves ridiculous, therefore, by pretending that they are endowed with the gift of healing. The Lord, doubtless, is present with his people in all ages and cures their sicknesses as often as there is need, not less, than formerly, and yet he does not exert those manifest powers, nor dispense miracles by the hands of the apostles because that gift was temporary and owing in some measure, the gratification of men, immediately ceased (book 4, chapter 19, section 21).

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<sup>20</sup>(Website: [www.biblestudytools.com/history/Calvin-institutes](http://www.biblestudytools.com/history/Calvin-institutes), or click the topic: Institutes of the Christian Religion book 4/Christians classics books viewed from the 12-21 January 2014 and 02-05/02/15).

Even where it granted that this precept of unction, which has nothing to do with the present age, were perfectly adapted to it, they will not even have advanced much in support of their unction with which they have hitherto besmeared us. James would have all the sick to be anointed: these men besmear, with their oil, not the sick but half-dead carcasses, when life is quivering on the lips ... (book 4, chapter 19, and section 21).

The above quotations from Calvin's writings as earlier indicated reflect the truth, weaknesses and some of the reasons for the continuous decline of the healing ministry and especially among the Protestant circle. There are three points that I will wish to make for now from the above quotations:

The first is that, it is really a paradox and ironical that the great reformers and subsequently some of their followers, "had no interest in giving life to the kingdom message that was so central to Jesus' ministry and which Jesus had stressed so passionately" (MacNutt 2005:139,141). I agree with MacNutt and DeArteaga that, Calvin was the reformer who 'deeply wounded' the ministry of healing within the Protestant congregations. Our arguments can be convincingly supported by the three quotations above wherein Calvin poured out his dissatisfactions concerning the church's continuous ministry of healing in his days. Both MacNutt (2005:27-29) and DeArteaga (1996:62-65) equally stressed the decline of the Church's healing ministry far beyond the time of the Reformation. Calvin's healing theology, like that of Luther, was greatly influenced by the writings of St Augustine of Hippo (354-430). St Augustine's writings, like those of Calvin, made many original contributions to Christian theology. Unfortunately, Augustine made several key errors concerning the ministry of healing and the theology of healing that were accepted by later Catholic and Protestants theologians. His earlier writings dismissed the ministry of healing as improper to Christian life. Calvin follows Augustine's belief that miracles and spiritual gifts, including the gifts of healing at his time, were rare and therefore belonged only to the past, that is, only to the apostolic age (MacNutt (2005:140-141) and DeArteaga (1996:83-106). St Augustine in his latter books, the Retractions and The city of God, admits that his Cessationist theology in his early writings was incorrect and unbiblical but Calvin holds on to this belief (DeArteaga (1996:71-73), which unfortunately, some of the Reformed churches have consciously or unconsciously followed for a long time.

Calvin did not see any need for a continuous healing ministry within the church beyond the first century church. Calvin could not see or understand that behind the healing ministry of the church stands God's ultimate aim of healing His lost creation, which will only be made complete at the Parousia. He also failed in understanding the significance of Jesus' healing ministry for the church today, and the significance of spiritual gifts as recorded in the very Scriptures that he is interpreting. There is no evidence that Calvin ever attempted to anoint any sick person with oil in faith. He assumed the theology of Cessationism to be correct and from that untested assumption, developed his doctrine and that doctrine doomed Protestantism to a long period of healing powerlessness and silence (DeArteaga 1996: 85). Another truth to the affirmation is that "the reformed tradition did not get everything right".

The second point drawn from Calvin's quotations has to do with the aim of the Reformation. One of the strong points of the Reformers was that, the Catholic church of the day was not faithful to Scriptures. And there were some truths to the Reformers' position because the Catholic church of their day made some serious errors. One of such errors can be seen in the Catholic ministry of healing (DeArteaga 1996:71-82), and especially MacNutt (2005: 140-144). Calvin and his followers were therefore right in criticising aspects of the healing ministry within the Catholic church. This church amended some of its healing practices even though after a long period. However, criticism is one thing, and actually reinstating the right things criticised, is another aspect. It is actually true that there were some unbiblical traditions and superstitious practices in the 16<sup>th</sup> century which Martin Luther's 95 Theses in 1517 revealed. His visions and dreams, like the other reformers, were to restructure and cleanse the church along Biblical traditions (DeArteaga 1996: 83). This brings us back to the motto of the Reformers. One would expect that the 16<sup>th</sup> century Reformers would be much more faithful to their motto of 'Ecclesia Reformata semper reformanda' and actually return and put into concrete practices the teachings of the Scriptures, earliest church and Jesus concerning the healing ministry. However, these Reformers, and Calvin in particular, failed to do so because of their understanding that such a ministry was limited to the apostolic age only. Another truth is that "the reformed tradition did not get everything right". This leads us to the third point, which deals especially with anointing, exorcism and miraculous healing.

### **5.2.2 Anointing, exorcism and miraculous healing**

Thirdly, because of Calvin's disdain with the healing ministry of his day, he turned to make certain claims that are proving unbiblical as one reflects on the whole Gospel message of and about Jesus Christ. Let me briefly explain this point further:

I earlier indicated that some of Calvin's critical observations were true, he was actually right to challenge and to ridicule the way anointing was done in his days. It is very true that the anointing has to be done on all sick persons not only those who were half-dead. "... James would have all the sick to be anointed: these men besmear, with their oil, not the sick but half-dead carcasses, when life is quivering on the lips" (b. 4, chapter 19, section 21). But Calvin would have ridiculed this poor practice or incorrect practice and tried to restore the real practice as recorded in the Bible. Calvin did not only fail to restore the right Biblical practices of anointing but he even held that healing through anointing was something of the past or temporal "In other words, James spoke agreeably to the time when the church still enjoyed this blessing from God even where it is granted that this precept of unction has nothing to do with the present age" (Book 4, chapter 19, sections, 19 and 21).

Calvin argued above that the Catholic priests of his days insulted the Holy Spirit, "by making his power consist in a filthy oil of no efficacy." Some participants in their response to question 6c made analogy between anointing oil and Holy Communion. They said; "the dedicated oil is mystical and through faith, healing takes place just as through the bread and wine we have a mystical fellowship with God." "Anointing has a more spiritual symbol to me just like the bread and wine that has a strong symbol for us Christians."

If Calvin argued that, the consecrated oil used for anointing has no efficacy, then that idea can also be said of all the other consecrated elements in the church. Christians are used to symbols that reveal a great spiritual truth about our identity, belief, faith and our very existence. This is derived, to an extent from the Biblical revelation that God made the earth and everything in it good (Gen 1:31), and that, eventually all the earth will be sanctified (Rev. 21:1). For instance, the cross is a symbol of Christ's victory and thus our own victory; the consecrated bread and wine for Holy Communion are symbols of Christ's broken body and blood shared for the remission of our sin and also seal the new covenant. The empty tomb symbolises Christ resurrection and thus Christ's victory over death and the world; the consecrated water at baptism symbolises our visible entrance into the church of Christ. Again, I do not believe that the Priest (Clergy), in neither Calvin's days nor today, is insulting the Holy Spirit when they

consecrate ordinary things for spiritual edifications. Christian theology and Christian faith will surely disagree with the above views of Calvin' thus another truth to support the affirmation that "the reformed tradition did not get everything right".

If what (anointing oil according to Calvin) is consecrated and blessed in faith in the name of the Triune God within the congregation of the body of Christ has no efficacy, then our theology and Christianity has a very serious setback and cannot even be theologically sustainable. Then all the clergy and churches will be guilty of usurping God's power and also guilty that the consecrated or blessed bread and wine, and water for baptism, have no efficacy in the lives of believers. This will be the heresy of the twenty-first century. It is asserted that, we are not insulting the Holy Spirit when we invoke his presence and blessings on the oil to be used for anointing of the sick, nor do I believe that, in such a process, I am usurping God's power. Deep in me, I am not usurping God's power when I carry out special healing services, rather, in carrying out such services, I am trying to translate my theology, faith, reason and experience into concrete practices (Mt10:1, 8, James 5:13-16). God is the one who does the healing, I pray, anoint, counsel, but I do not have the power to bring holistic healing; it is all God's sovereign power and work. I am just an instrument for him to use (Mt 28:16-20). God is in me and with me doing his healing work even if spiritual gifts or spiritual healing are rare today.

I think the 'sovereignty of God's power' is misunderstood in many ways. Some think God ordained all the sicknesses or suffering in the world and that we cannot do anything about it. Others think that there are some measures that can help in alleviating sicknesses. The results attest that anointing, exorcism, laying-on of hands have efficacy in the lives and healing of the sick and those around the sick person. I firmly believe that, none of the clergy or churches would accept that the blessed or consecrated bread, wine and water and even the consecrated oil for anointing have no efficacy, nor that they are insulting the Holy Spirit by 'invoking' His presence in the ordinary things of life that have been consecrated to have a greater and deeper meaning and experience in the lives of the believers. I am by no means equating the consecrated bread, wine and water for baptism with the blessed oil used for the anointing of the sick or even saying that they are of equal value to the believers. One of the main reasons for not equating them is that the elements of the Eucharist and of baptism constitute the two Sacraments among the Protestants churches and I believe as earlier said, that anointing is not a sacrament but it is one of the Biblical methods of healing that had its significance in the lives of the sick. It would be very hard and even impossible, to convince me that God did mean healing through anointing

to last only for a particular period, and that the gift of healing disappeared with the other miraculous powers.

Theologically, the mission of the disciples was to continue with the work that God had begun in creation, continued through the children of Israel and above all through Jesus and in the power of the Holy Spirit. This mission would not exclude anointing nor the healing of the sick. More about the mission of the disciples would be discussed later. One of my beliefs is that there are various perspectives and Biblical methods of healing and anointing, exorcism, laying on of hands and prayers are some of such methods of healing. The research results, especially the responses of the laity and clergy to questions 6b, and 2 and 3, respectively, support such a belief. I am convinced that the oil I use in anointing is a spiritual symbol, with a deeper meaning beyond our human explanation. The results and the literature review especially the writings of Ayongwa (2006) and Neba (2009), attest to the fact that this practice is contributing significantly to the healing processes of the sick and their relative. Such positive results challenge so vehemently Calvin's view about this practice which he believes has no efficacy in the healing process of the sick.

Calvin's views against any continuous healing ministry in the church challenged and weakened the very purpose, foundation and aim of the Reformers. What a contradiction to the very aim of the Reformation and the Gospel message. One would expect that the Reformers would be much more faithful to Scripture and restore the scriptural practices of healing, prayer and exorcism as their motto spelled it. But ironically, Calvin failed to do so because he believed that "...the gift of healing disappeared with the other miraculous powers which the Lord was pleased to give for a time..." And that "...James spake agreeably to the time when the church still enjoyed this blessing from God..." (Institutes book 4, chapter 19, sections 18, 19). Contrary to Calvin's views, I am convinced that theologically and practically, the gifts of healing have never disappeared from God's world and that James' message of anointing is a timeless one. It is very true that these days we do not experience the types of miracles and healings as recorded in the Bible, but that does not mean that miracles or healings (spiritual, social, psychological and physical) are not happening today.

Calvin believed in every miracle in the NT but further held that they were either a pointer to true doctrine or they "authenticate the authority of an Old Testament prophet or Jesus and his disciples" (DeArteaga 1996:72, MaccNutt 2005: 97-98). Hence, he understood miracles,

anointing of the sick, exorcism and the healing ministry through prayers, as a papist superstition because they ceased to exist after Biblical times. Calvin's doctrine of Cessationism really contributed to the decline of the healing ministry especially among Protestants churches.

Jesus' healings, including exorcisms and miracles, were not to prove a point, rather, in his healing ministry, Jesus reveals to the world God's compassion, love, grace and mercy. In his healing ministry, Jesus further reveals the presence of the reality of God's kingdom breaking-in among sinful humanity, God's sovereign reign over all things and God's victory over Satan.. Furthermore, Jesus' healing was an invitation for the people to repent and receive greater healing at the end. Some of these points will be further discussed later with the aim of pointing out further the weaknesses, and at the same time, making a critique of the Reformed theology on the ministry of healing.

Calvin further holds that the healing ministry that was so central to Jesus' ministry gave way in order to "render the new preaching of the gospel forever wonderful"-the principle of Sola Scriptura. Emphasis here, just like in other Reform churches, is based first and foremost on the preaching, then the teaching and healing come as secondary. Such a classification is theologically incorrect in my view. The preaching of the gospel can only be *forever wonderful* if, that preaching is translated to meet the needs of the people and a continuous healing ministry in the church is one way of meeting the needs of the people who are experiencing various illnesses. In their response to question 1, the clergy said that one of their reasons for conducting healing services is as a result of the need and demand of both the Christians and themselves. This also ties in with my views and motivations towards an active healing ministry within the congregations.

MacNutt has some sympathy with Calvin's negative position concerning the church's healing ministry during his time. According to MacNutt (2005, 98, 141-144), in those days, healing in the Catholic Church was confined to three main aspects: pilgrimages to healing shrines, the sacrament including that of anointing and the royal touch. Each of these aspects of healing in the days of Calvin was subject to abuse and can be criticised for the same reasons that indulgences came under attack. Calvin and the other Reformers saw the pilgrimages to the healing shrines as superstition and thus controversial to the word of God. Calvin (DeArteaga 1996: 71-2, 86-87) even extended Cessationism to a broader concept that practically no spiritual

experiences or discernment were proper for the current age except that which comes through convention and reading of the Bible. Calvinist theologians also elaborated Cessationism to some surprising conclusions. For one, it was asserted that, after the resurrection of Jesus, demons were banished from the earth. From the above discussions one can firmly that Calvin shut down the healing ministry within the congregations in the Protestant churches for centuries because of his disdain in the Catholics healing practices.

### **5.3. The decline of the healing ministry**

DeArteaga (1996) and MacNutt (2005) have discussed some of the reasons which have contributed to the decline of the church's ministry of healing extensively, and they both cover periods beyond the Reformation to this century. Both MacNutt (2005:91-152) and DeArteaga (1992:62-106) have rightly agreed that Calvin's doctrine of Cessationism has contributed significantly to the decline of the healing ministry among the Protestant circles. Both writers hold that the influence of the Enlightenment period or philosophy, and especially MacNutt (2005: 145-152), is the final blow to the decline of the church's ministry of healing. It was a period or an age marked by the triumph of science, reason, individualism, secularisation and a life without the influence of any divine power or God. Walker (1992: 567-610) and Manala (2006: 159-160) have also discussed the influence and impact of the period of Enlightenment upon the worldview of the Western world and beyond.

Calvin's doctrine is not the only contributing factor among the Protestant circle but it has a very significant role to play. His doctrine had tragic consequences regarding also the missionary works 'to the end of the age.' The Reformed Missionary Society in Cameroon (Basel Mission), just like their counterparts in other African countries and beyond, did not lay much emphasis on the church's healing ministry. This neglect and silence continues. For instance, the Missionaries built hospitals, which were a commendable effort but failed to add in such a healing ministry, prayers, exorcism and anointing. In other words, these Missionaries, according to their Western worldview, understood that when something is wrong with the body, the solution is to seek medical attention and the nurse or doctor will refer the concern to a specialist who will then deal with the illness (Dow and Stammers 1997:40).

Hence, the Basel Missionary Society did not promote or encourage a ministry of healing within the framework of its local congregations. The PCC took over that neglected aspect of the Church's work and continued with it. Events in the society, and further theological reflections,

are challenging the PCC to actively participate in the healing ministry within its congregations. Calvin's doctrine of Cessationism had weakened the healing ministry within the congregations and thus the whole Gospel message thereby exposing some of the PCC Christians to serious consequences.

The doctrine of Cessationism helped shape the way the great Evangelical Missionary Societies continued with the missionary assignment of Matthew 28:16-20 (DeArteaga 1997: 85-88, Mbiti 1990:15). As already seen above, the PCC is an external arm of the Evangelical Missionary Society of Basel (Basel Mission) in Switzerland established in 1886. This Reformed Missionary Society, like their contemporaries, did tremendous work in bearing witness to the Gospel 'to the ends of the earth' in Cameroon. But Calvin's radical doctrine of Cessationism and the impact of Enlightenment, unconsciously or consciously, influenced and shaped the nature of their missionary work. However, this project, and especially the results of the empirical research, can be a step forward and towards breaking and challenging that long silence and the long neglect within the PCC.

I must admit that the research results confirmed changing attitudes, practices and theologies. These changes are necessitated because the Reformed tradition did not get everything right. Its official reformed theology on the subject of healing is now proving un-biblical, un-theological and un-practical. These changing of attitudes, practices and theologies for both the PCC leaders, clergy and laity, will enable the PCC to reclaim our lost Biblical healing history and to improve on our healing ministry in relation to the needs and demands of the PCC Christians. The results of the empirical research challenge our modern day theological thinking and at the same time, calling for a fresh theological debate and reflections that can lead to changing further attitudes and policies within the PCC.

No one would argue the fact that the Reformation provided reproof for several and serious errors in Catholic theology. But the theological and practical weaknesses of the doctrine of Cessationism challenge the PCC and other Reformed churches to reflect again on the significance of Jesus' healing mission to the world, to critically evaluate the essence and motto of the reformation and also to reflect on the reformed traditional responses to people who are ill.

This study is of the opinion that Calvin's healing theology is one of the root causes of the tension concerning the ministry of healing within the PCC and in order to address the tension,

we must point out the weaknesses of Calvin's theology on the healing ministry. The research results point, in the strongest terms possible, that we need to continuously challenge Calvin's radical doctrine of Cessationism and at the same time reformulating, reinstating and reshaping the church's pastoral care ministry in a way that such a ministry must be meaningful to the sick and their relatives. The main aim of doing this is because such a doctrine is now proving to be un-biblical, un-theological, un-practicable and un-realistic. That is, such a doctrine had failed and will continue to fail so woefully to do justice to the being of God, Christian theology, Christian faith and Christian lived-realities. The *starting point* (in the reformulating, reinstating and reshaping the church's pastoral care ministry in a way that such a ministry must be meaningful to the sick) is the historical Jesus-Christology from below.

Christology is the doctrine of the person of Jesus Christ, it is not the whole of Christian doctrine, but it is the point from which all else is illuminated (Migliore, 1991: 139). This point of Migliore is very important. If Christology is the point from which all else is illuminated, then our starting point in the process of reconstructing, reformulating, reinstating and reshaping the church's pastoral care ministry in a way that will be meaningful to the sick is *the historical Jesus*. One of the reasons of doing so is because the actual starting, for my theological reflection, is the revelation of God through the historical Jesus. The Christ of faith is perfectly understood through the Jesus of history. We will return to this point later. (Some of the most fascinating works in Christology are from Liberation theologians like: Jon Sobrino (1978) and Boff L. (1988) whose starting point is the concrete ministry of the historical Jesus. However, 'Christology from below,' is also a common theme among other theological disciplines). Before we proceed with more information about the significance of Jesus' healing ministry it is importance for us to point out the significance of the research method and the empirical research findings.

#### **5.4. The significance of the main research methods**

The following points need to be added to what we have already said in 3.1.3 above about the one-on-one interview.

The main research methods have to do with assessing the methods used to collect and analyse the data, method used to present the results of the data collected and at the same time assessing the validity, reliability and the usefulness of the findings to other congregations within the PCC.

The reflections of the main aim and objectives of the project and the research problem were guided by the construction of structured interviews. This also determined to a large extent the sample selection and the research methodologies. After reflecting on several research methods used to collect information about people, study reached a conclusion that the one-on-one interview method would be best for me to collect the raw data needed to achieve the aims of the research. A one-on-one interview is a purposeful conversation wherein, the researcher collects key information or data from the respondents with the goal of producing quantifiable measures in order to generate reliable observations or draw certain conclusions that can be generalised or true to the target population. It is a process wherein one person asks prepared questions and another answers them (James & Osihi 1995:1).

There are three main reasons why I chose the one-on-one interview method over other survey methods like, telephone interview or self-administered questionnaires among others. The first reason has to do with the main aim of the empirical research, which is to get a grip of the feelings, attitudes, experiences and opinions of the participants. The best way to get this information is through the one-on-one interview. The researcher's presence can positively help in enhancing the respondents' participation and thus the results in several ways: such as motivating the participants, reading of the questions in a consistent and clear manner and the various probes up questions for better clarifications. Again, the observation of body movements, voice and facial expressions, all help the researcher to really get a grip of the participants' attitudes and feelings. Secondly, with the one-on-one interview, I am confident with the validity and the reliability of what I am actually 'measuring' through hearing, observing and taking down of notes for each of the participants. As such, I was confident with the eventual generalisations and usefulness of the results to the entire Musang congregation and other congregations within the PCC; in particular to the clergy, the laity and all supporters and beneficiaries of healing services. Thirdly, I was convinced that the one-on-one interview would produce a very high respondent rate and it did, because all the participants answered all the questions; none of the questions was 'thrown away' or left unanswered. However, one of the limitations to this method is that it has cost me more than what I budgeted.

However, I do not regret it because I am satisfied with the information collected and thus with the validity, reliability and the eventual generalisations of results. A 100% respondent rate was registered that is, all the 26 eligible respondents were interviewed. None of the 26 participants terminated the interview half way. This is an indication that, the topic is an interesting one; that

these participants value and cherish healing services. Guided by the one-on-one interview questionnaire, the participants shared some of their life-lived stories and experiences (past and present) in the form of a 'purposeful conversation or dialogue' with the researcher who wrote down these shared life-lived experiences. These constituted written text or raw data. This raw data reflects a "life-lived, a life-experienced and a life-told and retold." The empirical data collected during the interview is, first and foremost, part of a personal life-lived experience which the researcher used to critically reflect, construct, recount and retell the experiences; by so doing, the researcher and participants are interpreting the participants' life-lived experiences and the sociocultural context of the participants.

By narrating their stories and sharing their experiences, the participants are making sense, creating order and interpreting the world around them, at the same time they are assigning meaning to their experiences rooted within their culture and meaning to the experiences of other people around them. The process of narrating and assigning meaning to life experiences is an on-going and continuous activity because human experiences are not static and the sociocultural environment is evolving with time. The individuals' life-lived experiences (beliefs, values and norms, history, feelings, attitudes, past and present realities, actions and behaviours) are connected and interconnected with the wider society in which the individual lives hence in the shared life-lived experiences of an individual, one can likely visualise the presence of many voices.

Using a narrative process (narratives organise human experiences into meaningful events), the researcher assembled the individual interview transcripts of the life-lived experiences into a fixed text (written document or raw data), thus enabling the raw data to have an identity of its own. This means that such narratives, of some selected remembered life-lived experiences or events, are no longer tied to the moment in which they occurred or to the person who had experienced them, but to an extent, becomes meaningful human experiences whether objectively or subjectively. This means that, the raw data become an 'open document' that is, open to new interpretations, meanings, theoretical perspectives and insights that even go beyond the original meaning of the individual who lived and told the experience.

As such the 'open document' becomes relevant, valid and reliable even to other contexts thus assigning meaning, by the interpreter or researcher, to human experiences within their sociocultural contexts which are also open to further interpretations. All these lead us to the significance of the research findings.

## **5.5. The significance of the empirical research findings**

The results from both the laity and the clergy attest to the fact that the sick and those around them are receiving numerous spiritual, social, physical and psychological healings and other benefits from healing services including the practices of anointing, laying on of hands and exorcism during such services. Thus, there is a greater demand and need for more of such services partly necessitated by events in the society. Moreover, the results lend some credibility to the main objective of this research project namely "... to move one step forward from 'Biblical justification and prescription' or how to 'receive healing' and how to conduct 'healing services' to a critical assessment at the attitudes, opinions and experiences of congregational members regarding the healing ministry...." In addition, these results also attest to some of the points already indicated under the literature review, personal motivations and in chapters one and two.

The results reveal further that the clergy, who are conducting such services are not only responding to the felt-needs and demands of the Christians and nation but are also *turning again* to Scripture and translating it to bear meaning in the everyday lives of members of the PCC who are experiencing various illnesses. The various perspectives of illnesses demand a wider perspective of healing methods. Anointing, the laying on of hands and exorcism constitute some of such healing methods used by various denominations and the PCC cannot be left behind in the name of following their Reformed tradition. The clergy, in carrying out healing services are also responding to their experiences of illnesses coupled with their theological insights and the daily challenges they are facing as they carry out their pastoral ministry.

The results lend more credibility to the Biblical justifications of anointing, exorcism and healing services in the works of Ayongwa (2006), Tacheche (2007), Ngolle (2008), and Neba (2009) and more credibility also to all the PCC clergy and Christians who are in favour of this emerging healing ministry.

Furthermore, the results challenge the leadership of the PCC, those Christians and clergy who, unconsciously or consciously, wish to maintain the traditional Reformed heritage and theology on the healing ministry and hence, also challenge the typical traditional Reformed responses to people who are sick.

The results are pointers to some of the reasons how Cessationism crept into the Church and also to some of the reasons of the decline in miracle experiences (responses to question 8 above). One of the reasons for this decline is that Christians do not often share their healing experiences. The results affirm that, it is important to do so with the aim of thanking God and encouraging others. I was so encouraged with some of the shared experiences and I think others will do the same if they often hear such testimonies of healing experiences from those who have actually experienced God's power in their lives. It is very true that Jesus at times told those he had healed not to share their healing testimonies with others. One reason has to do with the Messianic secret. Another reason for this was that Jesus never desired people to be drawn to follow him simply in hope of material benefits to be obtained from him rather he did that to prevent wrong motives. These are some of the paradoxes of Jesus' ministry, which we will not explore in this project.

I admit that there might be some dangers and limitations in encouraging the sharing of healing testimonies among Christians. The sharing of healing miracle experiences should become part of thanksgiving to God and not to show-off, or boast or to make others feel guilty of their situation or to cause disorder. Some of the limitations to healing services that also come out glaringly in the results are the issues of disorder during prayers, anointing, the pride of some clergy and Christians and also the roaming practice among some Christians. Personally, I am doing everything possible (counselling, educational programmes) as I conduct healing services to try to reduce such negative criticisms as much as possible.

In spite of these few limitations, the results reveal a very serious theological problem and weakness to Calvin's doctrine of Cessationism namely: it is unbiblical and at the same time, it is a misunderstanding of the significance of Jesus' healing ministry, his mission to the world and God's plan for his creature. The results, together with renewed critical and theological reflections, are challenging the validity of some of the traditional Reformed theologies on the healing ministry. Hence, the results registered a 100% support for a continuous ministry of healing in the framework of the local congregations to which we again turn.

The theology and practice of such a ministry must be reformulated in a way that its lived-realities would not contradict our Christian confession and affirmation of the Triune God.

## **CHAPTER SIX**

### **A CONTINUOUS MINISTRY OF HEALING**

#### **6.1 INTRODUCTION**

For Calvin and his supporters, the church need not have a continuing ministry of healing through prayers, exorcism, deliverance and anointing because that ministry ‘vanished away in order to make the new preaching of the gospel marvellous forever.’ Supporters of the traditional Reformed theology also add that there is no mention of healing in the great commission in Mt 28:16-20, apart from the disputed section in Mk 16:9-20, nor in Acts 1:8 and Lk 24:46-69 which also deal with commissioning of disciples. Some of Calvin’s supporters also point out the absence of the type of miraculous healing and miracles that we find in the Bible in the present age to prove their point against any continuous ministry of healing in the church.

