

SPIRITUALITY, MEDICAL SCIENCE AND HEALTH: THE SPIRITUAL
EFFECTS OF A SENSE OF ENTITLEMENT IN THE MINISTRY OF HEALING
IN THE CHRISTIAN CHURCH

by

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ABSTRACT

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ABSTRACT

The human trait of entitlement, although currently very topical, has only recently come under serious scrutiny by behavioural psychologists (Campbell, Bonacci, Shelton, Exline & Bushman 2004:30). This study examines the modifying effects of these psychological elements on the spiritual aspects of disease and healing. Other modifiers are the personal spiritual beliefs or dogmas of the clergy within the paradigm of a particular denomination, and the beliefs and expectations of the adherents.

Two Christian denominations were chosen for the study: The Methodist Church of Southern Africa, in particular the home church of the writer, The Bedfordview Methodist Church, and Afmin, an organisation that trains and equips students, mainly African, for Christian ministry. Structured face to face interviews were conducted with pastors and church leaders, interviews with medical professionals were conducted and a wide ranging review of relevant literature undertaken.

It was found that while the trait of entitlement was a constant in human nature, there were modifying factors. These included the personal beliefs of pastors and youth leaders, often founded on personal experience instead of denominational dogma. The influence of Pentecostal / Charismatic teaching was very evident. It was also found that the church, in a drive to become increasingly relevant to current norms and social trends, tended to have a rather confused understanding of biblical healing and the role of God in disease and suffering.

While the inevitability of death, suffering and disease cannot be denied, the role of the church is complex and controversial. Unrealistic expectations, based on teaching that encourages a sense of entitlement can lead to great challenges regarding faith in both the clergy and adherents.

KEY TERMS

Spirituality, entitlement, narcissism, ingratitude, arrogance, pathology, physiology, physical, spiritual, medical, disease, illness, death, suffering, abandonment, ministry of healing, faith, prayer, Pentecostal, Charismatic, miracles, cures, healing, health.

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Introduction Chapter 1

Chapter 1 introduces and discusses the theme of this dissertation and suggests that Christian Spirituality has to do with the *whole man*¹ as humanity struggles with physical decline as a natural consequence of the makeup of the human frame. Sickness, disease, suffering and death are not unique to Christians. Many people outside the Christian religion rail at circumstances that they perceive to have led to their fate when they become ill; they blame their partners, blame the environment, and accuse the medical fraternity of being inadequate or uncaring. Many who are not Christians believe that they have a right to challenge the God they never knew nor had they ever approached while they were not physically sick. Christians on the other hand frequently react differently; they look to a God that they have served, some all their lives, and petition and even frequently demand answers from Him for their plight.²

The research framework for this dissertation identified the starting point of the research problem as being a sense of entitlement to healing in the Christian Church and questioned whether this sense of entitlement had a negative effect on the spirituality of the sick that were not healed by God. The vision of the research was to engage with medical science to establish whether this was a common experience in Christianity and Medicine and to explain the mortality of the human frame. The further vision was to establish the personality traits responsible for a sense of entitlement and the teaching, preaching and attitudes in the church which contribute toward unreasonable demands being made on God for healing.

¹ “In a work like this the use of the word ‘man’ over and over again in the generic sense is almost inescapable. To substitute ‘man and woman’ or even ‘mankind’ or ‘humankind’ becomes inordinately clumsy when used so often, and unfortunately English does not possess a good equivalent to the Hebrew ‘adam or the Greek anthropos, which denote the human race, in contrast to ‘ish and aner, which mean ‘male’. The reader is asked to think of the former rather than the latter meaning whenever he or she sees ‘man’ in the text” (Gowan 1975:147).

² An e mail I received from a sick Christian lady, a Bible College graduate, in her early seventy’s described her conviction with regard to God during an illness: “This tumour is growing daily. I cannot be given anymore radiation. I wonder where God is and why He is allowing all this trauma in my life. Didn’t I serve Him since May 4 1958???. WHERE IS HE”.

Observations made across various Christian paradigms led to an impression that the phenomenon of entitlement to healing by Christians is a common feature of behaviour when they become sick and that the situation frequently has a deep spiritual effect on those who are not healed, the pastor who has prayed for them and the family of those not healed, thus placing this study within the Christian Spirituality discipline. This chapter outlines methodology used to measure or establish the existence of this spirit, sense, attitude of entitlement. The chapter presents the research, aim and background of the research, defines the terms to be used frequently in the study and looks toward the goal of understanding this complex attitude which is believed to be prevalent in the Christian Church.

Christian Spirituality³ involves the whole person in a relationship with Jesus Christ. Kourie (2009:154) argues that in certain circles Christian Spirituality “has for far too long been identified with asceticism, denial of the world and an anti materialistic philosophy of life”. “Spirituality does not characterise us primarily as Christians but first of all as humans” argues (Schneiders 1993:13). As such, the condition of the mortal physical body⁴ as the soul yearns for the salvation of the eschaton promised by God⁵ is of utmost importance to Christian Spirituality.⁶ The subject for research in this dissertation is a phenomenon which exhibits as a sense or spirit of entitlement to physical healing by God in the Christian Church. This phenomenon is not a new one but one which presents itself differently throughout history. The study of the phenomenon involves reference to various disciplines. Berling (2006:410) recognises the necessity for an interdisciplinary approach which will give insight and comprehension into a problematic area of Christian Spirituality. This is certainly the case in the subject matter researched for this study; theology, medical science, psychology, spirituality, is all relevant to the phenomenon of entitlement in the ministry of healing in the Christian Church.⁷ Waaijman (2002:395) expresses the use of a multidisciplinary approach to understand a spiritual phenomenon as follows:

One can even understand spirituality better as a cross-sectional science which gathers up all the contributions of the other sciences as in a concave lens and brings them together in a focal point of a person’s encounter with Christ.

³ The subject of Spirituality is discussed more fully in Chapter 2 of this dissertation.

⁴ The subject of Physiology and Pathology is discussed more fully in Chapter 3 of this dissertation.

⁵ Revelation 21:4 He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things is passed away.

⁶ According to Enns (1989:378) “Evangelicals agree that the souls of all men will live forever in resurrected bodies in either heaven or hell”.

⁷ The subject of a spirit of entitlement and its causes is discussed more fully in Chapter 4 of this dissertation.

Kourie (2009:166) suggests that “approbation is of the utmost importance to the study of spirituality”. It is my contention that the spirit of entitlement constitutes a challenge to the spirituality of Christians: both the sick persons seeking healing and those who minister to them.⁸ In addition and most importantly it is offensive to God.⁹ It is the aim of the dissertation to transform on a personal and societal level (Kourie 2009:166) the spirituality of the sick through the understanding of the causes and effects¹⁰ of entitlement in the ministry of healing by understanding the physical makeup of the human frame, the psychology of the phenomenon and the Sovereignty¹¹ of the designer.

1.1 Objective of the study of entitlement and the problem outlined

1.1.1 Background to the research

The background to my interest in the subject of entitlement in the ministry of healing results from attendance at a Pentecostal Bible College in Canada from 1966 until 1969, where healing was taught to be the will of God, provided for in the atonement, and was a promised benefit to believers. Ralph M. Riggs (1949:141), a Pentecostal Bible College teacher who held the position of General Superintendent of the Assemblies of God, makes the position of the Pentecostal Church crystal clear in his statement “healing is in the atonement”.

During these Bible College years, lengthy chapel service prayers for healing went unanswered, and the process of rationalisation began. Feelings of guilt, abandonment and unworthiness ensued; the supposition was that if you were a believer then you were entitled to be healed. Not being healed meant that perhaps you were not really a good Christian after

⁸ The results of research into the Ministry of Healing and the effects of entitlement on pastors and the sick is discussed more fully in Chapter 5 of this dissertation.

⁹ Chapter 4 of this dissertation discusses the root causes of a spirit of entitlement. These are condemned by God as “self-seeking” and incur God’s wrath (Romans 2:8).

¹⁰ The analysis of causes, effects and cultures mainly affected by an attitude of entitlement are discussed in Chapter 5 of this dissertation.

¹¹ The Sovereignty of the designer of the physical frame is discussed in Chapter 6 of this dissertation.

all, and possibly you were not even saved. If “a healing”¹² did not occur after prayer it was the result of unbelief, sin or even the work of Satan.¹³

More recently during discussions with pastors, priests, doctors and the sick who were interviewed for a prior Master’s dissertation in the field of Theological Ethics (Martin 2009),¹⁴ I found a recurring response among believers at St Francis Care Centre and Sparrow Village who were afflicted with disease and who were plagued by guilt and confusion as the church failed to minister healing. They remained sick in spite of what they perceived to be a promise by God to take care of his own, a promise which included divine protection against sickness and disease for those who had made a Christian confession of faith. The same feelings were expressed by the sick in my Methodist home church by those who remained sick in spite of the prayers of the congregation and the pastor. It became apparent that this was not exclusively a Pentecostal/Charismatic phenomenon but a general feeling that some Christians had, that they should be healed of disease after prayer and if they were not they were disillusioned and felt abandoned by God. The sense of entitlement was not only related to the doctrine of some fundamentalists who preached that healing was part of the atonement but was revealed as a fundamental facet of human nature as expressed by James and John in Mark 10:35-40.¹⁵ I realised that a belief pattern that God owed Christians perfect health was of deep spiritual significance in the Christian Church.

Ministers of religion, who are involved in praying for the intervention by God for divine physical healing for their parishioners, are left feeling helpless when their prayers for the sick go unanswered. Medical doctors are also subject to expectations of entitlement directed toward them by their patients who feel that recent advances and discoveries in the field of medicine almost guarantee cures. These professionals often find themselves having to explain the fact that the human organism, despite its marvelous intricacies, is nevertheless prone to the effects of ageing, cancer, infections and other disease processes.

¹² This is the accepted rhetoric for being healed by divine intervention in the Pentecostal/Charismatic movement.

¹³ Hollenweger (1988:358) claims that “many traditional Pentecostal denominations taught until recently the doctrine of the healing evangelists which they now reject; and some still teach it.”

¹⁴ This study intends to pursue further interviews with ministers in the Christian church, medical doctors and the sick, the method of which will be described in section 1.4.

¹⁵ The sense of entitlement that is shown by James and John here shows their spiritual blindness as they seek a reward for being believers. Or even an indication that the disciples felt that Jesus should show them special favour as God owed them recognition for believing in His Son.

From my preliminary interviews with doctors¹⁶ I have gleaned that some of the most frustrating and difficult conditions to treat are the so-called lifestyle diseases. The metabolic syndrome,¹⁷ for example, which is associated with heart disease and diabetes, is treated with a regimen of diet and exercise. This is not welcome news to the average patient, who wants medication, and stresses that the medical aid must pay as they are entitled to these benefits. Individual patient responses to these lifestyle diseases will be dealt with specifically in chapter 3 of this dissertation.

In addition to observing doctors and ministers as they attempted to deal with the sick, a personal reading from the words of Jesus in the gospels drew my attention to a repetitive theme throughout the synoptic gospels: “What do you want me to do for you?” (Matthew 20:32,¹⁸ Luke 18:41) or “What is it you want?” (Matthew 20:21). This was the same question doctors were asking the patients in their care when the patient demanded to be healthy, and that the minister of religion was asking the parishioner when they demanded divine healing from God. The issue is urgent and relevant, because often when healing does not follow prayers, confusion, loneliness and doubt ensue on the part of the afflicted. This is due in part to the message taught in some churches, which emphasises the importance of faith to be exercised by the person expecting the healing. The inference is that virtually perfect health is the reward for strong personal faith, or the opposite: that a patient is suffering because of sin or unbelief in their life. The inevitability of disease and decay then becomes an accusation against their position in Christ, rather than the results of a natural process of disease or ageing which takes its toll on a body the design of which is destined to decay.

To illustrate this point, I will recount a story told to me by a family doctor who wishes to remain anonymous. He had a patient, a woman in her seventies, who had a terminal sickness. A pastor from a “faith-cure” church visited her at home and told her that her illness was the result of a lack of faith, as was all illness. He assured her that, with sufficient faith, she would

¹⁶ In Section 1.6 of this study I will outline the qualitative research design for this dissertation as it relates to contacts and interviews with doctors, pastors and the sick.

¹⁷ Further reading regarding how calorie restraint to prevent obesity, which in turn reduces age-related health problems, such as high blood pressure and insulin resistance, can be found in the book: *The metabolic syndrome and obesity* written by G.A. Bray 2007.

¹⁸ Bible quotes in this dissertation are taken from the New International Version (NIV).

be well. Thus, the dying woman instead of feeling loved and comforted by the promise of eternal life in the presence of God, was left feeling guilty, alone and afraid.¹⁹

1.1.2 Research problem

The title of this dissertation is *Spirituality, Medical Science and Health: The Spiritual effects of a Sense of Entitlement in the Ministry of Healing in the Christian Church*. As the title suggests, there is a strong spiritual component to attitudes regarding spirituality, medical science and health. Two studies accessed describe research linking spirituality to medical science and health (O'Connor, McCarroll-Butler, Meakes, Davis & Jadad 2002:227-232). These studies suggest that most of this research is being conducted by medical science and not by "chaplains or theologians" (O'Connor & Meakes 2005:12). The bulk of medical research on the link between spirituality and pathophysiology²⁰ concerns itself with the effects of spirituality on health (Musgrave 2005:269-270). This dissertation examines the effects of medical crisis on spirituality. The study focuses specifically on the problem of *expectation* and a sense of being *entitled* to be physically healed by God, due to belief systems that promise perfect health as a reward for being a believer in Jesus Christ.²¹

1.1.3 Objectives and aims of the research

It is the objective of this study to explore and describe the human trait of a sense of entitlement as it is manifested in the Christian Church, particularly as it relates to the ministry of healing. The specific aim is to assess the effects of the manifestation of this sense of entitlement by parishioners on the pastors²² in the Christian Church and on the sick that are not healed after prayer. The work intends to understand the physiology of the human frame and the illogical nature of expecting and even demanding healing in the light of the design

¹⁹ Wimber (1986:164), a Vineyard Movement charismatic pastor, states in his book *Power Healing*, that "there are many reasons why people are not healed when prayed for. Most of the reasons involve some form of sin or unbelief".

²⁰ Pathophysiology is the branch of medicine which deals with any disturbances of body functions caused by disease or prodromal symptoms. This is discussed more fully in Chapter 3 of the study.

²¹ It is not the intention of the writer of this dissertation to challenge the doctrinal belief of the Pentecostal/ Charismatic movement that healing is provided for in the atonement as it is beyond the scope of the dissertation. Suffice it to say that I do not accept the viewpoint that physical healing is provided for in the atoning work of our Lord Jesus Christ. My own position is that the doctrine errs both in its exegetical and applicational aspects (Goff 2004:16).

²² The term "pastor" is used in this dissertation to refer to a minister of religion in the fields of ministry which have been chosen for this research.

and deterioration of the human body. It is the aim of the study, through a combination of literature study and case studies among a sample of ministers from the organisation Africa Ministries Network (Afmin) and Methodist ministers, to probe the current praxis of demanding and feeling entitled to physical healing from God.

1.1.4 Placing the study in the Spirituality Discipline

Sickness, as it relates to the spiritual condition of humanity,²³ was evidenced in spiritually based research conducted with women and children in hospices which revealed that ninety percent of the patients interviewed were victims of violence and rape. Eighty percent of the assaults on women were perpetrated by the patients' own male partners. All the children at the care centres had been abused (Martin 2009:144). The research for that dissertation looked to understand the responsibility of the church toward women who were infected with HIV/Aids. Two different care centers were examined and the results showed that the spiritual conditions surrounding these women were often the reason for their positive status. Moral degeneration and sometimes situations which were beyond their control, such as poverty or lack of education had led to circumstances where none of the women interviewed were in stable marriage relationships. There was a distinct breakdown in family structures caused by promiscuity, the death of partners, gender discrimination, violence and the abuse of substances (Martin 2009:116). This dissertation will in part expand on that research, examining lifestyle and social conditions which impact on human physiology and cause sickness and disease.

This study, with its broad take on meaning in humanity, belongs specifically within the Spirituality Discipline:

Spirituality is a holistic discipline in that its inquiry into human spiritual experience is not limited to explorations of the explicitly religious i.e. the so called "interior life". The psychological, bodily, historical, social, political, aesthetic, intellectual, and other dimensions of the human subject of spiritual experience are integral to that experience

²³ Waaijman (2002:4) conceives of spirituality as a polar structure: the relation of the human person (inner dimension, spirit, spiritual core, deepest centre) to a transcendent dimension (ultimate reality, ultimate goal). This relationship is deformed in certain human beings by many factors including; poverty, substance abuse, and exposure to violence and abuse. In certain instances the individual has made a conscious decision to follow a path which excludes the transcendent dimension, leading to soul sickness and ultimate spiritual death. Violence is a dysfunctional behaviour pattern which is exhibited in many of these instances.

insofar as it is the subject matter of the discipline of spirituality (Schneiders 1989:693).

Craghan (1983:5) observes that “a sound spirituality calls for a proper evaluation of one’s world and one’s reaction to that world. A sound spirituality beckons for God’s outlook on reality”. On evaluating the catastrophic reality of sickness and disease and looking for God’s outlook on this reality, it is pertinent to examine the physical nature of the human structure in order to understand God the Creator’s outlook on disease.

1.1.5 Discussion of the spirit of entitlement

Brueggemann (2005:22-28) maintains that we are scripted (meaning that our paradigm is formed) by a process of nurture, formation and socialisation, and that the dominant script for both ourselves and communities in our society is the script of therapeutic, technological, consumerist militarism. This script permeates every dimension of our common life.

We are particularly concerned here with the first part of Brueggemann’s (2005:22) ideas on script, for which he uses the term therapeutic to refer to the assumption that “there is a product or a treatment or a process to counteract every ache and pain and discomfort and trouble, so that life may be lived without inconvenience”.

Smith (2007:1) calls this assumption a “spirit of entitlement”. Smith asserts that this spirit has spilled over into the church and has invaded the hearts of Christians. Nowhere within Christian circles is this spirit more visible than in the ministry of healing. The spirit is fed by various “faith-cure” movements that maintain that healing is a benefit (or special gift) for the believer, part of the promise of God and part of atonement (cf. MacArthur 1978:56).

Health, says Brueggemann (2005:23), for society and individuals depends on disengaging from and relinquishing a false script of entitlement, which has failed. He points out that descripting (*sic*) from the illusion of entitlement is a risky calling, as can be witnessed by Exodus 16:3²⁴ and Numbers 11:4-6.²⁵ It is, however, a life and death issue on a spiritual

²⁴ The Israelites were scripted to be the slaves to the Egyptians; they were comfortable in a situation which guaranteed them pots of meat and bread to the full (Exodus 16:3). The script was legitimised and reiterated in their society and therefore it went unchallenged by critical reflection on their slave status. Moses enlightened them to a new way of freedom, but there was a challenge: they were called

level, as the alternative script is all about God. Jesus himself called for a regime change and a descripting from the oppressive and dehumanising religions of Rome, a process by which a new King is heralded and a new Kingdom is declared (Mark 1:14-15). “The defining factor of the alternative script is the God of the Bible, who, fleshed in Jesus, is variously Lord and Savior of Israel and Creator of heaven and earth and whom we name as Father, Son and Holy Spirit” (Brueggemann 2005:23).²⁶

1.1.6. Discussion of spiritual and physical duality of humanity

The dissertation will not go into the proof of the possibility and credibility of healing miracles. Habershon (1968:8) says that disbelief in miracles does not come from excessive intellect but from deformed intellect. If one believes in a personal God in the Christian sense of the term, miracles of healing really present no problem. “The miracles of Jesus are so organically connected with the rest of the Life of Christ that it is impossible to believe the one and not the other. To one who believes in the physical resurrection of Jesus there is no insuperable hindrance to the acceptance of the divine healing events as well as His other miracles” (Thiessen 1987:94).

Bultmann (1972:1) from his stance as existentialist and as a disciple of Heidegger questions the supernatural activity of God in the affairs of humanity insofar as divine intervention by healing is concerned. Russell (1929:56-57) insists that “no intensity of thought or feeling can preserve an individual life beyond the grave”. Humanity, claims Russell, is simply a pawn of the Universe. Erickson (1987:470) on the other hand argues from the Bible that everyone is valuable and is known to God: every hair on our head is numbered (Matthew 10:28-31). Jesus spoke of the shepherd who, although he had ninety-nine sheep safely in the fold, went

upon to travel through the wilderness to reach the Promised Land. Removed from the comfort zone of their accustomed script the Israelites complained bitterly to Moses, but in reality they were grumbling against the Lord (Exodus 16:8).

²⁵ God was displeased and his anger burned against the Israelites when they longed for the scripted comfort of the Egyptian way of life. Paul tells us God “endured their conduct” (Acts 13:18), namely of a thwarted sense of entitlement for forty years. The slavery from which they were delivered by God was guaranteed to produce a lifetime of misery and servitude, but they were conditioned to acceptance and they felt fully entitled once again to experience the comforts of Egypt. Moses, as the one called by God to initiate the new script, once again listened to their grumbling and dissatisfaction. Yahweh’s anger blazed out as He struck them with a very great plague, while the meat they had demanded was still between their teeth, not even chewed (Numbers 11:34).

²⁶ The subject of entitlement and the human characteristics of narcissism and ingratitude which fuel a sense of entitlement are discussed more at length in chapter 4 of this study.

and sought the one who was missing (Luke 15:3-7). Humanity alone is capable of having a conscious personal relationship with his or her Creator. God has created humanity with an eternal dimension; he has a finite beginning in time, but being created by an eternal God he has an eternal future. There are no surprises with God; it is my contention that God is an historian and a celestial scriptwriter.²⁷ Farrer (1972:222) reminds Bultmann and the skeptics that:

It is not in fact true that nature is set apart from spirit by the hard and fast dichotomy which Kant defined, and the continuous life of Catholic Christendom testifies to the contrary. The miracles of the saints never cease: a hundred years ago the sainted Cure d' Ars multiplied bread and healed the sick and lived himself by a continuous physical miracle,²⁸ nor has he lacked successors since.

This dissertation does therefore not take a cessationist stance,²⁹ but is rather in agreement with Gordon Fee (1987:594) when he makes the following statement:

Although this is also unfortunately true of many contemporary Christians whose theology has made a severe disjunction between the “then” and the “now” of God’s working. This seems to be a seriously flawed understanding of the kingdom, which according to the New Testament was inaugurated by Christ, in the power of the Spirit, who continues the work of the Spirit until the consummation.

Waaijman (2002:28) explores the process of coming-into-being as a spiritual dimension. He sees life as a course of development and a phased process marked by changes, each stage bringing the individual into contact with the Secret in a different way. Waaijman (2002:34) compares the birth process in a physical realm to that of the birth process on a spiritual level using birth, need and desire thereby relating the natural birth process as a dimension to explain spiritual awakening. This dissertation will attempt to explore the physical dimension

²⁷ Chapter 6 of this dissertation discusses: God Almighty the historian and celestial scriptwriter. As a believer I find the Bible unique amongst spiritually based works in many ways. However, perhaps the most fascinating feature of all is that it is a book with a beginning, middle and ending. It tells the story of the Creator’s relationship with His creation. Thus, for the believer with an enquiring mind, nothing that happens should come as a surprise, because it is all there, in the ultimate script. For the discerning believer the whole of history is outlined for us by the Holy Spirit.

²⁸ Jean Baptiste Vianney, Cure d’ Ars, known as the most devout and also the most unlearned student at the seminary in Verrières, Lyon, founded an orphanage and is best known for his multiplication of food to feed the orphans in his care. He himself survived on a diet mainly of potatoes. Visitors, up to twenty thousand a year, exhausted him and he crept away for as much as sixteen hours a day into the confessional. When canonised he sold his robes to feed the poor. He refused a knighthood and spent his life in dedication to God (cf. Farmer 2003).

²⁹ In the last part of the nineteenth, early twentieth century, evangelicals were divided by a negative attitude toward the Gifts of the Spirit including divine healing. The term given to this negativity was “cessationist” and “cessationism”. This position held that miracles were terminated at the end of the apostolic age.

in chorus with the coming-into-being as spiritual dimension. The body is conceived of as the starting point of spirituality, and as such the bringing together of the understanding of the spiritual makeup of humanity together with the physical makeup of humanity will lend itself to a deeper understanding of the ministry of healing of the body.

Humanity's spiritual condition is deeply affected by his physical condition. Kelsey (1972:58) links the physical and the spiritual in the Old Testament as follows:

For example, the dreams and visions, God's speaking in the human heart, the healings, the prophetic messages all speak of a spiritual world in touch with a physical one. The Hebrew prophets were possessed by something outside the space-time world and spoke of God trying to get through into that space-time box.

Kourie (2009:151) similarly says, "Spirituality cannot be studied in isolation. It impacts on the totality of what it means to be human". Humanity since the beginning of time has experienced ill health and in varying ways and rituals has called on God to relieve their suffering. The body and the spirit are not separate entities, as long as human beings walk this earth, they walk together. No study of the *experience* of spirituality would be complete without contemplation on the body which houses the Spirit.

1.2 Description of terms

This dissertation concerns itself with Christian Spirituality, divine healing, entitlement, pathology and physiology. These terms, which will be used frequently throughout the study, are described below.

1.2.1 Christian Spirituality

As Kourie (2006:22) says, there is an abundance of scholarly and popular writings trying to delineate the phenomenon of spirituality. Schneiders commented in 1986 that the term "spirituality" had not yet been defined, analysed or categorised to anyone's satisfaction (Schneiders 1986:253). She attempts to define spirituality by suggesting four definitions: primarily to do with prayer; prayer and an intensified faith life; prayer, faith and the whole of personal experience, and commitment to a social and political life. She again claimed in 1989 that the term "spirituality" has caused general confusion (Schneiders 1989:676). In 2002, in

her article on Biblical Spirituality, some clarity seems to be forming, and she defines Christian Spirituality as “the lived experience of Christian faith” (Schneiders 2002:134).

Schneiders (1998:43) differs from some scholars³⁰ who are of the opinion that believers who are not academically well versed in Old Testament history and specialist study are precluded from effective spiritual understanding. She believes spiritual understanding can be achieved by being “shaped by the great biblical motifs”.

Cugno (1982:39), writing of the life and thought of a Christian mystic, ascribes to John of the Cross the following description of Christian Spirituality: “caverns of yearning for God in the understanding, the will and in the memory”. Waaijman (2002:455) expands this thought to expose the inner logic of the spiritual way as: “to form, malform, reform, be conformed and transform”.

Lombaard (2003:444), emphasising the importance of the Old Testament as part of spirituality studies, refers to spirituality as being “like a tango dance, which consists of two steps. If one takes one step only you will fall over. The second step follows automatically and very rapidly on the first. This too is part of the interactive essence of Christian spirituality: that the Bible will be one step of the dance of life, and Christian practice the other – with neither step taken in half measure”.

Without wishing to engage in the debate whether theology and spirituality ought to be separate disciplines, McIntosh (2000:12) who would agree with Lombaard’s (2003:444) two step dance, gives a description of spirituality as “intrinsically oriented towards theology and theology is organically emergent from spirituality. They are related to each other as the preparation for and articulation of the event of contemplation, the most intimate encounter with God”.

³⁰ Lombaard (2012:13) argues that due to the complexity of the nature of Old Testament literature, thorough exegesis is required for adequate understanding to be achieved. It is my opinion that not being well versed in the exegesis of Old Testament historical literature does not preclude a spiritual understanding which is achieved by being “shaped by the great biblical motifs” (Schneiders 1998:43).

Whatever the definition of Christian Spirituality, the action which it should inspire is that it should incorporate humanity more deeply into the Body of Christ and into a deeper appropriation of the mystery which is Jesus Christ:

Being a believer, following Christ never occurs in the abstract, but always in the concrete as a specific set of practices by means of which one grows into the inexhaustible riches of discipleship i.e. spirituality (Ashley 1995:16).

1.2.1.1 Spirituality as a human sense

Biologists tell us that we have five senses: we can see, hear, taste, smell and feel. Occasionally someone will claim to have a sixth sense:³¹ to be able, for example, to see auras, to see the future or to see dead people walking about. Then we have a good laugh. The fact is that the historical evidence for human spirituality is overwhelming. It is a sense as real as touch or sight. What other influence could have driven thousands of people to have, over a period of centuries, moved stones weighing hundreds of tons over distances of several hundred kilometres to create Stonehenge? On seeing structures like this built by the ancients one is inspired to ask “how did they do it?” quickly followed by “why?”³² There is also abundant evidence in the art we left behind. The paintings in the caves in France at Lascaux predate civilisation by more than thirty thousand years, and demonstrate a profound animistic belief.

The most convincing evidence for the antiquity of human spirituality, however, lies in the way we buried our dead. As soon as we find an artifact, a weapon or tool or symbolic work of art in a grave with the corpse, we know that person was being prepared for a journey in the next world. Paleoanthropologists, who study the origins of our species, have found evidence of human spirituality going back as far in time as when humans first lived in groups and buried their dead.

³¹ Waaijman (2002:33-34) called this sixth sense spirituality; an “awakening” or a “coming into being”.

³² The human sense of the sacred was again proven by geomagnetic surveys in 2003 in Southern Turkey, which revealed a spiritual temple built some 11,600 years ago, seven centuries earlier than the great pyramid at Giza. So strong was the human sense of the spiritual that Gobekli Tepe’s temple builders were able to cut, shape and transport sixteen ton stones hundreds of feet to erect a place of worship (Mann 2011:34-59).

1.2.2 Divine healing

According to Sulmasy (2007:1223) in his discussion of the subject of divine healing; “the notion of religious miracles sits awkwardly inside the temple of scientific medicine. The idea that a patient is praying for a miraculous cure concerns many physicians”. He goes on to say that “a genuine miracle cannot be conjured; God is neither a therapeutic nostrum nor a surgical implement to be wielded at will. Miraculous cures are not magic tricks. One cannot pray them into existence, make them happen or force one’s will upon God”.

Miraculous events, including divine healing, are a very difficult subject to examine as a scientific entity and to reduce to measurable characteristics. Melinsky (1968:1) relates how “in one of the most renowned and oldest cathedral cities of England a request was made to the clergy by school teachers to lecture on the subject of miracles and no volunteer from the whole diocese could be found”. This would imply that miracles remain a far from facile subject and merits intense discussion, an impression reinforced by the relatively recent attention given to it by the Catholic Medical Association and the Southern Medical Association, both of which provide information to healthcare specialists around the world. It is the province of medical science to examine the phenomenon of divine healing as these healing miracles go the very heart of medical science. To this end the Catholic Church placed high importance on record keeping in the maintenance of their medical records by the Lourdes Medical Bureau of Authentication (MBA). Over seven thousand cures have been documented at the waters of Lourdes. The church has vigorously investigated and authenticated sixty seven of these miracles.³³ In 1859 Professor Vergez of the Faculty of Medicine in Montpellier was appointed to examine the cures reported prior to that date. In 1905 Pope Pius X asked that all cases of alleged miracles or cures recorded in Lourdes be analysed scientifically. The medical office explains that it is their objective to declare a cure, which they define as certain, definitive and medically inexplicable. To do so the church applies four criteria:

³³ On a visit to Lourdes in March 2013, the Director of operations at the Accueil Notre-Dame, which is a hospital but also an hotel facility and is fully medically equipped to house the sick at the site of the waters of Lourdes, informed me that the total number of authenticated healing miracles after prayer at the waters of Lourdes is presently sixty nine; there have been recent miracles which have not yet been made a matter of record. Internet sites are representing sixty seven and sixty eight as an accurate figure of proven miracles but Mr Labordie, Director Accueil Notre-Dame, is of the opinion that the figure is presently sixty nine proven miracles of healing.

The fact and the diagnosis of the illness is first of all established and correctly diagnosed; the prognosis must be permanent or terminal in the short term; the cure is immediate, without convalescence, complete and lasting; the prescribed treatment could not be attributed to the cause of this cure or be an aid to it (Mangiapan 1986).

Sulmasy (2007:1224) is of the opinion that many miracles happen spontaneously and without being sought after,³⁴ some are even against the desires and preferences of an individual but that many, if not most, divine healing miracles are miracles which are provoked. They are sought after. They are the object of highly focused, petitional prayer as a supplicant before an Authority who has the ability to perform a miracle of healing. He mentions the paradigmatic event of Saul who persecuted the Christians (Acts 9:4).³⁵ The first miracle is spontaneous when he is knocked off his horse, and then another spontaneous miracle occurs when he is blinded and questioned regarding his behavior and led by the hand to Damascus. In the next scene a radically changed Saul is identified to Ananias as a man who is praying (Acts 9:11)³⁶ most probably petitional prayer for the return of his sight. Ananias took an active role in this petition by placing his hands on Saul whereupon he experienced a miracle of divine healing and his sight was restored to him (Acts 9:18).³⁷

Lewis (1947:159) defines miracles as an invasion by a Power which is not alien. They are what might be expected to happen when it is invaded not simply by a god, but by the God of Nature: by a Power which is outside nature's jurisdiction, not as a foreigner, but as a Sovereign. Habershon (1968:1) defines a miracle as an "act beyond human power. Something we do not understand; it lies beyond our scope and laws of nature". Dru (2003:97) quotes Kierkegaard that "God can only show Himself to man in miracles, i.e. as soon as he sees God, he sees a miracle. But by himself he is incapable of seeing miracles for the miracle is his own annihilation". He goes on to say that the Jews expressed that metaphorically by saying that to see God was death. It is truer to say that to see God, or see miracles, happens by virtue of the absurd, for reason must stand aside (cf. Dru 2003:97). Erickson (1987:406)

³⁴ Genesis 7:11-12 is an example of a miracle which was unbidden by humanity at that time "on that day all the springs of the great deep burst forth, and the floodgates of the heavens were opened. And rain fell upon the earth for forty days and forty nights".

³⁵ "He fell to the ground and heard a voice say to him, 'Saul, Saul, why do you persecute me?'" (Acts 9:4).

³⁶ "The Lord told him, 'go to the house of Judas on Straight Street and ask for a man from Tarsus named Saul, for he is praying. In a vision he has seen a man named Ananias come and place his hands on him to restore his sight'" (Acts 9:11).

³⁷ "Immediately something like scales fell from Saul's eyes, and he could see again" (Acts 9:18).

refers to a miracle as “striking or unusual workings by God’s providence which is not explicable on the basis of the usual patterns of nature”.

In situations of critical illness when the medical profession seems unable to effect a cure, people of faith often turn to their God. Some pray for a miracle to restore their health and others pray for a peaceful death. Since the beginning of time on earth humankind have battled sickness, disease, accident and calamity, and ultimately, physical death. In the earliest records, these physical symptoms of illness were perceived in many cases to be a judgment by God (Seybold & Mueller 1981:107-111) and to have a spiritual significance.

The God of the Old Testament would appear to have had a significant role to play in this belief where it appeared that He showed little sympathy for the afflicted and in fact He could even be perceived to be vengeful. For instance, travel plans were suspended as the Israelites waited for an exiled Miriam who was banished outside the camp with leprosy, in spite of Moses’ cries to God for healing (Numbers 12:14-16). However, the anguished words attributed to David (Psalm 22:1) “my God, my God, why have you forsaken me?” were taken up by Jesus on the cross (Matthew 27:35, John 19:23). The cry was one of a righteous sufferer who would be delivered in Psalm 22:24. Jesus is not ashamed to call them his brothers according to Hebrews 2:11 having identified with those who have flesh and blood by sharing in their humanity and suffering (Hebrews 2:14). Miriam is not a righteous sufferer but Christ has identified with the frailty of the human body and the picture changes from a vengeful God to a loving, understanding, and sovereign God whose action against Miriam is corrective and not vengeful, it is one of any good earthly father who is disappointed by a disobedient child who needed to be punished for her rebellion and spitefulness.

It is no wonder really that the message of Jesus was such a radical one; it was an inbreaking of a new era of healing and deliverance and an arrival of the Kingdom of God (Luke 4:40-44). The disciples were commissioned to heal the sick, cleanse those with leprosy, drive out demons and raise the dead (Matthew 10:7-8). In the New Testament vocabulary Jesus is identified as a *soter* or *saviour* “who forgives, delivers, heals and resurrects, both temporally and eternally” (Brown 1995:213).

Contrary to the teaching of Bultmann (1958:15), which states that “modern science does not believe that the course of nature can be interrupted, or, so to speak perforated by supernatural

powers”, this dissertation subscribes to the point of view that divine healing is a dialogue of miracle and medicine, with God, through the body, exhibiting his love, intervention, restorative power and continuing participation in the life of the believer. Chesterton (1950:11) says that “the most incredible thing about miracles is that they happen”. Bartsch quotes Barth who asked the question “what is the purpose of the alleged mythological elements if not to demonstrate that we are not left alone in this human, worldly, this-worldly, objective existence of ours, that our faith does not depend on some unknown distant deity, some supra-cosmic, transcendent, non-objective reality?” (cf. Bartsch 1972:110).

The views of Barth and Bultmann have characteristic features which distinguish the one from the other. But both are agreed that the historical facts of the earthly life of the man Jesus are not significant for faith. Then what is significant or determinative for faith? Barth says it is the supernatural revelation; Bultmann says it is the existential content of the preaching of the early church (Erickson 1987:718).

If there is no designer and no God as claimed by Dawkins³⁸ (2009:291), then I myself have a question: why is it that people dying in hospices visited during the research mentioned above (Martin 2009) as well as visits for this study, have one of two reactions when they are about to die? One reaction is to scream and fight and cry out in terror and the other is to walk across into eternity with a sure knowledge that they are about to meet their God in peace and acceptance. These observations together with medical evidence of healing miracles provided by the Medical Bureau of Authentication at Lourdes, mentioned above, give pause for reflection.

However, as pointed out by Jaki (1999:30), “miracles were never meant for the entertainment of the curious as called to the attention of the Pharisees and Saducees of all ages by none other than the greatest miracle worker of all times, Jesus of Nazareth” (Matthew 12:39, 16:4).

1.2.3 Entitlement

The spirit of entitlement is not exclusively active in the church; secular entitlement has had deep impact on the history of South Africa and the world and has brought about wars, rage, destruction and chaos; this will be discussed in chapter 4 of the dissertation in greater detail.

³⁸ Refer to a rebuttal to Dawkins by McGrath A. & McGrath J.C. 2007. *The Dawkins Delusion: Atheist Fundamentalism and the denial of the Divine*. McGrath and Dawkins have similar scientific learning backgrounds from Oxford leading them to two opposing conclusions.

The term entitlement in this dissertation will predominantly be discussed as a religious sense of having a claim on God in a Christian Spirituality paradigm. A sense of entitlement is the belief that one has a right to guaranteed benefits promised by God in the Bible or by the church.

This spirit of entitlement is encapsulated in the following prayer by Tony Kushner as reported by Bouchard (1999:24-25) at the 1994 Episcopal National day of Prayer for AIDS in the Church of St John the Divine in New York City:

God, a cure would be nice. Reconstitute the shattered... Return to the cattle, the swine and the birds the intestinal parasite, the invader of lungs, the eye blinder, the brain devourer, the detacher of retinas. Rid even the cattle and the birds of these terrors; heal the whole world. Now. Now. Now. Now.

Protect the injection drug user, the baby with AIDS, the sex worker, the woman whose lover was infected, the gay man whose lover was infected; protect the infected lover, protect the casual contact, the one night stand, the pick up, the put down, protect the fools who don't protect themselves who don't protect others: YOU protect them. The misguided too, the misinformed, the ambivalent about living, show them life not death (...)

You can. You, after all, are God. This is not too much to ask...We had a pact; you engendered us.

The arrogance and attitude of entitlement above are almost palpable. One is reminded of the scoffers at the scene of the crucifixion in Luke (23:36-37). "The people stood watching and the rulers even sneered at Him. They said 'he saved others let Him save himself, if he is the Christ of God the chosen one'". The quote also gives credence to the sense that divine healing should be an automatic benefit for belief in God. There is a demand from Him for a perfect world in the immediate sense. It is the purpose of this study to gather information which will analyse the prevalence of this sense of entitlement to the benefits of God. Toynbee (1948:455) had the following to say in response to such an attitude of entitlement:

Will modern western man repent of, and recoil from, his *ὕβρις* (Hybris) before it finds its *θεία δίκη* (nemesi) in *ἄτη* (Atë). The answer cannot yet be forecast, but we may anxiously scan the landscape of our contemporary spiritual life for any symptoms that may give us ground for hope that we are regaining the use of a spiritual faculty which we have been doing our utmost to sterilise.

Biblical examples of the spirit of entitlement suggest a long history of the existence of this attitude. For instance Hezekiah, when he became ill and was warned by Isaiah of his imminent demise, was filled with a spirit of entitlement when he turned his face to the wall

and prayed to the Lord; “Remember O Lord how I have walked before you faithfully and with wholehearted devotion and have done what is good in your eyes” (11 Kings 20:2-3).

The exercise of a spirit of entitlement on the part of Saul had severe consequences (1 Samuel 15:10-35). God regrets having made him king and Samuel’s heart is broken when a victorious Saul elects to construct a monument in his own honour (15:12)³⁹. The feeling of entitlement leads Saul to disobey God further by bringing back forbidden items (15:9)⁴⁰. Samuel tells Saul that once he had been small in his own eyes but that now his arrogance in his acts of entitlement have led to God being grieved that He had ever made him king of Israel (15:17).⁴¹

1.2.4 Pathology / Physiology

Pathology is the study of processes that occur when normal physiology is subverted. Cotran, Kumar & Collins (1999:1) define pathology as “the study of suffering”. They go on to explain that pathology is the bridging process between basic science and clinical practice. The living organism is an ongoing process, continually being renewed, needing an uninterrupted supply of energy to do this, dependent on an environment which can sustain life, and also dependent on an intact immune system with which to fight off invaders (Cotran *et al* 1999:1-2).

Physiology is the study of function in living matter (Saladin 2010:3) and encompasses the physical and chemical factors that are responsible for the origin, development and progression of life. Each type of life, from the smallest virus up to the largest tree or the complicated human being, has its own functional characteristics (Guyton 1961:3; Saladin 2010:3).

Saladin (2010:3) suggests that medical science has progressed further in the last fifty years than in the two thousand five years before that in the study of human physiology. He

³⁹ “Early in the morning Samuel got up and went to meet Saul, but he was told ‘Saul has gone to Carmel. There he has set up a monument in his own honour’” (1 Samuel 15:12).

⁴⁰ “But Saul and the army spared Agag and the best of the sheep and cattle, the fat calves and lambs – everything that was good” (1 Samuel 15:9).

⁴¹ “Samuel said ‘although you were once small in your own eyes, did you not become the head of the tribes of Israel? The Lord anointed you king over Israel’” (1 Samuel 15:17).

comments that “as early as 3,000 years ago, physicians in Mesopotamia and Egypt treated patients with herbal drugs, salts, physical therapy and faith healing”. Saladin (2010:3) remarks that Hippocrates as early as 450-375 BC urged physicians to stop attributing disease to gods and demons and to rather look at natural causes of disease. This dissertation takes heed of Hippocrates’ advice and will include a brief overview of human physiology as it is affected by lifestyle diseases, environmental factors, physical degeneration and events outside the control of individuals. This factor is relevant to the dissertation as it is in dynamic tension with the spirit of entitlement as it is expressed in the issue of divine healing of the body.

1.3 Literature reviewed

To encapsulate all the above, the dissertation examines and researches issues related to *prayer, disease and human nature*. Literature consulted for the dissertation has therefore, of necessity, due to the interdisciplinary nature of the subject, been very diverse. Spirituality has formed the main theme for books, journals, and web search information which have been consulted. As spirituality is a relatively new discipline there was quite lively debate in the reading as to the basic definition of the term spirituality. Then of course the definitive work by Waaijman (2002)⁴² was consulted which was indeed, as predicted by Schneiders (1989:696), “self implicating at a very deep level” in the reading. In an attempt to take a holistic view of humanity as a spiritual and physical reality, literature has been consulted on the subjects of physiology and pathology and this formed a large part of the literature reviewed for this dissertation. Literature on lifestyle diseases and environmental implications on health were consulted. Psychology is based on a much broader foundation than chemical and physical disturbances. It has always been a challenge to define the norm, and the DSM⁴³ classification of mental illness is now so complicated that even those drawing up the classification get confused. Here the literature reviewed was broadly based, and the conclusions remain very open ended. A large portion of the reading has also consisted of investigation into the various healing movements and their teachings. Some reading into the dissenting voices regarding the fact or possibility of divine healing was consulted.⁴⁴

⁴² I refer to Waaijman’s 2002 book: *Spirituality: Forms, foundations and methods*.

⁴³ The Diagnostic and Statistical Manual of Mental Disorders.

⁴⁴ This dissertation is not an investigation into the existence or non- existence of God’s intervention by divine healing, but is rather research into the existence of the spirit of entitlement to these healings.

Narrative reviews included writings with regard to the providence of God and His sovereignty. Investigative reading of the churches researched for the dissertation's theological and doctrinal beliefs and practices with regard to divine healing was undertaken in preparation for research. As Mouton (2001:94) argues, "the aim of the literature review is to provide examples – across a wide range – of the phenomena which may illustrate or demonstrate a certain point".

1.4 Research framework and methodology

Lewis Carroll (1988:114) was instrumental at the start of the research journey by suggesting that one should: "begin at the beginning, the king said very gravely, and go on till you come to the end: then stop". The research journey began by identifying a problem, then by searching the literature relevant to the study; it then moved on to identifying the theory building method for the study, considered the ethical implications relating to the study and then decided on a methodology, data collection and interpretation method.

1.4.1 Scope of the research

The research in this study focuses on the existence of a sense of entitlement in the Christian Church particularly as it is manifested in the ministry of healing. The dissertation reflects on the spiritual ramifications of an attitude of entitlement on the individual who is sick and on the pastor who is tasked to attend to the spiritual condition of that person. As mentioned earlier⁴⁵ there has been an "explosion in research" (O'Connor & Meakes 2005:17) on how spirituality can help those with severe medical conditions. This dissertation examines the "other side of the coin", examining how ill health and adverse medical conditions affect the spirituality of the sick and those who pastor the sick. Essentially there are three pertinent elements to the research: *prayer, disease and human nature*.

Therefore, the works of Bartsch's *Kerygma and Myth* (1972) which places the entire discussion as a whole before the theological community was invaluable. A more recent publication in 2009 of *The God Question* by Pessin gives a more up to date history of the debate.

⁴⁵ Reference was made to this in the Research problem section of this dissertation. Medical researchers are intrigued by the link between medicine and spirituality.

1.4.2 Research fields

The dissertation is interdisciplinary and it engages in dialogue with *Christian Spirituality* while also drawing on the literature of *Medical Science* as it examined how lifestyle, ageing and genetic factors affect the body causing illness and physical distress. The *psychological* and *sociological* impact of the destructive effects of feeling entitled to healing which does not occur is the main focus of the study. The study explores the perception, given by some doctrines,⁴⁶ that Christians can expect to be healed of their physical ailments. Jesus in His earthly ministry did not heal all the sick (Mark 6:5). This is not to say that He *could* not, but that He *did* not. This fact, that God today and in the past, and Jesus in His earthly ministry, did not always heal those who were sick has *spiritual, medical, sociological, psychological* repercussions for the sick and those who pastor them, and thus for the interdisciplinary nature of this dissertation.

The dissertation engages medical literature regarding the medical conditions experienced by humanity which are lifestyle related and are caused by: ageing, genetics, adverse environmental conditions and those which are beyond the control of the individual. The physiology and pathology related to these situations are examined in order to understand the natural process of the living human organism which is the housing for the spirit⁴⁷ as it traverses its path on this earth.

Sickness and disease impact the spirituality of the Christian in various ways. Often Christians feel that they are being punished; others feel that they are not good enough Christians and some feel that they have been abandoned by God in their suffering.⁴⁸ Physical pain is usually

⁴⁶ There is a copious amount of literature written by fringe movement writers claiming that perfect health is an entitlement for the believer. One of the quotes of Gordon Lindsay as reported by Hollenweger (1988:356) gives an indication of this spirit in action: "Expect a miracle and you can have one". Healing evangelists claim that it is the will of God – with or without the help of doctors - to heal the sick. Hagin (1997) even wrote a pamphlet called "How to write your own ticket with God".

⁴⁷ I am aware of the arguments regarding the constitution of humanity: Trichotomism, Dichotomism and Monism. Job says about spirit: "But it is the spirit in a man, the breath of the Almighty that gives him understanding" (Job 32:8). Soul is a used and abused term referring to everything including a cosmological entity or to something that can be moved by eating fish and chips at a particular restaurant. My personal opinion is that the soul is that part of humanity which yearns to be with its Creator.

⁴⁸ David is said to feel death at his doorstep (Psalm 6) and he experiences feelings of rejection by God as he begs for healing, even reminding God that if he dies there will be no more praise from him. The

accompanied by acute mental suffering. During visits to the hospices which were researched for a prior Master's degree (Martin 2009), it was noted that the reality of the physical condition of agony and the death throes which are experienced by the sick, are often the catalyst for feelings of abandonment and spiritual disillusionment. Others though, who are aware of the nature of the physical frame and who have a sense of eternal life in the presence of God, do not suffer this sense of abandonment and spiritual disillusionment.

The dissertation is located within the Spirituality discipline as it concerns itself with the deep spiritual impact of a sense of entitlement on the sick and on the pastors who have prayed for their healing when they are not healed by God.

1.4.3 Positionality

Cooper (2001:1) argues that good social research involves more than the identification of a worthwhile topic, suggesting that research is inevitably framed by conceptual and theoretical considerations. Such frameworks if recognised and correctly handled by the researcher can enrich and enhance the research. The following background is relevant to assess my ability to research the topic in an intersubjective manner. Bias unlike positionality and perspective is to be eliminated. "Bias comes not from having ethical and political positions – this is inevitable - but from not acknowledging them. Not only does such acknowledgment help to unmask any bias that is implicit in those views, but it helps to provide a way of responding critically and sensitively to the research" (Griffiths 1998:133). Currently I attend a Methodist Church which has a strong background in Pentecostal theology. As a student I attended a Pentecostal Bible College in Canada, now known as Summit College in North Vancouver, British Columbia, Canada. As a Methodist in recent years I have observed that healing services are low key by comparison to Pentecostal healing services. However, there is still the sense of expectation for healing in both churches. Often this sense of expectation and demand is fed by teachers and preachers who stress that all you have to do to be healed is to "believe". A sense of "entitlement" therefore often masquerades as "faith".⁴⁹ This has led to a curiosity on

book of Job is also a case study of the rejection felt by the sick when there is no perceived healing intervention by God.

⁴⁹ Wingren (1964:23) puts it this way; "When the principal emphasis comes to be laid on what God does for the individual, those biblical passages which plainly set forth what He has done or will do for all men at Calvary, Easter, the *parousia*, and the last judgment, are inevitably given a subordinate place through some kind of anthropological interpretation to the immediate response of the individual

my part as to the ever present sense within both churches that God owes Christians perfect health, or alternatively physical healing should they fall ill. My own background has also been largely influenced by the two countries in which I have lived, for the longest portion in South Africa and for a shorter period in Canada. On the surface there would appear to be differences in attitude to healing in the two countries. This led to a further enquiring as to the cultural aspects of a sense of entitlement in the ministry of healing in the Christian Church.

There has been a further impact on my own theological position. My initial seven years of schooling was received at a Jewish government school with exposure to the Jewish culture and religious beliefs. Later, in the course of a career in tourism over 35 years I have been introduced to spiritualities across the globe. To mention just a few; from those practiced in the Amazon, where I was invited to share blood with a Yanomami, to the gentle spiritual seeking practiced by the Aborigine⁵⁰ and on the islands of Hawaii where I lived and worked as a young student.⁵¹ I believe that these experiences have enhanced my ability to be open to the values and viewpoints of all concerned within the research and it should assist in dialogue across cultures (Halliday 2002:53-60).

1.4.4 Focus on pastors

Judging by my observations during Bible College Ministry in Canada, and also observing pastors during and after healing services in South Africa, it became apparent that there is a price to pay for pastors when healing does not occur. There is often a feeling of spiritual alienation of the affected person who is not healed. There are attitudes of disgruntlement by those who are prayed for but who remain sick, they feel that the pastor has “let them down”. There are also severe spiritual reactions in those who believe that God has “let them down” and that He does not love them enough to heal them or that they are too sinful to be healed. The full impact of these reactions is felt by the pastor who ministers to the disillusioned. Modern life has become a market where everything and everyone is reduced to a tradable commodity. It would seem that the ones “without pain” who “increase in riches” are the ones

to the *kerygma* in face of the onset of his death. The fundamental error in this existential view is not that it does away with miracles but that it gives a quite mistaken prominence to the individual.”

⁵⁰ Aboriginal spirituality is linked to the land. They express their spirituality as a oneness and an interconnectedness with all that lives and breathes.

⁵¹ The totality of Hawaiian spirituality is in their greeting “Aloha” which means “I acknowledge the Creator in you as you should acknowledge the Creator in me”.

who appear to be favoured by God. The church has been tempted and has succumbed to the temptation to transpose its simple message and practice of good news in order to compete for a share of the market. The simplicity of faith has been made seductively complex by attractions and promises which are shrill and loud and constant, “promises of well being and comfort and communion without the shadow of the cruciform entering in” (Brueggemann 2004:204). The consequences to the Ministry of Healing in the Christian Church is that disappointment and ingratitude is felt keenly by the pastor who cannot “deliver” on these promises of instant gratification of all needs.

