

**THE CHURCH'S MINISTRY TO THE SICK IN
A BLACK SOUTH AFRICAN CONTEXT**

BY

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I declare that THE CHURCH'S MINISTRY TO THE SICK IN A BLACK SOUTH AFRICAN CONTEXT is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

.....
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DATE

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SUMMARY

The high value of good health in Africa and the serious threat to life posed by diseases that plague the African continent including South Africa, are highlighted in this thesis. The question whether the church in South Africa as a stakeholder in human development in Africa, contributes meaningfully to the continental and national vision of “a better life for all” or “good health for all” is posed and an attempt made to answer it. Operating from the Western world-view, the Hervormde Kerk in Suidelike Afrika (HKSA) is found not to be contributing meaningfully to the realisation of the African vision of “good health for all”.

Resistance to cure and healing by means of Western medicine and pastoral care and counselling as well as a lack of spiritual and numerical growth in the HKSA are identified as consequences of the imposition of exclusively Western Christian theological formulations on the African church.

The assumption underlying this thesis is that ministry to the sick in the African mainline churches should recognise the role played by supernatural forces in the belief systems of Africans regarding health and illness. This assumption is based on the fact that theological formulations are socially influenced and constructed.

Following Zerfass’ methodological model, this research examines the principles underlying the ministry to the sick in the HKSA and the Nederduitsch Hervormde Kerk van Afrika (NHKA); highlights the core African beliefs with regard to the health

and illness discourse and practice; points out the shortcomings of the current ministry to the sick in the HKSA.

The findings of the investigation into the theological tradition and the results of the exploration of the literature on the African context are brought into the critical dialogue. On the strength of findings of the critical dialogue between the church's traditional theological theory and the results of the exploration of the literature on the African context, the church's healing ministry is recommended as a necessary part of the church's official task in a black South African context.

KEY WORDS AND PHRASES

Ministry to the sick, black South African context, sickness, health, ancestors, witchcraft, world-view, pastoral care, healing, Enlightenment, Euro-centric, Afro-Christian, culture(s), supernatural, healing ministry, laying on of hands, anointing with oil, exorcism.

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CHAPTER 1

INTRODUCTION

1.1. Orientation

Good health equals the highest good among many Africans. Zulus for example view good health as life itself (Moila 2002:21). This is also true of other African tribes like the Bapedi (Ramashapa 1996:358). Osei (2003:168), citing Dopamu emphasises this point sufficiently: "...Africans from time immemorial have discovered that to be healthy is to live, and without life there are no human persons". Health is therefore the required context for maximal human existence, function and life. Among South African black Africans good health forms without doubt, a significant part of the broader South African vision and promise of "a better life for all". For this reason the South African government has drafted and enforced helpful policies with regards to health care. Among these policies, are the *norms and standards for health clinics: 'batho pele' – people first*¹; *patients' rights charter*² and *norms and standards for community level home-based care*³. Good health is accordingly the aspiration of all members of the black African community and rightfully the responsibility of all organs of the society.

1.2. Research problem

The provision, maintenance and protection of good health are in the light of the above insights the greatest societal concerns in Africa. To that end the South African

¹ Norms and Standards for Health Clinics, Batho Pele – People first.

http://www.doh.gov.za/doc/policynorms/part_1a.html, accessed on 2004-08-27

² Patients Rights Charter http://www.doh.gov.za/docs/policy/norms/part_1b.html accessed 2004-08-27

³ Community Level Home-Based Care <http://www.doh.gov.za/docs/policy/norms/part2a.html> accessed 2004-08-27

government has even introduced *free health care* to the elderly, pregnant women and children who are under the age of six years. In the context where good health is valued so highly, illness is bound to be viewed as a serious threat to life and inappropriate treatment thereof as greatly unhelpful.

1.2.1 Sickness constitutes a serious threat to life in Africa

Directly opposed to the abovementioned views of Africans regarding the significance of health and attempts by the South African government, for example to make health care accessible to even the poorest of the poor, the illness/health situation in Africa is disconcerting. Africa is a continent plagued by many diseases, some of which often develop into epidemics for example, Malaria and Tuberculosis. Sickness is for Africans a serious threat to life. Moila (2002:22) states, regarding the Zulus: “The Zulus regard sickness as a step in the direction of death, a step that clearly points to the activity of evil powers, ‘amandla emnyama’ (sic), which are active in the home or amongst individuals of a clan”. This is the case also with most African tribes.

1.2.2 The challenge of sicknesses to African Christian ministry

Besides poverty, Africa is known to be a continent plagued by many diseases. This is a challenge that faces all stakeholders in human development operating in Africa, including South Africa. The question is whether the church in South Africa as a stakeholder contributes meaningfully to the national and continental vision of “a better life for all” or more directly, “good health for all” especially in respect of the African Christians. Churches in both rural and urban areas of South Africa and Africa as a whole face a serious challenge of serving the congregants in a way that makes sense to Africans, many of whom are still attached to the African culture. The word

“African” is used here to refer to those people who were classified under the colonial and apartheid rule in South Africa and elsewhere, as natives, Bantu, non-Europeans and so forth. The challenges that these predominantly black churches are facing, are manifold. Of concern to us in this thesis, is however challenges posed by sicknesses that demand appropriate Christian ministry to the sick black African members.

1.3 Problem Statement

1.3.1 The problem of world-view

Ministry to the sick in Africa as practised in many mainline churches does not take into account the world-view of Africa. The predominant context from which many of these churches articulate and practise pastoral care to the sick is the Western world-view which is underpinned by the modernist paradigm. The belief systems of Africans, for example the belief in the role of ancestors, witchcraft, relational disruptions and curses, in the causation of sicknesses and other misfortunes are often viewed as irrational and are ignored as meaningless. From the point of view of the Western world-view which has been greatly influenced by the Enlightenment thinking, the existence of ancestors, witchcraft and curses is rejected. Gerkin (1997:44) describes the Enlightenment period as: “an age marked by the rise of secularism: the belief that human history as well as contemporary life can be understood without speaking of God or assuming divine activity in human affairs”. According to this world-view the reality of witchcraft and other supernatural forces will probably be rejected in the same way that the existence of demons is rejected as a form of escapism (Van Aarde 1987:13). Van Aarde (1987: 34) uses a metaphor of small holes in a Swiss cheese which he borrows from Russel to demonstrate the nothingness of evil: “Evil exists in the cosmos like holes in a Swiss cheese: the holes

are there, but they are there only as non-cheese and have no existence apart from the cheese. As one cannot eat the cheese and discard the holes into a box, one cannot remove good and put evil into another category". This rejection, while insightful does not resonate with the African world-view in which health and illness problems are basically understood from the religious vantage point. Many mainline churches, including ones that render services to the indigenous peoples of Africa, articulate and implement their ministry to the sick, with little or no attention to the African world-view.

Ministry to the sick as practised in mainline churches therefore does not contribute effectively to the improvement of the health of black Africans. This is evidenced by the fact that sicknesses of some black African Christians who belong to mainline churches resist pastoral and/or medical care treatment they receive. This prompts such members to look for alternative health care avenues. Many of these members consult sangomas, traditional healers, African Independent Church prophets, and so forth for healing in addition to medical and pastoral care and counselling. The question is why this is the case. Why do they not get assisted through the pastoral care and Western medical intervention approaches and strategies? Is there anything that the mainline churches can do to address this situation? I believe mainline churches have to desist from imposing Western approaches and strategies and despising African approaches. The other consequence of mainline churches' reliance upon the Western approaches and strategies to the exclusion of the African world-view is loss of membership and negative growth because members look and go elsewhere for their needed services (cf. Igenozza 1994:133).

1.3.2 The church's disregard of Christ's healing commission

The problem encountered in Christian missionary and ecclesiastical history is that Christ's commission to his disciples to heal the sick was largely neglected. This neglect naturally led to the decline and eventual disappearance of the Christian healing ministry. Kelsey (1973:8-9) mentions that the decline of the Christian healing ministry practice started between the third and fifth centuries and has since progressively become a minor concern in the life and work of the church. About the tenth century in the Roman Communion the service of unction for healing was replaced by the one of extreme unction which is the rite of passage for the dying (Kelsey 1973:8). The focus has thus shifted from human preparation for living to human preparation for dying. Healing was thus left out as unimportant. Certain perceptions are said to have been responsible for this neglect of and opposition to the practice of the Christian healing ministry (cf. MacNutt 1999:30-37, Kelsey 1973:9-10). I subsequently describe these perceptions.

1.3.3 Perceptions that block the healing ministry practice

There are serious perceptions that served to block Christian acceptance of the Christian healing ministry as a continuing official task of the church. MacNutt (1999:30-37) describes five of these perceptions, especially as they relate to the Catholic Church but also overlapping with those considered for Protestant churches. I give these perceptions in summary. Kelsey (1973:9-10) provides perceptions that led to the rejection of the Christian ministry in the Protestant Churches. I will also give these perceptions for a broader picture of the problem.

1.3.3.1 We want to have nothing to do with faith healing

This view arises from the connection made by some Christians, between the healing ministry and untoward conduct and actions of popular contemporary faith healers. Because these Christians deem the conduct and actions of these faith healers unacceptable, they reject the validity of a genuine healing ministry as espoused in the gospels.

1.3.3.2 My sickness is a cross sent from God

According to this perception, sickness is something to be accepted and endured (not alleviated) because it is willed and sent by God. Such endurance of the God-willed sickness is viewed as a necessary part of the journey towards sainthood. The belief in and desire for healing are therefore often viewed as opposition to God's will. This perception has the potential to erode all belief in and desire for healing in many mainline churches.

Part of the view that sickness is beneficial, is the belief that sickness is the effect of God's chastising love. This view runs in sharp contrast with the traditional Christian teaching which insists that sickness is an effect of the original sin from which Jesus came to save us. Everywhere in the gospels Christ is presented as treating sickness as a manifestation of the kingdom of Satan which he has come to destroy ((MacNutt 1999:34).

1.3.3.3 Only saints can do miracles, not ordinary men and women

Only extraordinarily holy people's prayers can bring about God's healing. This is another perception that blocks ordinary Christians' willingness to accept the healing

ministry and to pray for the sick. MacNutt (1999:35) calls this kind of attitude “a false humility”.

1.3.3.4 We do not need signs and wonders; we have faith

This view holds that the time for miracles, has long passed because the purpose thereof that is, of having the church get started has been achieved. MacNutt (1999:35) states the assumption of the doctrine that underlies this attitude, namely: “healing of the sick takes place, not primarily because the Father is compassionate and desires to heal the broken humanity, but because He wants to make a point”. According to this view, God has now made the point that He wanted to make. We no longer need signs and wonders to raise and strengthen our faith. This is the same as the so-called dispensationalism. MacNutt (1999:35) concludes this section by asserting: “Certainly, healing is a higher reality, and our faith should not depend on signs and wonders - although signs and wonders certainly catch our attention and can help build our faith. Even so, healing the sick is in itself something to be sought. Is the point of healing merely to be a proof-factor for human intellect, or is it God’s mercy reaching out to the sick? The sick need healing; we need healing”.

1.3.3.5 Miracles only represent a primitive expression of reality.

MacNutt (1999:36) calls this view “exaggerated demythologizing” and states its ability to “question the possibility of a God who acts in history and in our personal lives”. MacNutt (1999:36) says: “It would deny healing through any means other than that of medical science”.

The healing ministry is associated with something that only primitive people believe because they cannot explain complex phenomena scientifically. This group of biblical scholars and others of like mind fail to associate the healing ministry with the manifestation of the Kingdom dynamo as pointed out by Jesus in Luke 9:10.

1.3.3.6 Further perceptions that led to rejection of the Christian healing ministry

Kelsey (1973:8) also states further perceptions, some of which overlap with those given by MacNutt (1999:30-37) that led to the rejection of the healing ministry especially within Protestant Churches. Protestants dismissed the religious service of healing “as popery and superstition” (Kelsey 1973:8). This perception underlines the seriousness with which Protestant churches were opposed to any papal activities of the Catholic Church. The Protestant churches were extremely serious in their desire and intent to do away with the healing ministry as the official task of the church. Kelsey notes four negative views within modern Protestantism that strengthened ecclesiastic neglect and rejection of the healing ministry:

Firstly, the materialistic conviction that human body can be cared for by medical and physical means alone and that religious help is superfluous. Secondly, the idea of sickness as God’s direct and disciplinary gift to men, as expressed in the English Office of Visitation to the Sick. Thirdly, the conviction known as dispensationalism: the belief that God originally gave such ministries as healing only for the time being, in order to get the church established. And lastly, the theology of Bultmann: the understanding that there is no supernatural agency which can break through natural law. The influence of Bultmann and those who go along with him add up to make a

very strong case against spiritual healing (cf. Kelsey 1973:9). Under such conditions of suspicion and hostility towards the Christian healing ministry, it is without question that the spiritual ministry to the sick could only survive with difficulty.

The success of medical science is also cited as cause for the church's neglect of spiritual healing (Kelsey 1973:10). This view is confirmed by Faber (1971:5) who, referring to Hippocrates who is regarded as the founder of modern medicine, says: "In his (Hippocrates) view disease is the result of natural causes, and in fact he laid the foundation of scientific research into the causes of sickness. He lived between 460 and 377 BC and by his approach broke through the primitive magic concepts of healing". This view led to the monopoly of the medical approach to healing and to the demise of the Christian church's healing ministry.

The Christian healing ministry came to be forgotten as a result of opposition by theological elites and because of advances in Western medical science. This has been decried in a strong way, in the 1950's by Cameron Peddie who later wrote a book entitled: *The forgotten talent: God's Ministry of healing*, with reference to what may be termed the lost and forgotten ministry of healing. It is therefore obvious that the church has since, mostly occupied her with what can be termed an incomplete commission that is, the preaching of the gospel of the Kingdom of God alone. While this may be feasible within the perspective of European thinking and philosophy, it certainly is not within the perspective of African thinking.

1.4 Consequences of the neglect of the African world-view

People of Africa, especially blacks are as a result of the demise of the healing ministry often victims of various diseases which place their lives under tremendous pressure and risk. Africans find themselves in deteriorating health conditions which render them extremely vulnerable. At times black patients do not respond positively to Western medication and do not therefore get cured of certain diseases, which they believe to be curable only by African medicines or by divine intervention (cf. Igenoza 1994:128-133). As a black pastor who has served a poor African church for many years, I have been exposed to situations of desperation in which the sick struggle in vain to get cured and healed.

What could be the cause of this struggle? In order for one to have a clear answer to this question, one needs to conduct a thorough research of the phenomenon in question. At the level of intuition however, one suspects that the cause of this blockage to cure and healing is a deep-lying belief of many traditional African people that they cannot be cured and healed of their condition(s) because of certain surmises, incidents, experiences, feelings and beliefs. This situation, it seems to me has its origin in numerous culturally-held beliefs of Africans.

These culturally-held beliefs are to my mind a challenge to the resilience of the Christian ministry. If the Christian ministry does not make serious business of seeking a thorough understanding of the African world-view so that it will be designed to effectively reach out to Africans, these beliefs will continue to place a screen between the sick and healing. This situation can at best be viewed as a pointer to the incomplete merging process between the Euro-centric and Afro-centric Christianities in Africa. This leads African Christians to live at two levels that is, “their traditional

world-view level and the Western cultural level” (Setiloane 2000:46). Setiloane (2000:46) writes in this regard:

It may be alright and possible to do this in the physical world, that is, to don Western clothes and function as such at times, and at others return to the African village and African life. It can, however not be done for long nor with impunity when it comes to religious matters that seek to give meaning to life, here and now, and to death and the hereafter. For people noted for being ‘religious people’, these are serious issues. Attempts to push them underground, have given rise to a legion of tragedies in both communal and personal life, for example, in the indigenous Church movement, and many cases of individual psychological complications.

It is clear from the aforesaid that knowledge of, good understanding and respect for a particular world-view, beliefs and values as well as culture by the Christian ministry practitioners are of great significance to the healing processes among African as well as all societies. The church that operates in Africa therefore needs to take seriously African people’s existential life situations.

1.5 Personal experiences

I mention these matters not as an outsider but as an insider that is, as one who relates to and works closely with people who experience and are affected by destructive powers that keep them in perpetual bondage. I write as one who is often directly affected by these phenomena. I refer to two cases that involve my two close relatives

i.e. my uncle and my brother-in law, to highlight my yet unverified opinion that African patients are placed under tremendous pressure by their traditionally held beliefs.

My uncle suffered for quite a long time as a result of a wound that would not heal. Medical experts diagnosed sugar diabetes and ordered an ongoing medical treatment for him. He however believed, in line with popular belief that he also shared, that his condition was the result of witchcraft. He believed that his condition was caused by what is generally referred to in Sepedi as “sefola”. This belief influenced his attitude towards Western medical treatment negatively. He started to seek and insist on using in addition to the Western medical treatment also religious means of healing and African traditional treatment. When his condition worsened, he requested that he be taken to hospital, which was done. The diagnosis was that he had developed gangrene and that his leg should be amputated. He started off by vehemently refusing to have amputation as an option. The refusal was probably based on the belief that amputation of a limb that has been hit with “sefola” (which could only be healed through traditional African medicines) would lead to immediate death. It was only after my humble intervention that he accepted that the recommended treatment was needed even if not wanted and that it would help. He got helped and his life extended by about eight years.

Another incident of almost similar description involves my brother-in-law who was staying with my family. One day we found him lying on the bed unable to get up. When we tried to help him up, he complained about excruciating pain in his left leg. On closer investigation we realised that it was swollen and hardened. We took him to

the hospital where medical experts, after serious examination declared that they could not determine the exact disease underlying the symptoms. To my brother-in-law, the uncertainty with regards to diagnosis confirmed the traditional African belief that Western medical experts were not able to diagnose and treat diseases caused by witchcraft.

As we kept a closer watch, still hoping for improvement, the condition was instead worsening. The doctor advised that the leg be amputated because the condition could kill the patient if not intercepted on time. On learning that, my brother-in-law and mother-in-law wanted to have nothing to do with amputation. The brother-in-law instead instructed us to ask for his immediate discharge so that he could be taken to an African traditional healer. The matter took more than three days of serious discussion with my mother-in-law and brother-in-law in view of the doctor's serious warning against doing as the patient wished. The doctor had said that the wound that was caused by an operation done to determine the cause of the disease could not be effectively treated outside the hospital and that it would become septic. It was only after my wife and mother-in-law visited the patient at the hospital where they had a day of prayer and praise to the Lord that my brother-in-law and mother-in-law eventually agreed to the amputation.

What surprised me was the total disapproval of African persons closer to my family, even colleagues in the ministry, to the fact that we had acceded to the doctor's advice to have the patient's leg amputated. Some of them reprimanded us for having agreed to amputation without first seeking assistance from traditional healers and diviners. One colleague even informed me that he knew of a traditional healer who had

successfully treated a similar condition. This opened my eyes to the fact that not only the laity or ordinary church members but some African pastors as well still had strong bonds with the traditional healing processes and healers. The African reality regarding diseases, origin and treatment thereof seems to demand a theological and ministry rethinking.

1.6 The need for a theological rethinking

That the church in Africa should take the African world view seriously in her theologising and ministry designs is without question. Uzukwu (1996:6) makes this point quite clearly: “Christians in Africa need the African base to construct a church which bears credible witness to the risen Jesus. This base must be founded on the retrieval of our fundamental cultural values”. Imasogie (1993:14) too, makes important assumptions that necessitate a serious theological rethinking and reformulations for theological relevance in Africa. Those assumptions are stated quite strongly:

... Christianity is an *incarnational* religion. On the basis of this discussion we will argue that the superficiality of the average African’s commitment to Christ is the result of the failure of Christian theologians to take the African context seriously. In chapter two it will be shown that Theology is contextually influenced. Chapter three argues that since theological perception is contextually conditioned, the difference between Western world-views and those typical of much of Africa renders the orthodox (i.e. Western) formulations of Christian theology less relevant for the African.

If it is true that Christianity is an incarnational religion, there should be a category of Christianity that is essentially African. Within such category there should emerge a Christian ministry that resonates with the African world-view.

From the aforesaid it is crystal clear that there is a need for research to be conducted into the matter. This thesis is therefore intended to explore these matters that have been raised above. The research is intended as a practical theological enquiry into the Christian ministry to the sick which wishes to take seriously both theology and practical considerations. Ministry or service is one of the prominent five communicative religious actions which are the object of practical theological study, the others being care, preaching, religious education and celebration (Heyns in Heyns & Pieterse 1990:12). Ministry is therefore a sub-discipline of Practical Theology. An enquiry into the Christian ministry to the sick is therefore a practical theological endeavour. In the following section I embark on a discussion of Practical Theology as a scientific theological discipline.

1.7 Practical Theology

1.7.1 A general orientation

The name Practical Theology could mislead some people into believing that it is concerned only with the application of insights from other theological disciplines, especially Systematic Theology to church life and work. From this perspective Practical Theology is wrongly perceived to be an applied theological discipline with a parochial object of study and task namely, the study of the Bible as the Word of God, for the purpose of equipping the clergy with skills for the ministry (Jonker 1981:5).

This misconception has persisted for many years until recently when the discipline started to seriously reassert itself as a scientific rather than simply a technical concern. Today Practical Theology wishes to be understood as having a broadened task that includes scientific theological theory formation and reflection on the communicative religious actions in the church and society (Heyns in Heyns & Pieterse 1990:6). Ballard (1995:113) writes: “...Practical Theology understands itself as having to participate in the theoretical debate about the foundations and critical understanding of knowledge and practice. Practical Theology is no longer simply applied Theology”. Practical Theology as a field of study concentrates more on description of phenomena, understanding of Christian religious actions and provision of information about the Church and the world than on provision of practical information for a particular task.

Ballard (1995:114) discusses the three-fold pattern of Practical Theology that is, firstly, as a practical discipline, secondly, as a recognisable field of study and thirdly, as a critical, reflective discipline. Practical Theology is therefore, as Ballard (1995:114) notes a practical discipline that focuses on “the demands of the practice that it serves and brings to bear on that task the insights and resources of other disciplines”. For this reason Practical Theology is the ideal discipline within which church practice can be investigated with a view to possible improvements. As a practical discipline, Practical Theology gives sufficient attention to the relation between theory and practice (Ballard 1995:114, Heyns in Heyns & Pieterse 1990:23-32).

As a field of study Practical Theology needs the ability and resilience to reflect critically on the communicative religious actions in the church and society in order to be able to probe and challenge the status quo. The above short reflection provides a broad understanding of Practical Theology as a discipline and its object of study. A clearer picture concerning Practical Theology, its academic position and task emerges in a variety of definitions some of which are offered in the following paragraph and in the section about practical theological approaches in South Africa.

1.7.2 Definitions of Practical Theology

Practical Theology is that theological discipline that focuses on people's religious actions as object of study (Heyns in Heyns & Pieterse 1990:6). Hestenes (1996:11) draws attention to the fact that Practical Theology is concerned with both theology and practice. The religious actions that constitute the object of practical theological study are not exclusively actions that occur in the church but also religious actions that take place in the society. Heyns (Heyns & Pieterse 1990:6) points out that it was for this reason that Otto described Practical Theology as a critical theory of religious actions in society. Practical Theology is concerned with the religious actions that have an important goal, namely the serving of God's word. To this end, Fiet (Heyns in Heyns & Pieterse 1990:6) describes the object of Practical Theology as communicative actions in the service of the gospel.

These actions are important because they facilitate through the work of the Holy Spirit the encounter of God with his people in the world (Heyns in Heyns & Pieterse 1990:6). The encounter with God is mediated by humans, for example parents, catechist, pastors and church members in various situations of life, worship, training and need. Human beings as mediators of the encounter between God and human

beings are important for Practical Theology. People and their religious actions or the interaction between the gospel and people are the objects of practical theological reflection and interpretation.

Practical Theology is also described as a science that seeks a theory for praxis. As a *scientia praxeos* that is, a science seeking a theory for praxis as Fietz maintains according to Heyns (Heyns & Pieterse 1990:7), Practical Theology is concerned with the critical enquiry into theories underlying communicative religious actions in the service of the gospel. Practical Theology is therefore not simply a *scientia ad praxin* that is, a practically oriented science as stated by Nietzsche according to Heyns (Heyns & Pieterse 1990:7). The aim of the practical theological study is to affirm, amend and or formulate new more effective theories for praxis. There are various approaches to doing Practical Theology that influence the understanding and practice of the discipline. The subsequent section seeks to describe the three main approaches to Practical Theology in South Africa.

1.7.3 Practical theological approaches in South Africa

Practical Theology is a multi-approach discipline. To venture into a practical theological research requires that one makes a clear choice of the approach that she/he identifies as appropriate for her/his research project. In view of the fact that this thesis has South Africa as its focus, I will mainly reflect on approaches to Practical Theology that are followed in this country. Wolfaardt (1992:6-13) discusses critically, the three South African practical theological approaches that are discussed in Burger (1991). These approaches are the confessional approach, the correlative approach and the contextual approach. A closer examination of these approaches is vital in our

practical theological reflection. I subsequently examine these approaches closely in the light of Wolfaardt's critical discussion.

1.7.3.1 The confessional approach

Burger's research reveals that the approach is mainly supported by middle-aged Reformed academics that is, lecturers at universities and seminaries (cf. Wolfaardt 1992:6). The approach is therefore basically founded on the Reformed dogma and does not therefore have to be prescriptive to Practical Theology as a discipline offered at universities. Followers of the confessional approach subscribe to WD Jonker's (1981:5) definition of Practical Theology namely, "the study of God's Word from the point of view of the church's ministry". This definition presupposes that the Bible as interpreted by the Reformed traditionalists is normative for Practical Theology (Wolfaardt 1992:6). This approach is also known as the diaconological approach because of its concern with the service of the church. The diaconological group is highly concerned with the preservation of the theological modality or character of Practical Theology which is in their opinion only possible if Practical Theology concentrates on the knowledge about God as revealed in the Word of God (Van Wyk 1995:91). This concentration on the study of God's revelation through the Scriptures excludes as subjective, all data about human experience (Van Wyk 1995:91).

The confessional approach is known by the following characteristics, according to Wolfaardt (1992:7): The study of the Bible, which is regarded as the only source of practical theological knowledge and norm also for practical theological praxis, is central (cf. also Pieterse 1993:104-105, Van Wyk 1995:88). Farley (1987:2) refers to the confessional approach as the traditional approach. He (Farley 1987:2) says the

following in respect of the use and the purpose of Bible interpretation: “In the traditional approach, Theology is involved in interpretation but the object of interpretation is the past and the texts of the past”. The situation is not considered to deserve equal significance in a practical theological study. The confessional group arrives at guidelines for the ministry deductively through a selective use of Scripture in the light of Calvinistic confessional resources (Hestenes 1996:16). Van Wyk (1991:76) also points to this imposition of a single perspective, highlighting the fact that a particular view of Scripture (the Calvinistic interpretation) is made the norm also for Practical Theology. The church and its ministries are the exaggerated focus and concentration of the group, to the extent that the society gets very little attention in its practical theological reflection and praxis. The approach concerns itself mainly with the training for clerical work. The training of ministers, though a very important component of the practical theological function, is not and should not be the focus of Practical Theology to the exclusion of training of the laity and society for responsible Christian living (Wolfaardt 1992:7, Pieterse 1993:105-106). The proponents of the confessional approach consist mainly though not exclusively, of lecturers of universities and seminaries affiliated to specific denominations mainly belonging to Reformed tradition.

1.7.3.2 The correlative approach

The correlative group consists of academics subscribing to a broad spectrum of practical theological positions, some of whom lean more to the confessional approach than others (Wolfaardt 1992:10). This group is described by Burger, according to Wolfaardt (1992:7) as associates of Zerfass. Hestenes (1996:17) rightly adds the name of van der Ven as one of the major proponents of this approach. Van der Ven’s

contribution to the discourse on the empirical nature of Theology, especially that of Practical Theology is indeed invaluable. Pieterse (1994:81) after engaging in a discussion with van der Ven says the following in his evaluation of the latter's book:

Practical Theology: an Empirical Approach:

From a practical theological perspective one could indicate several gains for our discipline in this book. First of all a scientific and workable method is expounded and demonstrated in great detail. Furthermore he succeeds in integrating opposing concepts into a fruitful correlation, such as critical rationalism, critical-hermeneutic theory, systems theory and Habermas' theory of communicative action. This is a huge step forward, also acknowledged by Mette (1993:119) and Heitink (1991:526). It is also a contribution to the empirical research methodology in general.

The University of South Africa and Rhodes' Departments of Practical Theology are according to Wolfaardt (1992:7) and Hestenes (1996:17) viewed as fitting well in this category. Wolfaardt (1992:8) points out that many of those subscribing to this group indicated their preference for Pieterse's (1985:2) definition of Practical Theology, namely: "Practical Theology may be defined as the theological theory of Christian communicative actions which enable one to communicate faith through speech, symbols and behaviour", the definition which has, according to Wolfaardt (1992:8) undergone some developments. In his two later publications, Pieterse offers, according to Wolfaardt (1992:8), the following versions of the definition of Practical Theology: "We have defined Practical Theology as the theological theory about

communicative actions which mediate God's coming to people in the world through God's word" (Pieterse in Heyns & Pieterse 1990:51). Pieterse further states the importance and value of this theological theory of communicative actions: "Taken as a base for all the operational fields of Practical Theology, this theological theory of communicative actions in the service of the gospel can serve to promote the unity of the subject" (Pieterse 1991a: 48 as translated by Wolfaardt 1992:8). Another practical theologian affiliated to this approach is Fiet on account of similarities that exist between his definitions of Practical Theology and those of Pieterse and because of his classification by Jonker (1981:36-37) as one of the correlationist theologians (Wolfaardt 1992:8).

The aforementioned definitions and discussion of Practical Theology reveal the fact that the correlative group views the object of Practical Theology in a more integrative and holistic way. It means that revelation and experience collaborate in finding and offering answers and assistance in situations of need. Pieterse (1993:107) notes that the approach has a broadened study object for Practical Theology, has established the scientific character of the discipline, has broadened the perspective of the subject so that communicative actions in the service of the gospel can also be studied outside the church, in the concrete context of the society with a view to emancipative interests - change, liberation and authentic human existence.

This brings us to characteristics of the correlative approach listed by Burger (1991:60) with Wolfaardt's (1992:10) additions. Proponents of the correlative approach view Practical Theology as a study of the church's or Christian actions that serve the communication of the gospel rather than of a book. Although Scripture is respected as

a source of knowledge, it functions in this approach indirectly rather than directly. The focus of the group is therefore not just on the study of the Bible and ecclesiastic services but from the Kingdom perspective also on the society in the broadest sense (Pieterse 1993:107). Pieterse (1993:107) notes rightly that the perspective on society makes it possible for theory and practice - word and reality to interact in a situation of bipolar tension. For the research that explores also the social and cultural issues, collaboration with social sciences is vital. Interaction between religious experience and human sciences facilitates enrichment of theological insight. The group uses the inductive method of doing Practical Theology rather than the deductive method. It means that they start from the situational data and inductively infer theological theories from them. Burger submits that the inductive method is preferred at Unisa (Wolfaardt 1992:9). The definition of Poling and Miller as cited by Msomi (1994:21), namely: "Practical theology is creative and constructive reflection within a living community about human experience and interaction, involving a correlation of the Christian story and other perspectives, leading to an interpretation of meaning and value and resulting in everyday guidelines and skills for the formation of persons and communities" is quite impressive in its inclusive and broader interactive and communicative value. The definition seems appropriate in both the correlative and contextual approaches. While Msomi (1994:21) for example, applies it within the correlative approach, Wolfaardt (1992:11) places it within the contextual approach as we shall see below. It just goes to show how closely related the two approaches are, in spite of existing differences (Wolfaardt 1992:11). The general orientation of this approach is therefore broader than the exclusive focus on the church although its proponents still view the church as important.

Wolfaardt (1992:10) adds further characteristics to Burger's list above. He notes that the teaching of the discipline is not in principle aimed at clergy training as is the case with the confessional approach. Wolfaardt (1992:10) further locates the approach in the circle of academics who are affiliated to departments with no specific denominational links and notes that it is for that reason that the approach is more ecumenically inclined. The phrase "theological theory" is used more frequently as opposed to the study of "the Word of God" found in the confessional approach. Unlike the confessional approach, the correlative approach is not composed of academics from an almost homogenous theological tradition but is subscribed to by academics from divergent theological traditions like Reformed, Roman Catholic, Evangelical Lutheran and so forth. Closely related to this one is the contextual approach to which I now turn.

1.7.3.3 The contextual approach

Proponents of the contextual approach value greatly, as the name suggests, data from the context as a prerequisite for practical theological practice. Burger considers the study of de Gruchy (1988) to be representative of this approach (Wolfaardt 1992:11). Tracy, Poling and Miller are some of the academics associated with the contextual approach (Wolfaardt 1992:11). Poling & Miller, according to Wolfaardt (1992:11) define Practical Theology thus: "Practical Theology is critical and constructive reflection within a living community about human experience and interaction, involving a correlation of the Christian story and other perspectives, leading to an interpretation of meaning and value, and resulting in everyday guidelines and skills for the formation of persons and communities". The contextual approach provides for, according to its proponents, balanced fusing together of situational analysis and

theological insights in the search of creativity that is conducive to transformation, not only of the situation or practice but also of theological insights. It means that the contextual or the dialogical approach as referred to by Hawkes (1984, 1989) does not accept the standard for either orthodoxy or relevance as the absolute standard for practical theological study. Hawkes (1984:46) notes: “In this approach it is regarded as important that all aspects of the situational analysis and the theological insights and questions are brought together, and allowed to form a creative matrix for the revision of theology and /or practice”. Not the Word of God nor religious actions are therefore accepted as normative but the living, creative God who was revealed in Jesus Christ and who is the ‘subject’ of theology, including Practical Theology, is regarded as normative to all theology (cf. Hawkes1984:47).

Another definition that Wolfaardt (1992:11) offers, is the one given in the publication by Cochrane et al (1991:2): “... by Practical Theology we mean that disciplined, reflective theological activity which seeks to relate the faith of the Christian Community to its life, mission and social praxis”. There is indeed a lot of common ground between this approach and the correlative approach in that both seek to relate faith to the activities and context of the religious community (Wolfaardt 1992:11). This is also evident in the definition of Practical Theology offered by Hawkes (1989:29):

Practical Theology is the critical study of contemporary activities and experiences of Christians and of the church in relation to God’s will and purpose for them. The study may also involve concepts, ideas, beliefs, convictions, attitudes and world-views, as these affect

experience and behaviour. The purpose is understanding, prediction and revision of practice with a view to enhancing Christian ministry to and by Christians and the church.

The contextual approach however emphasises as can be seen in the subtitle of the above-named publication of Cochrane et al (1991:2): “Towards a Practical Theology for social transformation” - a more radical assessment of the South African context (Wolfaardt 1992:11, Hestenes 1996:18). The following list of characteristics described by Burger, are offered (cf. Wolfaardt 1992:12, Hestenes 1996:18):

Context plays a dominant role and in-depth knowledge of the situation in which Practical Theology is done is a prerequisite. The subject is practised with a view to changing a situation or society. To an even greater extent than the previous group, this one is oriented to the world rather than to the church and its work. The role of Scripture and tradition varies from selective utilisation – with a view to transformation – to a more fundamental one (as in De Gruchy’s case, according to Burger).

To the aforementioned list, Wolfaardt (1992:12) adds another to give a complete picture of the contextual approach. The list contains the following data:

The (religious) community assumes great importance in the practice of the subject, as opposed to the excessive individualisation found among the other groups. Here too, the prime objective is not clergy training,

mainly as a result of the accent on the religious community. Here too, there is an ecumenical slant — references to “the Christian story” and “the faith of the Christian community” are more inclusive than the exclusive “(revealed) Scripture”. Theologians representing this approach would include Tracy (although not a practical theologian), McCann, Holland and Henriot.

I may also add that the contextual approach is accommodative of cultural milieus that are different from the dominant cultures of North America and Europe (Hawkes 1989:35). Hawkes (1989:35) maintains after indicating the need in *Theology and Practical Theology*, of giving due recognition to African cultures and world-view:

In such situation the dialogical method has obvious advantages: it takes the local context seriously and does not assume that any proposals for action can be simply deduced from a theological position; it does not take any particular theological formulation as absolute, but encourages continual renewal of the theological tradition in the light of the practical situation. The inductive model could also be used, and this is probably what some independent churches have done. However, if we wish to remain within the Christian tradition we need to take that tradition seriously. This, the dialogical model allows, while the inductive is more open to radical departure not only from the traditional formulations of Christian theology, but also from the religious core of the tradition. We could expect the dialogical approach to be attractive to those who wish to take their own culture and

traditions more seriously than they have been encouraged to do, without departing radically from the faith which nurtures them.

It seems the need for serious attention to be paid to the cultural context of Africans is becoming a serious concern for Practical Theology (cf. Nxumalo 1979:27-36). The contextual approach seems to be the most viable of the three approaches, for a vibrant practical theological reflection on religious and community issues within the African culture and world-view (Hawkes 1989:35). Now follows an evaluation of the three approaches namely, the confessional, the correlative and the contextual approaches and an indication of my own choice.

1.7.4 Evaluation of the South African practical theological approaches

That each of the three approaches sketched above has a role to play in the search for practical theological knowledge is without question. It is true that the practical theological discourse is organized around the two types of description of the church-society relationship namely, “one tending toward interest in the formation of society and the development of universal norms and strategies for the social order, and one tending toward interest in the formation of the church and its faithful action in the world” (Wolfaardt 1992b:32). Poling and Miller (Wolfaardt 1992b:32) emphasise the need for Practical Theology to use the critical method in all its models. My evaluation of the different practical theological approaches in South Africa starts with the confessional approach.

1.7.4.1 Evaluating the confessional approach

Farley (1987:10) notes the point of departure of the traditional (confessional) approach, based on the following assumption: “if the interpretation of the authoritative texts is done properly, all other interpretations will take care of themselves”. Farley (1987:10) concludes: “It is just at this point that the believer (and the community of believers) falls into uncritical and even idolatrous paradigms of the use of texts”. Claims of some critics (Msomi 1994:20) who perceive Practical Theology as being not critical enough would definitely carry some weight in that situation. Msomi (1994:20) argues that Practical Theology should be critical enough also with regard to the situation or context and not allow itself to: “be an entry through the back door of Christianity for syncretistic ideas. Contrary to that, it needs to be an engagement with and reflection on African existential questions”. Van Wyk (1991:77) rightly decries the lack of multi-disciplinary interaction in the confessional approach: “Talk of multi-disciplinary co-operation with other sciences and the possibility of a real critical integration are excluded” (my translation). It is therefore obvious that the Scriptural truth as presented following a particular view of Scripture is being radicalised and made absolute.

Van Wyk (1995:92) is rightly concerned about this position of the confessional approach, which he says is being accused of duplicating other theological disciplines, namely Old Testament, New Testament and Systematic Theology. How does such a discipline justify its place as a university subject? This state of affairs could be responsible for accusation in the past that the discipline, Practical Theology was redundant and unscientific. Van Wyk (1995:92) attests to this when he says: “In fact, today applied theology and diaconiology are becoming increasingly viewed as making no epistemological contribution to the field of theology”. That should be quite a

disturbing factor, considering the past struggle of Practical Theology for recognition as a university subject.

The confessional approach considers human experience as subjective and therefore, not to be included as basis for practical theological reflection. This means that the realities of the situation within which Practical Theology is being reflected upon and practised and the actual religious actions of the faith community are not taken into account. This is indeed a deficiency on the part of the confessional approach. Pieterse (1991:40) citing Gadamer, notes that true knowledge does not only concern the cognitive insights but also the validity of normative and subjective perspectives. This insight, Pieterse (1991:40) points out, is based on the realisation that the acquisition of knowledge does not primarily depend on the application of sharply formulated methodical rules but on symmetrical interaction between equal participants to communication (my translation).