Contrary to Calvin’s views, and those of his supporters, (against any continuous ministry of healing), the literature review, the empirical results and renewed critical theological reflections, approve of a vibrant continuous ministry of healing so as to continue with God’s healing works that began, according to our Christian faith, at creation; and ‘finding’ its fulfilment and perfection in Jesus and the continuous works of the Holy Spirit.

The research results then point, in the strongest terms possible, that the church needs to continuously challenge Calvin's radical doctrine of Cessationism because such a doctrine is now proving to be un-biblical, un-theological, un-practicable and un-realistic. There is, therefore, an urgent need for the PCC to reformulate, reinstate and reshape its pastoral care ministry in a way that such a ministry *must be meaningful* to the sick and their relatives.

The central points in this chapter are that there are some theological grounds for arguing in favour of the church having a continuous ministry of healing. Such theological arguments are based on the reflections on the compassionate nature of God as revealed through Jesus' ministry and especially the significance of Jesus' healing ministry for the church today. There is a world of knowledge in the Bible about health, sickness and healing. This knowledge and treasure offer us the possibility of revitalising our personal, family and national health problems. It also offers us the opportunity to place our health crisis into the great drama of God's Creation of a healthy world, the tragic fall and the redemptive work of Christ in healing the sin-sick-world and the continuous work of the Holy Spirit in fashioning and renewing a new healthy Creation.<sup>21</sup>

One of the aims in this chapter is that such theological grounds, together with the research results and further theological reflections, will help to reveal and to further challenge the PCC that its members and especially its sick members, need a much more effective and meaningful healing ministry. That is, an effective healing ministry, which is both theologically, socio-culturally and practically grounded. We will have to make use of the article of Lucas and May (1997: 85-99) where they outlined three important points in favour of a continuous healing ministry. These points will be discussed in relation to the empirical results, the literature review, my theological insights that go beyond the NT to creation, and further experiences. Lucas and May (1997:85) have rightly pointed out that:

Christians who want to be disciples of Jesus will naturally turn to the picture of his ministry as it is recorded in the Gospels in order to obtain inspiration, understanding and guidance concerning their ministry today. This applies as much to the ministry of healing as to any other form of ministry. Since the Gospels make it clear that healing played an important part in Jesus' ministry, there is no shortage of material. The problem lies in assessing its significance for us today...

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<sup>21</sup> [www.the church of England \(ash](http://www.thechurchofengland.org.uk/ash) bishop of England section) visited 16-17/06/14.

The *starting point* in the reformulating, reinstating and reshaping of such an effective healing ministry is the historical Jesus-Christology from below. Through the historical Jesus, through the lens of Jesus, Christians arrive at a better understanding about God's self-giving-compassionate love (God's nature, plan and purpose) which begins in creation and continues through the fall, Israel and finally through Jesus. I need to emphasize here that no proper exegesis would be made of any Biblical texts, but one needs to draw out some significance in relation to our research problem, research objectives and research results for the PCC today. With such introductory remarks we need to explore those theological arguments in favour of continuing the ministry of healing for the church today. Such explorations can help the church to rediscover, reclaim or revitalise its healing ministry. This will be done in five reflections:

6.2. *A reflection on God's on-going compassionate love*

6.3. *A reflection on the significance of Jesus' healing ministry*

6.4. *A reflection on the healing mission of the disciples*

6.5. *A reflection on "my God my God why have you..."*

6.6. *A reflection on the rareness of miracles today*

## **6.2. A reflection on God's on-going compassionate love**

Personally, I have always been *reflecting on the practical implications* of this (God's compassionate love) affirmation of God as I carry out my pastoral ministry and especially in 'showing' practical love to the sick and needy both within the congregation and the community. We will have to explore and understand the practical meaning of God's compassionate love further because this, like the rest of this chapter, has been some of my motivating factors in engaging so passionately in the healing ministry and healing services. In addition, God's compassionate love has been one of the motivating factors of the clergy who participated in the research project as seen in their responses especially to questions 1 and 3. These reflections at time take me back to creation, God's continuous love for Israel and then to Jesus. Christian theology (cooperate, personal, laity or clergy), cannot effectively talk about the healing ministry without making reference to the redemptive work of God in creation. This is what we are doing in the first section of this chapter. God's compassionate love and grace is centred and revealed perfectly in the reconciling and liberating work of Jesus; but through the lens of Jesus, Christian theology comes to understand that God's love is already active at Creation, where He created the world and humanity in particular in His own image.

We intend to achieve two aims in this section: The first point is that such reflections will enable us to understand better why God created the world and above all why He has to send His only Son into the world in the flesh; “The Word became flesh and made his dwelling among us...” (John 1:14, 3:16). MacNutt (2005: 27) is right when he writes; “He (Jesus) came because we had lost our inheritance and He intended to restore it” and this inheritance started at creation. The second point is to continue to challenge the current healing ministry of the PCC. At the same time as the results reveal to continue reminding or enabling the PCC to be much more aware that she is having the authority, means and opportunity of discovering and rediscovering the theological and practical basis of its pastoral response to the sick; a response that draws its inspiration and roots even from creation.

### **6.2.1 Creation**

The following paragraphs will constitute some of the foundational facts and thus basic theological reasons why the church needs to practise a continuous and meaningful healing ministry. The essence of these paragraphs are neither to write an account about the doctrine of creation nor an anthropological account of humanity, nor to make exegetical studies on Genesis 1 and 2, but to point out God’s original plan and purpose and thus God’s on-going enfolding love and care for His world.

In chapter 4 we said that, it is very true that the Christian confesses and affirms the lordship of God in His world as creator, sustainer and above all affirms His providential love and care over His creation. However, this confession and affirmation about the being and nature of God is seriously challenged and tested by the reality of sickness and the power of evil in God’s world. The research results prove that even though our knowledge of God is only dim we have to continue to ‘reconcile’ the God whom we affirm as loving and caring with the realities of life; such a ‘reconciliation’ takes us back to the very beginning in Genesis 1:1.

We need to make this point, at the beginning that the creation of humanity in the image of God reveals the dignity accorded to humanity above all other creatures not because of any good on our part but because God’s very nature is love. Out of His love He decided to graciously share His nature with us. What does creation and being created in the image of God reveal to us about

the nature of God and the nature of the Church in relation to its continuous healing task of the sick-world? A reflection on this question will form the focus of the following paragraphs.

The Bible proclaims Good News in its very first verse, Genesis 1:1 “In the beginning God created the heavens and the earth...” and in verse 31, we read, “God saw all that he had made, and it was very good.” One of the implications here is that the universe is very healthy; a healthy creation without sin, sickness or any form of agony. Creation is in total consistency with God’s eternal loving nature. The creation of the world is the first of the majestic and gracious acts of the Triune God who welcomes into existence, out of His generosity, a world of creatures different from him.

All human beings are created in the image of God not because of any good on their part but because God’s very nature, from eternity, is self-giving-love (Genesis 1:26-27). God freely gives Himself to humanity by letting us share in His image. The image of God in humanity is a precious gift (undeserved favour). A gift that humanity did not seek for, but out of God’s love he gave it to us; because nothing compelled God either to create the world or to create humanity in His image apart from self-giving love. It is a privilege to be created in the image of God. It is a privilege which entails mutual love, co-existence and interdependence not dominion and oppression. Genesis 1:26f intend to describe human life in relationship first with God and then with other creatures (Migliore, 1991: 80-81).

According to the classical Christian doctrine, God creates *ex nihilo* (out of nothing). “Nothing” is not a primordial stuff out of which the world was created. Creation “out of nothing” means that God alone is the source of all that exists in the world (Migliore, 1991: 84). If this is so, then it is difficult, if not impossible, to avoid the question raised in the results concerning the relationship of sickness as God’s punishment to sin or wrong doing. Or how can we explain the fact that illnesses, suffering and evil do not come from God? We will return to these very important questions later. God calls into existence the things that do not exist. “In the act of creation, God already manifests the self-communicating, other-affirming, community-forming love that defines God’s eternal triune reality and that is decisively disclosed in the ministry and sacrificial death of Jesus” (Migliore, 1991: 84).

The dominant Western interpretation is that the image of God in humanity means humanity has the capacity to reason. “In the view of many classical theologians, including, Thomas Aquinas, human rationality is a participation in and reflection of the divine *logos* or reason by

which the world was created” (Migloire 1991:121). Augustine, just like Aquinas, asserts that the image of God in humanity consists of humanity’s power to love and understand God (Cairns 1953:121) because the intellectual nature enables humanity to imitate God’s loving nature. There is an element of truth here because when human beings *reason* and *act* in the light of God’s loving actions, then they are living in the way God intended humanity to live. This is the way of life that the Church has to follow as it engages in a continuous healing ministry in God’s world. However, such interpretations do not embrace what is meant by that image in humanity because the essence of being human cannot be seen primarily in the process of abstract reasoning and this has also fostered an intellectualization of Christian anthropology (Migloire 1991: 121).

Some emphasise human freedom as the meaning of the image of God in humanity; just as God freely creates the world, human beings are free to do and undo. Again, one can see some truth here, “but its serious limitations become evident in the frequency with which modern culture identifies the idea of freedom with mere independence from others or even self-gratification” (Migliore 1991: 122).

Another school of thought asserts that, that humanity is created in the image of God means that physically, in our upright stature, human beings resemble God (Cairns, 1953: 30-31) but he went beyond this physical resemblance; this being the original idea behind Genesis 1:27. However, even though passages such as Genesis 3:8-40, Ezekiel 1 and Exodus 33 depict God anthropomorphically, the Old Testament is not always anthropomorphic (Deuteronomy 4:12). We have to move beyond this Old Testament understanding of physical resemblance to what the New Testament says because it is the New Testament that has given us the clearest understanding of Genesis 1:27.

In the paragraphs that follow we will briefly look at the works of Barth, Cairns, and Migliore again and their theological understanding of the image of God in humanity. We will then draw some conclusions. For Barth, (1958:195-196), the relation of the man to the woman is made the basis of the doctrine of the image of God in humanity; hence human existence is co-existence. While Migliore appreciates Barth’s relational concept, Hayter criticizes it on the grounds that Barth’s stresses upon the importance of marriage as a crucial expression of human ‘I-Thou relationship.’ This is more of his reading into the text (Genesis 1:26f) than objective Old Testament exegesis (Hayter 2002:91).

Through the historical Jesus, one can look in retrospect and understand the ‘Let us’ and the spoken Word of God in creation (John 1:1-14). One of the interesting aspects I find in Barth’s work is his relational understanding of the image of God in Genesis 1:26f. “No theologian of the twentieth century has been more influential in the development of a theology of human relationality than Barth” (Migloire 1991: 126) and his works have influenced and are still influencing many Christians. I agree with Barth’s position that every human being has to celebrate and accept gladly his or her sexuality, because humanity is created in the image of God as male and female.

Barth’s relational concept of humanity as people in relationship is important because such a relationship entails sacrifice and unconditional love and care for each other. For Cairns (1953: 60) the image of God in humanity indicates first a purpose of God for humanity and secondly a quality of humanity’s existence. The image of God marks humanity as God’s possession, as holy, as one whose being is from God, from a power greater than humanity’s power. ‘The essential thing about the image in ‘P’ (Genesis1: 26-27) is man’s (sic) personal nature, his (sic) link with God and his (sic) dignity above other creatures (Cairns 1953: 30). He came to all these conclusions by carefully examining the three passages in the Old Testament where the image of God in humanity is mentioned that is, Genesis 1:26-27, 5:1-3 and 9:5-6. Migliore (1991:122) holds that the image of God in humanity:

Describes human life in relationship with God and with other creatures...To be human is to live freely and gladly in relations of mutual respect and love. The existence of human creatures in relationship—the paradigmatic form of which is the coexistence of male and female—reflects the life of God who eternally lives not in solitary existence but in community. Thus the image of God is not to be construed primarily as a set of human faculties, possessions, or endowments. It expresses self-transcending life in relation with others—with the ‘wholly other’ we call God, and with all those different ‘other’ who need our help and whose help we also need.... The image is more like an image reflected in a mirror.

Migliore’s understanding of the image of God in humanity from the above quotation is much broader than that of the previous theologians. Three aspects can be drawn from him: the understanding of the image beyond a human possession to a self-transcending life, life in relationship with God and other creatures, and the reflective nature of the image of God in humanity. This reflective nature of the image needs to reveal itself in concrete practices, without which the image of God in humanity is disfigured.

I concur with the position of Barth, Cairns and Migliore that humanity created in the image of God has an active responsibility before God and that human beings find their true identity in coexistence and fellowship with the whole creation. Both have a Christological starting point, both use the New Testament to interpret the Old Testament, which is specifically Christian theology. Lastly, they hold that the image of God in humanity is universal, that every human being is in the image of God, even the sick in our case. Even though their various ideas have enormously enriched what it means to be created in the image of God, none of them embraces all that that image means.

The following points can be drawn:

We have dwelt briefly on the image of God in humanity because we want to draw out certain pertinent points that can help the church to minister much more practically, especially to all who are searching for healing. Genesis 1:26-27 reveals the mystery of the origin of humanity. It also reveals that God is far above nature and sexuality but humanity by virtue of sharing in the image of God, has been lifted out of the plane of nature to fellowship with God, and to enjoy the fruit of that fellowship, both with God and creatures by living a life that ought to mirror God's intentions in Creation. Again, such an understanding is very crucial for the church's mission in general, and for the church ministry of healing to the sick in particular.

The image of God in humanity is a precious gift (undeserved favour); a gift that humanity did not seek for but out of God's love He gave it to us. It is a privilege to be created in the image of God, a privilege that entails mutual love and interdependence and not dominion and oppression. Genesis 1:26-27 intend to describe human life in relationship first with God and then with other creatures. And humanity in turn needs to respond by loving the near and far neighbour.

In this light, the PCC like any Christian denomination knows that they have been called through God's grace alone to participate in God's mission (mission Dei) in God's world. God calls them not because they are perfect but because of God's compassionate love, (John 3:16, 1John 4:7-16) for His world. It is therefore imperative for her to pattern her mission in the light of the Gospel. One way to do this is through a continuous healing ministry; where the sick would be able, through the PCC, to keep on experiencing God's embracing love and care

through their word and action (Tacheche 2007 :7-16). God has a purpose of revealing Himself in the world and continues to ‘act’ in His dynamic and purposeful World even when the human race fell into sin.

### **6.2.2 The good and healthy creation fall into sin**

In Genesis 1: 31 creation was good which implies that creation was healthy. In Genesis 3 we read that the good and healthy creation represented by Adam and Eve had fallen into sin and thus become unhealthy. We also read that Satan played a very decisive role in the fall. Just like the image of God in humanity, the fall was understood and interpreted differently but this will not be done in this project. However, we will return to Satan under the ministry of Jesus. The major consequences of the fall is that, using MacNutt (2005: 27-29) words, ‘humanity has lost their inheritance’ and has taken itself out from the good and beautiful garden into the one that is full of disasters, satanic controls, sicknesses, wars, grief and pain and has kept on struggling, to no avail, to get back into the original garden (MacNutt, 2005:27-38). The great and tragic fall had therefore separated God from humanity. The important point and the good news here, is that in spite of the tragic fall and tragic separation of humanity from God, God graciously and compassionately had never abandoned humanity on its own as seen in the next paragraph.

### **6.2.3. God’s love for Israel**

After the fall and separation, God did not abandon us. His compassionate plan from the beginning of creation leads God to help fallen humanity to enter back into the garden that they originally belonged to. He knew that we would not be able “to reclaim our inheritance on our own.” In his compassion, mercy and grace, He chose a particular nation (the Israelites) to come apart and learn more about Him, His plan and purpose of creation. “They were to start out by worshiping the One True God and were instructed to follow some basic commandments; most especially to take care of the weak and the poor” (MacNutt, 2005:24-25).

The Old Testament is familiar with the idea of Israel as the People of God. The very reason for its existence rests on the belief that God had entered into a covenant relationship with Israel, stemming from the time of Abraham (Genesis 12, 15) and that they had thereby become God’s chosen race. In Genesis 12, God called Abraham and told him: ‘I will make you into a great nation ...and *all the people on earth will be blessed....*’, and through Abraham’s descendants the nation of Israel became constituted. In spite of the fact that there is much material in the Old

Testament that reveals Israel's unfaithfulness to their covenant God and their eventual going into exile, there is also abundant material to show how Israel was faithful to their covenant God, and how God restored the remnant again after exile and continues to show a special love to them even when they kept on rebelling against their God. In all these, "God prepared them to look forward to a Messiah who would lead them and the entire world to freedom" (MacMutt 2005: 35).

In restoring the remnant, God continuously remains 'faithful' to the promises He had made to Abraham and prophecies in Isaiah 9, 11 and Jeremiah 31 are seen by Christians as fulfilling these promises. God's love for Israel is that, God has chosen them *among all the nations on earth* to be His treasured possession, his chosen people, thus giving Israel a position of privilege, which importantly includes that of servant-hood service. Through the line of Abraham, Jesus, 'an Israelite is born'(Mt 1:1-17) and through him, the image of God in humanity, and the truth and affirmation that God's very existence or nature is constituted in compassionate love, acquired a deeper understanding from the perspective of Christian theology (Tacheche 2007:13-15). This leads us to another point, God's healing plan.

#### **6.2.4 God's continuous healing plan:**

Theologically, one can argue that God in choosing and preparing the Israelites to become His special possession and His covenant people, He was at the same time restoring humanity to the good and healthy stage that they were before the fall. Thus, the Old Testament in several ways foreshadows what the Messiah in the New Testament will do finally in reconciling God's fallen creation unto God. MacNutt (2005: 37) puts it this way: "Long before the Messiah appeared, God was already working to repair the ravages of sickness plaguing the human race... Throughout, the Hebrew Scriptures show us a vision of healing that is to come in Messianic times" For instance, in 1 Kings 17: 17-24, (Luke 4:26) we read how Elijah raised the son of the widow back to life just like what the Messiah and his disciples would do in the New Testament. In 2 Kings 5:14, (Luke 4:27) we read how Elisha healed Naaman of his leprosy. In the NT we read that the Messiah healed various types of illnesses and also raised the dead which we will come to later. In Isaiah 35:5-6 we read: "Then will the lame leap like a deer and the mute tongue shout for joy" (MacNutt 2005 37). The list can go on and on but it is important to point here that Jesus is the fulfilment of the hope of God's chosen people. What God started with

Israel finds its completion in the threefold ministry of Jesus and in particular in his healing works culminating at the cross. .

God's continuous healing plan continues to reveal God's love for His fallen and sick people. The whole purpose of God's continuous healing plan is to heal, restore, reconcile and increase the dignity of the human person above all other creatures. Humanity, on its part, has the freedom to respond to what God has done as already seen in the interpretation of the image of God in humanity. With this we return briefly again to the image of God in humanity.

To be created in the image of God means to live in faithful response to the gracious initiative of God, to mirror God's intention in our everyday living, to be actively responsible before God and before each other and the rest of creatures. God wants a free and glad response, which will enable humanity to serve, to live in partnership, fellowship and to enjoy all the blessings and benefits of that response both from God and all creatures. God, in coming to humanity, has offered and communicated love (agape) to humanity. The understanding of the image of God in humanity cannot be restricted within the Genesis account; through the historical Jesus this image acquires a deeper depth of understanding (Colossians 1:15). What Migloire, (1991; 121) writes about this is important:

While the New Testament community speaks of beholding the glory of God in the face of Christ (2 Corinthian 4:6, John 1:14), it is not Jesus' physical correspondence to God that is meant but the correspondence of his intention and action to that of God.

Even though we will explore Jesus' ministry, it is important to make these comments here partly in relation to creation. Jesus' entire life and ministry reflect who God is and what it meant to be created in the image of God and to love concretely. In Hebrews 1:3, we read: "The Son is the radiance of God's glory and exact representation of his being..." This text tells us a vivid relationship between the Father and the Son and this relationship of God and Jesus, of Father and Son permeate the whole of the NT. The one who reflects God's glory bears and shares God's nature and is the exact representation of God's being. Jesus is of the same nature with God (the Nicene Creed). This very nature of God enables God not even to spare his own Son but sent him (John 3:16, 10, 1 John 4:7-11), as an expiation for the sins of fallen humanity. And this Son revealed to the fallen humanity the immeasurable length and depth of God' love through his ministry culminating at the cross and the resurrection. In this light, it is appropriate

to interpret the image of God in humanity in a different way, just like we need to do in relation to God's love and care and in relation to sicknesses and healings.

Through the historical Jesus, Christians can understand better the Old Testament, the image of God in humanity and God's plan in creation. There is a similarity between the situation of Cameroon and that of Jesus' day; situations of injustice, oppression, sickness and of sinfulness, in one word a situation of *sickness*. The affirmation and confession of Christians about the providential love and care of God in the face of sickness can be illuminated through Jesus; and through him, we can in retrospect understand better God's on going love for his world.

For the Christian faith, Jesus is the icon of the invisible God (Hebrew 1:3, Colossians 1:15) and the fullest expression of what and how God intends humanity to live. Just as Jesus' ministry is that of inclusive solidarity with sinners and the poor, and sacrificial love culminating at the cross, so too should be that of the church. If it is not, then the church is failing to be what God has called her to be, a people open to all without discrimination.

The explorations in this section can offer the church the possibilities of not only revitalising the health problems of Christians, but also those of the nation. It will also give the church the opportunity to place our health crisis into the great drama of God's creation of a healthy world, the tragic fall and the redemptive work of Christ in healing the sin-sick-world and the continuous work of the Holy Spirit in fashioning and renewing a new healthy creation. In reply to the question "For what do we live?" The Westminster Catechism (1955:51) says, the chief end of man is to *glorify* God and *enjoy* Him forever. This implies that the end of our being is not only to serve God but also to receive from Him eternal life; thus in giving or serving, we receive far more than we give or serve. Humanity is called to respond in faith and action to God's original loving intentions, thereby having fellowship and enjoying all the benefits with God and other creatures. This becomes the ultimate goal of the creation of humanity in God's image. It is such an understanding of the image of God in humanity that is enabling me and some clergy and laity, as the literature review and the results in particular shows, not to respond to the traditional theology on healing because that theology does not reflect God's original loving intentions in the lives of the sick and their relatives. We return to Calvin and 'his supporters' to counteract their views with theological arguments for a continuous ministry of healing for the church today but this time drawing our inspirations from the healing ministry of Jesus.

### **6.3. The significance of Jesus' healing ministry for the church today**

The main points above (6.2) are that through the NT, and in particular through Jesus's ministry (preaching, teaching, healing, cross, resurrection, ascension and the coming of the Holy Spirit), Christian theology and Christian faith, can in retrospect, understand better God's plan and purpose for God's world in Scripture. Also importantly is the fact that, this plan and purpose of God include a healing ministry. This healing plan of God will become much clearer as we focus now on the significance of Jesus healing ministry for the Church today. This section, like the previous one, will continue to challenge Calvin's healing views and those of his supporters, who had argued and are arguing that there is no need for a continuous ministry of healing for the church today. One of the reasons why some Presbyterians would adhere to traditional theologies while others feel that official Reformed theologies should be updated stems from the understanding of the *significance and the implication of Jesus' healing ministry for the Church today*. Put differently, one of the conclusions that we can draw from the clergy's responses especially to question 1, is that, one of the reasons for the tension arising from various Christian denominations concerning the healing ministry, is as a result of evaluating the implications of Jesus' healing ministry for the Church today. Different understandings of Jesus' healing ministry lead to different evaluations of what the nature and form of the church's healing ministry should be today. Lucas and May in their article (1997: 85-99) outlined three important points in support for a continuous ministry of healing: the kingdom of God, the battle with Satan and compassion. Each of these points will be discussed in relation to the empirical results, the literature review, my theological insights and experiences.

The phrase 'the healing ministry' can evoke a variety of responses among theologians or churches depending on their respective worldview, their general theological and practical interpretations of Jesus' healing works and the overall mission of Jesus' revelation of God's redemptive work in God's world. Some theologians and Christian writers have discussed Jesus' healing ministry and its impact upon the Christian church; including some of the reasons for the decline of the healing ministry in the mainline churches. Such discussions also include some ways that the church can use to reclaim its lost God-given-duty of healing the sin-sick-world. I have already mentioned some of these theologians and Christian writers above but we need to add here the following: Zimmermann 2007: 61-90, Davies 1995: 1-203, Maddocks 1981, MacNutt, 1974, Dye 1997, Booth 1985 and Harding 1997 among others. The work of two groups made up of theologians and laity, is worth mentioning here. This was the situation of the

Church of Scotland in 1998 and that of the Church of England in 2000. Both groups explored various ways in which their denominations could better contribute to the healing, not only of their sick members but also their respective nations.

We are not going to discuss Jesus' healing ministry as a whole but the aim here is to draw some implications and significance from Jesus' healing ministry in the light of the tension and the empirical results within the PCC. The first question we have to ask, as Lucas and May have also noted, is whether we should expect Jesus' healing ministry to continue among his followers after his ascension and what is the nature and form of that ministry? (Question 5 of the clergy, Lucas and May, 1997: 94-45, 99,).

Above all what is the significance of Jesus' healing ministry for the church today? In trying to answer these questions, this section is again putting forth the thesis that theologically and practically there are some convincing arguments for the continuous ministry of healing for the church today. In addition to what has been said so far in this chapter, the following theological reasons below, drawn from the significance of Jesus' healing ministry continue to challenge the PCC to engage and participate in a meaningful ministry of healing within the congregations.

### **6.3.1 The concept of the kingdom of God**

Some of Jesus' healings, like his teachings and preaching, need to be understood in the light of the concept of the Kingdom of God's presence among his people (Lucas and May 1997:87). Jesus made two important claims that will be very significant in this chapter and the next and which in a way have influenced all that has been discussed thus far. In Mark 1:15 Jesus said: *"The time has come, the kingdom of God is near. Repent and believe the good news,"* and in Luke 4:18-19 we read: *"The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favour."* Luke 4:18f is a quotation from Isaiah, thus in quoting that passage, Jesus made Isaiah' (42:1-9) servant prophecy his own; and thus assuming the servant role of Israel's. Other servant texts that also have great significance to Jesus' servant role culminating at the cross include Isaiah 49:1-6, 50: 4-9, 52:13-53:12. He is called to be God's instrument of salvation (Maddocks1984:62).