1.5 Methodology

The purpose of this section is to present the assumptions which underpin this research as well as to introduce the research strategy and empirical techniques to be applied. The assumptions underlying this research come from the interpretive tradition. Interpretive approaches allow the researcher greater scope to address issues of influence and impact and to ask questions such as “why” and “how”. The empirical research strategy was based on *qualitative multiple case studies* which were conducted with two Christian Ministries: Afmin (Africa Ministries Network) and The Methodist Church of Southern Africa. Representatives from both Afmin, an organisation that trains and equips African Church leaders, and the Bedfordview Methodist Church of Southern Africa agreed to participate in the research project.

Yin (1993:132) argues that multiple cases strengthen the results obtained in case study research by replicating the pattern-matching, thus increasing confidence in the robustness of the theory. It was decided therefore to conduct research within two culturally different arenas to obtain the most colourful and meaningful material. The selection of the cases studied maximised what could be learned in the limited time available for the study. Baxter & Jack (2008:544) suggests that a phenomenon should be explored through a variety of lenses rather than through one lens only. In the two cases selected for this study, opportunity was afforded to examine my study topic through the lens of a predominantly white and elderly perspective in the Bedfordview Methodist Church and a black and more youthful perspective in the Afmin research arena. Economic circumstances of the participants varied widely, as did the religious convictions, lending diversity to the research.

I am aware of the philosophical approach of Stake (1995) and Yin (2003) who base their approach to case study on a constructivist paradigm. Constructivists claim that truth is relative and that it is dependent on one's perspective. In the background to this lie foundational questions to both faith and science. According to Heidegger (1959:8) we are either believers or we are not. If we believe then we do not question the absolute truth of Christ. If we want to understand how it works then we are theologians, but the moment we question whether it is the truth we are not believers but philosophers. Thus a philosopher by definition cannot be only a believer. I therefore approach this research as a believer, but with theological and philosophical reflection. The case study approach chosen for the research allowed for a constructivist scholarly engagement and exploration of a phenomenon within its context using a variety of data sources within both case study paradigms.

Pickard & Dixon (2004:4) suggest that it is vital that researchers seeking to apply methodologies should be aware of the paradigm to which the methodology is linked. Without this understanding it would be difficult to establish the rigour of the research using criteria that took into account the basic axioms of the paradigm. Figure 2 below outlines the basic axioms of the traditional positivist, post-positivist and constructivist research paradigms. As is clear from this figure, ontologically, the constructivist paradigm takes a relativist stance; epistemologically constructivism sees subjectivity as the only option in the research process, the only way the unknown can become known is via our own individual belief system.

The study was conducted in an atmosphere of intersubjectivity where there was a mutual exchange affecting the other and being affected by the other. I found myself in many instances extending myself to the other and being receptive to the impact of the other in a reciprocal fashion (Jordan 1986:2). Due to the sensitive nature of, in many instances, terminal illness, empathy and concern flowed both ways during the research process allowing for intersubjective discussion of an intellectual kind on the subject of divine healing in the Christian ministry. This necessitated the attunement to and responsiveness to the pain and suffering and the subjective inner experience of those being interviewed both at a cognitive and an affective level.

This study will follow a constructivist research inquiry. Janesick (1994:215) argues that "although there has been a considerable paradigm shift since the late 1950's there remains an almost constant obsession with the trinity of validity, reliability and generalisability". Pickard

& Dixon (2004) rise to the challenge in this regard with their attempt to clarify the ways in which case studies produced through constructivist inquiry can be tested for credibility, transferability, dependability and confirmability.

	Positivism	Post-positivism	Constructivism
Ontology	Realist, singular reality	Critical realist. Social reality is 'real' but only knowable in a probabilistic sense.	Relativist. Multiple realities constructed by individuals. Multiple/Holistic
Epistemology	Objectivist. Dualist (knower can be independent of the known)	Modified objectivist (objectivity approximated by external verification.)	Subjectivist. Interactive. Researcher and subject are interdependent.
Methodology	Experimental. Manipulative. Verification/falsification.	Modified experimental. Manipulative. Verification/falsification. Discovery.	Hermeneutics. Empathetic interaction between researcher and subject. Interpretation and interaction.
Outcomes of the research	Context & time independent generalisations leading to 'natural' immutable laws or predictions.	Context & time dependent generalisations leading to models for predictions. Probabilistically true laws.	Context & time dependent working hypotheses leading to understanding.
Figure 2: Axiomatic contrasts of research paradigms.			

Pickard & Dixon 2004:4

According to Miles & Huberman (1994:25) the “case” in the study is defined as “a phenomenon of some sort occurring in a bounded context”. This is indeed the situation with the sense of entitlement displayed in the ministry of healing in many Christian churches. Yin (1984:33) defines the case study research method as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.”

As an interpretive, inductive form of research, case studies explore the details and meanings of experience and do not, as also in the case of this dissertation, attempt to test a priori hypotheses. Instead this research method attempts to identify important patterns and themes in the data which were provided by the two cases indicated above. Stake (1995:237) distinguishes three types of case studies: intrinsic, instrumental and collective. Stake suggests that the intrinsic method should be adopted where the researcher has a genuine interest in the case and where there is a desire to understand the case. The instrumental is used to accomplish something other than understanding a particular situation but rather it provides insight or helps to refine a theory. Collective case studies on the other hand are similar in nature and description to multiple case studies. The nature of the case study research in this dissertation is intrinsic as the matter being investigated is unique and is therefore not representative of others. The purpose of undertaking this research is not mainly to build a theory, but because of its intrinsic interest.

The dissertation followed the recommendation of Yin (1984:20), who proposed five components for an empirical investigation of a contemporary phenomenon within its real-life context.

Central components of case study design and their functions:

- 1) A study's questions – “how”, “why”;
- 2) Study's (theoretical) propositions – pointing attention, limiting scope, suggesting possible links between phenomena;
- 3) Study's units of analysis – main units must be at the same level as the study questions and typically comparable to those previously studied;
- 4) Logically linking the data to the propositions – matching pieces of information to rival patterns that can be derived from the propositions;
- 5) Criteria for interpreting the findings – iteration between propositions and data, matching sufficiently contrasting rival patterns to data.

The research questions in this study relates to *who* is affected by the spirit of entitlement, *what* is the spirit of entitlement, *where* is it mostly prevalent, i.e. in an affluent or poorer environment, *how* does the spirit of entitlement enter the church and *how* does it affect the sick and the pastors and *why* is the spirit of entitlement so pervasive in the ministry of healing? These questions determine the relevant strategy to be used in the research procedure, which in the case of this research project was an *intrinsic* case study as pointed out above. Through the qualitative nature of this research project it was the intention of the researcher to capture the mood on unanswered prayer for divine healing from God; expecting

to capture moods of entitlement, anger, expectation, loss, fear, depression, spiritual decline and a sense of disconnectedness from God. This is only feasible through an interpretive, constructivist approach to the chosen topic. It was not anticipated that such moods would be the case in all those who have not been healed, on this matter too, an open mind was kept, but the research did give a solid idea of the extent of these reactions.

1.6 Qualitative research

The aim of this research was to examine the literature and conduct case studies to establish whether spiritual decline and damage is caused to the sick and to the pastors who minister to them by incorrect teaching on the subject of divine healing. By establishing a link between the message of the “faith-healer”, the literature produced in this regard and the unrealistic expectations which masquerade as “faith”, the goal of the study was to establish insights into a better understanding of the love of God and his relationship with humanity. At no stage do I deny that God is active in this world, concerned with the spiritual and the material, the general and the particular (Baelz 1968:117). However, it was hoped that through the research an understanding of the human as a creation of God, subject to disease and decay would emerge. The concept of God as Father and also as Lord is explored. As Baelz (1968:117) expresses it: “The whole world is His, He is King. Nature and history both come under His rule. Nevertheless, His rule is not yet fully exercised”.

In summary, the empirical research undertaken was a combination of literature study and case studies. The aim was to describe what is and what has already occurred with a view to obtaining a better understanding of the reasons for an attitude of entitlement and the effects of unanswered prayer for healing on the sick and on the pastor.

1.6.1 Purpose

The purpose of the case studies was to examine the spiritual impact of unanswered prayers for healing on both the sick and the pastors who have prayed for their healing. The two research participant groups chosen for the study were The Bedfordview Methodist Church of Southern Africa and African Ministries Network (Afmin). Both agreed to participate in the research. The reason these two sites were chosen was for their divergent cultural, economical and theological beliefs and teachings. It was my point of departure that such diversity would

reflect a richer and more diverse experience of human behaviour under differing circumstances, which would benefit the quality of this study.

The case studies included below describe information about attitudes relating to prayer, disease and human nature as they are experienced by pastors and the sick in a divine healing situation. Specifically I sought out the negative spiritual effect and suffering caused by unrealistic demands for physical healing made on God and the impact of these demands on both the pastors and the sick. The case studies examined the way in which the pastors who participated in the research are impacted upon on three different levels: unanswered prayer and the spiritual result, disease and the understanding of the mortality of the flesh, human nature and the attitude of entitlement.

1.6.2 Ethical considerations

Highly emotive ethical considerations surround the issues of sickness and death. This became abundantly clear during previous research conducted in HIV/Aids hospices (Martin 2009). In order to avoid the ethical pitfalls of conducting research interviews with the sick or the terminal patient or parishioner, I decided to focus on research together with the pastors who minister to the sick and are themselves affected by the spirit of entitlement in their churches. With the guidance of the pastors of the two case studies, access to the sick was given for some interviews and questioning but the research was conducted predominantly with the pastors and the leaders and under their authority.

Initial contacts were made with the leaders of the two case studies. In the case of Afmin, the initial contact was made with the CEO, Dr. Chris de Wet, in the USA. He approved the research project and forwarded my request to Afmin Head Office in Springs, South Africa, where several interviews were conducted with the management who were active in the ministry at Afmin in Springs at that time. In the case of the Bedfordview Methodist Church the initial contact was made with Pastor Faith Whitby and Pastor Ockie van Niekerk who approved the study and agreed to participate in the research project. Afmin arranged contacts with the graduates of their teaching programmes, as well as the teachers who were currently in their employ. Permission was requested from both organisations for further interaction with the youth pastors, Sunday school teachers, the lay preachers, Alpha course leaders and the students under their supervision. Permission was also given to interact with the women's

groups and to interview individual people regarding their health. Permission was also requested and granted to interact with the social improvement projects which were initiated by the two case studies and which were geared toward ministry to children and the elderly.⁵² At these same meetings, permission was requested to interact with the congregants who were known to be sick or to have been healed inside the churches. In the light of previous research, mentioned above, which I conducted for a Master's degree which was conducted with women affected by HIV/Aids, it was evident to the hierarchy of both organisations that ethical awareness had already been established in these circumstances. It was agreed that this research project would not cause distress to the suffering and permission was granted by both cases selected for the project to proceed with the study.

Doctors and medical staff are also governed by ethical considerations and therefore names are excluded from this dissertation. Medical information was gained by interview with doctors who participated in the research project. These same doctors referred me to the relevant journals and guide books which were highly regarded as authoritative in the medical subjects which were to be analysed for the study. Medical information was also shared by the hospice and hospital medical staff that participated in the study. At all times cognicance was taken of the doctor / patient confidentiality requirements and no private information relating to any individuals was divulged during the interviews. The syndrome of entitlement was discussed as a whole as it affected medical doctors caring for the sick and their patients who suffered due to unrealistic expectations.

Ethical considerations, as rigorous as those in play when dealing with the medical fraternity, were also adhered to with regard to the sick. A promise to the lead pastors' was made right at inception to the research that confidentiality regarding names and medical conditions of parishioners would be rigorously adhered to, and this promise was honoured throughout the research process. Some medical conditions, which are highly sensitive, can be deduced by implication, should there be any reference to these medical situations, and therefore strong ethical standards were established in the beginning and agreed upon with the pastors. There would be no paperwork or implication trail leading to any particular individual causing embarrassment and or legal implications for the church. This is a real danger as can be witnessed by several lawsuits involving publication of medical conditions without the

⁵² This is discussed more fully in section 1.6.4.1.1.

consent of the sick or their families. The study, therefore, adhered to the four basic prima facie moral commitments proposed by Gillon (1994); respect for autonomy, beneficence, non-maleficence and justice.

Interviews with pastors and doctors were conducted on a one to one basis, by appointment. Interviews with the sick were less formal. On occasion prayer was requested for illness and awareness created of ill health. On other occasions testimonies to healings were shared and I became aware of God's healing intervention and was given opportunity to discuss the aspects of their sickness with the individual. Hospice and care centre visits gave opportunity to interview people who were sick and in many instances dying. Sickness is dynamic and sensitivity is of very high importance in considering interviews with the suffering. Interviews were not recorded during the sessions in order to maintain sensitivity and empathy on my part. I am proficient in stenography and I would record conversations in shorthand at the conclusion of the interview, thus not creating a feeling of being interrogated on the part of the interviewee.

Case study participants were assured at the start of this research project that the methodology to be used would not be to pit one church against the other in a shallow form of comparative analysis as described by Hedstrom (2005:1), but rather to conduct research which would probe in depth the existence of the syndrome of entitlement and its causes and effects in both establishments. Hedstrom (2005:1) warns that social research which takes the form of shallow variable analysis has limited explanatory power. In the light of the aim of the research project, which was to explain in depth the dynamics of the syndrome and its damaging effects in the ministry of healing and also to discuss the irrationality of the attitude of entitlement in the church and establish the causes for the attitude of entitlement, Hedstrom's (2005:1) advice was therefore taken. An ethical consideration was made *not to compare one church to the other* in a shallow form of variable analysis, but rather to examine the syndrome as a whole as it is exhibited in the Christian Church, particularly in the ministry of healing.

Interviews were conducted not with the interviewee being the primary research participant but rather an attempt to understand and absorb the contextual and experiential paradigm of participants was the goal, by examining the rich details of the case, and unravelling the complex nature of the social structure of human beings. All interviews were part of the

broader case study, examining not only their immediate behaviour but their general attitudes, their general belief structure, observing and interpreting reactions and attitudes, This style of interview was used to come to a “thick description” (Denzin 1989:33) of the case I am describing in a phenomenological manner.

1.6.3 Methods

My positioning in relation to the case studies was both as a participant observer during healing services and non-participant observer. Participant observation involves the researcher in the activities that she is observing; this is the case during prayer meetings for healing where she participates in the prayers for the sick. Non-participant will be where the researcher observes from outside the activity (Cohen & Manion 1989:125). A participant observer is more able to gain access to situations where outside observers might be restricted to access.

1.6.4 Process

Insights to be gained during the process were to establish:

1. How prevalent is a sense of entitlement in the ministry of healing in the Christian Church?
2. Which cultures, age group, educational level are most affected by this spirit of entitlement and how are they affected?
3. What are the spiritual effects on the individual and the pastor as a result of medical crisis where there is a sense of entitlement in the individual?
4. How can teachings on the subject of divine healing be modified to prevent the spiritually destructive attitude of entitlement in the ministry of healing?

The empirical research process was conducted over two years and six months. The three elements of the research project are *prayer, disease and human nature*. There was a fourth grouping of research in order to establish the pastors’ beliefs.

1.6.4.1 Interviews

Interviews were arranged by appointment with the individual participants over several visits. These were conducted on a personal one to one basis. Hospital and hospice visitations were conducted. The purpose and themes of the interviews were to understand the spiritual positioning or even decline of those who have not been healed after prayer for healing.

Perceptions tested were that spirituality is influenced by illness and unanswered prayer for healing of disease.⁵³

Interviews were also conducted with leaders in youth facilities, children's care facilities, care facilities for the elderly and gender specific organisations, with the goal being to understand the impact of entitlement on various strata of society in order to assess the prevalence according to *age, ethnic factors, gender and education*. These interviews and the data recorded provided rich information for the conclusions reached and discussed more fully in chapter 5 of this study. The locations for these interviews were diverse, the two children studies and the three centres for the elderly are discussed in the following sections.

1.6.4.1.1 Interviews related to child research

Research interviews conducted with Modimo ke Setshabelo provided data relating to *age, ethnic factors, gender and education*.⁵⁴ The project is an after school child care centre for children orphaned by Aids. It is based in Thokoza and managed by Bedfordview Methodist Church. The children range in age from 5 years to 16 years of age. Interviews were conducted with the supervisors, the care givers and the children over a period of five years.

⁵³ Appendix 1 outlines the aims of the interviews with pastors.

⁵⁴ Chapter 5 of this study analyses the data captured related to these four areas of enquiry during these interviews.



Researcher photograph taken on site at Modimo ke Setshabelo 2012

In order to gather data in a more open ended environment, not specifically ethnically exclusive, religiously exclusive or age related, I enrolled for training as a volunteer with Childline South Africa. Data was recorded in discussions and interviews with the teachers, volunteers, care givers and crisis line managers. The data recorded was again relevant to the results and conclusions reached are discussed in chapter 5 of the study on all four of the levels of enquiry; *age, ethnic factors, gender and education.*

In order to assess the syndrome of entitlement as it relates to older children in their teens and early twenties, interviews were conducted with the two youth pastors at Bedfordview Methodist Church and the teachers at Afmin, as several of their students are young adults preparing to go into the ministry. This data recorded was relative to all four levels of enquiry and is discussed in chapter 5 in the conclusions reached by the study.

1.6.4.1.2 Interviews related to the elderly

Interviews were conducted with care facilities geared toward the medical needs and the general care of the elderly. Specifically three venues were selected for note taking and reference material, these were:

Bekkersdal Home for the care of the Aged located in Westonaria where Afmin trained pastors are active in various ministerial roles. Structured interviews with the elderly, the supervisors, and the Westonaria councillors who were assigned to the Home were conducted providing data for all four areas of enquiry.



Researcher photograph taken on site in Bekkersdal in 2011.

Supervisors, medical staff and the elderly who are cared for at Arbor Village which is a retirement village supported by Bedfordview Methodist Church, were interviewed regarding issues of healing by God. The men and women who live in the village are mostly white, higher income bracket, variable education, and elderly folk. The interviews provided data regarding medical issues related to *age, ethnic factors, gender and education*.

Additionally, interviews were arranged with ladies participating in the Golden Gatherers a regular meeting facility for mostly elderly ladies and managed by Bedfordview Methodist Church providing data for all four areas of enquiry.

In order to understand the gender dynamics of entitlement to healing, interviews were arranged with women active in the Women's Auxilliary at Bedfordview Methodist Church and the Men's Movements providing data for chapter 5 on all four levels of enquiry.

1.6.4.2 Direct observation

I made observations during healing meetings, hospital visits and consultations. This was an important dimension of the research as it covered events in real time and added a more fully contextual dimension to the research. Bedfordview Methodist Church conducts prayer for various needs, including healing, at the railing around the altar on most Sunday mornings after the 9:30 a.m. meeting. Afmin trained pastors conduct healing services at, and sometimes during, most services. Hospital, hospice and retirement village visits were conducted on a regular basis throughout the study.⁵⁵ Pastors frequently visit the sick in these situations and pray for them in their wards.

1.6.4.3 Participant observation

Participative research method of data collection was conducted in order to gain insight into interpersonal behaviour. Because I am an active member of Bedfordview Methodist Church, my presence did not cause change in behaviour. These observations were often made during attendance at church services, healing services and hospital or hospice consultations. Likewise, familiarity was gained by attending churches pastored by Afmin trained pastors repeatedly to become a familiar presence in their midst. These observations were made during the full term of the study.

As an example of the varying timelines of participant observation during the research process, a lady in a church spoke to me in 2010 regarding her health when she had been diagnosed with cancer. Between 2010 when she was diagnosed and 2012 when she succumbed to the disease, I met her for coffee and lunch on several occasions, away from the church where she felt rather uncomfortable due to her not being healed by God, which she felt was an indictment on her faith. We discussed how she was feeling with regard to her faith and her fears. There were several of these incidents during the course of the research project.

⁵⁵ A small number of the venues where these observations were made are discussed more fully in section 1.6.4.1.1 and 1.6.4.1.2. There were many other locations, too numerous to mention each one independently.

1.6.5 Interpretation of the data

A qualitative data analysis technique was followed where the notes on observations and interviews were read many times and then coded to establish themes and identify patterns. Threads and patterns emerged from the data gathered during the research and discoveries made regarding the life pattern of the pastors and the challenges they face with regard to the sense of entitlement in the ministry of healing. The medical information that was gleaned from the data was invaluable to the general structure of the dissertation, which aimed to establish if a sense of entitlement in the ministry of healing is destructive spiritually to those who are affected or infected by a spirit of entitlement. As in any other qualitative study the data collection and analysis occurred concurrently, with the latter continuing after the data collection. I am aware of the danger associated with the analysis phase of the data in case study research in that the sources could be treated independently and the findings reported separately. The data was therefore converged in order to understand the overall case and not the various parts of the case or the contributing factors that influenced the case as a whole (Baxter & Jack 2008:555).

1.6.6 Limitations of the research

The link between medicine and spirituality is easier to examine from the medical perspective as there are generally physical, measurable manifestations of the impact of spirituality on the physical health of the individual.⁵⁶ The examination of the impact of medical problems on the spirituality of an individual is more difficult as there are generally fewer manifestations which can be established. Most of these manifestations are in the attitude or the behaviour of the individual. Establishing and measuring attitudes in humanity is always difficult as it is human nature to cover up attitudes that could be perceived as socially unacceptable. In this regard, this study is therefore a careful first step towards understanding more fully from the side of spirituality the dynamics of the health-spirituality interaction.

⁵⁶ Koenig (2008:175-195) lists all the key systematic research studies into the various medical research fields on how spirituality affects the health and welfare of the individual.

1.7 Contribution of the study

As discussed in the Research Problem, studies reveal a large amount of recent research linking spirituality to medical science and health (O'Connor, McCarroll-Butler, Meakes, Davis & Jadad 2002:227-232). These studies suggest that most of this research is being conducted by medical science and not by "chaplains or theologians" (O'Connor, Meakes 2005:12). The bulk of medical research on the link between spirituality and pathophysiology concerns itself with the effects of spirituality on health (Musgrave 2005:269-270). This dissertation takes up this challenge and examines the effects of medical crisis on spirituality, particularly where the human trait of entitlement and expectancy lead to spiritual decline.

The research, which draws on the experiences of pastors and congregants where prayer has not resulted in healing, gained insights into the destructive spiritual influence of a spirit of entitlement in the ministry of healing in the Christian Church. Ultimately the research followed a course which was designed to understand why human beings fail to come to grips with the fact that the human frame is degenerative and that unless Jesus comes back they will die. Christians are taught that they serve a compassionate and loving Father who cares about their physical as well as their spiritual condition. God's providence says Baelz is universal and it is particular. However:

In Christ's own response to God we discern two aspects. On the one hand, there is His acceptance of the limitation of the natural order. He is involved in the conditions of the world. He accepts its sufferings. In temptation He rejects the whole notion of invoking supernatural powers (Baelz 1968:117).

The spiritual challenge experienced by those who do not understand that Christ Himself suffered and that mortal human beings will be subjected to germs and viruses, is acute. This dissertation aimed at analysing this mistaken belief that Christians can demand physical healing because of their belief in the gospel of Jesus Christ. Brueggemann (2005:22-28) calls the church away from the script to which we are so much inured which is all about certitude, privilege and entitlement into a counterscript with an illusive, irascible God.

It is the task of the church to detach humanity from a belief that they can rely on a script that has failed dismally to fulfill its promise of everlasting life on earth in perfect bodies that will never decay. The only way in which this describing can be accomplished is by teaching biblical truths. The defining factor of the alternative script, the central motif which has been

lost in the church and particularly the modern liberal church, is the God of the Bible who, fleshed in Jesus is Lord and Saviour and the Creator of heaven and earth.

All those called in the Bible were inducted into this task, and it is not different now. I say this because I think I know many ministers who are filled with despair, who are exhausted from too many tasks who are riding it out in cynicism, or who work ad hoc without much focus on coherence. Ministry is at best acutely difficult and problematical; it becomes unbearable when there is no large, comprehensive sense of purpose (Brueggemann 2005:22-28).

As a consequence of unmet expectations arising from erroneous doctrine, ministers face the real possibility of burnout,⁵⁷ a condition which is well recognised in professions where there is an emphasis on interpersonal interaction. It has been found that burnout⁵⁸ is particularly rife among general medical practitioners as well (Maslach & Leiter 1997:24). The condition is characterised by cynicism, low motivation levels and a lack of efficacy, and is in contrast to engagement, which evinces the criteria of high levels of energy, involvement and efficacy.

The purpose of the study was to conduct the task of dismantling in its argumentation a script of entitlement to physical healing, which has failed. It elucidates the point that God heals the sick, He stills the storm, but humanity cannot and should not demand that He does.

1.9 Outline of chapters

Chapter 1 of this study introduces the basic problem of entitlement to healing in the Christian Church and suggests that there are spiritual ramifications for both the sufferer and the pastor in the Christian Church when the sense of entitlement leads to spiritual decline. The methodology adopted to assess the existence and the implications of the spirit of entitlement to healing is introduced in this chapter and the study is introduced as falling within the Christian Spirituality discipline.

⁵⁷ Dunn (2013) writes of *The Scandal of the Shepherdless Flocks*. Burnout which is a psychological term for the experience of long term exhaustion and diminished interest, causes the shepherd to be ineffective and even to abandon his flock, if not physically certainly in many instances in a behaviour pattern of evasive action. This is frequently a consequence of unreasonable demands made by those who have a misinformed idea of God's promises to heal every physical ailment including old age. This is not, however, an excuse for every abandoned flock which is often caused by laziness, disinterest, failure to focus on the metanarrative or an alternative agenda.

⁵⁸ Burnout of pastors is an interesting topic for further investigation, as discussed in chapter 8 of this dissertation.

Chapter 2 outlines definitions and explanations of spirituality and particularly Christian spirituality. It then goes on to examine the history of flawed spiritualities which historically have led to various beliefs, misunderstandings of biblical directives and promises, and to destructive behaviour patterns by Christians.

Chapter 3 examines the irrationality of the spirit of entitlement as it elucidates the human frame and its vulnerability to disease and old age. Basic pathology and physiology is discussed, as is the environmental impact on health. Lifestyle diseases are also discussed.

Chapter 4 examines the character trait of narcissism and its components and how it affects spirituality when it is evidenced in the church with behaviour patterns of ingratitude and demands for healing.

Chapter 5 Research conclusions regarding the effects of entitlement to healing brings together the pastor and the sick with the ministry of healing inside the churches, and gives an overview of the situation in the churches as the spirit of entitlement is examined in action in the church. The four areas of research are broken down and analysed according to age, ethnic factors, gender and education.

Chapter 6 focuses on the spiritual effects of medical crisis for the believer and looks at Christian hope in situations of medical hopelessness.

Chapter 7 Summarises and concludes the dissertation by going back to the research framework and examining the success of the study to understand the spirit of entitlement as it is exhibited in the Christian Church particularly in the ministry of healing.

Chapter 8 Proposes a way forward and suggests areas for further study.

Summary of Chapter 1

This introductory chapter 1 has outlined the Research Framework for the study which sought to accomplish the following:

- a) Identify the starting point of the research problem as being a sense of entitlement in the Christian Church to divine healing by God.
- b) Raised the question whether this sense of entitlement has a negative effect on the spirituality of the sick that were not healed by God and the pastors who minister to them.
- c) Set out to engage with medical science to establish whether this is a common experience in Christianity and Medicine, and to explain the mortality of the human frame.
- d) Aims to establish the traits responsible for a sense of entitlement and the teaching, preaching and attitudes in the church which contribute toward unreasonable demands being made on God for healing.

With this framework in mind the two case studies were briefly introduced. The chapter introduced the reason for placing the study in the Christian Spirituality discipline and outlined the methodology to be used to attain answers to the questions raised by the study.

Introduction to Chapter 2

The commonly experienced understanding on which this study is based is that sickness causes spiritual malaise to those who are not healed and therefore feel that God has abandoned them in their time of desperation. Based on this point of departure, the dissertation examines in this chapter the subject of Christian Spirituality, particularly as it is affected in times of medical crisis and imminent death. The base assumption is that “man is not only in touch with the *space-time* or material world, the world of sociology and research methods and behaviourism; he is also in touch with a non space or spiritual world” (Kelsey 1972:144). This chapter examines within this spiritual world the tendency for distortions in spirituality, theorising that a spirit of entitlement is one such distortion of spirituality, which is historically a common phenomenon in the church when pride, self-interest, deception and confusion mar the simplicity of the gospel of Jesus Christ.

2.1 Introduction

Hislop (1989:1-5) discusses the differences between the works of God and those of humanity. The finest work of art, he says if examined closely enough, reveal the mechanism that created it, in the shape of roughness or clumsiness. Living works of God’s creation reveal, however, when studied increasingly closely, more and more wonder and fascination.

Nevertheless, living creatures are subject to the cyclical laws of nature,⁵⁹ and must inevitably die (Genesis 3:19). The physical body of the human being suffers sickness and ultimately death⁶⁰ as a consequence of its carnal design; the physical design of the human frame is discussed more fully in Chapter 3 of this study. It is my contention that God’s people often suffer spiritually as well as physically as a result of sickness and as a result of their fear of imminent physical death. Often what the sick consider to be a lack of healing by God is the

⁵⁹ As a Christian Spirituality dissertation, this study acknowledges that these cyclical laws were set in place by God, who is the God and Creator of nature. Lewis (1947:19) says “what naturalism cannot accept is the idea of a God who stands outside nature and made it”.

⁶⁰ Saladin (2010:1146) argues that “Ninety nine percent of us will die before age 100, and there is little chance that this outlook will change within our lifetimes. We cannot presently foresee any cure for old age or a significant extension of the human life span”.

cause for a deep sense of alienation from God, the church and frequently from the pastor as well.⁶¹ It is my contention that incorrect teaching⁶² has led to a sense of entitlement to healing which is erroneously based on what is perceived to be God's contractual obligations⁶³ as outlined in Scripture and the sick person's perceived sense of holiness.⁶⁴ In fact the sick are often taught that healing is a benefit resulting from their very belief in Jesus Christ.⁶⁵

2.2 Definition and classification of spirituality

An examination of the literature reveals that the definition of spirituality is very subjective, and depends on the convictions of the definer. A sense of the numinous or the awareness of the spiritual world was recognised by many famous people including Shakespeare (1564-1616) who acknowledged in his famous quote from Hamlet that: "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy" (cf. Horan 1977:55). Waaijman (2003:1-14) acknowledges that there are various classifications of spirituality including: secular, post-modern, primordial and indigenous. He notes that such classification is a work in progress, as the subject of spirituality comes increasingly under academic scrutiny.

A detailed study of all spiritualities is beyond the scope of this dissertation. The emphasis will be on Christian biblical⁶⁶ spirituality⁶⁷ as a specific area of enquiry, as it is defined by

⁶¹ Bouchard (1999:13) argues that "issues of theodicy arise as much when medicine is perceived to fail humanity as when God Himself seems to fail them".

⁶² Brueggemann (2005:22) believes that the Christian Church has lost sight of the meta-narrative, and the message which has been entrusted to it, by subscribing to dominant ideologies which guarantee a trouble free life of certitude, privilege and entitlement.

⁶³ The "healing" movements hold God contractually bound by what they teach to be His promises which were made in Isaiah 53:4-5, Matthew 8:17, 1 Peter 2:24, among other Scriptures.

⁶⁴ In a sermon given in a Charismatic Church, the preacher told the congregation to forget about their "condition" of illness and to focus on their "position" in Christ. Their position being that they were believers and therefore they had guaranteed rights which they could cash in on by reminding God of His promises and then demanding those rights. They could claim what rightfully belonged to them, in this world, in the now and in an immediate sense.

⁶⁵ Kenyon (1943:67) taught that it was always God's will to heal those who believed in Him, saying that "sickness does not belong to the body of Christ; it is not normal or natural". Hagin (1983:16) laid the blame, the guilt and the sense of unworthiness for sickness on those who suffered by saying: "Don't ever tell anyone sickness is the will of God for us. It isn't. Healing and health are the will of God for mankind. If sickness were the will of God heaven would be filled with sickness and disease".

⁶⁶ I am aware of the debate around a "scriptural spirituality"; a spirituality which is exclusively centred on the Bible (Lombaard 2005:139-150) and I subscribe to the view that the centrality of the Bible in Christian Spirituality cannot be overemphasised. Brunner (2007:20-21) taught that; "the

Schneiders (1986:266): “that particular actualisation of the capacity for self-transcendence that is constituted by the substantial gift of the Holy Spirit establishing a life-giving relationship with God in Christ within the believing community”.

According to Mursell (2001:4) the understanding of Christian Spirituality as an academic study of prayer, mysticism and devotion appears only in the twentieth century. Sheldrake (2001:35) likewise agrees that until the twentieth century there was no real attempt by Protestantism to compile a coherent spiritual theology which precisely paralleled the ascetical mystical theology of the Roman Catholic tradition. Defining the term in this context has led to various definitions, agreement and on occasion disagreement. Liefeld & Cannell (1992:241) in their attempt to find a basic definition of spirituality say that “like gossamer, the meaning of the word is fragile and dissolves in our hands as we reach for it”.

However, most authors consulted for this study are in agreement on the basic origins of the word *spirituality*. Armerding (1992:41) comments that spirituality is “that which has to do with the spirit, the human spirit which, according to the Bible, is that part of a unified anthropology which corresponds to, and which draws from the Spirit that is in, or is, God”. This Spirit animates and gives life to humanity. The English word *spirit* comes from the Latin *spiritus*, whose primary meaning is *breath* or *breeze*. The Hebrew *ruach*, just as the Greek *pneuma* and Latin *spiritus*, means both breath and spirit (Armerding 1992:41).

There is a link between *breath* and *spirit*, between the physical and the incorporeal. This link is between the *two* traditions which helped shape Christian spirituality. The Hebrew word *ruach* like the Latin *spiritus* means both *breath* and *spirit*. Genesis opens with a *wind from God* (Gen 1:2) when the Spirit of God sweeps over the waters. Mursell (2001:9) argues that “Hebrew knows no absolute distinction between the physical, material world, and a wholly separate spiritual world. The two are inextricably linked”. The Spirit, or wind from God, blows across the watery chaos that existed at the dawn of space and time. When God speaks by royal decree He speaks into the chaos (Mursell 2001:9). He draws forth from it order,

Bible without the Spirit is orthodoxy; Spirit without the Bible is mysticism or rationalism”. However, I believe that there are dangers in a spirituality which can be misinterpreted in the name of piety by using Scripture to justify a particular point of view. This will be discussed as a case in point in sections 2.4 and 2.5 of this dissertation.

⁶⁷ Biblical Spirituality refers to: “spiritualities that come to expression in the Bible, designates a pattern of Christian life and is a transformative process of personal and communal engagement with the biblical text” (Schneiders 2002:134-136).

identity, pattern, purpose and meaning. These creation verses reveal the essential nature of spirituality in the Judeo-Christian tradition. This disputes the claim by Bartlett, Piedmont, Bilderback, Matsumoto & Bathon (2003:778-783) that “spirituality is not an appropriate theme for study because it cannot be proven empirically”.

MacQuarrie (2000:64) argues that *spiritus* has a secondary meaning, *inspiration*, which literally means *breathing in*. This gives interesting possibilities to the interpretation and understanding of John 20:22 ἐνεφύσησεν where the interpretation would be that Jesus breathed not “on” them but that He breathed “into” them.

Bouyer’s (1989: vii) definition and understanding of Christian spirituality is important to this study. He states that Christian spirituality is distinguished from dogma by the fact that instead of studying or describing the *objects* of belief as it were in the abstract, it studies the *reactions* which these objects arouse in the religious consciousness (Bouyer 1989: vii). Schneiders’ (2002:134)⁶⁸ related definition of spirituality as “the *lived experience* of the Christian faith” is relevant to the context of the subject of this study. The spiritual maelstrom expressed in the quotation below, as an example, gives an indication of the effects on the *lived experience* of spirituality for an individual when he is faced with imminent death caused by a terminal illness:

Doctor, you say that I have terminal cancer and there isn’t any more that you can do for me. You say that I have two or three months left. What happens then? I’m afraid of the pain and suffering ahead. I’m afraid that I haven’t been a good person. I’m afraid that God doesn’t love me, since my prayers for healing have gone unanswered. I’m afraid of where I’m going after I die. I’m afraid of leaving my daughter and son, and never seeing them again. I’m afraid doctor; I’m so afraid (Koenig 2008:21).

Sickness, tragedy, accident and death strike at the very heart of what it means to be human. This study examines spirituality as the lived experience of the Christian faith as the people of God struggle to explain and understand calamity and pain.

Macquarrie (2000:68) argues that “a human person is not simply a spirit. He is also a creature of flesh and blood. Yet, person and spirit, though not identical, are closely connected. Spirit is the most distinctive constituent of personhood”. That being said, a person who is sick, who becomes subjectively and/or clinically and/or socially in need of help as a result of losing the

⁶⁸ Schneider’s more intensive definition of the preconciliar development and the contemporary meaning and use of the term spirituality are discussed in her article on Spirituality in the academy (Schneider 1989:680-684). They are also examined in Schneiders’ (1986:258-260) article on Theology and Spirituality.

balanced co-operation of the body is affected spiritually as well as physically (Seybold 1981:12). O'Neill (2010:147) quotes D.H. Lawrence on the spiritual significance of illness:

I am not a mechanism, an assembly of various sections and it is not because the mechanism is working wrongly, that I am ill. I am ill because of wounds to the soul, to the deep emotional self and the wounds to the soul take a long, long time. Only time will help.

In defining spirituality in the context of this study which examines spirituality in times of sickness and imminent death, it was interesting to note Waaijman (2002:34) who speaks of “a crises which can be an invitation to deal with the Secret. In each perspective the Secret can light up in a new way”. However, this is a difficult spiritual lesson to explain to a person who is suffering and in pain. Moore (2004:267-268) maintains that during illness a soul⁶⁹ comes out of hiding and shows itself in fresh realisations and new priorities. Moltmann says that “Serious illnesses are foreshadowings of death, and in the same way the healings are to be understood as foretokens of the resurrection” (Moltmann 1992:188).

Spirituality stands at the very interface or the operational level of daily human experience; sickness and imminent death bring pain and fear to the human spirit (Ellens 2008:1). The charismata of the Spirit are present, says Moltmann (1992:188), wherever faith in God drives out these fears in life and whenever the hope of resurrection overcomes the fear of death.

2.3 Spiritual awareness as a human trait

Tobias (1979:85-92) in discussing cultural awakenings in human history describes humans as being “the most insatiably curious of creatures”. He describes how evidence of San cave paintings dating back to the Middle Stone Age, fifty thousand years ago, has been discovered in what is now the Northern Province of South Africa. Anthropologists have detected in these evidence of spiritual awareness dating back to the dawn of our species.

Spirituality is, therefore, as old as mankind itself. Religion and the recognition of a spiritual world is a consequence of consciousness. It is the religious experience which lays the foundation of the world. “It is ritual orientation, with the structure of sacred space which it reveals, that transforms *chaos* into *cosmos* and therefore renders human existence possible –

⁶⁹ The writers of the Psalms are familiar with agony of the soul as they express in Psalm 23:3 “he restores my soul”, and Psalm 42:11 “why are you downcast, oh my soul?”. The soul is described in these psalms as that very innermost part of the human which longs to commune and be restored by God.

prevents it, that is, from regression to the level of zoological existence” (Eliade 1975:343-348). The essence of religion is the personal experience of a transcendent spiritual reality and the personal quest for harmony with this experienced reality (Eliade 1975:343-348). Mursell (2001:10) argues that the Hebrew tradition gave spirituality its stress on *integration*. The Greek tradition gave spirituality its stress on *desire* and the two together give the Christian spiritual tradition a sense of *adventure*. This sense of adventure in spirituality has been taken up by various religious institutions, one of them being the Methodist tradition in Wesley’s doctrine of holiness and sanctification, which involved a *journey* toward wholeness (Holifield: 1986:8).

The origin of human spirituality or a sense of the numinous,⁷⁰ as indicated above, goes back much further than the history of the Jews as recorded in the Bible. Leakey (1981:153) describes the burial rites of Neanderthals, where the remains of the deceased were laid out with great care, and the grave adorned with tools and weapons. He goes on to describe burial rites dating back sixty thousand years in Iraq, in the Shanidar cave in the Zagros Mountains. Leakey, a self-proclaimed atheist, ascribes these burial rituals to “a deep feeling for the spiritual quality of life” (Leakey 1981:153).

The Egyptian burial customs are evidence of religious beliefs in an afterlife. Contrary to what many modern occultists claim, the ancient Egyptians did not believe in reincarnation, the idea that a soul returns to earth after the body’s death and that rebirth is repeated many times. “Mummification would not have been necessary had the Egyptians been reincarnationists, because the soul of the deceased could inhabit anyone’s body, not just its own” (Brier 1994:20). According to Brier, the ancient Egyptians believed in *resurrection*; “that people exist just once but that their earthly bodies reanimate in the afterworld” (Brier 1994:21).

As mentioned in Chapter 1 of this dissertation, evidence has been discovered in Gobekli Tepe in Southern Turkey from 11,600 B.C. that gives evidence of numinous experience which motivated people to practice animal sacrifice and to build the world’s first recorded

⁷⁰ There are various definitions for the word “numinous”. I use the word as Huxley (2004:55) used it as *Mysterium Tremendum* “The literature of religious experience abounds in references to the pains and terrors overwhelming those who have come, too suddenly, face to face with some manifestation of the *mysterium tremendum*. In theological language, this fear is due to the in-compatibility between man's egotism and the divine purity, between man's self-aggravated separateness and the infinity of God”.

temple (Mann 2011:35). It would appear that Waaijman (2002:4) is quite correct by saying that “the transmission of spiritual wisdom may be the oldest discipline in human history”.

Toynbee (1992:11) argues that spirituality is a stable ingredient in human nature;

Though man’s technology has been by far the most successful of his achievements hitherto, it is not the essence of humanity, and is not even the feature of human nature that is the most crucial for mankind’s existence, survival and well-being. These more important features of human nature cannot appear directly in the archaeological record, since they are not material but are spiritual.

In a more modern context, Keleman (2004:66-79) examines the question of whether children are “intuitive theists” in their beliefs about purpose and about their ideas on the intentional origins of nature. She states that a review of recent cognitive developmental research reveals that from as young as the age of 5 years, children understand natural objects as being not humanly caused. Keleman (2004:75) studied ages beyond 5 years old in children up to the age of 10 years old and the research continues to suggest that children’s assignments of purpose to nature relate to their ideas concerning intentional *nonhuman causation*. She comes to the conclusion at the close of her research that children’s explanatory approach could be accurately categorised as intuitive theism (Keleman 2004:75). Further research regarding causes for the loss of this sense of the numinous which is present in children from a young age would be interesting but lies beyond the scope of this dissertation.

Bouyer (1989:35) brings the subject of general spirituality into a Christian Spirituality paradigm by arguing that:

It is quite certain that the soul of Christian Spirituality lies in the absolutely unique influence of Jesus’ words and His personality, exercised first on His immediate disciples. But the very profundity of this influence seems to elude all efforts to encompass in any limited historical sketch the immediate words and impact of Christ.

This difficulty continues to the present time, as the natural senses struggle to encapsulate and outline the majesty and divinity of the Spirit of Christ.

2.4 The influence of spirituality in human history

Osborne (2006:29-31) describes how modern humans arrived in Europe some 40,000 years ago, from Asia and North Africa. From the beginning they placed ornaments and implements in graves. The nomadic lifestyle of these people gave way to a communal one, leading to the

first communal graves. As he says, this indicates settled societies with a greater interest in the fate of the dead.

This is illustrated by the establishment of a series of megalithic structures across North Western Europe some 6,500 years ago. These are unique and massive stone monuments. They include standing stones at Howe, Brogdar and Stennes on Orkney, and passage graves in Ireland. It is estimated that it would have taken the efforts of some 2,000 men several years to move and assemble the monoliths. They all seem to have served a spiritual purpose. The capstone at Newgrange, for example, has a small opening which, at dawn of the winter solstice, would allow a sliver of light to proceed down a passage and illuminate a triple spiral carved into the wall of the main burial chamber (Osborne 2006:29-31).

Work on constructing Stonehenge began about 5,000 years ago. The stones were transported from West Wales to Southern England. This is interpreted by historians as evidence that there was considerable contact between societies living at a significant distance from each other, connected by a common cultural and spiritual network. The Celtic culture of some 3,000 years ago had very strong beliefs in the afterlife, and a fluid ambiguous belief system where animals changed shape, and people and gods travel between the natural and supernatural worlds, where music issued from the ground and food and drink appeared magically (Osborne 2006:38).

However, the spirituality of humanity and the awareness of the spiritual world has not always been a positive influence in human history.⁷¹ In fact, La Pierre (2000:75) warns that when spirituality is not involved in the process of becoming closer to The Transcendent, the dynamic process that leads to positive change, then there are consequences:

Instead, to find ourselves enmeshed in something that may undo some part of what we have become. When the process is *destructive* rather than *constructive*, this is what is called – evil.

Throughout history devastation, massacre, arson and assault of every kind has been perpetrated in the name of God by way of wars, bigotry and hatred, which were often caused

⁷¹ Lewis (1947:278-279) lists the various senses in which the word “spiritual” have been used in the history of humanity. He argues that “it is important to realise that what is spiritual is not necessarily good. A spirit (in this sense) can be either the best or the worst of created things”.

by the misinterpretation of Scripture and a misinformed sense of spirituality. Humphrey (2006:201) argues that “the spirit when deformed can make humans into demons”.

A classic case of deformed spirituality was the incomprehensible systematic and furious assault on men and women, believed by the religious hierarchy during the period 400 – 1700 A.D. to be “diabolical sorcerers and witches who were accused of manipulating the forces of the supernatural to effect evil in the world and bring Satan’s kingdom to a complete and terrible fulfillment” (Kors & Peters 2001:20). These attacks were perpetrated in the name of God against those who were accused of practicing “magic”. The Greek, Latin and Hebrew ideas and terms which described what may generally be called “magic”⁷² reach back into a distant past and these were transformed by the Christianisation of the Roman world (Kors & Peters 2001:41).

Much of the writings of Christian thinkers from Origen to Augustine concerned themselves with the spiritual world of sorcery and magic. Augustine in his *Eighty Three Diverse Questions*, which is believed to have been written around 396 A.D. (cf. Green 1995:91-101), outlines his arguments concerning demonology and the weakness of humans when their pride and human curiosity lead them to worship demons instead of God. According to Green (1995:91-101) several of these deviations in spirituality were as a result of seeking miracles of healing. Augustine exhorts Christians to know the difference between magic and legitimate miracles, which should be clear and not be mistaken by any Christian who is properly instructed (Green 1995:91-101). The following short account of the witch hunts in Europe and America outline the result of uninformed or misinformed spirituality which claimed scriptural sanction⁷³ as the basis for actions.⁷⁴

Mc Neill & Gamer (1990:321-346) claim that the years 900 – 1300 A.D. witnessed the beginning of the seeking out for punishment and small scale prosecutions by the church of those who were suspected of being a witch or who dabbled in witchcraft.

⁷² Chapter 3 of this dissertation argues that “magic” is frequently a strong factor in a medical context.

⁷³ Most likely these actions were based on: Exodus 22:18 “Do not allow a sorceress to live” or Deuteronomy 18:10-11 “Let no one be found among you who sacrifices his son or daughter in the fire, who practices divination or sorcery, interprets omens, engages in witchcraft, or casts spells or is a medium or spiritist or who consults the dead”. Paul in Galatians 5:20 endorses the Old Testament sentiments regarding God’s attitude toward witchcraft together with other sins which God finds abhorrent.

⁷⁴ It is interesting to note that the envious, drunkards, selfish and the sexually immoral, though also mentioned in these texts, were not targeted for extinction by the religious hierarchy of the time.

Burchard, bishop of Worms from 1000 to his death in 1025, composed his *Decretum* early in the eleventh century for the use of the clergy in his own diocese. Because of Burchard's considerable skills as a canon lawyer, however, the work circulated, even though unofficially, far beyond his own diocese. Book XIX of the *Decretum* is a penitential called the *Corrector, or the Physician* (McNeill & Gamer 1990:321-346).

Kors & Peters (2001:112-148) argue that popes, theologians, preachers, lawyers and judges became embroiled in the spiritual search for an irrefutable rationale and method for approaching systematically the problems of diabolism, heresy and diabolical sorcery. During this period Dante himself in his *Inferno* devoted a canto to sorcery (Fowlie 1981:131-132).⁷⁵

By the middle of the 15th century witchcraft as diabolical sorcery had been fully affiliated with heresy and pronounced against in the public record by the highest and most powerful ecclesiastical and lay authorities (Kors & Peeters 2001:112-148). The pronouncement of "servants of Satan" was made on those perceived to be undeviatingly hostile toward Christian society. Two remarkable documents were produced by the end of the 15th century which were destined to shape the force of later persecutions: Pope Innocent VIII issued *Summis desiderantes affectibus* which was a plan of action against the worldwide conspiracy of witches and their master Satan (Burr 2008:7-10). Three years later Heinrich Kramer and Jacob Sprenger produced *Malleus Maleficarum* (Hammer of Witches), which was regarded as the encyclopedia of the methods for attack on witches which was declared as papal policy. Kramer and Sprenger were churchmen, priests and Inquisitors. The main purpose of the *Malleus* was to systematically refute all argument against the reality of witchcraft, refute skepticism and to prove that witches were more often women than men, also to inform magistrates on how to rout them out and convict them of sorcery (Kramer & Sprenger 1486).

Kors & Peters (2001:330-379) argue that the second half of the 17th century witch-fears spread to British Colonies in North America. The spiritual climate of fear and violence was leading to the Bamberg, Bonn and Wurzburg prosecutions and ultimately the trials at Salem Village and the infamous burning at the stake of Urbain Grandier, the priest of Loudon who was accused of bewitching a local convent of Ursuline nuns (Huxley 1974). The trial and

⁷⁵ Fowlie (1981:131-132) argues that Dante himself was accused of practicing the black arts and that he feared the wrath of the spiritual leaders of the time who might have suspected him of being a sorcerer. Fowlie (1981:131-132) maintains that Dante's energetic Canto 20 where he forcefully denounces the sorcery of the inhabitants of the fourth *borgia* could be explained as his own attempt to escape the clutches of the spiritual hierarchy who seemed bent on his destruction.

torture of Suzanne Gaudry under Spanish Jurisdiction are a witness to spirituality which was entirely devoid of human compassion:

The trial of Suzanne Gaudry... the pathetic and illiterate old woman, the Sabbath, the nocturnal flights, the carnal love of the devil, the effective use of terror and torture, the recantation and the burning at the stake, all brought together in a judicial atmosphere composed half of orderly interrogation and half of frightful insinuation and contradiction (Kors & Peters 2001:359).

In 1659 the Reverend Cotton Mather preached a sermon in Boston entitled “A discourse on witchcraft”; the sermon was printed and circulated in Massachusetts. Three years later the witch hunts erupted in Salem Village (Burr 2008:2-50). When the prosecutions ended in 1692, 159 people had been imprisoned. Of these 19 were hanged, 1 was pressed to death and 4 died in prison. Juries subsequently recanted their sentences and admitted the error of the witch hunts (Kors & Peters 2001:437).

There are more recent examples of the fatal consequences of aberrant spiritual beliefs. Petraitis (2003), after conducting research of African News archives, claimed that in various African countries during the period 1991 and 2001 between 22,000 and 23,000 people were put to death by fearful neighbours who suspected them of practicing witchcraft.

In Johannesburg, South Africa, Molosankwe (2011:1) reported on the violent murder of a teenager who was set alight in a satanic ritual. The dead girl and her friend who survived the attack were doused in petrol and torched by five youths on the 21st October 2011. The youngsters were supposed to attend a Church Youth Service prior to their committing the ritual. They had a Bible and candles in their possession at the site of the fatal burning.

The human spirit is the very centre of who we are and of our reactions to our religious instruction. Spirituality therefore has the potential of being distorted⁷⁶ and the above examples of the resultant mayhem from history gives a frightening element to Bouyer’s (1989: vii) definition of spirituality mentioned in the introduction to chapter 2, “that Christian spirituality is distinguished from dogma by the fact that instead of studying or describing the

⁷⁶ Waaijman (2002:483-520) in discussing methods of discernment, calls for a critical reflection in the discernment of spirits. He separates the fruit of the Spirit from works of flesh (Galations 5:19-24). He sees a difference between those that remain alive to the image of God and those whose image of God is deformed.

objects of belief as it were in the abstract, it studies the *reactions* which these objects arouse in the religious consciousness”.