Van Wyk (1991:78) is also wary of the dualism found in the confessional approach. He cites examples of this dualism, which is applied in a stricter way and in a more relaxed manner, for example, the separation of church and society in which the one has absolutely nothing to do with the other and in which church and society are viewed as separate but closer to one another. This dualism does not accept the reality that the church is an integral part of the world. The church is seen as a separate entity from society and this also has a bearing on Theology. Theology as a science is seen as being in the service of the church. Theology is therefore according to this view, especially as espoused by Jonker (1981), Church Theology. It is a Theology that focuses on the church in order to understand, determine, control, condemn and

transform what goes on in the society so that society may be what it should be as determined by Theology. It is therefore a Theology in the light of which society and other sciences are understood, interpreted and evaluated (Jonker 1981:25).

Another critique of van Wyk (1991:78) is that for the confessional approach Theology is exclusively seen in relation to church confession. All theological statements are to be founded on the church's confession. Van Wyk (1991:78) senses that the diaconological approach cannot avoid a dogmatic mode of operation and the danger of an ideological view on the practice. Imasogie (1993:27) too, senses and fears this danger which he refers to as the Church's dogmatic mentality domination. Imasogie (1993:27) goes on to describe what he terms "dogmatic mentality" and its implications:

By Church dogmatic mentality here is meant the often unconscious acceptance that the divine self-disclosure in the past, present and for all times in all human situations has been exhaustively grasped and embodied in certain confessional dogmatic formulations. All that now remains for the theologian to do is to bring out the fossilised revelation, as it were, and to use it as a theological sensor to measure the theological meaning of the new experience. The measuring is invariably done in the light of the pre-determined perception of the theologian's specific tradition.

Van Wyk (1991:78) further points to the following dangers:

- (i) it possesses a dogmatic ecclesiology with a church concept that has elements of time-boundedness,
- (ii) this dogmatic ecclesiology works normatively for the practical theological theory and practice (my translation).

The problem with the confessional approach then, is that it presupposes the eternity and universality of a particular view of the church which is denominationally bound and of a specific model. It is therefore not surprising that some theologians have vehemently reacted against this approach. Hestenes (1996:19) for instance, notes that the confessional approach tends towards upholding the church tradition as a “Scriptural norm” and the status quo of the church as far as possible. Such rigidity forces concentration of research work on principles or ideas rather than on action. Maddox (1990:665 & 666) notes that Practical Theology should be holistic. He links the call for a holistic approach in theology with the concern raised in “the demand that theology be concerned not only with orthodoxy but also with orthopraxis that is, seek to norm not only ideas and confessions but Christian action in the world”. The demand is precisely that religious actions of believers should also be the concern of Practical Theology. In other words, Practical Theology should be both theological and practical.

The approach that considers not only one source of knowledge (e.g. Scripture) but also the phenomenological helps to make Practical Theology “inherently transformative that is, it should seek not only to understand but also to correct Christian life” (Maddox 1990:667). In order to be in a position to achieve real transformation, Practical Theology must locate itself into the practical life of the faith

community and the society at large. Maddox (1990:668) precludes any misinterpretation of such consultation of the Christian community by Practical Theology when he says:

Finally, while it is crucial to draw on insights and wisdom of the entire Christian community, this should not be construed as reducing theological judgments to 'majority rule'. Criteria of authenticity for Christian life and belief would remain, and keeping the community conscious of these may be the most important contribution of professional theologians to a communal Practical Theology.

The confessional approach endeavours to protect and hold on rigidly to theological norms as the only guidelines that are valid and helpful in all encountered problems. In that way the theory is given preponderance over the praxis. In that context research can only proceed from theory.

1.7.4.2 Evaluating the correlative approach

Unlike the confessional approach, the correlative or the operational science approach allows for more creativity and critical interpretation of the religious statements about God and actions aimed at mediating God's coming to God's people in their world, in a way that is relevant to the situation (Wolfaardt 1992:24-25). While the confessional group espouses human knowledge of salvation from the perspective of the human being as a sinner rather than a rational being, the correlative group, though in agreement to the view of human beings as sinners, does not exclude rationality to the extent that the former does (Wolfaardt 1992:25). The creativity and critical

interpretation that are manifest in the correlative approach allow for some freedom to scientific research and critical analysis. This cannot be said of the confessional group for whom the Scripture is the only source and norm of theological reflection and praxis. Maddox (1990:670) notes the following about orthodoxy as a means of achieving consistency in order to avoid a weakening, in theological judgment to have confidence in any claim to truth:

At the same time, the most common way that the concern for consistency came to be expressed in Systematic Theology was for all theological claims to be derived from or subsumed under a single Idea. Such a tight system was often attained only at the expense of exegetical and contextual considerations. Obviously, this approach is not attractive to a proponent of theology as a practical discipline.

Practical Theology, from the correlative perspective does not purport to study the word of God and the work of the offices in the context of church life and work, as is the case in the confessional perspective. Practical Theology is defined in the correlative approach, as the study of religious actions that mediate God's coming to people in their world. Gräb & Osmer (1997:2) note that Practical Theology is concerned with the empirical-hermeneutical issues and say further:

Lived religion, including Christian religion, is not confined to the life of the church and its attendant communities. It is to this lived faith that Theology must attend. Accordingly, it became the specific focus of Practical Theology, not only to pursue the scholarly study of the

church, but also to create a discipline interested in contemporary religious culture.

Seen in this way, Practical Theology is the theological bridge that brings text and context together in a lively interaction. The dialogue between text and context is thus an important means of getting to the truth. A healthy dialogue presupposes a symmetric interaction (cf. Pieterse 1993:82). This statement brings us to the question of the relationship between theory and praxis.

The relationship between theory and praxis is in this approach, handled symmetrically. It means that neither theory nor praxis has predominance as a point of departure in research projects. Pieterse (1998:181), citing Greinacher extricates the nature and meaning of the relationship between theory and praxis aptly: “We deem the relationship between theory and praxis as one of bipolar tension, a relationship that should neither be totally separate nor identical. It is also a critical relationship in which theory and praxis in their perennial interaction are open for mutual criticism”. Pieterse (1998:181), quoting Heitink, points to the reciprocal value of theory and praxis:

... In Practical Theology we presuppose a correlation in which text and context permanently evoke each other. The structure of Practical Theology indeed is a bipolar one. Researching the context leads to a new interpretation of the text. And this reinterpretation of the text, in turn, sheds new light on the actual situation.

The communicative and dialogical character of understanding should be at the centre of practical theological reflection (cf. Pieterse 1993:82). This implies that the exploration of the context has significance in the search for and generation of knowledge within the discipline of Practical Theology. The knowledge that is generated in Practical Theology is quite specific, that is, it is practical knowledge (Pieterse 1993:54). Such knowledge can only be acquired by following the approach that is respectful also of experience. The correlative approach hinges to my mind, on the reality of an interactive relationship between subject and object and between theory and praxis (Pieterse 1991:42). The communicative nature of practical theological reflection and praxis should however transcend the subject-object scheme to the one of subject-subject (Pieterse 1991:42). The correlative approach has in my opinion the ability to solve the problem concerning the kerygmatic or the phenomenological reductionism in the definition of, and reflection on Practical Theology and its object of study. It seems to me that for this particular research, the correlative approach is more preferable for a variety of reasons. Pieterse (1993:109-110) lists four gains arising from the study and practice of Practical Theology as a critical theory of communicative religious actions. These gains are quite significant for Practical Theology, especially regarding the scientific nature of the discipline, resolution of the theory-praxis problem in the study and practice of Practical Theology, its relationship with other theological disciplines as well as its relationship with social sciences. Because I consider these gains to be quite important, I subsequently briefly reflect on them.

The first gain, as pointed out above, concerns the scientific nature of Practical Theology. With the Zerfass model, Pieterse (1993:109) is convinced that this

approach has placed the scientific nature of Practical Theology on a firm footing. The Zerfass model is a very important mechanism in the facilitation and promotion of the traffic between theory and praxis (Heyns in Heyns & Pieterse 1990:37). It can lead one from a particular praxis to the formation of theory which can in turn lead to a new praxis (Heyns in Heyns & Pieterse 1990:35). With that, Practical Theology has overcome its centuries-old problem regarding scepticism over its scientific status as a university subject and so acquired its independence alongside other theological disciplines (Pieterse 1993:109). From the correlative practical theological perspective, the scientific nature of the discipline is affirmed.

The second gain is according to Pieterse (1993:109), the breakthrough that brings consensus over the fact that scientific work is not only about theory formation but also about concrete pragmatic operations. Practical Theology, practised from the perspective of this approach, therefore chooses empirical research in order to study concrete actions accurately. Pieterse (1993:109) notes that empirical studies require that viable social scientific methods be used and goes on to encourage practical theologians to do empirical studies themselves. The correlative approach allows for a critical interaction between theory and praxis and offers better prospects for mutual correction of theory and praxis.

The third gain is presented as the change from the one-direction relationship between Practical Theology and other theological subjects to a dialogical one. Practical Theology has been able to shed off its status as an applied Theology. Practical Theology is therefore placed in a context of dynamic and creative dialogical relationship with other theological subjects (Pieterse 1993:110). This is a plus for

Practical Theology which has had to play second fiddle to other theological subjects for a long time. Practical Theology has thus been liberated from the status of inferiority to the one of equality.

The fourth gain listed by Pieterse (1993:110) regards the relationship between Practical Theology and the social sciences which has been made possible by the correlative approach. The value of such a relationship is the discovery of a healthy interdisciplinary co-operation that is so vital in helping people in a scientific and relevant way. Dialogue which presupposes a symmetric relationship is quite important for scientific reflection as it promotes healthy discussions which have good prospects for producing good results. These gains have attracted many practical theologians to this approach. I find myself unable to resist the temptation to subscribe to this approach, especially with regard to my current research.

1.7.4.3 Evaluating the contextual approach

The contextual approach takes as a prerequisite for a practical theological study, data from the context (Wolfaardt 1992:11). Context is thus the primary source of knowledge and reflection. There is therefore no symmetry in the handling of the relationship between theory and praxis. It means that while in the confessional approach data from Scripture take precedence, in this approach data from the context take precedence. This fact seems to contradict the afore-stated (1.7.3.3) contention of the contextual group that the approach provides for a “balanced fusing together of situational analysis and theological insights in the search of creativity that is conducive to transformation...”

From definitions of Practical Theology offered from the contextual approach it is clear that the approach has shared characteristics with the correlative approach in so far as they aim to bring about emancipation and transformation. The contextual approach however emphasises a more radical assessment of the social and political situations (cf. Wolfaardt 1992:12). While the contextual approach may be appealing in many ways, its radical orientation is worrying. Hestenes (1996:20) is also concerned about this radical orientation of the contextual approach.

Practical Theology from the contextual perspective values the social science input more than the input of the Christian tradition while the correlative approach seeks a mutual correlation between science and the Christian tradition (cf. Wolfaardt 1992b:32). Poling and Miller (Wolfaardt 1992b:9) point out that the approach is more focused in its shared sources with the Christian tradition on “acquiring general knowledge of human nature than strategies of church development”. The world is therefore the focus while the church is almost peripheral. To me church development is quite important for world development and vice versa. To me therefore the symmetrical handling of the theory-praxis relationship is quite vital. Greinacher according to Heyns (1990:31) describes the ideal relationship between theory and praxis as “one of bipolar tension” pointing out that it should be neither totally separate nor identical. This I find more likely to be maintained in the correlative approach.

1.7.5 The practical theological approach chosen for the current thesis

The practical theological approach of my choice is the correlative approach. My choice of the correlative approach is not made on the basis of any illusion regarding

its efficiency. I make the choice out of the conviction that the approach is accommodative of the kind of research that wants to bring into interaction, a particular religious communicative action that communicates the gospel, with the traditional African world view. Nxumalo (1979:27) writes with regards to the need for serious consideration of the African world view: “There is definitely a cry for an African Christian Pastoral Theology for an African Church”. Nxumalo (1979:27) notes further that the South African-produced published material needs to be exploited to produce an African Pastoral Theology which he maintains, can be “shaped through study of African value systems and symbolism or the understanding of the ‘Africa/Black World-view’”.

My choice of the correlative approach has been influenced by the inductive nature of this model which is prepared to take the cultural situation seriously. The correlative approach is according to Seward Hiltner as cited by Msomi (1994:20), the inductive model which would most likely “be culturally sympathetic”. This cultural sympathy is necessary if Practical Theology is to affirm the indigenisation of Christianity in Africa which is said to have “been going on since the first century AD through the missionary work in Egypt and Ethiopia” (Ngumi 1996:26) and which is important in the church’s quest to render appropriate and relevant services to African Christians. In this approach Practical Theology is also defined as a theological operational science which is concerned with the critical theological reflection on theory-praxis dialectic (Ackermann 1993:21). Heyns (1990:38-45) discusses in detail Practical Theology as the theological operational science that focuses on certain actions, their context, critical evaluation of such actions and possible modification thereof. This should

enhance the critical reflection on the premises of the theological tradition and a particular church practice under consideration.

1.8 Research assumptions

While acknowledging health/illness as a physical reality Africans also believe in ancestors, witchcraft, relational interruptions and curses as causes of illnesses and misfortunes. They consult sangomas, traditional healers and prophets and appease ancestors in order to obtain cure and healing.

The assumption underlying this thesis is that the ministry to the sick in the mainline churches should recognise the fact that supernatural forces play an important role in the belief systems of Africans. This belief in the role of supernatural forces in the causation of diseases often leads to resistance to pastoral and medical care approaches that are based on the Western world-view. It also leads to loss of members who go over to other churches, especially the AICs.

My further assumption is that the ministry that takes the African world view seriously is likely to achieve success in the HKSA than have current ministries. A holistic view of the health, illness and healing phenomena is likely to help the church ministry provide a more meaningful care to African members who become ill and to ensure stability and growth for the HKSA.

1.9 Research question

Why is it that many black African Christians resist the well-intended pastoral and medical care services by mainline churches and medical doctors? Why do black African members of these churches leave their denominations flocking to the African Initiated/Indigenous/Independence Churches? Attempts to answer these questions and their subsidiaries will likely lead to new theorising aimed at improvement and indigenisation of the Christian ministry in at least one mainline church with the possibility of a ripple effect. A further related question is: how can the Christian mainline church in Africa prevent loss of membership to AICs and other groupings?

1.10 Research aims

The aims of this research are:

- To examine the principles underlying the ministry to the sick as practised in the Hervormde Kerk in Suidelike Afrika (Reformed Church in Southern Africa) and the Nederduitsch Hervormde Kerk van Afrika (Dutch Reformed Church of Africa) which I refer to as the Hervormde Kerk Family.
- To highlight core African beliefs with regards to health, illness and healing discourse and practice.
- To point out the shortcomings of the current ministry to the sick in the HKSA.
- To develop a ministry model that is likely to address the African health and illness issues among Black African Christians adequately.

1.11 Methodology

Methodology is as I understand it, what Bogdan and Taylor as cited by Guy, Edgley, Arafat and Allen (1987:12), define thus:

The *term methodology* in a broad sense refers to processes, principles, and procedures by which we approach problems and seek answers. In the social science the term applies to how one conducts research. As in everything else we do, our assumptions, interests, and goals greatly influence which methodological procedures we choose. When stripped to their essentials, *most debates over methods are debates over assumptions and goals over theory and perspective.*

From the aforesaid I understand methodology as referring to approaches, processes and procedures followed in conducting research. There are various research methodological approaches based on the nature of the problem, assumptions, interests, goals and so forth.

My current research wishes to examine principles underlying the ministry of two Reformed churches, a White and a Black one with special reference to the *ministry to the sick in the Hervormde Kerk in Suidelike Afrika (Black Reformed Church)*. It is therefore an enquiry into the theological tradition of the two closely related churches. The methodology followed in this study is the theoretical research. The main source of knowledge or information sought by this research will be my personal observations and experiences and literature found in the two churches. Mouton (2001:92) notes: “The aim of theoretical and conceptual studies is to review and discuss the most relevant and appropriate theories, models or definition of a particular phenomenon”.

I will therefore conduct a literature research, examining the two churches’ official documents like church orders, agendas, minutes, almanacs, newsletters, theses and

dissertations by the two churches' theologians which I will treat as my primary sources. I will further examine books, journal articles and treatises relevant to the research topic and goals.

The research also intends to highlight the need for the Black Reformed church to transform its approach to ministry, to recognise and address problems that are inherent within the African cultural milieu. The research therefore wishes to examine the effects of Reformed theological tradition in so far as it inhibits the practice of ministry to the sick which is to my mind a requirement for meaningful service to black African Christians (cf. also Moila 2002:21, Teffo 2003:165).

The literature research will therefore of necessity include writings by African theologians having an interest in the development of African Christianity. These sources will include books, theses, dissertations, journal articles by mainline churches' theologians who see the need for dialogue between Judeo-Graeco-Roman Christian tradition and the African culture, literature that reflects on the work of African Initiated Churches (AICs), newspapers as well as news reports by electronic media. Issues of interest in respect of the ministry to the sick in an African context are belief in ancestors, witchcraft, the importance of relationships, the supernatural factor, health, sicknesses and healing, traditional healers, diviners, sangomas and so forth.

In the literature one can find useful information about the origins of specific researched institutions in its original form. Literature studies help in uncovering the roots of current successes or problems faced by the organisation. Literature research is to my mind also capable of facilitating an informed interaction between the tradition

and contemporary experiences and situations with a view to improved service provision.

It is clear that the research deals directly with issues concerning the relationship between the religious tradition or theory and the current praxis that constitutes a problem in the life and work of a Black Reformed Church. Heyns (Heyns & Pieterse 1990:33) notes:

The relationship between theory and praxis is one of bipolar tension. Theory is not praxis, nor is praxis theory. Yet the two are inseparably linked, like the two sides of a coin. The relationship between theory and praxis, being one of bipolar tension, is vital and dynamic, characterised by constant interaction. Practical theological theory needs to be concretised in church praxis, which in turn needs to know the theories on which it is based.

Zerfass' methodological model is very helpful in identifying the possible causes of inefficiency in church praxis and improving such praxis. This is the tool that I propose to use to uncover the cause(s) of the problem inherent in the Hervormde Kerk Family's ministry to the sick.

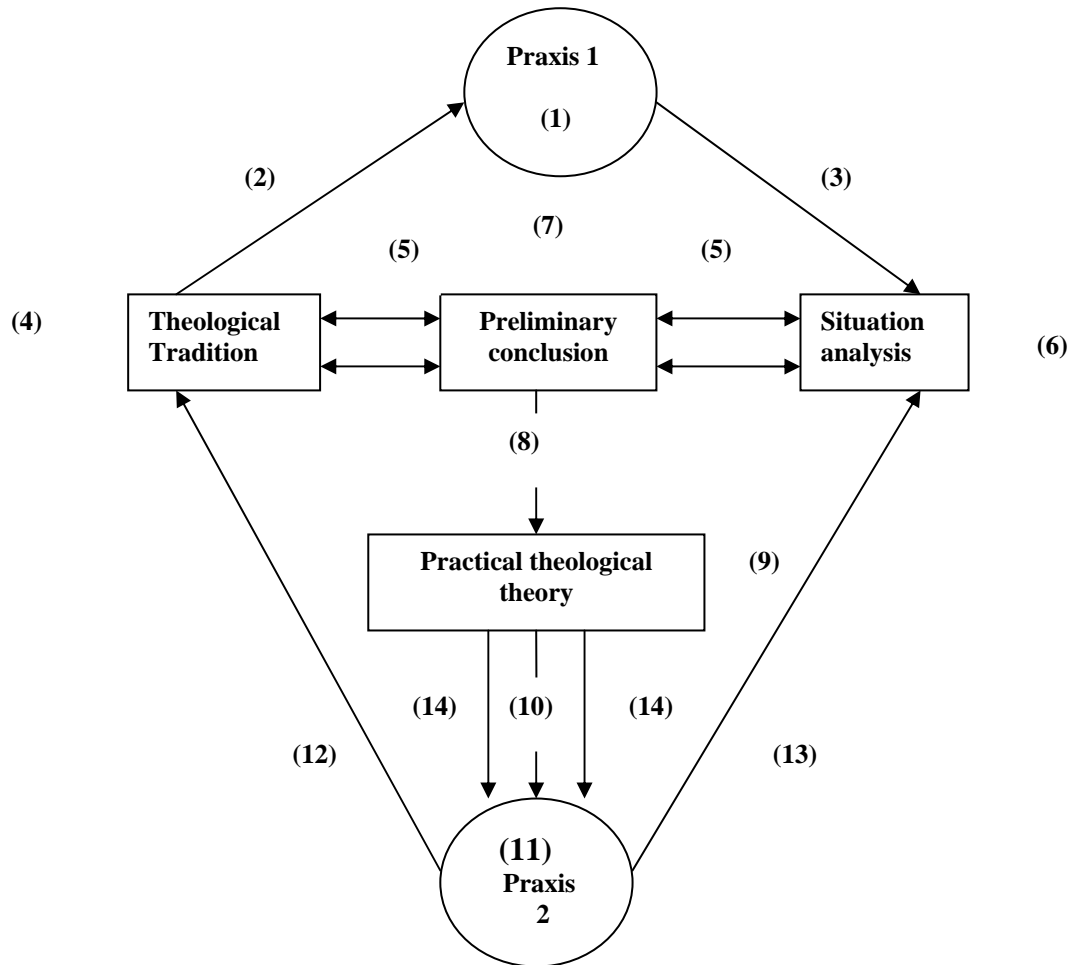
1.11.1 Zerfass' methodological model

For a smooth but critical interaction between theory and praxis, models are used in practical theological research. Models that are needed in practical theological research are according to Heyns (Heyns & Pieterse 1990:33) functional ones which will facilitate traffic between theory and praxis. Avery Dulles (Heyns in Heyns & Pieterse 1990:33) distinguishes between explanatory models which serve to explain issues and exploratory models which serve to discover or uncover things.

One of the most useful models that can be used to discover or uncover deficiencies in church praxis is that of Zerfass (Heyns in Heyns & Pieterse 1990:35). This model is according to Heyns (Heyns & Pieterse 1990:35), capable of leading a researcher in a church context, from the problem praxis to the formulation of a new theory that can lead to a new and improved praxis. In this research I will use Zerfass' methodological model as a tool through which to facilitate transformation of the current situation within the Black Reformed church and the formulation of a new practical theological theory or theory for praxis. A brief description of the working of Zerfass' methodological model and its adjusted diagrammatic presentation follow below.

1.11.2 A brief description of the workings of Zerfass' model

1.11.2.1 Diagrammatic presentation



Zerfass' methodological model as adapted by Theron (2000:193)

1.11.2.2 Explanation

- i. The research process begins at *praxis 1*; circle (1) which represents an identified problem situation.
- ii. The process then moves, arrow (2) to block (4) which represents theological tradition which is considered to be the origin of *praxis 1*. Theological tradition means church tradition, church history and other theological disciplines. Praxis 1 is the result of the theological tradition.

- iii. The next step is movement of the process through arrow (3) to block (6) which represents the situation analysis.
- iv. Information from the theological tradition is brought into dialogue with the results of the situation analysis. The dialogue is represented by two arrows pointing in opposite directions (one pointing to block (4) and the other to block (6) that is, arrows (5).
- v. The dialogue between the two poles that is, theological tradition and the results of the situation analysis should generate provisional or preliminary conclusion, block (7).
- vi. The preliminary conclusion enables and leads through arrow (8) to the formulation of a new practical theological theory, block (9).
- vii. The new practical theological theory leads through arrows (10) to the new improved *praxis 2*, circle (11).
- viii. The new praxis is then tested against the situation and theological tradition through arrows (12) and (13) respectively.
- ix. The new practical theological theory (9) and the new praxis may be modified as a result of the test. This process should be ongoing.

1.12 An outline of the thesis

Chapter 2 examines the ministry to the sick in the context of the Hervormde Kerk Family. The chapter firstly, clarifies the reference “Hervormde Kerk Family”. Secondly, the Reformation principles of *sola scriptura*, *sola fide* and *sola gratia* as well as the church’s self-understanding within the Reformed tradition are described to provide a suitable background to the discussion of the ministry as articulated and practised in the Hervormde Kerk Family. Thirdly, the chapter examines the

understanding of the ministry in general and to the sick in particular as articulated and practised in the Hervormde Kerk Family of churches. Fourthly, principles that govern reflection on and practice of ministry to the sick will be examined. Fifthly, the chapter will describe the view of health and sickness from the perspective of the Hervormde Kerk Family. Lastly, strategies employed to minister to the sick will be examined.

Chapter 3 will examine the literature in order to understand the African world view with regards to the health and sickness phenomena and causes of diseases. Various relevant concepts in respect of the African health and illness phenomena are defined and interrogated. This exercise seeks to generate background information in the light of which African members of the HKSA's belief systems and behaviour may be understood. Chapter 4 describes the relationship between the theological tradition of the HKSA and requirements of the situation (African context). Chapter 5 develops a ministry approach and strategies that will more likely contribute effectively to the health of black African church and community members and to sustainable church growth. I will make some conclusions arrived at in the research. The chapter ends by offering recommendations as to further research in the field of Christian ministry to the sick in Africa.

CHAPTER 2

A CHRISTIAN MINISTRY TO THE SICK IN THE HERVORMDE KERK FAMILY

2.1 Introduction

It has been indicated in chapter 1 that the ministry to the sick as articulated and practised in the Hervormde Kerk Family is lacking in relevance and therefore lacking in efficacy within the African context. The reason for that situation is the fact that the Hervormde Kerk Family's ministry to the sick does not take into account, the African world-view. As a result some Black African members of the Hervormde Kerk in Suidelike Afrika do not get helped in their crises even by means of the best pastoral care and counselling and Western medical approaches because the services do not address their existential problems. It has been pointed out that these members find themselves having to seek cure, protection and healing from African traditional healers and AIC prophets. This problem leads to lack of trust in the power of God as represented by this family of churches and of sufficient faith maturity and numerical growth in the Hervormde Kerk in Suidelike Afrika.

According to Zerfass (Heyns in Heyns & Pieterse 1990:36, Theron 2000:194) when such a problem is identified, serious investigation must be launched starting with a thorough search into the traditional theological theory which is the origin of praxis 1 which has become problematic (cf. 1.11.2.1 above). The assumption is that the traditional theological theory has thus far provided the context within which these churches' praxis was initiated, nurtured and sustained. The traditional theological theory is without doubt responsible for the provision of principles through which these churches' praxis was and still is guided and sustained. It is therefore

understandable why it should be the first area of concern for the requisite investigation.

In this chapter I therefore examine the Christian ministry to the sick as a component of the ministry in general within the context of the Hervormde Kerk Family. I start with the clarification of the concept “Hervormde Kerk Family”. From there the Reformation principles are offered with brief explanation to offer a suitable background. I will subsequently proceed to describe the understanding of the ministry in general and ministry to the sick in particular as articulated and practised in the Hervormde Kerk Family. Principles that govern reflection on and practice of ministry to the sick will then be examined. I will further describe the view of health and sickness from the perspective of the Hervormde Kerk Family and examine strategies employed by this family of churches to minister to the sick.

2.2 Clarifying the concept “Hervormde Kerk Family” (HKF)

According to Zerfass (Heyns in Heyns & Pieterse 1990:36) church history is a component of the theological tradition. I therefore also explore the history of the Hervormde Kerk in Suidelike Afrika in brief. The history of the Hervormde Kerk in Suidelike Afrika cannot be complete without consideration of the role of the Nederduitsch Hervormde Kerk van Afrika. I therefore, instead of referring only to the Hervormde Kerk in Suidelike Afrika, refer to the Hervormde Kerk Family. The Hervormde Kerk Family in South Africa consists of two Reformed churches, namely the Nederduitsch Hervormde Kerk van Afrika (hereafter the NHKA) and the Hervormde Kerk in Suidelike Afrika (hereafter the HKSA). This should inform us as to the extent of the influence of the NHKA, which is a White church and therefore

operating from the perspective of the Western world-view, on the HKSA which is a black church which is supposed to operate from the African world-view in its ministry. The following paragraphs give an overview of the history of the Hervormde Kerk Family.

The relationship started when on 22 January 1923 Evangelist Andrew Sililo Mlaba who led a breakaway group from the Free Church of Scotland sought affiliation to the Nederduitsch Hervormde Kerk of Natal. Banda (1996:63) states that Mlaba and his followers approached the NHK of Natal to seek “protection and membership”. Van der Westhuizen (1990:24) notes that Mlaba’s move was inspired by the news he had read in the newspaper about the Christian spirit that prevailed in the NHK of Natal. Banda (1996:64-66) explains the importance of “protection” or “recognition” that Mlaba sought from the NHK of Natal. This “protection” or “recognition” was in fact a favour that a recognised white mainline church would give a breakaway Black church group, in order for that church to gain government permission to operate legitimately. This was important because of the government’s strict measures preventing the increase of African Independent Churches which were viewed as instigators of political rebellions (like the Bambata Rebellion of 1906 in Natal and the Bulhoek tragedy of 1921 in the Eastern Cape).

The relationship was later formalised through the work of the Mission Commission of the NHK of Natal. According to Banda (1996:63), the church council of the NHK of Natal, deliberating on the matter appointed a Mission Commission to investigate the matter after which the Zulu congregation was accepted as the “mission” church of the NHK of Natal. The Mission Commission went on to legitimise Andrew Mlaba as the

native minister of the church (Van der Westhuizen 1990:25, Banda 1996:63). On 23 April 1923 the Mission Commission convened a meeting with the Zulu congregation of Ev. Mlaba. At this meeting it was unanimously decided that the congregation's mission work was to resort under the NHK of Natal.

Andrew Sililo Mlaba was subsequently ordained by Rev. Smit and Rossouw and issued with the induction certificate by the actuary of the NHK of Natal. According to van der Westhuizen, the Zulu congregation was organised as an autonomous church under the supervision of the NHK of Natal. The church was initially called the Zulu Hervormde Zending Kerk Gemeente Lufafa (Zulu Reformed Mission Church – Lufafa Congregation).

In November 1924 the NHK of Natal approached the NHKA with the request for incorporation (Banda 1996:66), a process that was finalised on 31 January 1925. It was on 01 February 1925 that the NHK of Natal was officially incorporated into the NHKA (Van der Westhuizen 1990:24). Banda (1996:66) notes that the name of the NHK of Natal was changed to Pietermaritzburg congregation of the NHKA. This move ushered in, a new period with new problems for the Pietermaritzburg congregation of the NHKA. The burning issue was whether the NHKA would take the mission responsibility over the Zulu Hervormde Zending Kerk (ZHVK) which was until then the responsibility of the NHK of Natal. It meant that new arrangements had to be made as to the situation of the ZHVK since the NHK of Natal had officially become an integral part of the NHKA. The challenge of NHKA to adopt the mission work over the ZHVK proved to be very problematic.

The problem became evident when the NHKA found it extremely problematic to accept the ZHZK which had become an important part of the life and work of the Pietermaritzburg congregation under the guidance of Rev. Smit (Banda 1996:66). The search for acceptance of the ZHZK by the NHKA was pursued without much success until the establishment of the Nederduitsch Hervormde Zending Genootskap (NHZG) (loosely translated Dutch Reformed Mission Society) in 1929 which took over the task of looking after the ZHZK. Later in 1943 the NHZG was replaced by the Nederduitsch Hervormde Evangelisasie-Vereniging (NHE-V) (Dutch Reformed Evangelisation Association) (Banda 1996:73-77). This body continued contact with the ZHZK albeit for a short time as a result of the decision of the NHKA in 1945 to ultimately accept mission work as her official responsibility. It would however take some time before the NHKA could actively commence with this important responsibility, only starting in 1951.

The ZHZK took off strongly and found some shape under the able leadership of Rev. AS Mlaba who unfortunately passed away on 25 January 1946 at an advanced age of seventy eight years (Banda 1996:93). The pace of growth seems to have increased from 1947. The ZHZK had by this time acquired a new name, the Bantu Hervormde Kerk (BHK). Van der Westhuizen (1990:31) mentions that the increase in the growth momentum was twofold, namely firstly, that the recognised successor of Rev. Mlaba, Rev. SP Mpanza established a new congregation in New Canaan and secondly, the whole Independent Zulu Methodist Church, with ministers, members and properties came over to join the BHK in 1955. Rev. Mpanza also roped in various helpers like Simon Sithole who was inducted as evangelist of Durban and Pietermaritzburg to ensure needed growth. Rev. Mpanza's wife who was a principal of the Jabulani

Community School was also very instrumental in the positive church growth. The church also expanded to other areas like Gracourt, where money was voted for a church building (Van der Westhuizen (1990:32).

The BHK was to cross the boundaries of the former Natal into Transvaal when on 24 August 1955 the missionary authorities of the NHKA decided to buy property in Vlakfontein (the present Mamelodi) to start with mission work among the Basotho (Van der Westhuizen 1990:32). Van der Westhuizen (1990:23) mentions that in 1956 a group of members of the Full Gospel Church in Koster, under the leadership of one Johannes who was later replaced with Lucas Tsoai because of his incompetence, came over to join the BHK. A further worker in the person of Abiël Tsoai, Lucas' brother was appointed as evangelist and stationed at Hekpoort. At that time growth was continuing in Natal with an addition of a further congregation at Weenen and the completion of theological training, by and availability of the first NHKA-trained minister in Natal at the end of 1956, namely P Zulu. The BHK expanded its work also to other areas like Boons in the Transvaal and Ixopo in Natal midlands in 1957 leading to appointment of more evangelists and ministers.

As the BHK spread its wings more and more both in Natal and Transvaal the need arose to have some form of governance structure. The first "circuit meeting" which van der Westhuizen (1990:32) calls a General Church Assembly in an embryo stage was held on 02 February 1957 at Ixopo. At this circuit meeting Dr. Dreyer, the mission superintendent of the NHKA acted as electoral officer for the first circuit commission of the BHK. The following brothers were elected: Rev. SP Mpanza – chairperson, Rev. P Zulu – scribe, Rev. Z Mbonwa – vice chairperson and two elders

(van der Westhuizen 1990:32). The BHK was growing satisfactorily and its life as a Reformed Church taking shape with the election of elders on the circuit commission following in the footsteps of the NHKA in her Presbyterian system of church governance.

It seems that joining the young BHK was quite irresistible in those days to the surrounding churches and ministers, as group after group came over. A further wave carrying with it 750 members of the Bantu Reformed Church reinforced the growth of the young BHK in Bloemfontein (Van der Westhuizen 1990:32). By 1961 (Van der Westhuizen 1990:33) the BHK had a workforce of 25 and by 1963, 37 in Natal, Transvaal and Orange Free State. The situation was though different in 1964 as eight office bearers resigned and 2 passed away. On 01 December 1964 the board that was responsible the organisation and coordination of mission work for the NHKA decided to divide the BHK into three circuits namely: the Northern Circuit which stretched from Pretoria to the far Northern Transvaal, the Western Circuit, south and west of Johannesburg including Orange Free State and the Eastern Circuit covering the whole of Natal.

With these positive developments the BHK was naturally heading towards a gradual take over of the church's governance responsibilities. On 22 July 1971 a further significant event took place namely, the sitting of the circuit meeting of the Northern Circuit where a circuit commission was elected comprising Revs. AM Kupa, chairperson; AAM Modiboa scribe, CM Letsoalo, vice chairperson and MN Madonsela, as vice scribe. The BHK was served by 1973 by a workforce of 30 with a membership of 6574 and having the use of 19 church buildings (van der Westhuizen

1990:34). The BHK started to have some preferences regarding her own name and it was reported that by 1975 the church started talking of herself as the Hervormde Kerk in Suiderlike Afrika (Van der Westhuizen 1990:34). By the time of the first General Church Assembly (GCA) of the HKSA, there were already a number of congregations in the Transkei (the present day Eastern Cape).

The BHK held her first synod in 1977 where it was unanimously decided on the new name of the church namely, Hervormde Kerk in Suidelike Afrika. This GCA of the HKSA was actually a declaration of autonomy for the HKSA. The young church would however continue to relate to the NHKA as an autonomous entity. The HKSA could however not financially afford maintenance of her services and the NHKA had to continue carrying the financial burden of the younger church. The mission superintendent of the NHKA served as liaison between the two churches. The relationship was at times, especially during the late 1980's marked by serious tensions as a result of the NHKA's Article III that limited its membership to white people and promoted racial segregation (apartheid). The HKSA had changed Article III of her church law to accept open membership in 1980 during her second synod as an autonomous church. The younger HKSA experienced the article as a perpetuation of apartheid and as not belonging in the church of Christ and challenged the NHKA to change her membership policy, with little success. During times of intensified struggle against apartheid the HKSA found herself in a very critical situation having to be identified with apartheid-inspired continual retention of Article III by the NHKA.

The relationship of these two churches has, notwithstanding serious problems that were experienced in the process, produced a common theological, ecclesiastic and ministerial identity. The NHKA is the older and thus the obvious theological mentor of the HKSA. It is for this reason that most of the theological and practical theological literature used by the HKSA comes from the NHKA. The theology and the practice of the NHKA apply also in the HKSA since the former is the theological mentor of the latter. The HKSA as the younger of the two churches has by virtue of this relationship, in a way taken the image of the older NHKA. Another important factor that almost sealed the image of the NHKA onto the HKSA is the fact that the former also took over the theological training of the latter's ministers. Although it was the policy of the NHKA, to have native evangelists and ministers serve native congregations, the theological training was to be carried out by theologians from the guardian church until the HKSA could develop her own theological training (Van der Westhuizen 1981:46-49).

Apart from the encounter with the Reformed traditional environment in this relationship, the HKSA had her roots in the Reformed tradition in her original missionary founder, the Free Church of Scotland. The coming over of a group of 750 members from the Bantu Reformed Church in Bloemfontein reinforced the BHK's Reformed theological tradition. Although other groups came over from the Methodist and the Full Gospel Church tradition, the Reformed tradition remained the core. The two churches thus became partners and family in the Reformed ecclesiological journey ahead. They share not only the name but also the Reformed heritage. The Reformation principles that are part of the NHKA's legacy apply also to the HKSA and have consequently also become the legacy of the latter. It is not surprising that the

HKSA appeals to these Reformed principles in responding to all her ministry challenges. In the following section I give the Reformation principles which form the foundation of the Hervormde Kerk Family's church life, ministry and general reflection.

2.3 Reformation principles and the church's self-understanding

In this section, I give the Reformation principles which form the basis for the Reformed Church's life and teaching. I also describe the Reformed Church's self-understanding. This should shed light on the Hervormde Kerk Family's way of doing theology and ministry. The Hervormde Kerk Family relies heavily upon these principles for interpretation, articulation, ministry practice and general conduct. The ministry to the sick in this family of churches is viewed and practised in the light of these principles. I subsequently give them in brief with brief explanation.

The Reformation principles of *Sola Scriptura*, *Sola Fide*, and *Sola Gratia* form the core of Reformed theology. I give a brief description of these principles in the above order. The first is *Sola Scriptura*. Deist (1990:239) defines *Sola Scriptura* (Scripture alone) thus: "Theology and knowledge of God must be based on the *Scripture only* and not on *ecclesiastical tradition*". This principle presupposes the church's continual study of and obedience to the Scripture in matters of faith and life before God. The second Reformation principle is *Sola Fide* to which I now turn.