Interestingly both the mission and the healing mission statement of the PCC quote Luke 4: 18-19 as ‘a foundation’ on which its mission and healing mission are based (Constitution of the PCC 2014:5). MacNutt (2005:44), confirms that Luke 4:18-21 is the heart of the Gospel; here Jesus is anointed to preach Good News, to proclaim freedom for the prisoners and to release the oppressed; oppressed by sin, forces of evil, natural and man-made oppressions. The recovery of sight for the blind; blind physically and spiritually and to proclaim the year of the Lord’s favour, that is, the year of Jubilee when debts (sins) are to be forgiven. One can argue that in both passages (Mark 1:15 and Luke 4:18-19) Jesus laid down his mission plan, his cause, his priorities, his purpose for coming into the world and what was central to his proclamation. By extension, these passages laid down the mission plan of the church which is empowered by the Holy Spirit; involving not only preaching and teaching but also an active healing ministry which includes exorcism (MacNutt:2005:43-47, 53). Jesus’ mission is God’s mission, his cause is his Father’s cause; ‘the cause of establishing God’s will and rule in the world not only in abstract form but also more importantly, in concrete ways. Jesus proclaims God’s cause in terms of the kingdom of God (Maddock 1984:17). The Gospels (Mark 1:15, Matthew 4:23, 9:35, Luke 4:43, 8; 1), make it clear that Jesus’ ministry must be understood in the light of the concept of the kingdom of God. “The time has come (fulfilled)... the kingdom of God is near (at hand). The phrase ‘the kingdom of God’ was so central in Jesus’s entire ministry. It was however, not a new concept to Jesus’ hearers but Jesus gave a new modification to it to suit God’s plan, and purpose in God’s world. Maddock (1984:18) put it rightly that:

*In Judaistic thought, there were two reigns of God corresponding to the two aeons, present and future. His lasting reign was his kingly rule over Israel during the present age: in the age to come his (future) reign would be over all nations. When Jesus came, he brought a new urgency to the situation by claiming that what would happen in the future kingdom was being determined now by the way in which people reacted to him and his message (Matthew 10:32). Jesus’ view of the kingdom therefore differs from the Judaistic model in that he believes it to be bound up with himself. In short, the future rule of God has already begun to break through into the present in the words and works of Jesus. This is what some contemporary scholars call ‘inaugurated eschatology’ as opposed to the extreme eschatology views which are completely ‘futuristic’ or ‘realized.’*

The idea of God as king, judge and one who vindicates is very prominent in the Bible. The Prophets constantly reminded the Israelites that God is their king ( Isaiah 43:15, 2:2-4, Jeremiah 10:6-7, Ps 22:28, 96:10) and King of the earth ( Psalm 22:28, 96:10) and that a time is coming when God will establish his rule over all the earth, (Isaiah 2:2-4, Oba 21, Zec14:19). God's reign upon earth had begun with the presence of Jesus. In Matthew: 4:23, 9:35 we read "Jesus went... preaching the good news of the kingdom and healing every disease and sickness among the people." It is important here that Matthew links Jesus' healing with the kingdom of God (Lucas and May 1997:87). Jesus understood his ministry as fulfilling the future hope of His people, his presence is inaugurating the new age of God's kingly rule in their midst while still waiting for the final consummation. The kingdom is being present and yet not completely.

This can also be seen in the Lord's Prayer ... your kingdom come" (Lk11:2, Mt 6:10) and in Mt 8:11-12, where many will come from east and west and sit at table with Abraham, Isaac and Jacob in the kingdom of heaven. Central to Jesus' message is that God is about to set the world right. Jesus demonstrated this throughout his ministry in words and actions. The kingdom's inauguration will be by God's grace alone; humanity can only wait for its coming watchfully, patiently and expectantly (Maddock 1984:18).

Healings were one of the expectations to happen when God's kingly rule broke into this world. Jesus demonstrated time and again in words and actions that his presence is ushering in, the dawn of this kingdom; what is supposed to take place at the end time is happening already with the presence of Jesus. That is why in response to John the Baptist's question Jesus said; *"Go back and report to John what you have seen and heard. The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear the dead are raised and the good news is preached to the poor"* (Luke 7:18-23, Matthew 11:5-6). Jesus' reply to John's question is reminiscent of Luke 4:18-19, as already indicated. Something new is taking place, here and now with the presence of Jesus into human history; people have started experiencing what was to take place in the future. Those with various diseases and sicknesses are healed and those with various evil spirits liberated, sins forgiven, the oppressed set free and the poor are blessed (Isaiah 35:5-6, Mk 1:14-15, Mt 4:23, 9:35, Lk 4:16-21, 6:20). The goodness, the graciousness, the healings and the loving nature of God is being revealed concretely through Jesus' present on earth. Maddock (1984:19) rightly put it in this way:

*The unconditional grace and goodness of God was now particularly available to the abandoned and destitute, the sick who need the physician, the outcast and rejected, the little ones and the simple ones, the abandoned and the poor.... It is this unconditionality of God's grace and goodness, characteristic of the kingdom, which is the essentially new element in Jesus' view of the Father's reign.*

Jesus' presence, his preaching, teaching and healing really inaugurated a radical new way of thinking about God. The old order of thinking must give way to the new which Jesus embodied in himself and actualised in the life of his followers. Jesus sometimes speaks of 'entering the kingdom of God' (Mk 9:47, 10:15, Mt 7:21), or of belonging to it or being in it (Mk 10:14, Mt 19:14, Lk 18:16). He taught us to pray (Mt 6:10) "thy Kingdom come, thy will be done on earth as it is in heaven."

One of the interpretations to this phrase in this 'Lord's prayer' is that the foretaste of what is in heaven is already being experienced on earth and hence the continuous restoration work of God has taken a much more concrete dimension with the presence of Jesus in human history. The kingdom of God in the teaching of Jesus can mean primarily the *rule* of God which Jesus embodied in his own life and actualised in the lives of those who responded to his message. The kingdom of God in Jesus teaching can also mean the *sphere* within which that *rule* operates on earth and in heaven (class lecture, New Testament, PTS 2000, Kumba, Lucas and May 1997:87-88, Cole:1989:111, MacNutt 2005: 53-54). Maddock (1984:18) summarises what has been said about the kingdom of God in the following words:

*The kingdom of God therefore refers to God reigning, God actively ruling in his royal power, God visiting and redeeming men (sic) from sin, sickness, and evil and establishing new order of things. This is how Jesus furthered God's cause: he made this dynamic symbol of the kingdom of God the central theme of his public proclamation.*

Reflecting on the concept of the kingdom of God in the light of Jesus' teaching, preaching and healing leads me to some interesting points. The first of these points has to do with the modern day understanding between the Kingdom of God and the mission of the Church. The church here is not a building or a denomination, but a '*mixed*' body, or assembly or congregation of a people of God who have come together through Jesus' ministry. On the one hand it can be argued that Jesus never formally instituted the church during his earthly ministry. This can be substantiated by the fact that the Greek word for church occurs only twice in the synoptic

Gospels. But this is not our concern at the moment. On the other hand, there is plenty of evidence in the New Testament to suggest that Jesus intended to create a community of followers who became a nucleus of the church in the post-Pentecost period. Such deliberations are important because they will enable us to understand better the un-theological argument of Calvin that the healing ministry ended with the death of the last disciple or apostle.

Fruitful deliberations are important because they help us grieve over the decline of the healing ministry of the church over the centuries and at the same time challenges us to reclaim and revitalise the church's healing ministry today. The New Testament suggests that Jesus intended to weld his disciples into a community and looked upon them as the nucleus of a reformed Israel who has to continue after his death. For instance, Jesus called various individuals and appointed the 12 (the remnants of the 12 Patriarchs) and made stringent demands on his disciples. He called them his little flock and pictured himself as their shepherd, and shared a memorial meal with the 12 at the last supper. All these must have marked them off from their contemporaries. These followers were to continue abiding in him, having very close relationship with him, enjoying the new era of salvation which Jesus is inaugurating and thus formed a community which was fully inaugurated at Pentecost where the disciples were filled with the power of the Holy Spirit. In the ministry of Jesus (healing, teaching and preaching), the church is not identical with the Kingdom of God but bears witness to the kingdom that is, the church is an instrument of the kingdom. But it must also be said that God's kingdom is not confined only to the church (B.Th. class lecture 1999, PTS).

Furthermore, if some of Jesus's healings like his teachings and preaching need to be understood in the light of the concept of the Kingdom of God's presence among his people, then, the church - a 'mixed' body made-up of the good and the bad, the well and the sick, the oppressed and the freed, the rich and the poor, has to include a continuous ministry of healing services because some of its members are facing various perspectives of illnesses just as those in Jesus' day. One can even sum up Jesus' concept of the kingdom and thus his entire ministry in one word - Healing. He came to heal the sin-sick-world (Luke 4:16-28, MacNutt: 2005, 53-57) that is, to restore and reconcile the world to its original healthy state before the fall in Gen 3. In a similar line of thinking Maddock (1984:20) writes:

... the kingdom will be the source of health for all people. The God who reigns is the infinitely gracious and loving God whose will and purpose for his creation is health and wholeness. Like the

father of the prodigal, he goes out to meet his erring children and accepts them back into their rightful home unconditionally. He hears the cry of the distressed and answers the prayer of the despairing publican. This is what the kingdom will be because this is what God is like. Health will be a free gift for these poor ones, these little ones...For Jesus the kingdom of God meant the compassionate love of his father present and active in his creation. The coming of the kingdom would mean its final healing.

In this light the healing services including the practices of anointing, the laying on of hands and exorcism are part of the restoration and liberating work that began after the fall and finds its perfection in the ministry of Jesus. Since the church is the agent of the kingdom and continues Jesus' mission about the kingdom, it is natural that it should include in this a healing ministry so as to continue with the liberation of people bound by sickness, evil or Satan (Lucas and May 1997:99, Luke 4:18-21, 13:10-17). The historical Jesus' presence was inaugurating the new age of God's kingly rule in their midst (Lk 17:20-21) and the risen Lord's presence continues (Matthew 28:20) to inaugurate this new age of God's kingly rule in our midst and the church needs to continue here and now with the inauguration through the healing ministry which reveals the gracious and loving nature of God. While the church awaits its final and full realisation, manifestation and establishment of the kingdom (Luke 11:2, Matthew 6:10), at the *parousia*, she needs to continue with Jesus' (restoration work) threefold mission of teaching, preaching and healing. If this is not so then the theology and mission of the church is under serious questioning.

The clergy in their responses to question 1,3 and 5 emphasise that the whole healing service is geared towards *healing* - the singing, meditations, exhortations, exorcism, laying on of hands, anointing and the intercessions including other vocational and practical activities within the wider community. In one sense the healing service is translating Luke 4: 18-20 (and by implication Jesus' entire ministry) which the PCC has rightfully quoted as the foundation of its mission and healing ministry statement of action. The PCC Christians need liberation from various forces, they need healing from various illnesses they need to continue experiencing the presence of God's kingly rule here and now through the healing works of the church. At times the healing services also involve special retreats focusing on the healing of individuals, families, communities, nation and the world. The inclusiveness of the intercession prayers during healing services extend to the healing of the nation and the world. The laity responses to questions 7 and 8 confirm these facts and such healing services need to be encouraged for the healing of the church and the nation. Healing services as the results

reveal are a source of revival, strength, liberation, comfort, hope and healing. Even though the result equally reveals that not all are healed or are experiencing transformation and healing during and after the healing service, the majority is in favour of it because it is above all a source of hope for the sick.

I need to strongly emphasise here that God's kingly rule has already been established on earth. Since the church bears witness to this Kingdom and this Kingdom has not fully come (thy kingdom come), it is but natural for the church to include a continuous ministry of healing while she continues with the preaching and teaching mission of Jesus and while she awaits for the full realisation of the kingdom of God. Theologically then, the church (and the PCC in particular) is having a God-given- ministry of preaching, teaching and healing. History, especially in the works of MacNutt (2005) and DeArteaga (1996, reveals that the church has made certain crucial mistakes which led to the neglect or decline of this special God-given-ministry and such mistakes need not continue in the 21<sup>st</sup> century. With the advent of God's kingly rule embodied in the life of Jesus, the lost, the sick, the captives and the outcast (Migloire 1991:156-157) are offered new opportunities of experiencing God's inclusive and amazing, grace, love and mercy. The PCC as the research results rightly reveal has no option but to include in her preaching and teaching an active healing ministry through which some will continue to experience God's kingly rule here and now while waiting for the final and complete healing of all creation at the *parousia*.

### **6.3.2 The 'binding of the strong man'**

The second of Lucas and May's (1989:91-92) point in support for a continuous ministry of healing for the church today is that, some of Jesus' healings reveal the battle with Satan and the actual defeat of Satan. We return again to Luke 4:18-19 and Mark 1:15 - where we have said that Jesus set out his mission plan, cause and priorities. Part of his plan in Luke 4:18-19 is "to release the oppressed" that is to deliver, to set free, to unbind. Throughout Jesus' ministry we see this plan manifesting itself in various ways and finding its perfection on the cross, the resurrection and the continuous work of the Holy Spirit in the world.

During my MTh studies, it was a common practice for research or MTh students to present written papers and the other students would give their feed-back. In November, 2006, one of my classmates in the MTh programme presented a paper in missiology and part of that presentation

had to do with issues of witchcraft, magic and occults or secret societies; the ‘crash of two kingdoms.’ I was surprised at the reactions of some of my European and American colleagues (our class had students from four continents). Some of them said that it is ridiculous to believe there is Satan and that demon possessions or witchcraft is more a mental, primitive or psychological problem. Contrary to these colleague another European and theologian, Green (1999:15-27) gives seven reasons why he believes in the existence of Satan. I will briefly comment on two of them because they tie in with this section of the project. One of the main reasons that convinced Green (1999: 23-26) to believe in the existence of Satan is their realities as witnessed in the Bible. He writes (1999:23-26).

From Genesis to revelation we are confronted by anti-God force of great power and cunning...who is out to spoil and mar all that is good and lovely. We find him in the Garden of Eden at the beginning of the story. We find him in the lake of fire at the Bible’s end. We find him tempting David, Saul, the Israelites. We find a major concentration on him in the Gospels and there can be no doubt whatever that the apostles made recognition of Satan’s reality and enlistment against him a crucial part of their ethical teaching. Not only have we whole chapters given over to this, such as the Temptation stories in Matthew 4 and Luke 4, 2 Thessalonian 2, Ephesians 6 but scholars have given good reason to believe that ‘stand’ or ‘withstand the devil’ was a prominent feature in primitive Christian catechisms within the apostolic period. Belief in the personal devil was, then, firmly ensconced in Hebrew religion long before the time of Jesus. Satan is the tempter of men and the accuser of the brethren. He is powerful but not omnipotent. He is a force to be reckoned with. And this view is shared by all alike in the New Testament times. I do not see how anybody who regards the Scriptures as normative for belief or behaviour can possibly avoid the conclusion that this is the firm and unwavering teaching of the Bible. It simply will not do to say ‘oh we can’t believe that these days’.

Just like the Cameroonian (as the research results reveals) worldview, the Biblical people believe in the existence of Satan and above all Jesus believed it and confronted it so fiercely even to the cross. This leads us to another main point of Green, to believing in the forces of evil. Jesus has more to say about Satan than anyone else in the Bible does. Satan is the one who tempted Jesus (Mt 4:1-11). Satan is the one who snatches away the message of the good news from those who listen to it half-heartedly, who sow weeds in the field of God’s wheat (Mk 4:15, Mt 13:39), and who chains people (Luke 13) like the bent-over woman. Furthermore Jesus taught his disciples to pray ‘and lead us not into temptation, but deliver us from the evil one’ (Mt 6:13) and commanded his disciples to keep on liberating people from the defeated Satan who will finally be crushed on the Judgement day (Green 1999:26-27, Lucas and May 1997: 91, Matthew 10:1, 8).

“In the course of his ministry the struggle with Satan and the powers of evil is most obvious in the exorcism” and this is summed up by the accusation that Jesus cast out demons in the power of Beelzebub, (Lucas and May 1997: 91, Mark 3:22-27). Jesus was accused by the teachers of the law of being possessed by Beelzebub-the prince of demons (Jesus was accused of being in league with demons, and thus using those demonic powers to heal. Jesus’ good and gracious works were attributed to an evil agency). Jesus replied them in parables (Mark 3:23a-27).

How can Satan drive out Satan? If a kingdom is divided against itself, that kingdom cannot stand. If a house is divided against itself, that house cannot stand....In fact; no one can enter a strong man’s house and carry off his possessions unless he first ties up the strong man. Then he can rob his house.

Jesus ridiculed their accusations and their blindness that if Satan is divided then Satan has failed and is defeated.

Jesus’ healing and especially his exorcism were part of the ‘clash of kingdoms’ which resulted as he freed and liberated people from Satan’s rule. In Mark 3:22-28, Jesus makes it clear that there is no ‘clash of kingdoms’, that the kingdom of Satan, evil and darkness has out-rightly been bound and thus been defeated by the Kingdom of goodness, light and God, (Lk 10:17f). Jesus’ power and authority is stronger than that of Satan, the power and authority that come from God which implies that Satan’s reign of sin, pain and of death is over with the presence of the ‘stronger man’ and that the presence of this stronger man in ushering in God’s reign by binding Satan and liberating those whom Satan is holding captive (Cole 1989:141-142). Jesus’ binding of Satan is also made evident in his reply to the report of the seventy disciples “*I (Jesus) saw Satan fall like lightning from heaven*” (Luke 10: 17-18). The success of the disciples was a clear sign of the downfall of Satan.

Throughout his ministry he liberated and freed people bound by Satan and all its evil forces or agents. In Luke 13:10-17 he freed and liberated the daughter of Abraham ‘whom Satan has kept bound for eighteen years.’ He drove out demons and evil spirits and thus liberated and set people free from the forces of Satan (Mark 1:21-28, 5:1-20, Matthew 4:23-24, 8:16).

The binding of Satan was one of the things which the Jews expected to happen only at the end of the age. Yet Jesus declares that the binding of Satan is happening in his ministry “But if I drive out demons by the finger of God, then the kingdom of God has come to you (Matthew

12:22-32; Mark 3:22-30; Luke 11:14-22; Lucas and May (1997: 91, Maddock: 1984:21). Jesus' exorcism was part of the manifestation of God's kingly rule on earth 'within you, in your midst' (Luke 17:21b). He revealed to his hearers God's graciousness and love for his creation. Lucas and May (1997: 92) summarises it in this way:

The healings of Jesus, therefore, fit into the context of the confrontation that is the result of God's kingly rule entering the world in a new way to free people from the rule of Satan, which holds people in bondage to evil. This bondage results in a variety of disorders which are the antithesis of God's shalom.

Jesus' resurrection finally reveals him as the stronger man and Satan and all its empty promises as the defeated one. Theologically speaking, Jesus has bound and defeated Satan. However, practically speaking, Jesus chose not to completely eradicate Satan from the surface of the earth. Thus Satan like sickness has not been completely eradicated from the world (Eph 6:10-12, 1 Pt. 5:8) because we are still living in-between the two worlds; the present world or age and the future world or final consummation. While we wait for God's kingly future rule to be fully established, we continue in this present age to struggle with the forces of evil and Satan that are keeping some people captive and in slavery. I can write several books, share several experiences and give many testimonies concerning the devastating nature of Satan and evil forces in the lives of PCC Christians. I have shared a few under my personal motivations to the healing ministry in the previous chapters.

The ministry of healing through prayers, anointing, laying on of hands and exorcism need to be intensified today because various types of illnesses and evil forces (such as demonic attacks, occultism, secret societies, ritual killing among others), are on a daily basis devastating lives and no true church of the risen Lord can afford to be on the side-line.

One of the questions asked in the PCC liturgy to candidates for adult baptism or the rite of confirmation before their baptism or confirmation in the presence of the congregation is "Do you renounce Satan and all his evil works such as witchcraft, magic, fortune telling" (BODS 1968:18, 51). This liturgy reveals that the PCC is really aware of these forces but has not rightly devised means of helping those who are trapped or caught up with such forces of evil. Reflecting on the significance of Jesus' healing ministry for the church today, reveals that sickness and the forces of evil are still infecting and affecting Christians today just like in the days of Jesus and because of this the church needs to include in its preaching, and teaching

ministry a healing ministry within the congregation. Again, reflecting on the image of God in humanity also challenges us to translate our faith into concrete practices and it is only through such concrete translations that we can mirror God's compassionate love to each other.

In response to question 7b, 18 (90%) of the participants said that, "exorcism brings deliverance, freedom, inner peace and breaks loose the power of Satan." The results urge the PCC that healing services need to be intensified in all congregations because such services are having very positive outcomes. With this, we take up another argument in favour of a continuous ministry of healing today and which is related to the previous discussions.

### **6.3.3 God's kingly shalom**

Linked closely to the idea of God's kingly rule is that also of God' kingly shalom. The Prophets constantly reminded the Israelites that a time was coming when God would finally vindicate and deliver his chosen people and more importantly would establish His peaceful (shalom-) rule over all the earth, (Is 2:2-4, 21). 'In the Old Testament the kingly rule of God is characterized by shalom' and shalom implies harmony between God and His creation and between the creatures themselves. Such a harmonious living at present is marred by evil and suffering of various kinds (Lucas and May 1989: 90). One of the messianic titles according to Isaiah 9:6 is 'prince of peace' and Jesus is the embodiment of that peace. When God steps in to establish his peaceful reign, then all evils and sufferings will disappear (Isaiah 9:1-9, 35:1-10). He blesses the peacemakers (Matthew 5:9) and pronounces 'woes' to the Pharisees, say in Matthew 10:34 that he has not come to bring peace; worldly peace but peace which involved suffering which will finally lead to the 'peaceful-good' of all who abide with him at the realised kingdom. As already indicated above, Jesus understood his ministry as fulfilling the future hope of the people expressed in the Old Testament, his presence is inaugurating the new age of God's kingly rule and shalom in their midst (Lk 17:20-21, Lk11:2, Mt 6:10). God's kingly rule includes the liberation of people from various forces. Maddock (1984:10) in a similar line writes:

Peace was a word frequently found on Jesus' lips; it was his first gift to his followers after his resurrection. Its general sense is determined by the positive conception of the Hebrew word shalom, which in the Old Testament covers the idea of well-being in the widest sense of the word-prosperity, bodily health, contentedness; good relation between nations and men, salvation...Again shalom is a gift from God... The state of shalom comes about when the will of God is being done, when there is a harmony of being at once with the purposes of the Creator.

The healing ministry of Jesus was part of the demonstration that the *Shalom* (peace and harmony between human beings and their environment and between humanity and God), which is the results of God's kingly rule had become a reality in the world (Lucas and May 1997:90-91). The Shalom ushered into the world through Jesus' healing ministry in particular is also being experienced by the sick within the PCC as the results of the empirical research and especially the participants' responses to questions 8b show. In our Holy Communion liturgy, we offer the peace of Christ to each other and the final benedictions on Sundays has peace that we wish for each other throughout the week. The healing services at least in my case end with the blessing of peace to all. Peace not as the world gives but peace that passes all understanding. Such a peace enables the healing services to have great effects on the overall quality of life of the sick.

If the presence of Jesus is ushering in such a new age of God's kingly shalom then theologically and biblically, that kingly shalom cannot end with the death of the last apostle or vanished after Jesus' resurrection as Calvin holds because that kingdom has not been fully realised.

#### **6. 4 Jesus' compassionate love**

Another outstanding significance of Jesus' healing ministry is that it reveals not only Jesus' compassion but also it continues to reveal God's on-going compassion, which as already discussed, above started from creation and culminating in Jesus' ministry. We have also discussed above the centrality of 'the kingdom of God' in Jesus's entire ministry and importantly how concretely or practically Jesus made manifest this kingdom by inviting all and by binding and defeating Satan in the lives of people. This reveals that Jesus was not only concerned with the reality of the kingdom in an abstract way but also in much more concrete ways. Ways that make meaning and offer opportunities of prosperity, blessings and benefits to the realities of people's experiences. We have to explore Jesus' compassion a bit further. We need to add the followings points here and we will be returning to them as we progress.

Compassionate love leads him to raise people back to life. There are three incidents showing that Jesus brought back the dead to life: Jairus' daughter (Lk 8:49-56), the widow of Nain's son (Lk 7:11-16), and Lazarus (Jn 11:38-44). "When the Lord saw her, *his heart went out to her* and he said, 'Don't cry' (Lk 7:13) and he raised back to life her dead son and gave him back to her

(1Kgs 17:23). These, did not only reveal Jesus' compassion but also revealed that Jesus is Lord even over natural phenomenon like death.

It is also significant that Matthew's Gospel (9:35-10:1) links Jesus' compassion with the calling and commissioning of the disciples and giving them the authority to heal. "When he saw the crowds, he had compassion on them, because they were harassed and helpless like sheep without a shepherd. Then he said to his disciples. 'The harvest is plentiful but the workers are few', he called his twelve disciples to him and gave them authority to drive out evil spirits". Jesus' compassion reveals God's compassion for His world. We return for the third time to these texts Luke 4:18-19 and Mark 1:15, which we have said, set the plan of action for Jesus' ministry. Jesus came into human history because of God's love as we read in John 3:16 'For God so loved the world that he gave his one and only son' Jesus came as his name implies to save, heal and restore (1 John 4:10, MacNutt 2005:41).

In addition, throughout Jesus' ministry he revealed God's love in words and practical actions. One way in which he did it was through his healings. That is the loving heart of Jesus revealed to Christian theology and faith the loving heart of God that again begins at creation according to our Christian faith. "Love as a motive will always remain as long as human beings-God's children-remain sick, wounded and hurting" MacNutt 2005:99). The majority of theologians, if not all, (cf. all the six clergy in empirical research results) would agree to the above statement and that compassionate love is one of the major motivations that lead Jesus to heal the sick. "God seems to pour out His power to heal the sick for two basic reasons: (1) it shows His love and compassion for his sick children and (2) miraculous healing also serves as a witness to the truth" of who God really is; God is love (MacNutt 2005:97) and this love is not an abstract concept but reveals itself in various practical ways. Healing services are indeed, some of those practical ways.

The words 'compassionate love' are key words in Christian faith, as we have already seen above. These words may be described as being very pivotal in much of the practical action plans of many Christian and non-Christian organisations, institutions and of individual actions toward alleviating diseases, illnesses and poverty among others. Like the responses of two of the clergy, compassionate love is the starting point of my theological reflections and some of the many action plans including that of the NGO and healing services within and out of the Musang congregation and community. Jesus' compassion involves self-giving-love that culminated at the cross in the healing of the sin-sick- world. The following paragraphs

will enable us to understand better the concrete impact of God's compassionate love in the lives of his people and the realities of the presence of God's kingly rule that Jesus embodied in himself and made it possible in the life of his followers.

#### **6.4.1 "Filled with compassion..."**

We are told, repeatedly in the Gospels that one of the reasons that motivated Jesus to heal the sick is his compassion for the needy people; crowds or individuals (Matthew 14:14, Luke 7:13). "When Jesus landed and saw a large crowd, he had compassion on them and healed their sicknesses" We read in Mk 1: 41; "Filled with compassion, Jesus reached out his hand and touched the man" with leprosy and healed him. Out of compassionate love Jesus reached out to heal the sick, raise the dead and reach-out to helpless or destitute people. Jesus' *compassion* is not mere sympathy or pity but is much more than the word empathy.

Compassion that leads to peace-shalom of mind and happiness (total liberation in Luke 4:16-20) and above all Jesus healings reveal that God cares even for the sick.