2.5 Current theories and trends

The stage seems to have been set by the 20th century for the emergence of the distorted spirituality of Freud’s *id*.⁷⁷ Zeldow (2006:135) argues that the *id* is the repository of all biological urges and instincts, and it is governed by the pleasure principle. This means that it attempts to avoid pain and enjoys pleasure and it cannot tolerate the delay of the gratification of these demands. He further argues that the *id* operates according to a *primary process* which he identifies as “a primitive form of wishful and magical thinking” (Zeldow 2006:135). *Primary process* thinking avoids the reality of sickness and old age. The unrealistic promises of the televangelist,⁷⁸ catering to the narcissistic element of human nature and promising to empower believers, thus making them rich, powerful and healthy catered to these primitive demands for a magical miracle cure for all ills.⁷⁹

Primary process thinking, and modern day instant gratification demands, were examined by Campbell, Bonacci, Shelton, Exline & Bushman (2004:39) who were so fascinated by the evidence of psychological entitlement which they were observing in society that they conducted a study, with the goal of developing a self-report measure of psychological entitlement, and assess its interpersonal consequences. They argue that:

We conceptualise psychological entitlement as a stable and pervasive sense that one deserves more and is entitled to more than others (Campbell *et al* 2004:39).

⁷⁷ In Freud’s famous analogy of the mind, the primitive *id* is governed by the “pleasure principle”. The *id* demands immediate gratification. “I want it now”. (Refer to the prayer of Tony Kushner in chapter 1 of this dissertation). Today we could identify the *id* as the primitive “reptilian” gut brain housed in the brain stem, along with the “emotional” limbic brain (Heller 2005:90).

⁷⁸ Convenient eisegesis of biblical texts such as Joel’s 2:19-32 heralding of the millennial kingdom gave license to televangelists to claim that they had special favour as believers to have unlimited wealth and power to heal the sick.

⁷⁹ Capps (1976:13-16) in his comparison of spiritualities based on revealed religious truth and sacred tradition with the modern spiritualities, which he claims have moved away from the concept of Transcendence to spiritualities of Imminence: argues that there has been a disappearance of the superego in protean man. He quotes Lifton as saying: “I left behind me a young man who did not have time to be my father, and who could now be my son. Was it a good thing or bad? I don’t know. But I readily subscribe to the verdict of an eminent psychoanalyst, I have no superego” (cf. Capps 1976:13). The consequences of the loss of the superego are that “protean man is not regulated by absolute moral or ethical standards” (Capps 1976:13). “Protean man has turned from permanence to change, from authority to freedom, from superego to *id*” (Capps 1976:16).

These demands to satisfy basic urges, needs and desires infiltrated the church, bringing a spiritual paradigm that guaranteed “rights” as a reward for belief in Jesus Christ. Erickson (1998:25-28) refers to an anthropocentric “shift toward a human-centred Christian practice”. He claims that the humanistic influence affected various areas of Christian practice, including evangelism, where the offer of salvation was made on the basis of Jesus Christ meeting all human needs, including health and wealth. Worship shifted from “adoration” to a more emotional feel good “celebration”. Erickson (1998:25-28) argues that even pastoral care concentrated on human desires rather than on God’s agenda and that whereas the earlier programme of care focused on holiness, the anthropocentric approach was more oriented to human wholeness. There was a shift from building the Kingdom of God to building the local institutional church (Erickson 1998:27).

New movements sprang up;⁸⁰ the Pentecostal movement with a focus on the “feel good” gifts of the Holy Spirit was a major influence on spirituality, bringing revival in its wake. The movement spread and claimed many converts (Bittlinger 1981:7). Weaver (1987:42) claims that “when Pentecostalism appeared at the beginning of the twentieth century, the doctrine of divine healing was one of the primary theological roots derived from the Holiness tradition”. Hollenweger (1988) outlines the origins, influence and history of the Pentecostal movement and stresses some of the healing doctrine.⁸¹ About Pentecostalism, he claims that “it is far and away the most rapidly growing religious group” (Hollenweger 1988).

Weaver (1987:91) speaks of the years 1955 – 1965 as “the glory days of the healing revival”. The primary reason given by Weaver for the decline in the healing revival was the growing opposition of Pentecostal churches to the high powered evangelist healing ministries. Initially the churches encouraged the healing revival ministries and used them to bolster their own local churches. Though the Pentecostal churches were initially prepared to support and encourage the healing evangelists, there was eventually a parting of the ways; the most integral reason for tension between the evangelists and Pentecostal churches was money (Weaver 1987:92). Weaver claims that some evangelists were fraudulent and that

⁸⁰ Andrew Murray (1828-1917) and his brother John heralded the Pentecostal style Spirit revival in Worcester, South Africa, in 1860 (cf. Hollenweger 1988:111-116).

⁸¹ Dickinson (1995:185) claims that “Pentecostalism is based on the *demand* for the miraculous”.

they exploited the sick for financial gain.⁸² Weaver (1987:92) believes that “as the revivalists were threatened by lack of financial support, they countered with unbelievable claims to the miraculous”.

Following closely on the heels of the Pentecostal Movement, the Charismatic⁸³ Movement, which was less formalised and less structured than the Pentecostal movement, brought more emphasis on the right of the believer to demand healing from God (MacArthur 1978:130-155). Kenyon and Hagin heralded the Faith doctrine claiming that “we don’t have to wait until the Spirit wills”, that healing is a right to the believer, provided for in the Atonement, and that believers could be fully redeemed from bodily suffering while on this earth (cf. McConnell 1988:159). Dickinson (1995:231) argues that “it could be said that the whole Charismatic Movement is a healing movement because of its particular emphasis on the gift and work of healing”. The Charismatic Movement and the later version of the neo Charismatic Movement spilled over into the mainline churches, influencing both Protestant and Roman Catholic Churches (Menzies 2000:38-39).

There was another spiritual emphasis that emerged in this later period. This dissertation focuses on a sense of entitlement in the Christian Church, and therefore this development was of particular interest to the research. Liberation theologies highlighted the plight of women as they struggled to be recognised as having a voice in the church. Violence against women and unequal opportunities within the ministry were also the catalyst for the birth of a liberation theology which called for a “gender lens” of, what I detected to be, an expression of entitlement in the practice of theology in the Christian Church (Shomanah 1999:1). In principal this was a legitimate concern for women in the church as they felt excluded from the ministry, particularly as it relates to ordination. Unfortunately, a deformity of spirituality gripped the movement as they strived to make their voices heard by demanding the rights to

⁸² Miracles performed for money or material gain is not a new concept, Melinsky (1968:31) claims that heathen wonder workers as far back as Apollonius of Tyana (40-120AD) performed “miracles” for money and that the main concern was remuneration.

⁸³ “Charismatic” is a term adopted by the neo Pentecostals to define what they claim to be special works of the Holy Spirit today (MacArthur 1978:207). In the late 1950’s the glory days of the healing revivalism of Branham, who had been operating under the banner of Pentecostalism, were over and a new charismatic revivalism spearheaded by Gordon Lindsay and Kenneth Hagin heralded an intensified emphasis on the “faith-cure” aspect and prosperity angle in the Charismatic Movement (Weaver 1987:105).

which they felt they were entitled.⁸⁴ James argues that there is a huge variation in emphases between the evangelical feminists and the Wiccan feminists, she claims that the common thread is the conviction that “women have the right to name themselves, the world and God” (James 2013). There would appear to be overlaps in conviction however as noted by Reuther’s (who is listed by James as a biblical evangelical feminist) involvement in the Wiccan activity of Starhawk mentioned in the footnote below.

This sense of entitlement was encapsulated in liberation theologies and most specifically in feminist spirituality⁸⁵ where women were dissatisfied with their lot in the church and vowed to “demythologise” the Bible (cf. Ferreira 1987:4). Campbell *et al* (2004:33) call this the *Me versus Other* measure on their Psychological Entitlement Scale. They argue that individuals that score high entitlement rates are not only selfish but also aggressive:

We predict that this might be the case if entitled individuals are criticised and then are given the opportunity to aggress against the individual who criticised them. There are two reasons for this prediction, one theoretical and one empirical. From the theoretical perspective it is plausible that individuals high in entitlement not only feel that they deserve a disproportional amount of resources... but also success and favorable treatment from others. Criticism may violate these assumptions of deservingness... From the empirical perspective, narcissism is linked to aggression following criticism (Campbell *et al* 2004: 39).

Baumeister, Bushman & Campbell (2000:27) argue that narcissism is defined by grandiose views of personal superiority, and an inflated sense of entitlement which can be the cause of aggression. However, as they point out, this aggression is most likely to demonstrate itself if the narcissist detects that there is an insulting provocation.

Thus provoked, this aggression was evident in the assertion of feminist leaders that Christianity and feminism were incompatible (Hampson 1990). Hampson claims that feminism is the stronger force and that it will eventually cause the abandonment of the Christian religion because of the latter’s ties to male supremacy. Claiming that the “Christian

⁸⁴ In November 2011 there is an article by Jason Pitzl-Waters (2011) in *The Wild Hunt* which claims to look at life from a “modern pagan perspective”. Starhawk “a well known feminist witch” joined Rosemary Radford Reuther, a well known feminist theologian, to dialogue on “The Church, Feminist theology and the future”. Greer is also quoted in the same article as suggesting that “scholars, theologians and authors would be better served by leaving Christianity behind and embracing those traditions unafraid of feminine power and authority” (cf. Pitzl-Waters 2011).

⁸⁵ Liberation theology in a general sense seeks to use the Church to achieve its aims. Feminist theology on the other hand, according to Pitzl-Waters, aggressively seeks to, and encourages women to, move away from Christian Theology, the Christian Church and Christianity and into embracing the feminist tradition (Pitzl-Waters 2011). This is only valid for extremist feminist theology.

myth is no longer either tenable or ethical”, the path for the future for Hampson is towards post-Christianity (Hampson 1990).

The Roman Catholic Church⁸⁶ has in some instances attempted to exclude feminist spirituality from the church. The Protestant Church would appear to have either incorporated feminist spirituality into their churches or simply to have ignored it. Hills, Francis, Argyle & Jackson (2004:61-73) argue that there are two types of religion, “extrinsic” and “intrinsic”. For extrinsically orientated individuals, religion functions as a means of achieving some self-serving end, whereas for the intrinsically inclined, religion itself is the ultimate end: extrinsics use their religion, intrinsics live it.⁸⁷ Judging by these criteria many of the liberation spiritualities would be examples of an extrinsic spirituality of entitlement.

Due to the nature of this dissertation which seeks to understand the distortion⁸⁸ which causes a spirit of entitlement specifically in the ministry of healing, the discussion of spirituality in this section has mainly dealt with spiritualities which have had a negative effect on the Body of Christ. Only some examples of a sense of entitlement finding expression within Christianity have been indicated, in order to make the point that it is a widely occurring phenomenon, not only restricted to the healing ministry. Nor should it be understood that all of evangelical Christianity is inferred by this orientation. Gordon (1991:3) namely argues that in Evangelicalism there is extraordinary diversity in spiritual experience, doctrinal emphasis and personal temperament, to the enrichment of the whole Church of Jesus Christ. He goes on to indicate that:

Defining the content and controlling the emphases of Christian spirituality is the revelation of God in Christ. How this revelation is experienced and understood, in Christian communities and in individual lives, decisively shapes each spiritual tradition (Gordon 1991:3).

Emmons (2000:3-26) outlines the necessity for a spiritual intelligence which would prevent most distortions of spirituality, and he identifies the specific missing element in human nature as humility. Humility according to Emmons has been linked to a number of personal

⁸⁶ Donna Steichen 1991 wrote an expose of feminist spirituality from a Roman Catholic perspective in her book; *Ungodly Rage: the hidden face of Catholic feminism*. There are also several Catholic websites which denounce extremism in the feminist theology.

⁸⁷ Allport & Ross (1967) developed a measure of intrinsic/extrinsic orientation in spiritualities known as the Religious Orientation Scale which was developed to allow empirical examination of the two dimensions in personal religious orientation and prejudice.

⁸⁸ Macquarrie (2000:66) says that “it is true spirit can become perverted so that we can speak of evil spirit or spiritual evil and these represent a pitch of sin beyond sensuality”.

and interpersonal life outcomes. Even in the health field, research reported that a lack of humility, or the excessive self-focus found in the trait of narcissism,⁸⁹ is a risk factor for coronary heart disease (Emmons 2000:3-26). Humility is not a feature of the narcissistic personality which arrogantly believes that it is entitled to benefits, ultimate power, dictatorship, protest and rage when thwarted. Kelsey (1972:97) maintains that “at the beginning of all spiritual endeavor stands humility and he who loses it can achieve no other heights than the heights of disillusionment”. Large (1959:169) argues that a lack of humility is the reason for distortions in Christian Spirituality and he argues that:

There are few heresies worse than the one which makes the temple of the Spirit more important than the Spirit Himself.

How shall we deal then, asks (Brown 1912:137), with the problem presented by the brevity of life? “Even under the best conditions life is transitory and the most that can be crowded into it falls lamentably short of the capacities of the human spirit to acquire and enjoy”. This fear and sense of incompleteness has caused humanity to clutch pathetically at the straws of power, materialism and entitlement.

Capps (1976:130-142) suggests that the revival of interest in Christian Spirituality in our time is as a direct result of the intense preoccupation with materialistic values and comforts and an overarching emphasis of the world setting the church’s agenda in the twentieth century. Promises made by the proponents of immanence and the immanence of human salvation⁹⁰ have proved unsustainable and humans regarded as gods have not been able to correct the world’s environmental, social or political dilemmas. They have been unable to correct world poverty and the massive inequities in society. The environmental challenges continue to be a cause for alarm and despair. As Capps (1976:132) expresses it, the liberation and human oriented agenda promised: a new time, a new era formed by the raising of human consciousness: or so many theologians, humanistic psychologists, social planners, ecologists and environmentalists promised. The promises were for “health, wealth, unrepressed bodily resignation to physical delights and fresh possibilities for humanity, as it were with flowers everywhere” (Brown 1959:8).

⁸⁹ Narcissism is discussed and defined in Chapter 4 of this dissertation.

⁹⁰ Modernism considers God to be a totally unnecessary concept. “Modern non-religious man assumes a new existential situation; he regards himself solely as the subject and agent of history, and he refuses to appeal to transcendence... Man makes himself, and he only makes himself completely in proportion as he desacralises himself and the world” (Eliade 1961:203).

Instead of also mulling over the fate of past traditions, we tended to place these traditions on the shelves for awhile and treat previous theological formulations according to the analogy of worn out medical theory (Capps 1976:149). The futurist agenda of eternal life on earth was however a pipedream.⁹¹ Moltmann (1993:272-273), who in his later works would appear to regain the reality of transcendence, brings the focus back to the mystery of God Himself,⁹² where Christian Spirituality confronts humanity:

The death of Jesus on the cross is the center of all Christian theology. It is not only the theme of theology, but it is in effect the entry to its problems and answers on earth. All Christian statements about God, about creation, about sin and death have their focal point in the crucified Christ. All Christian statements about history, about the church, about faith and sanctification, about the future and about hope stem from the crucified Christ (Moltmann 1993:272-273).

Drawing on the above, my own working definition is that Christian spirituality can only remain a positive influence in the lives of those who profess to follow Christianity, as long as Christ remains central to the working out of the spirituality, in daily living and in religious endeavours. As Kourie (2009:167) argues, Christian spirituality should lead to a “mystical transformation in Christ”. This transformation should, by the very nature of Christ who said “and if someone wants to sue you and take your tunic, let him have your cloak as well” Matthew 5:40, be totally intolerant of an attitude of entitlement.

In the following chapter, the study moves from spirituality to the physical makeup of the human person; examining pathology and sickness as it impacts on Christian spirituality.

Summary of Chapter 2

The foregoing chapter analyses and defines the phenomenon of Christian spirituality and examines the propensity for spirituality to become warped and even dangerous when self-seeking elements or deception is introduced masquerading as spiritual truth. The chapter examines some of these as extrinsic spiritual beliefs where motivations tend to make demands not only on God but also on the church for various benefits or what interpreters of Scripture perceive to be entitlements to which they feel they are due. The chapter suggests

⁹¹ Jesus of Nazareth (John 18:36) said “My Kingdom is not of this world”.

⁹² Capps (1976:136-138) asserts that Moltmann underwent a change of heart moving away from “a theology of hope” to a “theology of the cross”. As expressed in his book: *The crucified God: The cross of Christ as the foundation and criticism of Christian Theology* (Moltmann 1993).

that teaching that one can demand healing from God as He is contractually bound to do humanity's bidding is one such distorted and dangerous aberrant belief system and it is a misinterpretation of the promises of Scripture. Some expressions of this distorted sense of spirituality are outlined in the chapter and the personality trait of narcissism which will be discussed more fully in Chapter 4 is introduced as one of the most susceptible personality types to this distortion in spirituality.

Introduction to Chapter 3

Melinsky (1968:1) argues that “any serious study of healing miracles goes to the heart of medicine because it must examine the philosophy of science and also the measure of health”. Human beings are more than spiritual beings. Awareness of the numinous is experienced through the physical senses. This physical part of humanity is temporal; it is not designed to live forever, as it is subject to sickness, disease and ultimately death. In this chapter a close examination of both factual and mythological factors that affect the health of the individual are discussed together with a progressive and historical outline of the human’s ability to control but also destroy his environment, which have consequences on our health.

We humans are unique in our awareness of the inevitability of death. This chapter discusses the temporal nature of life on this planet, and our attitudes toward this reality. The living organism is never static; instead there is a constant process of change, influenced by many factors, some of which are entirely beyond our control. The complex nature of life is discussed, and a brief look taken at the pathological processes that bring about disease and death.

As indicated in the previous chapter, paleoanthropologists have found evidence of this awareness of our evanescence in hominid society dating back several million years, in the artifacts our ancestors left in the graves of the dead. Awareness of spiritual influences has been one of the most significant driving forces of human history. How else can we explain the existence of Stonehenge and the pyramids? Death and disease were often ascribed to supernatural forces, especially ones regarded as malignant. These factors influenced the composition and behaviour of human society significantly. It would appear that Shamans and medicine men have been around as long as human society has existed.

This connection between death, disease and supernatural factors permeates religious systems as significantly today as in the past. As we will see, health is often seen as a reward for righteous and virtuous living, and disease the natural consequence of displeasing deities including our ancestors. There is still a powerful belief in witchcraft and curses throughout

the world, especially in Africa,⁹³ and sickness is often perceived as being the product of curses and magic,⁹⁴ as indicated in chapter two of this study.

Modern medicine fights a constant battle with charlatans and opportunists who play on these fears and beliefs, promising magic cures and esoteric therapies to gullible, often desperate people. The field for these quackeries is vast, encompassing a wide range of therapies from fake nonexistent scientific breakthroughs to hypnotism, subliminal suggestions and smoke and mirrors trickery. The medicine man in Donizetti's opera *L'elisir damore* of the nineteenth century promised the gullible villagers a potion which would cause the object of their affections to fall hopelessly in love with them; in one form or another, this trickster still plies his trade in our time, especially on the internet.

The massive increase in knowledge that modern medicine has achieved in the previous century will be briefly examined. However, as our society changes and grows, the face of disease is also changing. The sedentary lifestyle now so popular, with the easy availability of processed unhealthy foods, combined with a rapidly changing environment and a proliferation of carcinogens, have led to a host of new disease entities, the so-called *diseases of lifestyle*. These factors will be briefly discussed in the review below.

A brief look will also be taken at current psychological trends and theories, with an emphasis on "the hi-jacked mind", with the implication that our behaviour and responses are totally predicated by biochemical and other factors outside our control.

Finally the devastation caused by the current search for euphoria through the abuse of alcohol, prescription and recreational drugs will be examined. With all these influences severely modifying our understanding of health, sickness and death, it is small wonder that Christian believers find ample room for confusion and misunderstanding of the role played by their faith and by God in these matters.

⁹³ Statistics produced by Petraitis (2003) which are discussed in Chapter 2 give credence to this claim.

⁹⁴ SafAids (2011) report that research presented to the 1st International HIV Social Science and Humanities Conference in Durban, for instance, showed that caregivers were reluctant to start sick HIV positive children on ARVs because they believed the children's bodies were too weak for pills and their blood was "still raw", but that as it ripened with time, HIV related opportunistic infections would leave them.

3.1 The inevitability of physical decline and death

The inevitability of death and suffering is a recurring theme throughout the literature of human history, and is reflected not only in Holy Scripture but, for instance, in the fatalistic verse of Omar Khayyam (1971:77):

'Tis all a Checker-board of Nights and days
Where Destiny with Men for Pieces plays:
Hither and thither moves, and mates and slays,
And one by one back in the Closet lays.

The Bible leaves us under no illusions either about the temporal nature of earthly existence, to give just one example:

Man born of woman
is of few days and full of trouble.
He springs up like a flower and withers away;
like a fleeting shadow, he does not endure (Job 14:1-2).

This is but one example of the recurrent theme of human mortality.

3.2 Medicine and spirituality

The interplay between physical health, mental stability and supernatural forces is an integral part of human history. The following quotation by the Roman poet Juvenal underlines, already in antiquity, the importance of the connection between mental and physical health, a concept which is thousands of years old:

It is to be prayed that the mind be
sound in a sound body.
Ask for a brave soul that lacks the fear
of death,
which places the length of life ultimate
among nature's blessings,
which is able to bear whatever kind of
sufferings,
does not know anger, lusts for nothing
and believes
the hardships and savage labours of
Hercules better than
the satisfactions, feasts, and feather
bed of an Eastern king.
I will reveal what you are able to give
yourself;
For certain, the one footpath of a

*Orandum est ut sit mens sana in
corpore sano.
fortem posce animum mortis terrore
carentem,
qui spatium uitae extremum inter
munera ponat
naturae, qui ferre queat quoscumque
labores,
nesciat irasci, cupiat nihil et potiores
Herculis aerumnas credat saeuosque
labores
et uenere et cenis et pluma
Sardanapalli.
monstro quod ipse tibi possis dare;
semita certe
tranquillae per uirtutem patet unica
uitae.*

tranquil life lies through virtue.
(cf. Coffey 1976:126).

(10.356-64)

Astrow, Puchalski & Sulmasy (2001:283-287), emphasise an example from a contemporary perspective of the relationship between medicine and spirituality:

Religion and medicine were once closely linked, but spiritual concerns have come to be seen as obstacles to scientific progress or, at best, sentimental attachments of little real value in the battle with disease... Further, if spirituality is seen as the search for transcendent meaning, then all human beings, secular or religious, grapple with spiritual questions... Serious illness can therefore be viewed as both a biologic fact and a spiritual challenge for all patients.⁹⁵

Coleman & White (2010:1) describe the significance of differing interpretations of the nature of health and disease by relating the case of immigrants to the USA who refused to administer anti-epileptic medication to their child, an epileptic, because they regarded epilepsy as a sign that she was moved by a divine spirit. The child died in *status epilepticus*. Their views were in direct conflict with those of the attending doctors, yet both parties were well intentioned toward the child.

While Westernised medicine may present a concept of the human body as a living organism subject to rationally understood biological laws, alternative and firmly held views are found in contemporary society. Throughout Christian history disease, famines and plagues have been regarded as the consequence of sin. Other societies strongly believe that disease results from curses which have been put upon the sufferer. A major function of traditional healers in various societies is to lift this perceived curse.

As much as these views may be derided by a secular world, modern biomedicine also tends to moralise by presenting a set of moral claims about healthy living styles and combating disease with diet, exercise, refraining from cigarette smoking and avoiding recreational drug taking. Thus obesity, alcoholism and tobacco use are targeted as signs of an immoral lifestyle (Coleman & White 2010:8-9).⁹⁶

⁹⁵ This is the crux of the research for this dissertation: does serious illness bring about spiritual disorientation and a sense of alienation from God? To what extent is the teaching in the Church responsible for unrealistic perfect health expectations by Christians? Which cultures are mainly affected by expectation to be in perfect health as a result of their belief in Jesus Christ?

⁹⁶ This is in sharp contrast to the words of Jesus in Matthew 15:11 & 17-190. Jesus even calls his disciples “dull” when they fail to grasp the significance of this fact.

Numerous authors including D.H. Lawrence have pointed out that individuals, when confronted by serious illness, often embark on a quest for spiritual relevance in the context of their sickness (Coleman & White 2010:12). This factor is often underestimated by medical professionals.

There is a strong subjective element to sickness: a more holistic view on the part of medical personnel is needed to take into account not only the objective facts of the disease, but the spiritual and other implications involved. It is instructive to examine the almost linear relationship between disease prevalence and spiritual belief in a community. Often spiritual beliefs are prone to have detrimental results when unhealthy practices lend an element of physical danger from a medical perspective. Turner (2010:85) describes how mortality rates have changed in Europe in the last few centuries. Barely a hundred years ago one in five babies born in Spain died before their first birthday.

In these societies death was an inevitable and inescapable feature of everyday life (Turner 2010: 84). The black plague cut a swathe through the medieval world, re-appearing at regular intervals in epidemic form. Tuberculosis, which was known as the “white death” because of the extreme pallor of its victims in the end stages as a result of severe anaemia, was endemic. Art and theology were important ingredients of human culture. Many famous and creative people of the day fell to the scourge of tuberculosis, including Frederic Chopin, the Bronte sisters and Elizabeth Barrett Browning. The eponymous sketch by Joseph Severn of the poet Keats on his deathbed (see below) epitomised this era. Keats was only twenty five years old when tuberculosis claimed him. His mother and brother, Tom, had, by that time, both succumbed to tuberculosis (Turner 2010:85).



Here, where men sit and hear each
other groan;
Where palsy shakes a few, sad, last
gray hairs,
Where youth grows pale, and
spectre-thin, and dies;
Where but to think is to be full of
sorrow
And leaden-eyed despairs,
Where Beauty cannot keep her
lustrous eyes,
Or new Love pine at them beyond
to-morrow.

“Ode to a Nightingale” John Keats

(cf. Quiller-Couch & Thomas 1919).

Turner (2010:85) describes how messianic movements were a common feature of these societies, promising a better life to come and relief from the misery and deprivations of this existence. He goes on to say that the moral life of the day was predicated by the promise of heaven balanced by the threat of damnation (Turner 2010:85). Heaven was the reward for piety and asceticism while Hell awaited the worldly and wealthy. Turner sums this up by quoting Jesus (Luke 6:20) who said that the poor are blessed, thus the concept of heaven reinforces resentment (of the wealthy by the poor)⁹⁷ and a *sense of entitlement* (Turner 2010:87).

Karl Marx had his own ideas about the significance of religious belief in a suffering world, where people are exploited and manipulated by their fellows:

Religion is the general theory of this world, its encyclopaedic compendium, its logic in popular form, its spiritual point d’honneur, its enthusiasm, its moral sanction, its solemn complement, and its universal basis of consolation and justification. It is the fantastic realization of the human essence since the human essence has not acquired

⁹⁷ This human trait of “*ressentiment*” is discussed in Chapter 4 of this dissertation.

any true reality. The struggle against religion is, therefore, indirectly the struggle against that world whose spiritual aroma is religion.

Religious suffering is, at one and the same time, the expression of real suffering and a protest against real suffering. Religion is the sigh of the oppressed creature, the heart of a heartless world, and the soul of soulless conditions. It is the opium of the people.

The abolition of religion as the illusory happiness of the people is the demand for their real happiness. To call on them to give up their illusions about their condition is to call on them to give up a condition that requires illusions. The criticism of religion is, therefore, in embryo, the criticism of that vale of tears of which religion is the halo (cf. Smith 2005).

A natural development from established Christian based teaching was the belief that disease stemmed from sin, lack of faith and impious living. After all, Jesus established his credentials by healing the sick, so health, or absence of disease, could be equated with Godly acceptance. In other words, a healthy body was the sign of a healthy soul, and deformities and disease a sign of sinfulness (Turner 2010:92).⁹⁸

Sloan (2006:46-49) explores the theory that modern medicine has become so dehumanising that people look in other directions when their health is compromised. These alternatives include homeopathy, chiropractic, eastern and complementary treatments such as reflexology and acupuncture, and transcendental meditation. These various treatments have a strong spiritual element. He quotes a Gallup poll, conducted in 2001, which found that 54 percent of Americans believe in extra sensory perception and psychic healing. This represented an eight percent increase from a similar poll taken eleven years before (Sloan 2006:49).

A different poll conducted in 2003 showed that 84 percent of those polled believed in miracles, 51 percent in ghosts and 27 percent in reincarnation. Sloan presents this evidence to advance his conclusion that there has always been a conflict between rational, natural and supernatural explanations for natural phenomena (Sloan 2006:19).⁹⁹

These polls serve to underline the spiritual element in human response to adversity, which includes sickness. At its most primitive, there is a belief that disease can stem from curses

⁹⁸ Chapter 5, section 5.4.2 of this study looks more carefully at the teaching of some of the Churches which encourage misinformation regarding the physical makeup of humanity and which also encourage a sense of entitlement to healing from God.

⁹⁹ Ironically, these findings, to my thinking, are evidence of how strong the human characteristic of spiritual awareness is. Characterising this trait as unfounded, unscientific superstition does not indicate in any way that the trait does not exist.

and witchcraft or sorcery. However, even in presumably educated and sophisticated societies there appears to be a strong subjective element of spiritual belief in the individual reaction to matters of physical health and disease.

3.2.1 Human paradigms, superstition and hidden agendas

Jahoda (1969:1) points out that individual understanding of reality varies widely with factors which include education, culture and personal interest in the world around us. In the original report to the Club of Rome the authors, in the introduction, produced a graph to illustrate human perspectives. The authors quantify human paradigms into two elements: space and time. The graph demonstrates how the majority of people are interested in the here and now of their existence, and are unaware of, or unconcerned with, ideas and concepts which do not impinge directly and obviously on their lives. The implication is that those of us who are gifted with a “big picture” perspective are better equipped to understand, deal with and influence the forces that control society.¹⁰⁰ The point is that the most natural way of looking at life’s issues is subjective; rational objective analysis is quite rare. It follows, then, that such a traumatic subject as disease and death will obviously be viewed subjectively by the majority of people. The graph appears below:

¹⁰⁰ Chapter 5, Section 5.5.4 examines the applicability of intelligence and education which enables an individual and gives them the ability to see the “big picture”. This chapter focuses on a pervasive sense of entitlement to healing and those who are most affected by the attitude, and attempts to isolate the teachings which encourage the syndrome.

This is a trait which is evinced by practitioners of applied sciences such as clinical medicine when faced with spiritual beliefs which they interpret as superstition. In discussing superstition, Jahoda (1969:3) quotes Voltaire on the subject:

The Archbishop of Canterbury claims that the Archbishop of Paris is superstitious; the Presbyterians levy the same claim against his grace of Canterbury and are in turn called superstitious by the Quakers, who are the most superstitious of men in the eyes of other Christians.

The vital role played by culture in the world outlook of a group of people has been recognised for centuries. Culture is defined as a system of beliefs, values and shared understandings in any given population. Its purpose is to make the world intelligible.¹⁰¹ It is extremely difficult for the individual to function outside a culture (Beldo 2010:144). That is why, when a culture is destroyed or significantly altered, the consequences for the individual can be devastating.¹⁰²

Flemming (2010:191) describes the standpoint of modern social anthropologists who maintain that magic, religion and science are related, and influence cultural values across the world, and have done so for centuries. She discusses a popular anthropological theory which holds that cultures have a history of progressive change by traversing the influence of magic to that of religion and finally to science.¹⁰³

She points out that it is difficult to separate magic and religion anthropologically. Magic is defined as the attempt to control nature and other humans through rituals, whereas religion reflects a belief in transcendent deities and relies on supplications, prayers and acts of propitiation. Superstition is based on ritual magic acts and beliefs (Flemming 2010:192).

Modern clinical medicine prides itself on being “evidence based”. However, a close look at the history of clinical medicine reveals some startling inconsistencies in the strict application of rational evidence. A well-known example of this is the myth of “laudable pus”.

¹⁰¹ Chapter 5, Section 5.5.3 examines the ethnic and cultural factors which influence the prevalence of a sense of entitlement to healing in the Christian Church.

¹⁰² A case in point is the inhumane profit centred behaviour of the Mines of removing men from their cultural backgrounds without any consideration for their families, friends or home environment and transplanting them into Mine Compounds in the big cities in South Africa. It is a matter of record how crime, savagery, murder and rape ensued.

¹⁰³ See Chapter 2 of this dissertation on the issue of “magic” and how Christian Spirituality, particularly in the Roman Catholic Church, dealt with what they perceived to be “magic” and witchcraft throughout the history of the witch trials.

Generations of medical students were taught, for instance, the supposed value of “laudable pus” after an operation. The teaching was that if pus appeared in a surgical wound within ten days of an operation this was a sign of “bad humours” being expelled from the system, and that the patient would live (Flemming 2010:192). In other words, the pus was “laudable” because it was a good sign. It was only after the work of Dr Claude Lister that the truth was realised: that patients who died after an operation succumbed to overwhelming septicaemia, and there was no time for pus to form. Today surgeons regard pus in a wound with horror.

However, even in the twenty first century, the profession is not entirely immune from the attraction of the mystical, esoteric and supernatural. An advert in the February edition of the *Medical Chronicle* (2012:51), which is an academic medical journal sent to practicing South African doctors, announces a conference dealing with “Ericksonian hypnosis, awareness under conscious hypnosis and the Neurobiology of attachment”. The conference carries Continuing Medical Education points for all attendees.¹⁰⁴ Doctors I interviewed were of the opinion that elements of alternative medicine and metaphysics were increasingly encroaching on the territory of mainline clinical medicine.

In attempting to define superstition, Jahoda (1969:4-5) refers to an “unreasoning awe or fear of something unknown, mysterious or imaginary”. He describes Europe in the Middle Ages, steeped in what we would today regard as superstition: a world of witches, devils, fairies, magic medicine and evil spirits. He points out that superstition diminishes as knowledge grows: when falsity of belief can be scientifically proven, superstition recedes.

A factor which is stubbornly consistent in the subject of superstition is that of commercialism, or monetary gain. Fortune tellers charge for their services, as do sangomas. A nominally secular society is no guarantee of a superstition free community. Jahoda (1969:21) recounts the tale of a gypsy who was paid a large sum of money to “lift evil spells” in Moscow, when the Soviet Union was officially atheist. He also points out that apparently secular newspapers regularly run a column on astrology; it attracts readers. In Britain fortune tellers are classified by the Registrar-General as “service, sport and recreational workers”

¹⁰⁴ Doctors informed me that points are awarded to medical doctors who attend certain talks as they have to qualify to be able to continue practicing medicine in South Africa. Attending what is recognised by the Health Professions Council of South Africa as *necessary education* is a requirement for the medical doctor to enhance and update his medical knowledge.

(Jahoda 1969:21). Most magazines and newspapers reflect horoscopes which predict marriage prospects, wealth and often pronounce health situations. Therefore the factors involved in the dynamic of divine healing are not confined to the church, mainline medicine and the beliefs of the affected person.

3.2.2 Spirituality and psychology

Jones (2010:5) quotes a survey which found that of all professionals and academics in the USA, psychologists are the least religious, and concludes that “religion seems to play a minimal role in the lives of most psychologists”. A 1984 survey revealed that fifty percent of psychologists interviewed claimed to be atheist, compared to ten percent of the general population of the USA. He also notes that in general religion and spirituality are neglected in psychology textbooks (Jones 2010:6). It is ironic, therefore, that pastors and clerics have looked to psychology and mental health professions for insights to guide pastoral care.¹⁰⁵

Prior to 1920 the emphasis of pastoral texts was a reference to historical and theological roots, but after that to psychotherapeutic theoreticians. According to Jones (2010:6), pastors today are a major source of patient referrals to clinical psychologists in the USA.

This has led to a revision or re-interpretation of established religious tradition along psychotherapeutic lines, with its emphasis on psychoanalysis, behaviourism and humanistic psychology. Jones (2010:7) echoes the theories of other psychologists mentioned above when he refers to the work of Sperry (1988:607-608), who defines religious belief in the current paradigm of cognitivism. This is the teaching that our thinking, reactions and responses are predicated by chemical-electrical cerebral factors, and are not under our control. Sperry (1988:607-608) postulates that the same evolutionary mechanism that in his opinion formed traditional religious belief is responsible for anti-religious ideologies such as secular humanism and communism.

Mowrer (1960:185-188) reflects the widely held view in psycho-analytical circles that destructive antisocial behaviour results from mental illness which in turn is a consequence of biochemical factors. He concludes that such a theory to an extent absolves the clergy from

¹⁰⁵ Refer to Chapter 4 of this dissertation, where a similar deduction is made.

their perceived duties and responsibilities (Mowrer 1960:185-188). This belief is obviously in direct contradiction to the Christian ethic of fallen humanity, separated from the creator by sin. Interestingly, Mowrer, who was the president of the American Psychology Association, and was a firm adherent to the behaviourist school of psychology, subsequently joined the Presbyterian Church, where he accused the church of being too permissive on the question of sin.

Ellis (1960:188-192) builds on the behaviourist theme to conclude that “there is no place whatsoever for the concept of sin in psychotherapy and that no human being should ever be blamed for anything he does”.¹⁰⁶ The concept of sin therefore breeds mental sickness. Not all psychologists are quite so dismissive though. Hogan (1979:4) views religion as “the most important social force in the history of man”. Bergin (1980:95-105) comments on the ridicule which seems inevitable when psychologists try to discuss spirituality rationally, and risk being branded “a mystic...a moron”. He quotes Job 32:8 to illustrate the concept that spiritual conviction gives values “an added power”:

I thought, 'Age should speak; advanced years should teach wisdom'.
But it is the spirit in a man, the breath of the Almighty that gives him
Understanding (Bergin 1980:95-105).

Bergin emphasises the point by quoting Abraham Maslow who said: “too many behavioural scientists have rejected not only the methods of religion but the values as well” (cf. Bergin 1980:95-105).

Modern psychology is, indeed, very modern. Heller (2005:1) argues that before the advent of Sigmund Freud human behaviour had been explained in terms of the supernatural. Freud used the concept of the subconscious mind, modified by experience and suppressed memories, driven by latent genetically acquired factors, to explain the psyche and human behaviour.

Although psychiatry as a discipline existed in the nineteenth century, the teaching was that heredity was all important; that any overt sexuality was pathological, and that children should be shielded from all exposure to sexuality, especially their own (Masson 1990:1). Women,

¹⁰⁶ Chapter 5 reflects on the modern church’s reluctance to mention the word “sin” as it becomes increasingly distasteful to the Church to quote the notions and words with which Jesus, in his earthly ministry, felt quite familiar Mark 3:29, John 8:21, John 8:46.

particularly, bore the brunt of diagnoses such as “moral insanity” and were incarcerated, sometimes for years, in asylums (Masson 1990:66).

Heller (2005:1) points out that, although largely regarded as passé in today’s world of psycho-analytical theory, Freud brought psychiatry in from the dark ages, and conferred on it a persona of scientific respectability. He was among the first thinkers to regard the psyche from a rational, scientific viewpoint. His thesis of the *id*, or primitive physiological mechanism of life with its urgent, overwhelming needs, working in conjunction with the *ego* and its obsession with satisfying self centred emotions and wants, both under control of the *super ego*, with its emphasis on morality and ethics, still convinces today (Heller 2005:1).

Irons (1979:7-9) discusses the study of human social behaviour and its relationship to evolutionary biology. He proposes that genetic material which is common to different populations finds varying expressions in response to cultural differences. In other words, even if there are little or no genetic differences in populations the influence of cultural differences is very important. He also finds that we learn quickly from one another in a culture, as opposed to experience gained singly. Thus living in an integrated society accelerates positive reinforcement and speeds up the adaptation of natural selection. These adaptive changes are reliant on decisions which are beneficial to the individual, and are therefore dependent on rational cognitive reasoning which leads to favourable outcomes. This process is, in the opinion of Irons (1979:7-9), independent of genetic change. What this boils down to is that, in a culturally based society we learn from each other and modify our behaviour accordingly, if the outcome is favourable to us. These findings outline the importance of cultural factors in the way important issues such as disease and death are viewed by individual members of a particular culture.

3.3 Alternative medicines and quackery

In 1906 the American Medical Association (1908:481) produced a collection of articles in a booklet with the heading: “Nostrums and Quackery”. These medical articles dealt with the prevalence of fraudulent claims by medical charlatans who promised every benefit from cures for diabetes, epilepsy and cancer to seemingly magic foods containing secret ingredients which stave off all sorts of ills.

There was also a section on devices with miraculous properties, which (it was claimed) added oxygen to diseased tissues, reset the patient's magnetic fields, and cured asthma. Obesity was then, as now, a massive cash cow, and the book shows how most of the patent obesity cures relied on large doses of thyroid extract and diuretics.

The use of pseudo-scientific jargon in this industry flourishes today, as it did a century ago. The following example is from a pamphlet promoting a weight loss product which was the result of "scientific combinations of food, circumstance, idea, water and motion" (American Medical Association 1908:481).

Courses were offered by correspondence to train new "physicians" into this field. Particular emphasis was placed on the business side, and detailed instructions were given on this valuable subject, as the following section in the guide illustrates. In addition to the various subjects from anatomy to suggested therapeutics that are taught by this "college" the curriculum includes "The Business Side of Mechano-Therapy". This important subject deals with such problems as:

- *"How to approach a Patient"*
- *"How to get the Fees at once"*
- *"The Business talk that will make the Patient willing to pay the fee"*
- *"How to handle the number 1 Question of the size of a fee"*
- *"Real Money Talk"*
- *"Always get Cash down"* (American Medical Association 1908:482).

The commercial aspect of alternative medicine has not changed much in the last century. Stein (2008:9-10) reports that nearly forty percent of Americans regularly use some form of alternative medicine. The report added that: "The most commonly used are dietary supplements and herbal products such as echinacea, flaxseed oil and ginseng, followed by deep-breathing exercises, meditation, chiropractic therapy, massage and yoga. Although fewer Americans were using certain diets and trying herbal remedies such as echinacea to cure colds, the popularity of acupuncture, meditation, yoga and massage grew" (Stein 2008:9-10).

Arias (2004:6-7) reports similar findings, and also reports that complementary medicine was more popular among “women, people with a college education, those who had been hospitalised within the past year and former smokers”. The same study quotes the following: “The World Health Organisation estimated that eighty percent of the population in many developing countries relies on alternative medicine. As the use of complementary and alternative medicine rises globally, so do the reports of adverse reactions. WHO issued guidelines in June that call for readily available information for consumers and an easy-to-use system for reporting adverse reactions, among other things” (Arias 2004:6-7).

3.4 A brief overview of modern medicine

Modern clinical medicine is described as being “evidence based”, and medical students are taught to distinguish between scientific and anecdotal evidence. We live in an age of micro surgery, organ transplants, chemotherapy and intensive care units. Yet it was only a lifetime or two ago that medicine was still in the dark ages. We are reminded every day, by the losses we suffer through the death of friends and family members, of the limitations of clinical medicine, even in the twenty first century.

In 1799 George Washington was caught in a snowstorm while out riding on horseback on his farm. He developed a throat infection which rapidly spread to his lungs. He was attended by three of the leading physicians of the day, Drs. James Craik, Elisha Cullen Dick, and Gustavus Richard Brown, all personal friends. In the course of the next twenty four hours he was given what was then considered appropriate treatment, which comprised three episodes of venesection. In other words, he was bled. It is estimated that in a few hours five litres of blood were removed from Washington. Little wonder, then, that he died the next day. In the light of current medical knowledge the venesections induced hypovolaemic shock and directly caused death (Bricknell 1903:90-93). Yet these doctors, the best in the land, were utterly convinced that their treatment of Washington was appropriate and advanced.

Modern medicine has a very short history. As recently as the nineteen forties the causes of measles and polio were still unknown. Pneumonia was treated with opium, fresh air and oxygen (Williamson 1942:16-17). The mountain of knowledge we have today, with the luxury of sophisticated investigations, including blood tests, scans and x-rays, is the reward

for the work of pioneers like Pasteur and Lister, who first applied the scientific methods of observation and analysis in wide use today.

The first truly systematic and scientific studies of medicine and disease were hampered by superstitious dread of the examination of corpses. Galen, the first great anatomist, based his theories of human anatomy on animal studies. It was not until the Middle Ages that practical medical studies were first undertaken, and scientific care given to the sick. Ironically, this work was largely done by the clergy (Sloan 2006: 21).

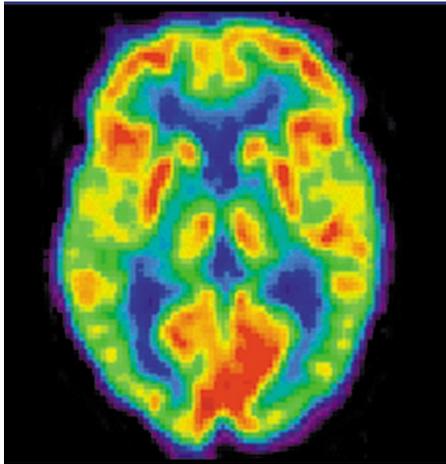


The Anatomy Lesson of Dr. Nicolaes Tulp, by Rembrandt, depicts an autopsy.¹⁰⁷

The double blind, or randomised controlled trial, is the backbone of medical observation. Although the first medical use is generally taken to have been a 1947 study of the use of streptomycin in the treatment of tuberculosis, this scientific method was apparently used in agriculture in the twenties (Meldrum 2000:745-760).

¹⁰⁷ http://en.wikipedia.org/wiki/Anatomy_Lesson_of_Dr._Nicolaes_Tulp (Accessed 2nd May 2013).

The existence of viruses was first postulated in the 1890's, but it was not until the electron microscope was developed after the Second World War that viruses were first visualised (Bogner, Jouneau, Thollet, Basset & Gauthier 2007:391). The explosion of technology has led to the development of such advanced techniques as the PET scan (positron emission scan), which can actually show brain changes during the process of thinking (Kuhl, Koeppe, Snyder, Minoshima, Frey & Kilbourn 2006:13-20).



PET scan of human brain (Langner 2010)

These advances have led to much more effective treatment for historic scourges, such as tuberculosis and malaria, while the challenge is to contain new ones, including HIV, bird flu and new viruses. A rapidly changing environment has brought a host of threats. Widespread pollution of the seas and atmosphere raises the spectre of mercury poisoning from fish products, other heavy metal poisons from pesticides and mining projects, and asbestos sourced diseases from old contaminants (Shuval 2003:53-64).

Dioxins are hormone precursors that result from burning paper and plastic, and are implicated in a decrease in fertility in men, cancers and respiratory disease (Schechter & Gasiewicz 2005:1). The average sperm count in Western men has dropped by thirty percent since 1970 (De Kretser, 1996:457). South Africa has one of the highest incidences of asthma in children, especially in the townships (Green, Zar & Bateman 2007:9-12). These ailments that are caused by a rapidly changing environment account for a branch of medicine known as public health and preventive medicine. Should the vigilance of this discipline ever waver it will not take long before the old scourges once more begin to influence the life expectancy of

the general population. In developing countries adult life expectancy and maternal and infant mortality figures are extremely dependent on environmental factors.

A factor of immense importance in epidemiology is the development of drug resistant bacteria and viruses. There are genuine concerns that these “superbugs” may herald the end of the antibiotic age. In 2010 a new variant of multiple drug resistant bacteria was isolated in Delhi, India. Within a year the strain had been found in Britain, Australia and several European countries. Dubbed the NDM-1 strain, the bacterium is resistant to all available antibiotics (Walsh, Weeks, Livermore & Toleman 2011:355-362).

An article in *The Lancet* in April 2011 reported how workers had isolated the resistant strain from samples of drinking and seepage water in Delhi. The resistant gene had already been transmitted to eleven species of bacteria which had not previously been involved. It appeared that the genetic ability to develop resistance to a wide spectrum of antibiotics could be passed from species to species. These included shigella and vibria, the bacteria which cause cholera and shigellosis, both of which are deadly diarrhoea causing infections (Walsh, Weeks, Livermore & Toleman 2011:355-362). The potential implications of this development are catastrophic.

As the developed world becomes more prosperous, lifestyle diseases become ever more of a factor. Type 2 diabetes, heart disease and hypertension are major killers, and have a strong relationship to a sedentary lifestyle and morbid obesity. Doctors I have spoken to generally feel that there has been an explosion in the incidence of cancer. A pathologist I interviewed said that when he went into practice 25 years ago he saw, on average, two melanomas a month. Now he sees two a day. Reasons given for this are mainly speculative, but the general feeling is that there are many more carcinogens in our environment than before. These impressions are borne out by many studies. A study published in the *British Journal of Cancer* shows that the incidence of breast cancer in the Netherlands has risen thirty percent in the previous 15 years (Soerjomata, Louwman, Duijm & Coebergh 2008:77-81). Similar studies show significant increases in colon, liver and oesophageal cancer. A study published in the *International Journal of Oncology* in 2007 concludes that “there is evidence that the environment has changed over the same time scale as the recent rise in cancer incidence, and that this change included the accumulation of many new carcinogenic factors in the

environment” (Belpomme, Irigaray, Hardell, Clapp, Montagnier, Epstein & Sasco 2007:1037-1049).

The natural conclusion to be drawn from the above is that disease, whether trivial, serious or fatal, is often due to factors beyond our control. The inference that illness is due to our sinfulness or lack of faith is cruel and unfounded.

3.5 Basic physiology

A short overview of the complexity of the workings of our living bodies is included here with the purpose of briefly touching on the wonder of carbon based life. Given the potential for things going wrong, it is little wonder that some physiologists and doctors are in awe of the intricate mechanisms of human existence.

3.5.1 Introduction

For more than forty years medical students throughout the English-speaking world have used *Guyton's textbook of physiology* as the standard study source. In the preface to the fourth edition of his book Professor Guyton mentions that it has been his purpose to “demonstrate the beauty of organisation of the parts of the body” and concludes that “there is no machine yet designed that has more excitement or majesty than the human body” (Guyton 1974:iii). He defines physiology as the study of parts of a living organism as well as the organism as a whole. Life is the ability to reproduce. The simplest form of life, a virus, can only reproduce when the host cell reproduces.

Guyton (1974:1-11) describes the incredible complexity of the human organism, the mechanism of homeostasis, or the internal environment, which depends on, amongst other factors, the maintenance of a constant acid base balance (ph), constant osmotic pressure, the transport of oxygen in the blood, the excretion of by-products of metabolism and the intracellular production of adenosine tri-phosphate, the basic unit of energy. All these processes depend on intact renal function, a healthy cardiovascular system and a constant metabolism of energy sources (food).

The body is also in a constant state of renewal. Blood cells are renewed every few months, the skin is constantly being renewed, and bone is in dynamic balance between destruction by osteoclasts and renewal by osteoblasts (Guyton 1961:1054).

3.5.2 Cellular function.

Living tissue consists of cells. These are highly specific and specialised structures which share a common morphology. Every cell comprises a nucleus, filled with nucleoprotein, and the cytoplasm, which is separated from the nucleus by the nuclear membrane. Every cell is filled with water, proteins, chemicals and enzymes. It also contains small bodies known as mitochondria, which are the factories of the body, producing energy.

It is in these structures that carbohydrates are burned in the presence of oxygen and water to create the energy that keeps us alive (Guyton 1974:14-15). This process is known as Krebs' cycle, or oxidative phosphorylation.

Nuclear protein is formed through the action of the nucleic acids, DNA and RNA, which produce our genetic makeup. The function and morphology of these structures only became apparent after the development of the electron microscope (Guyton 1974:30-31).

3.5.3 Immunity and allergy

Blood comprises red and white cells (erythrocytes and leucocytes). Erythrocytes primarily transport oxygen to the tissues from the lungs. Leucocytes or white cells are crucial to the immune system of the body. They react to infection, which may be bacterial, viral or parasitic, and allergies. Blood cells are produced in the bone marrow. The body renews its supply of blood cells every three months (Guyton 1974:66-69).

3.5.4 Vaccines

During the Middle Ages Europe's population was decimated at regular intervals by epidemics of smallpox, a viral disease caused by variola, a virus related to the viruses causing measles, rose rash and rubella. I use the term "decimated" in its modern sense, which is to be catastrophically affected, not the traditional Roman sense of being reduced by one in ten. With a mortality rate of one in three, successive epidemics caused devastation. It was

Edward Jenner, a British country physician, who demonstrated that a vaccine made from cowpox could produce immunity to smallpox (Hopkins 2002:80).

This discovery paved the way for modern vaccination. Smallpox is now an historic disease, and does not even appear in current medical textbooks. This demonstrates the potential for applied medicine to cause some diseases to become extinct. In the early forties poliomyelitis was referred to as infantile paralysis, and it was speculated that the causative organism was a “filter passing virus” (Williamson 1942:211). There was no effective treatment, and successive epidemics left hundreds of children paralysed, and many dead. It was only fifteen years later that Dr Jonas Salk produced an effective vaccine that has virtually consigned polio to history (Bookchin & Shumacher 2004:6-8).

Today children are protected against a host of dangerous diseases, including whooping cough, measles, meningitis and rotavirus, through systematic vaccination.

3.6 Systematic pathology

3.6.1 Definition

Pathology is the study of processes that occur when normal physiology is subverted, that is to say disease and disease processes (Thomson & Cotton 1976:1). The living organism is an ongoing process, continually being renewed, needing an uninterrupted supply of energy to do this, dependent on an environment which can sustain life, and also dependent on an intact immune system with which to fight off invaders. A basic appreciation of the didactics of normal physiology as opposed to pathological processes gives added insight to lay people, including pastors, and tends to allay feelings of helplessness and guilt in the face of sickness.

Life is defined as the ability to reproduce (Hazen 2001:77-85). At one end of the spectrum viruses are only able to reproduce when the host cell does so, causing Dr. Gallo, discoverer of the HIV, to remark that a virus is an organism which is not alive but refuses to die. On the other end we have higher mammalian life with all its complexity driven by genetic patterns.