Deist (1990:239) defines *Sola Fide* (by faith alone) in the following way: "Salvation is to be found only by faith [in Jesus Christ]". Hoeksema (1971:339) explains this acquisition of salvation exclusively through faith in Christ in a twofold way, that is

negatively and positively, thus: “Not that I am acceptable to God, on account of the worthiness of my faith but because only the satisfaction, righteousness, and holiness of Christ, is my righteousness before God; and that I cannot receive and apply the same to myself any other way than by faith [in Christ] only”. The consequence of this is that all faith or religious actions in the various operational fields of Practical Theology serve to raise, to preserve, to strengthen, to deepen and to make faith contextually fruitful (cf. Roscam Abbing 1964:42-45). Another Reformation principle of great import is *Sola Gratia*.

Sola Gratia clarifies, according to Deist (1990:239) the fact that: “[Hu]man[being] is saved not by any merit of his/[her] own, but only by the grace [of God]” (cf. also Hoeksema 1971:339-351).

The influence of these principles runs like a golden thread through all Reformed theology. In the next paragraph, I reflect on the Reformed view of the church before examining the Reformed traditional theological theory of the ministry in general and pastoral care to the sick in particular as practised in the Hervormde Kerk Family. This will include a reflection on the Hervormde Kerk Family’s understanding of the ministry.

2.3.1 A brief sketch of the Reformed view of the church

This section wishes to describe to the extent that is necessary for this thesis, the Reformed church’s (the HKF included) self-understanding or theological identity. The

question to be asked and answered concerns the essence of the church namely, what is understood under the “Holy Catholic Church of Christ?” The answer that is subsequently given is subscribed to by the HKF. It is found in the Heidelberg Catechism which is one of important creedal resources of the Reformed Churches that espouses that group of churches’ self-understanding. The following is then the Reformed Churches’ understanding of the reference: “Holy Catholic Church of Christ” as paraphrased from the Heidelberg Catechism, Lord’s Day 21:

1. The community that was and is being gathered out of the whole human race from the beginning until the end of the world by Christ through His Spirit and Word.
2. The community that has been chosen, defended, preserved and enlisted to God and God’s service by faith in Christ and which is destined to everlasting life with Him.
3. The community of which people qualify on account of true faith in Christ to become and remain unto eternity an integral part and members.

The church can in the light of the above-stated categories be defined thus: The Holy Catholic Church of Christ refers to that community that was and continues to be gathered by Christ through His Spirit and Word in all world communities. It is the community that God so graciously elected for Godself, yes the community that God defends, preserves and enlists to Godself for everlasting life by faith, of which all

people qualify on account of faith in Christ to be and to remain members unto eternity.

The above position regarding the Reformed Church's self-understanding and self-presentation is in agreement with what is stated by Jonker (1995:349) in his definition of the church in reformed perspective. Jonker (1995:349) posits as the two decisive aspects that are evident in the Reformed confession about the church, the following important matters:

The church is defined in soteriological terms rather than in institutional terms. Following the terminology of the Apostolic Confession, the church is spiritually defined as the one, holy and catholic church; the communion of the saints. The church is identified with the body of Christ, that is, with all people who are elected and saved in Christ, from the beginning of the world until its end (cf. Heidelberg Catechism, Lord's Day 21 and Belgic Confession: 27).

The church is defined as the fruit of the saving work of Christ himself through his Word and Spirit, as a *creatura Verbi*. Thus the marks of the true church are the purity of the gospel preached, the pure administration of the sacraments and the exercise of the church discipline (Confessio Belgica, Article 27).

The Reformed Church's self-understanding as the communion of saints or believers (Heidelberg Catechism, Lord's Day 21 and the Apostolicum, article 9) means that:

1. Believers, individually and jointly are partakers of Christ and sharers in all His blessings and gifts.
2. Each believer should know that he/she is obliged to use his/her gifts freely and joyfully for the benefit and welfare of other members.

The HKF understands herself in exactly the same way as described above. It means that this family of churches understands her mission as that of a community that reflects and manifests Christ's true life and activities for the salvation and blessing of fellow believers as well as all human beings. She understands herself as having a mission to continue Christ's service on earth. One could however ask whether this family of churches truly believes in all that Jesus of Nazareth believed and holds all components of Jesus' ministry in high esteem. This will become clear as this research progresses. The Reformation of the 16th century was preoccupied with the need to purge the church of false teachings that were based on human thoughts, experiences and tradition. For that reason the church insisted that the church should remain pure, and sought criteria against which the truthfulness of the church would be measured. In the subsequent section I present the Reformed view of the true church.

2.3.2 The Reformed view of the true church

The Reformation was prompted by the need by people like Luther and those sharing his convictions to correct the Roman Catholic Church's teachings that they deemed unscriptural. The idea of a true and a false church was born in that way. In Reformed circles a church is considered truthful when she:

- i. Proclaims the gospel in as pure a manner as possible.
- ii. Serves Sacraments in accordance with Christ's institution.
- iii. Exercises discipline against unrepentant members.

This implies that the church that is seen and experienced not to be practising her ministry in accordance with the abovementioned pointers is considered a false church. On the basis of the abovementioned criteria the HKF also claims true church status. The question is: are these criteria exhaustive of the requirements of the total Christian ministry which Christ entrusted to the early Christian church?

The concept "church" refers to both the local and the universal church, both in her visible and invisible modes, as the Mother of the believers (cf. Jonker 1995:350). The purpose of Reformed theology was to build the church up "in faith and obedience to be a living church of God" (Jonker 1995:354). The church of Christ is in the world for the sake of taking forward, Christ's work of redemption. The relevant question at this stage concerns how the Hervormde Kerk Family understands her ministry as the taking forward of Christ's redemptive work.

2.4 Understanding the ministry of the Hervormde Kerk in Suidelike Afrika in general

In order to encapsulate the meaning, function and purpose of the ministry in general as espoused by the Hervormde Kerk Family, it is necessary to explore various concepts used with reference to ministry. The following concepts are relevant in this regard. I start with a central metaphor for the pastorate or ministry and follow up with other relevant concepts.

2.4.1 The shepherd metaphor

Theologians of the HKF believe in line with Adams (1979) and Hiltner (1969) that the shepherd metaphor provides a clearer picture of the core meaning and function of the Christian ministry (Dreyer 1981, Beukes 1981, Van Biljon 1984). The meaning, function and purpose of the ministry or pastoral care reside in the shepherd metaphor. Adams (1979:5) notes the importance of the shepherd metaphor in the definition of the pastorate or Christian ministry. He (Adams 1979:5) says: “The name ‘pastoral’ is a unique Christian term that expresses a fundamental concept that is deeply embedded in every biblical portrayal of Christian ministry”. Hiltner (1969:1) concurs and points out that it is not possible to talk about pastoral ministry without employing the shepherd metaphor. The Greek word *poimano* is used in the HKF with its variables to denote the shepherd and his task and responsibilities. Dreyer (1981:16) points to God’s Old Testament reference to God self as the great Pastor or Shepherd who blesses and liberates Israel from distress and misery (Gn. 49:24; Ps. 23; 28:9 and 80:1,2). This liberation is expressed in God’s victorious battles through which Israel was liberated from her enemies (Beukes 1981:5). In the shepherd metaphor one always senses and actually finds included the comfort motif for example, Ps. 23 (Van Biljon 1984:2).

God, according to the HFK view, wants his people to be always well looked after. To this end God appoints, according to the Scripture, earthly shepherds to care for Israel as their primary task (Nm 27:17). Caring for God’s people implies keeping them in the right path that is, keeping them in the right relationship with God and among themselves. Dreyer (1981:16) cites Ezekiel 37:24 where the task of the king as

shepherd is described as preserving the unity of God's people and guiding them towards obedience to God's law. Prophets are also described in the Scripture as shepherds who care for God's people corporately and individually. Their task is to comfort, admonish and encourage God's people by means of the life-giving message from God. The care of God's people is expressed also in God's pastoral task of gathering the sheep that were scattered and taken captive (Jr 31:10; Ezek 34:12). God does not only provide material liberation but also spiritual liberation. God will also forgive their unrighteousness and all their sin (Jr 31:34). Here the reconciliation motif is prominent. God will reconcile them to himself and dwell in their midst as their rightful shepherd.

Dreyer (1981:16) mentions the fact that the shepherd also has the responsibility over the weaker and marginalised members of God's people. This is clear from God's complaint in Ezekiel 34:4 against the earthly shepherds of his people who neglected their responsibility, saying: "You have not taken care of the weak ones, healed those that are sick, bandaged those that are hurt, brought back those that wandered off, or looked for those that were lost".

Since these earthly shepherds neglected their work, God promised to be the shepherd who would give complete care to his sheep (Ezek 34:11-16) and to appoint David to be their one shepherd (Ezek 34:23). The HKF believes that in Christ Jesus, God's true shepherd has arrived to replace the dishonest shepherds of the Old Testament. In the New Testament it is especially the gospel according to John 10:1-18 that reveals the identity of the promised shepherd who would be the true shepherd. In this Scripture passage Jesus calls himself "the good shepherd who is willing to die for the sheep"

(Jn 10:11). In Jesus the shepherdly care of God found its fullest expression in the salvation of God's people (Dreyer 1981:16, Van Biljon 1984:3). Indeed in Jesus' life and work lies the ultimate demonstration of the full implication of God's covenantal love (cf. also Adams 1979:5).

Christ's ministry was expressed in his teaching in synagogues, his preaching of the gospel of the Kingdom of God and in his healing of all diseases in communities that he served (cf. Mt 4:23, 13:54, Mk 1:21, 2:13, 3:7,8, 6:2; 6:34, 7:14, 10:1, Lk 4:15-16, 38-40, 6:6, 10 and so forth). The caring task of Jesus the great Shepherd touched on the entirety of human life (Beukes 1981:8). Jesus paid attention to groups and to individuals, teaching and healing various diseases and raising others from death. His ministry attended to both spiritual and physical dimensions of human life. As a consequence of this ministry his disciples whom he had approached and called individually left all their valuables and followed him. Jesus' ministry led to God's honour and repentance of many people (Beukes 1981:8).

The HKF accepts her ministry as a continuation of Christ's ministry. This ministry did not have to cease as Christ ascended to heaven. It had to be continued through the testimony of eye witnesses to Christ's life and work, first his disciples and then his later followers all of whom were inspired and enabled by the Holy Spirit. They were granted by the Holy Spirit the wisdom that greatly informed and made dynamic, their preaching of the gospel and gave them power to perform miracles which concretised the proclaimed salvation in Jesus Christ. It was indeed evident that Christ Jesus was himself continuing through his followers, the work that he had started (Van Biljon 1984:3, Labuschagne 1981:24).

2.4.2 Further terms used to extricate the meaning and function of the ministry

Regarding proclamation of the gospel to individuals and families the following concepts give us relevant information: “episkopein” – oversee or supervise, visit, care for, concern for; “parakalein” – comfort, encourage, counsel, make an appeal, solicit and admonish; “nouthetein” – warn, reprove and admonish; “sterizein” – fortify, provide resistance against; “katartizein” – equip and make complete (cf. Acts 15:36; Thess 3:12; Matt 5:4; 8:5; Tit 1:13; Luke 22:32; 2 Tim 3:17) (Beukes 1981:20-26; Dreyer 1981:21-23; van Biljon 1984:4). The concepts are presented in detail below in the light of NHKA theologians’ understanding.

2.4.2.1 Episkopein

Beukes (1981:20), one of the resourceful theologians of the NHKA points to the close link between two verbs, *episkopein*, which means exercising oversight or supervision and *poimainein*, translatable with shepherding, herding, tending or taking care of. He (Beukes 1981) refers to the Good News Bible translation of the concept *episkopein* namely “keep watch over” not in the sense of “rule over” or “control” but in the sense of “visit”, “care for”, “having concern for” (Beukes 1981:20). *Episkopein* in this sense refers to that caring act that is done out of genuine concern for and interest in the wellbeing of fellow Christians both corporately and individually (Acts 15:36). The concept points to the fact that those who have been given the task of being and performing duties of the *episkopos* have the responsibility to look after and care for new Christians (Beukes 1981). It is clear that the attitude that underscores this service is that of love rather than of authority and control.

The content of this caring service is in the HKF's understanding, the gospel of Jesus Christ and its purpose is to fortify believers' faith (De Wet 1964, 1967, Dreyer 1981, Beukes 1981, Van Biljon 1984). This caring act of the service that is described as *episkopein* is quite significant because the HKF practises it as an after care or follow-up task of the church to those to whom the gospel has been preached and who have as a result come to faith in Jesus. It is understood as helpful in sustaining contact with and fostering unity among Christians (Eph. 4:16). This service (*episkopein*) is however not viewed by the HKF only as a follow up but also as a proactive service that wishes to prevent in advance possible spiritual slip up (Van Biljon 1984). It means providing Christians with a strong foundation for their faith and faithful living. The other and perhaps most popular concept used in the HKF to describe pastoral care is *parakalein*.

2.4.2.2 Parakalein

Comfort is the one of many foci of pastoral care as understood by the HKF. Beukes (1981:22) attests to the frequent use in the New Testament, of the verb *parakalein* and the noun *Paraklesis*. Beukes (1981:22) ascribes to the concept *parakalein* meanings such as: to comfort, to encourage, to counsel, to put forward an urgent request or appeal as well as to admonish. Dreyer (1981:21) indicates that this service is provided both homiletically (2 Cor 5:20), through the preaching of reconciliation and pastorally (Heb 10:24) through the practice of compassionate service. Preaching and diaconal service are thus central to *parakalein*.

Dreyer (1981: 21) mentions that the content of *paraclesis* is reconciliation with God. It means that the focus of the pastorate as defined by the term *paraclesis* is on the

calling of Christians to repentance and a good relationship with God by faith in Christ Jesus. This call is understood to have love as its core and not authority and force as it sometimes seems, for example in 1 Thessalonians 4:1 (Dreyer 1981:21). Dreyer (1981:21) indicates, citing Boekenstein that the authority at issue in 1 Thess 4:1 should be viewed as love authority and not as authoritarian compulsion.

Paraclesis is accepted in the HKF as referring to the actual call of God self through the intermediary work of Christian servants under the inspiration of the Holy Spirit who is the actual *paraclete* (Beukes 1981:23). This means that Christian servants render this service on behalf of but also and importantly jointly with, following God's instructions and inspired by God self (Beukes 1981). The goal is still the fortification of faith in Christ which has to have a positive influence on the believers' life and conduct.

The nature of the comforting, encouragement, appeal and admonition is according to Beukes (1981:23) twofold: it is on the one hand a gift of God's grace and on the other, service. God offers on the one hand absolution, justification, sanctification, and communion with God in Jesus Christ while on the other hand he calls the Christian to God's service. In other words, it demands that the righteous of God shall be committed to God's service. The pastorate as viewed by Beukes (1981:23) therefore represents a balanced service in that it presents the full gospel of Jesus Christ in its indicative and imperative perspectives. The nature and function of the pastorate is also encapsulated in the concept *nouthetein*. This is another concept used in the HKF to extrapolate the essence of the pastorate.

2.4.2.3 Nouthetein

Dreyer (1981:22), citing Jay E Adams notes the three basic elements that are found in the concept *nouthetein*:

- i. It implies a problem and presupposes an obstacle that must be overcome.
- ii. Problems are solved nouthetically by verbal means. The goal of the relevant conversation is to bring about change in one's behaviour and conduct for better.
- iii. The purpose of *nouthetic* activity (verbal correction) is beneficial to the counselee. The goal is the glory of God (1 Thess. 2:7, 8) and is carried by and imbued with the love of God (1 Cor. 4:14; Eph. 6:24).

It seems that *nouthetic* activity becomes necessary because of an emergence of a behavioural diversion and untoward conduct of a believer or church member. Sin is therefore often viewed as the origin of the problem which needs to be confronted and corrected verbally by means of the Scriptural message. Beukes (1981:23) explains that the term *nouthetein* is closer in meaning to the word *parakalein* in that it also means to warn, correct and to admonish in a gentle manner. The aim is not to scatter but to gather, not to wound but to heal. Through the nouthetic activity the guilty is brought to remorse and therefore to reparation of the broken relationship(s). Referring the Scripture Beukes points to the fact of moral sin and false teaching (cf. Tit. 3:10) as cause for nouthetic activity. Paul gives Timothy such an instruction in the light of Christ's information in Matthew 18:15-17. It is against this backdrop that 1 Timothy 1:20 in which mention is made of people who have been given over to Satan should

be understood. Should one persist in sin or error, it seems obvious that *parakalein* and *nouthetein* activities would lead to discipline.

Beukes (1981:24) ropes in another word *sterizein* to explicate the meaning of pastoral care or house visiting. The concept *sterizein* according to Beukes (1981:24) could have the meaning of “make strong”, “offer resistance against” in order that the other can stand firm and his/her faith be steadfast. To explain this Beukes refers to Jesus’ conversation with Peter in Luke 22:32 where warns Peter that Satan was out to test them all but that he had prayed for Peter so that his faith would not fail.

Beukes (1981:24) elucidates his point by referring to Paul and Barnabas’ visit to Listre and Iconia and Antiochia to strengthen congregations with a view to persecutions that would come their way. The strengthening implies an exhortation of the congregations to endure in faith. A similar strengthening occurs also in Frigia and Galatia. The means of strengthening was without doubt proclamation of the gospel of Jesus Christ (cf. De Wet 1964:21, Beukes 1981, Dreyer 1981, Van Biljon 1984). Beukes bases his point on the confused situation of recipients of the second letter of Peter because of false teachings. The letter, Beukes indicates, was meant to remind them of the gospel message which simultaneously strengthened them. The word *sterizein*, according to Beukes (1981:24), occurs in combination with *admonish* and *comfort* (*parakalein*). It can therefore be concluded that admonishing, comforting and strengthening have as purpose growth and fitness as well as genuine obedience in faith and conduct. Another concept is *katartidzein* whose meaning leans more towards equipping.

2.4.2.4 Katartidzein

Beukes (1981:25) says that the word *katartidzein* can be translated with “train” (equip) and “making thorough”. He refers to the words of Paul in 2 Timothy. 3:17: “All Scripture is inspired by God and is useful for teaching the truth, rebuking error, correcting faults and giving instruction for right living, so that the person who serves God may be fully qualified and equipped to do every kind of good deed”. To apply *katartidzein* to someone is to train or equip him/her to qualify him/her for the service for which he/she has been called. Beukes (1981:25) states that in 1 Thessalonians 3:10 the apostle wants to go back to the congregation to “complete”, to train them in faith matters for which their training was lacking.

Beukes (1981:25) writes: In Galatians 6:1 *katartidzein* is translated with “set right”. Someone who has fallen into sin should be so equipped or set right that he/she is again capable of taking his/her rightful place in the congregation. The setting right should be done in all gentleness. Another important factor to note according to Beukes (1981:25) is that the one who performs this *katartidzein* should be careful not to fall into temptation him/herself (Galatians 6:1).

This training is highly regarded in the HKF. Beukes (1981:25) bases this point on the contents of Ephesians 4:12, according to which this training is seen as the goal of church office bearers’ task. Beukes (1981:25) points to the fact that the sustainability of believers’ faith hinges on proper training otherwise “they may be carried by the waves and blown about by every shifting wind of teaching of deceitful people, who lead others into error by tricks they invent” (Eph.4:14).

2.4.2.5 Oikodomein

Dreyer (1981:22) adds another concept *oikodomein* which he posits as the ultimate purpose of the entire task of the pastorate. By *oikodomein* then (Dreyer 1981:22) understands the edification of the church or congregation which is the responsibility that Christians have and should display and fulfil towards each other (1 Thess 5:11). All facets of the pastorate should work together towards this important goal (Rom 14:19; 15:2; 1 Cor 14:3; Eph 4:11-16) (Dreyer 1981:22).

These concepts extricate what NHKA theologians understand by the pastorate and therefore the understanding to which the NHKA and the HKSA subscribe. It means that when members of the HKF come to their pastor with serious life crises, the pastor understands his/her actions that are required to address the situation in terms of these concepts. The concepts do cover a good scope of the ministry but do not, and of course do not claim to cover all aspects of the pastorate or ministry.

2.5 The view of ministry to the sick in the Hervormde Kerk Family

2.5.1 An overview

The word “ministry”, when used in a church context is used almost always to refer to the entirety of the work of the minister or pastor which includes caring, disciplining, nurturing and so forth (Hiltner 1969:1). Ferguson and Wright (1988:430) write: “The term is used in both a wider and a narrower sense. In its wider sense it refers to service rendered to God and to people. In its narrower usage it denotes the officially recognised service of persons set apart (usually by formal ordination) by the church”. This narrower understanding of the word “ministry” is however unfortunate because it renders the majority of Christians inactive and marginal. Contrary to this narrower

view, Van der Poel (1999:15) describes ministry as “an active participation of the community in the redemptive mission of Christ”. In its wider sense, therefore the term “ministry” refers to the broader task or mission of the church of Christ to fulfil the service of reconciliation as befits an ambassador of Christ. This ministry becomes possible because Christ has given gifts to some people and appointed others to a variety of offices in order to edify his body – the church (Eph 4:10,11) to God’s glory and human salvation.

Christ’s ministry involves central salvific activities that is, the preaching of the good news of the Kingdom of God, teaching, healing and prayer (Ferguson & Wright 1988:130). The term used for ministry is *diakonia* (service) which in the gospels has reference to service at the table but also means dedicated service. To emphasise this dedication Jesus Christ maintained throughout that he had not come to be served but to serve and to offer his life for the redemption of many people (Mk. 10:45, Mt. 20:28, Lk. 22:27, Jn. 13:4-17). He effectively performed the divine ministry of reconciliation which he passed on to his church of all times.

This ministry of Christ can be best carried out through a strategy that combines gifts of the Spirit and ecclesial offices (cf. Dreyer 1987:527). The ministry of the church evolves from and is the direct result of the ministry of Jesus Christ. The ministry of the church should therefore be guided and directed by the ministry of Jesus Christ in its purpose, content and action. Like the ministry of Jesus Christ, the ministry of the church has to entail the preaching of the good news of the Kingdom of God, teaching, healing and prayer services.

2.5.2 Ministry as defined in the Hervormde Kerk Family

The ministry or the task of the church is described in Article 4 of the Church Law and (and later) Church Order of the HKSA (HKSA 1977-1988) and Article 2 and 3 of the latest edition of the Church Order of the HKSA (HKSA 2003: 2-5). Unto the Church of our Lord Jesus Christ is entrusted the following:

- a) Proclamation of the gospel of Jesus Christ in a missionary situation;
- b) the preaching of the gospel of Jesus Christ in congregational environment;
- c) the serving of sacraments in accordance with Jesus Christ's institution;
- d) worship and services of prayer;
- e) public proclamation of the name of God;
- f) evangelisation work to those who have been estranged from the gospel of Jesus Christ and his church;
- g) witness to the state and nation;
- h) Christian instruction to children;
- i) pastoral care;
- j) service of compassion;
- k) oversight over doctrine and the life of congregations, office bearers and members;
- l) training of ministers of religion, elders, deacons and other bodies;
- m) doing theology;
- n) advancement of education and guidance of the youth in accordance with the claims of the Word of God;
- o) public confession and witness to the catholicity and unity of the church.

Almost the same is stated in the Church Law and (later) Church Order of the NHKA as the task of the minister (NHKA Kerk Orde 1997:7). Ministry is also defined in other regulations of the Church Order of the NHKA, among others the whole regulation 5 (1997:78-89). Pastoral care to the sick is an integral part of the general ministry of the Hervormde Kerk Family.

2.5.3 Pastoral care to the sick in the Hervormde Kerk Family

The HKF understands pastoral care to the sick as dealing with the person who is under tremendous duress as a result of excruciating pain, isolation and suffering due to sickness. Dreyer (1981:95-96) discusses in detail the existential world of the sick.

The Scripture is considered in the HKF as the only important source of guidelines for ministry to the sick. For effective dealing with conditions of pain and suffering, pastoral care to the sick should therefore according to the understanding of the HKF depend upon information from the Scriptures. Coetzee (1998:36) writes about pastoral care to the sick: “Pastoral care to the sick is understood as the expression and concretisation of the good news of the gospel of Jesus Christ to the patient in his/her unique circumstances of illness and suffering”. The Scripture is considered the only source and norm for the pastoral care to the sick in this family of churches. The Scripture alone has the answer and final word in the explanation and interpretation of illness and death. Kramer (1978:15) writes in this regard: “Since the medical world cannot provide an answer on this question, the focus shifts to theology and philosophy” (my translation). The question that Kramer refers to is: “How can the sick get strength in her/his struggle against death if she/he learns that death is a necessary part of life and that illness is the forerunner of death?” After showing that it

is futile to seek an answer from philosophy which only relies upon human thought to the exclusion of God's thought and statement on this crucial question, Kramer (1978:15) makes a strong point which eliminates philosophy as possible source of answers regarding illness and death: "Philosophy is not the core from which we can provide an answer and final word about this problem. Only from the Scripture shall we attempt to give a complete answer by looking at what the Bible says about illness and death" (my translation). Scripture is thus the sole source of knowledge regarding illness and death.

Pastoral care to the sick is understood in the Hervormde Kerk Family as a conversational proclamation of the Word of God to a suffering person who is in excruciating pain or who is dying as well as his/her nuclear and extended family (Van Biljon 1984:40). Dreyer (1981:94) writes: "The pastorate as proclamation in the form of conversation is also directed to the person in the crisis situation of sickness and suffering. The proclamation of the Word embraces the entire human life in prosperity and in adversity". It means that the pastorate with its content which is the Word of God is essential for the entire human life. For that reason Dreyer (1981:94) describes pastoral care to the sick as: "one facet of pastoral care in general because the great Shepherd shows his care and love to people in all circumstances and therefore also in the moment of crisis and need". He warns against overstressing the significance of the ill-health situation as the perfect opportunity for the proclamation of the Word to the extent of undermining ordinary pastoral care (Dreyer 1981:94).

Pastoral care to the sick is also described as the pastorate in medical context (Van Biljon 1984:39). God's revelation is seen as the authentic point of orientation for

pastoral care to the sick. God is seen as being busy with the mediation of the truth as well as with the manifestation of the truth through the Holy Spirit in the contextual life of the person. To Van Biljon (1984:39) the task of pastoral care to the sick is to concretise the biblical truth that is, the Word of God in the contextual human existence. This is also the view of Dreyer (1981) and Coetzee (1998:36). Van Biljon (1984:41) explains further the incarnational nature of pastoral care to the sick. Pastoral care to the sick as the official task of the church is proclamation of the authentic Word of God in an incarnational way. This is important, for although the Word of God is viewed as authoritative in relation to the pastoral care to the sick, it does not exercise that authority from above that is, from outside the world. It should be understood incarnationally that is, from the contextual situation of the suffering person (Van Biljon 1984:41).

Pastoral care to the sick is viewed as an essential component of the pastor's responsibilities in the HKF as is evident in the two churches' church orders (Kerkwet NHKA 1979:79; Kerkwet HKSA 1988). Pastoral care to the sick is included in the letter of appointment of ministers as an important part of the pastor's responsibilities.

Van Biljon (1984:41) points out that the scopus of pastoral care to the sick is found in the encounter between God and humankind - from God to humankind. As theological praxis, pastoral care to the sick has to do with the functioning of the Word of God which stands in reciprocity with the human component, which has a role to play. The dynamic Word of God meets humankind's wrestling with the truth in an inter-polar relation in which dialogue takes place. This dialogue is controlled by and has its

destiny in Jesus Christ (Van Biljon 1984:41). In this dialogue Christ is the Alpha and the Omega.

The primary component of pastoral care to the sick is however faith-help or the fortification of faith. This takes place when the Word of God is proclaimed in its full richness (Van Biljon 1984:43). Pastoral care works also as a follow-up service. The task of pastoral care to the sick as a follow-up service is to see to it that faith is strengthened so that the believer will have assurance of salvation which she/he must share also with others. For that reason, de Wet as cited by Van Biljon (1984:43) states that pastoral care to the sick is not only proclamational but that it is also directed to mission work.

To ensure obedience to and compliance with the demands of the Scripture, the churches of the Reformation drafted important principles that should be followed meticulously both in their theologising about the ministry and in their ministry practice. I subsequently describe these principles.

2.6 Theological principles governing special pastoral care in the Hervormde Kerk Family, their significance and authority

The HKF subscribes to Reformed theological principles. These principles govern the study and practice of Theology as well as that of Practical Theology within the HKF. These principles determine the HKF's understanding, articulation and practice of the ministry to people under various conditions of need. Van Biljon (1984:1) writes: The pastorate as a theological discipline that is a revelatory science is founded on those principles that apply to Theology in general and are constitutive for Practical

Theology (my translation). The following are then the Reformed theological principles which must be complied with in the theorisation as well as in the praxis of the ministry in the HKF. Van Biljon's (1984) in his doctoral thesis lists and discusses these principles in the way they appear below:

- i. The revelation of God in the Holy Scripture is the primary principle that governs the pastorate as proclamation. Van Biljon (1984:84) describes these principles further:
 - a. Pastoral care is revelation theology and not an existential theology. Humankind can never serve as source, basis and norm of pastoral care.
 - b. God's acts of redemption are found in the Word which is the essential mode of revelation.
 - c. Pastoral care becomes true proclamation, only when it actualises God's acts of redemption within human being's wrestling with the truth. Only then, can the encounter between God and a human being, in which God truly addresses humankind, take place.
- ii. As a conversational proclamation, pastoral care is a para-liturgical service within the ecclesial service structure and has the edification of the body of Christ (the church) as goal. Pastoral care therefore ensures that:
 - a. Those who hear the Word of God live in obedience to the Word,
 - b. Their witness about Christ will lead them back to the service of worship.

- iii. The pastorate as kerygma, acts as a Biblical follow-up which is simultaneously proactive or preventative. Special pastoral care makes oversight unavoidable because kerygma includes elements of admonition, rebuke, comforting, training and encouragement. The Spirit employs the Bible as a means through which He comforts and instructs the counselee and raises his/her faith.

- iv. Special pastoral care is focussed or specialised service to an individual who is in tribulation and if necessary, also to the family that has to endure the pain that is inherent in that situation. It is proclamation to a person in his/her contextual needs but it does not mean that the special pastoral care seeks in an empirical-critical way, a technique for religious influence of the person in his/her concrete situation (Jonker 1981:22) but rather a joint search for the truth of God's Word. That is the only way in which the redemptive revelation of God's Word can be actualised in humankind's wrestling with the truth.

- v. It remains the responsibility of the pastor to unconditionally adhere and remain loyal to the Scripture. The pastor should proclaim the Scripture in its full richness, as the authority of the Word of God. The Word of God derives this authority from the Holy Spirit. The pastor is in other words, the carrier of the kerygmatic message from whence his/her authority comes. His/her word therefore becomes the gracious speech to the counselee in his/her greatest crisis that is, the crisis of sin.

- vi. Because of the fact that special pastorate is a person-focussed conversational proclamation, it is necessary that the basic elements of a successful conversation or communication be taken into account. In spite of the fact that special pastoral care adheres to the theological principles, it displays some flexibility with regards to the pastoral conversation, which fits into a different method from that of the general pastorate.

- vii. Although there is a systematic differentiation between various modes of proclamation, they all run in consort towards one proclamation goal, are interdependent and bear overlapping characteristics.
 - a. Where the special pastorate uses the theological-critical method, the norm applies, that it should function as a fully-fledged theological discipline that is completely loyal to the Word of God. In this case other theological disciplines interpret the pastoral labour while the pastorate determines the how of the person-focussed conversational proclamation as well as fulfil a stimulating and a serving function within the entirety of the theological study.
 - b. Further more, the pastorate utilises knowledge from, and results of non-theological disciplines that are subservient to theology, without falling into subjective, anthropological processes or without becoming a superficial companion of these non-theological disciplines.
 - c. The axiom that applies in the special pastoral care is that everything ultimately revolves around the revelation of God in Jesus Christ

through the work of the Holy Spirit, as attested in the Scripture and understood in the lives of people through the Word and Spirit of God.

From the afore-mentioned theological principles, Van Biljon (1984:33) concludes that a theologically balanced pastorate is kerygma, that is, communication of the Word that inspires every situation, guiding the counselee to faith in Christ, which in turn leads to a new meaning of life and transformation, to the glory of God and edification of the body of Christ through the work of the Spirit.

The above-stated principles are derived from the Holy Scripture as the Word of God. The Bible thus has the first and the last word with regard to the pastorate in general and pastoral care or ministry to the sick in particular. The Scripture is an important source of authority for the ministry within the Reformed tradition. Pastoral work is categorised as a theological discipline that subscribes to the all-controlling source of knowledge and norm, namely, the revelation of God as contained in the Holy Scripture as point of departure (Van Biljon 1984). The method of the pastorate is the theological-critical method in which the Scripture functions as the final norm and its statements are statements of faith whereby the church is served and edified (Van Biljon 1984:1).

Church practice is thus controlled and corrected from Theology (Van Biljon 1984:2). Theology is thus necessary to authenticate ecclesial practice. De Wet (1967: 45) states with regard to the imperative of compliance with relevant theological principles: “A church practice that stands removed from and is foreign to the theological principles can never be right, can never reinforce the faith nor edify the congregation, however

well established it be on other foundations” (my translation). The foregoing quotation aptly sums up the underlying premise for ministry in the Hervormde Kerk Family. The interest of this thesis is the Christian ministry to the sick. This interest justifies an examination of the Hervormde Kerk Family’s view of illness to which I now turn.

2.7 Views of health and sickness

2.7.1 What is health?

The HKF recognises the World Health Organisation (WHO) as an important source in the health and illness discourse. As a co-ordinator of the world-wide community’s commitment to, and action in respect of the promotion and protection of health, the WHO is viewed by the HKF as the relevant body that can best define and articulate the health phenomenon. The WHO provides then, the following definition of health: “Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity” (Louw 1994:8, Van Biljon 1984:50, Vere and Wilkinson 1997:59).

Van Biljon (1984:50) has a serious problem with this definition which he describes as subjective. He has a problem with the claim of the definition that there could be a complete state of human wellbeing. Louw’s (1994:8) (to whose earlier work van Biljon refers extensively) comment, after referring to the WHO’s definition, also reveals some uncertainty with regard to the same claim of the definition. His comment is: “Whether such a state actually exists and whether this health formulation is too idealistic or utopic, is debatable”. The query seems to be directed at the incredulity and not to the holistic nature of the definition. The Reformed traditionalists seem to be looking for a more modest claim regarding what health is and entails.

Van Biljon (1984:50-53) examines in brief the various distinctively discipline-based views of health, starting with Freud's psycho-analytic view. According to this view, health is a situation of conflict-free homeostasis (Freud as cited by Van Biljon 1984:50). Van Biljon however points out that this approach is biologically untenable because a conflict-free state would imply death (Van Biljon 1984:51). Freud however has recognised that a healthy active tension is necessary for human health even though humans are known not to be willing to develop the ability to derive satisfaction from active stress (Van Biljon 1984:51).

The purely biological view of health is described as the optimal organic functioning of body processes in line with the physiological and biological measurement. Health is according to this view, an uninterrupted integration of biochemical and organic functioning (Louw as cited by Van Biljon 1984:51). Louw in his later work *Illness as crisis and challenge* refers to this approach as the bio-medical approach and mentions that it leans more towards a biological and organic description of illness with its arguments emanating from four theories (1994:4): The bacteria theory: illness is caused by infection, viruses and bacteria; the epidemiological theory – the relationship between illness and the social factors, for example, smallpox; the mechanistic theory – the human body functions like a machine which can be 'repaired' by means of medication or surgery; the cellular theory – change which takes place in cells, for example aging and cancer.

Louw's (1994:4-5) views are roped in here as the views that shed more light on Van Biljon's views. After highlighting these four theories Louw (1994:4-5) rightly

remarks that the implication of the bio-medical approach is that the person is reduced to a functional organism. Citing Twaddle, Hessler's work, Louw (1994:5) asserts critically: "The concept of disease focuses on man (sic) as an organism composed of cells, tissues and organs that must function adequately and in reasonable harmony to ensure biological continuity ... man (sic) can play host to other organisms in ways that may enhance or jeopardise biological functioning, resulting in reduced capacity or death." From the abovementioned position this approach does not seem to view human life as it is – holistically.

The philosophical-anthropological view of health incorporates all aspects of human life, for example bodily, emotional, psychical, social as well as religious and ethical aspects. In this view health, humanness and ethical behaviour are synonymous while asocial conduct is not only unethical but also unhealthy (Van Biljon 1984:51).

The medical approach lies between the aforementioned views. The medical approach centres on a comprehensive health care which extends beyond mere physical condition. According to this view a person is medically healthy when he/she possesses the possibilities to grow towards self actualisation in relation to his/her fellows (Van Biljon 1984).

Spiritual health is described as inner freedom, inner availability, and the ability to adjust to life circumstances (Snoeck as cited by Van Biljon 1984:52). It is the ability to see existence as a task, a possibility towards the building of relations and the processing of the normal demands of life.

From a technocratic point of view, health is viewed functionally as a person's ability to be productive and have the capacity to be labour active (Van Biljon 1984:52, citing Louw).

The theological-ethical view is another perspective from which health is viewed. In this approach one is viewed as healthy when he/she lives in obedience to God and accepts responsibility for his/her relationship with God, fellow humans and the rest of creation. Peace and reconciliation with God, others and creation characterise this view of health that leads to spiritual maturity and optimal sense of living.

Health in a theological sense is closely linked to praise, worship, gratitude, and complete assurance of salvation in Christ. A life of praise, gratitude and worship of God is therefore regarded as healthy living before God and together with fellow human beings (Van Biljon 1984).

Having reflected on the abovementioned views some clarity as to the concept *health* has been achieved. Consideration of what sickness is could also contribute to a fuller understanding of health. Van der Poel (1999:40) entitles one of the sub-headings in chapter three of his book, *Wholeness and holiness*: "Health and illness are inseparable in human experience" which explains the close connection that exists between "health" and "illness" or "sickness". Looking at the essence and meaning of "sickness" could indeed promote a better understanding of "health". The relevant questions are: how does the HKF view sickness? Does the view resonate with that of the people who are in need of ministry to the sick?

2.7.2 The view of sickness in the Hervormde Kerk Family

The HKF acknowledges the fact that sickness is a complex phenomenon that cannot be understood exclusively from the biological perspective. It is indeed a psychosomatic problem. Sickness is a dysfunctional disequilibrium of one or the other system (Van der Merwe as cited by Van Biljon 1984:53). Van der Merwe describes, according to van Biljon, sickness as a function-disabling phenomenon. It disturbs systems from functioning properly.

Van Biljon (1984:53) citing Karl Barth describes sickness as an element and a sign of the menacing destructive forces of creation. It must therefore be viewed as an element and sign of a just divine wrath and a just divine judgment on the fallen humanity. The origin of sickness is in this view, God and the purpose is punishment of human sin.

Culture is also important in informing people's understanding of the health/illness phenomenon. Sickness must also be viewed from one's cultural context. Van Biljon (1984:53) cites Klink as saying that in primitive societies, sickness was viewed as devil possession. Faber (1971:1), pointing to the attitude of the so-called primitive society says: "The sick man (sic) will be regarded as under the spell of evil powers. His (sic) recovery – that is, his (sic) restoration to the normal community of the tribe – will be a question of magic". This type of attitude caused tremendous fear of the sick to the extent that they would isolate and ridicule him/her (especially if he/she is mentally challenged).

Sickness is a disintegrating or disharmonising process of the human person as a psycho-biological being. Louw, according to Van Biljon (1984:54) defines illness as the disintegration or disharmony in the psycho-somatic functions of the body and

disorientation at the existential level in respect of the psycho-religious functions of the entire person. In this regard sickness is also viewed as robbery of one's freedom (Overduin as cited by Van Biljon 1984:54).

The HKF believes that the effects and damage of sickness are very serious. The HKF indeed believes that sickness is just as destructive as sin and death. This family of churches however denies that God created sickness. It is therefore viewed as a reality without creator. Sickness is indeed just as sin and death are, neither willed nor created by God but nevertheless a reality of human life (Van Biljon 1984:54).