#### **6.4. 2 Compassion in parable**

Parables are coded language with many hidden meanings. For instance, the parable of the lost in Luke 15 tells of the love of the father in practical actions- love in concrete action that is, God's undeserving love, mercy and grace to the sick, lost and destitute. Maddock (1984:24f) summaries that parable in the following words:

The reason for Jesus' concern for the abandoned and destitute is because they are God's concern. This is what health and the kingdom mean-God going out in his fatherly love to the destitute and the unloved, for his will is health and wholeness for all his creation... God is therefore like a shepherd; searching for his lost sheep... here (and especially the prodigal son) Jesus depicts the amazing grace of the heavenly Father going out to the undeserving. No single parable epitomizes more completely Jesus' teaching concerning the health of the kingdom at whose centre is the God of all grace, freely offering it to the abandoned and destitute, going beyond the limits of fatherly duty in his all-healing love... healing comes not by our own efforts but by his grace alone.... If Jesus is pointing to the unlimited love of God, he is also hinting that he is acting for him in making his grace and goodness available to his hearers. In his ministry the wholeness which God wills even for the sick and suffering, the lost and abandoned, is being actualized. The kingdom means health and wholeness for those who return and enter it: it means the best robe, the ring, the joy of the feast to celebrate the coming to life out of death, the being found after being lost.

The parable in Luke 15 also challenges me to keep on going after the lost, sick and destitute and this is reflected in the healing services including its various programmes. I think this parable also challenge churches to always make the first move towards the lost, sick and the destitute.

#### **6.4.3 “I lay down my life”**

Theologians hold different views about the suffering of Jesus on the cross. Some hold that God the Father suffers with the Son (Fiddes 1988, Moltmann 1981 among others), while others hold that the Father does not suffer and that consequently, the Son suffers alone. One of them is Weinandy (2000: 225-230). I will not explore these various differences or understanding of the cross. My aim is to draw out some significance from the cross in relation to our research problem and objectives. First a word needs to be said here about Jesus and the law. One of the questions that I have been reflecting on is: Can any tradition or law of a church, institution or nation supersede that of the glorious gospel? My answer is a big no. Reflecting mostly on Jesus’ attitude toward the oppressive laws and traditions in his day enable proponents of healing services as the results pointed to, keep on rejecting any tradition of the church that is not Biblically grounded.

In 1995, in one of our class lectures ‘NT theology on the topic ‘Jesus and the law’ some of our colleague raised the issue as to why Jesus was constantly antagonising (Luke 13:14) himself by healing on a Sabbath and worst still healings that were not emergency like that of the crippled woman in Luke 13:10-17. As usual, there were lots of discussions but the summary of the discussions were that Jesus healed on the Sabbath to challenge the wrong interpretation of the law (tradition) and to reinterpret the law beyond the time of Moses to the original intention to which God intended it to be.

Reflecting on Jesus’ ministry in relation to the law, proponents of healing services are convinced that no tradition or law of a church or a nation can supersede (Mk 7: 1-13) the law of the Gospel. This has been one of the bases that supporters of healing services use to challenge the Synod decision of 2007. “Jesus and the law” is a very broad topic but the main point here is that he challenged any negative law or tradition of his day. One of the ways that Jesus challenged the traditions and laws of his day was by constantly breaking the rules, for instance, he healed on the Sabbath, he touched corpse, cleansed lepers and associated with sinners. Jesus with all his purity reached out to the untouchable according to the Jewish law (Lev 13:3), he

polluted himself for others out of compassion and thus to challenge the law or tradition that failed to care and to show love to each other. Where human needs were in question Jesus never worried about breaking the law and re-interpreting it or giving it the original intended meaning. Such actions of Jesus angered the teachers of the law, the scribes, elders (Lk13:14ff) who claimed to be the custodians of the law and tradition and yet misunderstood them. Thus, Jesus was always antagonising himself from them, which one can even say, finally contributed to his death. MacNutt (2005:99-100) put it this way:

... we can make a good case that the main reason Jesus was condemned to death was because He continually broke the law by healing the sick on the Sabbath. He did it to show that God's love was more important than the restrictions of law and that Abba, the God He knew, was very different from the legalistic God the religious leaders worshipped

Jesus made it clear that, he had not come to abolish the Torah (Law) but to fulfil it (Mtt 5:17), and in fulfilling the Torah, he gave a new interpretation to it which went beyond the time of Moses (Mk 10:2-9), to the original meaning to which God intended it to be. Accordingly, Jesus taught the custodians of the traditions of his day and subsequently all his followers that the basis in the interpretation or re-interpretation of any law or tradition should be the agape-love law (Mt22:37-40). His birth, ministry, death and resurrection attest to the fact that, Jesus himself is the embodiment of this agape-love command. It is with such a conviction, that some PCC clergy proceeded with the healing services within the framework of the local congregation amidst all the difficulties and challenges. One of the motivating factors for doing things is not to antagonise ourselves from other colleagues or the leadership of our church but to reveal to the sick, God's continuous love and care.

We return once more to the cross. Another point to argue for a continuing healing ministry has to do with the significance of the cross. The whole of John chapter 10 reveals Jesus as the good shepherd (Psalm 23) and as a good shepherd he cares for his sheep to the extent of not even sparing his own life "I lay down my life" (John 10:11, 15, 18). He lay down his life wilfully (Mark 1:15, Luke 4:18-21) and out of love for the sin-sick-children. In addition to what had been said above, the cross ushers in a 'new dawn' where God's entering into utmost solidarity with the world is better understood, that is, God was in Christ reconciling the world (2 Corinthians 5:16-19). This 'new dawn' can vividly be seen above all, when we reflect on the significance of the cross.

Central to Christian theology and faith stands the cross of Jesus of Nazareth, where the power of God is revealed in ‘weakness’ and above all in suffering. In Isaiah 53:4-5, like the other servant songs and texts of the Old Testament, we see the foreshadowing of the cross, a servant who lay down his life willingly for the sake of others (John 10:11,18). ” In Isaiah 53:4-5, we read:

Surely he took up our infirmities and carried our sorrows, yet we consider him stricken by God, smitten by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed.

This text is part of the Good Friday liturgy within the PCC. The amazing and astonishing insight and mystery here is that out of this ‘weakness’ and suffering comes the power of forgiveness, of reconciliation and thus of healing of God’s sin-sick world. The cross sums up the full and all-embracing meaning of theology, Christology, history and existence and thus the total meaning of life itself and how Christian faith is to be lived out in real life.

His ministry, the cross and the resurrection are not only visible signs of compassion, or establishing God’s rule and kingdom as already seen above but are vital clues to God’s identity and nature. They are concrete signs ‘pointing’ to who God is, ‘pointing’ to the very nature and character of God. Jesus’ sacrificial deeds correspond to God’s sacrificial intention. The historical passion of love reveals God’s eternal nature of love. If God was in Christ reconciling the world (2 Corinthian 5:19), if the Son is the radiance of God’s glory and the exact representation of His being (Hebrew 1:1-3, Colossians 1:15), if true love involves suffering, then God the Father suffered with the Son on the cross. The Father suffered on the cross in oneness with the Son; God is God-like in the suffering of the cross. If this were not so, no redeeming activity could radiate from the Son’s death.

However, God the Father does not suffer out of deficiency of being, like human beings, the Father suffers from the love, which is the superabundance and overflowing of His nature. God suffers for us and continues to suffer with us and in this act He will draw all the faithful into His fellowship. The cross becomes that ‘historical period’ wherein God’s wrath for the world was transformed to God’s grace and love sealed with Jesus’ blood. God’s eternal bliss is bliss only through suffering’s acceptance, which leads to transformation. In love the Father gives up the Son and in love the Son gives up himself for us and the Spirit of love is between them. At the cross, the Father forsakes the Son for us in order to become the God and Father

of all who are forsaken even by the church. Paul puts it plainly that his death is ‘for us’ ‘for our sins.’ At the cross, the Son suffers death in this forsakenness. So the pain of the Father corresponds to the death of the Son (Moltmann 1981: 81, Tacheche 2007:24-26).

Moltmann (1981:83) further writes:

Jesus’ forsakenness on the cross, the surrender of the Son by the Father and the love which does everything- gives everything- suffers everything- for the lost men and women reveals that God is Love, that God is self-giving.

The undeserved amazing grace, mercy and love of God for humanity which began at creation find its fulfilment at the cross.

At the cross, God took the initiative (John3:16) and defined and revealed Himself as a God of love and Jesus wilfully accepted God’s initiative to be the sacrificial lamb used to restore fallen humanity back to its original state before the fall in Genesis 3. He constitutes Himself as love, in all eternity God lives and loves as Father, Son and Spirit; a ‘koinonia’ of persons in love; the nature of God is essentially self-giving-love and this is what happens at the cross.

Christians of every age will continue to reflect on such amazing grace of God and will continue to express that love on the cross in various ways. One of such ways is through songs. God’s love is captioned in songs such as the one of Faber and some Cameroonian traditional songs. “There’s wideness in God’s mercy... there is plentiful redemption in the blood... there is grace... for the love of God is broader...” (Methodist 1983, hymn 230). “God is God, God is not man...” Thus the cross reveals that “Christ is the visible icon of the invisible God” (LaCugna 1991:21-22, Colossians 1:15, Hebrew 1:3). God the Father is nothing other than Love; true love involves suffering, consequently Golgotha is the inescapable revelation of the Father’s nature in a world of evil and suffering (Fiddes 1988:16-31, Moltmann 1981:23-32). “From it (cross) shines out a redemptive inevitability: within it lies the reservoir of power, whose waters hold the salvific medicine for the healing of creation” (Maddock1984:62).

The resurrection is God’s yes to all that Jesus has done and is doing. It is the triumph of God’s reign over all forms of evil and unjust suffering. In as much as the cross is a sign of reconciliation between God and humanity it is at the same time a ‘symbol’ of protest against

all forms of evil and suffering; be it that of individual, corporate, national or international. (We will not expand on the phrase suffering).

Through the historical Jesus who is the same yesterday today and forever (Revelation 1:4), Christians 'arrive at the Christ' and therefore at a better understanding of God's plan for His world which like God's judgement is no longer limited only to the "elect people of Israel" but transcend geographical and historical boundaries to embrace the whole world (John 4:42, Matthew 8:11). Through the historical Jesus, Christians have come also to the understanding that God the Father is also a personal God. Jesus taught us to call him, 'our Father' what a close intimate relationship. This personal relation between Father –child is prominent in the results especially in the laity responses.

God is a personal Father who loves us, hears us, sees, acts, cares and takes the initiative to meet our needs (Exodus 3:7, John 3:16, Luke 15:11-32). Neither Jesus' *healing*, nor *teaching* and *preaching* (his threefold ministry) about the kingdom of God, nor his entire ministry are divorced from his teaching about God.

This Father out of compassionate love and mercy also warns in various ways throughout the Scripture those who reject (Matthew 22 1-14) his judgement. God in Jesus identifies himself with the sick, sinners and destitute, in the healing services, the church identifies with the sick by praying for the healing of the world. The church that continues with the mission of Jesus should be involved in people's real life situations so as to continually 'hear and see' the problems of the people, devise practical ways of helping and contributing to their various healing processes.

### **6.5 A reflection on the healing mission of the disciples**

We have already seen above some of the reasons to support a continuous ministry of healing drawn from the significant of Jesus' healing ministry and the cross. In this section, we will see further more of the reasons in favour of a continuous ministry of healing drawn from the ministry of Jesus' disciples. We really need to reflect again on this questions: Was the mission or authority of the 12 to heal and to cast out demons (Mt 10:1, 8, Mk: 6:7), to end with their death as traditional Reformed theology (and Calvin in particular) on healing holds? Was the gift of healing and anointing only a specific and limited mission?

For Calvin, and supporters of the traditional Reformed theology on healing, the authority to the 12 disciples (Mt 1, 7-8) was limited only to their age. Hence, there is no need for a continuous healing ministry after the ascension of Jesus Christ. Such a view as already indicated is supported also by the fact that there is no mention of healing in the Great Commission in Mt 28:16-20 apart from the disputed section in Mk 16:9-20, nor in Acts 1:8 and Lk 24:46-69 which also deal with commissioning of disciples. There are several points to support the fact that their mission to heal and cast out demons was not limited only to their age.

It is very true that Satan has been bound and subdued by Jesus but Satan and all its agents (demons, evil, principalities and powers), have not been completely eliminated from the surface of the earth (1Peter 5:8, Ephesians 6:10-12). It is also true that Jesus healed a wide range of illnesses in his day, but did not eradicate sicknesses from the surface of the earth. People today like their counterparts in Jesus' day are experiencing various types of illnesses and various forces of evil in their everyday lives. The results of the 26 participants and the experiences already shared thus far in this project confirmed this fact. Hence, the people of today just like those in Jesus' day and those throughout human history are 'helpless and harassed' and thus yearning for various types of healing. If humanity's needs of healing today are similar to those of Jesus' day, then the command for the disciples to heal and cast out demons cannot be a once off event, rather it is a timeless mission until the return of Jesus. One of the implications of this is that "unless we share in Jesus' ministry of healing the sick and casting out evil spirits, our preaching about the kingdom of God being here among us (Mark 1:14) is simply an empty promise (MacNutt 2005:56).

### **6.5.1 "Go to the lost sheep"**

Compassionate love is linked with the choosing of the 12 disciples (Mt 9:35- 38, 14:14) whom Jesus gave them authority to heal, cast out demons and preach about the kingdom of God. One fact is also clear that Jesus earlier instructed the 12 in Mt 10:6, 15:24 to go on mission to the lost house of Israel and not to visit the Gentiles. There are some theological arguments and significances in support of Jesus' action of first choosing the number 12 and then sending them out for mission first to the lost house of Israel. The number 12 represents the remnant of the 12 tribes of Israel. Jesus saw in his 12 the beginnings of a renewed Israel (Lucas and May 1997:92-93). This is also confirmed by the replacement of Judas after his defection in Acts 1:15-26. Lucas and May (1997:93) writes:

Because he came to fulfil the Old Testament hope of Israel, God's chosen people; the gospel of the kingdom was to be preached to them first. The nation as a whole rejected Jesus and his message, but some individuals did respond in repentance, faith and commitment to Jesus. Jesus seem to have seen them as the beginning of a new Israel as indicated by the choice of his twelve.

We will expand this point of Lucas and May in the next paragraph. However, before we do this let us first say something about 'the church as the true Israel.'

### **6.5. 2 'The church as the true Israel'**

I must first say here that this is a very controversial and debated section because such a statement raises many theological, historical and sociological questions and may also imply exclusivism, sectarianism or supersessionism on the part of the church. However, the aim here is not to engage in these controversies and debates but to further point the roots of the inclusive service- servant-role of the church which need to include a continuous and meaningful healing ministry to the sick today. The phrase 'the church as the true Israel' does not occur in the NT, nor did Jesus explicitly make such a claim, nor was the church, constituted in the real sense during Jesus' earthly ministry. The Greek word for church occurs only twice in the Synoptic Gospels- Matthew 16:18 and 18:17. This is natural given the fact that the Gospels deal mainly with the life and ministry of Jesus and the fact that the Church was born only after the death and resurrection of Jesus.

Dunn (1977:237-239), Küng (1967:106-107) among others rightly agree that the first Christians were Jews or proselytes who, while believing in Jesus as the Messiah and that the last days were upon them, still identifies themselves as Jews. In contrast to all other 'groupings' these disciples could look back to the decisive Christ-event, which gave them hope, faith and the belief that the OT promises had been fulfilled, as well as the belief that the eschatological spirit had been bestowed on them because the messiah had already come. As members of Israel, they could share in temple and Synagogue affairs, keep its laws, affirm its history and yet see all things in a new way because of their experience with the Christ event. The "earliest community did not feel themselves to be a new religion, distinct from Judaism. They saw themselves simply as a fulfilled Judaism, the beginning of eschatological Israel" (Dunn (1977: 239), Küng (1967:108) further asserts that the disciples of Jesus did not only see themselves as the true Israel but they saw themselves as the new Israel.

Thus the true and new Israel was already realized within the old; externally little different, inwardly already very different, but still waiting for the metanoia and the faith of the whole people of the promise. But, precisely because this expectation of the whole people of Israel was not fulfilled, the new Israel was revealed more and more clearly in its differences from the old.

This true and eschatological Israel finally breaks away from Judaism. Küng (1967:115) has rightly argued that the transference of the name Israel to the church can never be exclusive in character but at best an extended application according to Paul's parable of the olive tree. We will come to Paul later. According to Barth (1957: 340-341), the election of Israel finally is the election of one man (Jesus). When Jesus is on the cross, he and he alone is 'Israel.' The implication of Barth's assertion is that 'Israel' then is applied to all those who follow Christ after his resurrection. Richardson (1969:6) rejects this view because such an understanding he suggests does not provide continuity between Israel B.C and A.D.

Richardson holds that even though there is some theological truth to Barth's view, it obscures history hopelessly. This argument will continue in the next paragraph.

### **6.5.3 Jesus' birth, his disciples and his teachings.**

We will return to Jesus and his disciples later but the point here is that Jesus has a 'double' identity; a Jew and a son of God, truly God and truly man as we profess it in the Nicene Creed. The point here is that God through a particular people continue to redeem His fallen humanity and through this particular people, a renewed creation was constituted through one of their descendants. "He came to that which was *his own*" (John 1:11). Jesus was not a foreigner; he was born among his own people, of Israelite 'parents.' "Before Jesus was born he was already named. Jesus means 'God saves or God heals' he is the one who heals and who saves (Luke 1:31-33, MacNutt 2005:39-41, Luke 1:59-65, Genesis 27:36, 17: 5-6, Matthew 16: 18-19).

One of the reasons why the Jews rejected Jesus' message was that they knew his parents and eventually they knew Jesus' background (Mk 6-1-6). Matthew's Gospel stresses the genealogy of Jesus back to Abraham, which, confirms that Jesus is a true Israelite. Again, John's prologue 1:1-18 provides us with much material about the person and being of Jesus, which takes us back to creation. He was "with God in the beginning and through him all things were made. In him was life and that life was the light of men." One can at least argue that from Matthew's genealogy, and John's prologue, especially verses 11 and 14, that Jesus is no stranger in Israel and from Israel to a universal Christ.

In this light, Barth seems right to hold the view that the election of Israel is the election of one person- Jesus. For Barth, Jesus is the elect and the rejected (he died on behalf of the rejected and excluded). I turn to accept the assertion of Barth because in Jesus we meet *inclusivity* rather than exclusivity. Exclusivity was common among the Jewish leaders who believed in the strict observation of the Torah.

The presence of the two eschatological figures Elijah and Moses at the transfiguration confirms that Jesus is the fulfillment of all that Israel was called to be. In this light, I do not share Richardson's understanding that Barth's view obscures history hopelessly. As an Israelite, Jesus saw his mission as directed first towards the 'lost sheep of Israel' Matthew 10:6. That is why he replied to the Syro-Phoenician woman's request to heal her daughter that '...it is not right to take the children's bread and toss it to the dogs' (Mark 7:24-30). The 'lost sheep' (Israel) rejected Jesus' message but that was not their end. Israel must be purged, reconstituted, and thus, led back to its original calling. Jesus' hope in doing this lies in the remnants, which he addressed as 'little flock' and pictured himself as the good shepherd. In both the images of the bride, and the flock and the good shepherd, the implication is made that Jesus and his followers constitute the 'true' Israel. The same point is made by the image of the vine in John 15:1-11 since this image had also been used of Israel in the Old Testament (Jeremiah 2: 21, Ezekiel, 19:10-14). Jesus and those who 'abide' in him as branches in a vine therefore, constitute the true people of God - the new creation. All this would have had much significance for Jesus' contemporary hearers. In the Old Testament, not only is God often depicted as the 'shepherd' of his people, but the image of the 'flock' is used specifically of the 'remnant' in Old Testament prophecy (Jeremiah 23:1-8) as though Jesus saw himself as fulfilling those prophecies and creating the remnant of true Israel.

Furthermore Jesus appointed 12 of his disciples to stand in a particularly close relationship with him, we will discuss this below. However, we need to emphasize that Jesus saw in his 12 the gathering in of the whole people of God and thus the beginning of the new creation and the beginning of an eschatological Israel. Importantly also is the fact that Jesus did not place himself among the 12. He stands over and above them, as God does in relation to Israel in the OT- an observation that has symbolic and Christological significance (PTS class lecture in NT by Ensor, BTH course 1999-2000).

One may then ask what then becomes of Israel and the entire promises made by God to them. Alternatively, is Israel now wiped out of God's plan and the church taken over her place? This is the danger one needs to avoid in dealing with the church and Israel 'relationship.' If Jesus as it were works within Israel and its institutions, goes to the Synagogue and temple, then he is not building a new house of Israel and a new 'Ekklesia Theou' But he is reinterpreting what the covenant people have failed to perceive and to do in the light of what God originally called them to be. When Jesus was asked, which of the supposedly 613 commandments is the greatest, he never gave any new answer but he took them back to Deuteronomy 6:4-5 and Leviticus 19:18, love God and neighbor, which implies that Jesus is building on the foundation of the old. That is why he affirms the Law but reinterprets it, acknowledges the Sabbath yet frees it, accepts sacrifices yet reveals himself as the true sacrifice (class lecture 1995 NT theology).

Jesus saw himself as the messiah (even though we have passages about the 'messianic secret'-Jesus not willing to reveal his identity and waiting for the right time) and envisaged the creation of a messianic community made up of those who would receive the salvation he came to offer and acknowledge his messianic authority (2 Corinthians 5:17). This is also clear as he himself laid stress on the importance of hearing his message (Mark 4:9), and pronounced blessing on those who do not stumble over his message (Luke 7:23). This argument is reinforced by a consideration of Jesus' favorite way of referring to himself as "the Son of Man" with its background from Daniel 7. It seems that he regarded himself as representing the 'saints of the most High' Daniel 7:22, and that he regarded his disciples as belonging to the body of 'saints' to which the passage refers (PTS class lecture in NT by Ensor, BTH course 1999-2000).

Finally, Jesus shared the Last Supper with the twelve, signifying mutual acceptance and fellowship. This was the final expression of that communal fellowship, which had been such an integral part of Jesus' entire ministry and mission. This last meal brought into sharper focus the character of Jesus' mission as one of service. In the breaking, sharing and giving of himself in this last meal, Jesus 'poured out' the deepest insight into the mystery of the Kingdom. He spoke of his coming passion as inaugurating a *new covenant*. He distributed bread and wine as symbols of his body and blood signifying his sacrificial death. What the Old Testament priests could not achieve through animal blood, Jesus achieves through his blood (Hebrew 9-10). This he told the disciples to repeat in his memory following his

departure and in anticipation of the final messianic banquet (Matthew 26:26-29). All this took place within the context of the Jewish Passover festival, and therefore the idea of a ‘new’ Exodus, leading to a ‘newly’ constituted people of God lies not far beneath the surface. What about Jesus’ disciples, did they see themselves in that continuum or as having completely taken over the prerogatives of Israel? In line with Jesus, Peter (1Pt 2:9), James (1:1) and Paul sees the church as the true Israel. However, we need to say more about Paul.

#### **6.5.4. Pauline Literature**

In Roman 9-11, Paul wrestles with the problem of the unbelief of the Jewish nation. The question at stake is: what is in the plan of God that led Jesus to be rejected by his people? Paul answers that God’s promises are fulfilled in the “spiritual” Israel, which comprises both a remnant of the *believing Jews* and also *Gentile believers* who have been ‘grafted’ onto the olive tree which represents Israel, while unbelieving Jews are like branches which have been cut off. In spite of their disobedience, “God had not written Israel off” (Caird, 1994:52-55). Paul’s hope is that the conversion of Gentiles will eventually make the unbelieving Jews ‘jealous’ so that they will also accept the messiah in time and be grafted back onto the olive tree. Membership of the olive tree is now evidently no longer defined by descendants from Abraham but by *faith* in Christ (2 Cor 5:17, Jer 31: 33-34). It is particularly interesting in this connection that Paul applies a prophecy about God’s people to Gentile believers, which in its original context referred to Israelites (Hosea 2:23 in Romans 9: 25f). Along the same lines Paul spiritualizes circumcision and what constitutes a real ‘Jew’ in Romans 2, and calls all believers in Christ ‘descendants’ of Abraham in Romans 4:9-25, whether they be Jews or Gentiles. In Galatians 6:16, Paul calls the church the ‘Israel of God,’ repeatedly speaking of believers as ‘saints’ that is, set apart ones, a term used for God’s people in the Old Testament and generally applies the language the Old Testament uses for Israel, to the church at Corinth (1 Corinthians 10:1-5, class lecture PTS Diploma, 1994, PTS class lecture in NT, BTH course 1999-2000).

I will further examine two passages that I have quoted in passing above: Galatians 6:16, and 1 Corinthians 10. I have made a claim above that in Galatians 6:16, Paul calls the church the ‘Israel of God’. Richardson rejects such a view, for he holds that “...Paul uses ‘Israel, not of the Church, but in a way that retains a large measure of continuity with the old entity.” He takes the passage as a reference to the contemporary continuation of Israel, and not the whole

church. 'Peace' according to him is applied to all that will walk in Jesus' way and 'mercy' is wished to those within Israel and not the church. Even though Betz (1979:332) disagrees with Richardson' interpretation, he however holds that Richardson is right in insisting that Paul does not use the term 'Israel of God' elsewhere when he refers to the church (Betz 1979: 332-333). However, what does the phrase 'the Israel of God' mean and precisely to whom is the benediction? I think Gaventa and Bligh have a convincing answer to the above question, which is contrary to Richardson's arguments above. For Gaventa the phrase 'the Israel of God' "functions as a parallel to the law of Christ, (6:2), that is, as the law is now the law Christ fulfilled, this Israel is that which God brought into being in Abraham and brings about anew in the Gospel of Christ." "The blessing therefore contains a final reassurance to the Galatians that they are already the true Israel; they have no need of the fleshly symbols, since they have the spiritual realities."

Paul uses the story of Israel in the wilderness told in Exodus and Numbers to speak metaphorically or better still typologically to the situation of the church in Corinth. "The Old Testament becomes not only a support for the Pauline train of thought, but is itself the basis from which Paul argues." "In the process of allowing themselves to be addressed by scripture, the Corinthians members were given the opportunity to see themselves differently as spiritual descendants of Israel." Israel under Moses is parallel to the Corinthian Christians confirming that the church is the true Israel. Verse 4f made mention of Christ accompanying the Israelites through their journey to the Promised Land. This confirms the 'Israelite nature' of Jesus and Barth's view that the election of Israel is finally the election of one person (Jesus). For Paul the Jewish nation is only 'Israel according to the flesh' the true, 'spiritual' Israel is the church. This is confirmed by the various images that he used to describe the church, (some of which are: the body of Christ, the bride, God's building, and God's household).

Following what had been said about the true or renewed Israel, it can be argued that Jesus did not institute a formal organisation but he did create a community of disciples and intended it to continue after his departure. This community would form the nucleus of a renewed Israel, a faithful remnant of Israel, a 'true' Israel that would find its identity in a common allegiance to him. The early life and growth of the church are recorded in Acts 2:42-47, 3:1, 4:24-35, 12:12 and in the rest of the NT. The NT tells us about the story of the beginnings of the church- its conceptions, birth, growth, developments, the spread throughout till the end of the earth and the

destiny of the church. Though buffeted by internal struggles and external pressures, the church remains the treasured possession of Christ, is continually guarded and strengthened by him, and will one day be finally saved and perfected forever. Then God's purposes will be complete, his promises fulfilled and his presence fully experienced by his redeemed people. While the church is awaiting this final manifestation, at present it continues with Jesus' 'threefold ministry and a continuous ministry of healing is part of that wider ministry. This needs to be so if we consider further the discussions in the next paragraphs.