The study of disease is focusing increasingly on the cellular level, where chromosomal and other intracellular aberrations are now being studied.

3.6.2 Cancer

Every cell in a living organism has a function. If one were to take a sample of tissue from anywhere in the body and submit it to a histologist, he would be able to identify it as, for example, muscle or bone or nervous tissue or bowel lining. The medical term for this is that the cell is *differentiated* and mature. In nature, there are no passengers; every cell has a function (Cotran, Kumar & Collins 1962:32-38).

A cancer cell, however, has no function, and has a primitive morphology. It is *undifferentiated*. Where do they come from? It has been pointed out that the body is in a constant state of renewal. For example, we renew our skin constantly. Our blood cells only last three months and our bones are in a dynamic state of being absorbed and renewed (Cotran, Kumar & Collins 1962:32-38). All these differentiated functioning cells arise from primitive cells, usually originating in the bone marrow. At some stage in their development they morph from being primitive to being differentiated. If this does not happen, they persist in growing, and become adult undifferentiated cells. This is cancer. These cells form tissue which has no function except to invade space, use up energy, and destroy useful normal tissue. Thus the medical euphemisms for cancer are phrases like “new growth, neoplasm or space occupying lesion” (Cotran, Kumar & Collins 1962:32-38). Cancer cells have four characteristics: *clonality*, which means they originate from a single mutated cell, *autonomy*, which implies growth not regulated by the usual biochemical and physical influences, *anaplasia* which is the characteristic of being undifferentiated and functionless and *metastasis* which is the capacity to spread to other parts of the body (Mendelsohn 1996:1814).

It is important to realise that in a normal functioning human these cancer cells are constantly being formed. Before they become established they are recognized by the immune system and destroyed. So cancer prevention depends massively on an intact immune system. This explains why cancer is more prevalent in people infected with HIV (Levy 2007:295).

There are, however, other factors which promote the production of cancer cells. These factors are *carcinogenic*.

Ionising radiation is a very important cause of cancer. Marie Curie, who won the Nobel Prize for her work on x-rays, died of aplastic anaemia. Radiologists are very wary of x-raying a pregnant woman, because of the increased risk of cancer or birth defects for the unborn baby. The increased use of x-rays and scans in children in the USA (driven by fear of litigation) has therefore become a cause for concern (Sternberg 2007).

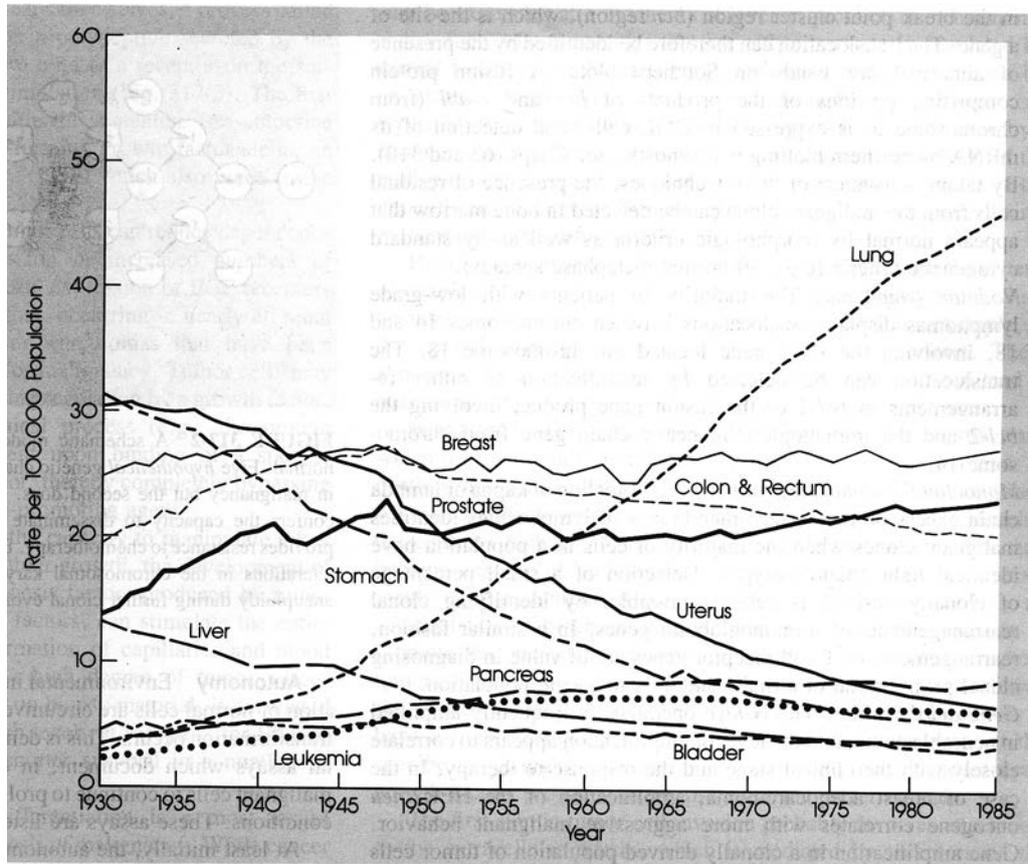


Marie Curie in 1910. ¹⁰⁸

The effect of tar in smokers is now well understood. In the 1960's the incidence of lung cancer was forty men to one woman in developed countries. Today, because of the change in smoking habits, the figures have leveled off, and in some countries like Australia the ratio is close to two to one.

The following graph compares the incidence of various cancers in the USA between 1930 and 1985. It is instructive to see the rising incidence of lung cancer. Mendelsohn concludes that the single most important factor to alter the epidemiology of cancer in the USA would not be new breakthroughs in molecular biology, but the cessation of cigarette smoking (Mendelsohn 1996:1815).

¹⁰⁸ <http://www.infoplease.com/images/curie.gif> (Accessed 12th November, 2012).



(Mendelsohn 1996:1815).

3.6.3 Lifestyle diseases

Historically disease has been a consequence of conditions largely beyond human control. Pandemics caused by organisms crossing from animal species to humans, or carried by parasites have been devastating. Climate change causing crop failures, resultant malnutrition and starvation, have also featured in the history of disease. When Jesus warned the disciples to “beware the leaven of the Pharisees” Matthew 16:6¹⁰⁹ perhaps he was referring to ergot poisoning, caused by a fungus in bread, which induced madness, rigors and death.

A feature of modern life, however, is the weight of pathology consequent on human behaviour. While ever increasing medical knowledge has consigned ancient scourges like the black plague, scurvy and leprosy largely to history, a new group of conditions, called diseases of lifestyle, has become extremely significant in contemporary health matters. These diseases are largely the result of lifestyle choices, and extremely difficult to treat.

¹⁰⁹ “Be careful,” Jesus said to them. “Be on your guard against the yeast of the Pharisees and the Saducees”.

3.6.3.1 Drug and alcohol abuse.

The use and abuse of mind altering substances appears to be as old as our written history. Genesis 9:21 tells us about Noah's drunkenness, and Belshazzar was drunk when he saw the writing on the wall in Daniel 5.

3.6.3.1.1 Alcohol abuse

Shuckit (1994:2420) says that studies show that ninety percent of the population drinks alcohol in the USA. Ten percent of men and five percent of women go on to become alcoholics. Alcoholism is difficult to define in quantitative terms, but is generally taken to exist when the chronic consumption of alcohol leads to health, emotional and marital problems.

Alcohol is a central nervous system depressant. It is absorbed from the small bowel, and is metabolised in the liver. The end product is acetaldehyde, which in large doses can lead to organ damage. A substance is regarded as habit forming if it demonstrates the following three properties: *habituation*, which means that an element of psychological dependence is present, *tolerance*, which means that larger doses have to be taken to achieve the same effect, and *physical dependence*, which leads to withdrawal symptoms when the substance is discontinued.

Chronic use of alcohol leads to vitamin B or niacin and thiamine deficiency, which has a profound effect on peripheral nerves. Alcoholics often complain of numbness and shooting pains, symptoms of peripheral neuralgia. The brain is also affected, and a host of neuropathies and dementias can result from alcohol abuse.

Excessive alcohol intake during pregnancy puts the foetus at risk of the foetal alcohol syndrome, resulting in severe mental retardation. This is a devastating problem in South Africa (Schuckit 1994:2420-2422). Ironically, moderate (two units a day) alcohol intake can have a beneficial effect on the heart and blood pressure (Shuckit 1994:2420-2422). In pregnancy, however, the mother should totally refrain from alcohol use.

Cessation of alcohol consumption in a heavy drinker leads to withdrawal symptoms, which include depression, anxiety, sleep disturbances and paranoid delusions. These usually settle after a few weeks.

Long term heavy alcohol intake has other physical implications; liver cirrhosis, oesophageal varices with bleeding, pancreatitis and gastric ulcers occur commonly. There is also an increased risk of cancer, especially of the throat, oesophagus and liver. An increased incidence of breast cancer in female drinkers has also been described (Schuckit 1994:2422).

3.6.3.1.2 Drug abuse

The World Drug Report published in 2010 under the auspices of the United Nations Office on Drugs and Crime, states that out of a global population of people between the ages 15 and 64 years, 200 million people (about 5 percent) used illicit drugs (UNODC 2012). The report showed that opium production, chiefly in Afghanistan, had increased by eighty percent between 1998 and 2009.

The three main types of drugs used were opium and its derivatives, cocaine and the amphetamines. Factors causing an increased demand included a rise in the global population (nearly a billion people in the next ten years), increased urbanisation and the growth of megacities with populations exceeding ten million inhabitants.

Of particular concern is the exploding incidence of amphetamine use (South African street names: Tik, Kat, Speed, Uppers). It is estimated that the global use of these substances exceeds the combined use of cocaine and opioids. Cannabis, which is regarded as a safer substance than the “big three”, is by far the most widely used, produced and seized by the authorities’ drug, worldwide.

All these substances pose significant health risks. Opium, especially in the form of heroin, causes the most deaths. This is because of its low therapeutic index, which is the ratio of lethal to effective dose. Overdoses are common. Intravenous use has its own problems: hepatitis B and C, HIV and necrotising fasciitis are ever present complications. Cocaine use leads to hypertension, convulsions and nasal problems. The amphetamines are implicated in the development of Parkinson’s disease.

According to the World Drug Report cited above there is a clear link between cocaine use and crime. The same conclusion can be inferred from amphetamine production and consumption. Moodley, Matjila & Moosa (2012:2) reporting in the *South African Journal of Paediatrics* found that alcohol and cannabis use was common in school children (forty percent). They also found that, in a study involving Cape Town learners, no significant association was found between substance use and a proxy indicator of socio-economic status, but that parental substance abuse increases the likelihood of adolescent substance use.

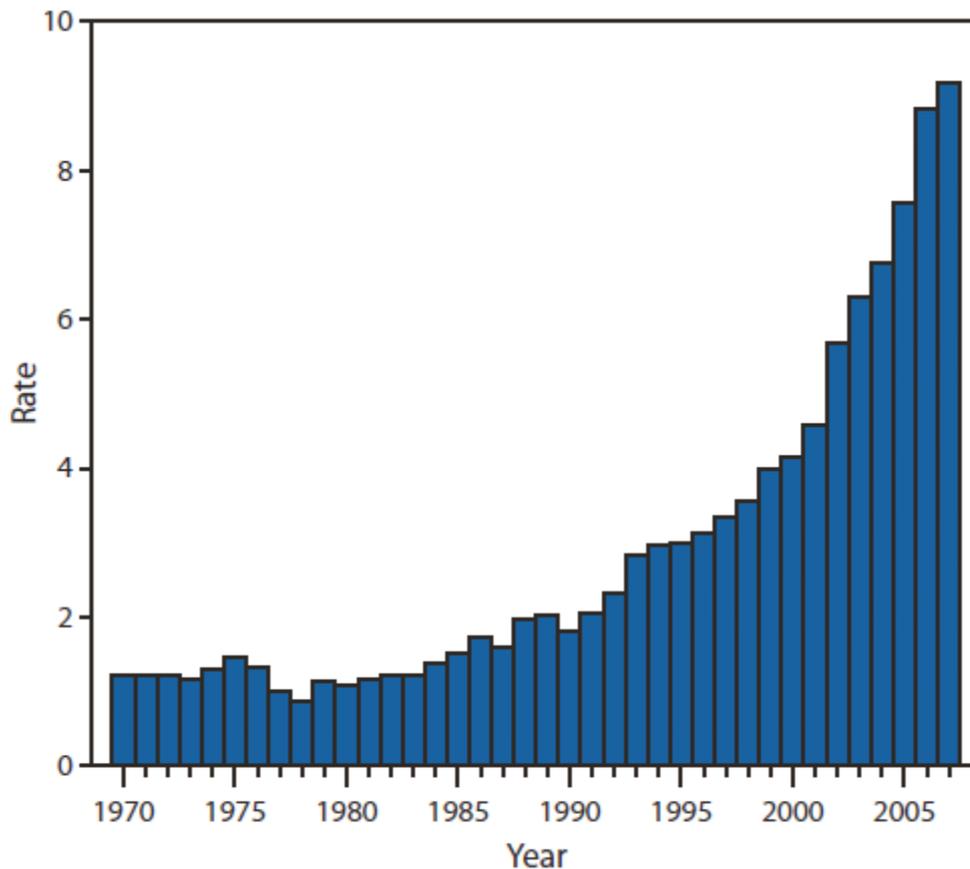
Peer influence is also important. Moodley *et al* (2012:4) states that “peers were found to have had a greater influence on learners initiating substance use than the family, school and media among learners in the Free State”. The study concludes that alcohol was found to have the lowest mean age of initiation, followed by cigarette smoking and cannabis. This study also confirms the findings of the first South African National Youth Risk Behaviour Survey and a study conducted among primary school learners in the Tshwane metropolitan area, both of which reported that a significant number of learners use alcohol and cigarettes for the first time while still at primary school. In addition, the Atteridgeville study found that some learners had used cannabis while still at primary school, which is consistent with the findings of Visser and Moleko. “This finding is particularly concerning as a younger age of initiation of illicit substance use has been found to increase the risk of illicit substance abuse at a later stage”. (Moodley *et al* 2012:2).

Prescription drug abuse is defined as using a medication in a way other than for which it is normally prescribed. The most commonly abused medications are analgesics, tranquillisers, stimulants and sedatives. It is estimated by the National Institute of Drug Abuse (NIDA 2011) that seven million, or nearly three percent of the population of the USA, abuse prescription drugs. Nearly ten percent of high school pupils abuse these drugs.

NIDA (2011) reports that between 1991 and 2010, prescriptions for stimulants increased from five million to forty five million annually, and for opioid pain relievers from seventy five million to two hundred and ten million. Risks include overdose, addiction, toxic effects of the substances, and increased risk of HIV infection.

According to the Centre for Diseases Control (CDC), prescription drug abuse is the fastest growing abuse problem in the USA.

Rate (Per 100,000 population) of unintentional drug overdose deaths — United States, 1970–2007:



Centre for Disease Control: National Vital Statistics System

3.6.3.2 Obesity

Fat is an extremely efficient way of storing energy; fat stores in an individual of normal weight can enable that person to withstand two months of starvation. However, in a world of fairly abundant food supply this factor is not necessarily advantageous to the species (Olefsky 1994:446). Obesity is measured as a function of body mass index, which is the ratio of height and weight of an individual.

More than twenty percent of the American population over the age of twenty is clinically obese (Kane & Kumar 1999:452). The cause of obesity is a disturbance of energy balance: if we consume more energy than we spend we store the energy as fat. Studies indicate that

complex neurohormonal factors may be involved, but the evidence is contradictory and confusing. There is much stronger evidence that environmental factors are of paramount importance. The incidence of obesity in Asians who immigrate to the USA is much higher than in those who remain behind in their native country (Olefsky 1999:454).

Diseases associated with obesity include diabetes, disturbances of blood lipids, cardiovascular disease, joint pathology, raised blood pressure and sleep apnoea (Olefsky 1999:455). These conditions are all alleviated by weight loss.

Obesity is therefore a significant health risk, and is eminently treatable via a change in lifestyle.

3.6.3.3 Diabetes

Diabetes is defined as a disorder of carbohydrate, protein and fat metabolism, caused by abnormal insulin secretion. It is the commonest non infective disorder, affecting over a hundred million people worldwide (Crawford & Cotran 1999:913). Type 1 diabetes, or insulin dependent diabetes, occur in ten percent of all cases. The rest are due to type 2 diabetes, which are classified as NIDDM or *non insulin dependent diabetes mellitus*. This group includes *maturity onset diabetes of the young* (MODY). Diabetes accounts for a seventh of all deaths in the United States. It has a very strong lifestyle association, as will be described below.

Pathogenesis of type 1 diabetes:

Diabetes is an inherited condition, often presenting in childhood. The majority of cases occur in people of northern European descent. It is much rarer in Africans and Asians (Crawford & Cotran 1999:916). Working alongside the genetic predisposition, there are other factors, such as viral infections and auto-immune responses, which have been implicated.

Pathogenesis of type 2 diabetes:

There is an even stronger genetic component to type 2 diabetes. Whereas in type 1 there is an insulin lack due to pancreatic damage, in type 2 there is a strong element of insulin

resistance. Therefore a test of circulating insulin often shows raised levels. There is also a strong connection between this condition and obesity, with eighty percent of type 2 diabetic cases being clinically obese. Numerous studies have shown the beneficial effects of exercise and weight loss (Crawford & Cotran 1999:919).

As opposed to type 1 diabetes, African Americans are severely predisposed to developing type 2 diabetes. Statistics reveal that nearly fifteen percent of African Americans older than twenty have diabetes, and that twenty five percent of African Americans between the ages of sixty five and seventy four have diabetes (America Association of Diabetes).

3.6.3.4 Auto immune diseases

We are from birth to death under attack from germs, viruses and parasites. To protect ourselves we have a system of self-defense referred to as the immune system. The soldiers of this system are cells known as lymphocytes, which sense an attack and mobilise to defeat and destroy invaders. These cells are known as T cells, because they are of thymus origin (Cotran, Kumar & Collins 1999:189). In an intricate but fascinating process they produce antibodies as a response to the invading antigens.

It is these T cells which are under attack by the human immune retrovirus known as HIV (Kumar, Abbas, Fausto & Mitchell 2012:147). This allows opportunistic infections to attack the host. There are also cells known as natural killer cells, which are described as large granular macrophages. It is the function of these cells to seek out and destroy neoplastic (cancer) cells and destroy them before they grow in number. It becomes obvious then, that an intact immune system is vital for our survival (Cotran, Kumar & Collins 1999: 191).

However, there is compelling evidence that an immune reaction against “self-antigens” can cause a group of diseases known as auto-immune diseases. This category includes insulin dependent diabetes, lupus, certain thyroid diseases and rheumatoid arthritis. The causes and mechanism of these conditions are still poorly understood, but genetic factors are of obvious importance (Cotran, Kumar & Collins 1999:218). Thus we have here a mechanism which is vital to our survival turning against us and resulting in disease. The fact that the cause of this phenomenon is poorly understood once again emphasises the fact that our health is often affected by circumstances well beyond our control.

3.7 Conclusion

It has been shown that there exists a tension between Christian faith in the healing effect of prayer and the teachings and attitudes of modern academic clinical medicine. The consensus in medical circles appears to be that prayer for healing borders on superstition, and has no basis in rational scientific evidence.

In contrast to this viewpoint it has been demonstrated that clinical medicine itself is not immune to preconceived notions leading to inaccurate assumptions, to the influence of irrational esoteric influences, and to self-serving chicanery. Medical doctors advised me that the discipline is as vulnerable to deception, misrepresentation and commercial interests as any other.

There is also a distinct contradiction between an expectation of continued good health and the habits of people. As has been discussed above, a significant segment of diseases are self-imposed by our habits and expectations. How can we hold God accountable if we smoke, abuse alcohol, tranquillisers and pain killers, or are first in line at the *vetkoek* counter?

It seems to be an inescapable part of human nature to be demanding, querulous and manipulative. Can we really expect God to be impressed with the implied threat that we will no longer believe in him if He does not do our bidding when we get sick? Perhaps it would be more fitting if we took a leaf out of Job's book and declare in the midst of our tribulations that:

I know that my Redeemer lives, and that in the end He will stand upon the earth. And after my skin has been destroyed, yet in my flesh I will see God; I myself will see Him with my own eyes – I, and not another (Job 19:25-26).

Summary of Chapter 3

The purpose of this chapter is to demonstrate the fate of the carnal physiognomy, which is to be subject to a natural lifespan, even in the presence of good health. Modifying factors enabling the onset of disease, and the limitations of medical interventions, were briefly examined. The futility of demanding that which God has not promised, a healthy existence free of natural adversity, was described. As argued by Brown (1995:233) “sickness is not part of the cross we are told to bear” but is a natural phenomenon.

Introduction to Chapter 4

Chapter 4 examines in some depth the human traits of narcissism and the resultant feelings of entitlement that have such a powerful influence on human behaviour, both individual and collective. Particular emphasis is given to the spiritual side effects of such an influence, especially with regard to the faith of the believer. It is emphasised that “Christ did not die for men because they were intrinsically worth dying for, but because He is intrinsically love, and therefore loves infinitely” (Lewis 2002:63).

4.1 Entitlement

The trait of entitlement is fundamental to human nature. It demonstrates itself by the individual or collective belief that we are due certain benefits which are guaranteed by legislation, custom or religion. The emphasis depends on the context; of late the term has been used pejoratively when used in connection with religious or other expectations and social demands such as free or subsidised medical care and retirement packages at the expense of the taxpayer (Hamilton 2003).

In the field of psychology an exaggerated or unrealistic sense of entitlement is often associated with a personality disorder known as narcissism (Fenichel 1946:499).¹¹⁰ Features of this personality disorder include aggression, manipulation and ingratitude.

In this chapter I will explore the trait of narcissism as it impacts on the subject of entitlement. I will examine it as a personality disorder which has a profound influence not only on the individual but also those around him. Included in this discussion will be an examination of the spiritual aspects of the trait as it manifests itself in the church and on the pastor in the ministry of healing.

¹¹⁰ Vitz (1977:9) argues that “psychology itself has become a narcissistic religion, in particular, a form of secular humanism which is based on the worship of the self”. He labels the trend as anti-Christian empty self-worship and one which has escaped the attention of theologians and clergy. This is not my own personal assessment, having met many wonderful Christian psychologists during this research study.

4.2 Narcissism

4.2.1 Definition

Narcissism is a term which has a wide spectrum of connotations, which can range from healthy self appraisal and confidence to a serious personality disorder. Lubit (2002:127-238) clarifies the characteristics of what he perceives to be the difference between healthy or destructive Narcissism in the workplace as follows:

Characteristic	Healthy Narcissism	Destructive Narcissism
Self-confidence	High outward self confidence in line with reality	Grandiose
Desire for power, wealth and admiration	May enjoy power	Pursues power at all costs, lacks normal inhibitions in its pursuit
Relationships	Real concern for others and their ideas; does not exploit or devalue others	Concerns limited to expressing socially appropriate response when convenient; devalues and exploits others without remorse.
Ability to follow a consistent path	Has values; follows through on plans	Lacks values; easily bored; often changes course
Foundation	Healthy childhood with support for self-esteem and appropriate limits on behaviour towards others	Traumatic childhood undercutting true sense of self-esteem and/or learning that he/she doesn't need to be considerate of others

The term narcissism derives from Greek mythology. Narcissus was a hunter, a beautiful young man who was completely self absorbed. When he saw his own reflection in water he was so entranced he lay down and stared at it until he died. Eventually a small flower sprang up where his corpse lay. Below is a painting by Caravaggio called 'Narcissus' which is housed in Rome at the *Galleria Nazionale d'Arte*.



This dissertation recognises the vast psychological field of interpretation and definition for the Narcissistic Personality Disorder. However, for this study the major focus will be on narcissism as it expresses itself with attitudes of entitlement to demand automatic and full compliance with unreasonable expectations for special and favourable priority treatment from God with reference to healing in the Christian Church. A secondary focus will be the effects of perceived non performance by the Church and God Himself to what the Narcissist believes to be his rights, based on his own deservingness and God's contractual obligation to

perform physical healing, to which he feels entitled (Campbell, Bonacci, Shelton, Exline & Bushman 2004:31).

4.2.2 Characteristics

The characteristics of the personality disorder of pathological narcissism are complex and varied. They go much deeper than the initial instinctive reaction of believing that it is just someone who loves themselves. Lasch (1979:31) describes the characteristics of the narcissistic personality as follows:

Dependence on the vicarious warmth provided by others, combined with a fear of dependence, a sense of inner emptiness, boundless repressed rage, and unsatisfied oral cravings...pseudo self insight, calculating seductiveness, nervous, self – deprecatory humour... intense fear of old age and death, altered sense of time, fascination with celebrity, fear of competition, decline of the play spirit, deteriorating relations between men and women.

Lasch (1979:51) refers to the challenge a pastor faces when he encounters such a personality in his congregation, which may manifest as feelings of isolation, emptiness and a profound sense of despair and resignation. This would indicate that the condition is most certainly of importance to the discipline of Christian Spirituality which attempts, as in this study, to understand a sense of entitlement in the Christian Church.

4.2.3 Causes

The modern narcissistic personality disorder is largely caused by the social upheaval in the modern family unit, particularly a lack of paternal involvement (Fukuyama 1999:4). Gambaudo examines the findings of Kristeva (cf. Gambaudo 2007:169) and reiterates the concept that narcissism is a feature of normal human nature, but that it can assume pathological proportions. He believes that the pathogenesis in current society is directly related to what he refers to as “the post paternalistic society” (Gambaudo 2007:169).¹¹¹ This is a consequence of the decline of the nuclear family, a phenomenon which has manifested in the last fifty years, as well as a fundamental change in the emphasis of the influence of males

¹¹¹ Attachment No. 2 to this dissertation is a record of statistics that relate to the social affects of the Fatherless Generation.

in society (Gambaudo 2007:169).¹¹² Tlhabi (2013:2) argues from a South African perspective that “as a society we seem to casually accept the norm of absent or austere fathers”. She links this absence of the father to the syndrome of sugar daddies and claims that this is largely the cause of the fact that more than twenty eight percent of schoolgirls in South Africa are tested HIV positive.

Tlhabi stresses the need for a father image, particularly from a little girl perspective and says about her own relationship with her father that; “I do not recall ever doubting my worth. The only reason for that was because the first man in my life, the first man I ever loved, my father, made me believe I was complete” (Tlhabi 2013:2).

Freud (1927:15-24) acknowledges the helplessness of humanity and its need for protection, and he draws the link between the father-complex and this helplessness as the child feels vulnerable in the world and seeks the strength and need for the protection of the father. He argues that the connection consists in the relation of the child’s helplessness to the helplessness of the adult which continues into adulthood. He invites his readers to transport themselves into the mental life of a child and to see the narcissistic need which attaches itself to objects which ensure the satisfaction of those needs. In this way, argues Freud (1927:15-24), the mother who satisfies the child’s hunger becomes the infant’s first love-object in its protection against anxiety and the threatening outside world. In this function of protection the mother is later replaced by the stronger image of the father, who retains the position for the rest of childhood. Freud (1927:15-24) argues that this lifelong longing for a father and the need for protection is the beginning of the formation of religion for the child. Thus his need of and dependence on a father constitutes a motive identical with his need for protection against the consequences of his human weakness and vulnerability.

The demise of the family unit and particularly the lack of influence of the father in many cultures have brought about the pathology of mistrust and insecurity (Gambaudo 2007:160). The adaptive response to the lack of paternal influence has resulted in the emergence of a new type of subject which psychology has called the narcissistic personality (Gambaudo 2007:169).

¹¹² During analysis of patients in his care who had attempted suicide Campbell (2008:26-27) observed that these patients frequently experienced their fathers as either withdrawn or as actively rejecting them.

Fukuyama (1999:4) believes that the decline in the family structure and particularly the paternal influence has been longer in the making than only the fifty years mentioned by Gambaudo (2007:169). Fukuyama maintains that the demise of the family unit has been building up for more than two hundred years:

The decline of kinship as a social institution, which has been going on for more than two hundred years, accelerated sharply in the last half of the twentieth century. Fertility in most European countries and Japan fell to such low levels that these societies will depopulate themselves in the next century, absent substantial immigration; marriages and births became fewer; divorce soared; and out of wedlock childbearing came to affect one out of every three children born in the United States and over half of all children in Scandinavia. Finally, trust and confidence in institutions went into a deep, forty year decline... The breakdown of social order is not a matter of nostalgia, poor memory or ignorance about the hypocrisies of earlier ages. The decline is readily measurable in statistics on crime, fatherless children, reduced educational outcomes and opportunities, broken trust, and the like (Fukuyama 1999:4).

Gambaudo (2007:189) argues that the narcissist left to flounder without parental, particularly paternal, influence and stability does not reorganise his social structure around a different base but rather forms a paternal image which will preserve the primacy of the father as he perceives it, and then he will desperately cling on to this image. This self created image is that of himself as the figure on which he can depend, or even his image of God (Freud 1927:15-24), which leads to the narcissistic moment as described by Gambaudo (2007:169) below, where the 'I' is a reflection of himself and the creator of itself and becomes all in all to itself:

For Kristeva, this makes of Narcissus logically and quite normally the obliged creator of the world. Why the obliged creator? Because through the narcissistic moment, the subject in formation learns that I or the conscious subject, is a reflection of its being through signs. Being is the origin but the *creator* is the one who links being to its image, a step first achieved, all be it archaically, in narcissism. Narcissus, the obliged creator adheres to a generally monotheistic and in particular, Christian understanding of the creator as the beholder of the unitary and unifying symbol: In the beginning was the Word and the Word was with God and the word was God (John 1:1). If we hold on to this paternalist view of Narcissus, self-knowledge is a deadly curse because Narcissus must, but fails to, recognise himself as the origin of knowledge. He has no other base to construct himself from.

Psychology has fueled this existential self centered personality disorder by rejecting Freud's¹¹³ concept of the biological nature of humanity and Freud's stress on the need for the

¹¹³ Sigmund Freud the founder of psychoanalysis believed in the innate hidden pathological nature of human behaviour. Some of the theorists who broke from the Freudian belief in the aggressive (death instinct) of man were directly opposed to the belief that mankind was anything but good. In fact many

influence of the paternal figure and popularising the idea that humanity is intrinsically and naturally good and attributing anything bad or evil to society (Vitz 1977:18). Extreme views are held in the psychology of what Vitch calls the ‘selfists’ regarding the absolute goodness of the self, insisting that humanity should love and trust only in themselves (Vitz 1977:45).

Figures of the paternal function have also been displaced from the father to depersonalised paternal ‘devices’, for example media, institutions, etc., (Gambaudo 2007:173). The link to the paternal function is changing, causing the genesis of a different symbolic subject (Gambaudo 2007:173). It would appear that narcissism is doomed to arrested development in its ignorance of origin and, as acknowledged by Gambaudo (2007:173), its inability to trust in a symbol, be it words or images or even religion, solid enough to guarantee the subject’s stability and to justify the risk of forsaking dependence on the image of himself.

Lacan privileges the paternal function as the sole guarantor of subjectivity. He claims that paternal law dictates and ensures the continuation of symbolic life. “In Lacan’s eyes, the paternal or symbolic order is the pre-requisite and guarantor of individual and collective social existence without which subjectivity would collapse into psychosis” (Gambaudo 2007:56).

In summary, narcissism as outlined above is a feature in the personality that demands rights and favours. In a Christian sense, and specifically related to the topic under discussion, which is the ministry of healing, persons with this personality trait feel injured and let down by both the pastor ministering to them and the doctor tending to their medical needs when they fail to accomplish perfect health for the individual.

4.2.4 Pathogenesis

This section describes the main processes and their consequences as it relates to the manifestation of the narcissistic personality disorder.

of them believing that man was God, as can be seen from the comment by Feuerbach (1957:26) who said “homo homini Deus est – man’s God is man”. Many humanist psychologists whose main thesis was that man is god and that devotion should be to the self, called for humanism to be an active common faith (Dewey 1934:87). Another humanist psychologist, Fromm (1966), was openly hostile to Christianity in his book *You Shall be as Gods*, calling human beings to realise who they were and that they themselves were god.

It would appear that no one is exempt from the possibility of displaying narcissistic tendencies and that it is a natural human characteristic. Heller (2005:173) argues that even Freud was known to show narcissistic tendencies, and argues that it was Freud's own *narcissism*, which she calls *hubris*, that made him lose scientific credibility:

He described the Oedipus complex as needing to be mastered by every new arrival on this planet, dismissing individual experience or cultural differences. The recognition of the universality of the Oedipus complex and the central role it plays in neurosis has become the shibboleth¹¹⁴ that distinguishes the adherents of psychoanalysis from its opponents. An Old Testament term, shibboleth is the criterion or test to distinguish religious believers from heretics. Those who questioned this dogma were expelled from Freud's court. And one by one they left. And still Freud refused to budge from this position (Heller 2005:174).

Pryor, Miller & Gaughan (2008:517) acknowledge that psychological entitlement has negative consequences for the individual who is plagued by the disorder and the society which is called upon to support their demands. They argue that entitlement is considered a core component of both narcissistic (as defined in *DSM-IV* 1994), and trait narcissism, as measured by the Narcissistic Personality Inventory (Raskin & Terry 1988). Pryor *et al* (2008:517) identify psychological entitlement as positively associated with schizoid and borderline personality disorder. In measuring relations between psychological entitlement and the entitlement subscale of the narcissistic personality inventory with the revised personality inventory scales they conclude that:

These results suggest that these two alternative entitlement scales – one a stand alone measure and one a subscale of a very popular narcissism measure – result in quite similar nomological networks as described by general and pathological personality traits. Both scales appear to capture personality traits related to an antagonistic interpersonal approach characterized by immodesty, deceitfulness, distrustfulness, a tendency to be noncompliant and resistant to authority and a cold, detached view of others (Pryor *et al* 2008:517).

Campbell, Bonacci, Shelton, Exline & Bushman (2004:29-45) claim that a pathological sense of entitlement in personality pathology has severe repercussions for the distribution of, in many cases cash strapped, societal resources. The pathology also presents with demonstrations of hostility, need for power, dominance, aggression and a lack of self control (Raskin & Terry 1998:890-902). Reidy, Zeichner, Foster & Martinez (2008:865-875)

¹¹⁴ The Israelites East of the Jordan pronounced the initial letters of Shibboleth (Judges 12:6) with a strong “sh” sound while those in Canaan gave it a softer “s” sound. This term was used as a test to identify the origin of the person using the word in conversation.

recognise the processes and consequences of the personality disorder of entitlement to be highly problematic to society.

Narcissism often travels together with its dreadful co-hunter suicide. Langley (2009:8) examines and links the two subjects of narcissism and suicide in a Renaissance setting and claims that they are both heavily censured controversial subjects, particularly by the church. He levels the criticism that “Christianity approaches suicide and suism¹¹⁵ as opportunities to delineate and insulate itself from aspects of its classical inheritance, yet theological or moral calls for self trial and self denial legitimate introspection and articulate, hence perpetuate, that which they condemn” (Langley 2009:8).¹¹⁶ He argues that the narcissist and the suicidal personality provoke approbation in theological thought where it is brought up hard against the Christian imperative of self-denial.¹¹⁷ He draws a link between narcissism and suicide in the third chapter of his book where the self-destruction of Romeo and Juliet acts out in the final chapter of their narcissistic self love and self absorption. In this same chapter he argues that a “dynamic of sympathy, reciprocation or bandying¹¹⁸ has dangerous and aggressive potential”¹¹⁹ (Langley 2009:108). Ronningstam (1999:674-693) argues that people with Narcissistic Personality Disorder (NPD) are particularly prone to thoughts and attempts at suicide in response to perceived failure, criticism or humiliation. Ronningstam quotes Kohut as claiming that suicide attempts by NPD individuals can be understood as a way to eliminate the self in order to erase a reality that is filled with unbearable disappointments, failures, hopelessness and depression (Ronningstam 1999:674-693). Lasch (1979:31) in fact argues that narcissism has more in common with self-hatred than with self-admiration.

Langley (2009:24) explains the self destructive emotions of the narcissist thus:

¹¹⁵ A suist is one who seeks for things which gratify merely himself, a selfish person or a selfist as discussed by Vitz (1977) in his book *The Cult of Self-worship*.

¹¹⁶ The criticism is probably based on 1 Corinthians 11:28: “A man ought to examine himself before he eats of the bread and drinks of the cup. For anyone who eats and drinks the Cup of the Lord in an unworthy manner will be guilty of sinning against the body and blood of our Lord”. Or perhaps; 11 Corinthians 13:5: “Examine yourselves to see whether you are in the faith; test yourselves. Do you not realise that Christ Jesus is in you – unless of course you fail the test”.

¹¹⁷ Matthew 16:24-27: “Then Jesus said to His disciples, if anyone would come after me, he must deny himself and take up his cross and follow me. For whoever wants to save his life will lose it, but whoever loses his life for me will find it. What good will it be for a man if he gains the whole world, yet forfeits his soul”.

¹¹⁸ The “bandying” referred to here is to deal with the subject in a light or hasty manner rather than in a contemplative, serious manner.

¹¹⁹ This has interesting implications for the pastor as Christian counsellor.

How much more wretched when you burn with your own narcissistic flame, revering yourself in your own mirror, or become murderer of yourself, stealing you from yourself. This is the torture, Renaissance writers insist, that awaits those that turn and seek themselves inside themselves, claiming themselves for themselves.¹²⁰

In light of the above, it is understandable why Pryor, Miller & Gaughan (2008:519), using an Entitlement subscale (ENT),¹²¹ conclude that “the ENT, on the other hand appears to assess a slightly more pathological, darker¹²² variant which might also be particularly useful for clinicians or researchers who are more interested in personality pathology”. The characteristic of narcissism is a normal component of human nature, but given the right stimulus, it can become pathological.

In the Christian Spirituality paradigm this “darker” entitlement variant is the subject of a spirituality which demands “rights” from God. Psychological entitlement and the self reflections of Narcissus which lead to self destruction of the suicidal subject in the physical realm are mirrored in the Spiritual realm. As in the fable of Romeo and Juliet; “the Narcissistic tableau is a relic, smeared in moss of an inaccessible ideal” (Langley 2009:109). The spiritual landscape is likewise littered with the broken dreams of humanity who believed in an immortality of a flesh which is destined to decay. Fromm (1974:203) adds an interesting thought regarding the narcissistic personality; “he cannot do without narcissistic inflation because his human core – conviction, conscience, love and faith – is not fully developed”. The undeveloped faith in the Christian narcissist is the faith of the believer in the true Kingdom of God which is not of this world (John 18:36).

Schlossberg (1983:84) argues that narcissism is fundamentally idolatry which is fed by the current craze of pop psychologies which encourage an emphasis on sentimental introspection. “The individual and all that he feels, does, and says are lifted to ultimacy... the individual believes himself to be the measure of both reality and moral principle” (Schlossberg 1983:84). Vitz (1977:32) argues that narcissism flourishes under the cloak of

¹²⁰ This stands in sharp contrast to Paul’s directive in 11 Corinthians 1:22-23: “He anointed us, set His seal of ownership on us and put His Spirit in our hearts, as a deposit, guaranteeing what is to come”.

¹²¹ There were several scales used in the study done by Pryor *et al* (2008), the aim of the study being to have a reliable and valid measure of the construct. Studies show that the ENT scale was more positively related to symptoms of schizoid and borderline personality disorder (Pryor *et al* 2008:519).

¹²² I am aware of the use of “dark” in the Christian Spirituality discipline as signifying the seeming withdrawal of the Spirit of God as in the *Dark night of the soul*. However, the “darker” pathological variants referred to here are those which are identified as the more self destructive or harmful such as schizoid or borderline personality disorders.

psychological theories of personal growth and that it is fundamentally a faith of those that have no faith. He claims that underneath this superficial optimism bred by the psychological theory of growth and experience as the key to happiness and fulfilment, the narcissistic individual is filled with despair. Lasch maintains that “in a dying culture, narcissism appears to embody – in the guise of personal growth and awareness - the highest attainment of spiritual enlightenment” (Lasch 1979:235).

Most writers on the subject of narcissism identify the sickness as a modern reaction to the death of materialism and the birth of pantheism and naturalism (May 1959:73). I would argue that narcissism goes way back before humanism and modern spiritual ‘enlightenments’ to the Genesis 2-3 concept of the Garden of Eden where *hubris* and the love of and indulgence of the self led to a choice which was in direct rebellion to the will of God. Niebuhr (1953:186-203) describes hubris as a basic sin of humanity which is the epitome of “man’s effort to usurp the place of God”. Yes, we are marvelous creatures in the sight of God, says Gowan (1975:120), but God’s estimation of us is not quite as high as our own, for we cannot believe or conceive of the idea that such a marvelous creature should die. Our rebellion at the thought of death is a symptom of our rebellion against creature-hood and the results are expressed in the texts of Isaiah 14:4-21 and Ezekiel 28:1-19. Modern man, says Gowan (1975:120), with his success-oriented self-exalting attitude of defiance toward God is playing out and fulfilling Ezekiel 31 and its parallels.¹²³

Toynbee (1948:435) argues that Simon Bar Jonas was afflicted with this spirit of “futurism”¹²⁴ while he pursued an earthly Utopia. Peter was the first of the disciples to hail Jesus as the Messiah. He was also the foremost in protesting against his acknowledged Master’s consequent revelation that his Messianic Kingdom was not to be a Jewish version of the Iranian world-empire of Cyrus. After displaying his faith he was rewarded with a special blessing from his Master and then he was immediately rebuked by Jesus for aggressively

¹²³ Gowan (1975) in his book *When man becomes God: humanism and hybris in the Old Testament* explores history and a series of Old Testament passages which suggest that humanity has a tendency to elevate his opinion of himself to that of a god, as it conducts a tacit dialogue with Fromm’s (1966) book *You shall be as gods*.

¹²⁴ There are several interpretations for and types of “futurist”. Toynbee’s use of the term is obviously related to the interpretation “one who thinks about the future in relation to the self (ego, personal vision)...one who uses foresight to solve problems primarily for themselves and whose current behaviour is oriented to and influenced by their future expectations” (Candy, Schultz, Hayward, Slaughter & Ramos 2006).

insisting that His vision should conform to his *idée fixe*. “Get behind me, Satan! You are a stumbling block to me; you do not have in mind the things of God, but the things of men” (Matthew 16:23). Peter’s futuristic tendency did not end after Jesus’ reproof, but demonstrated itself again at the scene of the Transfiguration where the vision of Moses and Elijah standing at Jesus’ side elicited a response from Peter for the beginning of a *Befreiungskrieg*, when he displayed his misunderstanding of the vision and offered to build on the spot the three tabernacles or tents. While he was still babbling on about the memorial which he intended to build, locked into the kingdom of the future on earth, Jesus moved forward with matters concerning the Kingdom of God (Matthew 17:5). This second lesson however did not enlighten Peter. Toynbee believes that:

Even at the climax of his Master’s career-when all that the Messiah Himself had foretold was patently coming true, the incorrigible futurist drew his sword to fight in the garden of Gethsemane; and it may be that his betrayal of his Master later in the same evening was the result of the confusion of mind of one who had lost his futuristic faith at last without as yet confidently grasping any alternative to it (Toynbee 1948:437).

In one of his last scenes in Acts we again witness Peter railing against the clear command of God accompanied by a vision of the sheet being let down from heaven, while Peter continued to claim benefits only for the Jews. Finally, after his encounter with Cornelius who had seen “a man in shining clothes”, Peter understood that Christ’s Kingdom is not of this world, and he began to preach the inclusive Kingdom of God and not a glorious future on earth (Acts 10:30-48). Large (1959:18) says, the individual wrapped up in the narcissistic love of self finally realises that “in time as in space the individual stretches out beyond the frontiers of his body, he belongs to another world, he begins to see the purpose of the creation of man and he glimpses the Kingdom of God” (Large 1959:18).

Schlossberg (1983:13) sees the narcissistic love of self and the loss of an eternal goal as “idolatry” and comments as follows:

Western civilization, in keeping with its Christian underpinnings, has always valued history highly. But as it has departed from the faith, that value has been transmuted. Rather than the arena in which providence and judgment meet the obedience or rebellion of man, history is now seen as the vehicle of salvation... it places salvation within the institutions of history and thus fulfils the biblical definition of idolatry. The idolatries of history exalt an age (past, present or *future*).¹²⁵

¹²⁵ The futurist sees a future bright with the promise of narcissistic self indulgence and adulation.

Dooyeweerd (1960:63) expresses the Petrine style journey toward the knowledge of eternal goals as follows:

History has no windows looking out into eternity. Man is completely enclosed in it and cannot elevate himself to a supra-historical level of contemplation. History is the be-all and end-all of man's existence and of his faculty of experience. And it is ruled by destiny, the inescapable fate.

Narcissism has implications for the church pastor or counsellor where the narcissistic parishioner often has an inability to come to terms with old age, to accept the fact that a younger generation now possesses many of the previously cherished gratifications of beauty, wealth, power and particularly creativity. Fromm (1965:89) argues that it is the specific goal of man in most religions to overcome one's narcissism. He claims that man can save himself from suffering only if he awakens from his illusion and becomes aware of his reality; the reality of sickness, old age, and death, and of the impossibility of ever attaining the aims of his greed (Fromm 1965:88). The loss of the world of loving and loved internal objects brings about the loss of meaning of the self and of the world as the narcissistic personality experiences exclusion and emotional emptiness (Kernberg 1975:312). To be able to enjoy life in a situation involving identification with another's happiness and achievements is tragically beyond the capacity of the narcissistic personality, which reacts in primitive envy and a sense of loss, failure and psychotic depression (Kernberg 1975:312).

Ill health also upsets the equilibrium of the narcissistic personality; because the original self representations are strongly influenced by body images and because the earliest intrapsychic instinctual gratification is closely linked to the re-establishment of physiological equilibria. Physical health and illness significantly influence the normal and abnormal equilibrium of the narcissistic personality (Kernberg 1975: 320). Strengthening relationships within the "family" atmosphere of a loving church environment will strengthen the person's ability to work through mourning processes, to be in love, to feel empathy and to experience the deep gratification in identifying with loved people and values in a time of loss, failure and loneliness (Kernberg 1975:320). Knowledge of and trust in the true Creator will nullify the love of self and replace it with an understanding and a new mirror image of himself in relation to the Kingdom of God.

Kernberg (1975:336) does warn that the narcissistic personality is prone to very low frustration tolerance; they combine nonspecific aspects of ego weakness and specific

narcissistic vulnerability and feel easily hurt or rejected because of minor frustrations from or shortcomings of the pastor/counsellor. The counsellor's awareness of these reactive rage or protective withdrawal reactions may help the ministering person to understand the personality involved without feeling that they have not counselled or pastored effectively. Fromm (1965:67) gives further insight to the pastor or counsellor by warning that the irrationality of the pathologic narcissist shows itself in quite subtle ways on occasion; for instance if the man calls the pastor for an appointment that the pastor cannot accommodate, the person would not be able to relate to the frantically busy diary of the pastor, all that will be in his field of vision will be his needs and wants to be accommodated in the pastor's schedule and timing. In the pathological narcissist's logic the pastor does not exist outside of service to himself. Primarily, the narcissistic personality "longs to be free from longing" (Lasch 1979:241) in a world where there is no satiation outside of Christ.

4.2.5 Conclusions

Narcissism begins very early in life. The little girl who prances in front of the mirror and admires her long tresses is viewed as just a little girl who finds her reflection attractive. The adult super model who suffers from anorexia and bulimia in an attempt to maintain her physical beauty and cries piteously "mirror, mirror on the wall, who is the fairest of us all" (cf. Vandergrift 2012), is not funny or cute anymore. Narcissism lacks courage in the face of advancing time (Stern 1977:188) and as a result plastic surgeons, weight reduction charlatans and beauty product empires capitalise on their desperation. As physical beauty fades, thoughts of self destruction haunt the previously young and beautiful. Narcissus gazes into the reflection of a self not attractive to itself any longer and thoughts of death rather than facing the emptiness are the tragic consequences (Langley 2009:8). Vitch (1977:127) offers as the only solution:

the only way out is to lose the self, to let it go and once more willingly become an object again, not an object naively fused with the flow of life nor an object to be controlled by other selves acting as subjects, but an object in the love and the service of God.

Fromm (1965:89) suggests that the central issue of prophetic teaching is a fight against narcissism. In idolatry man worships himself. "The idea of God, on the contrary, is the negation of narcissism because only God – not man – is omniscient and omnipotent" (Fromm 1965:89).

4.3 Ingratitude

The narcissistic personality has no feelings of appreciation for what it receives. Nothing can be given, bestowed, bequeathed, donated which will give a sense of fulfillment or appreciation. There is no end to the feeling of “deservingness” or “deservedness”. There is no satiation of the self in love with itself. The syndrome presents with an attitude of - why should I be grateful? After all I am perfect and have a “right” to whatever I receive.

The rise of the climate of ingratitude was an insidious one. Ehrnfeld (1978:8) argues that the arrogance of humanity’s faith in their abilities to rule over nature and the known world was nurtured by the late Renaissance triumphs of science and technology, and that they worked in tandem to create a profusion of techniques to take dominion over the natural world. Scientific revolution worked toward a utopia¹²⁶ of ultimate power for humanity with no accountability for the results of its actions:

The features of the natural world – mountains, deserts, rivers, plant and animal species, climate have all been arranged by God for certain ends, primarily the benefit of humanity. These beneficial ends can often be perceived if we look carefully: rivers provide edible fish and transportation, deserts give boundaries and limits etc. Our responsibility is to acknowledge this gift and accept the stewardship of the planet in return, an acceptance that was urged by early Jews and Christians two thousand years ago. Thus the idea of using a Nature created for us, the idea of control, and the idea of human superiority became associated early in our history. It only remained to diminish the role of God, and we arrived at full-fledged humanism (Ehrnfeld 1978:8-9).

Once dominion was given to humanity, to whom then should one be grateful? Absolute faith in humanity’s ability to control our own destiny, planet, climate, health and ultimate fate left the tendency to elevate our own infallibility and inventiveness to divine levels. Humanity was encouraged to “place their faith in man himself – in man’s infinite possibilities” (Ehrnfeld 1978:8-9). The collective ego having thus been inflated, humanity was left with no cause for gratitude to God. Ehrnfeld claims that “personal ego is increasing in the world which has left us with no alternative but to love ourselves best of all” (Ehrnfeld 1978:239). Personal selfishness led to a love of comfort without work, demand for privilege without participation and an insatiable demand for welfare and a climate of ingratitude.

¹²⁶ Molnar (1967:21) argues that “in reality all utopians follow the same pattern: the liberation of man from *heteronomy*, from the guidance and providence of a personal God, in the name of *autonomy*, of moral self government”.

Shakespeare wrote the following poem about the ingratitude of a humanity who forgets benefits which have been bestowed: ¹²⁷

Blow, blow, thou winter wind
Thou art not so unkind
As man's ingratitude.
Thy tooth is not so keen
Because thou art not seen,
Although thy breath be rude...

Freeze, freeze, thou bitter sky
That dost not bite so nigh
As benefits forgot.
Though thou the waters warp
Thy sting is not so sharp
As friend remember'd not (cf. Quiller-Couch 1919:136).

God is familiar with ungrateful people; the Israelites had been enslaved for 430 years under Egyptian rule. When God miraculously set them free from bondage He gave them opportunity to collect up their riches, cattle, jewels, gold, food, their families and supplies and He promised that He would give them in return a land of milk and honey (Exodus 3:8). The murmuring of ingratitude proceeds with them through the desert, provoking God to anger (Numbers 14:11-12). God identifies ingratitude with an evil, sinful heart (Numbers 14:20-40).

Jesus too experiences the ingratitude of humanity when He interrupts a journey to Jerusalem (Luke 17:11-19) to take pity on ten lepers. A foreigner, a Samaritan returns, praising God in a loud voice and throws himself at Jesus feet to give thanks to Jesus for his healing. The others showed no gratitude and they earn a sneer from Jesus as He questions where the others were. Paul recognises the ingratitude of the Romans two thousand years ago (Romans 1:20-21),¹²⁸ and nothing has changed in human nature since that time. Johnson (2001) quotes a sermon given by Spurgeon in 1890 which he called *Inexcusable Irreverence and Ingratitude*, where he points out that the Romans knew God and yet did not show gratitude. He warns that “if you know Him and are not thankful to Him, it will be more tolerable for the people of Sodom and Gomorrah at the Day of Judgment than for you” (cf. Johnson 2001).

¹²⁷ In sharp contrast to Psalm 103:2 “Praise the Lord O my soul, and forget not all His benefits – who forgives all your sins and heals all your diseases”.

¹²⁸ “For since the creation of the world God’s invisible qualities – his eternal power and divine nature – have been clearly seen, being understood from what has been made, so that men are without excuse. For although they knew God, they neither glorified him as God, nor gave thanks to him, but their thinking became futile and their foolish hearts were darkened”.

In a more modern context ingratitude is a common factor in daily life. Nair (2012) reports the death of a nun who was bashed to death with a hammer in the rural areas. Reita van Vuljk a 66 year old lady from The Netherlands, came to South Africa in 2004 with a vision to help children and youth who were affected by the Aids pandemic. She set up a home and a care centre providing nourishing meals and education. To this she dedicated her life. She had given the three youths who took her life odd jobs around her house, she had regularly fed and cared for them and she had taught them to drive her motor vehicle. They were not grateful to her; they forced their way into her home with the intention of theft, suffocated her and then later bludgeoned her to death for her vehicle and threw her body over a steep cliff.