Illness is closely linked to religion (Pruyser as cited by Van Biljon 1984:55). It affects one's deepest relation, namely relationship with one's creator (Van Biljon 1984:55). Sickness is an element and sign of human corruption by sin. Only God's grace in Jesus Christ can bring about salvation. Sickness is understandably viewed as "the inevitable encroachment of the realm of death upon the living space squandered and forfeited by man (sic)" (Barth as cited by Van Biljon 1984:55). Van Biljon (1984:55) indicates that Jesus was opposed to sickness just as he was to the devil. Through miracles and exorcism he healed and cured the sick, thereby highlighting the presence and authority of God's Kingdom (Mark 5:19, Luke 11:20).

Van Biljon (1984) brings to our attention that through Jesus' atonement work, the deterministic and causal link between sickness and sin was broken. The fall of humankind into sin however, remains the cause of human misery and pain. Human beings therefore continue to suffer as a result of natural or communal sin. The goal of sickness is therefore not the discovery of sin but the total transformation of the human

being so that he/she will depend entirely on God's grace (Louw, cited by Van Biljon 1984:55).

Christ's victory over death in our place brings new hope for human life. This however, it must be emphasised, does not mean that to be healed in Christ implies no more bodily sickness. It however, means that sickness assumes new significance namely, of transience of human existence. The question is: how does the HKF address sicknesses that continue to harass her members and whether her actions and strategies are meaningfully helpful to the suffering members, especially black ones? The following section describes strategies employed by the HKF in her ministry to the sick.

2.8 Strategies employed to minister to the sick in the Hervormde Kerk family

2.8.1 An overview

The HKF accepts the responsibility for rendering service to the sick. Service to the sick is therefore an important part of the church's official task. The question is: what strategies are employed in this family of churches to carry out this important task? There are two strategies that are employed in the HKF, namely visiting the sick in their homes and in the hospital and the hospital ministry or what is sometimes referred to as church ministry in hospital or medical context (Van Biljon 1984).

For the former strategy, the services of the minister of the congregation, elders and deacons and even of members are employed. The latter strategy employs the services of a full-time hospital minister who looks after the spiritual needs of sick members of the church from various congregations who are hospitalised in that particular hospital.

I will explore these two strategies, starting with visit to the sick in their homes and at hospital.

Before embarking on the exploration of the stated strategies it is important to point to some identified problems that are inherent in the service to the sick members. Beukes (1981:167) highlights with disgust the attitude of many sick members (even nominal members) who feel entitled and demand to be visited by the church. He points out the following general attitudes of sick members which he rejects as possibly stemming from lack of understanding and even from disbelief:

- The pastor must visit the sick member to pray for him/her.
- Only the pastor of his/her congregation and not any other must visit him/her.
- Only the pastor's visit and prayer not that of other office bearers or members of the church have validity and power.
- The healing experienced by the sick member does not lead to any act of gratitude.

Beukes (1981:167) is concerned that sick members are only interested in the prayer and blames that situation on ministers who act casually during visits to the sick during which they only call for a moment of silence for a short prayer. This could, according to him, also be the consequence of misunderstanding regarding the nature and purpose of the church's task of visiting the sick.

2.8.2 Visit to the sick in homes and at hospital

Visiting the sick has always been an integral part of the HKF service to her members who become sick. The HKF views this service as an official task of the church that can be inferred from various scriptural passages including the description of the final

judgement, as recorded in Matthew 25:36 and its opposite in verse 43 and James 5:14. The life of Christ was in reality, one of fierce confrontation with evil forces, which were manifested in sicknesses. From the inception of his public ministry, Jesus paired the proclamation of the good news of the Kingdom of God with the healing of the sick (Matthew 4:23-24, Luke 6:17-19). When he sent his twelve disciples to the lost sheep of Israel for example, he commanded them: “Go and preach, ‘The Kingdom of heaven is near!’ Heal the sick, bring the dead back to life, heal those who suffer from dreaded skin-diseases, and drive out demons” (Mt 10:23-24 and Luke 9:1-6). Caring for the sick is therefore understood in the HKF, as Christ’s commission to his disciples and followers. There are many other scriptural passages from which the mandate to care for the sick can be inferred. The few that I have given should suffice as the basis on which the church understands and accepts the need for her to care for the sick.

Beukes (1981:167) mentions that the task of visiting the sick in the NHKA and by extension the HKF is further founded on the church’s creeds, especially the *Confessio Belgica*, Article 30. He (Beukes 1981:167) indicates that even though the creeds do not directly mention the task, there are certain indications pointing to it, for example Article 30 of the *Confessio Belgica* states the task of the church council as inter-alia to see to it that the poor and the depressed receive help and comfort. The depressed should include also the sick (cf. Beukes 1981:167). It is probably on such basis that the Reformed church has always viewed visiting the sick as part of her official task that ought to be carried out.

It is also on account of regulations of various Reformed Church Orders, that this task has found a place in the life and work of the HKF. The Church Order of Wezel (1568)

according to Beukes (1981:167) states as part of the contents of pastoral care to the sick “the comforting of the sick by means of the Word of God”. This “comforting” probably means that the Word of God should be conveyed to the sick in such a way that he/she will realise God’s love for him/her even in the context of ill-health and that he/she will find comfort in that realisation. The Church Laws of the NHKA (Regulation 149) and of the HKSA (Regulation 61.1.6) recognise the visit to and prayers for the sick as an official task of the church. In the 2003 Church Order of the HKSA this task of the church is mentioned both under the official functions of ministers in congregations and under entitlements for members, respectively (HKSA 2003, 3.2.1 a v and 7.6.12). This task belongs to the list of specific tasks and responsibilities of the minister (HKSA Church Law 1988, regulation 60.1.3, HKSA Church Order 2003, 3.2.1.a.v).

The basis for the task of visiting the sick is also found in church decisions. Beukes (1981:167) mentions that the provincial synod of Dordrecht stipulates that along with the comforting of the sick there should if necessary be the invocation of the name of the Lord in prayer. The appointment letters for pastors of both the NHKA and the HKSA mention the comforting of the sick as part of the pastor’s task and responsibility (cf. also Dreyer 1981:95). It is quite clear that the comforting of the sick is an important task that the churches of the Reformation acknowledge and regard as an imperative. This is also clearly stated by the ministers’ ordination formularies of the two churches. According to these formularies the task of ministers entails: “Firstly, the thorough and sincere preaching and application of the Word of the Lord revealed in the writings of prophets and apostles to their congregations in general and in particular... by comforting and correcting in the light of each one’s own needs”.

Visiting sick members with the purpose of comforting them is also the task and responsibility of church elders and deacons in the HKF (Beukes 1981:168, cf. also James 5:14, Formulary for the induction of elders and deacons). Elders and deacons therefore also have the responsibility to carry out the task of visiting the sick with the goal of comforting them. Ministers, elders and deacons of the HKF are expected to carry out the church's ministry to the sick. The question concerning the content of the task of visiting the sick imposes itself. I therefore briefly describe it in the subsequent section.

2.8.3 The content of the task of visiting the sick

The content of the HKF's task of visiting the sick is without doubt proclamation. Dreyer (1981:98-99) refers to the pastor in pastoral care as the bearer and conveyor of God's love, mercy and care over all people especially those who are in sickness and trials. The content is therefore the proclamation of God's Word. Beukes (1981:167-8) also describes the primary contents of the church's task of visiting the sick as the preaching of God's Word in its comforting, disciplinary and didactic dimensions. He cites many text verses that testify to Christ's work of proclamation and healing of diseases, emphasising that the former was primary and the latter secondary.

Pointing to Jesus' healing of diseases as well as the healing by his disciples, Beukes (1981:168), citing Mark 16:20 notes that miracles of healing were indicative of God's collaboration with the disciples and His validation of their preaching. The miracles of healing confirmed according to Beukes (1981:168), that the preaching of the disciples that in Jesus Christ, sin and death were overcome, was truthful and that in him the cause of all human distress, misery and sickness has been cancelled. It has been

shown that it is the HKF's official task to visit the sick at their homes and hospitals and other institutions at which sick persons may be cared for. The other strategy that is employed in the HKF's ministry to the sick is the church's hospital ministry.

2.8.4 The church's ministry in hospital

It is especially the NHKA within the HKF that has ventured into the hospital pastorate. The NHKA established her hospital pastorate in the 1980's. The need for this church to embark on this type of ministry is articulated in the *Handelinge van die Kommissie van die Algemene Kerkvergadering van die NHKA* (1980:1), loosely translated (Acts of the Commission of the General Church Assembly of the NHKA), Appendices C and D, prepared by Rev. JA van Biljon, the contents of which I give briefly.

Appendix C: (Acts of the Commission of the General Church Assembly of the NHKA 1980)

Memorandum: regulations and future guidelines for hospital pastorate

The document provides regulations for the hospital chaplaincy. It starts by restating the NHKA's understanding of the foundation and purpose of pastoral care to the sick. The HKF, as it has been stated previously, understands pastoral care or ministry to the sick as proclamation of the Word in a conversational way and as functioning as a follow up service. The role of pastoral care to the sick is the development and sustenance of the sick person's faith so that he/she will have assurance of salvation and be enthused to preach the Word to others. The HKF therefore understands pastoral care to the sick as both a pastoral and a missionary endeavour and as a

specialised and focused service. In this understanding, pastoral care is basically viewed as nothing else but the exposition and application of the Word concerning Jesus Christ's person, Word and work.

From this understanding, it seems that there is not much difference between pastoral care to the sick and preaching. The difference can at best be said to be the context within which each is being carried out. Preaching is done in a liturgical context and pastoral care to the sick in an interview session type context at home or in the hospital. It means that when the church is called upon to help a sick person who is in excruciating pain, the only way to do so would be to go and preach the gospel conversationally. The necessary tools would be Bible exposition knowledge and communication skills. These are necessary and well. The compiler of the document however recommends that the hospital minister should have an elementary knowledge of medicine and psychology for functional reasons. This points in the direction of the belief that illnesses are physically and psychologically caused.

The document points to the need for the hospital minister to have good skills and etiquette in his/her interaction with all the three categories of people whom he/she meets in the hospital, namely patients, the therapeutic team and patients' relatives. While the pastor is expected to develop specific skills and learn relevant etiquette to enable him/her to function effectively in the hospital setup, it is emphatically stated that he/she should avoid at all costs, using the gospel as a means towards curing diseases in the hospital. It is in fact stated that the pastor's task in hospital should be to attend to the religious life of the sick to guide him/her to a healthy faith even in the

context of sickness. This smacks of a dichotomy consisting of the religious and the medical aspects of human life which is not known among the people of Africa.

As the pastoral responsibilities of the hospital minister, five areas are identified, namely, contact calls, follow-up calls, referrals, long-term counselling and pastoral care to the patient's family. Some of the requirements of the hospital ministry could, according to the compiler of the regulations under discussion, include registration of hospital ministers and a course in pastoral care to the sick. These responsibilities exclude the possible Christian healing ministry activities as understood in the light of Jesus' ministry practice. The healing activities of the church in the light of Jesus' healing ministry are actually forbidden. For the establishment of the hospital pastorate or the church ministry in medical context, some operational guidelines are given in a further document, namely, appendix D. I give in the following paragraph, a summary of this document as well. This should clarify sufficiently, the view of the NHKA with regards to Christian ministry to the sick.

Appendix D: (Acts of the Commission of the General Church Assembly of the NHKA 1980)

Operational guidelines for the hospital pastorate of the NHKA

The task of pastoral care to the sick in medical context according to this document, consists of two activities, namely, the church's care to chronic, acute and terminally ill patients in Provincial hospitals far from their home congregation and the provision

of pastoral care to the relatives of patients who find themselves at the hospital during crisis times and /or the death of a patient.

The hospital minister's function is to, in collaboration with hospital authorities, have his/her work programme integrated with that of the hospital, organise regular consultation time in the consulting room in the hospital. It is also expected of the hospital minister to help patients with the planning and implementation of referrals in respect of counselling and social needs, to maintain contact with the patient's congregation minister, organise regular worship services, and attend congresses and symposia relevant to the hospital ministry as well as to continue studying and conducting ongoing research for publication of results in the field of hospital ministry.

Appendix D ends with recommendations to the Commission of the General Church Assembly (NHKA) with regard to actual institution of the hospital ministry covering all forensic and practical matters. These recommendations were tabled for discussion and approval by the Commission of the General Church Assembly of the NHKA. The latter accepted appendix D as is, with one exception, namely the linking of the hospital minister with a particular congregation. This decision ushered in a new exciting period for ministry in the NHKA.

The hospital ministry was later introduced to the HKSA. As a result one of the HKSA's ministry candidates was called in 2001 to work as a hospital minister at the Johannesburg hospital. In this way the HKSA also joined in the intensified pastoral ministry to the sick in medical context. The ministry has however not enjoyed much reflection in the HKSA as yet.

The ministry to the sick as articulated and practised in the HKF is quite well developed and sophisticated. Clearly stated principles and guidelines in respect of the ministry and later the institution of the hospital chaplaincy are all proof of the church family's unquestionable commitment to the service of humanity. There is therefore no question as to the serious concern that this church family has for the sick.

The question that remains is: is this method or approach not restrictive or reductionist? The other question is: would this be the only thing that Jesus would do if he were to be invited to visit the sick in hospital today? What about the practice of Christ's healing ministry? The HKF is dead silent on, and sounds opposed to this very important ministry that formed an integral part of Jesus and his unlearned and unsophisticated disciples' preaching, a combination that turned the world of that time upside down and won many souls for God's Kingdom. If Jesus would heal the sick, why is the HKF so silent about the possibility of employing the healing ministry as part of the strategy in her ministry to the sick, especially within the African context? Is the church not supposed to be Jesus Christ's continued life here on earth? The church is said to be an ambassador of Christ (2 Corinthians 5:19). Should not this ministry include invocation of the name of the Lord to bring cure and healing to the sick both at home and in the hospital? It seems as though the HKF's ministry to the sick is oblivious of evil forces that are active in the African context. Nothing in respect of addressing the problem of evil forces is mentioned in the HKF's ministry to the sick. The irony in all this is that members of the HKSA which is part of this family of churches more often suffer as a result of these evil forces manifesting themselves in experienced witchcraft activities.

2.8.5 Evaluation

In this chapter the concept “Hervormde Kerk Family” has been unpacked. The clarification of the concept has pointed to a close relationship between the HKSA and the NHKA and especially the influence of the latter’s theology and practice on the theology and practice of the former. I have also presented with brief explanation, some of the basic principles on which the sixteenth century Reformation was founded to provide an appropriate background for a more informed reflection on the two Reformed churches’ ministry in general and ministry to the sick in particular. I have also presented and examined the theological principles that govern reflection on, and practice of the ministry to the sick in the two churches as well as their view of health and sickness and strategies they employ to minister to the sick.

It is clear that the influence of the NHKA, while presenting a particular working framework to the HKSA, which is important, has also created a distance between the HKSA’s ministry reflection and practice and the world-view of her members. This distance may be responsible for the deficiency in the ministry of the HKSA whose members subscribe to the African world-view which the ministry approach of the two churches does not take into account. This deficiency causes members to have double allegiance, namely allegiance to the HKF and to sangomas, traditional healers, as well as prophets of the African Independent/Initiated Churches. Many members of the HKSA consider the abovementioned instances to be the source of their cure and healing. This situation has its roots in the members’ knowledge that their church does not consider their existential problems nor bother to find appropriate ways of addressing them in the name of Christ. Setiloane explains the dilemma that the

negligence of a people's world-view causes. Setiloane (2000:46) says this leads African Christians to live at two levels, i.e. "their traditional world-view level and the Western cultural level".

In the next chapter I examine the health and illness phenomena in the African context. This is aimed at giving us the opportunity to analyse the situation within which the HKSA operates, as Zerfass (Heyns & Pieterse 1990) suggests we do. I hope that the analysis will lead to a realisation that there is a lacuna in the HKSA's ministry to the sick in the light of the African world-view and that there is a need for its amendment.

CHAPTER 3

AN AFRICAN UNDERSTANDING OF THE CHURCH, HEALTH AND SICKNESS PHENOMENA

3.1 Introduction

In this chapter, I explore the African context in as far as it relates to health and sickness. Zerfass (Heyns in Heyns & Pieterse 1990:36) points to the actual situation as the second area that needs consideration in the search for possible causes of and solutions to church or congregational problem praxis. Various concepts that have a bearing on the definition, articulation and practice of the health and illness in Africa will be described. This will be done through a study of relevant literature. The exercise is aimed at generating background information in the light of which black African members of the HKSA's belief systems and behaviour, especially with regard to the health and sickness phenomena may be understood. Such an understanding is necessary for a design of a meaningful Christian ministry to the sick in an African context which is the ultimate concern of this thesis. I tackle the African Context as a single entity though aware of the diversity that exists in terms of the composition of continental peoples, their cultures and religions. It is in view of the existence, in spite of the differences, of the core of Africanness that runs through these different cultures and religions that one may speak of an African world-view (cf. Imasogie 1993:53). The African traditional religions are an important source and point of departure for the discussion of Christianity in Africa and its activities. In the next section we learn of the significance of the African traditional religions in the articulation and praxis of the church in Africa.

3.2 The African traditional religions as source and point of departure

African religion is an important source of and a good starting point for a meaningful discussion of Christianity, the church and/or ministry in Africa (cf. Mbiti 1989:59, Kalilombe 1979:143-157). It is therefore imperative for theologians and ministry

practitioners who work within the African context to seriously explore the African traditional religions. Ezeanya (1969:46), concluding a chapter entitled: *God, spirits and the spirit world (with special reference to the Igbo-speaking people of Southern Nigeria)* says:

It is necessary, therefore, that all scholars, teachers and heralds of the Gospel should co-operate in this task of seeking to understand the essence of African religion. We are convinced that there are in African life and thought hidden treasures, precious germs, provided by God for the embellishment of the Gospel. The present generation has inherited a precious tradition from its forbears – a tradition that puts God first in everything, a tradition in which the spiritual takes precedence over the material.

The significance of African religions in the life of African peoples deserves serious consideration in the search for answers regarding African life's deepest need. Mbiti (1989:59) writes in this regards:

African religion sprouted spontaneously without a founder. In the course of time it provided working answers to the mysteries and problems of life and has been passed down from generation to generation through oral tradition, ritual, ceremonies, dance and common memory. It colours all aspects of life.

In the light of this insight it is right to conclude that African religion is the core of the African world view (cf. Teffo 2003:165). It is therefore necessary that the dynamics of African traditional religion be explored if a better understanding of the workings of African Christian religious life is to emerge. An exploration of the African world-view will bring clarity in respect of the deep groundedness of contemporary African life upon the African traditional religion. There is, in African traditional religions, invaluable wealth for Christian theology and ministry in Africa. The following elements of African traditional religion(s) are especially admirable:

- a) There is a widespread belief in a supreme God, unique and transcendent.
- b) Africans have a sense of the sacred and a sense of mystery; there is high reverence for sacred places, persons and objects; sacred times are celebrated.
- c) Belief in the afterlife is incorporated in myths and in funeral ceremonies.
- d) The invisible world of spirits and ancestors is always present and the intentions of these spirits can be ascertained; care is taken to ascertain the will of the spirit to whom sacrifices may be due or from whom protection may be sought.
- e) Religion enfolds the whole life; there is no dichotomy between life and religion.
- f) Ancestors mediate between God and man (sic).
- g) Belief in the efficacy of intercessory prayer is widespread.
- h) Bodily purification is required before one may approach to offer sacrifice to God; there are nevertheless provisions for spiritual purification also.

- i) It is believed that sin harms the public good; hence there are periodical purification rites in order to promote public welfare.
- j) Worship requires a fundamental attitude of strict discipline and reverence.
- k) Pardon is final and acknowledged by all: an offence, once forgiven, is never recalled⁴.

These are indeed very significant elements of the African world-view in as far as the African traditional religious sphere is concerned. These elements account for the belief that Africans are deeply religious people and that their thought pattern and conduct under various circumstances are the result of this background. As a deeply communal people, Africans are as it has been shown in the above aspects, highly reconciliatory, ethical and have high regards for morals. Mbiti (1990:256) states this point quite aptly:

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

The African world-view is the subject of the section that follows and in our exploration we will frequently come across the abovementioned elements.

⁴ http://afrikaworld.net/afrel/atr_admire.htm Accessed on 2003-11-20.

3.3 The African world-view and reflection on the concept “world-view”

To ensure clarity on significant issues regarding this section, it is to my mind important to reflect briefly on what the concept “world-view” means. This brief reflection should make apparent the implications of life in a given world-view. There is no intention here to give an exhaustive reflection on the meaning and implications but only to give a brief reflection of the African world-view, especially those aspects that relate to the health and illness phenomena. The intention is therefore to describe in broad, the African world-view landscape. This description includes an attempt at unpacking the meaning of the concept “world-view” and a description of some of the characteristics of the African world-view. From such description and reflection an understanding will emerge as to why some African people behave, believe and conduct themselves in particular ways that defy the dominant perspective(s).

From such an understanding of the African world-view it will be possible to examine the church, the ministry, health and sickness from an African perspective. This will facilitate effective examination of the way in which members of the HKSA attempt to deal with diseases that are experienced as supernaturally-caused. Such an examination will hopefully reveal and enable assessment of the extent to which the HKF ministry approaches and strategies resonate with the African experience.

After reflecting on some reputable authors’ views on *world-view*, Schwär (2001:79) provides the following useful definition: “World-view generally refers to a comprehensive philosophy of the world, of human life and of the universe, including

cosmology, religion and explanations of existential and empirical phenomena”. World-view is therefore important in that it provides an environment within which to explain and interpret reality surrounding human existence, relations and life space. It structures human thinking thereby providing order and meaning (Schwär 2001:80). It helps people find existential meaning, especially regarding questions of life and death, the presence of evil and misfortune as well as moral behaviour and conduct (Schwär 2001:78).

World-view is inseparably linked to culture. Kraft (1989:20) describes “world-view” as “the culturally structured assumptions, values and commitments underlying a people’s perception of REALITY” (cf. Ooms 2005:40). “World-view” is thus culture-specific. Schwär (2001:79) concurs as evidenced by his further statement that “world-view” is religiously based and culturally determined. This affirms the view that religion is pervasive in the African world-view (Teffo 2003:165) and that a “world-view” is culture-specific. Environmental conditions play a role in determining the “world-view” of a particular people. It is therefore possible to refer specifically to the African world-view in its various configurations as an important matrix for peoples of Africa. To Nyamiti (1999:2) the African view of the world is that of an indivisible organic whole composed of supra sensible or mystical correlations or participations (cf. also Berinyuu 1988:5). This African world-view has several salient features which are important to reflect upon. The following are some of these features:

3.3.1 The African world-view is holistic

The African world-view is holistic in nature. In Africa, life is viewed, understood and experienced as an indivisible whole, a single unit in which all realms inter-relate and

work in unison. Schwär (2001:80) states: “There is no distinction between the empirical, metaphysical or the supernatural, between the conscious and the unconscious. According to Kiernan (1981) there is no distinction between sacred and secular concerns or between the physical and the mystical world”. It is believed that such a situation is responsible for the total assimilation of a human individual in the group and absence of clear-cut differentiation between different social functions (economic, juridical, political, religious and so forth). The African thinking is moulded in this context of integrated reality (cf. Berinyuu 1988:5). Everything is believed and experienced to be in relationship, one with another. Both the visible and the invisible worlds are equally important to African life. Osei-Mensah (1990:62) in his discussion of “servant leadership in Africa” and the unique contribution Africa can make towards betterment of world church leadership confirms this, when he indicates that in contrast to Western Christians’ struggle with a dichotomy between the spiritual and the material: “... most Africans live in the awareness of the unity of reality, material and spiritual, and of man’s (sic) relationship with God and to one’s total environment”. Relationship in a broader sense is vital in the African world-view. Berinyuu (1988:5) notes that:

Most Africans generally believe that everything (human beings included) is in constant relationship with one another and with the invisible world, and that people are in a state of complete dependence upon those invisible powers and beings. Hence Africans are convinced that in the activities of life, harmony, balance or tranquillity must constantly be sought and maintained.

Emphasising this connectedness and search for harmony, balance or tranquillity, Berinyuu (1988:7) likens the African world-view to a Rubik Cube:

All the sides and colours of the sides form an integrated, patterned whole. If one side or a set of sides and colours shift, the whole Rubik Cube is in disarray. For the Rubik Cube to be in order, every side, every colour and every cube must be in its proper place. Shift one and you upset the unity of the design; bring it back into position and the entire Rubik Cube is restored wholly. Similarly in Africa, if someone breaks the moral rules of community, this simultaneously disturbs the cosmic ties between the person and the community.

In the African world-view therefore human fulfilment and harmony is found only in relation to one's human and spiritual communities (Imasogie 1993:75). Nyamiti (1999:2) agrees and points out that the connection between cause (supernatural) and effect is immediate and that secondary causes are either not admitted or are considered negligible. Nothing therefore occurs by coincidence or chance as is the case in the Western world-view (Schwär 2001:80, Imasogie 1993:75). Nyamiti (1999:2) goes on to point out that God is in the final analysis the fountain of life, the power and the foundation of human and cosmic solidarity, totality and participation.

This comprehensive relationship is emphasised in rites of passage wherein a person is initiated into each life stage (Imasogie 1993:75). Nyamiti (1999) observes in agreement that central to African tradition are cyclic duration, ritual repetition, gerontocracy (government by old men), cult of ancestors, initiation rites linking the

contemporary communities with the mythical time of the ancestors for participation in the sacred events of that time of origins. This relationship that includes human relationship to nature is said to be indissoluble. Imasogie (1993:76) observes that blood plays a very important role in ensuring that this relationship is sustained. He asserts:

Another element in the African world-view under discussion that needs emphasis is the role of blood both in terms of its efficacy in effecting reconciliation with spiritual beings and solidarity in the human community. We have already mentioned the importance of blood in our discussion of sacrifice as a means of coping with the uncertainties of life. When an animal is slaughtered as a sacrifice to a divinity or an evil spirit it is done in the belief that the blood of the animal atones for the sin of the worshipper. In human relationships the blood tie is so strong that everybody who can be identified with a particular clan is regarded as a 'brother' or a 'sister' to other members of the clan and must be treated accordingly. For this reason there is hardly any African ethnic language that distinguishes between the term 'brother' and 'cousin' as we have in other languages such as English. The only word that refers to blood relationships is 'brother' or 'sister', as the case may be.

Things are conceived as symbols of each other – as symbols that not only unify symbolised objects but also as participating in the reality that they represent.

Interpretation of the symbolism of created things and entering into communion with them are an important pursuit of the African who is appropriately initiated.

3.3.2 The African world-view is characterised by strong community bonds

Of great significance is also a strong *community life* expressed by participation of an individual in community life of communities into which they have been initiated. This community life is responsible for an intense sense of family evidenced by a strong attachment to the family and the bond with ancestors. This is also evidenced by a great respect for the head of the family and other figures of authority within African communities.

There exists often a mystical relationship of members of a particular clan to a totem with which the clan is identified (cf. Mbiti 1990:102, Nyamiti 1999). To Setiloane (2000:20) African peoples' community form of existence becomes clear from the African myths of 'genesis' all of which depict the first people as having come from either a 'bed of reeds' or a 'hole in the ground' as a group or "a community of men, women, children and animals". Setiloane (2000:20) observes further after reflecting on the strong relational dimension of African peoples: "These relationships, 'by blood', 'by marriage' or by mere association are emotionally seated and dearly cherished. This becomes evident when a need arises, like some tragedy (a death) or some occasion for rejoicing (a wedding)" (cf. Mbiti 1990:102). These relationships intensify during moments of deep human need, which counters the contemporary saying that goes: 'when the days are dark, friends are few'.

This form of existence is expressed clearly through the Ubuntu matrix, namely, a person is a person through other persons or as Louw (1994:24), citing Saayman puts it: “Cognatus ergo sum (I belong through kinship therefore I am)”. This statement can be traced to Mbiti (Setiloane 2000:21) who rightly stated: “I belong, therefore I am” to express the inevitability of community to African life and existence. Kinship is vital for the African. A person is never and should never be left in a position of being an island. Belonging is in fact, as Setiloane (2000:21) articulates it: “the root and essence of being” in Africa. Setiloane (2000:21) further alludes to tragedies that befall Africans who go to live abroad in countries like Europe and United States of America who get depressed as a result of experienced loneliness and distance of the people in spite of their closeness and numbers. I think that it is proper to end this paragraph by quoting the words of Seoka (1997:9) to emphasise the importance of the African community form of existence: “In summary, African spirituality is outward bound for inward nourishment of the community through shared experience”. The healthy life and existence of African peoples depend upon this community belonging. This mutual belonging is therefore rightly sought, nurtured and maintained throughout one’s life in Africa (cf. Setiloane 2000:21). Without this belonging, African life becomes disturbed.

Conflicts should therefore be resolved before they tear a family, clan or a community apart. Unresolved conflicts are usually viewed as a precursor to floods of witchcraft, sicknesses and misfortunes that are thought to often lead to death. It is therefore important for people to reconcile in order to lead a healthy and happy life.

The relational dimension of African life extends also to the rest of nature – both the physical and the supernatural. In order to have good life there should be harmony among human beings and between human beings and other members of the universe – plants, animals and spirits – both benevolent and malevolent. Bujo (1992:22) writes in this regard: “African society is a real ‘mystical body’, encompassing both dead and living members, in which every member has an obligation to every other” (cf. also Setiloane 2000:21). In this close knit relationship there is mutual caring, respect and interdependence. Setiloane (2000:22) emphasises the inclusiveness of the African community life, saying: “The most cherished principle in life-together is to include rather than to separate (or exclude)” in spite of differences and conflicts that may exist (my brackets). This characteristic of the African world-view is closely related to the subsequent one i.e. the African world-view has a dynamism and vitalism.

3.3.3 The African world-view has a dynamism and vitalism

The African world-view is also characterised by dynamism and vitalism, comprising an existential, concrete and affective way of approach (Nyamiti 1999:1). Reality is defined in terms of its dynamic aspects that relate closely to life. Great emphasis is therefore placed on fertility and life as well as identification between *being* and *power* or *vital force*. At the centre of the African traditional worldview is “coexistence with and the strengthening of vital force or vital relationship in the world and in the universe. Above all the forces, is God who gives existence and increase of power to all others” (Nyamiti 1999:1). God is thus the first in the hierarchy, followed by the dead of the tribe. The mode and degree of participation in the Supreme Force (God) and in superior forces of other “spiritual” beings determine the living’s position in the hierarchy.

There is an irresistible craving for power, protection and life that originates from a feeling of incapacity and an obstinate desire to overcome it. Dynamism and spiritism are believed to satisfy many individuals' needs. Charms and talisman are believed to be channels of vital energy (Nyamiti 1999:1). Whatever attacks the vital force and human hierarchy is bad. That which nurtures, maintains and increases the vital energy received from the life-Giver is believed to be ontologically, morally and juridically just.

Interaction and participation are said to be central to the African worldview. Basic to the interactive and participative African way of life is according to Nyamiti (1999:1) the united front of *force, soul, life* and *word*. The result is according to (Nyamiti 1999:1), the *pan-vitalism or cosmo-biology* that characterises the African worldview.

The classification of being is according to Nyamiti, based on forces according to, a) the principle of proximity of origin (the begetter is always 'stronger' than the begotten), or of existential affinity (correspondence between the visible and the invisible, the profane and the sacred, the jungle and the village); b) distinction of sexes (Nyamiti 1999:1, 2). Life is therefore active participation of humankind in God's life which concerns both the physical and spiritual.

3.3.4 The African world-view has a heightened sense of the sacred

The African world-view further has a marked sense of the sacred that is understood as "*tremendum et fascinatum*" and that is often manifested in initiation rites that seek to

link the present community with that of the ancestors with its peculiar culture (Nyamiti 1999:2). In that context one is said to live in close contact with one's ancestors and other spirits. African traditional life is therefore characterised by magico-religious behaviour or conduct (Nyamiti 1999:2).

There is a cosmic hierarchy in the African conception of the reality of life. Among the spirits, God is the highest (Parrinder 1971:61). According to Parrinder (1971:61) God dwells far away in the sky or in some important places such as mountains and is approached through intermediaries. Mother Earth is said to cater for the purity and fertility of the soil. Other members of the cosmic hierarchy are the ancestors and nature spirits.

3.3.5 The African world-view is characterised by anthropocentrism

The African world-view is noted for its anthropocentrism. Human being is in the centre of the African worldview. Mbiti (1991:40) notes:

In the African view, the universe is both visible and invisible, unending and without limits. Since it was created by God it is subsequently dependent on him for its continuity. God is the sustainer, the keeper and the upholder of the universe. Man (sic) on the other hand, is at the very centre of the universe, as he has traditionally imagined it to be.

Human welfare (well being, security, protection) is one of the greatest pursuits of an African and his/her community (Nyamiti 1999:3). The world as an inexhaustible

source of life is meant to reinforce the power of humankind to give him/her more vitality. According to this centralistic self-conception of human being, the world exists to the benefit of humankind (cf. Mbiti 1991:43). As an important factor in the midst of various spirits or divinities, human being endeavours to always be in harmony with them and all other inhabitants of both the visible and the invisible universe.

Africans believe in the existence and involvement of ancestors in the affairs of their descendants. Ancestor veneration is anthropocentric and is intended to procure human welfare in this world and in the world beyond death. Even God is perceived in human terms. Nyamiti (1999:5) maintains rightly: “And in those cases where the creator is acknowledged as ancestor, he is anthropomorphically conceived”. All the abovementioned factors have an influence on the beliefs and life of Africans including those who claim to have embraced Christianity. These matters without doubt also influence the African conception of the church.

3.4 The African understanding of the concept “church”

Questions that will help advance a better understanding of the church as a religious community from an African perspective will be examined. These questions must focus on the nature and role of the church as understood and experienced by many Africans. It is hoped that this process will assist in the description of the church and her role as conceived in the African mind.

According to Zerfass (Heyns in Heyns & Pieterse 1990, Theron 2000:194), a good situation analysis of the church context should be made in order to establish disabling factors and practices. In this section of chapter 3, an attempt is made to make such a

situation analysis. This analysis looks at the African understanding of the concept “church”. This is necessitated by the fact that the HKSA was founded as seen in chapter 2, on and shaped by Western presuppositions and has therefore lost her African identity. It is highly probable that this could be the cause of the current problem. It is in that light that it has become necessary to look at the type of church that would suit the label “an African Church” and whether the HKSA fits such a description or needs to transform herself for her to truly be Christ to African members. This is in a sense a search for an identity of a true African church that will be Christ also for traditional African Christians. This search can be successful only if and when the Africanisation of Christianity can be taken seriously.

Attempts at Africanisation of Christianity in the continent are an historical endeavour. They are attempts that are born out of the need to liberate Africans from perpetual foreign domination on all fronts but especially in the religious sphere. Such attempts were in the past inspired by the emergence of independence from colonial rule in some African countries like Kenya (cf. Waruta 1998:29). They were aimed at identifying the type of church that would be seen to represent aspirations of Africans. This was considered quite necessary, as a truly African church would be one of the tools that could effectively facilitate the required liberation. There was indeed great hope of regaining lost identities for most African communities and their institutions (Waruta 1998:29).

The question that is self-imposing at this point is: what type of church can be considered to be life-giving to black African Christians? There is no doubt that the church that would be life-giving in Africa would have to be truly Christian and at the

same time truly African (Waliggo 1998:111). Waliggo (1998:111) notes the disastrous consequences of the Christian Church of the nineteenth century Christianity in Africa that ignored the African world-view:

The Church which could have been presented using the local notions and patterns of thought was introduced as something completely new. The men and women who were to belong to it had to be new. Their thinking and mode of action had to be new and foreign. These new members considered themselves belonging to international communities of Christians abroad but saw no relationship with members of their own communities and tribes who were not Christians. They were not made to discover values in their culture which would have made them truly Christian and at the same time truly African.

It is clear that the abovementioned model of the Christian Church in Africa ignored the African context, thereby refusing to acknowledge the context as viable ground upon which to build the new community. This has proved to be counterproductive for the Christian Church in Africa in the long term. Such a situation created in the main, schizophrenic, dualistic and dichotomous tendencies among many African Christians (cf. Waliggo 1998:112). The problem with the early Christian missionaries was the fact that they viewed their own cultures as the standard for Christian living and conduct and therefore imposed them on Africans, disregarding the African world-view. Waliggo (1998:113) observes that missionaries, who came to Africa, unlike the apostles who left the local churches under local leadership shortly after establishment, came to stay, to preach and not to listen or learn. He (Waliggo 1998:113)

notes further: “Being totally suspicious and opposed to local cultures, they came with strong prejudices against local people whom they could not entrust with quick leadership of their respective [faith] communities”. This attitude and conduct transgressed to my mind, what Waliggo (1998:115) calls the basic principles of: “respect to all cultures and peoples to receive the Good News without first becoming Europeans, speed in establishing autonomous local churches with local ordained ministers, trust in the magnificent work of the Holy Spirit in making churches grow from within, and finally establishing churches centred on the Eucharist, the Word and *diaconia*”. The mission church in Africa therefore became and remained for centuries in many respects, a European product and thereby missed out on integrating African values and notions.

What then would the ideal type of church in Africa be? What values and characteristics should the truly African Church embody? Will embodying these values and characteristics be helpful also to the ministry of the HKSA, especially in dealing with sicknesses and misfortunes? These are serious ecclesiological questions, the answer to which could help identify the truly African church that is life-giving to the majority of black African Christians in their typically African existential needs. Waliggo’s (1998:115-119) research into the preferred church model in Africa brings the following important factors to the fore:

- (i) The Church in Africa should be like a family, an extended family and or a clan in which members feel themselves to be an integral part. In this church model, leaders have to close the gap that exists between clerics and the grassroots people.
- (ii) The recommended model that was dominant was the one that embodied the principles of communion, awareness and solidarity.

- (iii) Answers from respondents concentrated on *communio*, the people of God and a model from African mentality and cultural values.
- (iv) The principles of unity shown in sisterhood and brotherhood, mutual respect and loving care formed dominant demands on the African Church, from respondents.

It is clear from abovementioned dominant factors that are believed to have the potential to enrich the African ecclesiology that the African communal system is vital as a cohesive force that forms the core of a potentially viable church in Africa. Waliggo's (1998:115-119) respondents alluded to the following factors which they viewed as central to the being and nature of the church in Africa:

- A high degree of African solidarity should be adopted.
- African proverbs should be effectively applied for deeper catechesis
- Respect for one another, for elders, for church leaders and a concern for the ancestors as part and parcel of the living Church.
- Hospitality to the sick, the poor and strangers should be a church priority concern.
- The African concept of sickness and care for the sick should have the church's special attention.
- Other concerns include duties and rights to the community, respect for life and ministry of physical and spiritual healing.
- Blood symbolism in African cultures, and
- Communal festivals.

Many of these factors have been creatively integrated in the work and life of African Independent/Initiated/Indigenous Churches (cf. Waruta 1998:37). In a nutshell the AICs base

their teachings on the African world-view in which human life and events are believed to be primarily controlled by spiritual forces and in which African kinship system is adopted, as a result of which there is mutual support among members. Nthamburi (1998:43) adds the primacy of holistic healing, faith healing practices, spontaneity in and dynamic worship, and the activity of the Holy Spirit as marks of the AICs as true African Churches. For these churches, spirituality and wholeness are related (cf. Nthamburi 1998:45). Nthamburi (1998:45) describes the nature of the African Church as basically a “healed” community. To this, I include “and healing” which constitutes one of the primary activities of an African Church. The new description of the nature of an African Church will then be the “healed and healing” community, because the African Church is not only healed but also practises Christ’s healing ministry in order to, in the name of Christ provide cure and healing of various sicknesses and misfortunes.