### **6.5.5 The sending of the 70 or 72**

This paragraph will continue to support further the view that the disciples' healing ministry was a timeless one and again will continue to challenge Calvin's healing theology.

Only Luke, tells us about a larger group of 72, (some hold that the number is 70 and some try to give some significance to these numbers, but that is not our concern here); disciples sent out with a similar (Luke 10:1-20) authority to that of the 12 (Matthew 10:1 Mark 6:7, Luke 9:1) to preach about the kingdom, heal the sick and cast out demons. "One of the amazing things about Jesus' healing ministry is that He never tried to hold it to himself. He shared the ministry, first with the 12, then with the 72 and last with the entire church" (MacNutt 2005: 69). Those who regard the mission of the 70 or 72 as a widening of the mission of the 12 have a point. Jesus had already fulfilled the hope of the remnant with the symbolic 12 disciples and now his mission has to be widened. What seems to motivate such a larger group according to Luke and Matthew was the fact that the labourers are few and the work load is much and needing many more labourers. These disciples report back to Jesus with joy "Lord even the demons submit to us in your name" Lk 10:17-20 (Mark 6:30, Luke 9:10). Lucas and May (1997: 97f) write:

Matthew does not record any debriefing, which might mark the end of their commissioning. The reaction of the disciples after their failure with the 'epileptic' boy indicates that they expected to be able to exorcize and heal people. Jesus' reply does not suggest that their expectation is wrong, only that they went about it the wrong way (Matthew 17:20-21; Mark 9:29-30).

From the above discussions, it can rightly be argued that the mission of either the 12 or 70 or 72 was not a once-off event limited to time and space. One reason for this is that healing did not end only with them or in the Gospels, but also continued in the early church, as the next paragraph will review. It is also important to note that the disciples 12 or 72, were not equated with the kingdom as such they continue to bear witness to it until its final realization. And if this

kingdom has not finally arrived then their healing, preaching and teaching mission cannot end half-way, it has to continue to the end of the age.

## **6. 6 Healing in the New Testament**

The authority to heal and cast out demons did not only end with the 12 nor the 72 in the Gospels because other NT writings attest to healing, exorcism and signs and wonders happening among early believers after the ascension and the coming of the Holy Spirit at Pentecost. We will focus on Acts of the Apostles and James. MacNutt (2005: 76) writes:

The basic teaching of the book of Acts is that the early Christians simply carried on the work of Jesus by preaching that the kingdom of God was at hand and then they made it all come true by healing the sick and casting out evil spirits.

It is significant just as MacNutt had also observed that one of the first major events after the Pentecost experience (Acts 2), was a dramatic healing of a crippled from birth Acts 3:1-10) by Peter and John on the way to the temple for prayers. It is also of significance to read in Acts of the apostle that men like Stephen, Philip, and Paul who were probably not among the 12 or 72 also healed, exorcised and did many miracles and signs (Acts: 6:8, 8:5-7, 2:43). A word need to be said here again about Paul in relation to his healing of the sick. Paul was not one of the 12, or 72 nor did he see the historical Jesus. He had his encounter (conversion or call) with the risen Lord when he was on his way to persecute Christians (Acts 9). From this time onwards, he became a missionary for Jesus. Within the NT canon, Paul's writings are the earliest written documents based on the new faith and of and about Jesus. His writings have influenced and are influencing a lot of people and his writings have had great impacts on the lives of believers because most of the existential theology comes to us from Paul's writings. He can be described as the greatest missionary that the world had known. The main point I want to make about Paul has to do with his healings and exorcism, which are similar to those of Jesus, the 12 and the 72 in the Gospels.

Paul represented the next generation, someone who had not walked with Jesus in His lifetime. In fact, Luke makes a special point of showing that Paul, who reached out to the Gentiles, performed the same kind of miracles as did Peter, the leader of the Hebrew believers (MacNutt 2005: 77). Paul just like Peter, healed (Acts: 14:8-10, 9 32-35) and raised the dead (Acts 20:7-12, 9:36-42). "God did extraordinary miracles through Paul (like the disciples in the Gospels) so that even handkerchiefs and aprons that had touched him were taken to the sick, and their illnesses were cured and the evil spirits left them" (Acts 19:11-12, 5:15). In Acts 16:18 Paul cast our demons just like the disciples (12 or 72) in the Gospels. Again in Acts 19: 2-7 we read that

Paul placed his hand on the disciples who have not received the Holy Spirit and the Holy Spirit came upon these 12 disciples just like Peter did in Cornelius's house and the Holy Spirit came upon the people (Acts 10:44-46).

The fact that the Acts of the apostles, attest that believers other than the 12 or 72 were involved in carrying out a similar authority of preaching, teaching and healing including the casting out of demons implies that, these disciples including their master Jesus expected an on-going healing ministry beyond the apostolic age to the ends of the age, that is, when Jesus will come again (MacNutt 2005: 78). Furthermore, MacNutt (2005:78) had remarked that the open-ending of the Acts of the Apostles is of significance "this open ending indicates that the exciting mission of the church was meant to continue on and on and never end until the end of the time." This exciting and continuous mission of the Church includes also an active healing ministry and exorcism. This view of MacNutt is in line with the empirical research results and further challenges Calvin's doctrine of Cessationism and thus lay more credibility to my criticism of Calvin's healing theology.

## **6.7 Spiritual gifts**

Another point to counteract Calvin's view and his supporters that healing and exorcism were to end with the death of the last apostles has to do with spiritual gifts and with the word evangelist. There are further indications that the apostle Paul like James expected an on-going ministry of healings to exist within the church (1Corinthians 12:28, James 5:14). In fact Paul refers to gifts (plural) of healings and distinguishes these from the 'working of miracles' (Lucas and May 1997: 98). The fact that healing is not named among the various texts (Rom 12:6-8, 1 Cor 12:4-10, Eph 4:7-11 and 1 Pt 4:10-11) that talk about spiritual gifts, except in 1 Cor 12:28, does not imply that healing is not important, nor does it mean that healing was not central to the ministry of Jesus or to the disciples and the earliest church. Nor does it mean that healing was a temporary ministry to end with the earliest church. We are not to imagine that these lists are exhaustive, rather they contain examples of the kind of gifts the Spirit inspires on each believer (Rom 8:9,14) and the content of each seems determined by the content(cf Lucas and May 1997: 99). This will be elucidated as we discuss the next point.

## **6.8 Evangelist.**

The PCC today like other denominations have the ministry of evangelists, but this word is only mentioned once in Eph 4:11. This does not mean that the gift of evangelist or that of healing

was a temporary gift or that it is not an important one (Lucas and May 1997: 98-99). The important fact is that each gift should be used not for rivalry but for the *common good* (1 Corinthians 12:7) that is, in the edification of each member in the household of God and thus the glorification of Christ. In this light the fact that healing is not named among the various texts that talk about spiritual gifts, except in 1 Cor 12:28, does not imply that healing is not important, nor that that ministry has to end with the death of the last apostle. It can equally be argued that James (5:14-15) like Paul (1Corinthians 12:28) expects also an on-going healing ministry in the church. Since the church is an instrument of the kingdom and the kingdom has not been finally realised, it has to continue with its missionary task, which also includes healing and casting out of evil spirits that continually hold God's people in slavery, captivity and pain. This leads us to the great commission.

### **6.9. The Great Commission**

The great commission is recorded in Matthew 28:16-20 (Luke 24:46-69, Acts 1:8), "... therefore go and make disciples ... and teaching them to obey everything I have commanded you. And surely I am with you always to the end of the age." Since there is no clear mention of the word healing, opponents of a continuing healing ministry use that as a basis to argue against any continuous ministry of healing today. It is true that the great commission is silent about any continuing healing ministry and lays clear emphasis on making disciples to obey Jesus' command and it is equally true that all services in the name of the Triune God within a congregation can be seen as healing. However, there is a special place for a continuing healing ministry today because in the great commission healing is implied. Supporters of a continuing healing ministry argue that healing is implied in the great commission for several reasons.

To begin with, Jesus' words, "all authority on earth and in heaven has been given to me:" sum up the whole Gospel. Jesus already has authority as seen in his earthly ministry and his resurrection crowned that authority also in heaven. That is, the authority of Jesus after his resurrection crowns him sovereign Lord over all nations and over heaven (Dan 7:13-14, Mt 26:64, John 4:42, Gal 3:28, Mt 8:5-13, Mk 7:24-30). Again, this is fulfilled and made possible and perfect because of his victory over Golgotha. Jesus is now more than the saviour of the world. Jesus' universal lordship now demands a universal mission, the disciples' mission at this stage is not only limited to the nation of Israel but to all nations. It started with the 12, then extended to the 72 and then to the end of the earth. Throughout Jesus' ministry he had already given his disciples authority (Matthew 10:1) and at the great commission their authority is

extended to all nations and the Holy Spirit will give them power to do all that Jesus had taught them (teaching, preaching and healing). There is no clear cut mention of this threefold ministry of Jesus. That is why they were to wait for power of the Holy Spirit to clothe them before they embarked on the greater mission to the end of the earth (Acts 1:8, 24:49).

The fact that healing is not mentioned in the great commission does not imply that the mission of the disciples to heal and cast out demons was limited to their age, nor that the healing ministry was not central to Jesus' entire ministry. In the great commission, the disciples' mission has expanded and membership to the kingdom is no longer determined by race but by a relationship with God through baptism in the name of the Triune God. In the wordings of Paul, we have been grafted in (Romans 9-11).

What constitutes membership of 'the elect people' now is faith in the Triune God. Jesus now takes his place along his Father and the Spirit as the object of worship after completing his earthly ministry. The disciples are not to teach just abstract ideas but putting into practice (moral and ethical obligations) all that Jesus had commanded them to do throughout his earthly ministry. ("All that belong to the Father is mine..." and "everything that I have learned from my Father I have made it known to you... I chose you and appointed you to go and bear fruits-fruit that will last" (Matthew 28:18, John 15:9- 17, 16:15-16). Before the disciples embarked actively with their missionary assignment of making disciples and bearing witnesses to the ends of the earth (Acts 1:8), they were to be "clothed with power from on high" (Luke 24:49). Jesus has been clothed 'with this power' and he uses it throughout his ministry and now the disciples are clothed with a similar power at Pentecost to go and make disciples, bear fruits and be Jesus' witnesses to the end of the earth. All these will include an active healing ministry.

There have been some disagreements among theologians about what is written in Mark 16:9-20 but that is not the point here. It is of significance to note here that all that is written in this text can be found in the other Gospels and in Acts, therefore, whether Mark 16:9-20 is first century catechismal summary appended to Mark or even if this section is not canonical, one essential truth is that this text does witness to belief in the early church that there was an on-going ministry of healing and exorcism. The commission here is an open-ended one "Go into all the world...Whoever believes..." and this does not place any geographical or historical limitations hence, the ministry of healing and exorcism cannot be limited only to the apostolic era as some have argued.

In the same line of thought, the great commission is open-ended, *till the end of the age* which points to the fact that the authority to the disciples to heal and cast out demons (Mt 10: 1, 8) cannot be a once-off event limited to a particular period. Some have wrongly understood the great commission primarily as a commission of preaching and teaching and healing comes as secondary. This regrettably has contributed to the decline of the healing ministry especially among the mainline churches. Jesus never classified his threefold ministry, they had equal importance and any of such classification today is not very helpful to our church theology and mission. The risen Lord's assurance of his continuing presence means that Jesus is always present with his church and working through it at all times (Lucas and May 1997: 94-99) in the recreating of his people.

Taking the whole Gospel into considerations, the service tasks of the disciples was not only to teach, baptise and preach but also to heal and to observe all that Jesus had taught them. Nothing is recorded in the Bible to limit any of their missionary duties to their generation. In the OT, we often read about God's promise of his presence to those he had called and assigned for service (Ex 3:12, Jos 1:5) and now Jesus promises his presence with his disciple as God has done in the past. "Surely I am with you always, to the very end of the age." The eleven disciples of Jesus have taken over his earthly mission and they are not alone in their task. Jesus' promise to being present with his disciples echoes the very meaning of Jesus' name "Emmanuel; God with us" (Matthew 1:23). In Matthew 18:20 we read that where two or three are gathered in Jesus' name he is in their midst. This promise was not limited only to the eleven but his continuous presence assures that his earthly ministry continues with the disciples from one generation to another till the realisation of the final consummation, that is, Jesus' coming again. There are clear theological and practical grounds for a continuing healing ministry within the church today as also supported by the empirical results. All the 26 participants are in support of healing services within the congregations because of the several benefits that come with such services.

From what had been discussed in this chapter, the following summary points can be emphasised in relation to the significance of Jesus' healing ministry for the church today:

In spite of the fact that Jesus healed people with various diseases in his days, raised the dead, liberated people from Satan's power and the power of sin, he also chose not to eliminate evil forces and all forms of illnesses completely from the surface of the earth. Those in Jesus' day did not only hear him teach and preach but they saw, experienced and felt through his concrete actions and specifically through his healing ministry, the love of God to them and to the world

and as such put their faith in the 'Abba' of Jesus and continued with Jesus' ministry after his ascension. People of today just like those in Jesus' day are sick, harassed and helpless and 'chained' by various evil forces as the empirical research and the literature review point out. For this reason the church needs to continue with Jesus' mission of healing and liberating people until the final kingdom is realised. One fact here is that the church's ministry of healing is God given and the Church has no option but to carry it out with all humility. Since it is a God-given duty to the church, healing ultimately depends on God's will and the church needs to continually make this clear to the Christians. And if healing solely depends on God's will even if humanity is involved then the sick' 'dependent on God' is very crucial to our general health and that of the nation.

Such an ultimate dependence on God also enables those who are not experiencing healing the way they expected, to continue trusting and relying on God's healing will, grace and mercy.

When Jesus saw the needs of the people, he had compassion and that compassion enabled him to act in order to meet up with the healing needs of his people. One important fact is that Jesus' compassion like his mercy always results in some concrete actions to meet the need, which evokes it. The ultimate concrete action of Jesus is revealed at the cross as we have seen above. Any compassion, theological or practical reflection that is not translated into concrete practices to meet some of the needs that prompted such compassion and reflections is called into serious questioning. Calvin, in taking a position against any continuous ministry of healing failed to understand one theological fact that, Jesus' compassion toward the sick and his healing ministry is at the same time revealing God's compassionate love for His sin-sick people. We have spoken so much about the ultimate love that God revealed to humanity at the cross, that the cross-revealed the depth of God's love, and mercy to humanity and this love of God is not abstract but concrete love.

The church then is not only to be heard preaching and teaching but also to be seen practically through their concrete actions as they undertake mission to God's people in God's world. The church; the instrument that bears and witnesses to this love of God to the world needs to intensify its healing ministry to all who are chained or suffering from various types of illnesses because God's love embraces all without discrimination. The research results attest to the fact that Cameroonians are longing, needing and demanding for more healing services in the congregations. In this light, the healing ministry to the sick is not showing love to them but revealing to them in their particular situation the depth of God's love and concern He is having for all His children. In continuing with the ministry of healing, the church is revealing to the

sick how much God loves and cares for them. This is also consoling and can be an impetus toward the healing process.

Closely linked to the above point is the aspect of fellowship and togetherness between God the Father, God the Son and God the Holy Spirit. Three persons in one, in fellowship, in partnership, in community, in solidarity with each other but at the same time upholding their identity as Father, Son and Holy Spirit. We said in chapter four that the African way of life is holistic in nature—a communal life style that is interwoven and each person thinks or cares about the near or far neighbour (1 Corinthians 10:24, 12: 12-26). Because the church is a family or using Paul's words a body with many parts, concern for the sick will foster our bond of togetherness and thus also the healing processes and also the mission of the church. We also spoke about the African worldview of health, illness (causes of illnesses) and healing. The African worldview holds that God is at the centre of life and 'control all human' activities. A continuous healing ministry in this light may lead to more understanding of God's nature and thus to a much more cordial relation between persons and between each Christian and God. Such a cordial relationship can improve fellowship, which may also reduce the issues of witchcraft, jealousy and hatred. This brings us back to some of the various ways of healing enumerated by the research participants, which can broadly be grouped under three headings:

Religious healing methods (such as prayers, anointing, exorcism, laying on of hands, reconciliation, forgiveness, change of life style, reflections and meditations, agape love, fellowshipping, Holy Communion among others).

Bio-medical healing methods (such as biomedicine, medicines covers a very broad spectrum ranging from the pain killer drugs that a community nurse or practitioner will prescribe to the more complex healings in hospitals with specialists, consultants and doctors).

The third type of healing which according to the results is the most commonly used one is traditional healing symbolised by the presence of the various traditional healers, natural healers and herbalists.

Through Jesus' compassionate love revealed perfectly at the cross, those who have been marked by death because of sin are brought back into God's fold, those that are marked by pain, agony or chained by Satan are healed and liberated and the excluded are invited to also have a

foretaste of the kingdom of God here and now. Jesus' entire ministry culminating at the cross then reveals to the church the immeasurable compassionate love of God to the world, and the resurrection revealed the final triumph of the church even though at present it may be buffeted with its shortcomings or difficulties. In Holy Communion, the church participates in the foretaste of the banquet feast when all things on earth and in heaven will be made new. The church's mission then is to be patterned in the footsteps of Jesus' mission just as Jesus patterned his in God's 'footsteps' without which the church becomes just like one of the social organisations, which pull people of diverse interests together. If this is so then the church's mission needs to include an active healing ministry.

I am convinced that it is this compassionate love, caring, and loving Father's experience of the missionary societies (even with all their shortcomings), that prompted them to leave their various countries of origin 'to the end of the earth' to tell and bear witness to the Good News of God's love to the world. One can also affirm that it is the love of God and love of neighbour and also concern for the wounded and hurting people that enabled the missionary bodies to open hospitals, vocational centres and educational institutions among other social-economic activities. It is these same attributes of God that have enabled the various Christian denominations with the missionary work of preaching, teaching and healing. Within the PCC she has various departments, hospitals, health centres and educational establishments to name a few. There is no doubt that the PCC is really doing tremendous works of transformation within Cameroon and beyond, a fact to which the majority of the PCC Christians will attest. This makes me to be proud of being a Presbyterian Christian. But, if (this is where one of my problems with the PCC lies) she can add and encourage in all these services an active healing ministry through prayers, exorcism and anointing within the framework of the local congregations then she will be experiencing more effective proclamation of the Gospel both in Word and action as stated in its constitution.

The PCC like any Christian denomination knows that they have been called through God's grace alone to participate in God's mission in God's world. God calls them not because they are perfect but because of God's compassionate love, (John 3:16, 1John 4:7-16) for His world. (Those who have been marked by death because of sin and suffering are brought back into God's fold through Jesus' inclusive compassionate love). The cross then reveals to the church the immeasurable compassionate love of God to the world, and the resurrection revealed the final triumph of the church. The church's mission then is to be patterned in the footsteps of

Jesus' mission just as Jesus patterned his in God's 'footsteps' without which the church becomes just like one of the social organisations. One way for me to translate God's compassionate love is seen in the continuous conducting and organising of healing services including retreats in some cases, in praying with people and for people and in organising other outreach programmes. My sole aim of doing all these is not that I am showing love to the people but that I am contributing in revealing God's compassionate love, mercy and grace to His people. This brings us to another discussion that is centred on the significance of the healing service.

## CHAPTER SEVEN

# THE SIGNIFICANCE OF THE HEALING SERVICES

## 7.1 INTRODUCTION

One of the points that have been ‘running through the veins and blood streams’ of this project and particularly confirmed by the research results is that the PCC’ ministry of healing is not contextualised, inclusive and realistic to the African people in general and to the PCC Christians in particular. Put differently, unless the PCC’s ministry of healing identifies with the context of Cameroon or Africanised that is, bear its identity-symbols, norms and values, it would not produce the efficacy it ought to produce in the lives of the sick and their relatives. The question is: how can the PCC ministry of healing become more meaningful. The Good News can only be good if it makes sense to the everyday realities of the people; if it ‘speaks’ to the people in their context here and now. The ‘speaking’ in this sense needs to be a critical one with the aim of promoting those African values which do not contradict our Christian faith and challenging and transforming the negative ones that is, those that contradict our Christian faith. In this light, I wish to propose that the healing service is a way forward and towards such a contextualisation (Cameroonisation or Africanisation) of the church’s ministry of healing within the PCC and thus a way forward and towards a *more meaningful* healing ministry. I propose such a view because the healing service generally tries to embody or upholds the African identity in its structure, nature and aims.

This brings us to one of the main points of this project namely that approving of healing service and a unifying liturgy is not just enough. The structure and nature of the healing service and the unifying liturgy need to reflect the African identity and especially the African worldview of health, illness and healing. It follows that such healing service that is, the structure, nature and liturgy needs to be matched by appropriate theological assessment, exploration, reflection and critical evaluation. In this way some justice is being done to those experiencing various kinds of illnesses and to these complex phenomena called illness and healing and thus informing our Christian healing responses within our socio-cultural context.

This chapter will consist of five sections:

*7.1 Introduction*

*7.2 ‘The church and spiritual healing’*

*7.3) The structure and nature of the healing service in the Musang congregation*

*7.4) The understanding of healing within the healing service*

*7.5) The significance of the healing service*

## 7.2 ‘The church and spiritual healing’

‘The church and spiritual healing’ is the title of the Presbyterian messenger: A Christian magazine for Cameroon, number 23, September 2014. Presbyterian messenger is a document produced quarterly for the PCC Christians and also serving the Christian population in Cameroon and beyond. The articles in this quarterly magazine of the PCC usually cover a wide range of issues, concerns and reflections. This particular messenger is of interest first because of its title and second because nine out of 14 articles in this messenger has something about the church’ ministry of healing and thus its title *the church and spiritual healing*. I must also say here that this is a milestone on the part of our church, a milestone that really needs applauding or appreciating. This reveals that the PCC is becoming more and more aware and taking particular interest in the ‘wind of change blowing within churches’ and across the world concerning illnesses and various religious healing methods. It further confirms the stance of proponents of healing services and above all confirms the research results that the Christians and clergy are demanding, needing and longing for such services and thus the significance of healing services. We have already made mention of some of these articles above, we will focus here on two of them from the two former leaders of the PCC: the secretary committee of the ministry and the Moderator. Both of them taught me in the seminary in the period 1992-1996. One of the aims in presenting some of their ideas concerning spiritual healing is to lay more emphasis that more still need to be done so as to enable the PCC’ ministry of healing to create the impact and effect it ought to create in the lives of her sick members. In his article (Mokoko eds. 2014:3-4), the former secretary committee of the ministry writes:

We are living in times of uncertainty and anxiety caused by many competing ideas and ways of life. The poverty level is on the rise giving birth to suffering and desperation to many a people. In times like these smart people take advantage of the weak and desperate. “Prosperity gospel” which promises easy solutions to all types of problems is gaining popularity. Theological tenets are being abandoned and the core of theological education neglected. One notices that there is a mad rush for material benefits to the neglect of the four-fold mission (preaching the word, teaching, healing and liberating God’s people) of the Church. On realising this weakness, the Presbyterian Church in Cameroon set up a committee to study the pit falls of today’s approach to Christianity and to make specific proposals as to how to redress the situation. The study is on-going coordinated by the committee of the ministry. As first step, a liturgy for anointing and healing has been worked out. The liturgy for anointing and healing will be published in the next issue of this magazine. The church cannot afford to departmentalise her mission. The four-fold mission is treated and applied holistically in the interest of her members. The four-fold mission of the

church is made operational by the Holy Spirit, who enhances people differently according to their gifts (1 Corinthians 12:1-12). While looking towards the publication of the liturgy for anointing and healing in the Presbyterian Church in Cameroon, we urge every Christian to return to the study of the Holy Scripture....

The Moderator emeritus, the Very Rt Rev. Dr Festus Asana, before his term of office as Moderator of the PCC ended in 2014, was granted an interview by the Rev. Ebai Gustav who is one of the editors of the Presbyterian Messengers on the stance of the PCC on spiritual healing. Part of that interview goes thus:

*Rev. Ebai Gustav:* Sir, the ministry of today challenges our church not to sit quiet about the issue of spiritual healings. We have to speak out and to reassure our members to know where to stand. So our first question is: what is the official stance of the PCC on spiritual healing?

*The Moderator:*

If spiritual healing is something Christianity endorses, it has its place in the Christian church. It is just a matter of how we orient and understand what it is all about. If by spiritual healing we can pray for someone and the person gets well it is possible. If in spiritual healing we recognize that we can also count on the doctors who can heal because, God can also intervene through the doctors to heal someone... spiritual healing is of many sides. Healing of the body, soul and society has worked before and it continues to work and depends on our understanding of how it works, who should do it and what it implies. I believe in spiritual healing and I believe that the Presbyterian Church in Cameroon stands and confirms that spiritual healing works, and that it exists.

*Rev. Ebai Gustav:* Gradually spiritual healing is occupying 70% of what goes out to be the Christian ministry. Is the PCC thinking about giving this a bigger place in its ministry?

*The Moderator:*

We just have to know that ministry is made of many parts, we should not emphasize only on one part far more than the other, the same thing implies for the God head... sometimes we can tear apart the trinity and lay an emphasis in Christianity we believe in the Triune God, and the three work in harmony and once we start separating, laying emphasis on one and leaving the others, we can make very big mistakes... we should

aim at making the Triune God complete and not thinking that one aspect of the God Head should be forgotten or given more emphasis. This is where the mistake of spiritual healing is coming from where everybody says the spirit, the spirit. We have to pray to God the Father the Son and the Holy Spirit. So when we lay emphasis on Spiritual healing and only talk about the Spirit, it is as if the spirit was working alone. When we do that we are dividing the God-Head, and there is something lacking in that. I think the church should concentrate at highlighting the power of the trinity... This is what is dividing the church even more, when we make those divisions on the trinity.

*Rev. Ebai Gustav:* The PCC prides itself in that we are a church of order and discipline. Is there really a standard liturgy for healing in the PCC or is there one in the making?

*Moderator:*

The PCC being a church of order has come up with different types of liturgies for different occasions and instances. When there was disorder about healing services, about emphasis on spiritual healing, we set up committee that came up with a short liturgy to guide us when we have to conduct what we have often termed 'healing services' because when people act without some order, we get out of control... God is a God of order. We have guidelines on how to handle such services and even in our older liturgy; we have a program on the healing of the sick.

*Rev. Ebai Gustav:* I ask this question now to the Right Rev. Moderator of the PCC because your capacity as the spiritual leader of the church calls to mind every single member of our church to listen and follow exactly the leadership you have put in place. There is a Presbyterian member seated on the pews every Sunday and who moves during the week from one prayer place to the other in search of break through or spiritual healing. As the leader of the church, what do you say to that PCC member who thinks that the church cannot provide his/her spiritual needs?

*Moderator:*

In fact, if that Christian keeps going round and round, I tell you, he/she may never find God. God is always present where we are present. I have seen pastors of the Presbyterian church who are very spiritual-good preachers, good counsellors- and yet individual in that same church jump out to look for churches where people collapse, because it is in collapsing that they see that the Holy Spirit is really present. It is not

true. I believe that the spirit of God is working in the Presbyterian Church in Cameroon; I have experienced it, in many ways. I also recognize that there are some pastors who are misleading the people by their character and by their attitude. God is everywhere. If we discipline ourselves and seek God's face we will find him. Let us not waste time going round to look for God because we want a church that is perfect. There are people who are now performing magic in the name of healing and people fall for that. But I tell people always, Jesus did not come into this world to make miracles, he came to preach the good news of salvation. Jesus used the miracles as signs, but his priority was to preach the good news of salvation and God offers that salvation to everyone who believes in him.