Ingratitude is a feature of human nature that appears through the ages. The trait causes those who have this tendency to forget “God’s benefits” as outlined in Psalm 103:2, and focus rather on what they expect God to do for them. The trait of ingratitude is relevant to this dissertation as it impacts negatively on the pastor ministering to those who are incapable of considering further in the text “who forgives all your sins” Psalm 103:3.

4.4 Economic consequences of entitlement

The subject of entitlement is an emotive issue; it involves situations such as starvation, famine, disability, poverty, race, culture, class structures, distress situations and gender inequities in a complex maze of social upliftment programmes and economic chaos and decline.

Schlossberg (1983:60) argues that “our thinking about poverty is badly distorted because the statistics relating to it are often used either incompetently or dishonestly”. He goes on to say that “the humanitarian definition of poverty shows it to be relative. This means that nobody can be content with what he has because someone else has more”. This would indicate that we should all be consumed with envy and seek ways to have other people’s possessions. “What kind of definition of the good life must lie behind the conception that one is oppressed if he only has meat twice a week, if his plumbing does not come up to the modern code, or if he does not have a color television set or car?” (Schlossberg 1983:61). Puzzling over why there is so much misunderstanding about poverty and more particularly why the efforts of many who attempt to relieve poverty give more of an impression of an exercise of power over the poor, Schlossberg (1983:77) quotes the sentiments of Bell as:

Pondering over the contradictions between the claims and the performance of humanitarianism and concluding that they could be understood by examining the difference between Christian love and its humanitarian imitator. Christian love which has always emphasised caring for the poor, accepts them as worthy without romanticising them and giving them qualities they do not possess. Humanitarianism, especially in its mainstream Protestant¹²⁹ manifestations, *corroded* that vision, leading to the *erosion* of Christian love. The result is the humanitarian counterfeit of love.

Sen (1983), tackling the issue from a starvation and famine perspective in respect of the ownership of food gives the following explanation of ownership relationships and the difficulty in defining poverty in relation to entitlement:

The category of the poor is not merely inadequate for evaluative exercises and a nuisance for causal analysis, it can also have distorting effects on policy matters. On the causal side, the lack of discrimination between different circumstances leading to poverty gives rise to a lack of focus in policy choice. Evaluative grossness can also distort. With the use of the head-count measure of poverty, the best rewards to poverty-removal policies are almost always obtained by concentrating on the people who are *just* below the poverty line rather than on those suffering from deep poverty. There is indeed a certain amount of empirical evidence that gross characterizations of poverty do lead to distortions of public policy.

On the topic of entitlement (Bardwick 1995:18), contends that “when people don’t have to earn what they get, they soon take for granted what they receive. The real irony is that they are not grateful for what they get. Instead they want more. It is the terrible cycle of Entitlement”. Bardwick (1995:18) argues that for some groups of people there is a formal tenure to entitlement which has unfortunately set a precedent for others to argue their “rights” with the same certainty. Entitlement in the workplace seems to have run its course: the years of affluence have come to an end and the never-ending cycle of demand with no return has crippled the economy and many companies worldwide. There is a general attitude of the tax paying worker which is one of disillusionment; high taxes to maintain hefty and corrupt social structures have left a legacy of unaccountable individuals draining ever decreasing

¹²⁹ During research for a Master’s degree (Martin 2009), it became apparent that the Roman Catholic Church Hospice which I researched and many other Roman Catholic projects interviewed were more inclined to support community led initiatives. They were more in touch with the community and its overall basic needs and they encouraged the sick in their Aids initiatives to get well enough to leave the facility and attend the Outpatient Clinic at regular intervals, or if they were sick enough to need constant supervision the Hospice facility would ensure a dignified death. They were transparent in their Christian love for and attendance to the needs of the community in which they worked without “enslaving by charity”, which was a phenomenon encountered quite frequently at some of the other social upliftment initiatives which were visited during the research.

financial resources.¹³⁰ This disillusionment has been the catalyst for many productive individuals to abandon their countries of origin for a more equitable system which rewards hard labour.

President Roosevelt in his Budget Address in 1935 said that:

Continued dependence upon relief induces a *spiritual* and *moral* disintegration fundamentally destructive to the national fiber. To dole out relief in this way is to administer a narcotic, a subtle destroyer of the human spirit (cf. Davies 1996:1).

As an example, the U.S. economy was brought to its knees by an entitlement revolution which brought down companies like General Motors. Davies (1996:238) argues that the Americans were sobered by the lessons of the failed battle for welfare reform, growing numbers of liberals underwent the same process of education, relearning lessons about popular individualism that had only recently been self evident. Davies (1996:238) writes that as the prospect for reform diminished in 1971, an aide suggested that Jacob Javits, a liberal Republican, who was supportive of the labour unions and civil rights movements, might want to rethink proposals that he had sponsored the previous year. The aide suggested the following to Javits:

I see that you had one proposal to completely eliminate any work requirements for women with school age children. While at first glance this appears to be a liberal position I believe that we should stop thinking of work requirements as punitive and instead think of the potential therein for lifting an entire family unit out of the demoralising poverty-welfare cycle. Part of the problem the working classes have with welfare is because liberals have created the impression that work is somehow punishment (cf. Davies 1996:238).

Bardwick (1995:3) says the demise of the economy is because of an attitude of entitlement; those who have this attitude believe they do not have to earn what they get. They believe that they get something because they are owed it, because they are entitled to it. Entitlement destroys motivation; it lowers productivity and it crushes self-esteem.¹³¹ People, she says, are

¹³⁰ Philosophies of the likes of Mishan (1960:247), who believed that inequality could be eliminated by higher taxes, were evidenced in his comment: “Ideally tax should suffice to cover all the initial and subsequent claims necessary to placate everybody in the lower income groups, and the stronger this envy of others, the heavier must be the tax” caused dismay among the taxpayers. It became non profitable and undesirable to be productive, as the productive individuals and companies were punished by being expected to provide for the non productive with higher and higher taxation and less gratitude for accomplishments.

¹³¹ An encounter with a physically, mentally and spiritually worn out woman aged approximately 35 years in one of the hospices I visited for a prior Master’s degree (2009) brought this situation home in a very real way. The woman had 6 children ranging in age from 10 down to an infant. When

complacent: they get raises, bonuses and benefits as a matter of course, with no effort on their part, so there is no incentive to work hard. Laws prohibiting employers from terminating the services of lazy employees have caused a situation where the employee merely has to show up at work to be entitled to earn his pay. Under the old common law principle of employment at will, says Bardwick (1995:12), employers could exercise power to terminate the services of laggards on the spot; this new era of entitlement means employers cannot get rid of unproductive people, which she argues is bringing the economy to its knees. The corporate tolerance of non-performance, she says, has generated the psychology of entitlement in the workplace (Bardwick 1995:12-13).

Schlossberg (1983:51) labels this deep sense of unfulfilled entitlement as *ressentiment*.¹³² He argues that; “the phenomenon of *ressentiment* is different from mere envy or resentment because it is not content to suffer quietly but has a festering quality that seeks outlet in doing harm to its object” (Schlossberg 1983:51). Schoeck expresses the frustration and anger of the person who feels entitled to benefits which have catalysed a sense of *ressentiment* as follows:

The man who writes as we cannot write, who speaks as we cannot speak, labours as we cannot labour, thrives as we cannot thrive, has accumulated on his own person all the offenses of which man can be guilty. Down with him. Why cumbereth he the ground (Schoeck 1969:171).

The economic consequences of pandering to an ungrateful, narcissistic humanity have, according to Bauer (1971:21), brought about a contemporary sense of guilt about economic privations of others, which is a group phenomenon centered around class or nationality, and it does not consider what individuals have accomplished. He claims that panderers to an ungrateful humanity are not “concerned with a sense of personal moral failure requiring

questioned regarding the reasons for her HIV status and also her burden of so many children she claimed that her husband was a layabout, he made children in order to claim social grants. She was tired, she was sick because of an unfaithful marriage relationship; she had children who were HIV positive. Thus, the very people the human rights enthusiasts and church social upliftment programmes purport to relieve of their suffering are the ones who are bearing the burden of the insidious patronisation of their social upliftment systems and welfare programmes that they have in place. One wonders about motivation and personal agendas for these initiatives, but that would be a subject for another dissertation.

¹³² Schlossberg claims that “when Nietzsche wrote his celebrated attack on Christianity, he transliterated this word from the French because he could find no German equivalent” (Schlossberg 1983:51). Max Scheler, according to Schlossberg, also used the word in his extension to the work of Nietzsche. He found the English equivalent “resentment” was too weak to convey the meaning he intended.

repentance and restitution” (Bauer 1971:21). Bauer claims that “collective guilt has replaced a sense of personal sin” (Bauer 1971:59). He concludes that:

Economic progress depends more on human abilities and attitudes, on the social and political institutions, shared values and historical experience than on the material factors that are often the only considerations mentioned. It is these, and not poverty that cause prolonged economic stagnation (Bauer 1971:59).

Entitlement is frequently displayed as a pervasive mood of dissatisfaction with one’s lot in life. As has been witnessed above, it is paralysing to the economy of a country, when unrealistic demands are not met. Medical doctors cringe when they are confronted by the wailing of the dissatisfied patient, who is never quite as healthy as they think they ought to be. In a church setting, where harried and exhausted pastors struggle to cope with the daily life of ministry, entitlement is destructive and depressing, to the pastor and the counsellor, who are exhausted by the incessant demands and unrealistic expectations of the dissatisfied. In the healing ministry it is particularly onerous to the pastor as spiritual malaise ensues for both pastor and congregant, when God is perceived as not performing quite up to the expectations of the demanding parishioner.

4.5 Entitlement from a Biblical perspective

Jesus said “come unto me, all you who are weary and burdened, and I will give you rest” (Matthew 11:29). He also said “ask and it will be given to you; seek and you will find; knock and the door will be opened to you” (Luke 11:29). And “behold I am coming soon! My reward is with me, and I will give to everyone according to what he has done” (Revelation 22:12). In (Revelation 2:7) He said “to him who overcomes, I will give the right to eat from the tree of life, which is in the paradise of God”, and in (John 10:28) “And I give them eternal life and they shall never perish; no one can snatch them out of my hand”.

How did we go from there, where the promises of God and mankind’s responsibility are clearly outlined, to a theology which saw a Utopia on earth where Christians were expected never to suffer pain? *Because God said so*, is the hasty reply by the “name it and claim it”¹³³

¹³³ Moo (1988:191-209) of Trinity Evangelical School in Deerfield, Illinois, has written an insightful paper entitled *Divine Healing in the Health and Wealth Gospel* which covers specifically the aspect of the demand for physical health by their proponents.

fraternity, as pointed out by (Weaver 1987:86) on the subject of the healing ministry of “Branham the Healer”:

Any disease could be conquered by the sixth sense of faith. God was *obligated*, Branham argued, to grant deliverance when faith was present... sufficient faith was simply a dogmatic and unwavering conviction that God was going to provide healing. Of course, such an unrealistic and nebulous assertion facilitated the theological safeguard that unsuccessful healing signaled a lack of faith. Indeed, Branham emphasized divine healing so adamantly that recourse to medical treatment usually indicated a lack of faith.

Erickson (1987:836) argues that up until the twentieth century the purpose of Christ’s death was accepted to be the removal of the effects of sin, that is, guilt and condemnation. Forgiveness, redemption and reconciliation were seen as the major results when there was an acceptance and an application of Christ’s atoning work on the cross. The twentieth century saw a growth in interest in the spiritual healing of the body, which it was claimed was a right for the believer. Erickson (1987:836) says that there were two stages to this development: the Pentecostal movement and then more or less a half century later the emergence of the Neo Pentecostal or Charismatic Movement. MacArthur (1978:12) talks of the anxiety felt by Christians, not only outside the movement but inside as well, who were not experiencing the marvels being reported of bizarre happenings.

Fantastic encounters with Jesus Christ and the Holy Spirit are reported as commonplace. Healings of all kinds are reported. It is not unusual to hear of striking testimonies about how God has corrected spinal injuries, lengthened legs and removed cancerous tissue in response to Christian faith. One seemingly omniscient Christian TV-talk show host discerns that miracles and healings of various types are happening during his broadcast (MacArthur 1978:12).

Erickson argues that “one of the salient features of the view that Christ’s death brings healing for the body is the idea that the presence of illness in the world is a result of the fall” (Erickson 1985:836). Disease was then perceived as a curse. Doctors were experiencing issues with patients where they felt their physical symptoms of a degenerating physical body were caused by evil spirits and demonic attack. Simpson (1880:30-31) goes so far as to say that seeing as illness is a consequence of the fall it cannot be combated by natural means and must be handled spiritually and specifically by Christ’s atonement. Christ’s work of atonement therefore was intended to counter the effects of the fall and His death has given humanity the right to obtain healing of the body. It is in fact a “redemption right”. This thinking that illness is caused by an act of Satan rather than an act or omission or simply a degeneration of the body on the part of the sick was the catalyst for many painful encounters

with self styled exorcists in the Pentecostal and Charismatic movements. Hollenweger quotes Widmer as saying:

There is a connection between sickness and possession. And how the devil is pleased when he stays undiscovered for a long time in his hiding place and goes with the sick person to visit a beautiful health resort and take the waters! He laughs at all the chemicals that are swallowed and all the solutions that are injected (cf. Hollenweger 1988:378).

In their consequent zeal to expel Satan and his demons from the sick person, an attitude of “authority” was developed which resulted in sermons which contained much yelling at the devil, commanding, demanding and “standing on” various Scriptures to validate their authority. For instance, in one charismatic sermon I attended, the congregation was instructed to stand up take off a shoe, write Satan’s name under the shoe and then put the shoe back on the foot and jump repeatedly on Satan to expel him from the body. Such acts sound ridiculous when written down, but the consequences of these actions created an atmosphere of arrogance, aggression, demanding, commanding and anger which quickly became the norm in healing services. Benn & Burkill (1987:8) put it this way:

A fashion has emerged recently of commanding God and claiming answers to prayers which may not be in God’s loving will to grant. We need to grasp the Biblical balance - God can do miracles (to deny that is unbelief) but He knows best (to deny that is to exalt ourselves to the place of God).

The sense of entitlement was fashionable, the groundwork had been done and Yeomans, as quoted by Hollenweger, could now write that:

Many of us are taught to pray; If it be Thy will heal me. That wasn’t the way David Ps 6:2-9 prayed there were no ifs and buts in that prayer (cf. Hollenweger 1988:358).

The dualist psychology of the two gods, God as the author of all good and Satan as the author of all bad who are battling it out for power, rather than the acceptance of the sovereignty of God and His dominion over all, led subtly to the feeling that if humanity can shout at and demand from Satan they could command God as well.¹³⁴

Psychological Entitlement is clearly a component of such narcissism. The sense of deservingness in narcissism typically reflects a reward in exchange for one’s own efforts or character, whereas the expectation in entitlement typically reflects the expectation of a reward as the result of a contractual obligation (Campbell, Bonacci, Shelton, Exline & Bushman 2004:31). The demand for and promising of healing by these power evangelists and

¹³⁴ Refer to Chapter 1 of this dissertation on the arrogant demanding prayer of Kushner.

faith healers were appealing to both the narcissistic and entitlement characteristics in human nature. People felt they deserved and could demand healing from God on the basis of what good Christians they have been and on the basis of the eisegesis of important biblical, or what they perceived to be contractual, texts. That was the view held by an element of extremism in some Pentecostal and Charismatic leaders.

Rieff (2008:81) puts humanity into the place designed for him as the receiver of the gift and Christ into His supreme authoritative role as God who is the giver by saying that:

Christ himself is charisma, the idealising gift of man's practical capacities. Christ is thus the prototype of all capacities at their nearest approximations to practice. The forming of authoritative practical capacities, not at odds with the ideal but its realisation, involves indebtedness to the giver, for the receiver cannot entitle himself to the gift – any more than a prophet can choose himself. It is a practical interdictory capacity given by supreme authority and, in its recognition, a pledge to practice and transmit in practice the interdictory motifs (Rieff 2008:81).

4.6 Summary and conclusions

4.6.1 Narcissism

The issue of narcissism as a personality disorder and its effect on the spirituality of the individual is important to the ability of the pastor or counsellor to counsel effectively the parishioner. Kernberg argues that:

If we consider that throughout an ordinary lifespan most narcissistic gratifications occur in adolescence and early adulthood, and that even though narcissistic triumphs and gratifications are achieved throughout adulthood, the individual must eventually face the basic conflicts around aging, chronic illness, physical and mental limitations, and above all, separations, loss and loneliness – then we must conclude that the eventual confrontation of the grandiose self with the frail, limited and transitory nature of human life is unavoidable (Kernberg 1975:310).

Fromm (1965:69) argues that narcissistic self-love is to be found in those who can love neither others nor themselves and that it is a curse which in its extreme form ends in self destruction. There is an alarming intensity of denial in the narcissist who is convinced of his eternal youth, beauty, power, wealth, admiration and security when faced with chronic sickness. Depression with deep feelings of defeat and loneliness are frequently demonstrated by rage, sensations of futility, emptiness and panic over the disintegration of faculties previously worshipped as the package which is the individual himself (Fromm 1965:75, Kernberg 1975:312).

The loss of the physical world of loving and loved objects is ideally replaced by a God who says “Since you are precious and honoured in my sight *and because I love you...* do not be afraid for I am with you” (Isaiah 43:4-5). Lowen concludes his examination of the narcissistic personality by arguing that:

Unfortunately, we lose our innocence too soon, and most unfortunately, we prize this loss. We don't want to be innocents, for that leaves us open to being ridiculed and hurt. We want to be sophisticated - that allows us to feel superior. Sophisticated people seem to have the most fun – partying, drinking, being a little wild, denying the limits. What have the innocents got? An open heart, simple pleasures, faith. How much more alluring to have a sharp mind; to be admired, feel special. The seduction of power is hard to resist, particularly when, as a child, one was hurt and betrayed by those one loved. To sell out the Kingdom of Heaven for power is a devil's bargain. It is the bargain that the narcissist makes (Lowen 1983:228).

4.6.2 Entitlement

On the much debated subject of human rights and, political agendas and entitlements Fortman (2011:209) concludes that:

Uplifting the human rights struggle to the level of global justice requires more ingenious ways of institutionalisation than the current circus of councils, commissions and committees with tedious documents deliberated in lengthy meetings... the focus has not been on people faced with the violation of their basic human dignity; how they themselves experience their struggles for freedom, equality and sustainable livelihood; and how the international human rights mission might come closer to their daily environments. One point is clear; coming closer to people in their daily pursuit of liberties and livelihoods is the most productive perspective for the realisation of human rights in the twenty-first century (Fortman 2011:209).

Entitlement to aid without input is a topical and emotive issue. Bauer is quoted by Schlossberg (1983:73) as arguing that aid can obstruct economic development, that destructive national policies are often subsidised from outside sources, that centralisation is increased at the expense of individual liberties, and that it tends to encourage the false beliefs that benefit can be obtained without paying for it and that rich countries are so because they exploit poor countries.

The biblical attitude toward entitlements,¹³⁵ contrary to the notions of the “name it and claim it” fraternity, is clear in all three synoptic gospels:¹³⁶ “and anyone who does not take his

¹³⁵ Chapter 5 of this dissertation looks at the shift that is occurring in Christian theological teaching toward a human-centred Christian practice and analyses those areas of teaching that encourage the tendency toward a belief pattern that promotes what Erickson (1998:25) calls Anthropocentrism.

cross and follow me is not worthy of me. Whoever finds his life will lose it, and whoever loses his life for my sake will find it” (Matthew 10:38-39). Foxe (1981:6) speaks of another way for those who are cherished by God:

After the martyrdom of Stephen, suffered next James the holy apostle of Christ and brother of John. When this James, saith Clement, was brought to the tribunal seat, he that brought him and was the cause of his trouble, seeing him to be condemned and that he should suffer death, was in such sort moved therewith in heart and conscience that as he went to the execution he confessed himself also, of his own accord, to be a Christian. And so were they led forth together, where in the way he desired of James to forgive him for what he had done. After that James had a little paused with himself upon the matter, turning to him he saith “Peace be to thee brother;” and kissed him. And both were beheaded together, A.D. 36 (Foxe 1981:6).

Women and children were not spared sacrifice for Christ, as reported by Foxe on the fate of the eight or nine year old son of John Fetty in London in 1558, whose naked body was whipped and scourged and who suffered to death and Elizabeth Cooper of Norwich in 1557, who was condemned to burn to death for her faith in God:

Elizabeth Cooper being condemned, and at the stake with Simon Miller, to be burnt, when the fire came unto her, she a little shrank thereat, with a voice crying ‘hah!’. When the said Simon Miller heard the same, he put his hand behind him toward her, and willed her to be strong and of good cheer: ‘for, good sister,’ said he, ‘we shall have a joyful and a sweet supper:’ whereat she, being as it seemed thereby strengthened, stood as still and as quiet as one most glad to finish that good work which before most happily she had begun (Foxe 1981:404-405).

How is it possible to sustain an argument of biblical promises and entitlements to healing and various other earthly “blessings” in the light of the sacrifices made by men and women and even young children in the service of God throughout history?

4.6.3 Ingratitude

Ingratitude is a condition of the soul: Paul reminds the Romans that if you *know* Him you must love Him (Romans 2:20-21). Teaching then that includes the understanding of the nature of God and His sovereignty, His works, acts of love and acts of sacrifice give pause to the ungrateful heart.

¹³⁶ Matthew 16:24, Mark 8:34, Luke 9:23 and 14:27 repeat the theme of self denial.

4.6.4 Conclusion

The malfunctions of personality and deformations of spirituality are discussed in this dissertation: narcissism, entitlement and ingratitude and particularly the attack on “inwardness”¹³⁷ or a heart toward God, which is diagnosed as a neurosis by Freud (1907:435).¹³⁸ Rieff points out that there is a self-love danger in turning away from God:

There is a question whether a culture can exist, humanly, without god-terms that are other than projective. As it turns out, a projected God is the most indifferent one on earth, utterly unrelated to man – unless He is a God in opposition – and in that case His projection is not a sign of dependence, which is really what is at issue. It is as man becomes guiltless, as he can find no opposition to his infinite sense of possibility, that he becomes godless. The god-terms of the Jews as a credal nation were the permanent opposition that enabled them to be loyal to their own limits, to their own humanity and not to a subversive universalisation of it. The symbolic proclaimed in the Ten Commandments, of an exclusive relationship to the god-terms, consists in prohibitions of - that which must henceforward be left undone. These interdictive instructions drew the Jews out of the welter of individual possibilities and established their corporate identity, their covenant (Rieff 2008:22).

Rieff (2008:22) maintains that “what Yahweh elaborates in the covenant is just and right; only men can fail the credal relation; the credal relation can never fail men”. This would mean that in the covenant, the supreme authority is there, victory is assured, and as Rieff argues; “the response of self confidence is at the same time confidence in supreme authority. Under a credal order, there can be no struggle between self and authority. Where there is not this supreme confidence in authority... the individual will lack confidence in himself” (Rieff 2008:23). The key concept in the covenant may be considered the particular and deliberate expression of moral order which is achieved through *negation* and *denial*. These are not popular terms in today’s world of instant gratification and narcissistic demand.

To honor the maker of the covenant, the god-term, is to prefer Him and His representatives precisely in their charismatic quality of the self; to respect the covenant more than the self is an articulation of that renunciation of “instinct”, which is not only the essential form of all social organisation, but also indicates the essential form of culture. Indeed, culture is the elaboration of respect for something other than the self, a creative preference for something that is not self. This achievement of something greater than self-respect, the preference for a holy other constitutes the dynamics of guilt (Rieff 2008:23).

¹³⁷ “The major quality of inwardness is its dominantly interdictory form – a knowing what not to do” (Rieff 2008:122). There is a danger in turning away from God and His interdicts and turning into a false inwardness which is a love of self and therefore denying itself nothing.

¹³⁸ Freud suggested that neurosis and religion are similar products of the human mind, both are merely repetitive and obsessional ritual (Freud 1907:435).

Again, contrary to modern thinking¹³⁹ which finds a sense of guilt repugnant, an awareness of guilt leads to an interior change to inwardness which brings about a change of heart toward God and an abandonment of narcissistic love of self. As Rieff (2008:33) argues: “Superego can be talked into deep alliances with *id*, under the name of Reason”. Reason would have us believe that sin does not exist, God however is not swayed by Reason and the prophet Isaiah (1:4-6) says the covenant breaker is thoroughly diseased; psychologically, spiritually and physically.

The trait of entitlement and the narcissistic personality which entertains thoughts of demand from God is important to this study. Divine healing is not a right but it is a possibility. God owes humanity nothing. Biblical records repeat the theme of Christ’s compassion and love and during the course of this study I have been told amazing stories of healing and deliverance by humble God fearing folk. On several of these occasions I do believe that the people who told me that they had been healed, would have behaved the same way had they not been healed, their love and dedication to their Saviour would not have been moved.

Summary of Chapter 4

This chapter has examined the psychological aspects of a sense of entitlement to healing in the Christian Church and the ingratitude of human nature which can display pathological tendencies when Christians are not healed. The chapter reinforces the argument of Melinsky (1968:23) that healing is of itself a minor part of a relationship with Jesus Christ and that it is possible to have a miraculous healing and yet not be made “whole”, as were nine of the lepers in the story reflected in Luke 17:17.¹⁴⁰ The chapter acknowledges that there is healing possible from an attitude of entitlement when there is a “a turn from self to God”, as witnessed in Psalm 77, where in verses 1-6 there is total preoccupation with the individual and his needs to the latter section of the psalm, and the acknowledgement of the mercy and love of God as the writer stands in awe and amazement of the Holy One (Brueggemann 2012:39). My own working definition is that “as a father has compassion on his children, so

¹³⁹ I refer to the theology of Elliott (1940:152-153) and others who believed that humanity can achieve perfectibility in their own right without God, they denied that mankind are sinful at all and took the view that the idea of a sinful nature was born of an authoritarian view of God as an absolute sovereign. Elliott felt that the idea of mankind as sinners could be psychologically unhealthy and harmful.

¹⁴⁰ “Jesus asked ‘were not all ten cleansed? Where are the other nine’?”

the Lord has compassion on those that fear Him” Psalm 103:13. He is aware of our plight, he is not without compassion. However, we, as creatures, have no right to make demands on God.

Introduction to Chapter 5

This chapter explores the complex praxis of the factors examined in the previous chapters, as they express themselves in the paradigm of a church setting in the two Christian organisations researched for the study. Both case studies were assured in the initial discussions that there would be no comparative analysis between the two organisations where the one would be compared to the other in some sort of competitive fashion, but that an in-depth probe into the existence of the syndrome would be conducted across both case studies, analysing according to age, ethnic factors, gender and education, with the ultimate aim of understanding causation of a sense of entitlement to divine healing and the possibility of behaviour modification.

5.1 Outline of the chapter

This chapter examines the interplay between pastor and parishioner which arises when the latter is affected by physical sickness and seeks help and prayer. This dynamic is obviously modified by the doctrines and spiritual convictions of the pastor.

The research methodology is discussed, and factors influencing the choice of methodology elucidated.

It is beyond the scope of this study to attempt to validate or cast doubt on the veracity of divine healing. However, during the background research the subject of divine healing was inevitably mentioned to participants in the two case studies, and I was informed by several participants of how divine healing had affected their lives.¹⁴¹ They wanted to talk about their experiences, and in fact there seemed to be a real need to share their healing stories with someone who would perhaps believe them.¹⁴² These were spontaneous and unsolicited

¹⁴¹ These stories are relevant to the dissertation as it seeks to understand the effects of medical crisis on spirituality, as mentioned in section 1.1.1 of Chapter 1.

¹⁴² The Samaritan woman at the well John 4:4-30, after Jesus introduced himself to her, felt this same need to tell her story. She dropped her water jar, went in to the village and said to the people: "Come see a Man who told me everything I ever did". Mark 7:37 also reports that "people were overwhelmed with amazement". One of the conclusions reached by this research is that people are still

testimonies, but more in depth investigation is outside the scope of this study. It would be a fascinating and rewarding study to focus specifically on the stories of those healed by God and perhaps it would be an excellent subject for further study. These stories are used as examples of the healing discussions in the churches that formed part of the study. They are not an in depth examination into the reality of healing in the usual sense. Below I mention just a few of the stories I have been privileged to be told which demonstrate what Lewis suggests:

Each miracle writes for us in small letters something that God has already written, or will write, in letters almost too large to be noticed, across the whole canvas of nature (Lewis 2002:219).

An elderly man, a parishioner in one of the churches, showed me his forehead where there was just a trace of skin discoloration. He told a remarkable story of how he was diagnosed as having cancer, the effects the diagnosis had on his life, his terror at the prospect of the course which the doctors had told him that the disease would take, and then his plea to God for healing. In just a few months after prayer, what had been a huge festering cancer on his head cleared up and healed and his doctors were amazed. The doctors confirmed to him that there was no longer any trace of cancer.

A pastor told me the story of how he had not intended to pray specifically for anyone for healing at a particular church meeting. While he was leaving the building after the church service, he saw a young boy with spectacles that had such thick lenses he could hardly perch the glasses on his little nose. His mother confirmed that the child was almost blind. Shyly the pastor told me that he struggled with the Spirit of God who was urging him to pray for the child and then he succumbed, removed the child's glasses and placed his hands over the child's eyes. In all humility he told me that the child's sight was restored completely and now he no longer wears spectacles at all.

A young man studying to be a pastor, told me about his background as a child growing up in a township on the outskirts of the city. His mother was a sangoma,¹⁴³ practicing her craft in the village where they lived. Unexpectedly one day he encountered a local pastor who told

overwhelmed with amazement at acts of physical healing by God, who continues to interact with His people.

¹⁴³ The South African sangoma is also known as a traditional healer, a practitioner of ngmoma based on ancestral spirit worship (Kale 1995:1182-1185).

him the story of Jesus Christ, prayed for him and led him into the Kingdom of God. He went home and told his mother the story of his new relationship with Jesus Christ. She was angry and told him that he had gone mad and that she would never have any part of it. Shortly afterwards his mother became extremely sick. None of the spells or incantations did anything for her as she lay *in extremis*. The young man called the pastor who had talked to him before and he came and prayed for her deliverance. The young man relating the story said that the pastor had “cast all those things out of her” and he told her about the Kingdom of Jesus Christ and then he prayed for her healing. She was instantaneously healed of her disease to the amazement of all around her bedside. The young pastor said that his mother immediately became a committed Christian.¹⁴⁴

To quote Barth, incidents such as these “demonstrate that we are not left alone in this human, worldly, this-worldly, objective existence of ours, that our faith does not depend on some unknown distant deity, some supra-cosmic, transcendent, non-objective reality” (cf. Bartsch 1972:110). Our faith is in fact a reality in this life and provides hope for a life to come.

An interesting observation for this particular dissertation is that in none of the above stories of physical healing was there any demonstration of an attitude of entitlement displayed neither by those who were healed nor by those praying for the healing of those who were sick. God’s own purposes would appear to have been served.

The primary goal which motivated the choice of a research methodology for this study was to encourage understanding of the aetiology of a sense of entitlement in the Christian Church, and to assess the impact of entitlement on the pastor and the sick. Byrne (2009:1) suggests that it is important to be able to develop an understanding of cause that goes beyond the unique instance – the object of ideographic inquiry. To this end the research for this dissertation has endeavoured to conduct case based methods which would help to elucidate causation of an attitude of entitlement, and specify the range of applicability of the causal mechanisms.

¹⁴⁴ Gaiser (2010:193-195) argues that healing can be defined in a variety of ways and that it is received at many different levels, but healing in its fullness comes only from God. He quotes Mark 2:1-12 to illustrate the point that in the healing and forgiveness given to the paralytic, Jesus announces and ushers in the Kingdom of God: “In that definition, it is necessarily related to forgiveness, for in God’s kingdom God means to restore people wholly, along with all creation” (Gaiser 2010:195).

The previous chapters have discussed the sense of entitlement in the Christian Church, specifically in the ministry of healing, as it relates to spirituality,¹⁴⁵ physiology¹⁴⁶ and psychology.¹⁴⁷ In this section the focus will be on the cases researched for the study and the approach and technique used for the study.

It is intended that the research conducted will escape the judgment of Hedstrom (2005:1) that “much sociological research has developed into a rather shallow form of variable analysis with only limited explanatory power.” Thus the research does not conduct a comparison between the two case studies, but rather probes the syndrome as a whole within the two case studies.¹⁴⁸

The aim of the study thus far has been to be as clear as possible in its descriptive dimension by describing firstly in chapters 2, 3 and 4 the spiritual impact of the attitude of entitlement, the physiological reasons why the attitude is untenable and the psychological make up of human nature which encourages an attitude of entitlement.

Mjoset (2009:12) emphasises that social science is concerned with intervention rather than representation. This study intervenes with an aim to bring about change as it examines the impact of entitlement on pastors and medical doctors¹⁴⁹ who are burdened with unreasonable demands from people who fail to see that eternal life on earth in this physical human frame has never been a promise made by God.

¹⁴⁵ Chapter 2

¹⁴⁶ Chapter 3

¹⁴⁷ Chapter 4

¹⁴⁸ This is an important point which was raised by both case studies in the initial interviews with the pastors in authority. Both organisations requested that there would be no comparative analysis between the two, where the one organisation would be compared to the other, but that rather an in depth probe into the existence of the syndrome would be conducted. Causation of a sense of entitlement in the Christian church would be examined overall across both case studies and a study would be conducted on the range of applicability of the causes of entitlement to healing, without specific reference to where or at which church the symptoms were evident.

¹⁴⁹ As mentioned earlier in this study, due to doctor patient confidentiality, it is not ethical to disclose detailed information regarding the medical doctors that participated in this study. However, as outlined by chapter 3 of the dissertation, many professionals in the medical field assisted in providing information regarding health issues, especially as they related to the subject of divine healing in the Christian ministry. A surprising number of medical doctors are sympathetic, and believe in divine intervention by God, on the part of the sick under their medical care.

The research adopts a contextualist attitude; “a qualitative method implying direct or indirect involvement with the cases studied, ranging from long term participant observation, more or less structured interviews and comparative work on distinct case histories” (Byrne 2009:41). The study prioritises two specific case studies in an effort to avoid the abyss of fuzzy borders in the method, but to still allow for intense interaction within the two chosen case studies which are themselves rich in philosophical, scientific and social ontology (Harvey 2009:15). The contextualist approach adopted for the study enabled me to make generalisations by way of the investigation of a small number of cases explained by concepts with high internal validity (Mjoset 2009:53-54). Rihoux & Lobe (2009:223) suggest that when there are more than two or three cases in an investigation, in many cases the comparison of the case study material is rather loose or not formalised, which adversely affects the scientific accuracy and brings case study research into question. Each individual case is considered a complex entity, as a whole, that should be comprehended as such in the course of the research. Therefore only two case studies were selected for the study.

Case selection in this qualitative analysis does not follow a course of statistic style ‘sampling’, as both cases were carefully selected to fit a profile with common background elements and yet which displayed interesting variables ensuring robust analysis (Rihoux & Lobe 2009:224). Qualitative case study analysis provided a set of tools for analysing and explaining the outcomes of entitlement, mapping out similarities and differences in the two chosen case studies. The intention of the study is to understand an unusual and atypical phenomenon in the Christian Church (Sandelowski 1995:181) as it is experienced in the two chosen case studies.

As complex as all these factors are, a further layer of complexity is added when the paradigm of the pastor is examined. It would appear that there is more overlapping of doctrines and teachings within the church than ever before. The days of clear-cut Calvinist, Methodist or Anglican theologies, for example, seem to be over. Pentecostal and Charismatic teachings appear to have an increasing influence on the way the church views certain doctrines. The subject of divine healing and the health of the believer seem to be particularly influenced.

There is also a powerful movement within the church to examine ideas and doctrines which, in the recent past, would have fallen under the ambit of non-Christian philosophy and

esoteric metaphysics, and to strive to find common ground between the teachings of the Christian faith and current scientific knowledge.

5.2 Background of the two cases selected for the study

The two case studies have been purposefully chosen as they are very informative in their ability to provide direct and personal knowledge of the phenomenon of a sense of entitlement in the ministry of healing (Sandelowski 1995:180). The cases are identified as Bedfordview Methodist Church in South Africa (BMC) and African Ministries Network (Afmin) in South Africa. In order to avoid the pitfall of research which is conducted with reference to local settings only, the cases selected share common elements. However, they are also diametrically different in several aspects. Goertz & Mahoney (2009:315) argue that “when scholars choose a case, typically it is in part because it is a case of *something*”. Implicitly there is an understanding that concepts or the causal patterns (or both) under investigation therefore are relevant to the understanding of the same phenomena elsewhere, including by way of contrast or comparison.

Bedfordview Methodist Church (BMC) is an affluent Methodist Church located in an upmarket area on the East Rand of the Province of Gauteng in South Africa and is predominantly attended by white middle to upper income bracket individuals.¹⁵⁰ African Ministries Network (Afmin) is an Evangelical but non-denominational organisation that trains and equips African church leaders throughout sub-Saharan Africa. Some of its churches are based in the poorest and most desperate areas of the African continent.¹⁵¹ Over twenty years Afmin have trained and equipped fifty thousand pastors in eighteen African nations as far flung as Madagascar Island off the African coast, to refugee camps in Angola and Zambia. The Afmin training programmes address three major areas in the lives of those on the sub-Saharan African continent: spirituality and character development, ministry skills and theological understanding, as well as African contextual issues such as HIV/Aids and poverty.¹⁵²

¹⁵⁰ The Methodist Statement of Faith (extract) is outlined in Attachment No. 3.

¹⁵¹ Afmin’s Statement of Faith and a case description is attached as Attachment No. 4.

¹⁵² The Statements of Faith included in the attachments are the declarations of the beliefs formally recognised by the cases studied. Schleiermacher (1976:76) states that “Christian doctrines are accounts of the Christian religious affections set forth in speech.”

It was anticipated that within these two contexts the research would:

- Identify the target population in which the phenomenon of entitlement occurs.
- Identify the characteristics of the phenomenon of entitlement.
- Identify specific and shared features of the phenomenon (Gagnon 2010:2).

Byrne (2009:101) argues that the fundamental task of social research, through a systematic synthesis of qualitative effective research, should arrive at the explanation of social phenomena by revealing the causal mechanisms that produce them. He acknowledges that generally such causation is complex and that often what happens is not the product of any single cause but rather of the interaction of multiple causes, which causes are not variables external to cases but rather embodied aspects of cases (Byrne 2009:101). The specific goals of the familiarisation with the cases are to gather in depth insights into the two cases, capture the complexity of the cases, gain intimacy with the cases and to produce some level of generalisation about the cases (Rihoux & Lobe 2009:223). The core assumptions of this study and approach to the investigation are that the cases to be studied are evidenced by *complexity* and *diversity* (Rihoux & Lobe 2009:228). This is the case when considering a sense of entitlement as manifested in the Christian Church and particularly in the two cases chosen for the study.

Control parameters in the model for the research project took cognisance of the complexity of the factors involved in the cases studied which are often caused by internal or external phase shifts (Byrne 2009:109).¹⁵³ Cilliers (2001:138) acknowledges that although models will never really be perfect representations of the complex nature of many situations, they do still have the capacity to reduce the complexity of the phenomena being described. Cilliers (2001:139) suggests that the model should frame the problem and in this framing grasp the *structure*¹⁵⁴ of complex systems. Models in case based research do provide opportunity to “conduct comparative investigation of multiple instances of a phenomenon and identify, however incompletely, temporarily and locally, the nature of the structure of control parameters and the potential of those parameters for bringing about a given state of the system – a qualitative condition of the case” (Byrne 2009:109). The investigation of the specific and comparative within the two chosen bodies is to establish causality of the

¹⁵³ Internal and external dynamics bring about change in the cases studied. For instance, during the course of this research one pastor resigned, another took early retirement and another moved on to minister in a different country.

¹⁵⁴ Cilliers (2001:143) stresses that the word *structure* does not imply a static arrangement but rather describes the whole dynamic complex system in action which always has the potential for radical change as being part of the character of that system.

phenomenon of entitlement in the Christian Church and to unravel the causal chain or causal process.

Research with the two chosen case studies; BMC and Afmin, therefore adheres to the advice of Byrne (2009:110) that the case based approach endorses the central demand of the phenomenological programme - that it is necessary to keep going back to the *thing* (entitlement) itself. The format for investigating this particular *thing* (Fiss 2009:432) relied on the qualitative methods of interviews with members of the case studies and observations of life in the studies such as ethnography and participant observation. The examination of various teaching methods in the organisations also formed a large portion of the investigation.

5.3 Factors influencing methodology

During initial interaction with both cases selected for the research it became apparent that questionnaires were not going to be as effective as face to face interviews and direct discussion and interaction with the pastors, the sick and the teachers.

Due to the sensitive and emotive nature of the topic being examined, which is a “sense” or “spirit” or “attitude” of entitlement in the Church in the ministry of healing, I concluded that the written questionnaire caused misunderstanding and a defensive reaction, whereas it was easier to sense moods and attitudes face to face and to know when to back off, or take care or to be extra sensitive during discussions. In one instance I was met with a hostile response from a pastor who felt that “there was no such thing as a spirit of entitlement” and he refused to commit anything to writing in this regard. Later in an interview style and a less structured method of research, the same pastor did not dispute the existence of the spirit of entitlement and admitted that narcissism and ingratitude were indeed very prevalent in the church.¹⁵⁵ Interviews were therefore less threatening than questionnaires to the pastor and to the sick,

¹⁵⁵ Defensiveness was evidenced during research, predominantly amongst disillusioned former Liberation Theologians who felt that they were being targeted for criticism due to their liberation stance prior to 1994, assuming that they were being blamed for the current pervasive sense of entitlement and attitudes of ingratitude which were evident in the Church. When advised that no particular race, gender or ethnic group were being targeted for research, but an overall awareness of the existence of a sense of entitlement was being investigated and that the research was located within the *Healing Ministry*, ruffled feathers seemed to have been smoothed.

where discussions flowed freely in this regard. There were, however, exceptions, where pastors were quite comfortable with written questionnaires.

In depth insights were also gained by attending healing services conducted at churches participating in the study and by examining the teaching methods employed at both organisations. Afmin, by the very nature of the structure as a “teaching” institute, were in a position to give me all their teaching material on every subject that they offer to their ministry students. BMC has a different teaching profile, with no formal regular teaching programme apart from regular participation in the Alpha course, which they refer to as a “10 week course re-discovering our basic Christian beliefs” (Bulletin 2012). They do conduct periodic *ad hoc* and sporadic teaching sessions on various subjects which are of interest at that particular time. It was difficult to get a statement of faith from the Methodist Church. An internet search referred to their Laws and Disciplines which is a massive 814 page document, the 2012 edition of which can be accessed online.¹⁵⁶

Due to the nature of the two cases researched for this study, diverse factors were identified which were informative in gaining overall understanding of the areas and prevalence of the sense of entitlement. BMC is attended mainly by the elderly whereas Afmin, by its very nature, is involved with young pastors, teachers and learners. BMC is attended predominantly by whites, but with social upliftment programmes and various social upliftment initiatives into black areas, and a special Manyano service on Sunday afternoons which is attended by black women. Afmin is managed by black and white pastors and teachers, but the students are all black. BMC is attended mostly by financially well off individuals, and Afmin has a tremendous financial burden and is struggling to make financial ends meet. The hierarchy of Afmin informed me that funds which had previously been guaranteed from abroad were drying up, and it was now necessary to seek payment from the students for their studies which were previously given for free. Trained, semi trained and totally untrained women are in obvious roles of authority and ministry at BMC. Teachers and preachers were originally noted as being male in the controlling paradigm at Afmin, but after questioning the individual pastors on the ground as it were, it became clear that women were taking more of a preaching, teaching and prophetic role than at first would seem to be the case. The men trained at Afmin who were interviewed regarding women in the ministry held

¹⁵⁶ Methodist Church Laws and Disciplines <http://www.methodist.org.uk/media/633296/cpd-vol-2-0912.pdf>

the women preachers, teachers and prophetesses who ministered in their areas in high esteem.

5.4 Factors influencing the pastors' response

It became evident in both case studies that the televangelist era¹⁵⁷ with its hard hitting emphasis on an attitude of expectation and even demand for healing had left its mark. Pastors and teachers at both case studies interviewed for this research project revealed an almost shy response regarding the subject of divine healing. Many of the pastors¹⁵⁸ were anxious to distance themselves from the mass hysteria of the healing evangelist type of healing ministry which had left a bad taste in the mouth and caused a tremendous amount of injury to the body of Christ.

The cases were culturally complex, serving multi cultural churchgoers in a spiritual paradigm of confusion and pain. This was perceived as partly due to the history of apartheid, which involved human atrocities and insensitivities which had left deep spiritual wounds. Pastors and teachers at both cases generally demonstrated anxiety about the existence of the sense of entitlement and its effects on them as pastors and those for whom they were spiritually responsible.

My introduction to Afmin was through my association with one of their teachers' wives. This contact was established through my secular work as a tour operator into Africa and specifically tours that I organised to the country of Malawi. Through this contact, which was seven years ago, I was introduced to the work and ministry of Afmin, initially by meeting the husband of my contact who was a teacher at Afmin. More recently I have established an intimate knowledge of the work done by Afmin through contact with their office in U.S.A., interaction and interviews with their office in South Africa, and studying their teaching programmes which are taught systematically throughout sub-Saharan Africa and the Indian

¹⁵⁷ For instance, a very popular website and television personality is Pastor Chris and one can access a programme called Pastor Chris Healing Miracles on YouTube <http://www.youtube.com/watch?v=asy1zSHZ4tA>. (Accessed 12th June, 2013).

¹⁵⁸ A description of the methods followed in interviewing during the study is outlined in section 1.6.4.1 of this dissertation. For sensitivity reasons, I at all times during the study, attempted to keep eye contact with the participants, and to make shorthand notes at the end of the interview, which were later transcribed on termination of the interview. I am proficient in Pitman's Shorthand, for which I hold a Diploma issued by Belgravia Business College.

Ocean Island of Madagascar. Detailed understanding was also gleaned in conversations with and attendance at church services recommended by the teachers and graduates of Afmin personnel and visits to their homes. Everyone that I spoke to or corresponded with in Afmin both in U.S.A. and South Africa have welcomed and supported the research unreservedly.

I have been associated with, and have attended on a regular basis, the Bedfordview Methodist Church (BMC) for the past seven years. During this time I have gained an intimate understanding of their teaching methods and the content of their teaching. I have attended their healing services, various teaching events and have also had opportunity to interact with many of the sick and elderly who attend the church. Reaction to my research has been markedly varied at BMC; some of the pastors were welcoming with openness and delight that the subject would be researched, while others were closed to the subject and appeared to have little or no inclination to open dialogue on the matter at all. However, on a general level the research was welcomed and a wide spectrum of interviews was arranged which covered the youth and lay pastors as well as the more senior pastors and the people who were managing the social welfare programmes within the church. The sick who attended BMC were open to interviews and dialogue. In some cases the research followed the sick person from the onset of illness to their death and in others from the onset of illness up until the time of their healing by God. Extensive intimacy was gained into the lives of the sick by being in a position of trust at BMC and being able to interact with the sick with the blessing of the lead pastor serving at the time. Afmin pastors were also open to dialogue about the sick.

At both case study sites I attempted initially to gain insight into a more general sense of entitlement within the Christian Church apart from that which was evidenced in the specific healing ministry. This initial observation of a general attitude of entitlement¹⁵⁹ created a

¹⁵⁹ For instance at the time of conducting this research there were 3 noteworthy separate incidences of a general attitude of entitlement evidenced in the church:

a. I was informed that some individuals in the hierarchy of the Methodist Church, who felt entitled to take money from the church coffers which did not belong to them, were under investigation for theft. In another incident internal auditors uncovered the misappropriation of over R1.2 million, by way of tender deals and invoicing scams, which was stolen by church officials (Kotlolo 2012).

b. Another incident which I witnessed was a young man in one of the churches chosen for the research that shouted and wagged his finger at God because his elderly grandfather had died of natural causes. Barraclough (1969:187) argues that the bereaved often display anger, hostility and resentment which is directed against those who failed to prevent a death and this is frequently directed at God.

stepping stone for intensive research at a later stage into the more specific existence of a sense of entitlement to divine healing by God.

5.4.1 Entitlement as a human characteristic

Generally pastors and teachers from both cases interviewed were adamant that they did not encourage a sense of entitlement in their ministries or their teachings. Pastors at both case study sites were aware that the spirit of entitlement was very much in evidence in the lives of many Christians and in their own ministerial areas. They acknowledged that they had been adversely affected by the unfounded demands of people who were not healed by God in answer to petitionary prayer.

Pastors who were interviewed were fully aware of the import of their duties to their flock. As the reality of the temporal nature of humanity becomes clear to people, human beings react in various, sometimes strange, ways. Some people when faced with human temporality become increasingly depressed, withdrawn and morose and some even commit suicide.¹⁶⁰ Examples of reactions to the news of diagnosis of terminal illness vary widely. A doctor interviewed during the study told me that he had two men patients who were diagnosed with lung cancer at the same time. One man demanded to be treated to become well, his words to the doctor were “do whatever it takes to make me well”. The other man went home, told his wife of what was to come, and took care of his private affairs. The first man plundered his financial resources on every available medical procedure to cure his medical condition. The other prepared carefully so that his wife would be taken care of and he arranged for his adult children to take responsibility for his business. The second man slipped away quietly at home

c. A man who felt that he was entitled to special treatment at the church, who believed that he had been sidelined by the church hierarchy, made himself physically, spiritually and emotionally sick with rage and he died a painful and desolate death. This incident seemed to indicate what Siegel (1996:90) refers to as a mirror disruption in the narcissistic personality bringing about a “reactive mobilisation of the grandiose self”. This is essentially a regression in response to the disruption of an idealising transference ... the wholeness achieved through a merger with a perfect other is shattered (in this case the pastor of his church) and a retreat to the lonely self as the only source of perfection and safety ensues. The man displayed the symptoms of narcissism’s mirror disruption: righteous indignation marked by an air of hostility, cold aloofness, arrogance, sarcasm and silence (Siegel 1996:90).

¹⁶⁰ During an interview with one of the Sisters of the Order of Malta in Lourdes, France, in March 2013, I was told that one of the most common emotional conditions of those in her care was demonstrated when they told her they would like to kill themselves. Sickness is multi-faceted, there is pain, vomiting, loss of control, loss of faculties and reactions to these symptoms which were noted during the study are often one of total despair.

with his family two weeks before the first man who died in hospital attached to the life support systems.

Gauging the general spiritual effects of illness, and disappointment by the lack of healing, in both case studies was challenging on many levels, including the fact that the sick in many instances wanted to have people believe that they were continuing to have *faith* in God for a miracle of healing. They fear in many instances that if they say out loud that God has not healed them and express their disappointment they would be expressing a “negative confession”.¹⁶¹ They therefore cover up their true feelings and attitudes and are inclined to answer in platitudes supplied by the charismatic teachings such as: “the pastor said I should have faith in my faith” or “I’m standing on the word” or “I’m trusting for a full healing”. Many of these platitudes then continue by invoking the name of Jesus Christ, almost as if He were a talisman that could be summoned up to serve humanity, if only the faith muscle was “good and strong”.

Medical professionals drew my attention to the irrationality of a display of the characteristic of entitlement in the light of humanity’s destruction of their environment. Situations where humans are themselves responsible for the sickness which they suffer cause a sense of confusion for medical personnel, particularly when Christians believe they can simply expect God to act in contradiction to the natural laws which He has put in place. As an example of the destruction of the environment, an issue which is very much in the forefront of awareness at the moment in South Africa is the acid mine drainage which is causing concern to medical practitioners. Kootbodien, Mathee, Naiker & Moodley (2012:226) conducted a study on heavy metal contamination in a school vegetable garden in Johannesburg. The background to the study proposed an effective solution to food insecurity and hunger amongst learners in South Africa. To this end an investigation was done on the potential contamination of school food gardens which were situated near mine tailing dams. The results found high levels of arsenic in the school soil samples and elevated concentrations of lead and mercury in the school vegetables. Doctors who contributed to this study were also frustrated by the need to

¹⁶¹ “Negative confession”, according to Hagin and his predecessor Kenyon, is the reason why many people are not healed. They taught and preached that we create our own reality by the words of our mouths; negative confession could even steal away your healing (Kenyon 1970:98). This is a clear instance of the sense of entitlement in relation to faith healing.

dispense medication for asthma to children living in conditions where the air is so polluted that the child is breathing poison on a daily basis.

Other situations also contribute to sickness and disease which make it irrational to demand healing from God. Family dysfunction, ignorance related to self care and the issue of HIV transmission. Drug and alcohol abuse, violence and obesity add to the list of self inflicted illness. This situation along with the pollution of the air and marine pollution, the parlous state of medical health care in public hospitals were of great concern to medical practitioners.