The understanding of the church as a healed and healing community rightly emphasises the belief that God wills his people to be well and healthy. The implication of such belief is that anything that interferes with good health and relationships must be viewed as extremely evil – as against the will of God. The devil is therefore thought to be the author of sicknesses and disharmony. The African Church believes that such a situation calls for the miraculous intervention and the exorcising power of the Lord Jesus (cf. Nthamburi 1998:46). Believers in the AICs are encouraged to trust in God for healing and good health. Mbiti (1970:68) bears testimony to the African trust in God for healing and good health, when he writes: “In time of a serious or chronic illness, and when human help is slow or ineffective, the Akamba say: ‘God is the most superior Physician’”. The healing task of the Church is therefore very important as a divine instituted mission that would lead to God’s glory and human health and happiness.

The healing task is carried out by people who are believed to be endowed by God “with the same supernatural power that characterised Jesus’ ministry” (Nthamburi 1998:46). These people understand their calling as that of controlling all evil and spiritual forces that threaten to bring suffering and disorder to God’s world. The African Church believes that healing comes from God through the power of the Holy Spirit and is received by faith. Healers in the church are empowered by the Holy Spirit to cure physical illnesses and drive out all evil and malignant spirits by mere command. Nthamburi (1998:46) mentions that in some AICs like the Kimbanguist Church, healing ceremonies follow the African solidarity mode, involving “a union of the patient, extended family, friends, neighbours and the spirits of the departed”.

The activities of evil spirits and witches are often blamed for illnesses and misfortunes. In the African Church as represented by the AICs, prayer and other objects like blessed water, oil and other material objects are used in different ways to effect cure and healing. Nthamburi (1998:47) mentions that the AICs do not use charms or magic in their healing sessions. They are said to pronounce healing in the name of Jesus Christ who has overcome all evils, principalities and cosmic powers. The church is believed to have been given power by the Holy Spirit to bring wholeness to the whole body of Christ (Nthamburi 1998:47). This power includes the power to reconcile people and restore strained relationships in Christ’s name.

From the aforesaid, one can conclude that a truly African Church takes or should take seriously:

- The belief in the absolute power of God and the endowment of such power to the church.

- The religious foundedness of life in Africa.
- The belief in the activity of spiritual forces (benevolent and malevolent).
- Dynamic spirituality.
- The African close-knit community form of existence and true solidarity.
- African cultural values of respect, mutuality and hospitality.
- Intense aspiration for good health, cure and healing.
- The belief in the healing ministry as a component of the great commission.

In light of the aforementioned conclusions, it can be said that a truly African Church understands herself as a community whose members are united around their culturally based understanding of the biblical message. The church that operates in Africa is in light of the African world-view under obligation to acknowledge the activities of spiritual forces and the role of the church in curbing them from harming people through her curing and healing ministry. A truly African Church should therefore genuinely trust God's absolute power and accept the church's status as the risen Christ's representative and as God's instrument of salvation, liberation, healing, sustaining and reconciling. Another important matter among many African communities is the belief in ancestors. The following section explores this belief and its implications in the life and conduct of Africans.

3.5 The belief in ancestors, its implications and impact on descendants

The discussion of the African world-view would be incomplete without any mention of ancestors. Ezeanya (1969:43) observes: "...to the older African men and women in the hinterland villages, life from day to day – and we might legitimately say from moment to moment – has no meaning at all apart from ancestral presence and power". Issues that concern ancestors and their veneration are conveyed to younger

generations through word, acts and rituals. There are, according to Sawyerr (Kgatla 2000:130) several categories of ancestors. Kgatla (2000:130) describes only two of these categories which he rightly says apply mainly to Africans living in the Limpopo Province of South Africa. He (Kgatla 2000:130) writes:

- a) There are ancestors who can be classified according to direct genealogy. These are the ancestors who have direct family links [with their descendants], for example, grandfathers, grandmothers, fathers, mothers, uncles, aunts and the various in-law combinations formed by marriage.
- b) Ancestors associated through professional expertise such as hunters and warriors who have contributed to the nationhood of the tribe or village. These have acquired popularity because of special services they have rendered to the entire community. This category of ancestors is however, diminishing because of modernisation and the concentration of all duties of national interest in the modern national government.

Many peoples of Africa believe in and venerate ancestors albeit in different ways. There are however common aspects of beliefs and practices around the belief in ancestors. In the African worldview, life, which is understood as sacred power (vital force), is a central element (Nyamiti 1999:3). The ideal is as has been shown, coexistence and the strengthening of the vital force in the human community and the world at large. Procreation and procreative fecundity are therefore so important that in some communities a person without offspring forfeits the right to become an ancestor. In some communities when such a person dies, he is bidden farewell by means of an unfavourable and demeaning burial rite.

Ancestors are however also said to desire frequent or regular contact with their descendants and are believed to visit them through mediums such as snakes, hyenas and caterpillars or to have direct union with them through possession (Nyamiti 1999:4). Ancestors, according to this insight, need to be perpetually remembered by their descendants. Remembrance and veneration of ancestors give life back to them and help them attain immortality. Perpetual contact between ancestors and their living descendants is therefore mutually beneficial. The ancestors though sacred and more powerful, need their living descendants for the survival of their ancestry while the descendants need protection, fertility and good health from their ancestors.

The living and their ancestors are said to form a totality in which solidarity [and interdependence] is expressed through prayer and rituals and in which human and cosmic solidarity is engaged (Nyamiti 1999:4). Naming one's children after particular ancestors is said to help them survive as ancestors because they are being remembered. The idea of kinship is therefore indispensable for both the ancestor and the descendant in the African ancestral relationship. This explains an African's desire to have many children who will remember one and ritually communicate with him/her even after death. An ancestor is believed to procure benefits for his/her living kin such as health, long life and the begetting of children.

Ancestors are said to have through death, passed ordinary human status. Death is believed to afford ancestors super-human status which is underpinned by magico-religious powers that are viewed as both beneficial and harmful to the ancestor's

earthly kin. This super-human status is expressed in both physical and spiritual ways.

Nyamiti (1999:4) describes the traits of this super-natural status as:

invisibility or visibility in human but unusual form, capacity to enter into and possess human individuals or brute animals, capacity to consume food or drinks, special nearness to the Supreme Being, capacity to exist anywhere – although the ancestors are believed to have localities of preference (e.g. shrines, particular trees or bushes, grave-yards, etc.).

It is also believed that ancestors possess the beneficial (to descendants) vital force as a result of their nearness to the Supreme Being (Nyamiti 1999:3). They can indeed be a vital force in a clan or family members' lives if the claim that they stand between the twin pillars of *life* and *death* are true (cf. Nyamiti 1999:3). They are believed to be able to go where no one, even the gods can go. They are thought to be able to help members of their clans or families with things like finding lost items and driving off a malicious spirit (Karenga)⁵.

Ancestors are also described as having ambivalent qualities. They are at times described both as benevolent and malevolent to their descendants. That leads to a situation in which descendants experience their ancestors as both fear-inspiring and fascinating. They are said to be capable of sending spiritual and physical calamities to their descendants who forget or neglect them, as manifestation of their anger. Such anger can however, fortunately be appeased through communication and ritual

⁵ Ancestor Veneration. <http://www.sentymenu.org/ancestors.htm> Accessed on 2004-11-25.

offerings or oblations (Nyamiti 1999:3). From the perspective of both benefit and pain that ancestors are capable of procuring for and inflicting on their descendants it is without question that descendants need from time to time to appease their ancestors in order to remain healthy and whole. There is therefore, as Nyamiti (1999:3) points out, a dialectic tension in the attitude of Africans towards their ancestors, namely fear of, but also attraction towards them. The attitude is described as *tremendum et fascinatum* (Nyamiti 1999:3).

The descendants' simultaneous fear of and fascination to their ancestors is according to Nyamiti (1999:4), the result of natural love, piety and respect towards their sacred relatives in the other world. It could also be the result of a marked sense of sacredness that is observable in the African world-view. It is pointed out that the appeasement of ancestors should not be understood as worship but as veneration or a show of respect and love (Berinyuu 1988:8, Louw 1994:22, Nyamiti 1999:4). It should, according to many African authors, be understood as giving recognition to and acknowledgement of these important predecessors and the caring role they have played in their lifetime and of their continued mystical relational role (Karenga).

Ancestor veneration is described also as an expression of the belief in the afterlife. It is a statement affirming the fact that death does not represent the end of life but as Karenga states, only a change of address. It means that the ancestor's life does not come to an end at death and that ancestors therefore continue to care for their living relatives from their new place of abode. The broader African community and interaction therefore continues even after death. Ancestor veneration is indeed another way of asking for or inviting the ancestors' help and of giving thanks to them. The

living expect special benefits from their ancestors as reward for their interaction with them – benefits such as protection from sickness, death or other misfortunes and the acquisition of other benefits such as long life, wealth or many children.

There are various ways of venerating the ancestors. Ancestor veneration is expressed in the act of pouring a libation and offering their (ancestors') favourite foods, speaking to them as well as by cleaning around the grave or a part of the cemetery. Libations and offerings can be offered at the ancestor's grave or at an appropriate shrine. Among some African peoples, ancestor veneration is according to Nyamiti (1999:3) well scheduled with a fixed timetable, which includes some special occasions like their birthdays. In some cases however activities aimed at ancestor veneration are undertaken occasionally when there is need.

Some believe that ancestors mediate between God and the living. This belief is common among African people, especially from Limpopo. This, I have found out in many informal discussions on the subject. According to Nyamiti (1999:4) however, the belief that ancestors have a mediating role is not universal and could be a later inclusion as a result of the influence of Christianity. Mbiti (1991:68) observes in this regard, that though some African societies believe that the spirits of the living dead (persons who died recently) are among the intermediaries between God and human beings, people are free to also approach God directly. It means that the mediator role of ancestors including that of other spirits is not indispensable in the African world-view.

Berinyuu (1988:8) notes that ancestors have a great influence on Africans who strongly believe in ancestral presence and influence in their daily life. He further cites Aylward Shorter's words that describe African people's commitment to remembering their ancestors (Berinyuu 1988:8): "People bear the names of their ancestors. The bearers of the names are thought to have a very close relationship to their namesakes". Among some African people, the ancestors may be represented in families, by an animal or a plant that is highly respected and well taken care of. That indicates the extent to which the Africans value ancestral presence.

Ancestors are believed to "visit their surviving relatives in dreams or visions or openly and make their wishes known" (Mbiti 1991:78). They may also take the form of what looks like their original or known body, which heightens a sense of relationship and belonging. They are therefore still believed to be members of their families or clans who normally live close to their former homes and continue to show interest in their surviving relatives. Their descendants must in return remember them and continue to pour them part of their drinks and to leave them morsels of food from time to time (Mbiti 1991: 77, 78). Ancestors are thus actually treated as though they were still alive. This could be the result of the belief in the immortality of the soul.

Ancestors are thought to send sicknesses and other misfortunes to their descendants who neglect to perform relevant rituals for them and who neglect the well being of their families. Among obligations of descendants towards their ancestors are the following (Kgatla 2000:132):

- a) *Goodwill offerings*. These offerings are often observed when the first anniversary of the death of an individual is celebrated or when members of the family are about to undertake some venture, for example, getting married, or leaving home for work or school. The purpose of this rite seems to be to evoke the goodwill of the ancestors to stop further deaths from coming to the family or to protect members of the family as they leave the family or to register an acknowledgement of the presence of the ancestors.
- b) *Thanksgiving offerings* are made for the perceived contributions of the ancestors towards the welfare of the clan or tribe. This may be as a result of good rains which led to a good harvest, the success of children at school or at work, the recovery from illness, or the birth of a child.
- c) *Propitiatory offerings* towards a member or a friend if a member of the family dreams of a deceased ancestor who complains about something. This could be as a result of death, disaster, illness or punishment thought to be coming from [displeased] dissatisfied ancestors. The effect of these offerings is to pass on a petition to the ancestors to be pacified so that normality can be restored to life. This offering can also be made following a natural disaster like thunderstorm, drought and floods to prevent further dangers [from] striking the community.

These rites are observed in different ways. There are different objects and foodstuffs that are used in the rites of veneration. Among the Bapedi and some ethnic groups that live in the Limpopo Province, snuff, beer and meat are often used. Snuff is sprinkled on the grave as the priest or the ceremony leader communicates with a particular

ancestor. An animal, especially a goat but sometimes a fowl is slaughtered and blood shed for the ancestors and meat enjoyed by those who are present. Among some African people, especially in Limpopo, the bones are left unbroken on the grave [or shrine] (cf. Kgatla 2000:131).

Failing to observe these and other rites, constitutes neglect of ancestors and is punishable with one or the other affliction mentioned earlier. Ancestors are however, believed to be essentially good and not to be associated with serious accidents, deaths, bad ill-health and so forth but only with gentle conditions that serve as cautionary and corrective measures (cf. Schwär 2001:97, Osei 2003:48). Schwär (2001:97) notes that “... ancestors will only become wrathful towards a person and his clan when elders and seniors are not respected”. This is understandable, seeing that one of the basic characteristics of the African world-view is exaggerated respect for the elders in the community and the belief in gerontocracy. The ancestors are believed to have the responsibility to see to the protection and maintenance of this great African social principle, hence intense punishment when it is transgressed.

As opposed to the abovementioned association of gentle conditions with ancestors, serious accidents, sicknesses, bad ill-health, serious afflictions and misfortunes are believed to be caused by witches and sorcerers (cf. Schwär 2001:97). One of the characteristics of the African world-view is a strong belief in spiritual or magic forces – benevolent and malevolent. Africans therefore ascribe many serious sicknesses and misfortunes to witchcraft and/or sorcery. In the next section I explore the health and illness phenomenon as viewed from the African world-view perspective and witchcraft as one of the causes of sicknesses and misfortunes. This should give

direction as to how health care and healing in Africa should be appropriately approached. The concept “health” is defined and its implications for life in Africa spelled out.

3.6 The concept “health” in African perspective

Health and illness influence human responsibility and conduct (cf. Van der Poel 1999:40-45). In this section I attend to health and illness in general and especially as viewed by peoples of Africa. Attempts are made towards a viable definition and highlighting the significance of good health and the devastating effects of sicknesses and their causes. This should explain why Africans go to extremes in attempts to sustain good health through among other things observing ancestral instructions, community values, taboos, and using healing muti, protective muti and so forth. Health is for Africans a major concern and therefore a serious concern for the African Church’s pastoral care to the sick (cf. Mwaura 2000:72). Reflection on health is the subsequent concern of this thesis. The first step is to look for a working definition of the concept “health”.

3.6.1 The definition of and reflection on “health” in Africa

The World Health Organisation’s (WHO) definition is an important point of departure in the discussion of health (cf. Van Biljon 1984:50, Louw 1994:8, Vere and Wilkinson 1997:59). The World Health Organisation defines “health” as “a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity”. While holistic and therefore acceptable to a certain extent for our purpose, this definition is incomplete in that it is silent on the articulation of the origin and purpose of health. It is in a nutshell, lacking in spiritual or religious

dimension which is a serious deficiency, viewed from the African perspective (cf. Igenoza 1994:126). Mwaura (2000:78) provides a definition that sheds important light on the essence of good health: “a dynamic state of wellbeing of the individual and society, of physical, mental, spiritual, economic, political and social wellbeing; being in harmony with each other, with the natural environment and with God”. This definition is preceded in Mwaura’s reflection by an important statement cited from Maddock regarding the origin of good health: “He further regards it (health) as the divine gift and grace to creation by God who saw everything he created as ‘good’ and motivated towards wholeness”. Duncan (1988:59) too, citing Wilkinson, provides a satisfactory definition of health that considers the significance of its *genesis* and *telos*:

...health of [human being] is a gift from God to be enjoyed by [human being] and employed by him/ [her] to the glory of God. Health is a quality which extends to the whole of [human] life. It consists of the soundness and wholeness of being and of the harmonious integration of function and relationship in all spheres of his/ [her] body, mind, and spirit which are all inter-related and inter-dependent.

In these two preceding definitions God is cited as the origin of good health and God’s glory and human joy as its goal. This definition considers the significance of harmonious relationships in the promotion of health. The deficiency of this definition from an African perspective, resides in its silence on human-ancestor relationship and on human relationship with cosmic forces at the meso-cosmic level as contributors to good health. Parrinder (1971:57-61) depicts African life as a web of relationships that extends beyond human-God relations. Berinyuu

(1988:7) uses the analogy of a Rubik cube to explain the African health experience as resident in balanced relationships. Schwär (2001:102-103) concurs and states:

Amandla (vital force) is manifested in the healthy condition of *impilo* (life) which refers to fullness of life and being in harmony with the environment. Good health is a sign that a delicate and intricate balance between man's (sic) family and his relationship with the ancestral spirits is being maintained. Harmony results from both parties observing their duties towards one another

Berinyuu (1988:31) adopts Kofi Appiah Kubi's definition which emphasises the holistic and relational character of health: "Wellbeing of mind, body and spirit; living in harmony with one's neighbour, the environment and oneself and in all levels of reality – physical, social, spiritual and supernatural". This view is shared by Moila (2002:23) who derives his understanding of good health from the Zulu form of greeting. Moila (2002:23) writes that when a Zulu expresses that he/she is in good health, he/she actually means that:

he (sic) has no suspicion that there is anything which is hampering the normal flow of the life force through him (sic) and his (sic) children. In other words, when a Zulu says: 'I am well or healthy' he means that his (sic) relationship with his (sic) people, with his (sic) ancestors and with God is normal.

Moila (2002:28) continues to explore both the individual and communal nature of health in both the Zulu medical system and the biblical view. He then describes health as freedom of the individual and communal life from disruption of sickness or misfortunes. This freedom brings about harmony or balance to all of the person's relationships (cf. also Osei 2003:161). From the aforesaid it may be concluded with Mwaura (2000:78) that:

In African traditional society health is conceived as more than physical wellbeing. It is a state that entails mental, physical, spiritual, social and environmental (cosmic) harmony. Having health evokes equilibrium in all these dimensions. It is associated with all that is positively valued in life. It is also a sign of a correct relationship between people and their environment, with one another and with the supernatural world. Health is understood more in a social than biological sense. As Apiah Kubi observes, 'health is not an isolated phenomenon but part of the entire magico-religious fabric'.

Since religion provides a matrix of African self-understanding and global expression, health needs to be seen in the light of religion. In that sense relationship which forms the core of positive human health can only be possible because God wills and initiates it. The following conclusion about good health may therefore be appropriate:

1. God is the first in and the initiator of the web of relationships in the African cosmology.

2. God is therefore the creator, promoter, and maintainer of balance and harmony in the cosmic relationships.
3. Health in Africa therefore depends upon the relationship of one to God, others, to nature spirits, to ancestors, to the environment and the magical forces.

Having explored possible definitions and essential dimensions of health in Africa, I now turn to the exploration of the significance of health in Africa. This should explain the seeming obsession among many Africans with good health and the extent to which they seek protection against evil forces including witchcraft, nurture mutual relationships and insist on appeasing God, ancestors and even evil spirits. This will also reveal the extent of the need for the Christian healing ministry in Christian Africa.

3.6.2 The significance of health among Africans

The first question that I pose and attempt to answer in this section of the thesis, is: what is the meaning of health in Africa? Stated differently: is there a specifically African view of health? This will become apparent as we explore this concept “health” in African perspective. What is apparent is that health in Africa means different related things.

Firstly, health in African thought means or equals life itself (cf. Moila 2002:21). That is quite a mouthful. Osei (2003:168) citing Dopamu emphasises this point sufficiently: “...Africans from time immemorial have discovered that to be healthy is to live, and without life there are no human persons”. According to this insight health as life is the centre of human existence. To be healthy therefore means to

have an unlimited flow of life in all aspects of one's being. This smooth flow of life is the central concern of Africans as is evident in their greetings. African greetings are essentially an enquiry into the health of another. The response to the African salutary enquiry often asserts one's active, interactive and participative presence. This response effectively indicates that one's wellbeing equals not only one's sound state of health but especially one's life itself. Health in the African context is therefore of utmost importance. For this very reason, black Africans however in a hurry, will pause for some time to enquire into each other's well being whenever and wherever they meet.

Secondly, health in Africa means freedom from and absence of the life-interrupting evil (Osei 2003:161). It means that no evil is currently interfering with the flow of one's life force (Moila 2002:22). Health is according to this view tantamount to those things that represent good, like day which in the words of Osei (2003:161) "equals good and light" in contrast to "illness" which "is synonymous with night, evil, and dark". Health therefore essentially means freedom of the entire person and her/his community from vindictive evil forces, which are manifest in witchcraft (cf. Nyirongo 1997:169, Osei 2003:161, Louw 1994:21-28).

Thirdly, good health or wholeness in Africa constitutes an assurance of the continued existence of the clan. It is indeed in the context of well being that the human race can increase and prosper. For the peoples of Africa, provision of this continued existence and prosperity is God's primary task (Mbiti 1970:59-62). The Vugusu are said to pray and implore God to provide for them, saying: "Po! God may the day dawn well; may you spit upon us the medicine, [s]o that we may walk

well” (Mbiti 1970:61). The medicine that God is implored to spit upon them includes “health, protection, fertility and increase of life and possession (Mbiti 1970:61). The increase of life implies continued existence of the clan which is the expression of African community life (Moila 2002:21). God’s medicine will ensure that they ‘walk’ well, i.e. they may be enabled to be dynamically involved in all life activities.

The second question is, of what significance is good health in Africa? Good health is for Africans as we have seen above, quite invaluable. Moila’s (2002:21) words in this regard are quite apt: “*Impilo*’ (life) is of utmost importance for the Zulu society. All things therefore, in the Zulu society work together to more or less merely take care of, encourage, and stabilize the life of the tribe”. Africans therefore go to great lengths and spend fortunes in attempts to acquire, protect, and maintain good health (cf. Ramashapa 1996:358, Ejizu 2002:12). In the light of the above insights illness indeed constitutes a negative and life-denying phenomenon.

3.7 The African view of illness

Africans view illness as a very negative and life-denying phenomenon because it is the direct opposite of health which is associated with life itself. In the subsequent section I explore illness as viewed by Africans. This reflection intends to point to illness as one of major enemies of human life (Mbiti 1991:165, Moila 2002:22).

3.7.1 A description of illness as viewed in Africa

Illness in Africa represents an extremely hostile and disruptive force. According to Dopamu (Osei 2003:168) illness in Africa is an indication that existence or life is

being threatened, and the gate of the grave is being gradually opened. It is a decrease of life, reduced participation, and impaired wholeness (Dube 1989:134). It therefore stifles the dynamic and creative life of a community. It is indeed a step in the direction of death (Moila 2002:22). Illness is clearly a disturbing interference with the smooth and harmonious human life. It is as Mwaura (2000:78) points out “regarded as a misfortune and is a sign that one has fallen out of the (already described) delicate balance”. It is without question, something that must be combated. The following important facts concerning the meaning of illness in Africa as set out by Louw (1994:24-25) are noteworthy:

- a) Illness is not linked to bacteria, viruses, or infection but to disruption of systemic and relational links which are related to spiritual and religious dimensions.
- b) Illness implies the harmony of societal order being disturbed. A person can therefore only be cured if his/ [her] relationships have been repaired and if the community is healthy. In this regard Saayman refers to the Western self-understanding that is based on the statement of Descartes: *cognito ergo sum* (I think, therefore I am). He contrasts this with the African Ubuntu based self-understanding: *cognatus ergo sum* (I belong through kinship, therefore I am). The famous Ubuntu maxim is: “A person is a person through other persons”
- c) Illness and health possess a communal dimension. The degree of illness is determined by the concept of order, balance and harmony. In illness the demand is not for a precise diagnosis. More important are the questions: who disturbed the societal order? And why?

Relationships are an important pursuit in African life, health and illness. This harmonious coexistence is meant to promote and ensure good health, harmony and peace. Bujo (1992:23) explains the situation: “In the African world view, all things hang together; all depend on each other and on the whole. This applies particularly to human beings who are closely connected with each other and with God.” Affirming this view, Berinyuu (1988:32) describes sickness as the shifting of the Rubik Cube and thus, a destabilising of the required equilibrium, a disturbance of balance. Maimela (1985:66) states in this regard:

...an African is fully made aware that the individual’s life and the pursuit of life are not attainable in isolation and apart from one’s fellows because life is something and is possible only in a network of mutual dependencies between an individual and his/her community. Accordingly, in all life’s pursuit an African will always strive for the maintenance of a dynamic relationship with his/her extended family, clan or tribe, ancestors, God, and nature.

Illness therefore includes physical suffering on the part of the sick person and the disruption of relationships between him/her and his/her living and dead relatives, God, ancestors as well as nature (Moila 2002:28).

3.7.2 Causes of illnesses in Africa, especially witchcraft and sorcery

Many authors on African Traditional Religions and related matters attest to the fact that no illness is contracted by chance in Africa (Hastings 1976:64, Louw 1994:24,

Moila 2002:23, Osei 2003:47). Sickness is therefore the result of one or the other cause, be it physical or spiritual. There is consensus that there are various agents that cause illnesses in Africa. Moila (2002:23) posits three causal agents of diseases, namely nature, ancestors and witches or sorcerers (cf. also Osei 2003:47). Hastings (1976:64) posits two categories, namely the physical and spiritual causes. Under physical causes he includes common colds, conditions caused by one or the other contaminating agents and so forth while under spiritual causes he includes ancestors, nature spirits or alternatively malevolent neighbours. As I have already discussed the role of ancestors in sickness causation (cf. 3.5 above), in this section I will only discuss the agency of witchcraft or sorcery in the causation of diseases and misfortunes. I leave out the discussion of natural or physical causes which feature frequently in our dominant health/illness discourse and practice and do not really need special attention.

In the discussion of the impact of ancestral presence above it has come to our notice that ancestors are believed to be essentially good and not to be associated with serious accidents, deaths, bad ill-health and so forth but with gentle conditions that serve as cautionary and corrective measures (cf. Schwär 2001:97, Osei 2003:48). On the other hand, serious accidents, sicknesses, bad ill-health, serious inflictions and misfortunes are believed to be caused by witches or sorcerers (Schwär 2001:97). I use the words “witchcraft” and “sorcery” interchangeably, but the term “witchcraft” is used more frequently than “sorcery”. This is because the distinction between the two words seems more artificial and confusing (cf. Mbiti 1991:167, Ramashapa 1996:358).

Witchcraft constitutes in Africa, a major cause of diseases and misfortunes which disturb or affect individual, family, community and environmental health. Van Wyk (2004:1201) rightly states that: “African Traditional Religion (ATR) and African healing practices have as one of their most important functions, the struggle against witchcraft”. Other causes are indeed not as frequently cited as is the case with witchcraft. This will become clear in the subsequent section. First, let us look at a possible definition of witchcraft. Actually what is witchcraft? It is clear that the meaning of witchcraft as a mysterious reality that is cause for great fear and trembling cannot be easily captured in attempts at logical descriptions. What we subsequently present are therefore merely attempts to enhance, albeit to a limited extent, some understanding of the phenomenon for the sake of meaningful discussion.

Wehmeier and Ashby (2000:1371) define *witchcraft* as “the use of magic powers, especially evil ones”. The concept *witchcraft* therefore refers to perceived use, by some people, of evil magic powers to harm others. Witchcraft is therefore rightly regarded as: “...the supposed power of a person to harm others by occult or supernatural means, without necessarily being aware of it”. ... It has as Kato (1975:22) maintains, “to do with a theory that the witch devours the spiritual life of an individual which eventually causes physical death”. [T]he essence of witchcraft and sorcery is therefore the causing of harm to persons or property by invisible means (Hayes 1995:339-340). Shorter (1985:95) defines witchcraft as a: “a kind of penumbra of human wickedness, an inborn preternatural power to harm and kill, enjoyed for its own sake”. It is the mystical ability to manipulate life forces to do harm to human beings and their properties (Van Wyk 2004:1210). Mbiti (1991:166)

defines witchcraft as “a manifestation of mystical forces which may be inborn in a person, inherited, or acquired in various ways. For some people it is said to function without their being aware of it or having control over it” (cf. Nyirongo 1997:183). Witchcraft is indeed the most frightening of the perceived manifestations of human wickedness. Hastings (1976:67) is apt in his comment about witchcraft: “It is society’s worst collective nightmare, a final explanation of undeserved misfortune, far more irrational – if one may so describe it – than belief in the casting of spells or intervention of ancestors”.

Witchcraft is said to victimise both its practitioner and intended victim. The practitioner gets invaded and possessed by this evil power, not necessarily by choice but either by inheritance or involuntarily. The suspected practitioner further becomes the object of vicious witch hunts. Those who believe themselves to be victims of witchcraft experience tremendous anxiety caused by the ever present fear of suffering, death, and destruction at the hands of witches. Such people who believe that they are victims of witchcraft are many in Africa as the words of Idowu (Osei 2003:40) attest:

In Africa today, it is ‘real’ that the majority of people believe that there are witches and that there is witchcraft. Witches and witchcraft are sufficiently real as to cause untold suffering and innumerable deaths...

When I speak of witchcraft, I am referring to that which is disturbingly real as to affect the lives of Africans in every walk of life.

The two are however affected in two different ways that is, the former as an “indirect victim” and the latter as a “direct a victim”. Although the former is the perpetrator,

she/he suffers because witchcraft is often believed to be imposed. The latter is obviously on the receiving end of suffering. The effects of witchcraft beliefs on the life of Africans – Christians included – are very disturbing and devastating. It is not surprising that Maimela (1985:68) after pointing out that witchcraft is classified among Sawyer's four types of sins that call for salvation, uses quite strong language in describing the horrible effects of witchcraft:

...the traditional African is a victim of anxieties that are born out of evil spirits and malicious persons, especially witches and sorcerers. Accordingly, most Africans express an intense revulsion against all forms of diabolical evil embodied in witchcraft, because not only does it prostitute the laws of nature by a deliberate manipulation of the vital forces for destructive purposes, but also poisons all human relationships, thereby threatening the corporate nature of society.

In African thought and experience, witchcraft is a disturbing reality. It does not exist simply as nothingness as van Aarde (1987:34) points out in an insightful article in which he refutes the existence of demons or evil. This rejection does not resonate with the African world view for which witchcraft is, to many people, an undisputed reality. Witchcraft in Africa is not imaginary or unreal but a strong force (cf. Mwalwa 1999:6, Ramashapa 1996:358, Stebbing 1985:189). Witchcraft accusations and murders are proof of the enormous problem that Africa faces. People are existentially affected by the belief in and experience of witchcraft. Van Wyk's (2004:1204) recent research among theological students at the Africa Institute for Missiology at Hammanskraal just north of Pretoria, among a group of church ministers attending the Continued

Theological Training at Hammanskraal and another group of church ministers in KwaZulu-Natal, indicates that witchcraft is the biggest problem that faces the church in Africa today. Statistics indicates the following: 16 out of 17 theological students; 7 out of 11 ministers attending the CTT in KwaZulu-Natal, and 7 out of 16 at Hammanskraal affirmed the belief. It seems that witchcraft constitutes one of the most serious threats to African health and wholeness. It is further the most frequently cited cause of illnesses, accidents, misfortune and death as it will become clear in the next paragraphs.

In African thought sickness and misfortune are closely linked to witchcraft as a primary cause. Mbiti (1970:68) writes: “The Nyakusa believe that God has the power to drive away the witches who in African societies, are thought to be the *main* cause of sickness and misfortune”. Witchcraft is indeed the most frequently cited cause of illnesses and misfortune, that is, 72% in the rural areas, and fairly frequently in the urban areas, 45% which is second only to non mystical factors which stand at 48% frequency (Van Dyk 2001:61).

There can, according to Magesa (1997:182), Stebbing (1985:172) and van Dyk (2001:61) be no illness in Africa without witchcraft as cause. The following words of Magesa (1997:182) are very insightful: “In African mentality, everything wrong or bad in society and in the world, and most particularly, various afflictions originate in witchcraft. There is no kind of illness or hardship at all that may not ultimately be attributed to witchcraft”. The knowledge of Africans, of the so-called *meso* world is therefore important for understanding their life conduct. This *meso* world refers to the intermediate universe which is believed to be home for genies,

evil spirits, and sorcerers against whom it is the African's primary goal to protect him or herself.

What is greatly frightening and disturbing is the fact that witchcraft-caused sicknesses are not only said to be frequent but also numerous and fatal. Kritzinger (2004:180) alludes to the fact that in Africa, witches are believed to use hyenas as means of transport. They are also blamed for causing some serious diseases like Tuberculosis, Paralytic stroke, and so forth and of being able to cause death, pain and misery. Moila (2002:23) asserts: "Angered fellow humans are the sources of the sicknesses which are unto death". These sicknesses are known as "*ukufa okulethwe umthakathi*" that is, sicknesses that are caused by the witch. Fear, hopelessness, and helplessness are the lot of those whose lives are believed to be invaded by witches. What exacerbates the situation of helplessness is the belief that it is often one's malevolent relatives who are implicated in deeds of witchcraft against the person (Nyirongo 1997:170, Kgatla 2000:220, 245). This perpetuates the situation in which the sufferer loses the will to live and prosper. Shorter (1985:34) refers to witchcraft suffering as "...the suffering that saps life, that is intolerable, the suffering that serves no cause. Such suffering reduces the will to live. People even will themselves to die in such circumstances". For this reason, Africans probe all situations of ill-health and misfortune to see if witchcraft is involved so that they can take appropriate remedial and protective measures.

For such probing expertise, cure, and healing, Africans consult traditional healers and prophets of one or the other African Independent Church (Van Niekerk 1991:228). The Western medical doctor in Van Niekerk's research team could

neither successfully diagnose nor treat ailments suffered by the researched rural people of the Limpopo Province. It would therefore seem that the religious rather than the medical approach was the more preferred or successful approach. In a story entitled: “*Evil stalks my unborn baby!*” appearing on page 1 of the *Daily Sun* newspaper of Thursday 29 July 2004, the woman who reported to being sexually molested by a “*tokoloshe*” confirmed preference for the religious approach to health. She said: “I am desperate. I need help from anyone who can end my terrible nightmare. I believe church leaders or traditional healers could save me”. What a vote of confidence in church leaders and traditional healers! Church leaders here, refers to the priests and prophets of African Independent Churches as pointed out by Van Niekerk (1991:228). This preference resonates with the view of an African Church as discussed above (3.4).

Witchcraft therefore represents the worst kind of evil that is thought to be responsible for everything that goes wrong health-wise among many African communities. This is viewed as a supernatural problem that cannot be combated through ordinary medicines or efforts but as a problem that needs to be addressed through supernatural means. The church of Christ is as we have seen above, viewed as possessing supernatural powers endowed to her by God in Christ through the work of the Holy Spirit.

Terrifying experiences of South African people emanating from witchcraft beliefs are presented in the two appendices below. Appendix 1 presents two anecdotes that give an indication of the negative effects of witchcraft beliefs on the daily lives of township residents during the 1980’s. Appendix 2 presents newspaper cuttings

from the two newspapers that report mainly on South African township and village life. The cuttings carry stories of incidents believed to be witchcraft-related. The two appendices present the horrifying reality of life in South African townships and villages as a result of witchcraft beliefs.

Another important concept in the discussion of health and illness phenomena is “healing”. The concept “healing” comes under consideration in the next section.

3.8 Healing

Healing refers to the divine, human or spirit-mediated intervention in the situation of ill-health with the express aim of restoring good health. Mwaura (2000:84) writes that in Africa: “Healing is appreciated as a restoration of a broken body, mind, spirit, hopes, desires, aspirations, relationships with one another and with God, spirits and ancestors”. This view of healing resonates with the African view of health as multi-dimensional. It requires an integrated approach to healing that takes seriously, the African belief systems and culture.

To the majority of Africans, healing is not possible without God’s intervention. Healing is therefore basically the work of God. Healing is thus a religious matter. Malewo (2000:50) makes an important statement in respect of the significance of the Christian ministry: “In the sick confusion of thought in the modern world, the question of the place of religion in the lives of those who are wrestling with a variety of problems is of major importance and the claims of the Church on the Christians of our country, are vital, insistent and pressing”. God is said to “lift up the sick” (Mbiti 1970:68). Mbiti (1970:68), for instance states about one African

tribe: “The Chagga believe that a person cannot be healed unless God permits it, and that sometimes he assists the spirits to cure the sick”. God’s effective healing intervention reaffirms for Africans, God’s unmatched healing power as already mentioned (cf. Mbiti (1970:68)).

Prayer for healing and wellness is undoubtedly significant in African life, especially in view of the health problems. For this reason, the people of Africa pray and offer sacrifices to God when a person is sick (cf. Mbiti 1970:67). God is entreated through prayer to heal all the sicknesses that cause pain, anxiety and disharmony to tribal life and existence. The meaning of healing in this regard is twofold, the removal of disease and the prevention of illness.

In the African cosmology, healing also means the mending of shattered relationships and resultant conflicts (cf. Osei 2003:167). The purpose of healing in the African approach is broader, namely the restoration of one’s physical health, one’s relationship with God, ancestors, relatives, nature, cosmic spirits and the environment; re-establishment of one’s normal life functioning and the making whole of persons in every part of their being. The goal is the glory of God and the promotion and maintenance of human joy, peace and harmony. In the subsequent section, I examine the conduct of members of the HKSA in the face of illnesses and misfortunes. The aim is to establish the way in which members of this church deal with difficult situations of ill health.

3.9 Conduct of members of the Hervormde Kerk in Suidelike Afrika in the face of illness/misfortune

It has been established that the Hervormde Kerk Family's ministry to the sick does not consider the Christian healing ministry. The HKSA is silent on the healing ministry. Banda (1983:1) raises this issue as cause for grave concern in an insightful article entitled: *Any healing ministry left in the Hervormde Church in Southern Africa?* He decries the HKSA's deafening silence on healing in the midst of so many spiritual healers, traditional healers, healing ministries and activities in our cities, towns, townships and villages. Banda (1983:1) is concerned that the church's office bearers have not embraced this important ministry with the result that a great number of our church members leave the church and go over to these many healers in search of cure and healing. This confirms the observation made by Imasogie (1993:68): "For many years many sensitive pastors/theologians in Africa have noticed that in times of crisis, the average African Christian reverts to the traditional African religious practices. In some instances, pastors/priests (theologians, if you please) have themselves fallen victim to this almost irresistible reaction to existential confrontation". Banda (1983:1) also points out that of members of the HKSA who are themselves healers of different forms, none of whom would dare come to the fore, practise their healing secretly. He asks the questions: "If indeed God wilfully uses our members in this ministry, why are they not allowed to come to the [fore]? Why is there no room for it in the church as the service that concerns the whole congregation (1 Cor 12:28)?"

It is clear that members of the HKSA leave the church to look for wholeness elsewhere. Like many African Christians, they consult prophets and healers from

churches for whom healing is as primary to the Christian ministry as the preaching of the Word is. They go there out of frustration that their own church does not believe in healing in the name of Jesus and because they believe that they will get healing from these healers. Like many Africans, members of the HKSA believe in the absolute power of God which he endows on his Church, which they however find lacking in their own church. This situation prompts them to leave to find good health elsewhere since health is for Africans one of the most basic needs.

Some members of the HKSA do not leave the church but attend healing services or sessions elsewhere. Such members move between two churches; they attend church services in their own church only to later attend healing services/sessions of other churches. One notices that they attend other churches as well, by wool straps or symbolic materials that are bound to their legs and necks. Members who wish to retain their membership of their current church while attending healing services elsewhere struggle with the question of allegiance and commitment. They therefore struggle with the issue of double allegiance. Obviously, the fact that the other church or ministry provides to these members, the much sought after healing and protection against evil spirits, ultimately determines the member's allegiance and commitment. As a result of this situation the church has to contend with half-hearted members, the fact that is not conducive to Christian maturity and numerical growth of the church.