*Rev. Ebai Gustav:* You once said that every service is a healing service. Can you elaborate a bit on this statement?

*Moderator:*

When people only look for a particular service in which all prayers are about healing, they are mistaken. If you organize a special service for healing as something unique, it does not mean that throughout the year people are not healed. When I go to worship on a Sunday morning or Wednesday during bible studies and pray, as I pray with my fellow Christians, as I read the bible with any fellow Christians, I feel healing in my soul because the word of God itself heals. When fellow Christians pray, they heal and people have come for services or for just other prayer meetings and gone back healed in the soul and in the body, instantly or gradually. We should understand that every time we come into God's presence in a special way, through a worship service, our presence and adoration of God in that unique moment is a healing process and many people have really testified that they were healed. So we shouldn't think that we are healed only when a special service is organized for healing. Such services organized and referred to as healing services are for special occasions but I still insist, that every worship service in which the word of God is preached, in which prayer is offered, in which we praise God, each of them is a healing (sic) service.

Generally, there are two comments that I wish to make here in relation to the above quotations. The first is that approving a common liturgy as earlier indicated will not really create the impact that the healing ministry ought to do. We need something more than a unifying liturgy,

something that has to reflect the worldview of the sick and at the same time reflecting our Christian theology and faith as already discussed above. The articles in this magazine deal with spiritual healing with the implications being that healing services are geared only or mostly toward spiritual healing which this thesis is in disagreeing with. The second is that the ministry of healing and healing services just like any other ministry in the church must be matched by appropriate theological reflections, assessment and critical evaluations which again the above articles fail to do. In addition, this thesis is proposing it and if the PCC really wishes its healing ministry to have greater effect in the lives of its sick members then what is done, how it is done and by whom have to be matched with appropriate theological reflections, assessment and critical evaluations.

### **7.3 A brief summary of the structure, nature and programme of the healing service in the Musang congregation.**

One of the outcomes of my theological reflection in relation to my experiences of sickness as already mentioned is the introduction of a healing service in the Musang congregation in 2002. Before the actual introduction, I took about three months to sensitise the Christians on the importance of such services. During this period of sensitisation, I realised how some of the Christians have been longing for such services and how some of the PCC Christians have been attending evening crusades for healing wherever they hear such services are being held. It was the first time in its life that, that congregation had experienced such a healing service, including the practice of anointing, exorcism and the laying on of hands. Its focus is on holistic healing which involves other aspects such as: Christian education, moral teachings, Bible studies and above all exhortation, intercession, laying on of hands, exorcism, anointing and interceding for all the sick and all that are God's instruments of healing. Thus, the concept of healing within these services is broad; it includes physical, spiritual, social and psychological healings and this is reflected in the structure and nature of the program of the services. The structure presented is the one I developed in the Musang congregation and I am currently (2017) using it everywhere I ministered. I used it in Dschang congregation and I am currently using it in the Batibo presbytery. The service is held fortnightly in the congregation averagely between one and a half hours to 3 hours and depending on the population present.

This time period falls within the normal time range for normal Sunday services where other activities like Holy Communion, baptism, thanksgiving, dedications, introductions of leaders, inductions, ordinations among others may be included. Normal Sunday services without any of

the above activities or other activities are between 1 and a half hour to two hours. Before we continue with the structure we need to say something about the preparation for such services.

### **7.3.1. Personal preparation**

Some few comments about my spiritual life are necessary here: Firstly, there is evening devotion in our home every evening from January to December. Secondly, it is a daily routine for me to carry out special prayers between 3am and 5am in my room. One of the focuses of such prayers has to do with all that I will do that day or week and all whom I will meet. Thirdly, every Wednesday is set aside for my personal retreat and thus personal spiritual fortification through special reflections and prayers. These have really been one of my major sources of strength for the daily pastoral ministry.

In addition to all the above, during the week that I have arranged for a healing service, I usually spent the day or a few days before the service day proper in personal preparation through reflections, meditations, retreat, thanksgiving and prayers. Most of the times, I do this out of the house or office to avoid interruption. During this time, I also go through the lessons and texts, which before this time, have been selected and pre-prepared. The prayers on this day or days include placing the healing service and those officiating including those for the intercessory prayers and all the sick entirely in God's throne of mercy and grace. In doing all these, I am fully aware of burnout and take every measure to reduce it. One of the cautions we had during our pastoral formation and training at the Seminary has to do with the issue of burnout that is, over working without rest, refreshing, re-equipping or refilling oneself. I always take time off amidst the busy schedule for personal fortifications and encourage individuals to do same before each healing service. With this, we return to the structure of the healing service.

### **7.3.2 Singing.**

The service starts with some choruses. Any Christian can give a chorus or series of choruses and all will join together, with all the instruments available in the congregation. Singing is part of healing, some songs are so consoling and at times, I put more emphasis on such songs.

### **7.3.3 The liturgy**

After the singing and dancing (those who are able), then the service continues (at least in my case) with the salutation, the opening hymn, the invitation, the act of penitence, the word of grace, the act of praise (which is omitted during the period of advent and lent), the collect, and Bible readings lessons (up till this point I follow the normal PCC liturgy for Sunday services while awaiting now for the official one from the church).

### **7.3.4 Meditation, exhortation and moral education**

Some general comments are also necessary here: Firstly, it is a weekly routine wherever I ministered to carry out two midweek services- one in the quarters (where the Christians live) and one general one for all the Christians in the church premises. Secondly, the main focus here is teaching which may include Bible studies, moral education, the catechism of the PCC and other current topics or social concern issues.

On the day of the healing service itself, some healing passages or other passages in the Bible and/or some social concern usually raised by the Christians such as ‘the relationship between sickness and sin, the power of forgiveness and reconciliation, why all prayers are not being answered’ among others may be expounded upon. All these three (meditation, exhortation and moral education) go together that is, they form a unit within the healing service.

### **7.3.5 Prayer for healing**

The sick are invited to stand in front of the altar or where they are sitting in the following order:

- i) Physical sickness (this is always the largest group)
- ii) Spiritual sickness,
- iii) Emotional, social, psychological, addictions among others

Our prayers at this point includes that God should bless the medicines that the medical practitioners have prescribed, bless even the food, water and air around the patient and hear our prayer (and that of the patient and friends) in granting relief, healing and peace to the sick. In his article: (ed.Mokoko 2014:15) in response to the question: what is the relationship between spiritual and physical healing Kinge said:

There is a strong relationship between spiritual and physical healing. One automatically affects the other. Let us not forget that man (sic) is a unit composed of body, mind and spirit. Good health necessarily involves all of these components. In a more direct manner spiritual healing accelerates the process of physical healing.

### **7.3.6 Intercessions**

The intercessions prayers follow immediately after the prayer of healing because they form part of that prayer. These intercessions are in four parts. At times, this section is shared beforehand to some members of the congregation and at times given to elders on the spot. The first part is intercessions for all who are sick within the PCC and the nation at large. The second part deals with intercessions for the political, socio-economic or the systems and structures that help to promote illnesses of various kinds or help to prolong the healing processes. Thirdly, we intercede for all who are promoting healing anywhere in any part of the world. Fourthly, we pray for God's mercy and compassion for His world. The rest of the congregation joins in the "Amen" or other responses such as "Lord in your mercy." This is another reason that I say the healing service is not only about spiritual healing, it is more than that, and it encompasses all of the creation.

### **7.3.7 Anointing and the laying on of hands**

"Words spoken in prayers follow with words acted - anointing and that special touch." The anointing and or laying on of hands are solemnly done amidst slow and meditative singing. The singing continues after the anointing and the tone here is very joyous and prepared for the offering and the benediction. Because of the attendance, it is practically impossible for the clergy, during the various prayer topics to name all those who are of concern. That is, why some space is given for individuals to do so silently. The same with the anointing and the laying on of hands; the majority anoint themselves with the church elders standing behind them and I anoint only serious cases. The session members (elected elders or deacons who assist the clergy in the daily administration of the congregational affairs) and the whole congregation are encouraged to continue with the healing prayers within the weeks until the next healing services and continue after that service as part of our continuing responsibility toward healing. There is a continuous chain prayer by Christians week by week, month after month and throughout the year for the healing of the sin-sick-soul in the PCC, Cameroon and beyond. However, more needs to be said here about the rites of anointing, exorcism and the laying on of hands within the healing service. All these rights are done in the midst of prayers, meditations and singing.

The rite of anointing as we saw in chapter 2 was one of the reasons why Calvin had to develop his doctrine of Cessations. He was right as earlier indicated in ridiculing the way this rite was carried out in his days but he over did it. For the Roman Catholic Church this rite is a sacrament

but in this project and within the Protestant circles it is not a sacrament but it has a sacramental character. In addition to what had been said in this project about anointing, it is understood within the healing service as a means through which God in His grace, love, care and mercy reaches out symbolically to His people and blesses them even in their situation of sickness or other misfortunes. The research results point to the importance of anointing: It is medicinal that is, the blessed oil heals holistically; physical, spiritual, social and psychological (holistic healing) and it has a spiritual function. In addition to the first point, anointing reassures God's continuous presence and care for the sick and thus strengthens the faith of the sick to rely on the Triune God.

We will return again to the definition of exorcism earlier given, that it is a *process* by which indwelling evil spirits, other spiritual entities or demons or Satan are compelled to leave a person's body or place, area or things that they are believed to have possessed with destructive effects on that person, place, area or thing (Pearsall: 1998; 645). Again, this is a complex issue but I see exorcism as a healing *process* wherein fervent prayers in that name Jesus are made, or casting out 'any evil forces' by the authority of that name Jesus. Again, like the issue of anointing, exorcism in this project does not imply any magical or mystic power but all our prayers are made in all humility and in faith to the Triune God. That is, exorcism just like anointing and laying on of hands is the work of God and a sign of God's kingly rule here and now; it reveals Christ's power over all other powers under heaven that the Christians are constantly at war with (Ephesians 6:12). Exorcism fits in with our African worldview of causes of illnesses, the devastating experiences of witchcraft and all other forms of evils. It reassures the sick of the absolute power of Christ's blood on the cross and thus a strong symbol of God's protection against any harm of the evil one. Some of the words that the research participants used to express the impact of exorcism in their lives include exorcism "brings deliverance, inner peace and the breaking loose of the power of Satan."

I am also very cautious not to understand exorcism only in a negative sense of expelling evil spirits as the results show but I practice it also as a means of revealing Christ's power and goodness over evil and over wrongdoing. I made this clear during the exhortations, meditation and educational talk during weekly Bible studies and during the healing service.

For instance one of Jesus' teachings is love your enemy and pray for those who persecute you (Matthew 5:43-48). The Christians are constantly being challenged to 'pay evil with good' and this is reducing hatred, witch hunting and other forms of evil forces. The laying on of hands-that

special touch or contact (Mark 1:40-41) has a strong symbolic meaning and is contributing holistically in the healing process. It is a sign of love, care and concern, a sign of Christ power made manifest through the church to the sick world. The exorcism, anointing and laying on of hands all help to in-still hope, joy, liberation and faith in the Lord Jesus and his Father and the Holy Spirit in the lives of the sick.

### **7.3.8 Offering and benediction**

The service continues with singing, dancing and offering. At times, some space is provided for healing testimonies. After some considerable amount of time, the singing and dancing stops and a thanksgiving prayer is made and the service ends with the benediction. In addition to the definition of healing already presented above, I think more needs to be said here about the understanding of *healing* at least within the context of healing service.

### **7.4 A reflection on the understanding of healing**

There are two facts that we need to bear in mind before we proceed to the understanding of healing within the context of the healing services. The first is that healing covers a very broad spectrum, which includes a wide range of practices (Maddock 1981:9, Dow and Strammers, and Lees and Fiddes 1997, 37-38, 5-18, Pattison 1989:5-20, 87-93). The second is that “there are clear limitations to the realization of complete health” such as in-built genetic defects, the process of aging, environmental factors, various forms of illnesses, damaged relationships between each other and also between humanity and God.

We need to further explore the meaning of healing at least as I understand it in particular or understood by proponent of the healing services in general. Such explorations, I believe can further help the PCC towards a more meaningful practical theology of healing not only of its sick members but also of the nation. One of my points that I have been raising within our conferences or where healing services are discussed and thus in this project, is that the leadership of our church does not only need to approve of healing services or a unifying liturgy but to also understand the broader meaning of healing within such services. Such understanding will help to shape the structure, liturgy, programmes, nature and purpose of such a service within the congregation and outside to the wider community who are also in need of healing. This is one of the purposes of practical theology. With this, we return to the significance of the

empirical results and will incorporate some of their meaning of healing as we explore the concept of *healing* within the context of the healing service.

The research results show a range of healing methods, some of which may include prayers, intercessions, bio-medications, anointing, laying on of hands, the Sacrament, sacrifices and rituals, protective charms or objects, exorcism, retreats, meditations, Bible study, exhortations, rebuking, therapies, educational programmes, reconciliation, forgiveness, healthy living information, re-orientation, change of life style and the encouragement of NGO in congregations among others. Harmonising some of these dimensions of healing is one of the aims of the healing services. Not all these dimensions or methods may be used at the same time; different aspects are used at different times depending on the situation(s) or the understanding of the illnesses and the healing methods. Here our focus is on physical, spiritual, social and psychological healings. Again, these four aspects to healing are interwoven and are holistic in nature at least by the understanding of the African worldview.

There are various perspectives and dimensions to illnesses and therefore to healings and from the results and our African worldview, these perspectives and dimensions are interrelated or knitted together, and that is, they are understood holistically. The sick and their relatives have one common aim which is to get healed or better their condition as much as possible. As already indicated by the research results, the healing services aim at various dimensions of healings and the service is patterned to meet these various healing needs and aspirations of the people.

I have earlier said that my understanding of healing is as a result of a combination of care and compassion, skills and experience and theology and practice. With this in mind we have now to expand (In this expansion we will also have to remember some of the experiences already shared so far and especially the experiences I shared about four heart breaking incidences -the 24 year old woman whose only child aged 9 was raped; the couple with their 21 year old son who had cancer, the accident that prompted some family members to visit traditional medicine men and the accusation and counter accusation concerning witchcraft related problems at the beginning of this projects) on the definition of healing which I have earlier given that: *healing tries to meet the physical, social, psychological and spiritual needs or aspirations of the people, healing is a process which tries to cure, restore or bridge broken relationships, healing tries to re-establish peace, harmony and stability.* From this definition, which reflects the views of the results, we can deduce some key understanding to the meaning of healing, how people are

healed and the impact of healing services upon the lives of the sick and their relatives. In doing this, we are at the same time, exploring various aspects of healings.

#### **7.4.1 Healing as challenging the ‘power that be’**

Beside poverty and various types of illnesses, the tribes of Cameroon, just like most nations in Africa, are plagued by the disease of corruption and injustice. Some Cameroonians have even described corruption and injustice as a way of life and this is really impinging negatively on the health of some Cameroonians. Corruption and injustices are at their pick in offices, high way and seaports. I had a very terrible experience when I shipped my things from England to Douala seaport and billions of such experiences can be recorded each year. The prophetic (watchman of God) voice of the church needs to be heard in all directions. There is then a need for the PCC to focus more also on the structural and institutional features of the Cameroon’s society and politics and its place in the world economic and political system because these structures and systems impinge upon the health of the people. For instance, some may be sick because of the effect of conflict or the political and power struggle or policies. Again, some may be sick because of poverty related problems caused by injustice. Christian healing and all healers should address the real needs and root causes wherever possible and also have an in-depth understanding or knowledge of specific illnesses and the various ways that the people are searching for healing. Jesus never condoned any form of evil in his day and throughout the Bible and church history we have martyrs who have stood firm in their faith against all odds. Above all, the church that is an instrument of God’s Kingdom needs to really liberate people from all that chained them. With such an understanding, part of the intercession prayer during the healing service is focused on justice and peace not only in Cameroon but also in all the nations in this world.

#### **7.4.2 Healing as curing**

The definition of healing which I have given above, challenges the medical model of healing which, is predominantly a Western concept, which some churches in Africa have followed for quite a long time. The problem with it, is its focus on physical healing as if that is the only healing method nor reflects the whole of healing concepts in other cultures. In other words it focuses more on the physical aspect of healing. As earlier indicated, the tearing apart of healing in this way does not reflect our African holistic understanding of healing and thus is proving inadequate in our culture. Some Christians and Christian doctors see no opposition between

medicine and the church's healing ministry. I think the insights of Kinge quoted above about the relationship between physical and spiritual healing needs to be taken seriously. This position is similar to Booth's views: "I believe that a combination of good medicine, enlightened counselling and sound religion points the way forward, and that those who are practitioners... need to work closely together in order to meet the totality of human need" (Booth 1985:viii). That is why prayers can be made and doctors consulted as part of the healing process and at the same time upholding our Christians values in all these methods.

"We cure but God heals" is one of the captions often seen on signposts or notice boards in hospitals in Cameroon. For Christian doctors or practitioners this caption implies that healing is not in the hands of any human being but in the hands of God. He is the one who has the final say. The doctors, other health practitioners or promoters may carry out the operation or surgery, administer or prescribe the medications, bandage the wounds, fast and pray but God has the final say to the healing of the patient (Deuteronomy 32:39 Psalm 30:2, 103:2-3, Jeremiah 17:14). Such a Christian understanding of healing is different from that of the secular or Western understanding (Lees and Fiddes 1997:5-6) already mentioned. The church's ministry of healing in this light cannot be understood or limited only in terms of physical healing as also revealed by the empirical research results. I agree with those theologians and Christian writers who hold that modern medicine needs to be highly valued as God's gift and also that there are some needs that modern medicine cannot meet and that there is no clear distinction between the so-called Natural and supernatural (Nature and Grace) (Maddock 1981:9, Dow and Strammers and Lees and Fiddes 1997, 37-38, 5-18, Pattison 1989:5-20, 87-93). In response to the question how are people healed today? Fiddes (1997: 16-17) writes:

It is always through cooperation between God and his creation, through divine initiative and creaturely response. God, that is to say, never fulfils his purposes unilaterally. He often takes the initiative in his actions, but the character of his activity is persuasion rather than coercion, influence rather than compulsion, a drawing out of response rather than forcing obedience. This is the divine character which is revealed through the cross of Jesus: 'divine weakness is stronger than human strength.' In his humility God desires the creatures he has made to contribute to his project in creation, to his aim to form truly personal beings. When we speak of 'grace through nature' we should then have in mind a real *partnership* between grace and nature, and the healing process shows this especially clearly.

I must emphasise here, that in praying and consulting the doctor (especially traditional doctors or using any alternative means for healing) our distinctive Christian values must be upheld. For

instance, any Christian that receives any protective charm from the traditional healer is going against our distinctive Christian values and norms. It is important that Lees and Fiddes (1997:18-34, I was one of Fiddes' student at the University of Oxford) emphasises the aspects of cooperation and partnership in the process of healing. This in a way is in line with the communal aspect of life and living in the African context. These will be further elaborated in the next paragraphs

### **7.4.3 Healing as cooperation**

Cooperation is in various ways. Some include the patient cooperating with the health practitioners in taking the medicine in the right ways and observing all the advice of their doctors. Another area of cooperation can be seen in the structure and programme of the healing service. For instance, the prayer of intercession goes beyond the individual sick person. That is the whole congregation joins in prayer in *lifting up* not only the individual but all the sick and all who are concerned with healing to God's throne of mercy. (Lees and Fiddes 1997:18) write;

When we pray for the healing of another, we are surely not asking God for something which he could achieve perfectly well unilaterally, but refuses to do until he hears our prayers. Such an understanding of prayer not only raises questions about the moral nature of God, but seems very unjust to the person in need and in pain. Rather, as we pray for another person we are expressing our love and concern for her, and God takes that love into his own. Our love for her and desire for her health augment and amplify the urgings of his own Spirit, that together God and the intercessions begin to work transformation. Healing comes through partnership between God and His creation, and prayer is a means of entering into such a partnership.

Importantly, this prayer does not end only in the healing service but the community of the faithful is encouraged to continue with it throughout the weeks and round the year including other practical healing means. Another area of cooperation and partnership is from the individual who need healing. The 'patient' needs to be conscious in his or her effort towards healing including trust in God and an acceptance and offering of forgiveness. Let me illustrate this point with this experience already shared about the 24 year old woman whose only child; a girl of age nine was raped. After several weeks of counselling, reorientation, Bible study and prayers with this woman and her child, she began to view her situation in a different way; in a more positive way. And that is cooperation in the healing process. Similarly, there were also some positive healing results after months of counselling and praying with the family where one

of them went to the traditional medicine men to find out the cause of the death of their dear one. Both parties were able to reconcile and forgive thus a cordial relationship once more was re-established which is vital for both the health of the family and that of the community.

Another aspect of cooperation can be seen in a new way of reflecting over our lives or even coming to terms with one's past and stop feeling guilty or blaming oneself. In this light 'healing is a matter of the formation in faith, changing one's nature including seeing, hearing and understanding in a new way' (Schlauh 2000:211-212). Healing can also be understood as a process of formation and reformation of our Christian faith in a way that such faith does justice to our Christian theology and heritage and at the same time to our human experiences. Healing may be a process of transformation which may lead to change of character, diet or reshaping our understanding of particular worldviews. From these one can see healing as a process and this process may take different directions as already indicated and as the next paragraph will further reveal.

#### **7.4.4 Healing as a process**

From my pastoral experiences and especially from my active involvement in the Christian healing ministry, I agree with all those research participants who understand healing as a process of being healthy in body, mind, and spirit (New Bible Dictionary 1962: 461) and in relation to other members of the community, nation, the Creator, and the rest of creation. Maddocks (1981:9) is one of those who have also understood healing as the process, which brings about the restoration to health. Maddock further holds that the term healing denotes the idea of spaciousness and growth, which have their root from the story of creation. This restoration process can take various means that are available depending on people's knowledge and worldview with the hope of alleviating pains, discomfort, suffering or even death. Healing is a process and not just a state, a process of curing or becoming well, a process of restoration, a process of maintaining or promoting good health and wellbeing. These processes are interwoven that is they include physical, spiritual, social and psychological. Physical healing has to do with the treatment or curing of physical pains or symptoms of diseases within the body, tissues, or blood. Social healing involves a process of cordial relationships within the family, community, nation and the spirit world.

Spiritual healing is a process of healing the mind, soul or spirit. Psychological healing is a process of healing the human mental state, mind, emotions, thoughts and behaviour. Again all

these processes need to be understood as interwoven, interrelated or knitted together because of the holistic nature of the human body (1 Cor 12: 12-26, Kinge, 2014:15). In the process of healing (for example) the physical body (fever, pain, disease) one or more of the other processes are also involved even though at times unnoticed or unaware.

That process may also mean accepting our sickness and learning to live with it positively or even reconciling with ourselves and others including reconciling with God. Healing does not necessarily mean disappearance of pain or complete cure of symptoms of illnesses but, may also mean, a new way of accepting and living with our condition and hoping that one day healing will finally come. Moreover, in all these processes prayer has a major role of enabling all types of healings to be possible - with God, everything is possible.

This does not mean that prayers is only to be used when all else have failed as two research participants hold. If one understands healing as a process toward the restoration to wholeness then that process is much more effective by the combination of prayers, biomedicine and 'healthy life style' ways. This is one of the major points of Lees and Fiddes when he talks of cooperation in healing. There are many facets to prayers and medicine. Prayers need to include words and practical actions. The use of medicine can include modern medicine or other alternative forms of healing provided these alternative forms of healing are not clothed with superstitions or mystical activities or clashed with our distinctive Christian values.

By modern medicine, I mean all that can be associated with mainline medicine, and healthcare institutions. By alternative medicines I mean all the remedial practices or techniques which have not been associated with mainline medicine (Dow and Strammers 1997:35- 39). There is no doubt, that there are tension and controversy among churches concerning prayers for healings. Dow and Stammers (1997:38), have outlined some of the reasons why the practice of prayers for healing is causing controversies in Christian churches such as the worldview, interpretations of Biblical passages concerning healing, understanding of the meaning and causes of sickness and healing. Healing is not just a state, period, or absence of pain or illness but a process towards restoration to 'wholeness' in body, mind and spirit and in relation with the Creator and the rest of creation. We may call it a 'spiritual' process or journey wherein the physical, spiritual, psychological or social 'pain or agony' may even still be experienced in the body but the mind, mental state and the spirit are healing; that is, continually coping with the 'pain or agony positively.

#### **7.4.6 Healing as wholeness (holistic aspect).**

Healing is a search for wholeness, that total wholeness (whole person) that liberates humanity from all that dehumanises us. I am very cautious with the use of the word wholeness in relation to healing. The insights of Pattison, Dow and Strammers (1997:34-36) and Duncan and Wilkinson 1997:59-80, seem to be important here. Pattison says to describe healing, as wholeness is to define one vague concept in terms of another which is equally vague and that the word wholeness trivialises and spiritualises healing and may suggest that healers and healthy people are far from being whole. If we reflect again to the four but interrelated understanding of the concept of illnesses and healings from the traditional perspectives which include the physical, spiritual, social and psychological (including the environment) then the healer, healthy people and the sick are all in the process toward wholeness though in different dimensions. However, I think one of Pattison's points is that in the search for healing one should not ignore the structural, institutional, economic and political systems because some illnesses can have their root causes from such systems as already indicated.

#### **7.4.7 Healing as an act of compassion and love**

Compassion and love are central to the healing ministry. We have already seen this act of compassion and love in chapter six, where God's very nature is constituted in self-giving-love culminating at the cross. Compassionate love for the sick was one of the motives that enabled Jesus to heal the sick in his days and through his compassionate love, we get a picture of God's compassion for his world and the 'hurting peoples' in His world. Moreover, this agape-love dimension is compelling me and other clergy as the research results show to engage actively in the healing ministry because there are many who are sick and looking up for healing. The needs of the sick in Jesus's day are similar to the needs of the sick today. The overall need of the sick is to get well no matter the cost. That is why some of them roam from denomination to denomination or from one traditional healer to another or grasp anything in the name of healing. One of the aims of the healing service, is to enable the sick to have a better understanding that God cares, loves all, even in our pain and to encourage the sick to remain faithful to God who hears and knows all our thoughts, words and deeds and is having the spare parts to repair our worn out tissues and our brokenness.

That is why the healing service is made up of different sections or parts. The church's ministry of healing is an act of expressing and sharing God's love to the sick. Hence, the healing ministry is not an option for the church but one of its duties here and now while waiting for the complete healing at the *parousia*.

The purpose of our explorations of the devastating consequences of sickness and the Cameroonian traditional beliefs and practices in the area of sickness and healing is to highlight the values that this society holds in their search for an answer to their pains and afflictions. Highlighting these values, beliefs and practices will enable the church to have a better understanding of the society in which it operates and thus offer the church a better way of integrating, inculturating, and evangelising and above all will contribute significantly to the church's ministry of healing. Authentic integration by the church can better be achieved by establishing a solid theological foundation based on the Scripture, reason, experience and Christian tradition.