5.4.2 Teaching that encourages a sense of entitlement

There is a significant element of subjectivity in the interpretation and subsequent presentation of the Scriptures on the part of ordained ministers.¹⁶² God's Word in Scripture has taken the form of a human word and has thereby incurred the need for interpretation.¹⁶³ Barth (1988:713) argues that God's Word is, so to speak, "defenselessly exposed to the need of human interpretation". It is the responsibility of the church to intervene between the Speaker and the hearer, between humanity and the need for interpretation and the Word of God. The church has the responsibility of teaching in a manner where all human concepts, ideas and convictions are subjected to the witness of revelation as it is supplied to us in Scripture. There is a degree of freedom in this exegesis of the Word of God in Holy Scripture which has in many instances led to confusion, particularly when there is a lack of subordination to the will of God and where human pride in teaching leads to confusion.

The content of the Bible, and the object of its witness, is Jesus Christ as the name of the God who deals graciously with *man the sinner*. To heed and understand its witness is to realise the fact that the relation between God and man is such that God is gracious to man: to man who needs Him who as a sinner is thrown wholly upon God's grace, who cannot earn God's grace, and for whom it is indissolubly connected with God's gracious action towards him, for whom therefore it is decisively one with the name of Jesus Christ as the name of the God who acts graciously towards him. To hear this is to hear the Bible, both as a whole and in each of its separate parts. Not to hear this means *eo ipso* not to hear the Bible, neither as a whole, nor therefore in its parts (Barth 1988:720).

¹⁶² As mentioned earlier, the doctrine of healing as part of the atonement is outside the scope of this study.

¹⁶³ The Spirit of God sent Philip to interpret the words of the Prophet Isaiah to the Ethiopian sitting in his chariot while travelling on his way home from Jerusalem. Philip was invited to sit with him and explain the mystery of the gospel of Jesus Christ (Acts 8:26-39). This is an example from the New Testament of early Christian hermeneutics.

Unfortunately, the fog and darkness which surrounds the human world of thought constantly exposes the Word of God to human nature. Frequently humanity displays an arrogant agenda which endeavours to make more of themselves in their pride of interpretation than of the correct interpretation of the Scripture which has been entrusted to them. The Ethiopian mentioned in the book of Acts in the footnote learned the good news about Jesus, gave orders and stopped the chariot, went down into the water and Philip baptised him. “When they came up out of the water, the Spirit of the Lord suddenly took Philip away and the eunuch did not see him again, but went on his way rejoicing” (Acts 8:34-39). Teaching which steps away from dogmatic domination, resists the trivialisation of the gospel of Jesus Christ and points to the majesty and sovereignty of God has life changing consequences and discourages a sense of entitlement.

A cultural concept of early Christians was that illness was either a form of divine punishment for sin, or the work of the devil or evil spirits (Erickson 1987:838). However Jesus did not link disease with sin (John 9:2-3). Humanity’s mortality is emphasised in Hebrews 9:27. This way of thinking emphasises the Hebraic worldview, in which, to quote Erickson (1987:348), “it is virtually inconceivable that anything could happen independently of the will and working of God”. In the Old Testament paradigm, God has planned everything down to the finest detail (Proverbs 16:4, Job 38:4, Isaiah 40:12). Bauckham (1998:85) argues that in the Psalms death frequently appears as a power that threatens the psalmists. The psalmists express the hope in Psalms 49:15 and 73:24 using language that echoes the stories of Enoch and Elijah of being received or taken up into heaven by God:

Premature death – that is, death from illness or from the attacks of one’s enemies – is perceived as an evil from which God can be trusted to deliver his people. Usually the expectation is that God will save the psalmists from dying prematurely. But occasionally the psalmists seem to take the further step of hoping for final deliverance from death (Bauckham 1998:85).¹⁶⁴

Central to the question of divine healing is the interpretation of the significance of the atonement. A modern day teaching that the curse of disease has been reversed, as well as the curse of sin, by the atoning death of Jesus Christ, has encouraged the person who is sick and

¹⁶⁴ These psalms assume that Yahweh is responsible for Israel’s troubles (cf. Psalms 74:1, 79:5, 80:4, 89:38) and that He has caused or permitted the trouble because of their disobedience. Brueggemann (1974:12) argues that even though an accusatory tone is used in these psalms, it is clear that the lament is an act of faith, as only Yahweh who caused the trouble in the first place can remedy the situation.

in pain and who believes that he is a child of God in the Christian Church to expect to be healed by God and to feel that he is entitled to healing. The question is why this understanding and belief is so prevalent at the moment? What is being taught in Christian churches to justify the belief that God owes Christians healing? How did God, in the perceptions of some Christians, become what Harry Emerson Fosdick describes as the “cosmic bellboy” (cf. Douthat 2012) who should react immediately when the button is pushed and deliver whatever human beings feel they deserve or demand?

The sick who share in such a theological framework generally expect to be healed by God when they request healing. Natural instincts of narcissism and entitlement are reinforced by various elements, including what they are *taught* as doctrine by the church, *attitudes*, *age*, *gender*, *ethnicity* and *educational background*. The pastors and teachers consulted for this research affirm that the verse in the Bible most commonly used to justify unrealistic demands for physical healing is Isaiah 53:5.¹⁶⁵ In spite of this general awareness of unrealistic expectations in the church, a youth pastor in one of the case studies interviewed for the research stated categorically that it was not necessary to approach God asking for healing and then to conclude by saying to God “if it is Your will”. He claimed that this prayer ending was a distinct demonstration of a lack of faith on the part of the person offering the prayer, and that furthermore, this way of praying often stood in the way of healing as it demonstrates a lack of faith in God to perform the miracle of healing.

Where do these conclusions originate? There are rather radical authors who lay the responsibility at the feet of a theology of the recent past, which, says MacArthur (1991:19), has become more and more humanistic. The focus has shifted from God to people and their problems, and counselling has replaced worship and evangelism as the direction taken by many churches. He notes that many seminaries take more syllabus time teaching students psychology than they do in training the students to preach the sufficiency of Christ (MacArthur 1991:20). These conclusions could be challenged by many of the caring churches who are focused on service to humanity, such as, for instance, The Order of the

¹⁶⁵ This dissertation does not primarily discuss the subject of healing as a promise made by God and as part of the atonement. However, Fee (1979:14-15), himself a Pentecostal, comments that “while there are scores of texts that explicitly tell us that our sin has been overcome through Christ’s death and resurrection, there is no text that explicitly says the same about healing, not even Isaiah 53 and its New Testament citations”.

Sisters of Malta who combine preaching the sufficiency of Christ with a sincere love and service to humanity.

Mangina (2001:1) argues that the modern liberal trend of apprehending the world from a unique vantage point of self consciousness, which moved the church from a focus which was on tradition to a new self absorbed context, is principally the cause of the *pro me* philosophy which is taught in seminaries and other institutions of learning. This self-absorption, says Mangina (2001:1), is criticised relentlessly by Barth in his commentary on the book of Romans. The goal of Barth in this commentary was to encourage a “move away from the human and toward the divine Subject, away from inwardness and toward the massive objectivity of the world of God” (cf. Mangina 2001:1). The objection Barth has to the modern version of the *pro me* is that it is intrinsically agnostic, it tends toward individualism; most basically it reflects a deeply anthropocentric outlook as it focuses on the needs and wants of the individual. The subjectivity of the *pro me* philosophy is expressed by Athanasius as “God became man so that man might become God” (cf. Mangina 2001:57).

Dualistic thinking, common in charismatic practices,¹⁶⁶ permeates the teaching method in some churches researched for this dissertation. In their line of thinking God is the author of all good and Satan is the author of all illness, and the two are battling it out for dominion on the issue of healing¹⁶⁷ (Benn & Burkill 1987:2). This particular teaching, which has been incorporated into many of the evangelical churches through the Alpha¹⁶⁸ teaching course (Hunt 2004:136-137), has been instrumental in the sick fearing that God is punishing them

¹⁶⁶ Drane (2007:1-11) suggests that “the dualistic worldview is so deeply embedded within the charismatic mindset that has given birth to Alpha that it would not be possible to address this without radically changing the shape of the entire enterprise”.

¹⁶⁷ Fox (1991:411) an historian and a self confessed atheist has better insight into the truth when he says: “In the book of Job there is no independent Devil, working for Evil against God’s creation. Satan is God’s own agent and accuser. Like Leviathan, he is active but under the ultimate power of God” (Fox 1991:411).

¹⁶⁸ Hunt (2004:xiii) argues that “Alpha is arguably the first example of mass branding for Christianity, replete with its own logo, publications, clothing, cook-books and other non-essential but desirable merchandise such as baseball caps, fleeces, t-shirts, pens and the like”. Hunt (2004:9-10) outlines the origins of the “Alpha Empire” saying that “ironically, it was two leading personalities of the Pentecostal churches who instigated these initiatives by departing from the *narcissistic* preoccupation with the Pentecostal experience and all things related to the charisma that had dominated evangelical life since the 1980s”. Hunt (2001:13-31) traces the origins of the Alpha Empire as having its roots in The Holy Trinity Brompton Church in England, then the Vineyard’s John Wimber and further to the Toronto Blessing prior to its becoming what Hunt (2004:251) calls a global McDonaldisation of the gospel.

or trying their faith in times of illness. Hunt (2004:137) says that Alpha teaches that God works through suffering and uses suffering for our own good.

Alpha claims that God even uses suffering to bring about His purposes which are in themselves good by definition (cf. Hunt 2004:137). Gumbel¹⁶⁹ (2000:14) says that most human suffering is caused by the sin of the human being of one type or another. This is a direct teaching acquired from the founding movement of the Alpha concept where Wimber & Springer (1987:164) claim that “there are many reasons why people are not healed when prayed for. Most of the reasons involve some form of sin and unbelief”. Counsellors, psychologists and medical doctors bear the burden of the ramifications of such teaching when it is internalised by the suffering. Devastated, depressed people turn to alcohol, drugs and even suicide in an attempt to understand the rejection of God. The sick person expecting God and the church to be compassionate toward his/her plight is left with a belief that either God is punishing them or that the devil has won over their lives and feelings of spiritual malaise and chronic emotional fatigue results.

There is a trend says MacArthur (1991:23) “in contemporary evangelicalism away from expository, doctrinal preaching and a movement toward an experience-centred, pragmatic, shallow, topical approach in the pulpit”.

Erickson (1998:25) argues that there has been a shift that is progressively occurring toward a human-centred Christian practice in several areas and that human rather than divine concerns have set the agenda for the church.¹⁷⁰ He claims that the areas affected by this *strong anthropocentric*¹⁷¹ mindset are evangelism where he has noticed an increasing tendency to

¹⁶⁹ Gumbel took over and developed Alpha in 1990. Reputedly empowered by the anointing of John Wimber of the Vineyard Movement and the Toronto Blessing phenomenon, he was inspired to market the Alpha concept globally (Hunt 2001:33).

¹⁷⁰ The moral character and conduct of the worshippers, not the number of their religious activities, are most important to God (Isaiah 1:11-15).

¹⁷¹ Becker (1993:228) argues that a “moderate anthropocentrism refers to the belief that human beings constitute *one* of the most important reasons why the universe was originally created. It ranges in scope from the view that humans are the single *most* important creatures in the universe (amidst a plurality of other creatures who also possess a significant degree of importance themselves), to the view that humans are *one* of the most important creatures in the universe (amidst a plurality of other creatures whose importance may be equal to, or even greater than, the intrinsic importance of humans). Strong anthropocentrism, on the other hand, is the belief that human beings *alone* constitute the *sole reason* for the creation of the universe”.

make appeals on the basis of meeting human needs.¹⁷² In worship the same tendency is to be found where worship as adoration has changed to worship as celebration. God's natural attributes are emphasised more than his moral attributes.¹⁷³ Pastoral care has been affected: where earlier programmes of care focused on holiness; the anthropocentric approach is more oriented to human wholeness. In the administrative function of the ministry of the church the focus on the building of the Kingdom of God has been replaced by building the numbers in the church and the number of social outreach programmes.¹⁷⁴ Most importantly, according to Erickson (1998:27) theological method is now focused on what Christians *believe* rather than on what God has *said*. God's very sovereignty and his foreknowledge are called into question.

Narcissism and the importance of the individual come first in the anthropocentric theological method adopted by the "fresh agenda for the 21st century" which is proposed by Grenz (1993:30-35). Earlier evangelicalism defined theological method as extraction, systematisation and application of the teachings of the Bible, which is redefined by Grenz (1993:30-35) as reflection on the faith of the Christian community. This removes the importance of God as having *said* to what the individual *believes* (Erickson 1998:28).

Alpha, according to Hunt (2004:54), encapsulates the narcissism of the human centred anthropocentric modern philosophy of religion by gearing its method to be particularly attractive to the self-important image of the individual:

In today's world there seems to be little room for insensitive, sometimes incomprehensible vocabulary associated with the call for repentance, the awaiting punishment of hell, or old fashioned terms like salvation, which all appeared to be increasingly irrelevant in a secular and ever-changing environment. New terminology was necessary, one with greater appeal and relevance (Hunt 2004:54).

¹⁷² Hunt (2004:12) quotes the Alpha local and international newspaper advertising campaign with inducements to discover the Christian faith; "Job, Flat, Car, Girlfriend, Season ticket to United, Still not satisfied?"

¹⁷³ McWilliams (1946:142) argues that worship should morally transform the narcissistic personality: "We do not worship God in order to become better people. Christians worship God simply because we are God's beloved ones. Christian worship is an intrinsic activity. But as we worship, something happens to us. The love we return in worship is, in turn, lovingly forming us for the better. The worship of the church... is a major context of moral formation".

¹⁷⁴ Some churches become involved with social upliftment programmes as a means of proving their religiosity, their relevance, to be what is perceived as "politically correct", as a means of job creation or even to enhance their Broad Based Black Economic Empowerment status. Often, as witnessed during research for a prior Master's degree (Martin 2009), and reinforced during the research for this dissertation, even though the project is backed by the church, there is little or no mention of the name of Jesus Christ in any of the teaching or ministrations.

The logo of the Alpha course promotes an arrogant attitude of humanity being in a position to question God, and this concept is carried on through the teaching literature. The logo depicts a man wrestling with a question mark:



The course encourages the participants to question God and the leader of their Alpha group on various aspects of Christianity (Gumbel 1997). One is reminded that the Lord answered Job out of the storm when he felt he had the same rights to question Him:

Where were you when I laid the earth's foundation? Tell me if you understand who marked off its dimensions? Surely you know! Who stretched a measuring line across it? On what were its footings set, or who laid its cornerstone – while the morning stars sang together and all the angels shouted for joy? (Job 38:1-7).

The attempt at the trivialisation of the gospel of Jesus Christ did not originate with the Alpha Enterprise. As pointed out earlier, there is a history that tracks the progress of the arrogance of certain modern teaching, the blurring of the lines between the sacred and the secular, the modifications of Scripture to suit the delicate sensibilities of the secular reader,¹⁷⁶ the reluctance to talk of sin¹⁷⁷ and the denigration of the views of the likes of Orr (1954:4) who described a Christian as:

He who with his whole heart believes in Jesus as the Son of God is thereby committed to much else besides. He is committed to a view of God, to a view of man, to a view of sin, to a view of Redemption, to a view of the purpose of God in creation and history, to a view of human destiny found only in Christianity.

Failure to teach these principles has been instrumental in a sense of entitlement to healing because God is reduced to a socially acceptable pre-packaged “formula” who delivers “the

¹⁷⁵ Dedridge Baptist site and available on: <http://dedridgebaptistchurch.org.uk/alpha/>

¹⁷⁶ MacArthur (1991:147-151) argues that “everything possible is done to cater to the appetites of the unchurched. Nothing is permitted that would challenge them or make them feel uncomfortable. The approach has proved so successful in drawing crowds that hundreds, perhaps thousands, of churches nationwide have now adopted the same philosophy”.

¹⁷⁷ Capps (1993:2) claims that “even to broach the subject of sin is to risk rejection or dismissal by colleagues in the pastoral care and counselling field”.

goods” to humanity, and humanity have been elevated to gods.¹⁷⁸ The grand purpose of the Alpha programme, says Hunt (2004:33), is that its agenda should be world-accommodating:

Alpha parades different aspects of secularity and reacts in various ways to the spiritual marketplace, but it does so in often apparently contradictory ways. However, these evident contradictions do display a bundle of realistic responses to the contemporary world and the decline of Christianity within it. Although born in the anti-rational ethos of the charismatic movement, the Alpha program has strong rationalising tendencies built into its business enterprise strategies and in this respect it becomes *world-accommodating*.¹⁷⁹

The atmosphere which is cultivated is one where the individual should never feel uncomfortable. The church environment, the sharing of meals, the style of the talks and the leadership of small groups should be made to appear infinitely hospitable to non churchgoers; and the weekend away¹⁸⁰ seems to be where the evangelical conversion is sneaked into the programme.¹⁸¹ The individual is of paramount importance in Alpha as people are encouraged to look *inward*. The great aim of all *true religion* says Temple (1931:4-6) is to transfer the centre of interest and concern from self to God.

In the “how we can have faith?” section of the team manual for the Alpha course guests are invited to comment on the following questions: “what would *you* write on a form where it asked your religion? Do *you* associate love or fear with God? When it is said that Christianity will make a change in your character, how do *you* feel? What does the idea of a relationship with God suggest to *you*?” The teaching places the centre of interest as being the individual and not God.

¹⁷⁸ The focus has shifted says MacArthur (1991:154) from God’s glory to man’s benefit. “The gospel of persevering faith has given way to a kind of religious hedonism. Jesus, contemporary theology implies, is your ticket to avoiding all of life’s pains and experiencing all of life’s pleasures”.

¹⁷⁹ In the gospel of John (15:18-19) Jesus said “If the world hates you, bear in mind that it hated me first. If you belonged to the world it would love you as its own. As it is you do not belong to this world but I have chosen you out of the world. That is why the world hates you”.

¹⁸⁰ Alpha’s website, The Alpha Course: Explore the Meaning of Life, quotes Nicky Gumbel as having said that the weekend away is “the time when the penny drops eighteen inches from the head to the heart”. This is the time, says the website when guests often commit or recommit their lives to Christ. http://www.alphausa.org/Groups/1000041911/Weekend_Away.aspx (Accessed 12th June, 2013).

¹⁸¹ MacArthur (1991:148) argues that “the modern teaching method rejects the simple preaching of the Word. That’s too confrontive, and the unvarnished gospel is too offensive”. He claims that the philosophy is to charm people first, then slip in the gospel subtly. However, “any pastor that follows that pattern and fails to preach the Word is prostituting the ministry. And any church that aims to entertain the unconverted has placed itself in opposition to God” (MacArthur 1991:149).

The Alpha¹⁸² leaders and teachers interviewed for this dissertation were more than willing to participate in the research. They were open and transparent during questioning and did not try to hide their charismatic persuasion, particularly as it relates to the “Holy Spirit weekend”, which is when the various groups are taken on an intensive session of experiencing the Holy Spirit. Meadows (2005:275), says that “within a few weeks of the Holy Spirit weekend there is a session on miraculous healing in the regular course curriculum”. This however does not always apply, as some of the churches in the study chose to end the course with the highlight of the “Holy Spirit weekend” (Meadows 2005:275).

A picture emerges above of an ever shifting doctrinal paradigm. The twentieth century has witnessed a radical shift from the fundamentalist teachings of what has been described by Massey (2012:1) as “Classical Christianity”. Massey conducted a “Science and Christianity” series of talks at Bedfordview Methodist Church. During that course he told the audience that there would be four sessions: “first Classical Christianity, second Science after Newton, third the world after Einstein and fourth dealt with parked issues” (Massey 2012:1). These sessions overviewed how people dealt with their realities, how people thought about God and how they dealt with creation. The argumentation rested largely on Massey’s interpretation of the construct of the brain as two separate parts: *Logos (reason)* and *Mythos (poetry)*. Massey rested his argument predominantly on his theory of the left brain being analytical and logical, and the right brain being creative, taking risks, using imagination (Massey 2012:2). Medical doctors dispute this theory saying it has no basis in medical fact. Medical experts I have interviewed with regard to this claim have asked how this theory fits in with *hemiplegia* which is often a consequence of a stroke. In this condition one half of the brain is damaged, leaving the patient struggling to walk. One arm is paralysed, as is one side of the face. If the left side of the brain is damaged, the right side of the body is damaged, because of the decussation (crossing over) of the nerve fibres. However, there is no evidence that a stroke

¹⁸² In essence the Alpha course was designed as an evangelistic programme reaching out to people outside the church. However, the Alpha course soon became mandatory in many churches for those who were already Christians or those who had perhaps changed from one church to another and it was introduced as a principal teaching method. In fact, in many churches it is the only teaching that is a regular feature of the church programme. A leader of one of the groups remarked that all the people in her particular group were Christians. The general sentiment in some churches is that if you have “done Alpha” you belong to Lewis’s (1976:141) “Inner Ring”. One lady I spoke to in the church during the research, a member for many years, told me proudly that she had “done Alpha” five times! She felt decidedly superior to her husband who had only “done Alpha” four times.

makes a person more interested in practical things or the converse, depending on whether the left or right side of the brain is affected.

In addition to being told to separate one's brain, and to use the left brain function in understanding biblical truth, teaching which incorporates the Faith movement's¹⁸³ concept that physical healing is promised to God's people by God's word (Prince 1993:60) has been incorporated into the mainline churches. Various Scriptures are used as evidence to illustrate this teaching, including Psalm 107:20, Proverbs 4:20-22 and Isaiah 53:5. Healing is thus presented as a benefit that believers can expect as a reward for their belief. McConnell (1988:157) points out that the Faith movement teaches that not only is healing a benefit of belief, but that the believer can call on God to fulfill another promise which is "to live to the age of seventy". In response to questioning regarding the death of children, radical Faith teacher Price states:

Children that are born dead had no control over their life, but their parents had control. However, if the parents do not know the Word of God and to claim their rights in Christ, the child suffers the loss (cf. McConnell 1988:158).

Among the other paradigms being witnessed, socialist theology appears to form a large part of the current church agenda. As discussed in Chapter 1 of this dissertation, Bultmann (1972) proposed that the Bible abounds in mythology. The believer's task is to discern the kerygma, or truth, behind the myths. Thus, in his view, belief in heaven and hell is untenable. The Bible in his opinion does not stand up to rational scrutiny as either an historical record or a scientific work, as it does not correspond to the modern scientific mind (Bultmann 1972).

"Process theology" looks at God from a philosophical, rather than a biblical perspective, and has its origin in the teachings of Hegel. Thus reality is constantly changing, a product of the dialectic of thesis, antithesis and synthesis (Curtis 1970:65). The universe, therefore, is still in the process of being formed and is not complete.

The personality and sovereignty of God is denied in Process Theology (Enns 1989:583). The supernatural and miraculous is abandoned. Evil is explained on the basis of evolutionary

¹⁸³ E.W. Kenyon is recognised as the founder of the Faith Movement which is a prosperity and healing focused ministry. This dissertation does not analyse the charismatic churches but further reading is available in Barron's: *The health and wealth gospel*.

theory, for instance the hunter gatherer instinct. Process theology depicts God as a “force”, much as in Star Wars (Levine 1994:342-343).

Along the same lines Moltmann (1975:117) regards God as part of the process of history. The death and resurrection of Jesus are not important. God is active wherever people are despised, brutalised and discriminated against. Race, class and status must be eliminated as a means of interpersonal power. Christ’s role is not that of personal savior, but to bring about the destruction of social barriers and inequalities. Christians are called to participate in class struggles (Massey 2012:7). The concept of sin and salvation and the sovereignty of God are denied (Enns 1989:594). Teilhard de Chardin (1969:54) however argues that:

If we are to retain the Christian view of Christ-the Redeemer, it is evident that we must also retain an original sin as vast as the world; otherwise Christ would have saved only a part of the world and would not be truly the centre of all. Further, scientific research has shown that, in space and duration, the world is vast beyond anything conceived by the apostles and the first generations of Christians.

A picture of a worldview in a state of flux is reinforced. The gospel is inevitably influenced by prevailing socio-philosophical theory. As mentioned above people are confused, they are being given options to follow a purely rational course versus an artistic, more emotional worldview and to think it through with their left or right brain. The course programme “Science and Religion” ended by proposing a way forward which included various outreach ministries but excluded any soteriological options (Massey 2012:7).

The reluctance to entertain the notion of sin reflects the hubris which refuses to conceive of humanity as anything other than *worthy*. Mangina (2001:121), in his discussion on the nature of sin, argues that:

Sin is neither a second God, nor a part of our created nature. It is no more nor less than that which God does not want – and that He has in fact, successfully overcome in Jesus Christ. In that sense we need not fear to “handle” sin, either in dogmatics or the pastoral practice it is meant to inform.

Toynbee (1979:296) argues that “the practical test of a religion, always and everywhere, is its success or failure in helping human souls to respond to the challenges of Suffering and Sin”. How is this possible without even an acknowledgment of the existence of sin? He argues that:

The last word has not been said about a religion when we have accepted or rejected its definitions of the nature of Reality and of the true end of Man. We have also to look into the daily lives of its adherents and see how far, in practice, their religion is

helping them to overcome Man's Original Sin of self centredness (Toynbee 1979:295).

Barth (1988:283) examines "Christianity" as a religion and therefore as man's reality and possibility. He fears that the church of the 20th century has a tendency to discern and declare not the religion of revelation but the revelation of religion, and that this tendency is a disruption of the life of the church and ultimately a heresy which destroys the church. The weakness and vacillation in the very substance of faith displays the sin of unbelief. The free investigation of the church by the likes of Bultmann and the modern humanistic scientific proponents brought about the loss of the seed of faith which could move mountains. The solution is not to disguise the truth in humanistic platitudes acceptable to the palate of man; it is rather a matter of a humanity who can only be reached by revelation in order that he may live under Him, "in order that he may belong not to himself but to Jesus Christ, in order that belonging to Him he may have comfort both in life and in death" (Barth 1988:295).¹⁸⁴

The fact of the sinful nature of humanity is swept aside in the foregoing descriptions of current thinking, by way of: rationalising away "Classical Christianity", teaching entitlement to healing, suggesting that the Bible is a combination of "mythos and logos" and suggesting that the universe is still in the process of being formed. The personality and sovereignty of God is being denied and miracles are being rationalised away as myth. The death and resurrection of Jesus are portrayed as not important and evil is explained away as a process of evolutionary theory, for instance the hunter gatherer instinct (Enns 1989:582). However, Trites (1998:287) draws attention to the apocalyptic grand finale depicted in Revelation 1:5-6, reminding the reader of the fact that God has raised Jesus from the dead. This is the risen Lord whom the seer praises "to Him who loves us and has freed us from our *sins* by His blood, and has made us to be a kingdom and priests to serve his God and Father – to Him be glory and power for ever and ever! Amen" (cf. Trites :1998:287).

The above section examines the climate of confusion which influences the Christian who is seeking divine healing from God in the Christian Church. The following section looks more closely at the human, responding to the reality of sickness and disease and, in some cases, imminent death.

¹⁸⁴ This is borne out by the words of the old hymn written by Charlotte Elliot in 1835 which depict a deep humility and when these words are sung into the ear of the dying they are comforted: "Just as I am, *without one plea*, but that thou blood was shed for me. Oh Lamb of God, I come, I come" (cf. Julian 1907).

5.5 Factors influencing human responses to the realities of death and disease

The attitudes of narcissism and entitlement, which are basic in human nature, are discussed in Chapter 4 of this dissertation. The discussion also traced the effects of pathological narcissistic behaviour and ingratitude as they are displayed in the ministry of healing.

In addition to these two highly relevant attitudes, elements of self pity and attention seeking are often displayed in the sense of entitlement to healing. Loneliness during sickness is a cause of a deep sense of depression as people look inward and feel disappointed in God and the church. Fear is common; fear of the unknown and fear of death. Toynbee (1968:124) argues that the growth in scientific attitude and the loss of teaching of a sound Christian theology has caused humanity to lose their confidence in God and eternity:

The transfer of Western man's intellectual interest and psychological libido from theology to science has had consequences that were not foreseen by the pioneers... Christian theology confidently assumes that the universe in which a human being awakes to consciousness has been created, as man finds it, by an omnipotent God who is a person in the sense in which a human being is one. It assumes that the universe is under its creator's control, and that it is governed by a scheme that the creator himself has conceived and is putting into execution. In this scheme, man's position, first in life in this world and then in life after death, is both central and certain, whether for weal or for woe. The progress of scientific knowledge in the West, since Western man began to give science the topmost place in the hierarchy of his intellectual interests, has reduced man's position to apparent insignificance in both the space-dimension and the time-dimension (Toynbee 1968:124).

As theology fails in this twenty first century to counter scientific claims, the fear instilled in the sick and the dying by the loss of faith in God is palpable. Confronted by death without belief, modern man has deliberately been clipping his own spiritual wings (Toynbee 1968:131). Human beings who are imbued with the spirit of belief in the God of the Bible and an unshakeable belief in personal immortality find it easier to face the fact of death frankly and robustly. Separation by death is perceived as temporary and therefore it is tolerable; it becomes an unimportant incident which leads to what Lewis (1984:171) in his mythical Narnia series called the end of suffering and the Christian eternal Kingdom of God (John 3:16; Revelation 14:13).

Carrel (1948:281) claims that "physical pain and hardship are easily supported if they accompany the success of a cherished enterprise. Death itself may smile when it is associated

with some great adventure, with the beauty of sacrifice, or with the illumination of the soul that becomes immersed in God”.

The following section analyses how entitlement is influenced by age, gender, ethnic factors and, education.

5.5.1 Age

The elderly are particularly prone to feelings of unrealistic entitlement to healing.¹⁸⁵ Retirement homes visited during the research and encounters with the elderly in the researched churches reveal a sense of abandonment, not only by their families but also by what the elderly perceive to be abandonment by God. Neglect by churches is common. Exclusion is common namely: outreach programmes in the churches are geared to building the numbers of youth and children in the church. Older people are made to feel worthless. Culturally there has been a continuing shift in this regard from an attitude where the older folk were the teachers and the wise to be respected and nurtured, to the new paradigm of believing that they have no value.

An impression is derived that the elderly are not taught anything new, because teaching would appear to be a waste of time and resources, as they would not be able to use what is taught to them for any length of time or to benefit the church by using their knowledge.¹⁸⁶ A common heartache for the elderly, which became evident during the research project, is that the elderly are left to communicate only with other older people. Churches insist on meetings for those in their “golden” years. These meetings are geared down to an almost idiot level with no fun or passion and certainly no participation of younger people. The elderly are literally singled out and labeled for exclusion. I was told by some of the church hierarchy that

¹⁸⁵ A sense of entitlement to eternal youth for Christians is not a new phenomenon. Carrel (1948:171) argues that “among the ancient medical superstitions, there was a persistent belief in the virtue of young blood, in its power to impart youth to an old and worn out body. Pope Innocent VIII had the blood of three young men transfused into his veins. But after this operation he died”.

¹⁸⁶ Only a few of the elderly have money to donate to the church; they are perceived therefore by some as worthless. At best, they will be patronised in some churches. One elderly lay pastor who had served the church all his life cried when he tried to express his feelings of abandonment and disillusionment as he clung to his certificate of service, which was all that was left. He noted that he was not even called upon any longer to assist at the Communion Table, as he had once tripped at the table and was now perceived as too “dodderly”.

the elderly themselves prefer this, but in discussions with the elderly themselves they are desperate for interaction with everyone in the church including the youth.

Carrel (1948:156-157) suggests that there are changes in the body and its activities during the course of a lifetime which are both organic and mental and that inward time has to be divided into both physiological and psychological organic changes. Isolation is destructive to the elderly and it is beneficial if the churches provide them with psychological surroundings capable of keeping the organic systems in full activity to prevent them sinking into the abyss of senile degeneration.

The adaptation of the individual to a physiological, intellectual and moral discipline determines definite changes in the nervous system, the endocrine glands and the mind. The organism acquires, in this way, a better integration, greater vigour, and more ability to overcome the difficulties and dangers of existence (Carrel 1948:204).

Because they are older, invariably their health is not quite as good as it had been when they were young, and it is difficult to come to grips with sickness. Chapter 3 of this dissertation discusses the sicknesses which are common to the elderly as they lose the faculties which were a given attribute during their youth. Teaching for the elderly, not just mindless entertainment,¹⁸⁷ contrary to most church programmes, is therefore vitally important. It takes their minds off their ailments and fixes their concentration on God and His love for them, bringing them gently into the Kingdom of God rather than fighting for good health and feeling that they are entitled to healing.

The youth interviewed for the dissertation also felt entitled to healing, and it is not uncommon to hear the lament “why did God do this to me?” when the young take ill or are involved in accidents. The sense of entitlement is further fed by the fact that they feel they are too young to be sick, and therefore God is obliged to make them well.¹⁸⁸ This is

¹⁸⁷ One function which I attended in a retirement home during the course of the research encapsulates the misery and the sense of abandonment that the elderly feel on a daily basis. An old piano which had not been tuned in years was banged repeatedly by another elderly man who thought he could play and probably was the only one who even cared enough to try. The sense of neglect and abandonment was palpable. Social outreach programmes are geared toward children; they are young and cuddly and tug at the hearts of the people who make big donations to the church.

¹⁸⁸ In many developed countries, children’s’ first encounters with disease and death are related to their pets. Death for most children is what is done to you by others or by God for being bad or wicked (Yudkin 1968:52). One of the youth pastors confirmed that young people in her group were convinced that the reason for anything going wrong in their lives, including ill health, was because God was punishing them. She maintained that the young people did not know the difference between punishment and discipline and that this was caused by incorrect teaching.

frequently linked to teaching in some churches, particularly of the charismatic variety, that Christians should always “prosper and be in good health”, regardless of genetic makeup, whether they drive too fast, eat foods that are unhealthy, take drugs or have multiple sexual partners (Martin 2009:26).

There seems to be an epidemic of loneliness, even in the church, as the youth look for companionship through various internet social media, and the elderly are relegated to old age homes to die alone. This is more visible and prevalent among the white community than the black community where communal involvement and interest in each other’s lives was more visible during the research and the happy results can be seen below:



Researcher photograph taken at Bekkersdal Home for the Aged 2012.

The children in Thokoza still play ball in the streets, interacting and playing with each other, involved in games and fun. This is not common in most of the white suburbs, where children interact in shopping malls, video centres, or spend hours on computers. This gives credence to the words of Teilhard de Chardin (1969:112) regarding the crushing boredom being suffered, even by the children, who also are turning to suicide and who should be taught the secret of worship.

A disturbing element which surfaced in the course of the research and which was discussed with those teaching the youth in the churches, is that of attempts at suicide¹⁸⁹ by the young and the sexual abuse of children and teenagers by those who were supposed to be caring for them. This was not restricted to any particular culture, race or gender, but was encountered across the board and was mentioned several times during the course of the research.¹⁹⁰ Young people are entitled to be treated with love and care; they have a right to this by law and by Christian principles. The sexual and emotional abuse, as discussed with youth pastors, invariably led to youngsters taking drugs and to thoughts of and attempts at suicide.¹⁹¹

Overall, entitlement to healing is therefore not restricted to any particular age group. However, because of aggravating factors, for instance, abandonment and neglect leading to the disillusionment of the elderly, they would appear to be most likely to feel that God has let them down when they are not healed after prayer. They are much more demanding of the attention of the pastor; they display far more paranoid tendencies when they feel they are abandoned or not catered to when they are sick. They feel hurt and frustrated when they cannot manipulate either the doctor or the pastor, or both for that matter. This is most significant where there is limited or no interaction with the family of the elderly person. Teilhard de Chardin (1969:112) in his teaching on faith argues that:

Consider all around you the increasing number of those who are privately bored to tears and those who commit suicide in order to escape from life. The time is close at hand when mankind will see that, precisely in virtue of its position in a cosmic evolution which it has become capable of discovering and criticising, it now stands biologically between the alternatives of suicide and worship (Teilhard de Chardin 1969:112).

Mankind has the ability to travel to the moon but they still have not learnt this basic principle taught by Teilhard de Chardin (1969:112), that the attitude of worship which moves the focus of attention away from the troubles of this world to focus on the Creator of this world is an

¹⁸⁹ The subject of suicide was of interest due to the narcissistic tendency to suicide when various situations cause disillusionment; this is discussed more fully in Chapter 4 of this study.

¹⁹⁰ The investigation of the sexual abuse of children and youth and the subsequent attempts at suicide of those who are attending churches is outside the scope of this dissertation but would be a very relevant subject for further interdisciplinary study.

¹⁹¹ As discussed previously on Page 139 of this dissertation, Siegel (1996:90) refers to a mirror disruption bringing about a regression in response to the disruption of an idealising transference ... the wholeness achieved through a merger with a perfect other is shattered (in this case the person in authority in the church who has abused the child) and a retreat to the lonely self as the only source of perfection and safety ensues.

alternative to suicide.¹⁹² The medical profession is called upon to deal with and to medicate the depressives and the desperate of all ages, including children who cannot cope in school with bullying and cruelty dispensed by their peers and their teachers.

This raises more questions regarding the *object* of worship: the self or God? During the course of this research a pastor in one of the case studies committed suicide when he became diagnosed with an illness and was suffering from depression (Roland 2012). The question obviously arises: was he the victim of a sense of redundancy as he got old and sick, or did he suffer a loss of faith in the God he had served all his life? The next question which arises is: where was the church that had the mandate to lead into worship as an alternative to suicide? Why did he feel so helpless and hopeless? The medical professionals consulted say that often the medication being dispensed in some severe illnesses themselves lead to depression and a sense of desperation. Over and above all the aggravating circumstances, however, the church is teaching the importance of the individual and removing the simplicity that is Christ; the element of worship has disappeared and has been replaced by trendy add-ons and world-accommodating feel-good philosophies, which burst like a bubble in times of true crises.

5.5.2 Gender

Pastors and teachers in the churches chosen for the research, who were interviewed for this dissertation, were a fair mix of women and men. The sick who were interviewed were also fairly represented by both sexes. Attitudes of entitlement to healing do not appear to be restricted to any particular gender group. Both men and women were either entirely humble before God with respect to their health issues or were in rebellion by demanding that God should heal them. *Reactions* to not being healed, though, in my observations, are distinctively more pronounced with women than with men. Possibly due to the cultural requirement for men to have a “stiff upper lip” when confronted by the “slings and arrows of outrageous fortune”, they have a less verbal way of expressing their disappointment at not being healed by God after prayer.

A sad feature of sickness and women is the evidence that women who are abused and those in Aids and other hospice institutions who have been infected by abusive partners, are the

¹⁹² In chapter 4 of this dissertation the subject of pathological narcissism as one of the attitudes of humanity which have been known to lead to suicide was discussed.

least demanding of God. Most are happy to be relieved of abusive situations and to be in a place of safety, some are resigned to death because of the appalling circumstances under which they have been living. At one conference I attended a woman arrived who had been beaten with a spade by her husband because she had asked to attend the conference. She had run away, but knew she would have to go back again. When questioned regarding her having to return, she asked who was going to look after her children if she did not go back home. In research conducted for a previous degree (Martin 2009:110), statistics revealed that physical violence and rape were factors in ninety percent of the patients in Aids hospices researched. The women had been subjected to regular assaults. The children had all been sexually and physically abused. The prognosis is bleak indeed. In these situations of sickness and desperation, there is no blaming or demanding from God only sad resignation to their fate.

5.5.3 Ethnic factors

In a context of endemic poverty, pervasive health problems, problematic, or non-existent medical care, and high death rates from malaria and other African diseases, biblical stories (often embellished) told by evangelists and prophets of miraculous healing and the multiplication of food strike an interest in the hearts of those who have nothing. Simple, poor, uneducated people living in dire circumstances are promised access to a God who heals all their diseases, and they have no hesitation in accepting the promise of an end to sickness and misfortune.

An interest in the subject of divine healing assumes a high value in the life of the average Christian believer. Brown (2011:19) argues that in promising to meet the practical needs of humanity, Christianity competes with other religions and interacts with indigenous traditions. Kalu (2002:115) endorses this sentiment when he says that:

Fundamentally there is no difference between the members of mainline churches and of churches of the Pentecostal genre in people's search for healing and deliverance. They all operate within the same worldview, which does not radically change when an African converts to another religion. They all see healing as liberation from all that dehumanises; it is the restoration of life.

Healing from illness plays a major role in the life of African Christians in many of the churches. Within the Zionist Apostolic Churches, argues Anderson (2000:290), prophets, ministers, bishops, pastors, evangelists and other church healers are deeply involved in praying for physical healing of the bodies of those who attend their church. In fact says

Anderson (2000:290), this is one of the major reasons why people join these churches. Initially faith healing was conducted using *khutane* (cloths, strings or other instruments), but a power struggle ensued and on the instruction of Engenas Lekganyane¹⁹³ in 1930, who claimed that these “tools” could be used by ministers without his consent and without relying on him as the source of this power to heal, these practices were discontinued in the Zionist Apostolic Churches (Anderson 2000:290).

Omenyo (2011:246) argues that “Africans therefore expect any caring church, irrespective of its history or ethos, to meet the existential concerns of its members”. Gifford (2011:251) claims that healing, deliverance and prosperity are not themselves the defining characteristic of African Christianity but rather the defining factor is “victorious living”. The focus is on victorious life in this world, in fact Gifford says that for most African churches there is not much idea of any subsequent life at all; “the stress is on material salvation in this current life with an emphasis on flocks, crops, fertility, spouses and children” (Gifford 2011:252). Anderson (2000:274) says that the African world is filled with fearsome and unpredictable forces. Soteriology in Africa he says must be relevant to the whole of an African’s existence. “It should seek to proclaim a message of deliverance from sin, sickness, and all forms of oppression and from the very real feelings that evil haunts Africans” (Anderson 2000:274).

Kalu claims that Nigeria experienced a rapid growth in Charismatic and Pentecostal forces which offered deliverance from witchcraft and other demonic forces during the 1980’s and 1990’s. He argues that “all surged into charismatic churches that preached the prosperity gospel” (Kalu 2002:10).

So the questions of power are always: who holds the power; and to what end? While it is possible to answer these questions of power from humanistic perspectives, the moral dimensions of power have not failed to assert itself. Indeed, there is always the problem of the source of authority and obligation. In pre-modern and Enlightenment Europe even kings appealed to God as the source of authority and themselves as mere viceroys...The worldview in African communities is charismatic as gods operate in the sky, land, water and ancestral world.

¹⁹³ Lekganyane was the founder of the Zion Christian Church. He was of a Pentecostal background, ministering initially as an evangelist with the Free Church of Scotland when he became involved and was influenced by the AFM (Apostolic Faith Mission). In 1912 he was dramatically healed of an eye disease after being baptised. In 1925 Lekganyane founded the ZCC (Zionist Christian Church), which in 1925 claimed 926 adherents and by 1942 claimed 27,487 members (Anderson 2000:68-69). Lukhaimane (1980:41-76) argues that Lekganyane’s early emphasis in his ministry was on divine healing and that without his powers to heal the sick, he would have failed to build up the ZCC.

Religion, culture and ethnicity become the organising frameworks for humanity in the African mindset which does not lose the cultic elements from the primal sector of their origins. Kalu gives an example of cultic power which was reported in a Nigerian newspaper and which occurred in the state House of Legislature in the South West region of the country.

A member was to be dismissed for indiscipline:

On this fateful day, as the Speaker of the House announced the verdict, the member strode to the centre of the House, brought out an egg from the folds of his *agbada*, or long flowing apparel and broke it on the floor with incantations; a pandemonium ensued as he brought out a pot full of concoctions and broke it on the floor. By this time honorable members were scampering over the seats in the bid to escape the foul smell of enchantment. Without resort to filibuster he was able to disperse his opponents. Even the security guards of the House of Legislature escaped for dear life (Kalu 2002:2).

Because faith overcomes all forces of darkness, argues Gifford (2011:253), economic problems, sickness, disease, family disintegration, untimely death and every other obstacle one can envisage on earth, should be overcome by Christianity, which should provide a totally victorious and powerful life.

Because a life of victory can hardly be characterised by sickness, a stress on healing is never far from the centre nor far below the surface... victorious living, including health, is frequently narrowly linked to a worldview that sees spiritual forces as responsible for all deficiencies and illnesses (Gifford 2011:252).

Gifford (2011:264) researched African Pentecostalism and focused on the Living Faith Church Worldwide, which is more commonly known as Winners' Chapel run by Rev. Oyedepo and located in Lagos, Nigeria. Gifford does not claim the Christianity outlined in a Nigerian setting is representative of every African country and every African church:

However, Winners' Chapel is one of the most significant Pentecostal churches on the continent, and at Winners' Christianity means victory, and of course a life of victory encompasses health (Gifford 2011:264).

Interestingly, in the Zionist Apostolic framework, a distinction is often made between sickness that requires a Western medical specialist and one that should be treated through the approach to an "African" solution, for example by visiting a witch doctor, prophet or healer (Anderson 2000:291). Western medical doctors are perceived as being needed for broken bones or if it is evident that something is seriously wrong, whereas a prophet or diviner could be effective for unseen internal problems (Anderson 2000:291).

Ethnic factors featured prominently in research conducted for a prior degree (Martin 2009), where a sense of depression and desperation was displayed by the sick in the various hospices and care centres visited during the process. These were all HIV/Aids Clinics and Care Centres and the patients were all African during the time span of that research. Approximately four years were spent at the time with women, men and children in Aids Hospices and care facilities. There were two specific case studies selected for the dissertation which were Sparrow Village and St Francis Care Centre, which are both Christian, one non-denominational and the other Roman Catholic. Both have prayer chapels and opportunities for prayer for healing. Visits were made to many other care facilities in Southern Africa. Most of the men and women interviewed were plagued by a sense of isolation, guilt, fear and confusion. Those who were victims of rape, domestic violence or marital unfaithfulness were frequently unable to understand the reason why God would punish them. The women often felt heartsore that they had been victims of the abuse that had led to their infection. They quite frequently centred their attention on their children, who were in many instances also HIV positive. An interesting dynamic was that the sick in the care centres were habitually making demands on the various infrastructures where they were being treated or housed, usually free of charge to the patient.

They frequently expressed displeasure if they were asked to perform menial tasks, for example picking up litter around their shelter; however there was respect for God even in the face of a lack of healing. The research was conducted with people who were HIV positive only and most were diagnosed as terminally ill. The conclusions drawn could be related to the specific nature of the illness, which could have had a psychological or spiritual affect of creating a more humble attitude before God than other types of sickness or disease may have instilled.

This same tendency toward humility before God was reinforced during investigations into social responsibility tourism initiatives in the township and rural environments.¹⁹⁴ This research was conducted together with African people living in rural areas where hopeless poverty is rife. The people who were seeking to be included in these tourism routes, which

¹⁹⁴ The South African Government propelled a Tourism Enterprise Programme with a view to looking to tourism as a means of alleviating poverty in some of the most desperate areas in South Africa. My tourism company was selected to research the initiatives which were most likely to succeed and to structure tourism to include gender mainstreaming, poverty alleviation and job creation.

were geared toward upliftment of their poverty often expressed that they felt entitled to hand outs by their government and by those they considered to have been the former oppressors. However, in the social upliftment projects which were run by Christian initiatives there was no sense of entitlement displayed toward God, not for healing or for enrichment.

Notoriously the rich in society, who are most often white middle to upper class individuals, feel that the doctor or God is responsible when they are not well. They frequently insist that the diagnosis is incorrect, the medical profession is inadequate, the hospital infrastructure is not quite up to scratch or that God should immediately make them well when they are sick. After all, they had been going to church for so many years it is argued. It is not uncommon to hear that there is a sense of unbelief in a diagnosis of illness because the individual had been tithing to the church for many years, and an untimely death was not what they were anticipating. Money and social position in society ensures needs are met on a general level, and so the individual carries this through to the Church, where his status should ensure a sickness and trouble free lifestyle. Pathological narcissism is more easily entertained in a lifestyle which can purchase anything, which should include the healing act of God, in their opinion. Many ministers of religion take advantage of this syndrome as the rich fill the coffers and buy favour from the pastor and hence, they think, from God.¹⁹⁵

5.5.4 Education

The medical professionals with whom I held discussions for this dissertation are often distressed by the selfish tendency of humanity when it comes to issues of entitlement to healing. The medical profession bear the brunt of teachings such as these quoted by Kenyon (1964:99):

I know that I am healed because He said that I am healed and it makes no difference what the symptoms may be in the body. I laugh at them, and in the name of Jesus I command the author of disease (Satan) to leave my body.

MacArthur (1992:265) claims that virtually all religions involve worship of a god whose function is to deliver. Humanity invents gods for utilitarian reasons: the deities exist to serve men, rather than the other way around. The questions addressed by the research were to

¹⁹⁵ MacArthur (1992:265) tells of an envelope delivered to him from a Charismatic Word Faith teacher named David Epley, encouraging the reader to take out the largest bill from his wallet and then expect a miracle in return.

reach an understanding of what level of education is susceptible to such false religions. The interviews were conducted together with educated individuals and others who had little or no education.

The fusion of the religion of whites with the physically demonstrative and experiential charismatic style religions of black religions provided the Pentecostal and Charismatic movements in Africa with a powerful amalgam of beliefs and practices that was able to cross many cultural barriers. Tongues speaking and healings and other charismatic style experiences provided repeatable immanent experiences of the presence of God at a time when the reality and relevance of religion was in question and churches were experiencing rapidly declining numbers of attendees (Hey 2006:1-6). The movements also provided a universal symbol of divine intervention and enablement which crossed social and racial barriers that had historically been prevalent in Africa. Pentecostalism incorporated the vibrant music and religion of the Afro-American culture of the Southern United States as it spread rapidly throughout Africa and broke down barriers (Hey 2006:5). The appeal of the lively worship was in response to the ever declining appeal of the dry intellectualism and formalistic practices of the mainline churches. Unfortunately the rapid expansion and lack of accountability of the charismatic style churches in the 70s and 80s came at a cost as Jimmy Bakker and Jimmy Swaggart in the USA and many others resigned over allegations of sexual, financial and other misconduct (Hey 2006:9). The appeal of the Pentecostal or Charismatic movement by its very nature is experiential rather than being based on any particular creed or on intellectual theological grounds. The simplistic hand clapping, singing, dancing and making appeals in a “divine language” has emotional appeal to those who are seeking healing from God:

Africa at prayer looks for a miracle; it is a daily appeal for the ultimate solution to illness, poverty and misery. That is Africa of the night, of Saturdays and Sundays. Africa of the week and of the day manages and corrupt and corrupting individuals die between the two worlds, struggling to survive (Kabongo 1982:18).

Many of the pastors interviewed for this study who teach Africans in and beyond the borders of South Africa, were concerned about the syncretism of the Pentecostal and charismatic messages with some of the local ethnic beliefs, which gave dualistic power to the devil to destroy lives. Omenyo (2011:235) says that “when Africans convert to Christianity, they do not abandon their traditional worldview”. The fact that the Pentecostal and more specifically the charismatic message focuses on the power of the devil and the casting out of demons

leads to witch hunts in some communities and the singling out of individuals as being demon possessed or as practicing witchcraft. It would appear that in many instances no cognisance is taken of the religious background of the African traditional beliefs when recruiting African membership to fringe movement charismatic style churches. Omenyo (2011:234), writing from a Ghanaian perspective, argues that:

Causality among Africans leans heavily on the spiritual, for the traditional African nothing happens by chance. For instance besides purely organic causes of sickness, no interpretation of causality that does not include elements like preordained destiny, punishment by angered ancestors, or witchcraft is adequate. When calamity strikes in an Akan society, a common phrase one hears from members of the community is *ennyɛ kwa* meaning it is not an ordinary occurrence, a phrase that captures the dominant idea of the supernatural causation of evil.

In some instances where traditional beliefs are interfered with by charismatic and other religious leaders who do not understand the anthropological, traditional and cultural background to the beliefs of their flock, there are unacceptable consequences. As explained by Csordas (2011:339-340), in their zeal to exorcise demons from new recruits, the charismatics at times condemn entire villages who have based spiritual value on certain practices for many centuries to being labelled as being controlled by the demonic forces of Satan, thereby fracturing the sense of belonging in a community.

There are educational programmes in the church which contribute toward a sense of entitlement. Alpha, as discussed in section 5.4.2 encourages the *pro me* anthropocentric religious views which were described by Erickson (1998:25). Word of Faith theology teaches that God is bound by spiritual laws that govern health and prosperity (cf. MacArthur 1992:270). When Christians chant the correct lines they force God's hand to perform according to their requests. Tilton claims that God is already committed and has no choice but to act as He has to keep to his part of the contract. Tilton teaches that we can tell God on the authority of his word what we would like him to do. "That's right! You can actually tell God what you would like his part of the covenant to be" (cf. MacArthur 1992:270).

Massey (2012:7) argues that programmes are to be promoted which declare the outreach of the church to be toward the poor, for justice, for freedom, for the environment. There is no mention of the sinful nature of humanity and their need for salvation. Both private and communal prayer will be solely aimed at the best ways of literally finding union with God (Massey 2012:7). Bible study is to be promoted says Massey, which will carefully first look

at the intention of the passage, and its original setting, “being very careful not to impose grids on the texts” (Massey 2012:7). A picture is drawn in the literature provided in the course material which portrays the pantheistic idea that God is in all things, and all things are in God.