Other members consult different categories of traditional namely, healers and sangomas. These members are overwhelmed by their existential ailments and misfortunes and cannot continue to bask in what they perceive to be the sun that has no warmth. The problem with this situation is that the church becomes to them, like a

powerless social club of which they just have to be members. The realisation of God's power fades away in their thoughts and lives. In this way, the position of the church as the Vicar of the victorious and loving Christ on earth is lost to her members. That can never be good for the image of the church. The church loses her dynamism – her qualitative and quantitative growth.

3.10 Evaluation

In this chapter, clarity has emerged as to the African world-view and its religious foundedness. The African world-view has been described as the matrix of Africans' self-understanding. This has opened up a whole new understanding of why many African people believe, behave and conduct themselves in particular ways that defy the dominant perspectives.

African views of the church, its nature and mode of operation, especially in relation to health and illness in Africa have been established. The example of the AICs has been quite helpful in our reflection on the identity of and principles on which a truly African church and her ministry should be founded and structured. It has indeed become clear that an African church should embody the following important beliefs and truths about African life:

- The belief in the absolute power of God and the endowment of such power to the church.
- The religious foundedness of life in Africa.
- The belief in the activity of spiritual forces (benevolent and malevolent).
- Dynamic spirituality.

- The African close-knit community form of existence and true solidarity.
- African cultural values of respect, mutuality and hospitality.
- Intense aspiration for good health, cure and healing.
- The Christian healing ministry as an absolute necessity in the African church

Reflection on health, sickness, causes of sicknesses and healing has revealed the significance of health in African thought. Opposed to this view of health as the most significant phenomenon, is the African view of illness as an extremely negative force. Illness represents for Africans, an extremely hostile and disruptive force. It is as seen above (3.7.1), an indication that existence or life is being threatened, and the gate of the grave is being gradually opened. It therefore stifles the dynamic and creative life of a community. It is indeed a step in the direction of death (Moila 2002:22). We have been made aware that illness in African thought clearly represents a disturbing interference with the smooth and harmonious flow of human life. It has indeed been found to be something that the church has to combat using the power that God is believed to have endowed on her.

In the next chapter, the Reformed theological tradition will be brought into dialogue with the findings from our exploration of and reflection on the African context. This should help guide us towards a viable route that should be taken to amend and realign the HKSA's ministry to the sick. From this dialogue must emerge, a provisional conclusion, as to the direction to be taken to get to the new practical theological theory that will consider the African world-view as significant for the Christian ministry.

CHAPTER 4

THE HEALTH AND ILLNESS CHALLENGE TO THE MINISTRY OF THE HERVORMDE KERK FAMILY

4.1 Introduction

Ministry reflection and practice should be firmly balanced on the two poles namely, the theory and the praxis poles. According to Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) methodological model, the information from the theological tradition should now be brought into dialogue with the results of the situation analysis (cf. the diagrammatic presentation of Zerfass' methodological model as adapted, point 1.11.2.1 above). Van Biljon (1984:9) cites Tillich as saying that Theology is moving between two poles of the eternal truth and the temporary situation. This is especially true of Practical Theology which is a theological discipline that concerns itself with religious communicative actions in the service of the gospel. In this task, Practical Theology has equally to do with both explorative and descriptive theories as well as with observation of praxis with the aim of maximising the effectiveness and efficiency of ecclesial praxis. The relationship between theory and praxis is therefore of great value for practical theological research. According to Heyns (Heyns & Pieterse 1990:23) "practical theologians use the relationship between theory and praxis to come to grips with their subject matter".

The above quotation presupposes that there is a specific kind of relationship between theory and praxis that is conducive to meaningful research in Practical Theology. The required relationship between ministry theory and praxis is according to practical

theologians one of bipolar tension (Heyns in Heyns & Pieterse 1990, Pieterse 1998). Pieterse (1998:181) extricates, as we have seen in chapter 1, the nature and meaning of the relationship between theory and praxis aptly: “We deem the relationship between theory and praxis as one of bipolar tension, a relationship that should neither be totally separate nor identical. It is also a *critical relationship* in which theory and praxis in their perennial interaction are open for mutual criticism”. The relationship between theory and praxis is in this sense viewed as symmetric. It means that neither theory nor praxis has predominance as a point of departure in research projects. Stated differently, it means that either theory or praxis can equally serve meaningfully as a point of departure in research projects. It has already been mentioned that the communicative and dialogical character of understanding should be at the centre of practical theological reflection and praxis (cf. Pieterse 1993:82). This implies that the exploration of both the principles and the context have significance in the search for, and generation of knowledge and strategy within the discipline of Practical Theology.

In the light of the abovementioned insights regarding the relationship between theory and praxis, this chapter aims to bring into dialogue, the Reformed traditional theological foundations of the Hervormde Kerk Family and the requirements of concrete black African realities and experiences. This dialogue is in line with the position espoused by Moila (1988:192-194), that argues for an anthropologically informed theology. This theology, Moila (1988:192-193) defines as “a theology whose interpretation of the Scripture speaks to the needs of a given people”. Moila (1988:193-194) describes the twofold task of this anthropologically informed theology within the Pedi society as:

First, involving theological and anthropological reflections in Pedi cosmology in order to discover the meanings the biblical doctrines have for the Pedi people, or to find out whether theological formulations of these doctrines, which are themselves, culture-bound, still transmit the eternal message of God to the Pedi people.

Second, the task of theology according to our anthropological approach is to make interpretations of the Scripture which speak to the needs of the Pedi people rather than those who (sic) make them feel ashamed of their customs. In other words, it is also the task of theology to discover the meanings which the biblical doctrines had for the biblical times. This is essential in order to enable theologians to identify the issues which the biblical writers were addressing. It is the task of theology to discover what biblical doctrines meant to the original congregations and how the biblical authors made the Word of God speak to the needs of these congregations. This approach is important to help theologians in Pedi society realise that biblical authors were responding to specific issues rather than formulating universal doctrines.

This is what chapter three of this thesis has been about – exploring the African context in order to establish its needs with special reference to the church's required ministry to the sick in that context. It has become crystal clear in chapter 3 that the African context poses serious challenges to the church's ministry to the sick. Having established this, it is now necessary that I bring the Reformed theological tradition, upon which the ministry of the Hervormde Kerk Family is founded, into dialogue

with the results of the literature research on the African traditional context (cf. Heyns in Heyns & Pieterse 1990:36, Theron 2000:195).

This will be done through exploring the following important points of departure for both the Reformed church and the proposed African Reformed church:

- The question of world-view;
- Reformation principles and the church' self-understanding in relation to the African understanding of the concept "church";
- the influence of the Enlightenment as cause for the rejection of the healing ministry of the Church;
- the HKF understanding of the great commission as primarily a commission to preach the gospel and the commission to heal the sick as secondary;
- the African Christians understand both the commission to preach the gospel and to heal the sick as equally important, being the two modes of the same commission to proclaim the wonders of the Kingdom of God manifested in the work of Jesus Christ;
- the religious foundation of the Reformed theological tradition and the African world-view upon which the proposed African Reformed church is to be based, in order to be able to provide a theologically sound and relevant service to Christians of African origin;
- the extent to which the Reformed theological tradition recognises and considers the spiritual and supernatural worlds which run like a golden thread in the African context;

- the perceived causes of sicknesses in the Reformed church's ministry to the sick vis-à-vis the African perception of the same;
- what provision is made in Reformed ministry to the sick to meet the African need and aspiration for protection and life (vital force);
- the Reformed approach to ministry to the sick in both the rural and urban areas.

My exploration starts with the issue of world-view and will systematically but briefly go through some of the above points of departure, incorporating some of the above points therein.

4.2 The issue of world-view

We have, in the preceding paragraph defined world-view thus: "World-view generally refers to a comprehensive philosophy of the world, of human life and of the universe, including cosmology, religion and explanations of existential and empirical phenomena". We have also pointed to the importance of world-view, namely, that it provides an environment within which to explain and interpret reality surrounding human existence, relations and life space. It structures human thinking thereby providing order and meaning (Schwär 2001:80). In the preceding chapter we have explored the African world-view while in the first chapter we only made reference to the Enlightenment philosophy as having greatly influenced the Western world-view. We have, for clarity cited Gerkin's (1997:44) description of the Enlightenment period as: "an age marked by the rise of secularism: the belief that human history as well as contemporary life can be understood without speaking of God or assuming divine activity in human affairs". In order for us to achieve the goal of this chapter namely to

bring into dialogue, the Reformed traditional theological foundations of the Hervormde Kerk Family and the requirements of concrete black African realities and experiences, it is important to also explore the Western world-view. The Reformed tradition originated in Europe and therefore has as its matrix, the Western world-view.

The influence of the Enlightenment thinking on the Western world-view is also confirmed and briefly described by Kraft (1989:24). The first issue Kraft raises is the equation of existence with visibility. This alludes to the belief that whatever exists *must* be seen and if it cannot be seen, it does not exist unless scientists say so.

The second Enlightenment-related issue that influenced the Western world-view which Kraft raises is the Kantian philosophical belief of the coming of age of humankind. This belief rejects human reliance on external authorities like the Bible, the church and the state regarding what to think and do. The belief in God in this era is said to have been based on “a deistic view of God, acknowledging his existence as Creator but leaving the conduct of life to man (sic) and his reason” (Kraft 1989:25). The quest for what was thought to be “a superior, more rational” view of life was central to human life and activity during the Enlightenment age. This has led to the criticism and rejection of the Christian teaching that the birth, life and work of Jesus were a fulfilment of Old Testament prophecy and of the reality of his miracles. Everything that was to be believed was according to the Enlightenment thinkers, to be rationally understood. Existence in this paradigm is validated and verified by means of rational understanding and human senses. Such thoughts which were enthusiastically embraced, took away the religious foundation and authority over all

human life. Supernatural views concerning any human affair were considered irrational and superstitious (cf. Kraft 1989:25 cf. also Van Aarde 1987:34).

In the subsequent section I present a summary of characteristics of the Western world-view as provided by Kraft (1989:26-34) which reveal much of the influences of the Enlightenment philosophy but also which depicts humankind as being more and more distant from and independent of God. Dependence on science, knowledge, human achievements and conquests over nature, diseases and superstition are seen as liberating humankind from the bondage of socio-religious structures.

4.2.1 Characteristics of the Western world-view

The Western world-view is the packaging of the gospel that the nineteenth century missionaries brought to Africa. In order to understand the present state of affairs in the HKSA, we need to unpack the Western world-view which has a greater influence in that church's ministry. The characteristics of the Western world-view will undoubtedly reveal much of what the core of this world-view is and will most probably be helpful in our search for those factors that disable a more relevant but theologically sound ministry to the sick which is an important matter in the African context.

4.2.1.1 The Western world-view is naturalistic

Westerners lack the supernaturalism of most world societies. Although having faith in God, albeit as Kraft (1989:27) describes it, a vague one, they reject the existence of other supernatural beings. Theron (1995:31) indicates in concurrence with Deist, that since the "Enlightenment much of what had previously been explained with reference

to supernatural forces now found natural explanations. A biblical cosmology increasingly seemed outdated and unworkable". The Westerners' world is divided into the natural and supernatural segments, with the supernatural being largely disregarded. The focus of this world-view is mainly on the natural.

In the Western world-view causes of sicknesses are basically naturalistic for example, bacteria, germ or some other natural substance (Kraft 1989:27). The question is what caused the sickness? In the case of a car accident, the question is what went wrong? The two questions are clearly naturalistic and mechanical, respectively. None of these questions enquires into the possibility that the cause could be spiritually or supernaturally oriented. Christians from this world-view, their claim of God's involvement in daily activities of human beings notwithstanding, will not pose questions that in a way acknowledge God's existence or concern.

The Western world-view sees the world and all that is in it as machines, operating according to "natural laws", without reference to God or other beings or powers that exist and operate outside the realm of what they consider "natural" or "normal" (Kraft 1989:28). According to Kraft (1989:29) human life is governed by physical and psychological rules. Doctors and psychologists are trusted to fix human bodies and minds that go wrong. Prayer for healing comes to mind in some Christians, as an afterthought when all naturalistic healing measures have been exhausted. Kraft (1989:29) ends this section by strongly stating the extent to which Western societies ignore the spiritual dimension of humankind or confuse them with psychological make-up of human beings.

4.2.1.2 Materialism dominates the Western world-view

Material possessions are viewed as the primary measurement of one's achievements and success. Material possessions become in this world-view the means to one's social status. The search for material wellbeing is the earnest pursuit of people belonging to this world-view. Material possessions are thought to provide comfort and security against challenges of the world.

Poverty is materialistically determined by lack of material possessions. A person's usefulness to humanity is also linked to his/her material wellbeing. This is contrary to the state of peoples from other world-views, especially the African world-view, in which the community is the measurement of success and usefulness.

4.2.1.3 Western society is humanistic

Kraft (1989:31) points out that the focus in Western societies is on human achievements and abilities. To them, it seems that there is no limit to human achievements and that no outside spiritual assistance is needed. Stated differently, humankind has according to this world-view become self-sufficient.

The implication is that societies are convinced that through acquisition of knowledge, employment of improved and ever-improving technology and human ability to conquer ignorance, humankind will control the world. Western societies have indeed over the years produced fine scientists such as Bacon, Galileo and Newton as well philosophers such as Hume, Descartes, Hegel and Kant with their various invaluable discoveries and achievements that made a difference in human life. This resulted in

the enthronement of humankind and dethroning of God and the church. The focus shifted to humankind, its achievements and abilities.

4.2.1.4 Reason has become the primary way of understanding reality

To Western societies, according to Kraft (1989:32), all achievements culminating in the human control of the universe are ascribed to knowledge of things that can be seen, touched, felt, tasted and smelled. All things in the Western world-view are explained through human logic and reason – the approach that is called rationalism.

Kraft (1989:32) mentions that during the Enlightenment period in the eighteenth century, objective truth and even ethics were thought to be discoverable through the rational analysis of experience. The same rules as those used in the natural sciences were to be applied by philosophers and theologians to address problems within their fields. The following words of Kraft (1989:32) are quite relevant to the current debate vis-à-vis the need to deconstruct the dominant perspectives and consider human scientific epistemology and methodologies: “In philosophy and theology as in the natural sciences, the very important part played by human intuition and imagination in the discovery process was ignored and scorned”. This was indeed limiting to human scientific research, to say the least.

4.2.1.5 Western world-view highly values individualism and independence

In the Western world-view the individual represents genuine human existence. Groups are according to Kraft (1989:32) viewed as but “abstractions made up of collections of individuals”. The Western world-view seems to allow in its scheme of things for a little sense of corporateness that is pervasive in the Old Testament (Kraft

1989:32). The idea of the covenant as espoused in the Old Testament does not seem to make much sense to Western societies.

As a matter of fact, it becomes difficult for Westerners to experience the reality of relating to others or to God (Kraft 1989:32). The result of this is social isolation and an unquenchable hunger for the innate need for substantial relationships with others and with God (Kraft 1989:33).

This isolation results in people (Christians) being vulnerable to Satan (Kraft 1989:33). This can undoubtedly lead to one's defeat in the spiritual warfare. The 1980's war cry and slogan during the height of political unrest in South Africa comes to mind, it categorically called for unity rather than division and isolation: "United we stand, divided [isolated] we fall". This war cry alluded to the need for integration and interdependence rather than isolation and independence.

4.2.1.6 Westerners tend to be open to change

Frequent new discoveries and achievements in the fields of medicine, technology and so forth create a framework for change and openness thereto in Western societies. Kraft (1989:34) sees hope in this state of affairs. Kraft however experiences Westerners' hesitation when it comes to religious change. He ascribes this to the fact that religion could be seen to act as an "area of life that is to provide an anchor, a solid footing, security and protection from the relativity around us" (Kraft 1989:34). Kraft (1989:34) mentions that Westerners, though open to change – are hesitant to embrace change in the area of religion, unless they are convinced that it will satisfy their felt needs or wants. Such openness to change in the area of religion is therefore imposed

by circumstances such as not getting satisfactory answers or solutions from science, materialism, humanism and naturalism.

There is really much to learn from these characteristics in relation to those that underlie the African world-view. It has become clear from the insights gleaned from Kraft (1989) that the Western world-view is more than any other, underpinned by natural and material forces.

4.2.2 Western and African world-views: a critical comparative reflection and the highlight of basic beliefs underlying the two world-views

A critical comparative reflection is necessary in order to be able to come to new knowledge and approach. Kraft (1989:15-18) writes about the need to regard God's reality as the objective reality and our human understandings and interpretations as subjective and therefore as not absolute reality. Such an approach, Kraft (1989:17) says, is advantageous in two ways, namely: 1) it lessens the potential of dogmatism and 2) provides us freedom to learn from others. Here we look critically at the Western and African world-views as frames of reference for different human understandings and interpretations of the universe.

Gerkin's (1997:44) description of the Enlightenment period which forms the foundation and cornerstone of the current manifestation of the Western world-view as: "an age marked by the rise of secularism: the belief that human history as well as contemporary life can be understood without speaking of God or assuming divine activity in human affairs" gives a helpful summary of the Western world-view. In this world-view, it is clear that God and religion are almost totally eliminated from

equation as the basis of human existence, survival and destiny. Science and reason have replaced religion in the task of facilitating understanding and shaping of human understanding of life and of his/her environment. This view of the world is quite different from that of Africa which is more religious and holistic than material and reductionist.

Nyamiti's (1999:2) description of the African view of the world is helpful for our reflection. According to Nyamiti's description, the world is viewed in Africa, as "an indivisible organic whole composed of supra sensible or mystical correlations or participations" (cf. Berinyuu 1988:5). In this world-view religion forms the foundation and cornerstone for human understanding of him/herself and of his/her life and environment. In this regard Teffo (2003:165) states aptly: "Africans are unable to conceive of life without religion ...". While religion is almost eliminated from equation as the basis of human existence, survival and destiny in the Western world-view, it remains the core issue and basis of the human understanding of him/herself and of his/her environment in the African world-view. God is in this world-view, not only acknowledged as creator, but as the fountain of life, the power and the foundation of human and cosmic solidarity and participation (Nyamiti 1999:2). No life is and can be possible without the involvement of God as the initiator, the facilitator and the sustainer.

It is important at this stage to highlight the basic beliefs underlying the two world-views. This should give us a good grasp of the essence of these world-views – an understanding that will facilitate dialogical reflection between the two. I start with the

basic beliefs that underlie the Western world-view in the light of information gleaned from Kraft (1989) and from the day to day experiences gained from personal and social interaction with people subscribing thereto:

- Humankind is more and more distant from and independent of God and other external authorities like the Bible, the church and the state. Humankind has become more and more reliant upon science, knowledge and reason in its quest to understand and conquer nature, diseases, superstition as well as to be liberated from perceived oppressive socio-religious structures;
- God is viewed as the Creator in the sense of its historical reality but that God leaves the continued conduct of life to humankind and its reason;
- individualism, independence and competition are highly valued. An individual is viewed as a true representative of human existence and groups as mere abstractions made up of collections of individuals;
- in order for things or phenomena's existence to be accepted, they must be visible, audible, tangible, and able to be smelled and tasted or verified as such by scientists;
- in the light of the above, only those church teachings about the birth, life and work of Jesus that can be understood rationally should be believed. Views and statements that affirm the existence of the supernatural world and its processes are considered to be weird, irrational and superstitious;
- cure and healing are perceived to be possible only in Western medical scientific context. Religious action geared towards bringing about human cure and healing is viewed as superfluous.

On the other hand basic beliefs underlying the African world-view appear to be the direct opposite of the foregoing beliefs. When the two are compared, a great divergence comes to the fore. The following are some of the basic beliefs underlying the African world-view, gleaned from the relevant literature that featured prominently in chapter 3 of this thesis:

- Africans believe in the absolute power of God, whereby God provides for, protects, heals and sustains humankind;
- God is always actively involved in human affairs, even though some Western authors propagate the view that Africans have to do with the concept of a distant God;
- religion is believed to be the foundation and core of human life, survival and destiny. The supernatural and the spirit world as well as spiritual activity are viewed as part of reality;
- belief in the close-knit community and true solidarity. Human being is never seen as an independent and isolated individual but as interdependent and an indissoluble part of a community of human, natural and spiritual world;
- intense aspiration for good health, religious cure and healing. Healing is basically the task of God without whose intervention there will be no cure and healing. Engagement in prayer and sacrifices for healing are common;
- co-operation rather than competition is valued highly.

These basic beliefs are quite influential in the formation of perceptions about and interpretation of reality and in the general conduct of peoples who subscribe to them. They underlie the core distinguishing aspects of the Western and African world-

views. Schwär (2001:79) provides helpful insights regarding the role of world-view, namely that it provides an environment within which each people explains and interprets reality surrounding human existence, relations and life space. Based on the abovementioned basic beliefs, it is without question that the two world-views under discussion are worlds apart in terms of their frames of reference. This becomes more evident when we look at the characteristics of the two world-views. According to these characteristics, it is apparent that the two world-views are more divergent than convergent (see 3.3.1.1-3.3.1.5 and 4.2.1.1-4.2.1.6 above). In a nutshell, the characteristics of the two world-views namely, the Western and the African, indicate that the former is basically ultra-rational, naturalistic, materialistic, secular, individualistic and extremely geared towards self-actualisation while the latter is holistic in thinking, spiritual, sacramental, gregarious and extremely geared towards living and acting in solidarity. For the former, only the physical world is real while for the latter reality is holistic or integrated that is, it is both physical and spiritual. Stated differently, for the former, the only real world is the visible while the latter accepts both the visible and invisible worlds as both real and significant.

The observed differences are likely to influence both the Western and the African understanding of the church quite radically. The following two paragraphs tell about the extent to which the two world-views have influenced the two types of the church, one of which focuses on the physical dimension and the other on the spiritual. The two extreme positions that are at work here determine the kind of action that each takes when faced with sudden illness. To the first type belong the mainline churches which basically operate from the Western world-view and the

second type incorporates the African Independent/Initiated Churches (AICs) which operate from the African world-view as her frame of reference.

In their ministry to the sick, many mainline churches regard all illnesses as naturally or physically caused. Such a view often manifests in immediate referrals of the sick to a medical doctor, a clinic or hospital. Such an approach disregards the multi-dimensional view of life in Africa. In this physical approach the spiritual and religious dimensions of reality are shunned and ignored. Kraft (1989:38) regards such conduct as “giving God one option – that of healing through medicine” – the fact that he (Kraft) views as dishonouring God. Very seldom do ministers of these churches think of prayer for cure and healing, when faced with sudden illness of a member. That constitutes a serious mistake especially in Africa since as Bishop Sarpong of Ghana (Masamba ma Mpolo 1994:16) says: “To the African, religion is like the skin that you carry along with you wherever you are, not like the cloth that you wear now and discard ... the next moment”—religion can indeed only be neglected at the mainline churches’ own peril.

On the other hand, ministers of some AICs ascribe every reported illness to the spiritual and religious causes. They often ignore the physical dimension to the extent of preventing members of their churches from consulting medical doctors. Such ministers believe that sick people only need prayer and repentance. Members of some AICs will therefore immediately refer a sick member to the pastor, the priest or the prophet without any consideration of the medical doctor’s opinion. This is equally wrong. In both cases, not all dimensions of human life are taken into consideration. Life in Africa is said to be an integrated whole (cf. Berinyuu

1988:5). Commenting on the possibility of concentration on one dimension even if it is the spiritual, Kraft (1989:38) asserts: “And it certainly would have been foolish to simply pray and not take him (the patient) to hospital”.

In the section that follows, I reflect on the Reformation principles and the Reformed understanding of the church in relation to the African understanding of the same in order to facilitate dialogue between theory and praxis.

4.3 Reformation principles and their possible influence on the Hervormde Kerk in Suidelike Afrika’s attitude towards the healing ministry

It has been pointed out in chapter two how that the three basic principles of the Reformation are influential on the theology and ministry of churches of the Reformed tradition. In this section of the thesis I reflect critically on these principles to determine their influence on the attitude and conduct of the HKSA regarding the healing ministry.

4.3.1 The principle of *Sola Scriptura*

The first of these principles is as we have seen in chapter 2, point 2.3 the principle of *Sola Scriptura* (Scripture alone). By this principle, the reformers would like to put the relationship between biblical revelation and ecclesiastical tradition in proper perspective. Deist (1990:239) describes the *Sola Scriptura principle* thus: “Theology and knowledge of God must be based on the Scripture only and not on ecclesiastical tradition”. According to the abovementioned description, of primary importance and therefore of absolute authority in matters of theology and knowledge of God should be the scriptural message. It implies that in her life, as ambassador for Christ, in her

work, and in her witness to the life and work of Jesus Christ, the church needs to listen more carefully and obediently to the message of the Bible.

The relevant question in the light of the *Sola Scriptura* principle and in view of the concern of this thesis is: what has caused the Reformed Churches not to listen carefully and obediently to Christ's commission with special reference to the healing ministry? Why did they only see cure and healing as resident in a medical perspective? The principle of *Sola Scriptura* does not seem to have anything against Christ's healing ministry. It actually demands that the followers of Jesus should listen more carefully and obediently to the inspired Word of God which is contained in the Scripture. The Word of God as contained in the Scripture which the church should listen to, includes to my mind, Christ's commission to his disciples to heal the sick which was unfortunately largely neglected as we have shown in chapter one (1.3.2). The reason for the church's neglect of the healing ministry does not seem to have been motivated by the *Sola Scriptura* principle in particular. The for the church's neglect of the healing ministry therefore seems to be as Kraft (1989:49) rightly states, the difficulty to really listen obediently to God.

4.3.2 The principle of Sola Fide

The second principle is *Sola Fide* (faith alone) which means according to Deist (1990:239) that: "Salvation is to be found only by faith [in Jesus Christ]". It means that no one has the right to claim that he/she can attain salvation through his/her own merits. Hoeksema (1971:339) writes in an attempt to explain the principle: "Not that I am acceptable to God, on account of the worthiness of my faith but because only the satisfaction, righteousness, and holiness of Christ, is my righteousness before God;

and that I cannot receive and apply the same to myself any other way than by faith [in Christ] only". What this means is quite clearly that even the faith through which one attains salvation is a gift from God in Christ Jesus and is appropriated through the mediation of the Holy Spirit working through the hearing of the gospel. All honour is therefore due to God who of his own free will, redeems the sinners on account of Christ's obedience and once and for all sacrifice on the cross of Calvary. Faith in Christ Jesus and not one's good works is important for appropriation of salvation. It is for this reason that Reformed theology and ministry focus on raising, preserving, strengthening, deepening and making faith contextually fruitful (cf. Roscam Abbing 1964:42-45).

It is surprising that the Reformed Churches have not, on the basis of the *Sola Fide* principle, employed the Christian healing ministry to develop, preserve, strengthen, deepen and make faith contextually fruitful. The healing ministry can to my mind, strongly facilitate people's coming to faith in Christ and maturing therein. I therefore find it quite surprising that the HKF has for such a long time neglected this dynamic mode of proclaiming God's Kingdom. The question is: why have the Reformed Churches shunned this ministry which has so much potential for successful mission work and pastoral care, especially in Africa? It is clear here as well that the principle of *Sola Fide* has nothing against the articulation and practice of the healing ministry. I now turn to another important principle of the Reformation namely, the principle of *Sola Gratia*.

4.3.3 The principle of *Sola Gratia*

The third Reformation principle is *Sola Gratia*. *Sola Gratia* clarifies, according to Deist (1990:239) the fact that: “[Hu]man [being] is saved not by any merit of his/[her] own, but only by the grace [of God]” (cf. also Hoeksema 1971:339-351).

The question is whether the Reformed Churches still believe in such wonderful grace through which God saved the world. Christ’s earthly ministry combined in a very imaginative way, the preaching of the gospel of the Kingdom of God and the healing of diseases and exorcising of demons. The purpose of Christ’s work was total salvation that is, forgiveness of sin, cure and healing of diseases for the ultimate provision of wholeness. Salvation and healing are closely related (cf. Khathide 1999:40). The combination of the proclamation of the gospel and healing in Christ’s ministry is therefore relevant and understandable. Van Wyk (2006:6) attests to the same truth when he points out that healing has a salvific character. People are today plunged in illnesses and misfortunes that block their way to redemption. Their way to redemption therefore needs unblocking. Christ unblocked people’s way to liberation and salvation through healing, exorcism and other miracles. A further question is: Does the church, especially the Reformed Church still view herself as Christ’s earthly form of existence while she ignores Christ’s healing and exorcism ministries in the face of so much human suffering as a result of diseases?

It has become clear in the above reflection on the Reformed principles that the stated Reformation principles have nothing against the practice of the healing ministry. It means that the cause for the non-practice of this ministry despite its apparent significance should be searched for in other areas of influence to the church. From

this point, we need to look at the Reformed church's self-understanding to see whether there is anything in that self-understanding, that could be responsible for the church's non-recognition and even rejection of the Christian healing ministry.

4.4 Reformed understanding of the concept "church" in relation to the African understanding of the same concept

In the Heidelberg Catechism, the Lord's Day 21, Question and Answer 54 and in the Apostolicum, article 9, the church is defined as that community that was and continues to be constituted by Christ through his Spirit and Word out of all world communities. It is understood as a community that God has graciously elected for Godself – yes the community that God defends, preserves and enlists to Godself by faith for everlasting life and of which all people qualify on account of faith in Jesus Christ to be and remain members unto eternity.

The Reformed Church is in that sense understood as a redeemed community or as Mostert (2002:1), citing Hardy states, "the locus of redeemed sociality". The description of the church as a community refers to the very essential nature of the church as the church of God or the people of God. Being the fellowship of believers, the church is also identified with the body of Christ (cf. Heidelberg Catechism: Question and Answer 54 and Belgic Confession: 27). The essence of the church as a redeemed (or a healed) community and her identification with the body of Christ place great responsibility on the church in respect of her life and work on earth vis-à-vis evil forces that are opposed to the manifestation of the Kingdom of God. The church as the body of Christ and therefore as the representative of Christ on earth must be able to act in the name of Christ to mediate the coming of God's Kingdom to

God's people. The church is and must therefore be born of and empowered by God self.

The church is indeed also understood as the community that was born of God's Word and Spirit – that is as *Creatura Verbi et Creatura Spiritus*. In this sense the church is viewed as the creation of God through his Word and Spirit. This understanding prompts churches of the Reformed tradition to be greatly committed to the preaching of the Word and to have its preaching as their central activity. The fact that the church is also viewed in this perspective as *Creatura Spiritus* has however not seen the role of the Holy Spirit elevated as highly as that of the preaching of the Word of God. By this I do not imply that the role of the Holy Spirit is not acknowledged in the Reformed Churches. The Holy Spirit is indeed acknowledged by these churches as having been operational in creation, the significant act of Christ's incarnation, the Pentecost event, the illumination, enlightenment and guidance of the church as well as the inspiration of biblical authors and later believers. It is seen as signifying the continuing presence of God in the world and the cementing of relationships – both vertically and horizontally. I am simply stating that the churches of the Reformed tradition, in the light of their work and conduct can quite appropriately be called churches of the Word rather than of the Holy Spirit. This is evident also in the AICs' self-reference as “Dikereke tsa Moya” meaning “Churches of the Spirit” over against mainline churches, including the Reformed Churches that they refer to as “Dikereke tsa Molao” that is, “Churches of the Law”. The reference by AICs to mainline churches as “dikereke tsa molao” could have been prompted by the fact that mainline churches were acknowledged by previous South African governments as the only legitimate churches (cf. Banda 1996:64-66, cf. also 2.2 above). Such reference could

have been similarly prompted by the over-commitment of these churches to the preaching of the gospel in as pure a manner as possible, to the administration of the Sacraments strictly in accordance with Christ's institution and to these churches' administration of strict discipline in respect of unrepentant members. Such commitment could easily be interpreted as being obsessed with the law and order.

In brief, the above description of the Reformed church maintains the significant view of the church as a community of those who partake of and share in all of Christ's blessings and gifts. It also means that the individual members of the church can operate both individually and corporately to the benefit and welfare of others. This is encouraging because of the inherent interdependence, complementarity and solidarity that is and should be the underlying motif of the church of Christ. Unfortunately the dawn of the Enlightenment in the eighteenth century led to the crumbling of these wonderful values and their replacement with individualism and competitiveness as we have seen in Kraft's discussion of the Western world-view above (4.2.1). The role of this drastic shift will again be reflected upon later in the thesis.

On the other hand, the church in African perspective represents a dynamic, communal, participative, a Spirit-controlled and directed close-knit fellowship. The church in African perspective is understood to be a community that is founded on the saving and life-transforming sacrifice of Jesus Christ and to be motivated by the belief in the absolute power of the Almighty God which is mediated through the Holy Spirit. The church African perspective is viewed as a community that is characterised by an intense orientation towards unity, health, interpersonal relationships and solidarity that extends to the spirit world. This community believes itself to have been endowed

with power by God, to fight and conquer malevolent spirits that disrupt the smooth flow of members' life, health, fecundity, harmony and prosperity.

While the church in African perspective acknowledges and believes in the Bible, as evident in the life and work of AICs, the movement of the Holy Spirit is given more prominence. Not only the written Word is acknowledged as authoritative but the message of God communicated directly to members through the Holy Spirit is believed to be more authoritative. For this reason, the office of the priest and that of the prophets (diviner-type office bearers) are quite important in many AICs. Through the prophet, God and the ancestors are believed to continually communicate with members – to warn them against dangers that threaten their lives and to give remedial prescriptions. Many AICs, especially in South Africa were for this reason, initially not interested in the study of theology and subsequently also in doctrinal reflection and formulations. The reason for this could be the fact that they preferred and still do to be called “Holy Spirit Churches” as Ngumi (1996:2) states. The attitude of some leaders and members of some AICs towards theological training has indeed been quite negative. It has been an attitude that revealed a perception held by many of them that theological training was proof of lack of God's real calling. While there are some leaders and members who aspire for some measure of training in biblical interpretation skills, others are vehemently opposed to such training. In 1994 while a pastor at Saulsville, west of Pretoria, I was approached by a pastor of the St. Engenas Zion Christian Church. I had known the pastor as my neighbour and as someone I frequently met at night vigils that are usually held in the evening prior to the funeral of a deceased person. That pastor asked me if I could help him together with a group of other pastors of his church (ZCC) with guidance that would boost their

understanding of the Bible. I was excited at the prospects of rendering what I considered to be a very essential service and agreed to the proposition. He told me that he would discuss the matter with his group of pastors and would give feedback with necessary arrangements. I waited for two weeks after which he came back to report that his talks with other pastors from his church were not successful as the majority of them was opposed to the idea. For them the Holy Spirit worked almost mechanically to give them proper understanding of the biblical message.

This is unlike in the Reformed tradition where the Holy Spirit is believed to operate in accordance with and through the Bible. Some AICs' interpretation of the Bible message is therefore basically dependent upon intuition which is wrongly believed to be the work of the Holy Spirit and which is certainly not sufficient to extricate the gist of the biblical message. Ngumi (1996:2) points to the following commonalities in the AICs which may explain this position better: "...African Spirituality, faith healing, guidance of the Holy Spirit rather than by intellect, prophetism, apostolicism and informality of structure and colourful ritualism". Guidance is by the Holy Spirit rather than by theological training. Furthermore, it seems that the guidance of the founder or leader who is often the only one with some training in theology is considered sufficient. The following characteristics of the Saint Engenas Zion Christian Church, (the ZCC is here used merely as an example of AICs) point to the AICs' belief and trust in the religious leader, church officials, some objects and the Holy Spirit for mediation, communication and healing:

- The belief that the religious and administrative leader of the church (or bishop) is a mediator between the congregation

and God; that like Christ, he can perform supernatural acts and faith-healing;

- the belief that senior officials in the ZCC (known as prophets or *moruti [baruti]*) can use the power of the Holy Spirit to perform healing and make the wishes of the ancestors known;
- the use of different mechanisms for faith-healing. These include the laying on of hands; the use of holy water; drinking of blessed tea and coffee (without sugar); bloodletting with needles; the wearing of blessed cords or cloth and the burning of blessed paper called *mogau*⁶ (my italics)

It is evident from the above characteristics that some AICs are basically concerned with supernatural acts towards healing, warding off evil spirits and protection of members from the malice of malevolent spirits and witchcraft rather than with the kerygma. This position has been decried on several occasions whenever we met, by one former member and elder of the HKSA in Mamelodi East, east of Pretoria who was forced to join the ZCC because of his wife's illness. Whenever I met him he would tell me about the extent to which he missed the good preaching as offered in the HKSA which he said was greatly missing in the ZCC. The mysterious is the most important for AIC members. ZCC members are, said to generally believe that:

⁶ http://en.wikipedia.org/wiki/Zion_Christian_Church_page_2) Accessed on 2006/07/25

- A person may contact God through direct prayer, or through intercession by Christ, bishops of the ZCC and the ancestor spirits;
- purification from sins may be obtained through prayer and other rituals;
- the bishop of the ZCC to some degree replaces the figure of Christ as the Messiah;
- the bishop of the ZCC preaches on peace and respect, humility of Jesus Christ;
- spirit possession may be the work of either the Holy Spirit or of ancestor spirits⁷.

4.4.1 The significance of beliefs of some AICs

These beliefs emphasise the significance of prayer and intercession through Christ, ZCC bishops and the ancestral spirits as means of contact with God. The role of prayer and rituals as means of obtaining purification from sin are emphasised. Christ's propitiatory sacrifice is in light of this insight, not given its due emphasis as done in the Reformed Churches. This is evidenced also by the general belief that the bishop replaces Christ as the Messiah. It is also clear that real preaching that is, preaching by the bishop takes place only during the occasions of pilgrimage and the few occasions when the bishop visits particular areas. During these occasions the bishop preaches on certain identifiable dominant themes which imply that this preaching does not cover all the council of the Triune God. It is clear from these general beliefs that the role of the ancestors is understood as an integral part of the ZCC and other AICs' life and work. There is also a confusion regarding the identity of the Holy Spirit and ancestral spirits. Though the insertion of the ZCC context is a generalisation that may not be

⁷ http://en.wikipedia.org/wiki/Zion_Christian_Church. Page 2 Accessed on 2006/07/25

necessarily fair, it is meant to provide some concrete example of the African Initiated Church context.

4.4.2 Is it ideal for the Hervormde Kerk in Suidelike Afrika to adopt the AICs' approach?

It is necessary here, to state that although there are clear echoes from Africa regarding the need for an incarnational Christian ministry, the wholesale adoption of the AICs' approach does not seem to be ideal for a sound and meaningful Christian ministry design for the HKSA. It is clear from the AIC context as presented above, that there are glaring deficiencies in the Christology which is quite central to the Reformed ministry discourse and praxis. The Messianic role in the majority of AICs is also often shifted to their spiritual leaders, which leads to the deification of such leaders. This situation undoubtedly shifts the attention of members and aspirant members away from Christ, the Great Healer to the human leader. This is not acceptable in Reformed circles as Christianity without Christ as its centre, is unthinkable.

In order to get to a Christian ministry that resonates with Christ's teaching and the relevant ministry in the African context for the HKSA, we need to once more take stock of the church's current theory and practice. This, I will do by presenting a very brief summary of the HKF's understanding of her ministry to the sick and the strategies employed in this family of churches. The next section provides such a résumé.

4.5 A résumé of the Reformed understanding of the ministry to the sick

It is important in this section to explore the HKF's understanding of the Christian ministry to the sick. I anticipate that greater clarity will emerge from such exploration, regarding the basic conduct and intervention of the HKF in conditions of ill-health. This exploration starts with a brief summary of the Reformed understanding of the Christian ministry to the sick (cf. Chapter 2 of this thesis).