Healing is not an end in itself but a means, that is, healing is for a purpose, healing is enabling humanity to experience the original state to which God created the world before the 'fall of creation in Gen 3.' This again has some connection to the first point that healing is a process not a once off situation. It is a process leading us to eternity. We return again to this concept of wholeness. We saw above that in the Old Testament, the word health is often expressed by the phrase: *Shalom* and this word has been translated as peace, soundness of body and soul, wholeness, wellbeing and harmony and that the similar understanding to the meaning of health in the New Testament is expressed by Jesus in John 10:10b (1 Thess 5:23, 3 John 2).

We equally saw above the criticisms of Duncan and Wilkinson to the WHO's definition of health and their understanding of a Christian concept of health. "Health is the complete wholeness of a person's entire being in all aspects of body, mind and spirit. ..." Healing is the complete wholeness of a *person's entire being* in all aspects of *body, mind and spirit* including human relationships to God, to fellow humans and to their environment. The focus of healing is first the individual and that 'healed' individual needs to express the healing experiences with his or her fellow human beings including the environment (social relationship) and his or her Creator. Christian views differ on how to use, understand or respond to alternative medicines. I have said above that, 'medicine makes use of what is available in God's world.' This is the type of concept, according to the results or idea that the traditional healer propagates to entice

Christians to accept any form of healing they provide to them by telling them that God created for instance protective charms or “heaven helps those who help themselves” or to falsely quote any Biblical passage like, seek and you shall find...Mt 7:7. Again, the issue of value that is distinctive Christian values need not clash with any alternative medicine. If Christians consult diviners or witch doctors then there is a clash of faith and belief. Let me explain this point further in a more practical way in relation to Christians who are members of the PCC.

A traditional doctor may want to heal a Christian by protecting them or their homes with charms and other concoctions as the laity pointed out during the interview. This is wrong for our Christian values, this is syncretism because Jesus is our protector and no power can be compared with his. Again, if Christians trust or pray to the gods of fertility for children or offer any forms of sacrifices to the gods then this is against traditional Christian values. But to pray for roots of plants or herb for God’s blessing over them is good. Alternatively, for the traditional experts to prepare various types of herbs and roots for drinking is fine for me. The use of natural substances for healing, where there is evidence to support healthy outcome and such uses are not clashing or conflicting with our Christians value is acceptable.

There are many facets to prayers and prayers need to include words and practical actions. For instance, if the church prays for the healing of starving children in any part of the world, then, the church has the duty to also seek ways of practically preventing starvation from occurring or reoccurring or at least reducing its negative effects. Or if the church preaches about abundant life in Jesus then she has to concretely enable people to experience this life here and now through its healing ministry and other practical actions geared toward healing. In this light, healing is enacting the experience and presence of God’s reign in God’s world. The experience of healing reveals the foretaste of what is still to come; healing is invading the present with a foretaste of what is to come (*parousia*). Healing is more than the restoration to physical, spiritual, social and psychological health, healing is part of the proclamation of the Good News of God’s kingly rule in our midst (Mark 1: 14-15), yet not finally. As we wait for the final consummation, we need to continue healing the sin-sick-world. That is why healing can be seen as a process or journey towards wholeness (*Parousia*), because at present none of us (even the healers) is fully whole (healed) nor will be until the Kingdom of God is complete. The permanent attainment of complete healing must await the resurrection. Yet it is Biblically justifiable for Christians to seek this wholeness by making use of what God has given to us in his world (Dow and Strammers in Christian healing 1997:35).

Biblical methods of healing should not be seen as more important than others (medicines) nor should Biblical methods of healing be classified, that is, seen as more important than others. The various ways of healings should complement each other rather than oppose each other. Yet in giving and receiving healing our Christian values should be upheld at all times. We can summarise all what had been said above concerning healing with these words: “The work of God in the world is characterized by a combination of nature and grace. The pattern of healing is of cooperation between God and his creation, of divine initiative and creaturely response. Cooperation is evident in medical work, prayer, caring and spiritual ministry” (Lucas: 1997: 194). This leads us to the significance of healing service.

### **7.5 The significance of the healing service in the Musang congregation**

The research results reveal that Cameroonians need a church that is both Christian and African, a ‘wounded healer church’ which is healed and healing, a healing church that is holistic in nature. This can be done if the PCC reclaims the lost healing history, reinstate its African values which do not contradict the Christian theology and engage in more healthy preventive measures. I hold and clearly supported by the research results that the healing service is a way forward and towards a more meaningful, effective and efficient ministry of healing within the PCC for several reasons which in some ways have already been mentioned above. But for purposes of emphases I will mention further some important hallmarks of such a service and which in some ways constitutes part of my vision and dream of a healing church which is both Christian and African in structure, nature and mode of operation in Cameroon.

The first is that aspiration for good health or the maintenance of good health is one of the highest core values (as we have already seen) not only of the PCC Christians and Cameroonian people but of any human society. As also seen above this aspiration to this highest core value is rooted in Scripture and above all in the healing ministry of Jesus as well as his teaching, preaching, the cross and the resurrection. In his article the former secretary committee of the ministry in the PCC rightly pointed out that “... the church cannot afford to departmentalise her mission” (2014:3). Theologically, the threefold ministry of Jesus (preaching, teaching and healing) cannot be successfully separated and any attempt to do so is tantamount to heresy and thus will only help to render the healing ministry of the church to remain shallow in the lives of the sick and their relatives.

Structure, nature, mode of operation and programme of the healing service ‘combined together Jesus’ threefold ministry.’ Put it differently, the teaching, the preaching and the healing are all embedded in the structure and nature of the healing service. With this we return again to the *cause and plan* of Jesus in Luke 4:18-19 and Mark 1:14-15. The healing service continues to translate this cause and plan of Jesus into concrete actions as also seen in its educational programmes.

I will briefly explain some of these educational programmes. We have already seen some of the various understanding of healing within the context of the healing service. There are also educational programmes within the service that educate the Christians for instance on health preventive measures. At times, I invite health personnel to educate the entire congregation within the healing service or worship service on pertinent health issues such as diabetics, high blood pressure, the benefits of good sanitation measures, healthy eating habits, the benefits of exercise, food and nutrition, the importance of vaccinations especially for kids of 0-5 years, importance of antenatal clinic among others. In this light healing also, goes beyond the bio-medical healing model to reflect the holistic nature of healing within the African context and vision of health put forth by the WHO. Within the structure and nature of the healing service we have the preaching, teaching, healing and the translation of all these into practical actions, all going on simultaneously. The healing service practises Christ’s healing ministry, this then makes the healing service more meaningful to the everyday realities of the sick. The healing service’ structure and programmes also laid special emphasis on prayers, fasting, mediation, love in action activities and these are regular among the members of the Musang, Dschang parishes and now Batibo presbytery where I am currently the Presbyterian Secretary since 1<sup>st</sup> July 2016. These are extended to the sick in the homes or hospitals and this reflect our African communal system. The more Christians are actively involved and participate in the various educational programmes, the more aware they are and all these preventive measures reduce some types of illness and at the same time facilitate the healing processes of the sick. If all these visions of healing are extended to all the congregations within the PCC then more people would be experiencing God’s healing grace, love and mercy.

The second is that the healing service upholds the three cardinal principles of the Reformed theological stand: *Sola Scriptura*, *Sola Fides* and *Sola Gratia*. One of the implications here is that the healing ministry is God’s gift to the church- God the healer has endowed the church with the power of the Holy Spirit to continue in the recreation of a healthy world through its

preaching, teaching and healing. Another implication is that the healing service is one of the ways in which the church is translating its preaching, teaching and faith into concrete actions. Again it is also important to note that the healing service does not only end in the congregation with the prayers, anointing, exorcism, laying on of hands and intercession but also involves a lot of practical action and outreach activities such as further caring, educational, moral, faith-building and vocational activities (James 2:16-26, Matthew 25:31-40, such services reflect also the African community and solidarity holistic nature) all with the aim of enabling various ways of healing all those who are experiencing various forms of illnesses. Thus it can be rightful affirm that the healing service reflects the healing ministry of Jesus and that of the early church and thus it is Biblically grounded.

There is an important connection between the first two points and this third point, a connection which needs to be taken seriously by the PCC (and churches in Africa) if it wants to continually uphold its God-given- healing ministry. In the first two points we have pointed out that the healing service is Biblically grounded, that healing is part of the proclamation of the Good News and the third point is emphasising that this Good News must make sense to the hearers within their socio-cultural context. This has been one of the main points of this project and it is well reflected in the research results and in chapter four. There must be a balanced critical meeting point or dialogue, between Scripture and theological traditions with the worldview of the hearers of the Gospel. That is the local context and its tradition and belief systems and the Biblical tradition are critically examined and a dialogue reached so as to continually uphold the Biblical truth and the local tradition's positive values together. This can in some ways enable the African to be a more faithful Christian and thus being a true Christian and a true African. In this way, the Gospel is not foreign but makes some sense in the local context. *The healing service then critically incorporates* the African values especially of 'causes of illnesses,' the African holistic nature and the African religiosity nature in its structure, nature, the mode of operation, outreach programmes and vocational services and activities.

Importantly also is the fact that forgiveness, reconciliation and making peace with oneself, neighbour, family and community are important components of the healing service which also reflect the African worldview. We actually pray and encourage each other to learn to forgive and at times we share ideas and especially those painful situations that make people hard to forgive and members provide some practical solutions. Furthermore exorcism, anointing and laying on of hands reflect the African worldview of illnesses and their belief in the supernatural

and thus are powerful means of healing and such methods also help to calm down fears including that of the supernatural world, and fear of witchcraft and its related illnesses and brings about liberation from some entanglements. In addition, the cross-placed in the homes (after the blessings of such homes) of the Christians is a strong symbol of protection, security and power and the continuous presence of the power of the Holy Spirit in such homes and in the lives of its occupants. I must also emphasise here, that all these go with continuous preaching, teaching, education, meditation, exhortation and retreat. All these practical actions aim at a continuous building or strengthening of the faith of the believers and again all these are reflected in the structure, nature and mode of operation of the healing service. Let me expand more on this last point.

The healing service, through its various nature and structure continuously point out that Christ's power cannot be compared with any other power the sun. Christ's power is above that of all forms of evil forces including supernatural evil forces. Such emphasis lends more credibility and efficacy to the ministry of healing and of deliverance through the practice of exorcism, anointing and laying on of hands during the healing service. These rites are not only Biblically grounded but make sense in our African context in terms of illness, health and misfortune. There is also provision for continuous counselling and prayers and more pastoral care measures to all and especially those with specific needs and concerns. The healing service in the Musang congregation becomes more a communal activity wherein we care for each other. Again I need to emphasize that the NGO in the congregation coupled with all the healing programmes and services are really transforming lives. If all these visions of healing are extended to all the congregations within the PCC then more people would be experiencing God's healing grace, love and mercy. This is one of the reasons that I keep on emphasising that a unifying liturgy is not enough but that we need to understand the broader meaning of the term healing and let this reflect in the structure, nature, programme and liturgy of the healing service and if not then the healing ministry of the church will continue to lack in its efficacy.

Hence, I must say here that more still needs to be done in the area of structure, nature and the liturgy of the healing service in the light of all the visions and dreams presented above. This has been and will still continue to be one of my points that the leadership of the PCC do not only have to produce a unifying liturgy (which we are still waiting for ) but also such a liturgy needs to be structured to adequately incorporate the three points just mentioned above. If this is done then part of the goals of this work, which is to help develop, challenge and raise awareness will

in some way be achieved. In this way the church can be viewed as a 'healing community' wherein God's love will be overflowing to all creatures and in this way the sick will be experiencing more of the healing grace of God. There are three main points that I wish to make here about the prayers in the healing service which are also contributing significantly to the importance of such services.

Firstly, such services or prayer for healing is not necessarily aimed at prolonging life but at maintaining or improving the quality of life with both God and humanity and the environment. This brings us back to one of the core values of our people already discussed above which is that of aspiring for good health. Prayer for healing (including anointing, exorcism, laying on of hands, modern medicine and 'alternative medicine' that do not contradict the Christian faith) is one way of maintaining this good health.

Secondly through prayer, the patient is brought into 'special touch' with Jesus, the source of life, and thus into the presence of God's love, mercy and grace, who created life and knitted each person together in the mother's womb (Psalm 139: 13, Lucas 1997:16f) and can renew it when it is affected or scattered even by sickness or sin. That is why part of the ending of all the healing prayers is "yet not what I will, but what you will" (Mark 14:36). In this way the result of the healing is left in the hands of the Triune God who knows what is best for the patient, with the hope also that the patient has given his or her life totally under God's control.

Thirdly, as a congregation, it is our continuing religious and social responsibilities after the service to continue to obey Jesus' command to heal the sick in further concrete practices out of the boundary of the church building into the wider community. We encourage all who attend the service that we can all contribute in the healing process of family, world and ourselves and there are many ways to do this, for instance, changing our (negative) live styles. In John 10:10b we read about the joy of healing that is healing not out of pity but out of the desire for service and thus revealing God's compassion to the sick. Thus, prayer for healing (the healing service) does not only end in the church but continues through various means in the community. There are times that some members of the congregations and some of the sick have retreats and special counselling sessions before the healing service. Moreover, this can continue after the healing service and in some cases continue for weeks or months depending on the individuals healing needs.

One of our understandings for doing this is that God in Jesus is revealed as a loving, caring and merciful God, and thus Christianity needs to be understood as a way of life, a way of loving and of caring especially for the destitute who include 'the sick.' Through the various parts of the healing services and especially as the results attest, some of the Christians came to realise that the church is a healing agent and that the church's healing ministry and 'biomedicine' complement each other, which reinforces holistic healing. Some came to realise that some of the sicknesses (evil spirits, exorcism) can be cured through fervent and continuous prayers (Mark 9:29). This however does not contradict the role of biomedicine in healing as earlier indicated. Furthermore, some also realised through the sharing of experiences that Spiritual and physical healings are really becoming a very big and lucrative business in Cameroon wherein some traditional or the so called 'spiritual prophets' or 'traditional or faith healers' are really preying on the vulnerable who in their desperation get hold on any one who promises them healing and prosperity. There is no shortage of literature in this area in the internet and many advertisements are going on (ed. Mokoko 2014:1-2, 17).

It would be difficult to convince a sceptic that, through prayers, (anointing, exorcism and the laying on of hands), holistic healing, is really taking place in the lives of people, because they would often attribute the healing to other factors, for example medicine, spontaneous or faith healing, or even witch 'doctors.' In Jesus' days not all the people recognised that his healing power was from God (Luke 11:15). However, both the clergy and laity as already seen above (testimonies of healings) are telling many positive results of healing experiences. The healing service is really creating a positive impact not only in the lives of the sick but also in the lives of those who are around the sick person. And even if some of the physical pains are still there, leading even to death, the 'sufferer's' attitude to the sickness is changed, and some are able to cope in a new or more satisfying way with their situations.

Central to the Christian faith, is the belief that Jesus is alive today and is present with those who pray and those for whom healing prayers are made, and can offer such healing as he did during his earthly ministry and throughout the Christian history to those who are brought through prayers into contact with him and thus into the presence of God's love. By implication all healing comes from the Triune God. This is just as true whether the sick person recovers spontaneously, receives treatment from a doctor, or is brought before God in prayer. Fervent prayers can really reinforce the healing process in various ways. That is why the Church needs to constantly seek God's transforming power that will enable her to effect healing in the sick

world. Weatherhead (1951) is right when he says that there is a spiritual power to heal, which has not been adequately used by Christians.

But if the Church returns to her early devotion to Christ and creates united fellowships, even faintly like the small body of men who went out in the power of the Risen Christ and His Spirit to turn the world upside down, then a power more potent to heal than any atomic bomb to destroy will once more surge through sick souls and minds and bodies.

The quotation brings us back to the fundamental presupposition of this thesis that the church and the PCC in particular has the authority and opportunity of discovering and rediscovering the theological and practical basis of its pastoral response to the sick in such a way that can continue to enable holistic healing and thus enabling such a ministry much more meaningful in the lives of the sick and the community at large.

The church's ministry of healing is revealing how God is at work and bringing about healing in His world through the network of interrelationships and cooperation between nature and Grace. Faced with various situations Christians use all that God has given to seek wholeness; that is why doctors are consulted, prayers are made in faith, and concrete actions are initiated and implemented. Hence the ministry of healing cannot be thought of in a restricted sense, healing cannot be divorced from preaching, teaching and evangelism. Healing includes -healing of the whole person, which means first and foremost enabling personal relationship with Jesus Christ and then the practice of medicine, caring, counselling, enabling repentance, reconciliation and forgiveness, offering opportunities for formation, transformation, orientation, re-orientation, active prayer sessions which may include anointing, exorcism, laying on of hands, the Eucharist, struggle for justice and vocational activities among others. It is also true that different persons with their various gifts can contribute in various healing processes (Lucas 1997: 196-198).

The structure and programme of the healing service need to be holistic and in this way the healing ministry continues to reflect that of Jesus who out of His grace has commissioned the church to continue healing the sin-sick-world. Healing is part of the mission of the church- a God-given-mission which the church has no option but to humbly engage in alongside preaching and teaching.

Healing is one of the ways in which God, our Father responds to our human need. Healing is rooted in the very name of Jesus (God saves, God heals) and Christians of every age are called to follow and obey the Christ who heals. However, sickness is a fact of life, a feature of creation, sickness at times just had to attack us, and we are vulnerable to disease and pain hence there is no perfect attainment of complete healing here on earth. But while we look forward to that perfect attainment of complete healing in the kingdom (... thy kingdom come... as in the Lord's Prayer) we continue here and now to reduce the pain and burden that weigh down God's children through the healing ministry.

The results rightly point out that all those involved in the church's ministry of healing, (like all other ministries), should do this God-given duty in all honesty and humility and in complete reliance upon God's healing grace, mercy and power with the aim of enabling the sick people to continue to experience God's kingly rule of shalom and joy in their lives even here and now.

## CHAPTER EIGHT

### CONCLUSION AND RECOMMENDATIONS

Basically, from what we have discussed so far, there are two schools of thought concerning the emerging healing ministry in the PCC. There are those who are claiming that healing services including the practices of anointing and exorcism are not very Presbyterian, that is, such practices do not reflect our Reformed heritage and ethos and as such should be discouraged as much as possible. The empirical results do not favour this school of thought. And there are those who are embracing such a healing ministry based on the encouraging results obtained in these services as well as their experiences, motivations and theological insights. The empirical results are in favour of this school of thought. This project stresses the fact that it is imperative for the PCC (and the churches in Africa in particular) to incorporate in its healing ministry the African religious and communal system and also very importantly to take into consideration the worldview of the sick if not, its healing ministry will continue to be shallow in the minds of the sick.

The project then highlights good health as Cameroonian/ Africans' highest aspiration stemming from their belief system which is communal and holistic in nature and illness as an enemy which threatens life and hence needs to be fought fiercely. Healing is presented as the work of God and thus of the Christian church. It is hard to talk about the healing ministry of the church without talking about the mission of the church as such healing is an integral part of the church's mission in the world. The importance of this research is that it is partly rooted in my experiences, experiences of the agony of illness within my family and experiences of passionately being actively involved in the healing ministry within the local congregations and communities in Cameroon and England. Hence, the work before us is not a product of an observer or just a product to gain an academic qualification, but is rooted within my area of specialisation and passion, which is within the discipline of Practical Theology. I believe this research has and will continue to steer up Practical Theology within the PTS (Presbyterian Theological Seminary) PCC and above all is and will continue to steer up the healing and pastoral care ministry within the framework of the local congregations to greater heights .

The empirical research results lend more credibility and validity to the objectives and the motivations of this project.

To what proponents of healing services including the practices of anointing and exorcism wish to communicate to the leadership of the PCC and to the opponents of healing services. With this brief summary, the following conclusions can be made:

The first point proponents of healing services wish to communicate and which is confirmed by the research results to the PCC is that unless its healing ministry becomes contextual (socially and culturally), inclusive and practical then it will continue to remain superficial in the lives of the sick and their relatives. Superficial impacts will continue to have negative consequences in the lives of the sick. Practical Theology should question the PCC's theological understanding of the ministry of Jesus, especially his healing ministry and his command to his disciples to heal the sick. The PCC cannot continue to maintain the traditional Reformed heritage concerning the healing ministry because some are now proving anti-biblical and as a church, we need to rethink our whole theology on healing. The PCC is really confronted with a real practical problem because the results confirm changing attitudes and positive sentiments; the PCC needs to listen to the voices of its people. From the results and supported by the literature, review within the circle of the PCC, the PCC therefore has no option but to embrace this emerging healing ministry if she really wants to remain faithful to the Gospel message and to her calling and if she really wishes to keep on contributing meaningfully to the healing processes of its members and thus the nation of Cameroon and beyond.

The second point is that, the Christian healing ministry constitutes a very broad spectrum and there are different Biblical healing perspectives and all these different healing perspectives need to be taken into account. Anointing and exorcism are some of the Biblical healing methods. Biblical healing methods cannot be classified, some are not better than others, all are valuable depending largely on the situation at stake. Each healing method can contribute to the whole process of healing.

The third point is that if the PCC gives 'a deaf ear' to the voices of its people as expressed in the results then the PCC is failing to be what it is called to be: that is call to be a people open to all without discrimination, a caring, loving and healing community. In failing to pay adequate attention and concern to some of its sick members, the PCC is closing its eyes to the plight of some of its members and thus failing to pattern its nature after that of God, which is constituted in, compassionate self-giving- love for all creatures.

Fourthly, if the PCC accepts the results and listen to the voices of its people then she will be embracing this world-wide movement and thus reaching out and healing many of its Christians. For instance, she will be preventing syncretism among its members, preventing them from exploitation from fake healers and at the same time discouraging them from moving from one herbalist to another or from roaming from one prophet to another in search of healing. Such an inclusive move by the PCC will help to direct and redirect more of her sick Christians in the right direction that is, to the ultimate healer-Jesus the Christ.

Fifthly, similarly, by accepting the results, the PCC is embracing the emerging healing ministry and thus engaging in a holistic healing mission. The ultimate aim of the holistic healing mission of the church is total liberation; in this way the church will be expressing the reality of God's concrete love to the broken world and meeting some of the total needs of humanity just as the historical Jesus had done and commissioned his church to continue doing. If each local congregation is *actively involved* in the healing of the near and far neighbour then God's people and God's world will be experiencing a transformative and healing power more than ever before which can 'turn Cameroon upside down' to the Glory of God. In this way also the near and far less privileged sick neighbour will be experiencing holistic healing and God's inclusive love, and thus the church, the body of Christ, will be fulfilling their mission according to Matthew 10:1, 8, 28:16-20 and revealing God's inclusive, grace and healing.

Sixthly, in this light, the mission of the church is not only 'backward or present looking' but also 'forward looking' to the parousia where complete holistic healing will be accomplished. Even though, Christians live and 'groan in travail', in a broken world, where no perfect healing can be accomplished until the "Not Yet" comes, I believe that the PCC's active involvement and support for healing services, including the practices of anointing, laying on of hands and exorcism, will continue to have greater positive impact in the lives of its sick members. The sick are being given new opportunities to live dignified lives. Some testimonies are being told about the improvement, healing and transformation of lives through healing services including the practises of anointing and exorcism. These are examples of the realities of the Kingdom of God at work, and an outworking of the mission of God and a revelation that God is all loving, caring and compassionate. The PCC's ministry of healing is the ministry entrusted to the church by Jesus (Matthew 10:1, 28:16-20), it is a continuation of Jesus' compassionate love to the sick and helpless (Matthew 9:35-6), and God's on-going redemptive work in God's world. The desire of the PCC to heal and to be healed arises because Cameroonians are 'wounded' by sickness

directly or indirectly and these wounds cause a lot of pain and pain is not part of God's good creation. The response of the PCC to sickness is on two levels: personal and corporate. That is, the PCC in their healing ministry do not focus only on the whole person but also on the structural features of the Cameroon's society which tend to result in a variety of sicknesses. This is so because of their theological understanding of sickness, health and healing and also their understanding that the quality of life enjoyed in any given society has a direct effect on the health standards and wellbeing of its citizens.

These conclusions will not be the end of the discussions but I hope will help to necessitate some main recommendations which, I am optimistic may lead to changing attitudes, policies and theologies and even further challenge and motivate further research projects concerning this emerging healing ministry. For instance, the results reveal that there are various ways of healing which in my opinion more still needs to be done to explore these various ways and make it available to the sick, to academic knowledge and to biomedical world. Again I admit that more still needs to be done in the areas of education and research which include forgiveness, reconciliation, 'faith inquiring and faith seeking answers.' Important also is the fact that this project has challenged and also enables me to gain new insights and confirms my quest for a more inclusive healing ministry that takes the voices and worldviews of the sick and socio-cultural context into considerations in the formation of any healing responses.

Another importance of this research is that it has not only enabled me to gain more insights into the Christian ministry of healing and thus contributed toward a much more meaningful healing ministry but it has also challenged me to start another research. I have earlier said that there were three questions that were consistent to all the 26 participants. One of them has to do with the role of the traditional medicine-men in the healing of the sick. Despite tremendous advances in science, modern medicines, health care facilities and treatment, some PCC's Christians even those who claim to be of good standing (strong or firm faith) still consult the traditional healers or receive traditional treatments (event in the society shared already above). Some do so alongside with medical and other religious healing methods and some see little or no contradiction in such a mileage. The clergy were critical of traditional medicine and traditional healers. But all the laity pointed out that the impact and contributions of the traditional healers to the healing of the sick and especially their expertise role in restoring, preventing and integrating not only the sick and their family but the entire community to their rightful position is very important to them.

The research results coupled with my experiences (syncretism) challenged me to research more about the impact of traditional healers in the life of the sick within the PCC. And the preliminary research topic is: The contributions of traditional healers to the healing of the society. On 16<sup>th</sup> and 18<sup>th</sup> July 2015, I visited two traditional medicine-men in Bafut subdivision; (which is my area of origin) found in the northwest region of Cameroon. Upon my arrival in each of their homes, I introduced myself and this was done in our local language. After chatting for sometimes I introduced the purpose of my visit. I asked both of them two questions which I have already prepared, still in the mother tongue.

Question 1: Please can you provide me with any written documents about your profession; any document about guidelines, policies or any documents regulating how you carry out your everyday duties?

Question 2: What are your main duties as a medicine man or traditional healer?

My first impression was that both were not really willing to cooperate with me because as they claim ‘you are not my patient.’ Both had no written documents nor even think that such documents are necessary. And if they had, they were not willing to give them to me. However, on a positive note, they told me that their profession did not need written material or records because their training and work was oral and same with the mastery of their various medicines which included plants, animals and sea products among others. Again, they seemed to be making a point like “the gods, ancestors or spirits will not appreciate the keeping of any records.” Both were much more comfortable with question two than with the first one. They also hold that there are various specialists because of their specialist knowledge in some specific areas, but generally, their work overlaps. The two traditional healers that I met declared that their main duties were to heal, to protect and to prevent various types of illnesses from recurring and or at least reducing the effect of any misfortune. From my preliminary meeting with these two medicine men; it will not be an easy task to gain some hidden knowledge from them about their work to make it public. This project wishes to investigate who these people are, including their specialist knowledge, their value systems, their healing, protecting and preventing methods and this, will be done in the North West region of Cameroon. Three clans have been selected: Esu village: where I started my pastoral ministry in 1996 syncretism is really high here among the Christians,

Bessi: a village I did my first practical month and had such terrifying experiences of witchcraft some of which have been shared in this project and Bafut: my village of origin.