Levine (1994:360), who himself is open to all religious views and sees value in the pantheistic religion, because as it is strictly in opposition to the anthropocentric viewpoint and by its very nature not able to be used due to its antithetical stance to any power structure, recognises and argues that:

Pantheists have certain *scriptural* resources, but pantheism is not based on revelation or Scripture; nor is it founded on teachings of charismatic and prophetic figures. Pantheists do not, for example, rely on Scripture as a justification for belief in the existence or nature of the divine Unity, or for telling them what to do. Natural theology is the only type acceptable to pantheists. Only in this context (i.e. investigation into the nature of God based on reason not revelation) does it make sense to ask if pantheism is true and about reasons for believing it. Claims about the divine Unity can be subject to the kind of rational inquiry theistic claims have been subject to (Levine 1994:349).

As this dissertation looks to understanding the nature of God and His interaction with humanity as they seek the physical reality of healing for their bodies, the warning of Teilhard de Chardin (1969:69) must be heeded that we must avoid language which tries to make of the consummated Christ a being so unique that his subsistence, his person, his I, takes the place of the subsistence, the personality, of all the elements incorporated in his mystical body. He further argues that this concept of a hypostatic union extended to the whole universe, which he claims is simply Spinoza’s pantheism, is not in itself either contradictory or absurd, but it conflicts with the whole Christian view of individual freedom and personal salvation (Teilhard de Chardin 1969:69). Christians, he claims, are divided into two categories, most forcibly on the question of the relationship between Christianity and pantheistic tendencies:

To ‘conform’ to Christ is to share through a partial identity, in the unique, fundamental act constituted by the Whole. There is, in reality, *only one* humility in the world, *one* loving kindness, *one* sacrifice, *one* passion, *one* laying in the tomb, *one* resurrection – and it is Christ’s (Teilhard de Chardin 1969:73).

Grigg (2008) in his missive to accept scientifically proven pantheism claims that God does not and cannot act within creation or within the lives of human beings; he quotes an article in the New York Times which he rates as proof positive that God does not heal in answer to prayer. In fact, says Grigg (2008:27), “if convincing positive evidence of prayer’s power

seems to be lacking, there is concern among some scientists that religious faith might actually interfere with health". Medical references and proofs of these allegations are all rather vague.

The point to the argument that I am raising is that pantheism, which denies the power of Jesus Christ by the power of The Holy Spirit to heal being taught simultaneously with prayers for the healing of the sick, is destructive and confusing.

The foregoing section examined the ways in which entitlement affects various sectors of humanity. The following section analyses the ministry of healing as it is observed in the two cases selected for this study.

5.6 An examination of the importance of a ministry of healing in both case studies

The ministry of healing has a high importance in the functioning of the institution of parts of modern Christianity. Csordas (2011:339) traces the background of the Catholic Charismatic Renewal specifically in a Nigerian African setting, and he claims that the Renewal started by emphasising healing and financial prosperity:

Christianity in its earliest phase of globalisation spread on the power of a church that was the dominant world institution of its time, and later on the power of the colonial empires that were the dominant institutions of their time. No such dominant institution supports the current wave of globalisation of Christianity which often takes the form of Pentecostal or Charismatic evangelisation through divine healing and deliverance from demons (Csordas 2011:331).

As early as the year 1897 Reverend Paulson in a Sunday morning sermon gave the following advice to the ministers to whom he was addressing his talk on the relevance of sickness and health to their ministries. He exhorts ministers to understand the spiritual and physical dynamics of sin and the necessity for the spiritual leaders of the time to come to some understanding regarding the importance of physical health to a Christian:

Some of the principles that have been coming to us lately show us the relation that we should sustain to the gospel of health. Here is a statement which I will read that will furnish a foundation for what I have to say:-

The ministers in our land should become intelligent upon health reform. They need to become acquainted with the science of physiology. If they will be intelligent in regard to the laws that govern physical life, and their bearings upon the health of

mind and soul, then they will be able to speak correctly upon this subject.

The need of healthful habits is a part of the gospel which must be presented to the people by those who hold forth the word of life. The importance of the health of the body is to be taught as a Bible requirement.

This is a subject which needs to be presented to the people. The question of health reform is not agitated as it must and will be (Paulson 1897).

The subject of divine healing is just as pivotal to Christianity in today's world where environmental factors are more taxing, stress factors are higher, lifestyle diseases are more pronounced and medical services are more expensive and less available to the average man in the street.

In answer to specific questions relating to teaching on the subject of divine healing in seminaries and Bible colleges where the pastors had been trained for the ministry; surprisingly, many well trained pastors who took part in this research project have had no specific formal teaching or theological training on the doctrine and ministry of divine healing in the Christian church. Mac Nutt (2005:202-203) argues that the seminaries are not offering courses in how to pray for physical, psychological or deliverance healing. He claims that one does not ordinarily see most bishops or district superintendents or ministers openly espousing divine healing. Mac Nutt (2005:202-203) claims that in rare instances some seminaries offer basic courses on that matter but that training even in those instances are theoretical, with no pastoral or practical advice given to students regarding how to pray for the sick.¹⁹⁶

For some of the pastors interviewed during this research project the subject of divine healing was taught together with their training under the Doctrine of The Holy Spirit and his works. The mediocrity of the teaching on the subject of divine healing in some churches is evidenced in the "Explore the meaning of life: Alpha Course Team Manual" (2010:29) which, as discussed earlier, is the main teaching forum for many churches. A teaching session is devoted to the *Question: Does God heal today?* This is followed by instructions to team leaders to initiate the following discussion:

If words of knowledge¹⁹⁷ were given at the end of the talk, ask if anyone in the group thinks that a word of knowledge may have been appropriate for them. If not, ask your

¹⁹⁶ Chapter 8 of this study discusses this lack of education on the subject of Divine Healing as an area for further investigation.

¹⁹⁷ Pentecostals and Charismatics cite 1 Corinthians 12:8 for the "word of knowledge" as one of the gifts of the Holy Spirit. Benn & Burkill (1987:5) claim that Wimber emphasised "words of

guests if there is a specific problem or illness for which they would like prayer for healing. This is a good time to clear up any general issues about healing, so allow time for the group to discuss *briefly* before praying together (Gumbel 2010:29).

Some pastors who were questioned regarding healing in the church where they ministered felt that divine healing of the body was provided for in the atoning death of Jesus Christ.¹⁹⁸ Some felt that the healing provided for in the atonement was multi-faceted, for body, mind and spirit. Generally, the more informed pastors acknowledged that the atoning work of Jesus Christ did not guarantee perfect physical health.

5.6.1 Prayers in services and invitations for prayers during services

The questions posed to the pastors relating to the issue of prayer¹⁹⁹ for healing were specifically composed to establish whether the pastors were aware of the necessity of the revelation of God to the sick and the cognitive apprehension, the *acknowledgment* of who God is on the part of those seeking healing. Along with this *acknowledgment* of God as existing, is there a real grasp of who the God of the Bible is? Was there an awareness of his sovereignty and nature? The reason for this line of questioning was to establish the spiritual positioning of both the pastor and the sick person seeking healing.

Evans (1963:176) argues that the verb “to acknowledge” covers most of what one does in religious utterance, so wide are its strands of meaning:

- a) To admit receipt of a verbal communication or of a gift; this usually involves thanking someone.
- b) To show by word or other conventional means that one has taken note of a Person’s presence.
- c) To admit or accept a claim, obligation, authority, or status.
- d) To admit or tell someone a fact, usually that someone has performed an action which is relevant to one’s own behaviour.

knowledge” to describe specific conditions that needed healing. This they say leads to people at his meetings being ignored who had not had these words of knowledge identifying their needs. They also warn that Wimber appears to encourage *all* Christians to have words of knowledge and that this does not follow Scripture, which opens the floodgates to delusion (Benn & Burkill 1987:5). The Alpha course too encourages “anyone in the group” to practice “words of knowledge” as is evidenced in the quotation above.

¹⁹⁸ Due to space constraints, the question of divine healing as provided for in the atoning death of Jesus Christ is not discussed in depth in this dissertation however, Fee (1979) in his book “*The disease of the health and wealth gospel*” does examine the question.

¹⁹⁹ Due to the limited space available in this study it is not possible to discuss at any length the various aspects to the nature of prayer. However, the subject of impetratory prayer is discussed more fully by Brummer (2008) in his book: *What are we doing when we pray? On prayer and the nature of faith*.

- e) To confess a fault or sin to someone.

Evans (1963:176) claims that the concept of *acknowledgment* includes a cognitive element. Two things are observed by Mangina (2001:40): he claims firstly that the experience of the Word of God is just that: experience *of*, a determination of the self that refers to something outside the self. “Experience *qua* acknowledgment cannot be self-referential” (Mangina 2001:40). Secondly, our usual use of the word acknowledgment occurs in interpersonal context; therefore, the acknowledged fact is a fact created and presented by a person or persons (Mangina 2001:40). The action of acknowledgment in prayer for the sick should necessarily include a reference to an Object and in consequent revelation we are granted knowledge of God.²⁰⁰

Prayer by the pastors for the sick that *acknowledge* the life affirming work of Jesus Christ has soteriological and spiritual implications which are imperative to Christian prayer for the sick:

The word ‘acknowledge’ has a performative aspect. In saying, I acknowledge x, I acknowledge x and therein I imply that I have certain intentions or attitudes, and I commit myself to certain behaviour. The word acknowledge usually also has an autobiographical aspect, so that states of mind and patterns of behaviour are not only implied and made commitments, but are actually reported. If I acknowledge how much you have done for me, I not only say something to you, I also think and act accordingly. I admit the fact in my own private thinking, and I try to do something for you in some way (Evans 1963:175).

The acknowledgment of the sovereignty of God therefore discounts an attitude of entitlement, replacing it with an attitude of worship. For Barth the concept of acknowledgment implies a change or transformation in the agent. The active and cognitive elements in acknowledgment, together with the verbal and ritual action of acknowledgment, leads to a life modification, and the Other becomes a real determinant in the life of the sick who have acknowledged Him (cf. Mangina 2001:40). There is no room for narcissism in this acknowledgment. The acknowledgment leads to worship and life modification.

Many of the pastors confirmed that much of their teaching regarding sickness, particularly illness which is caused by Aids, revolved around the issue of “being cursed by God”. This mistaken belief gives rise to challenges in the ministries of prayer for healing. Afmin has risen to the challenge and produced educational material about the spread of Aids which

²⁰⁰ This knowledge is a matter of the heart and it is expressed by Calvin (1960:552-553) as “faith rests upon the knowledge of Christ. And Christ cannot be known apart from the sanctification of his Spirit. It follows that faith can in no wise be separated from a devout disposition”.

recognises the cultural causes²⁰¹ for the spread of the pandemic, the other case study did not face this particular challenge to any degree and therefore prayers, when offered, were more of a standard petitionary nature.

Most pastors in one of the case studies consulted during the course of this research said that they did not hold regular prayer meetings for healing and that they infrequently prayed for healing for individuals when the congregation was present.²⁰² In fact, in many of the churches the general congregation was not offered any opportunity to participate in the healing ministry or join in prayers for the sick. All church pastors claimed that there was teaching available to the congregation at the church on the subject of prayer for divine healing. In many instances prayer for healing was requested after the service, through the assistant to the pastor after church services, by completing a form at the door of the church. In some instances the sick or their families phoned the church offices with requests for prayer.

Quite often the congregation was encouraged to request prayer from the elders or other leaders of the church. Appeals were made in some churches for those “needing prayer” to remain after the service where “prayer partners” would pray with them. These more or less private, one-on-one prayer sessions were not identified as specifically prayers for the healing of physical ailments. Gaiser (2010:249) argues that healing in the church should be a communal activity, involving mutual prayer and support which would draw those who are ill into the community of the gospel James 5:13-16. He argues that illness is of itself often a cause of isolation of those who are sick as in 1 Samuel 1:13-16, Psalm 77:4 and that this can

²⁰¹ Martin (2009:66-72) outlines some of the cultural practices which are largely responsible for the rapid spread of HIV in Africa.

²⁰² The combination of Calvin’s Cessationism, Scottish Realism, Darby’s Dispensationalism and Bultmann’s insistence that the miracle stories of the gospels are myths which were followed by the excesses of the televangelists and modern day “faith-healers”, have left a void of disbelief in the hearts of many preachers with regard to the efficacy of prayer for healing (Mac Nutt 2005:133-152). Nevertheless, in spite of the disbelief and reticence of the pastors, the sick remained and continued to call on God and the pastors for prayers for healing, and as witnessed above in the three stories told by some pastors of their experiences, God continued to heal. But the damage has been done as pastors distance themselves from obvious healing ministries preferring low-key non-demonstrative style prayer sessions. (In fact one story was told to me during the course of this research of an injured pastor who called on two men in the hierarchy of their church to pray for him privately in his own home and to specifically exclude the congregation). The efficacy of these shy efforts to call upon God for healing have yet to be proven, but outside the scope of this dissertation.

be overcome by restoring the sick to full participation in the body of Christ by praying communally and bringing God's healing care into the community.

In one of the churches to which I was invited by an Afmin teacher, which was pastored by a young black pastor, there was a vital involvement in the community, which demonstrated itself in every aspect of the lives of those who were part of that particular community. There was a family atmosphere of caring and involvement in each other's troubles, which included joblessness, marital problems, drugs, children and their schooling and also sickness. Enthusiasm and laying on of hands and speaking in tongues were quite common among the people. There was an element of syncretism in some of these churches, where all kinds of gods were called upon for assistance, not only the God of the Bible.²⁰³ There was a wide spectrum of different denominations represented by the Afmin pastors, teachers and the graduates from their teaching programmes, including Pentecostal, Charismatic, Apostolic and other Christian affiliations. Prayers were therefore sometimes very colourful and diverse in their content. Questions raised to these pastors regarding God's healing power were answered unanimously acknowledging that God does heal in answer to prayer. One pastor however said that it was important to first worry about the lifestyle of the person before offering up prayer for healing.

All the pastors interviewed for this study said that they felt sad when people were prayed over but were not healed by God. It was difficult to explain to people who were sick that sometimes it is not God's will to heal at that time. When people were not healed, however, it did not deter the pastors from praying again, either for the same person or any others who would seek prayer for healing.

5.6.2 Hospital and hospice visits

Many of the churches interviewed arrange hospital, home or hospice visits for prayers for the sick and all the pastors confirmed that wherever possible the sick were anointed with oil prior to prayer. A point of contention between the church and the medical profession is the issue of

²⁰³ Thomas (1997:39-51) examined St John's Apostolic Faith Mission in Cape Town, South Africa as a paradigmatic expression of syncretistic religions in the African Diaspora and suggests that this is a common black theological theme which in the case of St John's derives from a synthesis of pre-colonial African religion and Protestant theology. She argues that the healing that takes place through means of the *umoya* (The Holy Spirit) is accompanied by various manifestations.

fasting when praying for healing by the frail and sick themselves. Medical doctors consulted during the research claim that fasting when sick can precipitate severe health repercussions. Some of the pastors interviewed for this research confirmed that they did not encourage the sick to fast whilst praying for healing. The more charismatic style leaders and pastors felt that the Word had to be observed and obeyed and the sick should fast and pray regardless of whether fasting could precipitate side effects.

Medical professionals consulted for the dissertation confirm that they encourage visits by pastors and prayer groups to hospital and hospice patients in their care, which tend to have psychological and physical benefit to the suffering. They confirmed that they discourage charismatic chaotic visits which disturb more than encourage their patients. Fichter (1981:92-94) researched the occurrences and effectiveness of faith healers being permitted to visit patients in hospitals and reports that most hospitals do allow visits on two conditions: first, that the patient had requested or approved of a visit, and the second, that the prayer ceremony be conducted quietly and without disturbance to other patients.

This section analyses the healing ministries inside the churches, the following section is an examination of the reactions in people when they are not healed by God which is a very problematic area for both medical doctors and for pastors.

5.7 An examination of the consequences of unmet expectations

Opp (2000:341) describes how the apparent failure of divine healing following revivals in Canada in the twenties led to depression, loss of faith, and violent anger toward God and the healing ministers. The poor results of the ministries of a Reverend Price after a faith healing “revival” in Canada came under scrutiny, which was described as a “travesty of religion”.

Most pastors interviewed were aware that full healing is available only in the life to come, but that genuine physical healing is still available in this present life (Gaiser 2010:243). Because of the nature of creation and its finitude, sin and evil, imperfection and chaos, because of the suffering inherent in creation, renewal in this age will never be full, will not always be fair, and all will die of accident, illness or genetic makeup (Gaiser 2010:246). The pastors who were interviewed were mostly aware of the sovereignty of God and most were

able to teach on God's place in illness and healing and the meaning of both suffering and renewal in human life.

It is human nature to hide feelings which could be perceived as socially or perhaps even spiritually unacceptable. Therefore, interviews with the sick that were not healed by God were dependent on how comfortable they were with sharing their disappointment, anger or perhaps even fear, when God seemed not to hear their prayers for healing.

In one particular case a lady diagnosed with cancer commenced dialogue during the research where she repeatedly expressed that she had *faith*²⁰⁴ that God would heal her. As her illness progressed she became less inclined to express this mystical *faith*²⁰⁵ that some of the Charismatics and Pentecostals claim is the key to healing. Confusion was then expressed as it became obvious that she would die of her disease. After the end of her journey a pastor related that she had *clung desperately* to his hand as she lay dying in the hospice. The consequences here were that instead of feeling calm at the time of crossing over this lady was filled with terror and disappointment.

There is another tendency in human nature, say the medical professionals, of scapegoating. In times of despair human beings look for a scapegoat to take the blame for their condition. Often in this instance they feel that God is to blame for their suffering and lack of healing. It is an irrational reaction, but nevertheless the human tendency is to find *reasons* for God's withdrawal, for his perceived lack of concern for them, for his willingness to allow them to suffer and die. Many books have been written on the subject of theodicy by many great theologians. Barth (1988:373), who generally has no use for theodicy, argues that if the Christian understands the nature of God and the temporal nature of humanity, then the intrinsically negative experience of sickness and death could become the opportunity for rejoicing in the presence of God who has set a limit to our lives as being of a temporal nature

²⁰⁴ Teilhard de Chardin (1969) has an interesting way of describing faith from the psychological plane: "the essential note of the psychological act of faith is to perceive as possible, and accept as more probable, a conclusion which, in spatial width or temporal extension, cannot be contained in any analytical premises. *To believe is to effect an intellectual synthesis*". He goes on to describe faith as it is applicable to the world, the spirit, in immortality and in personality (Teilhard de Chardin 1969:98-118).

²⁰⁵ In a charismatic sermon I attended, the pastor told the congregation that faith was like a muscle; it had to be exercised like any other muscle every day so that it could grow to the full blown faith that he had.

as recognised by David in his poignant prayer when deeply troubled by the fragility of human life in Psalm 39:4.²⁰⁶

Mangina argues that Barth does not want to deny people their experience of brokenness in their time of illness and disease, but he believes that the subject matter of Christian theology is not that brokenness as such but what God has done to overcome it (cf. Mangina 2001:152-153). Resignation to illness and suffering is not what is required of them, but rather a realisation that God is with us even in the midst of suffering.

Within the overall economy of grace, our experience of the world – including our experience of suffering and tragedy – directs us to the Cross as God’s answer to the terrible presence of evil in life²⁰⁷ (Mangina 2001:151).

Reactions to lack of healing are also dependent on the amount and intensity of pain to be endured by the illness. Many of the people to whom I have spoken who have no pain are able to be more accepting of their not being healed by God and their ultimate departure from this earth. However, as Lewis (1978:80) argues:

Pain is unmasked, unmistakable evil; every man knows that something is wrong when he is being hurt... when I think of pain – of anxiety that gnaws like fire and loneliness that spreads out like a desert and the heartbreaking routine of monotonous misery, or again of dull aches that blacken our whole landscape or sudden nauseating pain that knock a man’s heart out at one blow, of pains that seem already intolerable and then are suddenly increased, of infuriating scorpion – stinging pains that startle into maniacal movement a man who seemed half dead with his previous tortures – it quite o’ercrows my spirit.

Soelle (1975:68-69) observes that “there are forms of suffering that reduce one to silence in which no discourse is possible any longer, in which a person ceases reacting as a human agent. There is pain that renders people blind and deaf. Feeling for others dies, suffering isolates the person and he no longer cares about anyone but himself”.

Pain is recognised as a common complication of HIV infection. Kamerman (2012:14) reports that pain typically was reported to affect more than half of African ambulatory outpatients and almost all terminal HIV-infected patients. A fact that is seldom recognised is that patients with pain had two or more pains concurrently. Since the early stages of the HIV

²⁰⁶ “Show me O Lord, my life’s end, and the number of my days; let me know how fleeting is my life”.

²⁰⁷ Mangina recognises that this is the polar opposite of theologies in which encounter with the unknown God or fate propels us into the arms of a loving Father. Barth rejects this as Marcionism and ultimately dualistic (cf. Mangina 2001:151).

epidemic, the demography of the epidemic has changed. The epidemic is most prevalent now in sub-Saharan Africa and affects mainly women. Despite advances in knowledge of the pandemic, pain remains high in these new populations. Tragically, says Kamerman (2012:16), we have not taken heed of the reports of widespread under-recognition and undertreatment of pain caused by HIV related infection. There are virtually no analgesics prescribed and there is a significant undertreatment for their pain. There are several factors that could be the cause of undertreatment for pain including poor patient to doctor communication, patients being stoic, patients not feeling comfortable speaking a foreign language, or shyness on the part of the patient.

The subject of HIV infection was particularly pertinent for one of the cases selected for research who reported that they have instituted teaching programmes to educate across borders throughout Africa on the need for behavioral modification in the light of the rapid spread of the pandemic across sub-Saharan Africa.

Another factor which influences the consequences of not being healed by God is often the commitment the sick have to children or other family members where fear and depression strike at the thought of leaving the vulnerable or the loved ones behind. Financial and emotional support which is being terminated by the death of the sick plays havoc with spirituality at a time when they are being exhorted by some pastors and doctors to come to terms with their sickness or their death.

This section of the study analysed the reactions which are often displayed by people who are not healed by God in answer to prayer. On a general level, reactions swung between deep depression and thoughts of suicide to peaceful acceptance of mortality.

5.7.1 Apostasy

When questioned regarding the incidences of falling away from the Christian faith of those not healed by God, every pastor questioned related that they had never experienced this reaction displayed by the sick themselves. They all acknowledged that people often exhibited a sense of abandonment, unworthiness, confusion, loneliness and helplessness, but no one in their experience had ever turned away from the Christian faith as a result of not being healed by God. Some of the pastors felt in fact that there was a strengthening of faith as the sick got

weaker and less self dependent. The sick that were not healed by God as a result of prayer did not display any desire to fall away from the Christian church as a result of their lack of healing, but often became more child-like in their faith and belief in their eternal destiny.

There were many instances where Christians would visit other churches, apart from their own church, seeking healing. One person I interviewed told me he was not sure whose ministry and prayers were actually responsible for his healing as he had gone to every church he could find who practiced the ministry of healing. Christians seeking healing often believe that one particular ministry or church is more likely to have success than another. They therefore “shop around”.

As a case in point, on a recent visit to the Roman Catholic shrine at Lourdes in France I was interested to see how many Protestants were visiting the waters, which are reputed to have healing power, seeking healing from God, which would indicate that they do not care about who or what or how, but only have one goal and that is to get the healing done. Many I spoke to told me that they felt so much better after experiencing the atmosphere of Lourdes. Some felt that the very atmosphere of Lourdes, the prayers, the cathedral, the amazing display of compassion displayed by the volunteers, priests and Sisters who wheel and carry hundreds and thousands of sick and dying to the waters, were in themselves evidence of a miracle.

There is no discrimination along lines of doctrine or specific church affiliation at Lourdes, the waters and the cathedral are open to all denominations and belief systems and sights of pilgrims from all walks of life being wheeled on stretchers, wheelchairs, walking on crutches, blind, deaf, every age and ethnic group and every conceivable illness making their way to access the waters is very moving spiritually. Over several visits to these waters over the years, I have never heard murmuring of apostasy from the sick who are searching for healing from God. Cries of pain and confusion yes I have heard those but never defection from the faith or rebellion against God.



Researcher photograph taken at Lourdes March 2013

Apostasy as a result of not being healed by God would not seem to be an issue for those not healed in the ministry of healing. There could be an element of “hedging their bets” in a case of severe illness where the sick feel that this is not a good time to turn away from God: what if they should die right at the time that they were in apostasy? For the most part true believers are believers until they die, whether by accident, illness or old age.

There were some instances where the family of those who were not healed by God turned away from the Christian faith and questioned their religion. There were many family members who felt angry and let down by God when their loved ones were not healed. One man I interviewed after his daughter had died of a sudden illness said, “I told that pastor, I will never set foot in his church again”. He felt that it was a deliberate act by God to allow her to die and perceived God as vengeful. One man whose wife had died after a long illness was angry with God but he remained in the church. Another man whose wife was taken ill felt that because he was the pastor of a church, his wife should be healed. Right up until she died, there were constant demands made on God to heal her. God was frequently reminded how much his wife had done in the church and that she should be healed. Deep depression and spiritual decline resulted when she died.

5.7.2 Guilt

A tremendous amount of guilt is often the result of teaching that if the sick are not healed by God of physical illness, it is the fault of the person who is sick or the parent of the child who is sick because they had no faith. This is particularly evident in the family of those who have died, they feel that they or the church or the pastor have let them down and should they have had more faith their loved one would have lived.

Some pastors commented that hours of counselling were required after the death of a life partner when the marriage had not been happy. Guilt wracked the surviving spouse. Doctors frequently encounter guilt displayed by family members at the death of a loved one. One doctor I interviewed said that when relatives die the most hysterical tears are shed by those who have a guilty conscience.

5.7.3 Estrangement from and blaming of the pastor

Very few of the pastors interviewed were aware of any person who had been estranged from them as a result of a lack of healing after prayer. Most of the pastors who were interviewed claimed that when the syndrome of entitlement was displayed by a sick person, it was extremely exhausting and led to burnout in the ministry. According to the medical professionals interviewed, they share similar reactions to those of pastors to unreasonable demands from people when they are sick. With the very best of intentions on the part of the pastor and the doctor, there is a limit to what medicine can achieve.

There were instances reported, as mentioned in section 5.7.1 above, where the sick visited far and wide other churches and other pastors to be prayed over for healing. This was not based so much on a blaming of the pastor who had prayed for them as it was simply desperation for God to heal them. This is also a common syndrome to both doctors and pastors with people unable to accept a diagnosis, running from doctor to doctor and specialist, hoping that they will get a different prognosis. A surprisingly few number of individuals who were interviewed during the course of the research are resigned to the inevitability of death. Many believe that if they can change the church, the pastor or the doctor, their life will be prolonged.

5.7.4 Spiritual decline

There are many considerations before concluding that sickness or disease is the catalyst for spiritual decline for the Christian believer. Is it the actual sickness which has caused the spiritual decline or is it the confusion which has been sown in the hearts of mankind regarding the God they had previously held as The One True God, the Creator of the world? Much depends on the relationship the individual has with Jesus Christ. Frei (1975:156) argues that:

For the believer to *know* who Jesus Christ is, to *affirm* his presence, and to *adore* him are one and the same thing. The believer does not choose between them or claim that one has priority over the other.

This relationship is a delicate one which can be destroyed or damaged by incorrect teaching that either removes hope altogether or offers false hope to vulnerable sick people. The guilty who have removed hope are Bultmann and various other critics of classical Christianity who have suggested that one should demythologise the Scriptures, sweeping aside all hope of the healing presence of the Holy Spirit in times of desperation and describing this hope as mere myth. Toynbee (1992:179) warns that it is not so easy to discriminate between the inner layers of the crust and the outer layers of the quick when it comes to stripping off what some perceive to be the myth of Scripture. When Tyrell (1909) demythologised the Resurrection, the Ascension, and the Second Coming of Christ and Bultmann (1958) excised from the traditional corpus of Christian doctrine the event of the miraculous, Christian hope itself was not left intact. Tyrell, Bultmann and their more modern detractors who remove the workings of the Holy Spirit in the lives of the individual failed to understand that there is a point where “what they perceive to be the cleaner’s knife enters and mutilates the living flesh” (Toynbee 1992:179).

Teachings that have given false hope by proposing to the sick that all they need to do is exercise *faith* have equally caused spiritual decline in the suffering when they fail to be healed by God. Ignorance of the working of the physical body, the pathology and genetic makeup of the individual as well as the consequences of age have also sown discontent and spiritual decline in times of sickness. Accidents, sickness and disease are not punishments, but realities of life. The hope of eternal life in Jesus Christ remains. This hope does have conditions attached to the promise, they are however not what the televangelist proposes, but rather what Temple suggests:

Man is not immortal by nature or of right but there is offered to him resurrection from the dead and life eternal if he will receive it from God and *on God's terms* (Temple 1931:1).

“What is the chief and highest end of Mankind? Man’s chief end is to glorify God and to enjoy Him forever” (cf. Toynbee 1968:227): these are the opening words of the Westminster Catechism which were composed in 1648.

In these words, modern Western man is, in spite of himself, declaring the truth that he has been seeking to elude. He is giving evidence against himself; and this confession is a plea in his favour and is a hope for his redemption. To glorify God and to enjoy Him forever is to partake of eternal life here and now (Toynbee 1968:227).

Sickness and not being healed by God does *not* cause spiritual decline in those who are taught the true nature and promises of God.

Spiritual decline is symptomatic in the neglected and abandoned who have no family or church to support them when they are sick. The elderly are particularly affected as they lie helplessly in a lonely sickbed, usually relegated to retirement homes by uncaring family members who complain that they are useless or a burden which they cannot bear. It is common to hear how much money the elderly are costing ungrateful children and the children feel quite proud of themselves as they boast that the care their parents receive in retirement homes is costing them a fortune. As if that justifies the abandonment. A medical professional consulted during the research confided in me that many retirement homes are overmedicating the elderly to the point of knocking them out, especially those who are troublesome. Spiritual decline is a feature in the lives of the lonely, the abandoned and the frightened. Some diseases and physical disorders themselves cause depression and many times the medication which the patient is taking to relieve symptoms also causes a side effect of depression and a feeling of hopelessness. This can at times masquerade as a spiritual decline, as in the case of many suicidal people who find themselves backed into a corner, suffering extreme pain and being medicated with drugs that are exacerbating depression.

Spiritual decline is also evident in the pathological narcissistic personality when it is thwarted in its goal to achieve a perfect “self”, where ill health is seen as unacceptable because it depicts a less than the perfect mirror image. There is a tendency with hubris to believe that man is the greatest spiritual presence in the Universe. Humanity is certainly not the greatest spiritual presence in the Universe.

A human self cannot be brought into harmony with Absolute Reality unless it can get rid of its innate self-centredness. This is the hardest task that man can set himself, but, if he accomplishes it. His reward will be far more than proportionate to the toil and pain of the spiritual struggle. In giving up self-centredness, he will have felt as if he were losing his life; but in achieving this act of self sacrifice he will find that he has really saved his life, because he will have given his life a new centre, and this new centre will be the Absolute Reality that is the spiritual presence behind the phenomena (Toynbee 1979:273).

Spiritual decline in the sick is also a result of the post modern Christian trend of turning away from the idea of heaven and focusing only on this earth. Andrews (1926:50) says that “we have ceased to live *sub specie eternitatis*”. We have lost our belief in eternal life. Andrews argues that it is because of an eschatology in the Church which lies between two worlds, one dead and one powerless to be born, that mankind has lost faith in eternal life. He claims that the thirst for a sure token of the survival of the soul after death is ineradicable in the human mind, and that the Church is speaking in halting or discordant tones to people who are seeking clear proof and preaching of immortality (Andrews 1926:50). An eschatological basis for faith which is based primarily on the teaching of Jesus who spoke of the “resurrection of the righteous” Luke 14:14 becomes an all the more desperate search to those who are sick and the dying. “What must I do to be saved”? (Acts 16:30) This same question that the jailer asked of Paul and Silas is still being asked today. The Church is not addressing the question in many instances, but rather focusing on placating donors, entertaining the bored, tickling the ears of the masses, building the membership, and still the eradicable question persists. In this research project, as well as during the research into the Aids hospices for my previous dissertation (Martin 2009), the question persists. The sick will continue to suffer spiritual decline until that most important question is dealt with by the Church, not by being sensitive to the “guest” visiting the Alpha course and being very cautious not to offend them, but by replying with conviction and with teaching on biblical Christianity as it has been imparted for over two thousand years: “Believe in the Lord Jesus, and you will be saved” (Acts 16:31).

The One who commands us accepts this, as it were, on his own responsibility. In this present passing world he wants us for obedience to His commandment. He wants us as the people we are, i.e., in and with our *self-love* and therefore our lack of love. The commandment passes judgment on us, but in so doing it does not exclude, but includes us. It seriously accepts us as the children of God, as those who know of help in need, as those who can acquire and execute a divine commission (Barth 1988:451).

5.8 Conclusion

In this chapter the human trait of entitlement is subjected to close scrutiny, with special reference to its features, the sectors of society where it is most evinced, and co-morbid factors. The consequence of the influence of this trait on the church, by which is meant the pastor, the parishioner and the congregation, is examined.

Influencing factors, especially the spiritual convictions of the pastors and parishioners, are examined in the light of current dogmas in the church as regards divine healing.

The research reaches a conclusion that incorrect teaching that promotes narcissism and ingratitude and also attracts people who have these tendencies is a reason for an exaggerated spirit of entitlement in the Christian church. In addition, neglect and abandonment not only of the elderly but of church goers in general contributes to a sense of entitlement. Gone are the days of the pastor on his visiting rounds who is called by God to tend the flock,²⁰⁸ who visits his parishioners regularly and takes an interest in their lives and spiritual needs. In its place is the mega-church where the main ambition is to entertain and never to offend. Messages that are geared to gratification of the ego rather than strengthening the faith are the norm (Wilson 2005). Teaching movements that dilute the message of humanity's inherent sinful nature and that cater to narcissism's requirement of accessibility in timing and style (Chu 2003:15) in the guise of being relevant place human importance and desire above the laws and wishes of God.

This chapter quotes commentators who feel that ministers of religion are resorting to defensive action in the face of the onslaught of the sick and the desperate. Money and energy are thrown at various social projects to "uplift", "feed", "educate", and very little attention is given to the void inside of humanity which cries out for a belief and understanding of the nature of their Creator. They believe that people are desperately lonely in this technological

²⁰⁸ In the book of John (21:15-17), Jesus talks to Peter about a calling which is motivated by love for him. It is clear that Jesus understood the needs of humanity. Three times He asks Peter if he truly loves him and then He instructs Peter to prove it. Nothing has changed in these two thousand years. Without this basic calling which is motivated by love for him, the people in the care of the church perish and they feel dissatisfied and that there must be more: they are desperately needy and feel justifiable entitlement to ministry by pastors who are called to "take care of his sheep" (John 21:16). The commission is to take care of the sheep, not just the lambs who are easier to feed because they are young and malleable and generally trouble free, but the others, the ugly, the old, the poor, the sick.

age where their only comfort comes from friends and family who are linked to a technological invention of one sort or another but which does not bring comfort or hope to the sick or the dying. Wilson (2005) for example argues that the church services fail to meet the real needs of God's people:

In one church people's emotions and emotional needs are pandered to, while in the other they are ignored. In one church the spirit of narcissism reigns, in the other the human spirit's capacity for and need of God is, for all intents and purposes, ignored (Wilson 2005).

Young people are taking drugs to fill the void or at least to block out the excruciating loneliness of being unloved in a "fatherless generation" as evidenced in the below poem written by an anonymous youth:

Today's youth

What's the point of pushing through?
We take drugs to cure sadness
Our friends are addicts
No one can visualize the pain of this madness.

This could be such a horrible demise,
we're all hiding the truth.
Covering it with lies,
'Cause no one really cares.

No one can feel the pain we feel,
'Cause no one suffers like we do.
We have this past and present of sorrow
everyone's telling us we have a bright future
Why can't we see it, or believe them?
we only see in our head,
Wishing there was no tomorrow.

They're always telling us,
"tomorrow another day."
None of us really believe that;
At the end of the day,
we still think we're fat,
unattractive, unloved.
No one can change how we feel;
or how we think.

Most of us give up hope.
everything is crushing our soul.
Some say we have heart;
others say it's just a black hole.

We keep the ones we love at heart;
No other deserves a sacred part.
Who knows, they could rip it right out;
and tear it apart (Anonymous).

Old people creep away into retirement villages where they are left alone to die. Christians inside the church commit suicide (Roland 2012). The sick and the dying clamour at the doors of the church, where help is selective, defensive, conditional and dependent upon various provisos, if it is to be found there at all.²⁰⁹ Death and sickness are a frightening prospect without the hope of eternity with Jesus Christ.²¹⁰ Is it surprising that in one of the interviews I conducted with a lady she said “well if I don’t worry about myself, who else is going to worry about me?” It is a valid question and one which has led to a spirit of entitlement in the Christian Church. The *solution* to the problem of the narcissistic quest for self gratification in religious experiences is not in denying the soul’s legitimate need to encounter God, but rather to recognise that such an encounter is possible only where the sovereign God in all His glory is exalted and worshipped (Wilson 2005).

An interdisciplinary approach to the research necessitated consultation with the medical profession as well as with spiritual leaders in the two churches chosen for the study. There was continuing interaction with the sick in both case studies during the course of the research. Chapter 1 outlined the direction the research was likely to take and the methodology to accomplish that goal. Chapter 2 of the study examined the spirituality of humanity as it is expressed in the ministry of healing. The origin of spirituality in humanity is examined as is the tendency for spirituality to become corrupted and the consequences of this corruption. Many times corruption of spirituality is caused by the same features discussed in Chapter 4 of the study, which are pathological narcissism and its co-hunter ingratitude. The physiology and pathology of the human person was examined in Chapter 3 of the dissertation with an aim to explaining the irrationality of a sense of entitlement to healing in the light of the intricate and delicate human frame which God has designed and which has an *expiry date* in this human flesh. The issues regarding entitlement and narcissism were addressed in Chapter 5 through interviews with pastors, priests, doctors and the sick in the two case studies. At all times the providence of God is acknowledged as well as His continuing

²⁰⁹ Gowan (1975:120) says that: “It is a truism that present-day Western culture cannot come to terms with death and has found a variety of ways to deny it”.

²¹⁰ Gilkey (1969:9) has found that the church is exploring the depths of its own insecurities by expounding radical theologies, rather than leading humanity to the saving grace of Jesus Christ.

involvement with and care for those who are his. Chapter 6 of the study examines God's promises to humanity, the issue of the Christian hope and asks the question "if a man dies, will he live again?" (Job 14:14)

Summary of Chapter 5

Hedstrom (2005:1) warns that a study which examines a syndrome in more than one location could have the propensity to deteriorate into a shallow form of variable analysis. This was studiously avoided during the course of the research for this study, and the emphasis was rather to understand in a general sense across both case studies the element of demand as it is displayed by an attitude of entitlement to healing in the Christian church in general. The study isolated the teachings and lack of teaching which were often responsible for this behaviour pattern and the resultant feeling of hopelessness in the sick and even the dying, through a lack of understanding of the nature and promises of God.

Introduction to Chapter 6

This chapter examines the reality of a sense of “hopelessness” in times of sickness and pain. It does not tackle the issues of theodicy where the argument seeks to vindicate God but rather it examines the mindset of the sick when they feel abandoned by God. This is not done with an attitude of “how can God allow this to happen to me” as dealt with in theodicy, but rather the deep sense of loss and hopelessness in a condition of confusion and spiritual and emotional pain. The chapter goes back to the terror expressed in chapter 2 and examines the sense of hopelessness created by illness and asks: have we come any closer to answering this question which is raised in the quotation by Koenig (2008:21) below. It also asks why humanity has lost faith and belief in eternal salvation through Christ:

Doctor, you say that I have terminal cancer and there isn't any more that you can do for me. You say that I have two or three months left. What happens then? I'm afraid of the pain and suffering ahead. I'm afraid that I haven't been a good person. I'm afraid that God doesn't love me, since my prayers for healing have gone unanswered. I'm afraid of where I'm going after I die. I'm afraid of leaving my daughter and son, and never seeing them again. I'm afraid doctor; I'm so afraid.

6.1 Sense of abandonment

Kourie (2009:169-170) argues that contemporary spirituality does not concern itself primarily with the inner processes of the human being but concerns itself with the very real needs and problems with which human beings are faced on a daily basis, especially sickness, disease and death. Kourie points out that “Christian spirituality is not deracinated from earthly concerns, but fully embraces the phenomenal world” (Kourie 2009:169-170). Bearing this in mind, the study has examined the age old problem of sickness and examined how humanity is affected spiritually in times of medical crisis.

In section 1.1.1 of this dissertation, mention was made of Jesus' words as the sick approached Him for healing: “What do you want me to do for you?” (Matthew 20:32, Luke 18:41) or “What is it you want?” (Matthew 20:21). During the course of the research this same question was raised with those who were sick and those who felt that God had abandoned them. They were asked: “what is it exactly that you expect from God when you pray or have the pastor pray for healing?” The answers varied from “I expect God to heal me

because I've been a good Christian and He promised in the Bible that He would" or "if God would heal this person then just think how many people would have believed and been saved" to "I don't know exactly, I don't know what I want Him to do; I just don't want to die, I want to be strong again and free of pain." Another response was: "It's just not fair. There are so many bad people in the world why does He pick on me and *make me sick*? I don't deserve it."

Reactions to God's perceived abandonment in times of crisis are not unique to modern man. Brueggemann (1974:3-4) argues that the faith of the ancient Israelites swung back and forth between deep anguish and misery to profound joy and celebration in the development of their faith in the goodness and participation of Yahweh during the *real experiences* of their lives. The Israelites gave expression to their anguish in the form of the lament. Brueggemann does point out however, that Israel never wavered concerning the data or substance of her religion.²¹¹ She knew that their experiences and often their anguish had to be about the *real experiences* of life as they came at them from various sources.

A study of the lament may be a corrective for some religion in the church which wishes to withdraw from life as it really is to pretense and romance in the unreal world of heavenly or holy things. The lament makes clear that faith and worship deal with and are shaped by real life as it comes to us. Israel unflinchingly saw and affirmed that life as it comes along with joys, is beset with hurt, betrayal, loneliness, disease, threat, anxiety, bewilderment, anger, hatred and anguish. The study of the lament may suggest a corrective to the euphoric, celebrative notions of faith which romantically pretend that life is sweetness and joy, even delight. It may be suggested that the one sided liturgical renewal of today has in effect driven the hurtful side of experience either into obscure corners of faith practice or completely out of Christian worship into various forms of psychotherapy and growth groups (Brueggemann 1974:3-4).

The expressions of the Israelite's pain continue throughout the laments to be honest and dialogical as they involve themselves with their God, who is a part of their lives, interacting with him, talking to him, expressing their fears, anger, resentment and discontent and receiving answers from him.

²¹¹ This is the principle difference between the laments of Israel as they looked to their God for deliverance, never wavering in the data and substance of their faith, and the narcissistic demand for God to perform according to peoples' wishes.

6.2 Spiritual hope in times of medical crisis

Schneiders (1989:695) raises concern about the appropriate objectivity of the studies conducted through the discipline of Spirituality. She mentions that these studies have the potential to be based on personal spiritual practice in order to arrive at conclusions, or that critical judgment will be clouded by a particular religious commitment. In other words, subjective biases might be expressed, rather than objective reality. She also feels that programmes in Spirituality could function as evangelisation agencies. This dissertation being a Christian Spirituality research study has led to conclusions and investigations based on the teachings of both the Old and the New Testaments in offering hope to humanity in times of medical crisis. Additionally the research was conducted with a group of people with variable interpretation slants taken by the large selection of church beliefs represented in the study. The Methodist paradigm is more or less static in its interpretations. However the African congregants and pastors interviewed during the study varied widely between Pentecostal, Anglican, Catholic, Apostolic, Zionist and various other belief leanings. This gave a rich texture of different points of view lending objectivity to the study.

The promise Jesus made to humanity which most sick people lean on in times of a medical crisis is the promise of eternal life as depicted by John 3:16. Most people talk of the terror of death as it stalks those who face a life-threatening disease.²¹² Comfort is found in the Christian hope of eternal life as offered by Paul in Romans when he cries out in despair: “Who will rescue me from this body of this death?” (Romans 7:24), and finds his answer in the new law of the Spirit of life in Christ Jesus, which makes humanity “free from the law of sin and of death” (Romans 8:2).

On a recent visit to Lourdes in France²¹³ and during discussions with the Sisters of the Order of Malta who are active in ministry to the sick and the dying who have come for healing at the waters of Lourdes, Sister Lisna told me, and Sister Felix confirmed, that the most common attitude of people who first arrive in Lourdes is desperate spiritual depression and thoughts of suicide. They were sad, sick and they had no hope. She told me that their mood

²¹² Thanatophobia, or a fear of death, affects millions of people. Fear of death is an ancient and primal reaction to facing situations involving the unknown. Fritscher (2011) argues that fear of death can escalate to the status of a full blown phobia which is linked to a religious conflict.

²¹³ Lourdes is recognised as a healing site by the Catholic Church.

lifted as they were surrounded by the love and prayers of the fellow Christians in the establishment. The way she expressed it was: “When they see me smiling at them and when I talk to them they get happy”. The miracle of Lourdes, in my opinion, lies more in the love shared by the Sisters, Priests and volunteers in the hospitals than the actual waters; though there is no doubt that physical healing is a part of the ministry at Lourdes.²¹⁴ Faced as they are by desperate situations of illness, hope is also predominantly dispensed at this site by teaching an understanding of the love of Jesus Christ and the eternal destiny of humanity.²¹⁵

Sister Felicitas Boeselager confirmed that many who arrive in Lourdes are already so sick that death is imminent, but that being surrounded by the love of those around them together with the prayers for the souls of those passing on by the Priests and Sisters allows them to peacefully slip over into eternity. When I asked about whether an attitude of entitlement to healing was displayed by pilgrims who were not healed by God, Sister Boeselager said that those who understood the Christian message of hope in eternity have faith in God and that they; “never *expect* to be healed but rather exhibit an attitude of: this is my fate and I accept it”. Sister Lisna confirmed that pilgrims were not spiritually desolate when they were not healed if they understood God’s Providence and his active eternal love.

Hope in times of medical crisis is eroded by the radical modern theologies which shake the very foundations of the Christian faith. Gilkey (1969:9) argues that this questioning of the foundations of religious affirmation is taking place *within* and not outside the Church.

The Church itself, the religious community itself, through the experience and reflective thought of its official representatives and functionaries, is not so much expounding *faith* to a doubting world as it is itself exploring the depths of its own uncertainty (Gilkey 1969:9).

The theological debate within the church has moved from the question of the character of God to the more radical question of His reality:

If there be no God, if the totality of what is real be devoid of a divine dimension, transcendent to the finite, contingent, transient creatures – for then there can be no revelation, no divine Word, no incarnation, no revealed gospel, no sacrament, no eschatological view in history, and *no eternity* (Gilkey 1969:11).

²¹⁴ The Medical Bureau of Authentication have recognised sixty seven healings at Lourdes, though there have been further healings which are not yet a matter of record.

²¹⁵ Chapel services are a regular feature in the Accueil Notre-Dame, a hospital facility in Lourdes, and it is not uncommon to hear songs of praise ringing through the wards.

The radical theologies including form criticism, worldly Christianity, God is dead and process theology which have removed belief in the supernatural and eradicated the direct intervention of a caring God in the lived experience of humanity, have caused immeasurable grief to the sick and the dying. Enns (1989:575-584) says that the contemporary theologies contain essential factors which are startling and in radical contrast to traditional Christianity. These theologies are often adopted by the churches, sometimes just elements of them, and taught as biblical truth.²¹⁶ Miracles have vanished in radical theologies and the living God of the Bible is submerged in immanent motifs (Conn 1974:85).²¹⁷ Eternal life in heaven is seen as an outdated unsubstantiated belief and the scriptural promises as merely mythical.²¹⁸ Biblical concepts of sin and atonement for sin are ignored. Mathematical and scientific hypotheses²¹⁹ and rational speculation which denies the sovereignty of God provide little comfort for those who are sick or dying. In the case of the God is dead theory the “gospel” is man-centred rather than God-centred (Enns 1989:580). There is no comfort or hope in a human philosophy which denies the very authenticity of the promises of God as recorded in the Scriptures. Brown (1912:200-201) quotes the American poet James Russell Lowell when he challenges the skeptics who do not believe in immortality as outlined in the Scriptures:

When the keen scrutiny of skeptics has found a place on this planet where a decent man may live in decency, comfort, and security, supporting and educating his children unspoiled and unpolluted, a place where age is revered, infancy protected, womanhood honoured, and human life held in due regard, -when skeptics can find such a place ten miles square on this globe, where the Gospel of Christ has not gone before and cleared the way and laid the foundations that made decency and security possible, it will then be in order for these skeptical *literati* to move thither and there ventilate their views. But so long as these men are dependent on the very religion which they discard for every privilege they enjoy, they may well hesitate to rob the Christian of his hope and humanity of its faith in that Saviour who

²¹⁶ This was discussed at greater length in chapter 5 of the dissertation.

²¹⁷ Due to lack of space, this dissertation does not attempt to analyse or go into any depth regarding the radical theologies. Gilkey in his book: *Naming the whirlwind: the renewal of God-language* (1969) goes into great detail to describe the background and character of the present ferment in theology and then to point out some of the characteristic and damaging weaknesses of radical theology.

²¹⁸ This study does not have the capacity to argue for or against the issue of the immortality of the soul as taught by the older religious traditions and the more modern theological beliefs that the foundation of Christianity lay in an alternative doctrine which was the resurrection of the body. The subject is discussed more fully by Barr (1993) in his book: *The Garden of Eden and the hope of immortality*.

²¹⁹ So far, however, natural science has shown no signs that it is going to be able to cope with man's most serious problems. It has not been able to do anything to cure man of his sinfulness and his insecurity, or to avert the painfulness of failure and the dread of death (Toynbee 1987:85).

alone has given to men that hope of Eternal Life which makes life tolerable and society possible and robs death of its terrors and the grave of its gloom.²²⁰

Brown asks the question; “can faith in immortality reinforce the motives which make for effective living as well as insure against the penalties of failure?” He concludes that faith in immortality in the Christian sense proves an asset of the highest value (Brown 1912:196). There are indications that the current context in many churches is that people believe but that they believe in reduced ways.

There is theological silence on the subjects of eternity and immortality. Brueggemann (1989:49) argues that in this theological silence human life withers and dies and that blessed communion is impossible. Communion is not possible where speech is destroyed either by selfishness or by submissiveness, nor is it possible if there is lack of teaching on the immortality of the soul. There is a yearning for communion with God, but it is communion that has been rendered well nigh impossible. “Either there is an *exaggerated self* that gives God no access; or there is an *exaggerated God* who permits nothing of us in the transaction. Those with an exaggerated sense of self end in alienation, left all alone. Those with an exaggerated God are engaged in denial, which in the end generates rage and despair” (Brueggemann 1989:49).

Marcel believes that “there can be no hope except when the temptation to despair exists, hope is the *act* by which this temptation is actively and victoriously overcome” (Marcel 1951:36). Temptation to despair is frequently expressed during times of desperate illness, it is at this time when the additional temptation to demand healing from God exists.²²¹ Marcel suggests that the *act* of demanding should be replaced by the *act* of hope suggesting that there is necessity for an action on the part of the believer. Cugno (1982:24) argues that sometimes God can do nothing for humanity. He wants to, but He can’t when the disciple is plunged into the dark night where he experiences total abandonment by God. However, “there is a

²²⁰ The Apostle Paul asks the question: “Where, O death, is your victory? Where, O death is your sting?” (1 Corinthians 15:55).

²²¹ Many charlatans capitalise on this desperation as described by Asamoah-Gyadu (2005:218), where Malachi 3 has been translated into a formulae whereby people have a *right* to expect God to deliver once they give. “It is simply unrealistic, pastorally insensitive and unbiblical to preach that Christians could enjoy a pain free problem free life simply by ‘positive confession’ and payment of tithes” (Asamoah-Gyadu 2005:221).

sense in which the mystical life moves vertically. God is encountered at the very heart of the night, there is no stepping aside from pain and suffering except into itself” (Cugno 1982:42).

It is essential to distinguish the difference between optimism and hope. Optimism is the naïve and blind acquiescence to the principle of human life that ignores the ambiguities of our world and the consequences of pain, suffering and evil (Chia 2005:12). Optimism does not recognise the reality of humanity’s vulnerability and chooses instead to practice the “Power of Positive Thinking”,²²² thereby suggesting to the subconscious that there is no reality of pain and suffering and choosing to ignore symptoms and their impact.²²³

Hope on the other hand confronts the reality of illness and embraces the stark reality of the concept of the imminent and unavoidable death of the physical body. Christian hope recognises the ambiguity of life and responds by seeing new possibilities and other alternatives which is inspired by the knowledge of the God they serve and their human experience of his active involvement and love in their lives (Lane 1996:59). We understand Christian hope as “that form of hope for the future of the human spirit after death which owes its origin to the life, teaching, resurrection and continued influence of Jesus, the founder of the Christian religion, and which has maintained itself in some form in the experience of His disciples ever since” (Brown 1912:13).

And what do we know of death but such dreams? It is for this reason that the voice of the angel in the book of Daniel²²⁴ has such authority for us. It seems to speak out of the soft assurance of a parent, my mother bending over the bed, singing in her lovely throaty voice. Close your eyes and you’ll have a surprise. The sandman is coming. He’s coming, he’s coming. It is the voice which urges one down into sleep in the hope not of extinction but of joy. To hear that voice one second after death would redeem all earthly pain (Mirsky 1987:454).