Ministry to the sick in the HKF is understood as focused on helping the individual in distress to help him/her cope with excruciating pain so that he/she can be strong in the faith. Christian ministry in the HKF is founded on the shepherd metaphor and is also expressed through various concepts.

In light of these various concepts, I present a summary of the ministry in general and of the ministry to the sick as practised in the HKF. The first concept is *episkopos* which is translated “oversight”, “shepherding”, “herding”, “tending”, or “taking care for” (Beukes 1981:20). *Episkopoi* (overseers) therefore have the task and responsibility of lovingly caring for all Christians in the context of a congregation. The content of this caring is the gospel of Jesus Christ and its purpose is to fortify members' faith. This caring is employed both as a follow up and as a proactive service that wishes to prevent in advance possible spiritual slip up.

The second concept is *parakalein* which is translated “comfort”, “encourage”, “counsel”, “admonish” and so forth (Beukes 1981:22). The content is reconciliation and its strategies are the homiletical preaching of reconciliation and the pastoral practice of compassionate service (Dreyer 1981:21). Preaching and diaconal service

are therefore central. The purpose is to call Christians to repentance and relationship with God through faith in Jesus Christ. The central motif of this call is love.

Thirdly, we have *nouthetein* which represents the verbal addressing of a problem that constitutes an obstacle in the spiritual life of a Christian (Dreyer 1981:22, Beukes 1981:23). The goal is to bring about change in one's behaviour for better. The ultimate aim is to lead the person towards an attitude and conduct through which God is to be glorified. The content is the relevant Scripture message brought in a confrontational style.

Fourthly, there is the concept *sterizein*, which is translated "fortify", "offer resistance against" (Beukes 1981:24). The goal in this regard is to provide the gospel as the means towards sustainable and steadfast faith. Another concept that articulates almost the same purpose is in the fifth place, *katartidzein*, translated to "train", "equip" and "make thorough" (Beukes 1981:25). The goal is to train the person so that he/she will be able to sustain his/her faith.

Sixthly, there is the concept *oikodomein* which is translated, "build up", "edify" (Dreyer 1981:22). Dreyer (1981:22) presents this concept as an embodying purpose of the pastorate. All the other concepts have in the ultimate the purpose to build up or to edify the congregation. The implication is that the entire work of the pastorate has the purpose of empowering Christians for mutual edification.

The ministry of the HKF has a particular focus on the creation or development and reinforcement of faith in Jesus Christ as well as on disciplinary processes aimed at

promoting obedient life among Christians. In the next section a summary of the HKF's view on the ministry to the sick is given.

4.6 The Hervormde Kerk Family's understanding of her ministry to the sick

This presentation purports to very briefly give the main issues regarding the HKF's understanding and practice of the ministry to the sick:

- it is understood to deal with the individual who is under tremendous duress as a result of intense pain, isolation and suffering resulting from sickness;
- it is understood as the expression and concretisation of the good news to the patient in his/her unique circumstances of illness and suffering. The Scripture is regarded as the sole norm and source of knowledge for theorisation and praxis in matters of illness and death, and therefore of the Christian ministry to the sick;
- ministry to the sick is understood as conversational proclamation of the gospel to the suffering person;
- ministry to the sick or the pastorate in medical context as official task of the church is proclamation in an incarnational way. The implication is that ministry to the sick should be understood incarnationally that is, from the existential situation of the suffering person;
- the primary component of the pastoral care to the sick is faith-help that is, the fortification of faith. Assurance of salvation is the goal and the means of achieving it is proclamation of the gospel in its full richness;
- two strategies with similar contents are employed namely, house and hospital visitation on the one hand and hospital chaplaincy on the other.

From the above understanding of the HKF's ministry to the sick and strategies employed, one can conclude that emphasis in the discourse on ministry to the sick is placed on helping patients to cope with pain so that their faith will be strengthened. Great emphasis is also placed on the ministry to the sick as loving care to the sick in the congregational and hospital contexts. It is also clear that ministry to the sick has proclamation or preaching in its various modes as content. Assurance of salvation is the goal and the means of achieving it is proclamation.

The HKF in her articulation and praxis of church ministry to the sick does not wish to commit herself to the activity of curing sick members through the invocation of Christ's name. The HKF sees her role in the face of members' sicknesses as that of providing emotional and spiritual support to the sick person, the patient's relatives and the medical team. Such support though important, does not meet the expectation of black African sick Christians namely, cure, healing and abundant life here and now. Black African Christians expect the church to provide Christ's ministry as presented in the gospels which includes more than mere spiritual support. Christ's ministry involves all central salvific activities that is, the preaching of the good news of the Kingdom of God, teaching, healing and prayer (Ferguson & Wright 1988:130).

As conversational proclamation of the gospel, ministry to the sick in the HKF leaves out an important component of Christian service namely, action. Christ's redemptive service is shown to encompass both the healing Word and the healing action – a combination that is seen to effectively liberate people who are in misery and distress. It seems that in the approach of Jesus Christ, faith-help was seen to be achieved not only through verbal proclamation but also through action proclamation. This approach

represents quite well, the Kingdom approach which is the approach that witnesses to the dynamic nature of God's Kingdom that came into history through the coming of Christ Jesus. The HKF's approach on the other hand, concentrates on verbal or conversational proclamation to help people to cope with pain, to come to true faith and to sustain their faith in Christ.

Such an approach seems to be based on the dichotomous mindset that separates the spiritual from the physical. This is clear from the warning contained in Appendix C (cf. chapter 2) that states clearly that while the pastor may acquire helpful skills and learn hospital etiquette that can be helpful in his/her work, he/she must avoid at all costs using the gospel as a *therapeuticum* that is, as a means towards the cure of diseases in the hospital. Van der Merwe (1995:20) indicates that the NHKA has in her theology, rejected faith healing while members of the HKSA have always felt the need for the healing ministry. In the context of the NHKA therefore, the mandate of the hospital minister is viewed as religious guidance while the medical doctor's mandate is to provide physical cure. In other words, the hospital minister must leave the healing task totally in the hands of the medical doctor and concentrate on providing religious support. Such conduct will not be sufficient within the African world-view which views life as more integrated and as requiring a more holistic approach (cf. Griffiths & Cheetham 1989:297).

4.7 Reflection on possible reasons for the Hervormde Kerk Family's rejection of the healing ministry

In our attempts at setting up a dialogue between the theological tradition and the situation analysis, it has emerged that the church's theology has not been found to be

the major cause of the problem in the ministry of the HKF. In order to establish the possible fundamental causes of the problem, it is necessary to ask a few questions to which answers are to be sought.

4.7.1 Healing ministry-disabling factors in the Reformed tradition

The first question is, which factors that define the Reformed Church and her ministry theory and strategies disable the relevant, effective and efficient functioning of the church in Africa and how?

Firstly, the problem seems to be the Reformed Church's (HKSA) orientation towards the Western world-view. The following are then some of the manifestations of the church's orientation towards the Western world-view that disable what Kraft (1989) calls "Christianity with power":

- Naturalistic orientation that encourages the rejection of the existence of supernatural forces and spirit beings
- The belief that medical and physical means are sufficient to care for the human body and that religious help is superfluous.
- Dismissal of miracles as a primitive expression of reality and as mythical and superstitious.

The kind of orientation as presented above is totally out of touch with that which was found in Jesus' earthly ministry which touched on the entirety of human life (cf. Beukes 1981:8). Jesus paid attention to groups and to individuals, teaching and healing various diseases and raising others from death. His ministry attended to both

spiritual and physical dimensions of human life. As a consequence of this ministry his disciples could leave all their valuables behind and follow him. Jesus' ministry led to God's honour, repentance and conversion of many people (cf. Beukes 1981:8). This ministry was needed by the Jewish people as it is indeed equally needed by the peoples of Africa as seen in chapter 3. The healing ministry of the church was quite instrumental in the explosive growth of the Christian church among the so-called pagans in the first three centuries, according to MacNutt (1999:13), citing MacMullen. Christianity was quite attractive to these people because Christians could heal the sick and cast out evil spirits.

In spite of such great need the HFK's orientation towards the Western world-view prevents this family of churches to render a theologically sound and culturally relevant ministry to the sick in the context of Africa. No wonder her ministry is less helpful to her members and members of the community who fall ill because of what is believed to be malevolent spiritual forces which are pervasive in Africa. It is indeed not surprising that no meaningful growth is realised in the HKSA which basically follows a Western approach that is directly opposed to the approach that resonates with the African people's frame of reference.

The Western approach to which the HKF subscribes is dominated by naturalistic and mechanical questions with regards to occurrence of sicknesses namely, *what caused it? what went wrong?* which are opposed to supernaturally oriented questions often asked by the peoples of Africa, namely, *what spirit caused me to get ill or to have an accident? Or who might I have offended? Is this person taking revenge on me by having a spirit afflict me?* (cf. Kraft 1989:27, Louw 1994:26). Nxumalo (1979:27)

therefore points out that the answers to the above questions are not relevant in the African context as they: “answer questions that have never been asked in the African milieu. These cannot answer and provide for African needs”. The questions asked in the HKSA in the face of ill-health are typically relevant in the Western world-view and therefore underlie the decision to refer sick people to hospital or to a medical doctor as the only options.

Secondly, the cause of the neglect and rejection of the healing ministry in the HKF could be traced to the influence of the Enlightenment philosophy. According to the Enlightenment philosophy human history as well as contemporary life can be understood without speaking of God or assuming divine activity in human affairs (cf. Gerkin 1997:44). This influence undoubtedly disables the emergence of a theologically sound and relevant ministry in the African context. The influence of the Enlightenment philosophy manifests itself in the following views:

- The view that humankind has come of age and is independent in thoughts and actions;
- the view that affirms individualism and competition instead of co-operation – this, in spite the church’s view of herself as a community;
- over-confidence in human capabilities and achievements;
- over-reliance upon attained scientific and medical conquests.

According to these factors, the belief is rife that human achievements are being attained through unaided human effort. Human being is seen as independent, self-reliant and almost self-sufficient. Science is relied upon for human conquest of his/her

social and other problems. Humankind believes that it has achieved victories over cantankerous situations without the intervention of the Almighty God. In that context it is unthinkable and perceived to be unhelpful for the church operating from the Western world-view to invoke God's power for cure and healing in the face of sicknesses. Kraft (1989:31) sums up the situation aptly:

Western societies passed through the Renaissance, the Reformation, the Enlightenment, and a wide variety of ripples and spin-offs from these movements. Scientists such as Bacon, Galileo and Newton, and philosophers such as Hume, Descartes, Hegel and Kant emerged—often paying a high price for their ideas and inventions. The result: God and the church were dethroned, and the human mind came to be seen as saviour. It is ignorance, not Satan we are to fight. And our weapons are human minds and technology. God, if there be a God, only helps those who do it all themselves. Thus, by the nineteenth century God had become irrelevant to most Westerners. Now our real religion is science, and our priests are the scientists. For it is science that gives us control over the material universe and the promise of future control over everything else.

The Western world-view touched the African shores as a packaging for the Christian message and ministry. Africa does not know nor need an irrelevant and powerless God. For this reason, African Christians who are members of churches that subscribe to this world-view like the HKSA are ever on the move, searching for a God who

intervenes powerfully, positively and successfully in their situations of excruciating pain and distress.

Thirdly, the cause of disablement of the relevant and meaningful ministry in Africa can be traced to the rigid application of some of the general principles without regard for the situation. This lack of concern for the situation is characterised by reductionist attitudes and practices that lead to:

- Exclusive emphasis on the preaching of the gospel in missionary, liturgical and conversational modes. The emphasis in this regard is on the need for the person to hear the Word rather than his/her need to see the Word at work as a genuine means of coming to know and believe in Christ and his Kingdom message.

- The neglect of the faith-inspired deeds like actual diaconal service through which practical support of the poor and healing of the sick are offered. These actions were central to Christ's earthly ministry. It is obvious that such neglect cannot be good for the poor and sick people of Africa who need practical support in poverty alleviation and cure and healing as well as attainment of sustained good health which is the African's primary aspiration. If the church's task is taking Christ's redemptive work forward then she must follow in his footsteps. Christ's ministry was expressed in his teaching in synagogues, his preaching of the gospel of the Kingdom of God, feeding of the hungry and in his healing of all diseases in communities that he served.

- The neglect of the experiential situation of people because of the belief that God's revelation as contained in the Scripture excludes human experience. The reality is however that God revealed Godself to the Israelis in the context of their actual situations of distress and of bliss. Consideration of human situations has therefore always been important for God's meaningful intervention. It was for this reason that God had to become flesh in Jesus Christ and dwell among human beings in order to bring them salvation. It was probably also for this reason that Jesus Christ, at the end of his earthly ministry, sent his disciples to preach the gospel and heal different diseases and exorcise demons which were experiential needs of the people to whom his gospel was to be spread.

The question is: what needs to be done about these factors to effect relevant, effective and efficient functioning of the HKF in Africa? The answer to this question is not an easy one for it requires an unbiased reflection that seeks both the theological soundness and the contextual relevance of the church's theology of the ministry. Such reflection can be achieved more likely in the context of Practical Theology as: "... creative and constructive reflection within a living community about human experience and interaction, involving a correlation of the Christian story and other perspectives, leading to an interpretation of meaning and value and resulting in everyday guidelines and skills for the formation of persons and communities" (Poling and Miller as cited by Msomi 1994:21). Hawkes (1989:35) too, refers to such a reflexive Practical Theology and states:

... it takes the local context seriously and does not assume that any proposals for action can be simply deduced from a theological position; it does not take any particular theological formulation as absolute, but encourages continual renewal of the theological tradition in the light of the practical situation. The inductive model could also be used, and this is probably what some Independent Churches have done. However, if we wish to remain within the Christian tradition we need to take that tradition seriously. This, the dialogical model allows, while the inductive is more open to radical departure not only from the traditional formulations of Christian theology, but also from the religious core of the tradition. We could expect the dialogical approach to be attractive to those who wish to take their own culture and traditions more seriously than they have been encouraged to do, without departing radically from the faith which nurtures them.

The church should in her ministry, take seriously the local context and the Christian tradition. The church's ministry should therefore remain true to the Christian tradition and be sensitive and accommodative to the local culture. There should therefore always be reciprocity in the relationship between theory and praxis or text and context as Pieterse (1998:181) points out, citing Heitink:

In Practical Theology we presuppose a correlation in which text and context permanently evoke each other. The structure of Practical Theology indeed is a bipolar one. Researching the context leads to a

new interpretation of the text. And this reinterpretation of the text, in turn, sheds new light on the actual situation.

Such an approach will be helpful in reflection on the ministry theory and ministry praxis in the context of the HKSA. In other words, working on the need to have a theologically sound and contextually relevant ministry in the HKSA, both the theological tradition of the HKSA and the world-view of her members should be brought into an unbiased dialogue. It is in such activity that the religious texts and the cultural and experiential needs of the local church illuminate each other leading to a new and improved ministry.

4.7.2 Disabling factors in the African church for a theologically sound ministry

Having dealt with questions regarding the disabling factors in the ministry of the HKF towards a relevant and effective ministry for an African church, I need to enquire into possible disabling factors for a theologically sound ministry for the church in an African context. The question that needs to be explored is, which factors that define the Church as viewed from an African perspective and her ministry theory and strategies violate biblical principles and interfere with the emergence of a God-honouring ecclesiology and how? The following factors have been identified as violating biblical principles and in so doing disabling the emergence of a God-honouring ecclesiology.

- Firstly, we have an uncritical embracement of every component of the African world-view. Such uncritical embracement of the African world-view points to a biased ministry reflection. Such a reflection considers only the contemporary

context and therefore has almost nothing to do with the context of the biblical text. In other words the Bible has brought nothing new to Africa. Every Bible message is interpreted only in terms of what the culture, moors, values and customs of Africa dictate.

What is needed is a ministry that is based on a balanced interaction between the Bible message and the needs of the situation. Such ministry reflection takes both the local context and the biblical tradition seriously.

- Secondly, there is an obsession among many Africans, with power, belief in and extreme fear of evil spirits, witchcraft and magic. It has become clear in my exploration of the African context that Africans' life journey focuses on acquisition and maintenance of the vital force. This vital force is thought to be continually threatened by a legion of malevolent forces. A continual search for powerful defensive and offensive objects and means is the perennial concern of the African.

A Christian is expected to rely on God's grace rather than so much on magical forces that seem to place the African church in a dilemma.

- Thirdly, we have the confusion caused by the belief in the presence and demands of the ancestors. While there seems to be consensus among some African theologians (Berinyuu 1988, Setiloane 2000, Louw 1994) that the perceived presence of ancestors and their veneration is the result of adherence to African kinship that goes on even after death, there seems to be some

confusion among ordinary members of the community. The view of some African theologians including the abovementioned implies that the veneration of ancestors does not constitute worship and therefore idolatry.

The sounds and experiences that one picks up in day to day interaction with ordinary African men and women and children are however confusing and worrying. These sounds and experiences point to the undesirable situation in which people seem to understand their ancestor veneration as offering prayer to them. One hears these sounds also from some of those who are supposedly people of authority in the ATR like sangomas who conduct morning devotions on the radio, to be precise, on Thobela FM. They offer prayer and encourage people to pray to their ancestors. Perhaps this was said in the sense that Karenga (2003:5) presents namely: “Prayers in this case are simply a means of communicating with our loved ones as we spoke to them in person or on the phone when they were alive”. I detected this confusion also when I tackled the issue concerning ancestors and their relationship with the living in the catechumen class. An overwhelming majority of our 2006 catechumens are from homes in which ancestral rituals are observed quite meticulously. While acknowledging that God is the superior as the creator of everything including their ancestors, they believe that they are being protected by and get blessings from their ancestors who are also believed to be mediators between God and themselves. In my interaction with these catechumens, I discovered that there was also confusion in their view of Christ’s role as Messiah and mediator. Christ does in fact not feature prominently in their every day life except when they are in the church environment. The problem of lack of sound Christology has become evident also in our discussion above (cf. 4.4.1)

regarding the African understanding of the concept “church” in the light of the ZCC context that was given as an example of “an African church”.

- Fourthly, there is in the African understanding of the church, insufficient or lack of emphasis on the role of Jesus Christ as Messiah and Saviour. This situation is probably the result of exaggerated focus on the Messianic church leader’s role as miracle worker and as replacement of Christ as Messiah. That much is clear from our discussion of 4.4.1 above.

The question is what needs to be done about these factors to effect relevant, effective, efficient but God-honouring Reformed Church in an African context? In an attempt to answer this question, it must first and foremost be mentioned that there are two things that cannot and must not be done namely, firstly, overemphasising the African context to the exclusion of the Bible message and secondly, leaving the gospel in its Western orientation. The point has already been made that reflection should be underpinned by a relationship of bipolar tension between theory and praxis and the avoidance of the two things that we have said must not be done as they violate the symmetry in the relationship between theory and praxis.

4.8 The Nederduitsch Hervormde Kerk van Afrika’s awareness and identification of the need for the church’s healing ministry in the Hervormde Kerk in Suidelike Afrika

In his mini thesis for the degree of BD at the University of Pretoria, entitled: *Die helingsbediening in die HKSA* (The healing ministry in the HKSA), Young (1998:14) points to two dangers inherent in issues concerning the required Africanisation of the

ministry namely, firstly, an over-emphasis of the traditional religions to the extent that nothing of the gospel of Jesus Christ remains and secondly, leaving the gospel in the Western individualistic packaging that is devoid of any relation to the experiential world of Africa. This is indeed a valid observation. He proceeds to advise the Hervormde Teologiese Opleiding (presently known as the Africa Institute for Missiology) which trains ministers of the HKSA, to listen to members of the HKSA's articulation of their experiences and views on the church's ministry. This listening should however translate into positive attempts at equipping the church's theological trainees and future ministers to be theologically and culturally sensitive and correct in their ministry in the context of the HKSA. Young however offers no new and helpful solution.

Young (1998:16) points out that the Christian faith as expressed in and through the HKSA and the NHKA can contribute much to healing in all South African life contexts. He gives as an example, faith in God's protection and concern for the weak, the dying and the poor, which should in his opinion cancel the necessity of what he terms meaningless rituals to which African traditional religionists often turn. Young indeed sees and feels the need for a different and helpful ministry but perhaps out of fear recommends the known and shudders to venture into the unknown. Young (1998:18) however, citing David Bosch points to the moment of members' need for healing as the moment when the church should "humbly but resolutely ... present the vision of the reign of God – not as pie in the sky, but as an eschatological reality which casts its rays, however opaque into the dismal present, illuminates it, and confer meaning on it". This is an important pointer that unless the reality of the eschatological bliss can be presently experienced, albeit partially, the proclaimed

vision of the reign of God could be seen to be as good as pie in the sky. This is a challenge that demands of the church to be Emmanuel to the communities in the sense of offering a healing presence and ministry.

Another minister of the NHKA who addressed the issue of the traditional view of sickness and healing and their influence on the HKSA is Van der Merwe (1995:1-22). Although she understands that the HKSA needs to do something urgently in the area of the healing ministry, she cautions that great care should be taken to avoid syncretism in the church's attempts towards inculturation. She offers some recommendations of what can be done but that it should be within the church's theological tradition. The following then are Van der Merwe's (1995:20) recommendations:

- The HKSA needs to place great emphasis on God's omnipotence and point to the sufficiency of God's power to save, protect from and heal all people of all diseases without the need for the use of magic herbs or charms.
- The church should emphasise the reality of God's proximity and expressly teach members that Christ has reconciled them once and for all with God on the cross of Golgotha. It is hoped that this will make the need for the mediation role of ancestors redundant and obsolete.
- The church should include the element of intercession for the sick in the liturgy. The church will in that way get an opportunity to pray also for the health and wholeness of the whole congregation.
- The meaning of the two sacraments adopted by the church namely, Holy Baptism and Holy Communion should be so impressed upon the congregation

that their use will be so well informed that it will replace the need of Africans to use symbols. When it is clear for the congregation that the child who has been baptised in the name of the Triune God is assured of the care of God, Van der Merwe (1995:21, 22) argues, it will no longer be necessary for mothers to take their children to AIC prophets to be sprinkled with holy water for protection against misfortunes. In the Holy Communion she sees the symbol of power for the reinforcement of faith and a reminder that the bliss of the Kingdom of God has already come for believers.

- With regards to the healing of relationships and the community, van Merwe (1995:22) believes that responsible pastoral work can help identify disharmony and heal relationships. She recommends that there should be the healing liturgy that should not emphasise physical healing but the faith community – *koinoniapathy* which will give the sick person the assurance of love and care of other Christians. Also to be established is the service group for the sick which can play an important role in visiting the sick in hospital.

It is pleasing to see ministers of the NHKA showing so much interest in and actually reflecting academically on the problems of the HKSA that are related to the ministry in the African context. Reflecting on the abovementioned recommendations from two ministers of the NHKA one senses an amount of genuine concern and attempt to facilitate a theologically sound and culturally relevant ministry in the HKSA. This deserves sincere appreciation. There are quite meaningful recommendations offered, especially around introduction of the element of intercession for the sick in the liturgy and working groups that will visit the sick. Of great importance as well is the introduction of what van der Merwe calls the healing liturgy or *koinoniapathy* which

emphasise community rather than healing and which will more likely give the sick person assurance of love and care of other Christians. There is however still some fear or is it suspicion in both ministers that embracement of the African frame of reference especially a healing ministry in the truly African Christian mould could result in syncretism. As a result of this fear or suspicion there is therefore an insistence on the need for the retention of the status quo in terms of the theological tradition.

The status quo that is, the situation of disregard for the African belief in supernatural forces, some of which are life-giving to black African people while some cause them a lot of suffering and are believed to be remediable only through God's direct or mediated intervention. This disregard was not born out of the missionary church's religious or theological convictions but out of the Enlightenment philosophy with all its naturalistic, materialistic and humanistic underpinnings as we have seen in the discussion above (points 4.2.1 – 4.2.1.6). I believe that the church needs to take a radical step towards a non-hold back approach to assisting the sick and those struck by various misfortunes. A healing ministry that takes the literal meaning of God's absolute power seriously is the one meaningful option that will most likely find resonance with the black African Christians. Such a healing ministry will have to be sympathetic to the plight of black African Christians that is believed to be caused by evil forces and witchcraft activity.

Consideration of a Christian healing ministry of the HKSA especially from the HKF quarters has already been mooted albeit with much restrictive caution as evidenced in the mini theses of the two ministers of the NHKA. In earlier attempts the 1997 General Church Assembly of the HKSA approved a liturgical order that has an

element of intercession for the sick and the troubled members of the church (cf. Minutes of the seventh General Church Assembly of the HKSA 1997). I have since observed that members appreciated the opportunity to go forward and stand in front of the pulpit to be prayed for. This observation stems from the number of people who oblige to calls to be prayed over. It does therefore seem that the ground has already been prepared to the extent that the establishment of a healing ministry that is in the mould of Jesus' ministry to the sick will less probably cause an uproar in the HKSA.

Prof. Natie van Wyk, the director of the Africa Institute for Missiology which is the training institution for ministers of the HKSA recently wrote an article in the Official Mouthpiece of the NHKA, *Die Hervormer* of 15 February 2006 entitled *Genesing and Sending*, loosely translated "Healing and Mission". In this article van Wyk (2006:6) opens up avenues for a healing ministry in the HKSA but also in the NHKA. This is quite radical if one considers the theology of the NHKA which has thus far been disapproving to any type of faith healing (van der Merwe 1995:20). This positive sound from one of the influential personalities in the NHKA helps in the further preparation of the ground for a theologically sound and culturally informed and meaningful ministry in Africa. Van Wyk (2006:6) gives the following reasons why missionaries – past and present used and continue to use the healing ministry namely:

1. Missionaries know that health is a basic need of humankind and that healing plays an important role in all religions.
2. There is also the realisation that healing has a salvific character in the tribal religions of Africa.
3. Jesus Christ himself made a connection between mission and healing. The healing missionate is therefore viewed as an act of obedience. He (Van Wyk) cites the following scriptural passages, Mark 6:12; 16:15-18 and Luke 10:9 and 34.

Van Wyk (2006:6) realises a great need for this ministry in the HKSA where very few members use Western medicines because of poverty and inaccessibility and unaffordability thereof. He (Van Wyk) sees the proposed ministry in light of Jesus' healing ministry which accepted sicknesses as a consequence of the fall of humankind into sin and broken social relationships. In the light of this Van Wyk (2006:6) sees the possibility of co-operation between the minister and the traditional healer. Why does Van Wyk (2006:6) want the church, i.e. including the NHKA to venture into the healing ministry? The reason for this desire is according to Van Wyk (2006:6), the fact that the Western doctors don't consider the social dimension of sicknesses. This, Van Wyk says leaves a gap or a vacuum that the church should fill. Van Wyk however has a serious problem with the question of ancestor veneration among black people as it relates to the health and healing, the problem to which the two ministers of the NHKA and I have also alluded. Perhaps an understanding of the role of ancestors as postulated by some African theologians, namely that they are not being worshipped can be helpful (Mbiti 1990, Berinyuu 1988, Setiloane 2000, Louw 1994, Karenga 2003).

The HKSA needs to, as others have suggested, impress upon African Christians – especially members of the HKSA, the precedence and preponderance of Christ in status over the ancestors. Christ should be presented and understood as the only mediator between humankind and God and therefore, the only source of health, fecundity and prosperity. This, it is my contention can be confirmed in meaningful ways by the church's healing ministry – both as a missionary and a pastoral instrument. The church has therefore not only a mission commission but also a

healing commission. In the subsequent section, I give attention to the church's healing mission.

4.9 The healing mission of the church

The church has, apart from its missionary task also a health care ministry as its mission. Many gospel accounts reveal the deep-lying concern of Jesus Christ for the sick. Van der Poel (1999:16) states the result of this concern quite well: "Healing of illnesses of any kind (cf. Mk. 3-4) was a significant part of his ministry". Van der Poel (1999:16) states further that this caring for the sick later became the concern of the church: "The Acts of the Apostles show that the same concern was passed on to the early Christian communities". It means that Jesus gave his later followers, part of whom is the contemporary church, a healing commission as evidenced also in other scriptural passages like Matthew 10:7,8, Luke 10:8,9. The church thus became Christ's earthly representative in the post ascension period.

Barclay's (1975:370-371) statement about the mission that Christ left for his church as recorded in Mark 16, is quite informative and important. What is clear from his (Barclay's) interpretation is that the church has a preaching as well as a healing commission which is carried out in the sphere of God's dynamic power. Barclay (1975:370-371) tabulates the following interpretation of Christ's commission to the church:

- (i) The Church has a preaching task. It is the duty of the Church, and that means that it is the duty of every Christian, to tell the story of the good

news of Jesus to those who have never heard it. The Christian duty is to be the herald of Jesus Christ.

- (ii) The Church has a healing task. Here is the fact that we have seen again and again. Christianity is concerned with men's (sic) bodies as well as men's (sic) minds. Jesus wished to bring health to the body and health to the soul.
- (iii) The Church was a Church of power. We need not take everything literally. We need not think that the Christian is literally to have the power to lift venomous snakes and drink poisonous liquids and take no harm. But at the back of this picturesque language there is the conviction that the Christian is filled with a power to cope with life and deal with life that others do not and cannot possess.
- (iv) The Church would never be left alone to do its work. Always Christ works with it and in it and through it. The Lord of the Church is still in the Church and he is still the Lord of power.

This means that the contemporary Christian's life is still lived in the presence and power of him who was crucified and rose again on the third day. He (Barclay) makes an important point with regards to the unique position and power possessed by the Christian church as an important tool in the hands of God. Barclay however warns against the literal understanding of the power of God in terms of Christians' ability to lift venomous snakes and to drink poisonous liquids without getting harmed. Barclay's warning is quite understandably one from someone still operating from within the Western world-view. His (Barclay's) understanding of the commission of the church of Christ, despite the abovementioned warning would more likely make a

lot of sense to African Christians whose greatest aspiration is to have access to abundant life.

Black Africans are said to aspire above everything else, for the fullness of life and well being, here and now (Haule 1969, Maimela 1985, Moila 2002). The envisaged Christian healing ministry in Africa should therefore firstly, emphasize God's omnipotence especially in respect of dealing with evil forces and assurance of the fullness of life and well being here and now. This should however be done without creating unrealistic expectations (cf. Duncan 1988:52). Secondly, in search for a meaningful ministry to people who are caught up in the belief in and practice of witchcraft, careful consideration of the people's religious sense should be taken (Haule 1969, Maimela 1985). Religious rites are important definers, directors and guarantors of life and well being. Thirdly, the appropriate way to assist Black African Christians in the context of witchcraft and other evil forces is to invoke supernatural means. God's intervention is therefore of great significance.

4.10 An evaluation of the dialogue and the way forward

In this chapter an attempt has been made to set up dialogue between the HKF's traditional theological theory and the results of the exploration of the African contextual situation regarding health and illness in line with Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) methodological model. An attempt has been made to have this dialogue take place in as symmetric a way as possible. It has emerged that Africans need a church that is fundamentally a healed and healing community. It is my conviction that in order for the HKF in Africa to become a healed and healing community, this family of churches has to rediscover her religious

foundation that was lost in the Enlightenment captivity of the Western church. In an African Christian community God, religion and the church are important pillars that must be reinstated to the throne from which they have been dethroned by the Enlightenment philosophy and science that usurped their authority and power.

I have established the truth that the church that operates in Africa needs to adopt a ministry approach that takes cognisance of the culture, values, aspirations and fears of peoples of Africa. The HKSA as the church that serves black Africans who are often victims of diseases and misfortunes emanating from natural, social and spiritual sources needs a healing ministry to enable her to care meaningfully for such people. The greatest challenge in this regard, is that failure of the HKSA to render the required service can only result in pathology and the exodus of members to other churches as it is already happening at a disturbingly high pace.

The required ministry, it has been established in our explorations, should follow the following guidelines presented by Imasogie (1993:79-85). These guidelines provide a broad principle framework to be followed in the consideration and practice of a theologically sound and contextually relevant ministry. Imasogie (1993:79-85) states that the following guidelines that I here only mention in brief should underlie the Christian theology in Africa:

- A new appreciation of the efficacy of Christ's power over evil spiritual forces.
- A new emphasis on the role of the Holy Spirit and the present mediatory efficacy of the Living Christ

- A new emphasis on the omnipresence of God and the consequent sacramental nature of the universe.

As a result of the holistic view of life in Africa, the envisaged ministry should be holistic and collaborative in nature and practice. Theron (1995:34) hints at the need for a multidisciplinary approach to the healing ministry in which the church's ministry of deliverance and discernment are taken seriously. A holistic and collaborative ministry is therefore important.

In the chapter that follows, I therefore propose to develop a healing ministry for the HKSA and put in place strategies that will more likely contribute effectively to the health of black African church and community members as well as to sustainable church growth. It is important in the proposed ministry design to remain alert to the following fears that are in the minds of many people, to which MacNutt (1999:23-24) alludes:

- i) Miracle-mongering and fraudulent healers and shrines have given this whole ministry a bad name. Just two years ago in Colombia a notorious fraud took place with a young girl healer who was exploited by her parents.
- ii) Increasing a fatalistic tendency among the people to let God take action without any initiative on their part to improve their lot – to create sanitary conditions and to visit the doctor. The missionaries have had a hard time encouraging the people to take action and are not about to let them use prayer as a fatalistic dependence.

- iii) Confusion in the people's minds which connects healing with witch doctors, *curanderos* and other forms of superstition.
- iv) A general reaction against the old church piety which emphasised prayer, shrines, healing and relics and other-worldly attitudes, and that failed to lead people to take action against injustice in the real world in which they lived.

The envisaged ministry to the sick should therefore instil humility, honesty and reliance upon God's power in those who carry it out. It should be done not for purposes of human glory but for God's honour and human wholeness and the resultant joy, peace and happiness. This ministry should be able to differentiate between God's power mediated through the Holy Spirit and magical power that does not come from God. It must be a ministry that has become a normal part of the church's work and life and which does not thrive on human piety but rather on the grace of God, revealed in and through the redemptive work of Jesus Christ.

CHAPTER 5

THE REFORMED CHURCH'S HEALING MINISTRY IN A SOUTH AFRICAN CONTEXT

5.1 Introduction

In line with Zerfass' (cf. Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) methodological model, the dialogue between the Reformed tradition and the results of the literature exploration on the African context in chapter 4, has led to the provisional conclusion. The provisional conclusion that emerged from this dialogue is that for the church in Africa, to be of meaningful service to the sick, she has to accept and practise Christ's healing ministry. It has been shown in chapter 3 that black African Christians aspire after good health in its holistic manifestation. The church's acceptance and practice of the healing ministry apart from providing meaningful service to the sick, resonates with the conclusion of the 1964 Tübingen Consultation at the German Institute for Medical Mission. That consultation emphasised the fact that the church has a special healing ministry (cf. Jakob s.a: 4). The Tübingen Consultation arrived at this conclusion in spite of and contrary to the prevailing tendency to neglect Jesus' healing ministry. Jakob (s.a: 4) writes:

This emphasis on the special healing ministry of the church does not turn back history and resume the competition between Christianity and the medical sciences to regain ground for religious healing. Instead, the church gratefully accepts the successes and possibilities of these disciplines as a gift from God and makes use of them. At the same

time, the church does not withdraw from the therapeutic landscape but assumes its appropriate position of counteracting the mistaken assumption that the medical sciences are absolute.

The church, it was discovered, had to embark on her God-given ministry of healing as her Christian imperative. Our provisional conclusion as stated above indeed resonates with Christ's ministry and the demands of the African context. The results of the dialogue between the Reformed traditional theory and the results of the exploration of the African context in chapter 4, has confirmed that the healing ministry is extremely desirable for the church in Africa. As the body of Christ, the church cannot do otherwise but become Christ to the sick and the spiritually oppressed poor people. Duncan (1988:117) rightly asks this relevant rhetorical question: "How can the body of Christ stand back from a total commitment to the healing ministry when its whole *raison d'être* is to make men and women whole?"

The Tübingen Consultation has identified the church's special contribution to the therapeutic landscape that is, the rediscovery of the focus on the human person as a holistic and comprehensive being in the footsteps of Frankl and Tillich (Jakob s.a: 5). Frankl and Tillich according to Jakob (s.a: 5), respectively expressed the human unity as: "unity in diversity" (Frankl) and as human being's "multidimensional unity" (Tillich) (cf. Jakob s.a: 5).

That the church in Africa has to accept and practise Christ's healing ministry is in the light of the above insights, not an option. The HKF will have to embrace Christ's healing ministry if she is to make a required contribution to the improvement of the

quality of life of the majority of black African Christians. The HKF will successfully practise the healing ministry if she can rid herself of the exaggerated Euro-centric outlook on life and seek to operate from an Afro-Christian perspective. I subsequently discuss what I call the “Afro-Christian framework” which is to my mind the context that is conducive to the successful practice of the church’s healing ministry. The Afro-Christian framework represents the meeting of the biblical and African social values and promises to my mind, to offer a context within which the Christian ministry to the sick in Africa may function effectively.

5.2 The Afro-Christian framework

5.2.1 The term “Afro-Christian”

The term “Afro-Christian” appears in a number of publications. Among other titles are the following: “Afro-Christian” religions (1979), authored by GC Oosthuizen; the “Afro-Christian” religion and healing in southern Africa (1989), edited by GC Oosthuizen; “Afro-Christian” religion at the grassroots in southern Africa (1991), by GC Oosthuizen; “An Afro-Christian” vision: “Ozovehe!”: toward a more humanized world (1991), by GO Ehusani; “Afro-Christianity” at the grassroots: its dynamics and strategies (1994), by GC Oosthuizen and a journal article, “An Afro-Christian” ministry to people living with HIV/Aids in South Africa (2005) by MJ Manala. The term has thus been used for some time now and should provide a broader and clearer picture of the methodology of African Christianity and African Christian ministry.

5.2.2 The rationale for the use of the term “Afro-Christian”

The above-cited titles give a clear indication of a firm conviction among the stated theologians that Christianity or the Christian ministry in Africa needs to be

approached and understood from the African-Christian perspective. Such an approach will to my mind, liberate Christianity and the Christian ministry from the shackles of the current Western imperialist packaging and make sense to traditional African Christians. Seoka's (1997:1) statement is quite relevant as the rationale to my vision of the Christian ministry in general, and ministry to the sick in the African context, in particular:

The subject "Christianity and culture" should be approached from the context of culture, if it is to make sense. This approach will emphasise culture of the people whom the Gospel/Christianity reaches, thus making culture the primary factor in the method of doing African theology and spirituality. At the moment the teaching method is of Western orientation and engages African experience as an afterthought.

I believe an African framework for the Christian ministry to the sick and to people living with HIV/Aids in Africa will not only make a lot of sense but more importantly, it will also improve the quality of people's lives. An attempt is being made here, to help the Christian ministry in Africa to touch the core of the lives of African people who are poor, sick and are confronted by a myriad of evil spirits and the resultant suffering.

The concept, "Afro-Christian", suggests that the Christian ministry in Africa should be genuinely African and Christian. There is to my mind potential for a dynamic and efficient caring in the Christian ministry that is constructed on the two-fold foundation

of African and biblical cultural values. The biblical story about the life and work of the early Christian church as narrated in Acts 2:43-47 reveals the lifestyle that is characterised by close kinship, mutuality, selflessness, self-sacrifice for the sake of the other and prayerfulness. This lifestyle and values of the Christian community are closely related to the African Ubuntu lifestyle. Four important pillars, namely *community (koinonia)* both vertical and horizontal, *mutuality*, *self-sacrifice* for the sake of the other and *the belief in God's healing power* can be observed in these two communities namely, the African and the early Christian communities (cf. Uka 1994:145). African people are known for their love of and concrete commitment to community. They are indeed a mutual community (Shorter 1978:27). This mutual community lifestyle is the core of Africanness.