The preliminary reflections here are: Who are these people and how do they carry out their various duties and especially in the areas of healing, protecting and preventing illnesses or misfortunes? How do they carry out their training? What are the rules governing their training and profession. What are their impacts on their society in which they live and work? Does our African worldview enable the presence of these specialists? Why are these specialists not found in England for example? Is it as a result of their worldview that is different from that of Africa?

A one-on-one interview (comprising of five open-ended questions) will be best in obtaining some vital information about these people. I intend to interview six traditional specialists in the three villages and six members of these villages who are members of the traditional council. Furthermore I will do some literature review on the topic. I will also use the internet to get some material about these people and their impact in their society. The knowledge from the interview will be put into dialogue with the knowledge from the literature review. These will provide us information about these people, their duties and impact. Such information will enable me to promote what is good in traditional healing and to condemn what is bad or what contradicts our Christian faith. Such vital information can further help the PCC in educating the Christians and in reshaping further its healing ministry in such a way that will be both Christian and African and more meaningful to the sick.

## SOME RECOMMENDATIONS

We have already seen some of the ways and factors that can enable the PCC ministry of healing to be more meaningful and effective. Here we will further put forth some recommendations that can continue to enable the PCC healing ministry to be more effective. This thesis has stressed the fact that the healing ministry is not an option for the PCC. It is the work of God entrusted to the PCC and is therefore her theological responsibility to put into effect such a ministry in all its congregations. This implies that the healing ministry should be given the same attention as does the ministry of preaching and teaching in both our congregations, schools, hospital and seminary and communities. I have made this point and I will continue to make it. Theologically, practically and socio-culturally, it is just not enough for the leadership of the PCC to approve of a healing service liturgy which according to the Presbyterian Messenger (2014:3-4), would be made available by 2015, but up till 2017 we are still waiting for it. I agree that approving of the liturgy is a step forward but the PCC as a church (both clergy and laity) has to reclaim its neglected inheritance by reclaiming its God-given-duty as a healing community. Hence, the following recommendations are proposed:

A consultants group within the PCC made up of those with specific interest in the healing ministry is needed to brain storm and to come out with proposals that can be discussed further and some conclusions taken and the final refined product published so as to improve the healing ministry within the PCC. A few pastors conducting healing services were called for a meeting to discuss some issues concerning their healing ministry but more is needed. Here also I am thinking about the various consultation groups that have taken place in other churches and countries and positive results are being registered. For instance the one that led to the publications of the Guild of health of Scotland and church of England and the ones that led to the publications of books such as: *A time to heal: a contribution towards the ministry of healing*. These books are actually a report for the house of Bishops from a consultation group set up by that church on the healing ministry and the final refined product published for the whole Church of England, to promote its healing ministry. Such a group will include theologians and the laity and among the laity we will have those from the medical field, scientist, those involved in NGO, work with grassroots people and some government workers among others. I agree that a committee was formed when the crises and confusion about healing services were at their climax (Ngolle 2008:2, Mokoko 2014: 3 and 5') and two of the clergy who participated in the

research project were part of that committee. The consultation group I am proposing here is of a higher calibre. This will also include continuous dialogue with the traditional healers and traditional medicines in order to obtain the best of healing. This consultant group in essence form the foundation of partnership and cooperation (team working) among all who are concerned with healing.

This becomes a strong team aimed at healing which at the same time promotes interdependence and mutual respect within the PCC. For instance, there were some Christians who come for prayers or healing or counselling or both and I sent them to the doctor. At times, I really took time to encourage them to go to the hospital because I was convinced that their situation needs both prayers and proper diagnoses and medical attention. I expect the same team working with the medical personnel; sending some cases that need special prayers to the clergy or hospital chaplain. This will lead to greater cooperation (combined ministry) which I will prefer to call the Collaborative Healing Team (CHT) between the clergy and the laity and especially the medical personnel

Critical evaluations and honesty are key aspects to the successful team working. The leadership of the PCC needs to encourage such team working and constant critical evaluations which are matched by appropriate theological and practical assessment and all these can help further to explore more concrete ways of the PCC's effective ministry of healing. This will enable the PCC to bear the marks of Jesus's healing ministry in its context and put an African stamp of religiosity. Put differently, the healing ministry and the church's ministry in general need to be understood from the African-Christian perspective. This should reflect not only in the healing liturgy and in our educational programmes (critical for instance on issues of witchcraft, taboos, magic and sorcery to name a few which the society generally sees as evil) in the congregations, hospitals and even in the tutorials in our seminary.

Corruption and injustice are some causes of illnesses in Cameroon. Internally, the PCC is trying to curb these dehumanising ills but more still needs to be done both within the PCC (clergy and laity) and the Cameroon nation. One of the recommendations in this direction is that: there need to be a team (legal persons and counsellors included in such a team) in place to investigate 'gossips' and other problems that go to the hierarchy about its workers. For such at times caused illnesses and their impact are not pleasing.

The recommendations are necessitated by my understanding of the meaning of healing, critical theological reflections and the results of the empirical research. This emphasis is necessary again here: Healing is more than the restoration to physical, spiritual, social and psychological health. Healing is part of the proclamation of the Good News. Healing is enacting the presence of God's reign and a foretaste of the Kingdom to come which Jesus has inaugurated (Mark 1:14-15, Luke 4:18-19) and given Christians of every age the power to continue with this mission (Matthew 10:1, 28:16-20, Acts 1:8). And in doing this the church is not relying only on its own resources as she journeys through this world but above all on the power of the Holy Spirit to inspire and equip her for its holistic healing mission and general mission in the world until she reaches her final destination-the realised eschatology.

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## SOME FURTHER INFORMATION FROM THE INTERNET

[www.biblelife.org/calvinism.htm](http://www.biblelife.org/calvinism.htm) , Calvinism encyclopaedia and <http://en.wikipedia.org/wiki/Cessationism> and <http://www.spreadinglight.com/theology2/calvinism-basic/> assessed 12-16/02, 2013, 24-26/7/14. These sites provide the researcher with some further information about John Calvin and also about his doctrine of Cessationism. *The titles of some of the documents found in these sections and which were of value to me are: Calvinism: False doctrines of the “pope” of Geneva, total depravity, unconditional election, limited atonement, irresistible grace and perseverance (TULIP), reformed theology and miraculous healing, the five pillars of reformed theology and biblical Christianity-solo Christo,*

[www-ssc.igpp.ucla.edu/personal/Russell/ESS265/ch10/ylwang/node7.html](http://www-ssc.igpp.ucla.edu/personal/Russell/ESS265/ch10/ylwang/node7.html). In this website one paper is of interest with the title: *Theoretical study*. Assessed 25/02/2012 and 13-16/04/2014.

The Cambridge Encyclopaedia also has some interested articles: *Christian science-overview, healing, prayer, philosophy, scientific stance, theology, medicine, sects, criticism of Christian Science, response to criticism* (<http://encyclopedia.stateuniversity.com/pages/4459/christian-science>), viewed 23-30/8/ 2014

The website reformed tradition and theology also provided the researcher with some valuable information. <http://reformedtheology>

The following articles from the internet were also of great assistant to the researcher: *Healing, reconciliation and power. A tool for use in congregations*. Afro-Asian mission consultation on the Ecumenical response to the challenge of healing ministries in Afro-Asia in Bangalore, India November 13-20, 2004, Christian medical association of India, New Delhi,

Brain Sherwin: *Suffering and healing in the Jewish tradition*

(<http://www.stauros.org/notebooks/articlePrint>)

Joy Blake: *cultural understanding of health and healing* (university of Sussex).

David J. Hufford: *Epistemologies in religious healing*

Ann A. Rushton *what make life worth living?*

Owuor Olungah-research fellow, institute of anthropology and gender studies, university of Nairobi: *health, sickness and healing in Kenya*

Robin A. Brace: Can Christians really “bind” Satan or his demons

Robert V. Rakestraw: When suffering continues

(<http://www.bethel.edu/%7Eerakrob/filles/when%20suffering&20continues.htm>)

Harold Taylor: *Understanding health and healing*

Meredith Long: Christ the healer: *the center of Christian health and healing ministry in Africa* (CCIH website Christian connections for international health).

Jim Richards: The healing power of forgiveness ([www.impactministries](http://www.impactministries.com))

I further made use of the information from the following website:

[http://www.internthealing community](http://www.internthealingcommunity.com)

Craig W. Booth: Faith healing- God’s compassion, God’s power and God’s sovereignty (the faithful word.org)

The Methodist church: A Methodist statement on the church and the ministry of healing adopted by the Methodist conference of 1977.

From Wikipedia, the free encyclopaedia one could get further information on exorcism

Document view-proQuest. In this website one can find a few thesis and dissertations.

All these web sites were viewed between January and August 2014.

## APPENDIX

### APPENDIX 1: PCC MINISTRY OF HEALING LITURGY.

PRESBYTERIAN CHURCH IN CAMEROON

# BOOK OF DIVINE SERVICES

VOLUME IV

Section I:  
The Ministry of Reconciliation

Section II:  
The Ministry to the Sick and to the Dying



SECTION II

THE MINISTRY  
TO THE SICK  
AND  
TO THE DYING

# The Visitation of the Sick

## I The Salutation

In the case of a private house, the Pastor on entering greets the people, saying:

Pastor : Peace be to this house and to all who live in it.

On coming near the sick person the Pastor greets him, saying:

Pastor : Peace be with you, my dear brother, from God our Father and our Lord Jesus Christ.

In the name of God the Father, the Son, and the Holy Spirit.

Answer : Amen.

Pastor : Our help is in the name of the Lord,

Answer : Who made heaven and earth.

## II The Introduction

Pastor : My dear Brother,

We have come together in the name of Jesus Christ, who restored the sick to health, and who himself suffered so much for our sake. He is present among us now.

And by his Apostle James he instructs us: "Is any among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven. Therefore confess your sins to one another, and pray for one another, that you may be healed. The prayer of a righteous man has great power in its effects."

That is why we have come here today as Pastor and Elders of the Church to pray over you, and to lay our hands on you, and to administer the sacrament of Holy Communion to you. We entrust you to the power and grace of Jesus Christ, that he may ease your sufferings and restore your health.

### III The Act of Penitence

Now follows either PRIVATE CONFESSION and ABSOLUTION, during which all others but the Pastor have to leave the roost,  
(In case there is Private Confession, then the service continues with IV The Ministry of the Word on page 29 immediately after Private Confession.)

or

GENERAL CONFESSION and ABSOLUTION with all the others remaining present, in this wise:

**Pastor** : To prepare yourself for this sacred celebration, call to mind your sins:

And pray with me.

God, our heavenly Father, I confess before you that I have sinned against you in many ways, not only in outward transgressions but also in the thoughts and desires of my heart. I sincerely repent and I am truly sorry for these my offences which have brought on me your holy anger. I have no other comfort or trust than in your grace and in the precious merits of our Lord Jesus Christ. For where my sins abound, there, O Lord, your grace abounds much more. Therefore, I humbly ask you to have mercy on me, and for the sake of your dear Son, to forgive my sins and graciously help me in my sickness; through Jesus Christ, your Son, our Lord.

**Answer** : Amen.

**Pastor** : Is this your sincere confession, and do you desire the forgiveness of your sins in the name of Jesus Christ? Then answer "Yes".

**Answer** : Yes.

(For alternative forms of GENERAL CONFESSION OF SINS see Nos. 1-3 on page 60.)

**Pastor** : Following this your confession, I, a Minister of the Word of God, do now proclaim to you on behalf of our Lord Jesus Christ and according to his command the forgiveness of your sins, in the name of the Father, and of the Son, and of the Holy Spirit. Amen.  
Peace be with you.

(For alternative forms of ABSOLUTION see Nos. 4-8 on pages 61-62.)

- Pastor : By your paschal mystery you gained for us salvation.  
 Answer : Christ, have mercy.  
 Pastor : By your wonderful passion you do not cease to renew us.  
 Answer : Christ, have mercy.  
 Pastor : By our partaking of your Body and Blood you make us sharers of your paschal sacrifice.  
 Answer : Christ, have mercy.

#### IV The Ministry of the Word

- Minister : O Saviour of the world, who by your cross and precious blood have redeemed us, save us, and help us, we humbly beseech you, O Lord.

Now the Minister uses one of the following Psalms:

4 / 6 / 13 / 18: 1-6 & 27-32 & 46 / 22 / 23 / 25 / 27 / 30:  
 1-5 / 31 / 34 / 38 / 39 / 40 / 42 / 50 / 62 / 63 / 71 / 77 /  
 90 / 91 / 92 / 102 / 103 / 107: 1-9 & 17-22 / 111 / 116 /  
 118 / 121 / 130 / 139: 1-18 / 143: 1-11 / 145

The Psalm is always concluded with the "Glory be to the Father..." except in Holy Week, when it is omitted.

- Minister : Glory be to the Father, and to the Son, and to the Holy Spirit;  
 Answer : As it was in the beginning, is now, and ever shall be, world without end. Amen.  
 All : O Saviour of the world, who by your cross and precious blood have redeemed us, save us, and help us, we humbly beseech you, O Lord.

- Minister : Listen, brothers and sisters, to the reading of the word of God:

Now the Minister reads one of the following passages:

Is 35: 3-4 / Is 40: 27-31 / Mt 8: 5-10 & 13 / Mt 9: 1-8 / Mt 11:  
 28-30 / Mk 6: 7 & 12-13 / Mk 16: 17-18 / Lk 6: 6-10 / Jn 15:  
 1-8 / Acts 3: 1-10 / Rom 8: 14-18 / 2 Cor 1: 3-5 / 2 Cor 4:  
 7-18 / 1 Pet 1: 3-9 / 1 Pet 5: 6-11

or any other passage found suitable by the Minister.

The reading ended, he says:

- Minister : This is the word of the Lord.  
 Answer : Thanks be to God.

Here a short comment on the passage read may be given, if the condition of the patient permits.

V *The Ministry of Intercession*

- Pastor : My Brothers and Sisters,  
With faith let us ask the Lord to hear our prayers for N., our brother.  
O Lord, save your servant;
- Answer : Who puts *his* trust in you.
- Pastor : Send *him* help from your holy place;
- Answer : And evermore mightily defend *him*.
- Pastor : Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Holy Triune God, we pray for our sick brother:  
Lord, strengthen *him* in this service with your love and mercy.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Free *him* from all harm and danger.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Relieve *him* of all pains.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Assist all those dedicated to *his* care.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Keep *him* free from sin and strengthen *him* in all temptations.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Give life and health to our brother according to your will.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Maintain *his* faith in your constant mercy.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : Bestow upon *him* the gifts and fruits of your Holy Spirit.  
Lord, hear our prayer;
- Answer : And let our cry come to you.
- Pastor : O Lord, look down from heaven, behold, visit, and relieve this  
your servant. Look upon *him* with the eyes of your mercy; give  
*him* comfort and sure confidence in you, defend *him* from the

danger of the Evil One, and keep him in perpetual peace and safety. Grant these our prayers through Jesus Christ, your Son, our Lord.

**Answer** : Amen.

**Pastor** : Let us continue to pray in silence.

*After some time of silent prayer, one or more of those in the company of the Pastor, or relatives of the sick person may now pray extempore, or make use of one or more PRAYERS FOR THE SICK see Nos. 9-15 on pages 63-64.*

### VI *The Laying on of Hands*

**Pastor** : As our Lord Jesus Christ gave power and authority to his disciples to lay hands upon the sick that they might recover, so I lay my hands on you *St out your hands over the sick*

*Now the Pastor places both his hands upon the sick person's head; while one of the assistants holds the book for him, the Pastor continues to say:*

**Pastor** : In the name of God, the Father, and through his infinite love and power, may relief from all your sickness be given you, and your health be restored according to his holy will.

In the name of Jesus Christ, the Prince of life, may new life refresh your mortal body, and may you be made whole.

In the name of the Holy Spirit, the Giver of life and healing, may you receive inward health, and the peace which passes all understanding.

Almighty, Triune God, you are the giver of all health, and the aid of all who look to you for relief, we call upon you mercifully to show your goodness and help to this your servant, that he may be healed of his infirmities, and may give thanks to you and serve you in your holy Church. We ask this through Jesus Christ, your Son, our Lord.

**Answer** : Amen.

*Now a song may be sung if found appropriate.*

*The Pastor makes bread and wine ready.*

*VII Holy Communion*

Pastor : The Lord be with you.

Answer : And also with you.

Pastor : Lift up your hearts.

Answer : We lift them up to the Lord.

Pastor : Let us give thanks to the Lord, our God.

Answer : It is right for us so to do.

Pastor : It is right, and a good and joyful thing, always and everywhere to give thanks to you, Father Almighty, Creator of heaven and earth; for you are the source of life and healing; and through your Son Jesus Christ, and through your holy apostles you relieved men from various infirmities.

Therefore we praise you, joining our voices with angels and arch-angels, and with all the company of heaven, who for ever proclaim the glory of your name, as we sing (say):

All : Holy, holy, holy Lord, God of Hosts. Heaven and earth are full of your glory. Glory be to you, O Lord Most High. Blessed is he who comes in the name of the Lord: Hosanna in the highest.

Pastor : We give you thanks and praise, our Father, for all that you have done for the world. Our very lives are a gift of your love. But even more we must praise you for our Lord Jesus Christ: because he was born in Bethlehem and brought up in Nazareth; because he went about healing the sick and preaching the good news of your kingdom; because he taught the people and trained the apostles; because he went to Jerusalem to suffer and to shed his blood for us. We praise you for the new covenant sealed by his blood, for the forgiveness of our sins, and for the gift of new life.

We have therefore set before you this bread and this cup, as the thank-offering of your people; and we thank you that in your fatherly mercy, by the Lord's provision, and with the help of the Holy Spirit, it becomes for us the means by which we receive the grace of his holy sacrifice in the sharing of his holy body and blood.

And thus we offer ourselves to you, as a living sacrifice, dedicated to your service, that your will may be done in and through us all; through Jesus Christ, your Son, our risen and coming Lord.

Our Lord, come!

Answer : Come, Lord Jesus!

**Pastor** : Jesus Christ on that night in which he was betrayed, took bread, and when he had blessed, and given thanks, he broke it, and gave it to his disciples and said: Take, eat, this is my body, which is broken for you. Do this in memory of me.

In the same way also he took the cup, and when he had given thanks, he gave it to his disciples, saying: Drink of it, all of you, for this is my blood of the new covenant, which is poured out for many for the forgiveness of sins. Do this, as often as you drink it, in memory of me.

**All** : Our Father....

**Pastor** : Lamb of God, you take away the sins of the world,

**Answer** : Have mercy on us.

**Pastor** : Lamb of God, you take away the sins of the world,

**Answer** : Have mercy on us.

**Pastor** : Lamb of God, you take away the sins of the world,

**Answer** : Grant us your peace.

**All** : Lord, I am not worthy to receive you, but only say the word and I shall be healed.

Now the Pastor distributes the elements in this wise: first to himself, secondly to other communicants present, finally to the patient.

After the distribution a song may be sang, if found appropriate, or silence kept.

Pastor : (2) Let us give thanks to God for the gifts which he has bestowed upon his servant.

Almighty and eternal God, we thank you for your manifold gifts which you have bestowed upon *N.*, your servant. We humbly beseech you: work in *him* with your Holy Spirit, that he retains the gifts bestowed upon *him* by your divine grace and be comforted in all his anxieties. Fill *him* with your power that he may overcome all fear and despair, and bear fruit for eternal life. We ask this through Jesus Christ, your Son, our Lord.

Answer : Amen.

Pastor : The Lord is my strength and my song;

Answer : He has become my salvation.

Now continue with *IX The Benediction* on page 36.

or

Pastor : (3) Let us give thanks to God for the gifts which he has bestowed upon his servant.

Lord our God, we praise you for your great mercy, for having come down into this world of sin and death. You visited us, who are not worthy to receive you. You let our sick brother taste your goodness. Graciously accept the offering of our thanksgiving. Sanctify us and prepare us in this fleeting time for your eternal kingdom where we shall glorify you always together with all the saints and the redeemed. Grant this through Jesus Christ, your Son, our Lord.

Answer : Amen.

Pastor : The Lord is my strength and my song;

Answer : He has become my salvation.

Now continue with *IX The Benediction* on page 36.

or

*b) Singular Form*

**Pastor** : (1) Give thanks to God for the gifts which he has bestowed upon you, his servant, and pray with me.

Faithful God, my heavenly Father, I thank you that you have refreshed and strengthened me by this celebration of your holy mysteries. I pray you that in your great mercy you may sanctify my whole being by these your heavenly gifts, that I humbly accept your holy will, and that even under my cross and trouble I may praise your name and run the race of my life in your faith. Help me to remain your own for ever, so that neither death nor life may separate me from your love; through Jesus Christ, your Son, our Lord.

**Answer** : Amen.

**Pastor** : The Lord is my strength and my song;

**Answer** : He has become my salvation.

*Now continue with IX The Benediction below.*

or

**Pastor** : (2) Give thanks to God for the gifts which he has bestowed upon you, his servant, and pray with me.

Lord, my God, I thank you for your mercy, which I have received right now, and pray you: fill my heart with your peace, that with the help of your grace I may be enabled to carry my cross patiently; through Jesus Christ, your Son, our Lord.

**Answer** : Amen.

**Pastor** : The Lord is my strength and my song;

**Answer** : He has become my salvation.

*IX The Benediction*

**Pastor** : May Almighty God, who is a strong rock to all who put their trust in him, before whom all things in heaven and on earth, and under the earth, bow down in worship and obedience, be now and evermore your defence, and make you know and feel that there is no other name under heaven given to men, in whom and through whom you may receive health and salvation, but only the name of our Lord Jesus Christ.

The peace of God, which passes all understanding, keep your hearts and minds in the knowledge and love of God, and of his Son Jesus Christ, our Lord.

PRESBYTERIAN CHURCH IN CAMEROON

ANSWERS  
PASTORS  
ANSWERS

# BOOK OF DIVINE SERVICES

VOLUME II

The Initiation Rites  
and Ordinances of the Church  
usually performed within the Main Service  
on Sundays, Holy Days, and Special Days



**APPENDIX 2: PCC INITIATION RITES.**

## The Institution and Induction of a Parish Pastor

During The Entry the Pastor to be instituted and inducted is led in the procession into the church.

This rite is performed after the hymn following the sermon, or, if the Lord's Supper is not celebrated, after the Creed.

### *The Presentation*

The Pastor to be instituted and inducted stands in front of the Lord's Table. The District Secretary or his representative (=Minister) presents him:

Minister : Dear Brothers and Sisters,  
Here present is Pastor N.N. whom we now wish to institute and induct to the pastoral charge of N. Parish.

### *The Scripture Reading*

Minister : Hear what the word of God says about the pastoral ministry:  
Thus says the Lord to his disciples in the Gospel according to St. Luke:  
He who hears you hears me, and he who rejects you rejects me, and he who rejects me rejects him who sent me. (Lk. 10: 16 RSV)  
And in the Gospel according to St. Matthew our Lord says:  
Truly, I say to you, whatever you bind on earth shall be bound in heaven, and whatever you loose on earth shall be loosed in heaven. (Mt. 18: 18 RSV)

And the Apostle Paul admonishes those in the pastoral ministry in the Second Letter to Timothy:

I charge you in the presence of God and of Christ Jesus who is to judge the living and the dead, and by his appearing and his kingdom: preach the word, be urgent in season and out of season, convince, rebuke, and exhort, be unfailing in patience and in teaching. For the time is coming when people will not endure sound teaching, but having itching ears they will collect for themselves teachers to suit their own likings, and will turn away from listening to the

truth and wander into myths. As for you, always be steady, endure suffering, do the work of a preacher of the Good News, fulfil your ministry.  
(2 Tim 4: 1-5 RSV)

*The Promise*

- Minister** : Dear Brother N.N.,  
Before God and this congregation I now ask you:  
Do you promise to carry out your pastoral ministry in N. Parish faithfully and responsibly in accordance with all the vows and promises you made at your ordination,  
(or: with all the promises you made at your authorization, )  
and as you can dare to give account before the judgement-seat of Christ?
- Answer** : I promise, God being my helper.

*The Prayer*

- Minister** : Let us pray,  
Gracious God, our heavenly Father, we thank you that from the beginning you have given to your holy Church the ministry of reconciliation to declare your wonderful deeds to all men.  
We beseech you: pour out your Holy Spirit upon this our brother, that he may proclaim your gospel with power as a good steward of your holy mysteries for the spiritual welfare of all people over whom you have set him as their servant in holy things; give him strength to stand firm in all trials and temptations, and make him able in his conduct to give a good example of Christian living, for the honour and glory of your most holy name, and for the good of your Church. Grant this in the name of Jesus Christ, your Son, our Lord.
- Congreg.** : Amen.

*The Institution and Induction*

**Minister** :Brother N.N.,

After we have heard the word of God and called upon him in prayer for you, I now institute and induct you as Parish Pastor of N. Parish in the name of our Lord Jesus Christ, the King and Head of the Church, and as authorized by the Synod of the Presbyterian Church in Cameroon, and in token thereof I give you the right hand of fellowship.

*Here the Minister and the Pastor shake hands.*

*The Charge*

**Minister** :As you were commissioned at your ordination (authorization), do your work as a servant and steward of God's holy mysteries eagerly and faithfully not under compulsion, but willingly, not for mere pay, but from a real desire to serve in the fear of God, without giving any offence, as it befits your high office. Be careful to preach nothing but the sure and vital word of God, neither adding anything to it nor taking anything from it, calling all to repent of their sins and to accept Jesus Christ as their Saviour and Lord. Care for the flock of Christ. Strengthen all the members in their Christian life in true godliness and a holy, blameless walk, and pray for them. See to it that you visit them, especially the sick and afflicted and prepare the dying with the means of grace for a peaceful end. Guide the Christian teaching of the young in school and in church. Maintain Christian discipline in the authority of the word of God courageously, not being afraid of men but of him only who is able to destroy both soul and body. Be careful also that you yourself set an example to the flock in word and deed, in love and faith, thus showing forth the power of the living Christ and his Spirit. For this you must firmly abide in Christ, and diligently and daily meditate on his word, and entrust all your affairs confidently to him in prayer. Thus you will in all difficulties and trials of your office be upheld by him whose power is made perfect in weakness and who will on his day give his commendation to the faithful servant. The Lord be in your heart, and with your lips, that you may worthily declare his holy gospel.

And you, dear congregation, as you have witnessed our brother's promise and the charge given to him to build up the Church of Christ in this your Parish, receive him as a servant of Christ and his gospel, respect him and support him in his work for the Lord, and pray for him, that his work among you may be blessed and bear much fruit.

Now Elders, representing the various congregations in the Parish, give the right hand of fellowship to the newly instituted and inducted Pastor.

Then the service continues:

**A SONG** by a choir

**THE ANNOUNCEMENTS**

etc.