²²² The book *The Power of Positive Thinking* written by Dr Norman Vincent Peale (1996) claims to be a practical guide to mastering the problems of every day living. The concept is similar to Tilton’s “spoken word” philosophy which emphasises the power of positive thinking and speaking (Tilton 1987:36). Basically it means that the narcissistic power rests with you to control your very own life and environment, just think right and speak right and you are all powerful.

²²³ Medical doctors informed me that this is a nightmare for medical practice when patients too often ignore symptoms until the medical situation is in dire crisis.

²²⁴ “Do not be afraid Daniel” (Daniel 10:12).

6.3 Spiritual symptoms of loss of hope



Researcher photograph taken at Lourdes in 2013

The experience of encountering the above couple at the river in Lourdes was pivotal for me in understanding the sense of hopelessness experienced by the severely sick who are not healed by God. The young man had a progressive and disfiguring bone disease and the prognosis was not good. The couple had found a place on the other side of the river away from the crowds who had gathered at the shrine, and those who were still seeking healing. The body language of the two speaks for itself. All hope was lost. He was severely depressed and she was sobbing quietly, too devastated to even lift her head.

Symptoms of lack of hope are evidenced by several behaviour patterns. Medical professionals point out that depression is a frequently encountered condition when human beings are diagnosed as having a life threatening physical illness (Steptoe 2007:1). Severe depression is a good indicator of whether daily functioning is likely to be impaired and whether there is an increased risk of attempts at suicide (Steptoe 2007: x1). Real life, as it is reflected in pain and suffering, is not comforted by the hollow promise of the power of positive thinking, or the egoistic radical theologies of the power which one finds in the *self*. There are volumes written on the subject of theodicy²²⁵ as humanity questions God as to why He allows suffering and death. These studies often do not address the action which is required by humanity, but dwell rather on their perception of God's promises and covenantal

²²⁵ The study of theodicy examines the problem of: "how can a good God allow suffering"?

obligations. The action that is required of humanity is to address the yearning of the soul to make peace and heal the rift between man and his Creator. The process is dialogical: the healing of the rift cannot be achieved without the active participation of the human being.

Hopelessness in medical crisis is often caused by the basic need of the soul to “acknowledge the reality, power, destructiveness and hurt that comes with sin and its accompanying guilt” Brueggemann (1989:13). Without a possibility of reconciliation, forgiveness and restoration and without an assurance that the guilt of a sinful and selfish life can, purely by the grace of God, be expunged by entering into blessed communion with this God, a sense of hopelessness persists for the human being facing medical crisis:

We come on Sunday morning with a desperate yearning to move past that lingering immobilisation. Guilt unaddressed will eventually kill. We come to church even in our convinced secularity. We know that alienation must be addressed and we yearn to have it addressed. We still faintly recall that God is indeed God. The surface fact that I may believe only in a diminished God does not keep the burden of alienation and the yearning for forgiveness from operating powerfully in my life. Even in our failure to blush we yearn for the incongruity to be overcome (Brueggemann 1989:17).

There are many pressures to quiet the message of the immortality of the soul which in modern theologies has been treated with dismissal and has been labeled as not only myth but also as dangerous speech. We live in a culture that has tried to make sense of the world without reference to the God of the Bible. “When this God is uttered, the closed world of atheism is shattered; those who hear, dream dreams and see visions, sense power and receive courage, take up energy for newness where none seems offered” (Brueggemann 2000:5). In situations of serious medical crisis it is the only possibility for the desperately frightened. In the power released by the preaching and teaching of the Word people are strengthened spiritually to begin again, accepting this redemption is a whole new chapter of beginning:

In a sense, that’s what a sermon is for: to hang the wholly possible in front of the mind of the listeners and lead them to that wonderful moment when they say, if it were true, it would do. To pass from that to belief is the work of the Holy Spirit, not of the preacher or the teacher (Sittler 1986:63).

Barth (1952:26) encourages a twofold pattern of prayer that discourages hopelessness in medical crisis. The command to pray is clear, and the instruction is to pray with freedom and audacity. This prayer involves the child of God in dialogue with a heavenly Father. The self-destructive arrogance of a sense of entitlement to healing from God on the other hand will inevitably lead to disappointment, loss of hope and spiritual decline.

6.4 Spiritual promise in times of medical crisis

The spiritual promise of God in times of medical crisis, in situations where humanity confront the loss of mobility or even perhaps loss of life is encapsulated in the position of the Israelites at the fall of Jerusalem. As the Israelites express their deep disappointment and their unrelieved song of grief, the divine oracle of Yahweh becomes the basis for a practice of quite concrete, crisis-situated hope as Yahweh recharacterises the crisis as perceived by the Israelites in Lamentations 3:18-24 (Brueggemann 2000:106-107). Brueggemann argues that the loss of hope was the result of focusing too singularly on the moment of defeat. Then an act of memory enables the speaker to look away from the immediate crisis to draw upon older continuing resources and experiences. In the midst of the crisis the writer remembers Yahweh's mercy, pity and faithfulness:

Yahweh's mercy (*hsd*) is surely not at an end
nor is his pity (*rh*) exhausted.
It is new every morning. Great is your faithfulness (*'munh*)!
Yahweh is my portion, I tell myself, therefore I will hope (*yhl*).
(Lamentations 3:22-24).

“The same word, *hope* (*yhl*) is used three times, concerning a loss of hope (v.18), a resolve to hope (v.21) and as a conclusion of hope (v.24)” (Brueggemann 2000:107). What makes hope possible, says Brueggemann, is the reiteration and recital of the triad *hesed*, *raham*, and *'amunah*, the recall of which gives the griever an opportunity to redefine the situation that they find themselves in. “Thus the divine oracle becomes the basis for a practice of quite concrete, crisis-situated hope, for the triad from the self-disclosure of Yahweh recharacterises the crisis” (Brueggemann 2000:107).

What then is the reply to the question that humanity is desperate to have answered “if a man die shall he live again”? (Job 14:14) Jesus words in the fourth gospel answered the question thus:

For you granted Him authority over all people that He might give *eternal life* to all those you have given Him. Now this is *eternal life*: that they may know you, the only true God, and Jesus Christ whom you have sent (John 17:2-4).
I tell you the truth, he who believes has *everlasting life* (John 6:47).

Just as the fate of the Israelites hinged, so does the fate of modern humanity hinge on never wavering on the data or substance of our Christian faith (Brueggemann 1974:3-4). To know our contingency as grounded and assured beyond ourselves and to be able to be serene in the

face of this contingency is to know, in life if not in reflection, he whom we Christians name “God our Creator” (Gilkey 1969:354). Having encountered a threat to our very being by the assault of sickness, humans stare at the void of meaninglessness of the flesh if they are without eschatological hope for eternity.

6.5 Conclusion

The approach taken in this study has followed the four phase structure of a spirituality discipline dissertation suggested by Schneiders (1989:695). The descriptive first phase examined the data concerning the experience which was being investigated, which was the phenomenon of a sense of entitlement to healing in the Christian church. This was discussed in Chapter 4 of the study. The second phase, which was analytical and critical, was discussed in Chapter 3. This chapter examined the irrationality of the sense of entitlement in the light of the marvellous but degenerative structure of the human frame and its vulnerability to age, disease, genetic factors, lifestyle and environmental factors. The analytical and critical phase two was also found in Chapter 5 of the study, where records were outlined regarding discourse with pastors, parishioners, the sick and the dying. The third phase elucidated the subject of spirituality as it is expressed in situations where the sick in the church are involved in seeking healing. This came to the fore in Chapter 2 of the study. The fourth phase as mentioned by Schneiders (1989:695) has indeed as predicted by her, assisted me not only in my own spiritual life but it has enabled me to understand and help more fully those in desperate plights of illness who do not understand God’s promises and His love for humanity.

It was Tennyson who wrote of the challenges presented by the insecurity of destiny, the realisation of mortality and of the spiritual longing for a God of immortal Love thus:

Strong Son of God, immortal Love,
Whom we, that have not seen thy face,
By faith, and faith alone, embrace,
Believing where we cannot prove;

Thine are these orbs of light and shade;
Thou madest Life in man and brute;
Thou madest Death and lo thy foot
Is on the skull which thou hast made.

Thou wilt not leave us in the dust,

Thou madest man , he knows not why,
He thinks he was not made to die;
And thou has made him: thou art just.

Thou seemest human and divine,
The highest, holiest manhood, thou.
Our wills are ours we know not how;
Our wills are ours, to make them thine.

Our little systems have their day;
They have their day and cease to be:
They are but broken lights of thee.
And thou O Lord, art more than they.
(In Memoriam by Lord Alfred Tennyson 1809-1892).

In dialogue with the two case studies, it was deduced from the foregoing that a sense of entitlement could have a negative, destructive effect on the spirituality of those who experience this phenomenon. Entitlement is theologically unsound and also psychologically damaging.

Summary of Chapter 6

This chapter summarised an overview of the spiritual effects of a sense of abandonment by God in times of sickness. Specifically, the chapter reviewed the feelings of hopelessness and the reasons why these feelings are as prevalent as they are in the church in general and in the ministry of healing in particular, and isolated the lack of teaching on the subject of eschatology and the immortality of the soul. The chapter focused on hope in the risen Christ in times of medical crisis when despair clutches at the heart of the individual in pain and fright. Kelsey (1972:119) instills hope for the hopeless when he says; “suddenly I understood that God was, for me at least, one of the most certain and immediate experiences... I do not believe; I know, I know”.

Introduction to Chapter 7

In previous chapters the dynamic of the inevitability of death and the traumatic intrusiveness of disease was examined. A powerful factor in the dynamic was the human trait of entitlement. Modifying factors which were considered were personality traits which sometimes bordered on the pathological, such as narcissistic personality disorder. Into this mix were added historical attitudes to death and disease, and the effects of spiritual beliefs and teachings were examined.

The mysteries of the psyche were touched upon, and the various paradigms including clinical psychology were briefly discussed.

The main thrust of the study was an overall examination of the influence of spiritual dogma regarding divine healing given this highly unstable and changeable field of investigation. Within the Christian cosmology opinion and dogmas regarding the spiritual contract or covenant between the Transcendent Creator and the creature²²⁶ differ markedly, with consequent significant paradigms of expectation.

This chapter draws the dissertation to a conclusion by assessing the general assumptions made regarding the syndrome of entitlement as it manifests itself in the church in the ministry of healing. It then summarises the elements of the study and comes to conclusions about how to move away from attitudes of entitlement and how to move forward into a new relationship and understanding of the nature and promises of God.

²²⁶ In Chapter 8 Section 8.4 of this dissertation Brueggemann (2012:83-87) discusses views on the issue of the *creatureliness* of humanity before God, and the consequences of the loss of this perspective are summarised.

7.1 Summary

The research framework for this dissertation identified the starting point of the research problem as being a sense of entitlement to healing in the Christian Church, and questioned whether this sense of entitlement had a negative effect on the spirituality of the sick that were not healed by God and the pastors who prayed for their healing. The vision of the research was to engage with medical science to establish whether attitudes of entitlement were a common experience in Christianity and Medicine and to explain the mortality of the human frame. The further vision was to establish the personality traits responsible for a sense of entitlement and the teaching, preaching and attitudes in the church which contribute toward unreasonable demands being made on God for physical healing.

Medical doctors were consulted in order to understand the phenomenon of demand from the perspective of the physician. Additionally, interviews were structured to familiarise the study regarding the impacts upon the body by various factors, including natural deterioration, lifestyle diseases, environmental impacts on health, accident and disease. Doctors were also consulted for opinions regarding the psychological impact of ill health. Interviews with medical personnel suggested that the sense of entitlement when expressed by patients to doctors is equally as destructive and demotivating as when it is expressed to pastors in the church.

7.1.1 Spiritual results of entitlement for pastors

Chapter 3 of the dissertation examined the temporal nature of life and the inevitability of physical decline and death. A common thread noted throughout the research which does aggravate a sense of entitlement was that medical doctors as well as pastors admit to exhaustion caused by the incessant demands of those who are sick that cannot or will not understand the natural phenomenon of sickness and decay, or the inevitability of disease which is caused by lifestyle habits, accident and environmental factors. Both pastors and medical doctors frequently talked of emotional exhaustion in the face of high levels of demand and attitudes of entitlement from their patients or parishioners to be physically well all of the time. Christians, frequently because they felt it was incumbent upon them to “live

victoriously”,²²⁷ and patients, because they felt that there ought to be a “product or treatment or process to cure all sickness and to counteract every ache and pain so that they may live without problems or inconvenience to themselves” (Brueggemann 2005:22), were the cause of this emotional exhaustion.

The nature of the function of both doctor and pastor places them in constant, intense and frequently emotionally charged, interaction with the sick. Emotional and mental depletion is a dangerous feature of full-blown burnout syndrome as medical and pastoral leaders find themselves working within a paradigm from which there seems to be no escape.

Much, Swanson & Jazazewski (2012:215-217) suggest that a better understanding of burnout could be achieved by recognising the ways in which it manifests itself and by identifying the factors that place pastors and doctors at risk for developing the syndrome and by identifying strategies to keep the syndrome at bay. According to Maslach (1993:19-32), burnout is a response to stressors and prolonged emotional and interpersonal contact on the job. Individuals experiencing burnout display decreased energy or exhaustion; they feel depleted of emotional resources and often display negative or callous attitudes toward others. Symptoms vary according to whether the condition is acute, chronic, mild or severe.

A rather sad observation made by Schaufeli, Leiter & Maslach (2008:205) is that “as a metaphor for the draining of energy, burnout refers to the *smothering of a fire* or the *extinguishing of a candle*. It implies that *once a fire was burning* but the fire cannot continue burning unless there are sufficient resources that keep being replenished”. It is the nature of Christianity to assume that pastors are *called* by God to perform the task of teaching, preaching and pastoring the flock of Jesus Christ. This *flame of calling* is extinguished by the high demands of the work, resulting in emotional exhaustion and cynicism. Maslach, Jackson & Leiter (1996:4) express the syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among people who work with people, as do pastors and medical doctors. These symptoms are displayed by the doctor in his consulting room and in the church counselling room by the pastor, and the symptoms which would

²²⁷ Gifford (2011:67) argues that “because victory cannot be categorised by sickness, healing is never far from centre”. He claims that the defining characteristic of African Pentecostalism which has been influenced by Word of Faith and the various Prosperity movements is “victorious living” (Gifford 2011:67).

appear to be a callous or unsympathetic attitude are difficult to hide from the sick, causing spiritual desperation in those who are sick and in pain and in need of sympathy.

Schaufeli, Leiter & Maslach (2008:207) believe that in a career which is chosen as a path of service to others, the state of burnout renders the sufferer with a devastating diminished capacity to perform standard functions or to show compassion towards those to whom he is commissioned to care. They claim that “exhaustion on its own would not be so compelling: dedicated people may even derive fulfillment from exhausting themselves through exerting extraordinary effort for a deeply valued cause” (Schaufeli *et al* 2008:207). The lack of compassion and diminished effectiveness implicit in the full burnout experience has a much more devastating impact on their identity (Farber 1983:1-20).

Part of the burnout syndrome presently exhibited in the church is caused by the fact that small family oriented congregations, where the pastor considered his role as a *calling*, have been replaced by large scale modern high-tech organisations with complicated and formalised job descriptions. As an example of the monolithic nature of the modern church structure, the Methodist Church of Southern Africa have put together an 814-page document called *The Laws and Disciplines*²²⁸ which are intended to pronounce rules, procedures, mediation and arbitration procedures, and to answer all possible questions dealing with the running of a modern high-tech organisation. One wonders what has happened to a simple statement of faith in Jesus Christ.

Pastors mentioned constant stress caused by political agendas in the church, which would appear to be another cause of burnout. Cherniss & Kranz (1983:198-212) argue that burnout was virtually absent in monasteries and religious care centres where people consider their working activities as a *calling* rather than just a job. In monasteries there is a clear line of authority and accountability. By comparison, a medical doctor who is without colleagues or specialists to consult in medical crisis may sometimes become desperate, and a pastor who is referred to an 814 page document to answer his heartfelt needs is just as desperate.

²²⁸ *Laws and Disciplines* is a document produced by the Methodist Church, which is updated from time to time to include every conceivable situation which could arise in the church, from financial mismanagement to funeral grants, and from pastor’s children to long leave allowances. No specific attention is given to the subject of divine healing in the document.
http://www.methodist.org.za/sites/default/files/fileuploads/LAWS_AND_DISCIPLINE.pdf

There are additional developments which would appear to have contributed to the emergence of the syndrome of burnout in pastors. Traditional social communities and networks in the church and the stability of the family structure seem to have been gradually eroded.²²⁹ Sennett (1998:55) argues that flexible capitalism replaced rigid, homogenous and predictable social institutions and families, replacing stability with social fragmentation and with what he refers to as “the corrosion of character” (Sennett 1998:57), a situation similar to burnout:

Not only has community support decreased, but increasingly individualism has prospered. People have created personal definitions of their own social and occupational roles because society no longer has provided shared definitions. In parallel a *narcissistic culture* developed that is characterised by transient, unrewarding and even combative social relationships that produce self-absorbed, manipulative individuals, who demand immediate gratification of their desires but remain perpetually unsatisfied (Schaufeli, Leiter & Maslach 2008:207-208).

Burnout is common when pastoring in these highly self-centred times, where, for example, husbands and wives create combative relationships and children are left to their own devices to develop their own particular narcissistic directions. The pastor who can see the syndrome in children, who demand every conceivable pleasure and entitlement in their Sunday Schools, is expected to unravel the end result of indulgent or absent parents or broken marriages, drug abuse and alcoholism. Gratitude has disappeared for the modern child, and claiming your rights are the norm.

The narcissistic personality often compensates for genuine emotional contact by making exploitative demands on pastors and doctors. According to Stern (1977:179), these attempts, while giving the illusion of reciprocation, compounds the oppressiveness of feeling, regardless of the hysterical episodes when the narcissist appears to be reaching out and extending himself. With the pathological narcissistic personality there can be no authentic reaching out and these encounters only lead to exhaustion and burnout in the pastor or medical doctor.

Additionally, Schaufeli, Leiter & Maslach (2008:211) argue that one of the most common factors which seem to drive burnout to chronic levels is the imbalance between the demands and resources at work, and the conflict between values, for example, (between personal values and those of the organisation, and between the officially stated organisational values and values in action). These stimulants for burnout were noted frequently during the research

²²⁹ See Appendix 2 on the Social Effects of the Fatherless Generation.

for the dissertation where church offices were found to be understaffed, budgets were cut and, more noticeably, where the values of the pastor were at odds with the values of the organisation. There are added dimensions for the pastor where Biblical values are in conflict with a politically correct stance taken by the hierarchy of the organisation in order to appease the current political agenda or for the sake of positioning the church.

There are several cultural factors which might create a higher risk for developing burnout syndrome; these include social, political and economic factors. Examining these variables is beyond the scope of this dissertation, but such study is suggested as an area for further interdisciplinary research in Chapter 8 of this study.

7.1.2 Spiritual results of entitlement for the sick

As discussed in Chapter 4 of this study, the personality traits which are frequently exhibited by those who display a sense of entitlement to healing by God are narcissism, which leads to ingratitude. The mythological tale of Narcissus was used to describe the folly of self-adoration which culminates in conceit and idolatry. Fairman (2013:1) describes the condition as “the arrogance wherein the world becomes a veritable hall of mirrors which only in the end unveils itself as an iron cage... such self-love reigns forever at the centre of the subject’s known universe, beginning in rapture and culminating in despondency”. Despondency was frequently noted during the course of the study, as attempts to manipulate God into healing failed.

Frequently, however, sickness²³⁰ and imminent death are accompanied by terror and requests for healing by those who do not display demanding personality traits, but who are responding to teaching which has given them rights to make demands on God. Machlachlan (1968:88) says that “sickness is an abnormality, a falling away from what ought to be, a failure in function or vitality, a deficiency or it may be an excess, but something that is foreign to the perception of health and wellbeing”. It is, however, folly to take God to task regarding perceptions of what is expected of him with regard to physical healing. Cugno (1982:23) argues that it is easy to wait for God where He is not, to believe He should behave thus and not otherwise, when in fact God is freedom itself and totally unpredictable.

²³⁰ Chapter 3 of this study examined the physical body and how it is affected by age, genetic factors, environmental conditions and lifestyle habits.

Begging God for healing is understandable in the face of excruciating pain and the fear of death. In Mark 4:38 the disciples ask Jesus: “Teacher, don’t you care if we drown?” The disciples’ fear of dying is in the very specific context of dying at sea, a fear which the Graeco-Roman readers would readily understand. However, Bolt (2009:139) comments that, sea travel was often used as a metaphor to depict human frailty in the face of death; this particular fear also arouses the more general fear of death and uncertainty of life in Mark’s world, which remains an ever present fear in today’s world.

Schneiders (1986:273) believes that “students in the field of spirituality neither want to nor can be ‘objective’ in the sense of personally uninvolved in their subject matter... There is no ‘factoring out’ of personal questions and ultimate self-implication in results”. I was unable to ‘factor out’ the reality of the pain suffered by many of those involved in the study. Cancer that kills is often a slow and excruciating process involving indignity and agony about which it is not possible to remain objective. The pain of exclusion suffered by those suffering from the effects of HIV is felt on many levels; spiritually, emotionally and physically. As Scarry (1985:4) argues, pain engulfs our world and oftentimes we are not even aware of the suffering of the sick:

Physical pain happens, of course, not several miles below our feet or many miles above our heads but within the bodies of persons who inhabit the world through which we each day make our way, and who may at any moment be separated from us by only a space of several inches (Scarry 1985:4).

The Hebrew Scriptures articulate the relationship between the Creator and the creature, which is differentiated by the immunity of the one and woundability of the other. The picture drawn is sometimes one of a wounded, handicapped or physically marred human being in Leviticus 21:16, 22:21 and Deuteronomy 17:1, where the individual is asserted to exist at an even greater moral distance from God than does the normal person. God would appear to bring about pains of labour, pains of childbirth, floods that drown, plagues that descend on houses, brimstone and fire falling from the sky to destroy entire cities. Women are transformed into a pillar of salt, leprous sores and painful boils are caused to cover their skin. Tales are found of massacres of babies, ghastly hunger that causes people to glut themselves till meat comes out of their nostrils, pain so excruciating that it defies description (Scarry 1985:183).

These phenomena are easier to understand and to manage in modern-day hospital rooms where pain killers and anaesthetics remove the trauma of childbirth. Germs and viruses can be studied under microscopes to give easier understanding of cause and effect and to prevent plagues, and x-rays reveal the results of alcoholism, gluttony, cigarette smoking, and abuse of the body. Nevertheless, in the modern hospital room, God is still blamed for ill health. Surprisingly, human beings do not seem to be able to come to terms with the mortality of the body. The result of this inability to face death is taken to the doctor's surgery or the pastor's counselling room where the exhaustion, cynicism and inefficacy²³¹ of the pastor or doctor results in the spiritual devastation of the sick. They believe that not only has God abandoned them, they have been abandoned also by their medical practitioner and most importantly by the person *called* by God to tend to the sick and the dying, their pastor, bishop or priest.

Pergament, Smith, Koenig & Perez (1998:712) argue that there are two patterns of religious coping with potentially important implications for health: positive and negative religious coping. They make the assumption that the pattern of positive religious coping methods is an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life and a sense of spiritual connectedness with others. These researchers expected that several forms of religious coping would be a part of this pattern; benevolent religious reappraisals, collaborative religious coping, seeking spiritual support, spiritual connection,²³² religious purification, seeking help from clergy or members, religious helping, and religious forgiveness. They expected to encounter within the negative religious coping pattern a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance. This pattern, they believed, would be defined by a remarkably different set of religious coping methods: punitive religious reappraisals, demonic religious reappraisals, reappraisals of God's powers, spiritual discontent, self-directing²³³ religious coping and interpersonal religious discontent. They predicted that higher scores on the positive pattern of religious coping methods would be tied to better health-related outcomes to stressful life situations. They also predicted that higher scores on the negative pattern of religious coping methods would be associated with poorer

²³¹ Maslach & Jackson (1981:99-113) describe the three-dimensional results of exhaustion, cynicism and inefficacy as being indicators of Burnout Syndrome in their Maslach Burnout Inventory (MBI).

²³² Section 7.2 of this study discussed the sense of "disconnectness" felt by many of the people with whom this research dealt.

²³³ This *self-directing* is discussed in chapter 4 of this dissertation as a sense of deservingness in the narcissistic personality which makes demands on God and on the pastor.

health-related outcomes to life stressors. These religious coping methods are outlined below in Table 1:

Table 1
Illustrated methods of religious coping

Benevolent religious reappraisal:	Redefining the stressor through religion as benevolent and potentially beneficial.
Punishing God reappraisal:	Redefining the stressor as a punishment from God for the individual's sins.
Demonic reappraisal:	Redefining the stressor as an act of the Devil.
Reappraisal of God's powers:	Redefining God's powers to influence the stressful situation.
Collaborative religious coping:	Seeking control through a partnership with God in problem solving.
Deferring religious coping:	Passively waiting for God to control the situation.
Self-directing religious coping:	Seeking control through individual initiative rather than help from God.
Religious focus:	Seeking relief from the stressor through a focus on religion.
Seeking spiritual support:	Searching for comfort and reassurance through God's love and care.
Religious purification:	Searching for spiritual cleansing through religious actions.
Spiritual connection:	Seeking a sense of connectedness with transcendent forces.
Spiritual discontent:	Expressions of confusion and discontent with God.
Seeking support from clergy or members:	Seeking comfort and reassurance through the love and care of congregation members and clergy.
Religious helping:	Attempting to provide spiritual support and help to others.
Interpersonal religious discontent:	Expressions of confusion and dissatisfaction with clergy or members.
Religious forgiving:	Looking to religion for help in letting go of anger, hurt and fear associated with an offence.

Pergament *et al* (1998:711).

In their conclusions, Pergament *et al* (1998:721) reach consensus that a positive religious coping pattern was tied to benevolent outcomes, including fewer symptoms of psychological distress, reports of psychological and spiritual growth as a result of the stressor, and greater cooperativeness with pastor and medical doctor. In contrast, they found that negative religious coping patterns were associated with emotional distress, for example depression, poorer quality of life, adverse psychological symptoms and callousness towards others. Religion, they claim at the close of their research, can be a source of distress²³⁴ as well as a source of solutions in coping with sickness.

²³⁴ Indeed, as discussed throughout this dissertation, teaching in the Word of Faith, charismatic and Pentecostal tradition which claims that healing is part of the atonement and can therefore be demanded from God, is a cause of distress to those who are not healed by God.

Nelson (2009:323) points out those individuals with *intrinsic*²³⁵ motivation tend to see difficult situations in which they find themselves not as threats but as opportunities for growth. The individuals most likely to take an *intrinsic* stance would be those who would believe in God not for what they can get out of belief, but they believe because they are convinced in their faith in God. In contrast, *extrinsic* motivation is more about religion as a help to deal with threats and for what religion can do for the individual.

7.2 Conclusion

Findings were that the trait of entitlement was a constant, not only in human nature in general, but more specifically in the ministry of healing. Teaching in the church was frequently found to be a major influence in the existence of the spirit of entitlement, as the churches pander to personal experience in their quest to be socially acceptable rather than teaching classical doctrines of Christianity. There was frequently little understanding of the nature and promises of God, and very little teaching on the eschatological hope of eternal salvation. The metanarrative has been lost in the drive to be trendy and relevant in many churches. Church teaching that promised entertaining experiences and which tickled the senses was more popular than those which followed traditional Christianity. This was not always the case. In several instances, deep humility before God was found in human nature.

Burnout and lack of interest displayed by pastors was a surprising conclusion reached during the study. Evidence for burnout, which was discussed more fully in Section 7.1.1, may be the reason for the use of pre-packaged courses in basic Christianity which offer little challenge to the pastor and can be churned out on a regular basis with little to no taxation on the pastor or his time. Demand and entitlement are also symptoms of a congregation that feels neglected or frightened. Many times during conversations with the sick, they stressed that they felt there were no calls to their homes and visits “like in the old days” unless the pastor was called for a specific need, and even then sometimes calls when they were sick were not actioned. There is no encouragement to be found on the death bed where the peripheral issues covered in these courses offer no real hope for eternity; nor do they point in any way to the existence of sin and the necessity for pardon of sin, thus offering no hope for eternity.

²³⁵ See Chapter 2 of this dissertation where there is a discussion regarding the Allport & Ross (1967) measure of intrinsic/extrinsic orientations in spirituality known as the Religious Orientation Scale.

The prevalence of abandonment of the vulnerable also led to attitudes of entitlement (Dunn 2013). There was an overall sense of disconnectedness in many of the churches, particularly the larger congregations where small cliques of likeminded people were immune to the loneliness which the others experienced. Children and the elderly were perceived as particularly vulnerable. One young working woman said to me that the “church is a very lonely place; people at work were much more friendly and inclusive than people at church”. The elderly who were visited in the retirement villages during the research project often expressed a sense of loneliness and abandonment. Many of them had stopped making demands or begging for attention and had sunk into deep depression.²³⁶

Platitudes and rhetoric fall short of the mark in situations where people are suffering. Calls made by pastors, teachers and counsellors to follow patterns and designs for divine healing which are described to the sick as the approved method in Scripture for receiving healing, such as 1 John 5:14 and as promoted by Goff (2004:117-119) and various other faith healers, are ineffective. Programmes which purport to be the approved *method* to obtain physical healing from God do not accentuate sufficiently the critical words in the text which are: “*according to His will*” (1 John 5:14b).

A great deal of effort is given to manipulating God into doing humanity’s will by using Scripture to justify unreasonable demands. When these demands are not met there is a shattering of faith resulting in scepticism and despair. The hurt and disappointed person who has taken seriously the message of the faith healer can also begin to hate life Fromm (1965:20-30):

The deeply deceived and disappointed person can also begin to hate life. If there is nothing and nobody to believe in, if one’s faith in goodness and justice has all been a foolish illusion, if life is ruled by the Devil rather than by God – then indeed life becomes hateful; one can no longer bear the pain of disappointment.

²³⁶ In contrast to the Retirement Village concept of the relatively financially well-off elderly individuals, visits were made to Bekkersdal Home for the Aged as part of the research study, where the people were grindingly poor, but they had a sense of community. The elderly sat together sharing jokes in the sun and a bag of mealie meal or a litre of oil brought smiles to the faces of the elderly. Wheelchairs were donated by Rotary and these were delivered to the infirm. The happy faces of the recipients were a joy to behold. Songs of praise rang out to a God who was ever present in their lives.

The study concluded that this pain of disappointment caused by incorrect or absent teaching, and the disengagement of the pastor from the sick which is a syndrome of burnout,²³⁷ is a far more fearful and prevalent pain than the one caused by the physical sickness itself, because it has spiritual consequences of a sense of alienation from God Himself.

The conclusions reached by this study are that spirituality is affected when people become ill. It appears that there are only two paths that humanity can take when sickness strikes or when death is imminent. The one path is to rest in his will and the other is to fight and challenge and demand healing from God. Observations made is that many people draw closer to God when they are sick, and they seem to have experiences of a deeper level of love toward their Saviour as they seek his face more regularly and with deeper commitment.²³⁸ “The charismata of the Spirit are present wherever faith in God drives out these fears of life and whenever the hope of resurrection overcomes the fear of death” (Moltmann 1992:188).

Summary of Chapter 7

Chapter 7 restated the Research Framework which guided the study and sought to conclude if the goals set for the study had been reached.

The specific focus and goal of the research was to establish whether there was a sense, spirit, attitude of entitlement to healing in the Christian Church and if so, whether it was spiritually destructive to humanity in the ministry of healing, both to the sufferers and the pastor. These goals were met by uncovering that, yes, there is a sense, spirit, attitude of entitlement to healing in the ministry of healing, and, yes, it is destructive to the Christian and to the pastor who is ministering to him.

²³⁷ Maslach & Leiter (1994:24) rephrased burnout as an erosion of engagement defining the positive pole as engagement and the negative pole as burnout. According to this study the burnout process starts with the wearing out of engagement. Energy turns into exhaustion, involvement turns into cynicism, efficacy turns into ineffectiveness.

²³⁸ This conclusion was reinforced by visits to the waters of Lourdes mentioned earlier where many come to be healed by God. On a visit to the hospital it was noted that in many instances even the desperately ill were happy and contented. When questioned, they said that just being in this place where the presence of God was palpable was a healing experience for them. Spiritually they were uplifted and it would lift their general sense of wellbeing to know the love of God in the hospital and at the waters of Lourdes. There was little evidence of demand for healing under the ministry of The Sisters of the Order of Malta and the priest accompanying the group, who are deeply humble in their *calling* and in their service to humanity and their attitude toward God.

The immensity of the problem of entitlement in the ministry of healing gave rise to some ideas for future research which were beyond the scope of this study and these will be discussed more fully in the next chapter 8.

Introduction to Chapter 8

The study of entitlement within the Christian church paradigm gave evidence of various opportunities for further study which were beyond the scope of this dissertation. These are discussed as a way forward in this Chapter.

8.1 Focus on the disenfranchised

Much has been made of the word *disenfranchised* in the period of liberation in South Africa, as the spotlight has shone on atrocities perpetrated during the apartheid era. This Chapter will use the word in a different setting, to describe a world of a different kind of pain which will be discussed on the level which is to follow, the disenfranchised right inside the Church. It is my contention, which has been borne out by the medical fraternity with whom I talked during the research process that being abandoned, neglected, abused, sidelined in many instances right inside the Church gives rise to an inevitable sense of entitlement which, due to the limitations of the study, have not been fully researched in this dissertation. Collins (2000:15), namely, argues that the discipline of Christian Spirituality should go beyond our limited group commitments to see the Christian *other* – perhaps for the first time. This has certainly been the case when confronting the disenfranchised inside the church.

8.1.1 Children

The Fatherless Generation²³⁹ as mentioned in Chapter 4 of this study gave impetus to believing that a sense of entitlement frequently takes root very early in life. Children lose their trust in adults at a very young age when they are disappointed by the church. The thought of church and going to Sunday school, youth meetings and various other children's initiatives inside the church should produce a picture for the child of a safe environment: love, friends, cookies, playtime, music, singing, laughter and learning about Jesus. Unfortunately, this has not always been the case, which was noted during the course of this research which has revealed child abuse, favoritism and even violence against children.

²³⁹ Attachment No. 2 of this dissertation gives meaningful statistics on the effects of a fatherless generation.

Many of these instances have been raised by medical practitioners who are made aware of child abuse by church going individuals and at times are called upon to treat these cases medically. Various other child care initiatives with which I have discussed this problem have also raised the alarm of the existence of child abuse inside the church where children are particularly vulnerable; these secular child care initiatives are often tasked with the function of disentangling the mess when the children resort to drugs or worse.

A study on the specific incidences of child abuse, and violence perpetrated against children *inside the church* would be a meaningful and interesting study which would yield results for dealing with a sense of entitlement right at ground level with the children, before symptoms of pathological narcissism and violence and even suicide can be an outcome for the child.²⁴⁰ Children without natural parents²⁴¹ are particularly vulnerable as they practice transference of affections to the priest, pastor, music coordinator, Sunday school teacher and other leaders in authority in the church.²⁴²

8.1.2 The elderly

The throw-away generations have generated an attitude of “expiry” toward the elderly, who are perceived to have no further value and are treated with annoyance, disdain, neglect and even violence. An interesting study would be research into the prevalence of neglect and abandonment of the elderly inside the church. The significance of over-medication to quieten those perceived to be disorderly, would be an interesting study, as would be the incidence of children keeping the aged in putrid conditions to access their pensions. A study which could focus on the particular needs of the elderly and which encapsulates their abilities and talents that lie stagnant in the church as well as guidance for activities of interest would

²⁴⁰ The World Council of Churches (1994) in their Report on Christian Spirituality for our times suggests that “young people are thirsting for spirituality, but the richness of the Christian tradition often bypasses them. We must reflect on how to transmit these treasures in a simple, open and coherent way. We must *listen to them* so that we can discern their needs”.

²⁴¹ See Chapter 4 Section 4.2.3 of this study which outlines the helplessness and need for protection that the child feels in a post paternalistic society (Gambaudo 2007:169).

²⁴² It would be particularly meaningful if the study could move away from the concept that this type of child sexual abuse occurs predominantly in the Roman Catholic Church and that the Protestant Churches are immune. This is a fallacy fed by the media which has spotlighted the Roman Catholic Church for accusation. Abusive situations do not always necessarily include sexual abuse only; the study should consult with medical practitioners to unravel other abuse situations such as murder, violence, abandonment, psychological abuse and more. Physical, emotional and psychological abuse could be the framework for such a study.

be of great value and interest. Often displays of what is perceived as a sense of entitlement in the elderly is a cry for help as they struggle to relate to a changing world where they are abandoned by pastors, neglected by their children and are perceived as a nuisance even to God.

8.2 Burnout

It has been argued that abandonment and neglect of the sheep by the shepherds (Dunn 2013) is one of the situations leading to the syndrome of a sense of entitlement in the Christian Church. It has been suggested that the neglect and abandonment is largely caused by burnout on the part of the shepherds. This then would be an interesting inter-disciplinary study which could be conducted together by Christian Spirituality and the science of Psychology. There is very little literature which is available that focuses specifically on this concept. There have been studies which link medical doctors and employees in their work situation to burnout, but not much on the effects of burnout on pastors and their congregations.

The study would be well accepted too as a multi-disciplinary study in the Spirituality Discipline and in Medical Science as, according to (O'Connor & Meakes 2005:12), "science and spirituality are opening up communications". They further issue a challenge that most of the research is not being conducted by theologians and chaplains, but by the medical fraternity. Such a study could focus on the motivation for ministry as well as the various psychological reasons for abandonment of the sheep by the shepherds. The primary question would be: what is the main reason why pastors suffer burnout? Or what is the motivating human habit, behaviour pattern, activity, which is intolerable to the pastor that causes burnout? How does the pastor manifest burnout? Is there a cure for burnout in pastors?

8.3 Formalised teaching on divine healing

During the course of this research it was noted that there is a great deal of confusion regarding the Doctrine of Divine Healing. Inside one church setting two or three different opinions were given in answer to questioning regarding the subject of divine healing. There appears to be no hard and fast teaching of doctrine regarding the Ministry of Divine Healing. Many times lead pastors have opinions which youth leaders and cell group leaders do not share on the subject. Influences by television programmes, revival meetings, evangelistic

campaigns, outside teaching programmes and other extraneous gatherings attended by the leaders and youth group pastors lead to confusion in their own understanding regarding the doctrine. Many who were interviewed did not know what their particular church or pastor believed with regard to the subject of Divine Healing.

Because of the tendency of several pastors who were interviewed to allow freedom in thinking on the subject of divine healing, treating it as though it is a personal matter of individual interpretation rather than a doctrine which is critical to the spiritual wellbeing of the parishioner, people drift into error and spiritual malaise when they are sick and their expectations are not met.

There is a need for a coherent theology on divine healing²⁴³ and a study which focuses on this need, leading to a discussion of the various views held in the churches; not only the hierarchy of the churches, but the other leaders, counsellors and pastors in the church would be of high importance and benefit to the discipline of Christian Spirituality.²⁴⁴

8.4 Conclusion

The argument throughout this dissertation is that humanity is created as a spiritual being and that he is living in a physical world.²⁴⁵ This immediate physical reality is transient. Sickness, disease and death are the natural outcome for the mortal human body. Brown (1912:146-148), in his attempt to penetrate the mystery of death, argues that there are three attitudes to immortality in modern thinking: indifference, dismissal, and those who lay hold with the anchor of faith upon eternal life as the controlling influence in this one. He suggests that “if a man is to live at his best, his face must be turned to the stars. There is no motive comparable in power to the faith which believes that man is an immortal being, made for God, who in His

²⁴³ This conclusion is borne out by Mac Nutt (2005:202-203), as discussed in Chapter 5 of this study.

²⁴⁴ Weltzen (2011:48) argues that a distinction is made from two different perspectives in the study of Spirituality, the “inside” perspective of a study of spirituality which he calls “intradisciplinary” and the “outside” perspective of a study which he calls “interdisciplinary”, in which he includes the disciplines of theology, philosophy, and science of religion, history, literary sciences, psychology and sociology. It is my opinion that the discipline of medical science is also of immense importance to the study of spirituality, as human beings suffer spiritually when ill health causes spiritual confusion and pain and sometimes loss of faith.

²⁴⁵ Medicine has recognised this duality of man as argued by Pinches (2007:1241) “medicine needs the constant reminder that the human life for which it cares goes beyond and runs deeper than the modern scientific scheme of understanding upon which medicine typically (and rightly) depends”.

own person has given the great example of service, and destined one day to be conformed to Him” (Brown 1912:201).

Brueggemann (2012:83-87), in his sermon on the significance of Ash Wednesday and particularly the marking of the forehead with ash as a poignant gesture of reappropriating what we have lost and forgotten in the jarring seductions of the world, suggests that we have forgotten our *creatureliness*. The loss of this *creatureliness*, he argues, has caused us to imagine that we are more powerful and more capable than we actually are. In forgetting our *creatureliness* we imagine that we are free to take whatever we want. “We imagine that fending off death which we can do for ourselves, and which we must do for ourselves, gives us rights of usurpation and privilege of confiscation from our brothers and sisters and from the creation all around us” (Brueggemann 2012:85). In our state of amnesia, however, the very threat of death that we think we have overcome continues to haunt and drive those who do not understand their basic makeup of breathed-on dust. We accept an alternative identity in accepting the Ash on Wednesday in the palm or on the forehead, which is consistent with our affirmation of Christ as King and as those who recognise the fragility of creation and the Majesty of the Creator. Those ashes of remembering are a mark of Cain (Genesis 4:15), kept safe in a hostile world, a mark written on the man of dust affirming his eternal destiny.

What has happened is not merely a mark on the forehead, says Brueggemann; it is an awesome, visible sigh of freedom and dignity, an acknowledgment of fragility and a coming home. “These are the ashes of relinquishment, of dying whereby my whole false identity is released. These are at the same time the ashes of receptivity, flooded with new life given on Friday by the Friday One” (Brueggemann 2012:89).

Cugno (1982:62) writes of St John of the Cross who had accepted the mark of *creatureliness*:

I spoke to all the things that are about me, all that can be admitted by the door of the senses and I said “since you are not my God, tell me about Him. Tell me something of my God”. Clear and loud they answered “God is He who made us”. I asked these questions simply by gazing at these things, and their beauty was all the answer they gave (cf. Cugno 1982:62).

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APPENDIX 1

AIM OF PASTOR INTERVIEWS

The aims of the *interviews* with pastors were:

- To establish the pastor's theological background:

What spiritual and theological training has the pastor received?
Where was the training received?
What was taught to the pastor regarding the benefits of Christian belief?
Was there teaching on the subject of divine healing?

- To establish the church's teaching on healing as it relates to:

Disease and sin.
Disease and divine punishment.
Disease as emanating from the devil.
Disease as a consequence of wrong living.
Disease as an inescapable factor of life.
Healing as part of Atonement, a perceived benefit of being a believer (entitlement).
Impediments to healing: lack of faith, sin, other impediments.

- To establish the perceived consequences of failure to be healed after prayer:

On the part of the sick person: loss of faith, guilt because of perceived lack of faith, loss of confidence in pastor and church.
On the part of the pastor: loss of faith, questioning of teaching.

APPENDIX 2

SOCIAL EFFECTS OF A FATHERLESS GENERATION

The Fatherless Generation

- 63% of youth suicides are from fatherless homes (US Dept. Of Health/Census) – 5 times the average.
- 90% of all homeless and runaway children are from fatherless homes – 32 times the average.
- 85% of all children who show behavior disorders come from fatherless homes – 20 times the average. (Center for Disease Control)
- 80% of rapists with anger problems come from fatherless homes –14 times the average. (Justice & Behavior, Vol 14, p. 403-26)
- 71% of all high school dropouts come from fatherless homes – 9 times the average. (National Principals Association Report)

Father Factor in Education - Fatherless children are twice as likely to drop out of school.

- Children with Fathers who are involved are 40% less likely to repeat a grade in school.
- Children with Fathers who are involved are 70% less likely to drop out of school.
- Children with Fathers who are involved are more likely to get A's in school.
- Children with Fathers who are involved are more likely to enjoy school and engage in extracurricular activities.
- 75% of all adolescent patients in chemical abuse centers come from fatherless homes – 10 times the average.

Father Factor in Drug and Alcohol Abuse - Researchers at Columbia University found that children living in two-parent household with a poor relationship with their father are 68% more likely to smoke, drink, or use drugs compared to all teens in two-parent households. Teens in single mother households are at a 30% higher risk than those in two-parent households.

- 70% of youths in state-operated institutions come from fatherless homes – 9 times the average. (U.S. Dept. of Justice, Sept. 1988)
- 85% of all youths in prison come from fatherless homes – 20 times the average. (Fulton Co. Georgia, Texas Dept. of Correction)

Father Factor in Incarceration – Even after controlling for income, youths in father-absent households still had significantly higher odds of incarceration than those in mother-father

families. Youths who never had a father in the household experienced the highest odds. A 2002 Department of Justice survey of 7,000 inmates revealed that 39% of jail inmates lived in mother-only households. Approximately forty-six percent of jail inmates in 2002 had a previously incarcerated family member. One-fifth experienced a father in prison or jail.

Father Factor in Crime - A study of 109 juvenile offenders indicated that family structure significantly predicts delinquency. Adolescents, particularly boys, in single-parent families were at higher risk of status, property and person delinquencies. Moreover, students attending schools with a high proportion of children of single parents are also at risk. A study of 13,986 women in prison showed that more than half grew up without their father. Forty-two percent grew up in a single-mother household and sixteen percent lived with neither parent.

Father Factor in Child Abuse – Compared to living with both parents, living in a single-parent home doubles the risk that a child will suffer physical, emotional, or educational neglect. The overall rate of child abuse and neglect in single-parent households is 27.3 children per 1,000, whereas the rate of overall maltreatment in two-parent households is 15.5 per 1,000.

Daughters of single parents without a Father involved are 53% more likely to marry as teenagers, 711% more likely to have children as teenagers, 164% more likely to have a pre-marital birth and 92% more likely to get divorced themselves.

Adolescent girls raised in a 2 parent home with involved Fathers are significantly less likely to be sexually active than girls raised without involved Fathers.

- 43% of US children live without their father [US Department of Census]
- 90% of homeless and runaway children are from fatherless homes. [US D.H.H.S., Bureau of the Census]
- 80% of rapists motivated with displaced anger come from fatherless homes. [Criminal Justice & Behaviour, Vol 14, pp. 403-26, 1978]
- 71% of pregnant teenagers lack a father. [U.S. Department of Health and Human Services press release, Friday, March 26, 1999]
- 63% of youth suicides are from fatherless homes. [US D.H.H.S., Bureau of the Census]
- 85% of children who exhibit behavioral disorders come from fatherless homes. [Center for Disease Control]
- 90% of adolescent repeat arsonists live with only their mother. [Wray Herbert, "Dousing the Kindlers," Psychology Today, January, 1985, p. 28]
- 71% of high school dropouts come from fatherless homes. [National Principals Association Report on the State of High Schools]
- 75% of adolescent patients in chemical abuse centers come from fatherless homes. [Rainbows f for all God's Children]

- 70% of juveniles in state operated institutions have no father. [US Department of Justice, Special Report, Sept. 1988]
- 85% of youths in prisons grew up in a fatherless home. [Fulton County Georgia jail populations, Texas Department of Corrections, 1992]
- Fatherless boys and girls are: twice as likely to drop out of high school; twice as likely to end up in jail; four times more likely to need help for emotional or behavioral problems. [US D.H.H.S. news release, March 26, 1999]

Census Fatherhood Statistics

- 64.3 million: Estimated number of fathers across the nation
- 26.5 million: Number of fathers who are part of married-couple families with their own children under the age of 18.
Among these fathers -
 - 22 percent are raising three or more of their own children under 18 years old (among married-couple family households only).
 - 2 percent live in the home of a relative or a non-relative.
- 2.5 million: Number of single fathers, up from 400,000 in 1970. Currently, among single parents living with their children, 18 percent are men.
Among these fathers -
 - 8 percent are raising three or more of their own children under 18 years old.
 - 42 percent are divorced, 38 percent have never married, 16 percent are separated and 4 percent are widowed. (The percentages of those divorced and never married are not significantly different from one another.)
 - 16 percent live in the home of a relative or a non-relative.
 - 27 percent have an annual family income of \$50,000 or more.
- 85 percent: Among the 30.2 million fathers living with children younger than 18, the percentage who lived with their biological children only.
 - 11 percent lived with step-children
 - 4 percent with adopted children
 - 1 percent with foster children

Recent policies encourage the development of programmes designed to improve the economic status of low-income nonresident fathers and the financial and emotional support provided to their children. This brief provides ten key lessons from several important early responsible fatherhood initiatives that were developed and implemented during the 1990s and early 2000s. Formal evaluations of these earlier fatherhood efforts have been completed making this an opportune time to step back and assess what has been learned and how to build on the early programmes' successes and challenges. While the following statistics are formidable, the Responsible Fatherhood research literature generally supports the claim that a loving and nurturing father improves outcomes for children, families and communities.

- Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, exhibit empathy and pro-social behavior, and avoid high-risk behaviors such as drug use, truancy, and criminal activity compared to children who have uninvolved fathers.

- Studies on parent-child relationships and child wellbeing show that father love is an important factor in predicting the social, emotional, and cognitive development and functioning of children and young adults.
- 24 million children (34 percent) live absent their biological father.
- Nearly 20 million children (27 percent) live in single-parent homes.
- 43 percent of first marriages dissolve within fifteen years; about 60 percent of divorcing couples have children; and approximately one million children each year experience the divorce of their parents.
- Fathers who live with their children are more likely to have a close, enduring relationship with their children than those who do not.
- Compared to children born within marriage, children born to cohabiting parents are three times as likely to experience father absence, and children born to unmarried, non-cohabiting parents are four times as likely to live in a father-absent home.
- About 40 percent of children in father-absent homes have not seen their father at all during the past year; 26 percent of absent fathers live in a different state than their children; and 50 percent of children living absent their father have never set foot in their father's home.
- Children who live absent their biological fathers are, on average, at least two to three times more likely to be poor, to use drugs, to experience educational, health, emotional and behavioral problems, to be victims of child abuse, and to engage in criminal behavior than their peers who live with their married, biological (or adoptive) parents.
- From 1995 to 2000, the proportion of children living in single-parent homes slightly declined, while the proportion of children living with two married parents remained stable.

Fatherless Homes Statistics. Fathermag. Web. 9 Feb. 2010. <http://www.fathermag.com/news/2756-suicide.shtml>

<http://thefatherlessgeneration.wordpress.com/statistics/> (Accessed 8th June, 2013).

APPENDIX 3

STATEMENT OF FAITH METHODIST CHURCH OF SOUTHERN AFRICA

DOCTRINE

Extract from Laws & Discipline

The Methodist Church claims and cherishes its place in the Holy Catholic Church, which is the Body of Christ.

The Doctrines of the Evangelical Faith, which Methodism has held from the beginning and still holds, are based upon the Divine revelation recorded in the Holy Scriptures. The Methodist Church acknowledges this revelation as the supreme rule of faith and practice. These Evangelical Doctrines, to which the Preachers of the Methodist Church, Ministerial and Lay, are pledged, are contained in Wesley's Notes on the New Testament and his Forty-four Sermons.

The Notes on the New Testament and the Forty-four Sermons are not intended to impose a system of formal or speculative theology on Methodist Preachers, but to set up standards of preaching and belief which should secure loyalty to the fundamental truths of the Gospel of Redemption and to ensure the continued witness of the Church to the realities of the Christian experience of Salvation.

Conference is the final authority within the Church with regard to its doctrines and all questions concerning the interpretation of its doctrines.

Christ's ministers in the Church are stewards in the household of God, and shepherds of His flock. Some are called and ordained to this sole occupation, and have a principal and direct part in these great duties.

It is the universal conviction of Methodist people that the office of the Christian Ministry depends upon the call of God, who bestows the gifts of the Spirit, the grace and the fruit of which indicate those whom God has chosen.

Those whom the Church recognises as called of God, and therefore receives into its Ministry, shall be ordained by the imposition of hands with prayer to the Holy Spirit for authority for the office and work of a Minister in the Church of Christ, thus expressing the Church's recognition of the Minister's personal call.

The Preachers, itinerant and lay, are examined, tested and approved before they are authorised to minister in holy things. For the sake of Church Order and not because of any priestly virtue inherent in the office, the Ministers of the Church are set apart by ordination to the Ministry of the Word and Sacraments.

APPENDIX 4

DOCTRINE

AFRICA MINISTRIES NETWORK - AFMIN

Statement of Faith

AFMIN's statement of faith coincides with that of other organisations such as the National Association of Evangelicals.

- We believe that the Bible is the inspired Word of God and is infallible and authoritative in the original writings.
- We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His vicarious death and atonement through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, faith in the Lord Jesus Christ and regeneration by the Spirit are essential.
- We believe in the present ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
- We believe in the forgiveness of sins, the resurrection of the body, and life eternal.
- We believe in the spiritual unity of the Church, which is the Body of Christ, composed of all who are regenerated through faith in the Lord Jesus Christ.