The same is true also for the Christian lifestyle in as far as it is founded on the culture of the ancient Mediterranean peoples and devoid of the influence of Western civilisation with its naturalism and individualism. The *Ubuntu* lifestyle relates well to the world-view of the ancient Mediterranean culture, which is the predominant context of biblical narratives. In his comparative study of the social values of the ancient Mediterranean world and those of Africa in today's context, Botha (1997:178) states: "There can be no doubt that what is true for the ancient Mediterranean [culture] in terms of values and human relationships is also true for Africa: it is group-centred and the spirit of *Ubuntu* is all-pervasive". Group belonging, interdependence and communal life are therefore at the heart of Africanness just as they are at the heart of the ancient Mediterranean world-view. Africans' encounter with the gospel in its Mediterranean culture should, to my mind, advance a meaningful loving service to the sick Africans, including people living with HIV/Aids.

The imperative of mutual support or solidarity is at the core of African life. African peoples “acted always to fulfil a human need, their own and that of others” (Shorter 1978:27). Community members co-operated in support of the weaker members in particular, for example the elderly, the orphans and the handicapped. “The demands of hospitality”, notes Shorter (1978:28), “were far reaching, extending not only to the whole family community, but to clan, chiefdom and on occasion, the whole ethnic or language group.” Kaunda (cited in Shorter 1978:29) states: “The African traditional community was a mutual society, an accepting society, and an inclusive society.” Kaunda (cited in Shorter 1978:28) saw these features of the traditional African community as a core system of African life.

The African community was organised around the addressing and satisfying of the basic human needs of all its members. The organising motto for African communities was and still is, "an injury to one is an injury to all" in Sepedi, *Mahlaku go fsa mabapi*. The sense of African solidarity comes powerfully to the fore in practical ways here. Any act in solidarity with one's neighbour is life-giving to both the recipient and the giver. It is healing to both participants in the act.

Another characteristic that the African community shares with the Christian community is their belief in the God of love and in mutual love. African people's life and conduct are therefore founded on their religious faith. Shorter (1978:53) cites Leopold Sédar Senghor, former president of Senegal, as follows: “The African is a believer in God, and for him a Godless society is a loveless society.” Love, which is God's primary attribute and which is often used as the identity of God (e.g. the words

“God is Love” are found in many churches’ pulpit cloths), lies at the centre of African life. Love is therefore as Senghor (cited in Shorter1978:54) puts it, the essential energy. Senghor, in the footsteps of Teilhard de Chardin, the Jesuit anthropologist-theologian, believes that human life – even well being and achievements – would be of no use if it did not lead to the maximum being that is felt only in a love-union (Shorter 1978:53). Love is therefore, essentially the primary motif and the driving force of African community life. The result of this is a strong sense of brotherhood and sisterhood as well as meaningful relationship and communication. This should stand in good stead, the Christian ministry to the sick in Africa.

The above presentation may sound like an attempt at romanticising *Ubuntu* and its potential dynamism. On the contrary, I am aware of the limitations of the African context. But I am convinced that Africans will respond more positively to an approach that considers this context. I am also aware of some problems that need to be resolved to facilitate the smooth practice of the church’s healing ministry Africa.

There are particularly two basic problems that I am aware of that could curtail the success of what would to my mind be a relevant Christian ministry to the sick in Africa, one being the trap of the Enlightenment-based Western world-view and the other being the African patriarchy and the intense fear of witchcraft and magic. Of the two problems, patriarchy has not as yet received attention in this thesis and I subsequently briefly attend to it at this point.

5.2.3 Patriarchy as an obstacle in the way to a healthy African healing ministry

African societies, in spite of the enviable *Ubuntu* philosophy, are deeply patriarchal. The problem inherent in patriarchal societies is that they are gender-insensitive and oppressive to women, a situation that predisposes, precipitates and perpetuates various stress-related illnesses, HIV infection and so forth on the part of women. Men make all the social, political, religious and sex-related decisions which women as “minors” have no right to oppose, however unfair and unsafe they may be. The evils of patriarchy can best be grasped when one carefully heeds the words of Nyambura Njoroge (1997:81):

Patriarchy is a destructive powerhouse, with systematic and normative inequalities as its hallmark. It also affects the rest of the creation order. Its roots are well entrenched in society as well as the church – which means we need well-equipped and committed women and men to bring patriarchy to its knees.

The Bible is also perceived to affirm patriarchy (Phiri 2002:20). The Christian biblical tradition treats women in almost the same way that the African cultures do, that is, as minors who are forced to remain silent and aloof about major decisions and activities. This gender-insensitivity and oppression of women are manifested in various abuses, including cruel acts of sexual violence against women and children in many South African communities. The question is whether our proposed Afro-Christian approach to Christian ministry to the sick including people living with HIV/Aids can succeed in abusive situations described below. Phiri (2002:20) citing Musimbi Kanyoro states:

Culture has silenced many women in Africa and made us unable to experience the liberating promises of God. Favourable aspects of our cultures, which enhance the well-being of women, have been suppressed. Those that diminish women continue to be practised in various degrees of our societies, often making women objects of cultural preservation.

The abovementioned insights point to patriarchy as a possible obstacle to the successful practice of the African church's healing ministry. Patriarchy perpetrates, as indicated above gender inequality, insensitivity and women abuse. My experience with regard to the healing ministry in the AICs is that women play a very important role therein. Women and their organisations play an important role also in the running of a variety of services in many mainline churches. In these churches women are noted for their prayerfulness, reliability and capabilities as caregivers, organisers and active participants in many church ministries. Women's participation in the church's healing ministry is therefore indispensable. Women must feel accepted and respected in order for them to make meaningful contribution. For women to make such contribution will be quite difficult in the context of patriarchy. In view of the important role of women in the healing ministry, I believe patriarchy will therefore have to be deconstructed to engender greater freedom and enthusiasm in women.

5.2.4 Deconstructing patriarchy for the sake of the church's healing ministry

In order for the Afro-Christian ministry to the sick in Africa to function effectively, it should, as Ackermann (1993:21) so eloquently states, embody the ethical demands of the reign of God, namely justice, love, freedom and *shalom*. African theology within

which the proposed Afro-Christian approach resides or operates therefore needs to purge itself of the evils of sexism which is a serious problem among many mainline churches including the HKSA.

In other words, African theology ought to reread and reinterpret the biblical texts that are life-denying to women. Masenya (2005:194) suggests that the present androcentric biblical hermeneutics should be challenged. The proposed new biblical hermeneutics should according to Masenya acknowledge the woman as a human person in her own right, not as an attachment to a male partner. The suggested hermeneutical approach must therefore place the respect and honour of women at the centre of our theologising, if it is to contribute positively towards the Christian ministry to the sick and to people living with HIV/Aids in Africa. Only then will the proposed Afro-Christian ministry to the sick be acceptable, especially to women. This suggestion also makes a lot of sense in terms of enthusiastic participation of women in the healing ministry, namely in the healing ministry reflection, visits to homes of the sick and hospitals, intercessions and prayers for healing in the church worship and in homes as well as in related activities.

It is indeed within a patriarchy-purged Afro-Christian context that the healing ministry can take place as a manifestation of God's power over evil, as compassion and as love and sympathy (cf. Uka 1994:145-146) and as a means of survival. Mbigi and Maree (1995:111) use a five finger theory to highlight the values of *Ubuntu*. The five underlying development and reconstruction principles that are represented by the five fingers are respect, dignity, solidarity, compassion and survival. The importance

and the developmental and healing value of these principles promise to my mind, to provide a helpful framework even for the black African church's healing ministry.

I have so far attended to the Afro-Christian framework and will further discuss the following: from provisional conclusion to the new theological theory; developing a new theological theory; guidelines for ministry in Africa; landscaping the envisaged church's healing ministry; the church's healing ministry in practice; conclusions and recommendations for further research.

5.3 From the provisional conclusion to a new theological theory

The task of this thesis at this stage is in the light of guidelines of Zerfass' (Heyns in Heyns & Pieterse 1990:36 and Theron 2000:195) methodological model, to work out a new theological theory. There are some important theological issues that need serious consideration in the development of the new theological theory. Some of these issues are: the importance of human solidarity as motivation for the healing ministry, the indispensability of the human contact with God for health, the dependence of healing upon the will of God, the mystery of healing, the fact that God has great concern for human well being, the fact that human sickness and healing know no discrimination, close connection between human illness and personal and social evil, healing as an act of compassion, love and sympathy, healing in Africa, as a holistic concern, the two-fold concern as characteristic of Jesus' healing ministry, healing as a present as well as an eschatological reality. I subsequently discuss these issues very briefly and give an evaluation.

5.3.1 The importance of human solidarity in the healing ministry

The relational aspect of health is quite appropriate in the African context. The church must therefore engage in and practise the healing ministry in recognition of the human need for solidarity which the church, as the healing community is capable of offering. Maddocks (1990:4-5) posits health as a communal phenomenon, saying: “neither of us can talk about total health in isolation from the other”. This position is in line with what the apostle Paul says in 1 Corinthians 12:26, to explain the state of human existence as interwoven in a web of life. The apostle Paul says: “If one part of the body suffers, all other parts suffer with it...” This insight resonates with the African organising motto that calls people to solidarity with one another namely, “*mahlaku go fsa mabapi*” (an injury to one is an injury to all). Health is therefore founded on sound inter-human relationships and meaningful interdependence. The church needs to organise and facilitate this healing web of relationships. The church can succeed in facilitating the healing web of relationships by her becoming a healed and a healing community.

5.3.2 The indispensability of human contact with God for health

The church will do well to acknowledge that God is the origin, progression and destiny of human life, health and well being. Human health can therefore be said to be found in situations of continued human contact with God. This revelation affirms the belief of many African people that places God at the centre of human life, especially health (cf. Mbiti 1970:61, Seoka 1997:4, Van Dyk 2001: 60-66, Manala 2005b:54). Maddocks (1990:5) cites Carl Jung as saying: “there is a purposeful centre of reality with which man (sic) needs to be in conscious contact for his full health”. Maddocks (1990:5) concurs: “Man (sic) is seldom in sound physical and mental health unless he

can find some way to relate to this centre of being whom he (Jung) calls God” (my brackets). Human health is according to this insight, found in sound human-God relationship and in trusting human reliance and dependence upon God’s grace and might. Religion and a humble religious life therefore form a good foundation for good health. Christian healing is further defined in relation to the indispensability of human contact with God, as:

... the manifestation of the creative power of God’s love as He comes to make us a new creation in Christ Jesus. It is concerned not only with the stewardship of our body of flesh and blood. It is concerned with our ultimate relationship with God as our Father, Jesus as our Saviour and Healer and the Holy Spirit as the Executive of Father’s will for us as He revealed it in Jesus Christ⁸

5.3.3 The dependence of healing upon God’s will

The church, as God’s creation through God’s Word and Spirit must accept and practise the Christian healing ministry to care for sick members, enhance their health and improve the quality of their lives. The Christian healing ministry is in essence humbly “asking Jesus Christ what to do about any disease, and doing it that He might bring wholeness from the inside out”⁹ It is not a “process of magic whereby we get God to do what we ask”. It is rather praying: “Thy will be done on earth as it is in heaven”¹⁰

⁸ http://durrance.com/FrAl/what_is_Christian_healing.htm p.1

⁹ http://durrance.com/FrAl/what_is_Christian_healing.htm p.1

¹⁰ http://durrance.com/FrAl/what_is_Christian_healing.htm p.1

5.3.4 The mystery of healing

The theology of healing should consider the paradox revealed in God's vulnerability and pathos which become more pronounced and vivid in the cross of Jesus Christ. This is the paradox whereby the most holy and mighty God identifies with the weak and sinful humanity and the resultant suffering. Morgan (1990:233) calls it the "paradoxical power in the weakness of crucified and rising love".

The envisaged church's healing ministry must accept the mystery that not all persons always get cured as shown in 1 Timothy 5:23. In Mark 6:1-6, it is told that Jesus only healed a few sick people in his own home town because they rejected him. Frost (1979:15-32) entitles chapters 2 and 3 of his work "Miraculous healing" *Individuals healed* and *Individuals not healed*, respectively in recognition of the truth that some are while others are not healed. One could ask why this is so seeing that nothing is impossible with God. The Moravian Interprovincial Faith and Order Commission (1997:4), struggling with the same question writes in its statements:

Part of the answer is that we live in a fallen world which will only be fully redeemed in the future. We do have a foretaste of the Kingdom of God, but the Kingdom in all its fullness is yet to come. This message is clearly seen in Romans 8:22-23. The glorious passage in 1 Corinthians 15:51-55 teaches about the coming day when our perishable bodies will put on an imperishable nature and our corruptible bodies will put on incorruptibility. But until that day, physical death and decay are part of this present order.

Conradie (2006:17) concurs and urge Christians “to come to terms with the problem that salvation in Christ has not yet brought an end to injustice, oppression and suffering”.

Suffering should therefore be seen in relation to both our transience and the ultimate victory whose manifestation started with Christ’s healing ministry and his resurrection. This victory will ultimately manifest itself fully during the promised eschatological time of bliss. The current situation therefore involves a certain amount of ambiguity in people’s experiences regarding health, illness and dying. They see the victory in their suffering and seeming defeat. Morgan (1990:235) alludes to the same ambiguity when he writes: “Many Christians experience their own deaths (sic) and even one another’s deaths (sic) as triumphs and forwarding relationships”. The apostle Paul too, after receiving God’s answer to his prayer for healing as some maintain, namely, that it would not be granted because God’s mercy was sufficient for him, replied: “I am most happy, then, to be proud of my weakness, in order to feel the protection of Christ’s power over me” (2 Cor 12:7-9, Good News Bible). This, Morgan (1990:235) insists, our theology of death and of healing must take into cognisance. I agree. Morgan (1990:235) articulates this ambiguous context very aptly when he states: “We are still in Adam as well as in Christ and for most people death involves uncertainty, fear and grief”. It is therefore important that the victory that lies hidden in the suffering must not be lost sight of. The victory that emerges from this situation of uncertainty is however not an end in itself, it has God’s glory and human joy and happiness as its goal.

This does however not mean that the church must be hesitant to pray to God for healing in its holistic perspective because the Bible teaches that “God’s desire is for healing and wholeness of all his people” (Moravian Interprovincial Faith & Order Commission on healing 1997:1).

5.3.5 God has great concern for human well being

Uka (1994:144) indicates a shift in the Jewish belief as shown in the Old Testament, from the belief that God is the origin of diseases to the belief that God is the concerned Lord who heals (Ps 104:14-15, Is. 29:18-19). He (Uka) points to God as the one who hears the people’s call for help and is capable of helping them (cf. Is. 59:1). The thought of God as the healer and liberator is the central theme in Jesus’ healing ministry (Lk. 4:18). He applies the prophet Isaiah’s prophecy in chapter 61:1-4 to his own ministry.

The later belief among the Old Testament Jewish community as evidenced in the book of Job and 1 Chronicles 21:1-7 is that Satan is the cause of human disasters and illnesses (cf. Uka 1994:144). This belief is closer to that of traditional Africa where evil spirits are believed to be the cause of misfortunes and sicknesses. Healing is then the result of a fierce struggle between God’s Kingdom and the will of the evil one or Satan. Christ as the prince of God’s Kingdom and liberator of humankind from misfortunes and sicknesses is shown in the gospels dealing with human suffering quite effectively. He provided healing to the afflicted and later commissioned his followers to continue his healing ministry. It is therefore only right that the church should take up and continue showing Christ’s concern to the meek and suffering.

5.3.6 Human sickness and healing know no discrimination

The church's theology of healing must teach that human sickness and healing do not discriminate on the basis either of sainthood or sinfulness. It means that it is not only sinful people who frequently get sick nor is it good people who always get healed. Morgan (1990:234) notes that the suitable explanation of the non discriminatory nature of sickness and healing is found in the oneness or unity of humanity as revealed in the view of Christian individuals as members of Christ's body.

Such teaching should enable the church to deal effectively with the potential stigmatisation of the sick in Christian communities. Good health should therefore not be seen as a reward for one's righteousness but as an undeserved compassionate gift of God.

5.3.7 The close connection between human illness and personal and social evil

Another important factor to consider theologically is the close connection of human illness with personal and social evil and with broken relationships (Morgan 1990:234). Bad or broken relationships at all levels of human existence result in ill-health. Good relationship of one with God, self, others and one's environment is very central to one's health in its broader sense. Sin represents the opposite of the building of good relationships and culminates in pride, arrogance and isolation which are undoubtedly pathological (cf. Moila 2002: 29).

Healing and good health are possible in the context of good relationships and meaningful interaction. Morgan (1990:237) defines health thus: "True health, in fact, is a question of the fullness of life, of relationships, of the development of love, of

being able to give and receive love between human beings, between humans and God and indeed in the relationships of humans with the environment”. Many of Christ’s healings were aimed at restoration of the individual’s capacity to relate to self, God and others. Jesus, after healing people of leprosy, sent them to the priest for cleansing and reintegration into their communities. In short, all of Christ’s healings, exorcisms and raising of the dead unlocked hindered relationships (cf. Morgan 1990:237-238).

The question of life and health as centred in proper relationships is according to Morgan (1990:238) well expressed in the view of humankind as created in the image of God. Such a theology assumes that proper relationships between humankind and God as well as between humankind and his/her environment are a good basis for good health.

5.3.8 Healing is an act of compassion, love and sympathy

Compassion, love and sympathy are the basis for the Christian healing. Compassion refers according to Wehmeier and Ashby (2000:227), to “a strong feeling of sympathy for people who are suffering and a desire to help them”. Jesus’ healing ministry was underpinned by such a strong feeling of sympathy for those who were afflicted by diseases and oppressed by evil spirits. Flowing from Jesus’ compassion was not only a strong feeling of sympathy and a desire to help people but importantly, also the power and authority to actually achieve the desired healing or liberation for the suffering (Mark 1:25-26, 31, 41-44, 2:3-5). The Lord Jesus’ purpose and that of his followers was and continues to be to heal and bring abundant life to all those who need help (Matthew 8:17, John 10:10).

Love, which refers to “a strong feeling of affection for somebody...” (Wehmeier and Ashby 2000:704) forms an important foundation for Jesus and the church’s healing ministry (cf. also Uka 1994:146). In the New Testament “*agape* represents pre-eminently God’s love (strong affection) for sinful men [and women]” (Gehman 1976: 568). Healing as an action flowing from such love cannot and should not discriminate on the basis of one’s conduct.

5.3.9 Healing in Africa, is a holistic concern

In line with the understanding of health in Africa as: “Well being of mind, body and spirit; living in harmony with one’s neighbour, the environment and oneself and in all levels of reality – physical, social, spiritual and supernatural” (Berinyuu 1988:31), healing in Africa has to be understood and accepted as a holistic concern. This resonates with the truth that “God is not concerned with a person’s soul but with the total person. God’s salvation and healing make us whole persons”¹¹.

It is for this reason that Africans at times consider the Western medical approach to be inadequate although it is acknowledged to be capable of providing an “explanation of sickness and curative processes based on the observable and tangible aetiological factors” (Griffiths & Cheetham 1989:297). Griffiths & Cheetham (1989:297) also point out that even though helpful, the Western medical view could “frustrate attempts to gain a comprehensive understanding and, to a certain degree, the assessment of sickness or curative phenomena in African cultures” which are holistic in their approach.

¹¹ www.walnuthillsbaptist.com/sermons/christ3.doc Accessed on 2006/12/19

Healing in the African perspective refers to the restoration of one's physical health, one's relationship with God, re-establishment of one's normal life functioning, and the making whole of persons in every part of their being. The ultimate goal is the glory of God and the promotion and maintenance of human joy, peace, and harmony.

5.3.10 The twofold concern as characteristic of Jesus' healing ministry

The nature of Jesus' healing ministry is characterised by a twofold concern, one of which is more explicit and the other a little implicit. The first and more explicit of Jesus' twofold concern seemed to have been physical, emotional and spiritual healings whilst the second and a little implicit one seemed to have been the concern to restore health also to human relationships and social structures (Kydd 1998: xvi). These concerns are quite important in consideration of, reflection on and practice of the church's healing ministry because they point to a more holistic healing ministry. The concern of this thesis is however the healing of physical, emotional and spiritual diseases.

5.3.11 Healing is a present as well as an eschatological reality

The appropriate way to understand health seems to be to understand it as a process and a movement towards its completion in the age to come. It is therefore a present as well as an eschatological reality. This is what the apostle Paul implies when he writes to the Corinthians: "What we see now is like a dim image in a mirror; then it will be complete – as complete as God's knowledge of me" (1 Corinthians 13:12). Perfected salvation, the component of which is human health will only be possible in the eschatological time.

5.3.12 Evaluation

From the foregoing, there is a clear acknowledgement that God is the one who heals as stated in Exodus 15:26. In other words the human being is merely a humble instrument in God's hand. The healing ministry must therefore be ventured with great humility. Fackerell (1999:6) rightly cites the words of James 4:6: "God resists the proud but gives grace to the humble" after which he describes pride, as:

- Stubbornly holding to traditional ideas that downplay the healing ministry ...
- Concern for our reputation, and what others will think, even the fear of man (sic) are all rooted in pride. Jesus said to the Pharisees, "How can you believe, who receive honour from one another, and do not seek the honour that comes only from God? (John 5:44)".

There should therefore be no person who claims what is rightfully God's achievement through the healing ministry. All glory must therefore be given to God. This is especially what the Reformers meant by one of their renowned principles: *Soli Deo Gloria!* The glory is indeed only due to God. Daneel (1990:237), writing about Bishop Nyasha's attitude says: "In Nyasha's world victory in God does not permit complacency. Vigilance and perseverance in prayer remain vital. Humility and total dependence on God are required in the struggle against evil. With this in mind, Nyasha was against the wrong motives for worship".

According to Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) a new theological theory has to be developed. The following session's concern is then the development of a new theological theory which will hopefully lead to an improved

praxis with regard to the church's ministry to the sick in a black South African context.

5.4 Developing a new theological theory

Zerfass (cf. Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) points out that the next step following on the provisional conclusion is the development of a new theological theory. In 5.2.1 – 5.2.11 above, we have touched some important theological issues that underpin the church's healing ministry.

Having briefly discussed the abovementioned issues, I will subsequently discuss the church's healing ministry as a necessary component of the church's ministry in Africa – the fact that has become evident from our critical reflection in chapter 4. This should lay a good foundation for the reflection on the development of a new practical theological theory which would follow. Thereafter I present guidelines for theology and ministry in Africa, borrowing from Imasogie (1993:79-85). This exercise is necessary as it provides the necessary facilitation in the implementation of the healing ministry in a church that has for many years based its theological and ministry theory and praxis wholly on the Western world-view. This will be followed by landscaping the envisaged church's healing ministry, the discussion of the church's healing ministry in practice, followed by conclusions and recommendations for further research.

5.4.1 Healing is a necessary component of the African church's ministry

The centrality of healing in the gospels cannot be ignored nor denied. When we consider that the New Testament makes no sharp distinction between “healing” and

“salvation” (Mk. 3: 4, 15:30-31), we can conclude that “healing” is at the very heart of the gospel, a central sign and clue to the nature of God’s Kingdom and its coming, of the nature of the final salvation (Morgan 1990:232). Citing James Dunn, Kydd (1998:10) states that Jesus’ healings, associated with his use of power, were an indication that the long-awaited Kingdom of God had come. Jesus himself confirms that his healing miracles are an indication that the Kingdom of God has already come (Luke 11:20).

The close relationship between salvation and healing is also expressed by Berinyuu (1988:101), Khathide (1996:40), Conradie (2006:3) as well as a number of other theologians. Analysing Tillich’s multidimensional unity of human healing, Jakob (s.a: 7) states the value of the spiritual healing on all of the dimensions of human life:

Spiritual healing aims to heal the human alienation from God. It brings persons into the presence of the saving and healing power of the Holy Spirit. When a person is healed in the spiritual dimension, all other dimensions of his or her life are affected. He or she becomes a new creation. When humans encounter the healing power of God, extraordinary things may happen. Physical symptoms may disappear; psychological problems may be resolved; and social relations may change. In the spiritual dimension, salvation and healing are identical. The salvation experienced will very concretely affect every dimension of the human person.

Jesus' healing ministry, as an integral part of his continuing work of redemption is in the light of the above quotation, therefore important for human salvation and ultimate shalom. The argument, offered by some who are opposed to the continuation of the healing ministry through the church of Christ, that Jesus' healings and exorcisms were only meant to prove his Messiahship are far from the truth. Morgan (1990:233) indicates the contrary, expressed powerfully in Jesus' promise in John 14:12 that his followers would do greater works still. The contrary has also been expressed in the continued healing of the sick by apostles and other Christians, for example, the healing of the lame man by Peter and John recounted in Acts 3:7, 8; the healing of Aeneas of the paralysis that he had suffered for eight years, mentioned in Acts 9:34 as well as the raising of Dorcas from death mentioned in Acts 9:40-41. The healings through prayer and the laying on of hands also continued in Paul's work for example, in Acts 14:10, 28:8-9.

Jesus also refused to perform a sign or miracle to validate his authority (Mt. 12:39; Mk. 8:12) contrary to the argument referred to above. Morgan (1990:233) rightly argues, contrary to the offered argument, that the healings and exorcisms of Jesus point to the fact that great works are a sign of the presence and nature of God's Kingdom and of salvation itself. The healing miracles of Jesus are also referred to as his giving visible form to the salvation he proclaims (cf. Kydd 1998:10).

For Africans especially, healing and good health represent as shown in chapter 3, God's presence and active involvement in the provision of a better life. Healing as

understood within the African context indeed refers to the necessary divine, human, or spirit-mediated intervention in situations of ill-health, aimed at the restoration of good health. To the majority of African people, healing is not possible without God's intervention. Healing is therefore basically the work of God and an imperative for the Christian church's ministry in Africa. God is said to "lift up the sick" (Mbiti 1970:68). This is in total agreement with God's assertion in Exodus 15:26b: "I am the Lord who heals you". Mbiti (1970:67), for instance states about one African tribe: "The Chagga believe that a person cannot be healed unless God permits it, and that sometimes he assists the spirits to cure the sick".

For this reason, the people of Africa are said to pray and offer sacrifices to God when a person is sick, with the belief that God will heal the person or will mediate healing through other mediums. God's effective healing intervention reaffirms for Africans, the fact that God is the great healer of all (cf. Mbiti 1970:68). For Africans, God is above everyone or anything else, the greatest restorer of health and sustainer of life. God heals according to many African peoples, hands on by granting miraculous healing or assisting traditional healers, ancestors and even medical doctors to bring wholeness. Africans therefore approach God for cure and healing of various diseases. Jakob (s.a: 8) confirms the interest of Africans in the healing work of God through God's people and points to the missionary value of the healing ministry: "In Africa, Christian groups that concentrate on prayers for healing are much more attractive than the traditional churches". It is therefore incumbent upon the African church that wishes her ministry to make an impact in the improvement of the health of peoples of Africa to embrace Christ's healing ministry. The church of Christ as the body of Christ is the appropriate agent of God's healing mission.

Prayer for healing and wellness is undoubtedly significant in African life. Mbiti (1970:68) reports that various African tribes pray to God for their everyday health and healing. God is entreated through prayer to heal all sicknesses that cause pain, anxiety, and disharmony to tribal life and existence. Mbiti (1970:68) cites the Vugusu prayer for healing saying: “The Vugusu reaffirm their belief in God’s healing work through praying every morning, asking him (sic) to ‘spit’ upon them his (sic) all-powerful medicine, to heal and prevent illness”. Healing in this regard is expressed not only as the removal of disease or misfortune but also the prevention of illnesses which the African asks of God in prayer. The healing ministry is in such a context, extremely necessary.

African Christians cannot do without the healing ministry which Jesus commanded as a complement to the preaching. Duncan (1988:129) writes in connection with the need for the church to practise the healing ministry: as Christ’s commission: “The reason for the healing ministry is that Jesus commanded it as a complement to preaching with boldness”. The church’s healing ministry in Africa should therefore be viewed as a mode of proclamation that is aimed at raising faith and instilling an attitude of praise and gratitude to God. Duncan (1988:129) continues to point to the necessity and significance of the practice of the healing ministry to the Christian church and individual believers: “To heal the sick or play any tiny part in ministry to that end in Jesus’ name, is the greatest privilege in the world”.

5.4.2 The new practical theological theory has healing as a central component

In the light of Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) methodological guidelines, the critical dialogue between the Reformed theological tradition and the findings of the exploration of relevant literature on the needs, aspirations, fears and hopes of African peoples led to the provisional conclusion as shown in 5.1 above. This should be followed by the formulation of the new practical theological theory which is the subject of this section of this thesis.

Contrary to the traditional theory which emphasises the preaching of the gospel, our research has brought us to a new practical theological theory that points to the Christian healing ministry as a central and necessary component of the Christian ministry to the sick in Africa. This new practical theological theory wishes to “satisfy the deepest needs of worshippers who look toward realising the full impact of the gospel, including the healing of their souls, minds and bodies” (Uka 1994:151). The new practical theological theory proposes to do more than focus exclusively on the healing ministry. Without doing away with or excluding the Reformed foundations, the new practical theological theory accommodates the Christian healing ministry as one of the church's central teachings that has the potential to contribute positively to the church's pastoral and mission work. Uka (1994:151) states with regard to the need for mainline churches to embrace the healing ministry:

If the mainline churches are to grow and remain relevant and actively Christian, they must give full recognition to faith healing in their liturgy and other pastoral activities. The emphasis on healing must be as prominent as that of preaching and teaching. Time must be given for

prayers of deliverance and healing during congregational worship at appropriate points.

The new practical theological theory places the church's healing ministry in its proper perspective where it is seen as an important part of the gospel. The suffering of God's servant as depicted in Isaiah 53:1-4 and the words of Proverbs 4:20-22 as well as other relevant scriptural passages refer also to the physical healing and health (cf. Fackerell 1999:2). A brief discussion of the guidelines for ministry in Africa is to my mind necessary and appropriate at this stage.

5.5 Guidelines for ministry in Africa

Imasogie (1993:79-85) proposes the following guidelines for theology and ministry in Africa, 1) A new appreciation of the efficacy of Christ's power over evil spiritual forces, 2) A new emphasis on the role of the Holy Spirit and the present mediatory efficacy of the Living Christ and 3) A new emphasis on the omnipresence of God and the consequent sacramental nature of the universe.

These guidelines are the subject for discussion in the subsequent section. The discussion of these guidelines is meant to point out to the church the importance of Christ's continued presence among his people in the face of excruciating pain. Christ's presence then should be seen as a powerful involvement in the life of his people. The abovementioned guidelines are discussed below in the order in which they appear.

5.5.1 A new appreciation of the efficacy of Christ's power over evil spiritual forces

The reality of life in Africa is lived in the midst of spiritual forces – benevolent and malevolent. These spiritual forces, especially evil ones are inimical to human beings. People of Africa are therefore very fearful of malevolent spirits and are obsessed with the search for a more powerful intervention to counter their actual and potential attacks. The starting point for a theological or ministry reflection in such a context should be the recognition of this fact.

From the Bible it is however clear that this is not a peculiar characteristic of African view of reality. The gospels are full of narratives of Jesus casting out evil spirits from people who were intensely oppressed by demons. The apostle Paul also refers to the Christian fight as one: “against the wicked spiritual forces in the heavenly world, the rulers, authorities and cosmic powers of this dark age. So put on God’s armour now! Then, when the evil day comes, you will be able to resist the enemy’s attacks; and after fighting to the end, you will still hold your ground” (Ephesians 6:12, 13 Good News Bible). This passage is in the African context readily understood literally whereas the Westerner’s understanding of the same could be greatly obscured by his/her quasi-scientific world-view that refutes the existential presence of such spirit beings and their unsettling activities (Imasogie 1993:80). One of the characteristics of the African world-view is what Osei-Mensah (1990: 62) calls the integration of reality which refers to the African’s life, “in the awareness of the unity of reality, material and spiritual, and of man’s (sic) relationship to both God and to one’s environment”. This refers to the African’s acceptance of the visible and the invisible worlds as important in his/her perception of reality.

It is in the light of the African's fear of these evil forces that Imasogie (1993:81) says the Saviour to whom he/she can commit himself/herself must first be the destroyer of evil forces before his Saviourhood can be existentially acknowledged. Should their needs be neglected, Imasogie (1993:81) points out; they [Africans] will inevitably seek other means to cater for the neglected aspects of their total existence. In other words they will resort to their traditional beliefs and practices. It means that should the church desire to be of meaningful service to the African peoples, she has to acknowledge their fears and consider serious ways of being Christ to them. Another guideline that Imasogie gives is about the necessity for the church to have a new emphasis on the role of the Holy Spirit and the present mediatory efficacy of the Living Christ.

5.5.2 A new emphasis on the role of the Holy Spirit and the present mediatory efficacy of the Living Christ

Peoples of Africa are duly open to and in perpetual contact and communion with the human and spiritual realms which give them fulfilment. It is therefore important, as Imasogie (1993:81) points out that the Christian church in Africa should acknowledge and emphasise sufficiently the role of the Holy Spirit. Imasogie (1993:81) decries the neglect of the role of the Holy Spirit in Christian theologising in Africa which he blames on its Western orientation and calls for the contemporary Christian church in Africa to confess this neglect.

The neglect of the role of the Holy Spirit greatly disables church's ministry, in our case the neglect has disabled for decades, the healing ministry in the HKSA. This is

the case, as Fackerell (1999:4, 5) points out: “Since it is the Holy Spirit who actually does the healing...”

The African is ever pressed to maintain a living relationship with the spiritual realm which places him/her under compulsion to make regular sacrifices which are believed to reach God. Sacrifice is thus quite significant in the African’s interaction with God. It would therefore have been quite helpful and meaningful to the African if the Christian church in Africa had appropriately and sufficiently emphasised the efficacy of Christ’s once and for all sacrifice (Imasogie 1993:82). Unfortunately the church missed this important opportunity. Imasogie (1993:82) explains the attitude of the orthodox Christian theologian in respect of the issue of sacrifices: “The tendency of the quasi-scientific world-view is to explain away the original theological significance of the sacrificial death of Jesus Christ on the ground that the mention of blood is repugnant to modern man’s (sic) aesthetic sense”. To the African and biblical world-views however, sacrifices are a central feature and therefore the sacrificial death of Christ on the cross would have great significance. The epistle to the Hebrews 7:24-27 emphasises Christ’s priestly office and the importance of his once and for all sacrifice. The third guideline which I subsequently attend to is the need for a new emphasis on the omnipresence of God and the consequent sacramental nature of the universe (Imasogie 1993:84).

5.5.3 A new emphasis on the omnipresence of God and the consequent sacramental nature of the universe

God’s presence and influence are real and pervasive for the African. The African view of reality therefore knows no sacred – secular compartmentalisation or duality. This

view directly negates the concept of a remote or a distant God. God is experienced as always present. The African person experiences himself/herself as being ever surrounded by spiritual realities that are believed to represent God and to which he/she has to regularly offer sacrifices. This experienced presence of God helps keep the African within acceptable moral conduct and remorse that lead to confession and repentance in cases of violation of societal norms (Imasogie 1993:84).

Imasogie (1993:85) argues for the acknowledgment of this traditional awareness of spiritual realities which he (Imasogie) maintains, symbolises and emphasises the omnipresence of God and the sacramental nature of the universe. In this awareness and sacramental nature of the universe the African Christian will know that God sees everything that occurs in the world and that humankind will have to be accountable to this omnipresent God. The emphasis on the omnipresence of God will greatly contribute to good relationships in general and to health in particular. What follows is the landscaping of the envisaged healing ministry in the HKF to which I turn.

5.6 Landscaping the envisaged church's healing ministry

5.6.1 An overview

In the light of the insights gleaned from Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) methodological model, this is the stage of planning for the new methods of caring for the sick in the HKF. The planning involves the discussion of the outlook of the ministry and the healing strategies to be employed. The recommended healing ministry of the HKF should according to our findings, have a holistic view of the causes of sickness. The church should in her healing ministry, recognise that there are many causes of sicknesses and that care must be taken not to be confined to

particular causes and therefore specific forms of treatment for all sicknesses. The church should note the following as possible causes, when confronted with members' sicknesses:

- Some diseases occur so that God's might could be revealed. God derives glory from the healing of a protracted handicap (John 9:1-7, 11:1-44). The fundamental idea here and in other passages about healing is that although illness and death are real, both can be overcome by the power of God, with the result that people will see how great God is.
- Some diseases are caused naturally, that is, by bacteria, by hereditary transference or could be caused by natural elements e.g. extremely cold or hot weather conditions.
- Diseases can be the result of human action or inaction and or spiritual activity or inactivity. Jesus also understood illnesses as occurring as a result of something that someone does. The "someone" can either be another human or a spirit being. In Luke 13:10-13, it is evident in the account of Jesus' healing of a woman, who was crippled by a spirit for eighteen years, that evil spirits or demons are responsible for some sicknesses. Some human conducts lead to various diseases, for example over-eating, doing drugs or abusing alcohol and so forth. At times it is inaction that can cause diseases like, not exercising, not consulting doctors or other health care-givers (cf. The Moravian Interprovincial Faith & Order Commission (1997:1-2)).

Acknowledging that diseases have multiple causes will help rid the church's healing ministry of a one-sided view of causes. This will have a positive vision on the

approach to be followed in each case of ill-health. The church's awareness of the abovementioned causes will indeed promote a multi-disciplinary approach and co-operation in health care which will be quite helpful to sick people. The envisaged healing ministry must be capable of practical implementation. Uka (1994:151) highlights ways in which the ministry can be practised:

- Special prayer sessions, tarrying or Vigil nights for healing should become a regular feature in the churches.
- Occasional fasting and prayer sessions must be instituted at regular intervals to handle critical problems.
- There should be altar calls for healing prayers during congregational worship, and the laying on of hands and anointing with oil during services of confirmation and ordination of ministers.
- Deliverance (exorcism) should be held at stated times.

These practical guidelines purport to facilitate the implementation of the healing ministry. These arrangements must be made to have healing activities take place during congregational worship according to Uka (1994:151). I however think that there should also be a programme for those who are not able to attend worship services, to be carried out by the pastor in collaboration with the healing ministry team in the homes of sick members and in the hospital. The African communal system is quite important in our proposed ministry to the sick in Africa.

5.6.1 The church's healing ministry must embody the African communal system

The African communal system has been identified time and again in this thesis as the necessary foundation of African existence (3.3 above). The African kinship system is the foundation on which African life is founded and the basis for mutual support and caring. The African church's healing ministry must of necessity embrace this important value. The discussion of the Afro-Christian framework in 5.5 above explains that this is necessary since it provides for the spontaneous solidarity that Africa is known for. The African cultural values of respect, mutuality, solidarity, hospitality and survival which are indispensable in the healing ministry are possible within the context of healthy relationships. It means that healthy relationships must continually be nurtured and that serious attempts should always be made to restore broken relationships. In order for relationships to remain intact, forgiveness and reconciliation are necessary.

Forgiveness is important for healing and wholeness because it heals and restores broken relationships thereby replacing possible hostile attitudes with friendly relationships. Forgiveness is therefore the basis for reconciliation and continued healthy relationships. Among many Africans healthy relationship is an imperative because in the context of *Ubuntu* one's identity, being and well being are derived from and expressed together with and in the midst of others. Healthy relationships are therefore significant for one's development, growth and health. Meadow (1999: 428) observes: "As I understand forgiveness, it is a process in which we grow in our capacity to forgive, as we grow in healing from whatever wounds were inflicted by the person who hurt us, whether decades or moments ago". Conradie's (2006:10)

articulation of the social and healing value of forgiveness in situations of conflict is more impressive:

The only lasting solution would be a word of unconditional forgiveness, which is a crucial way of addressing evil at its human origin. Unlike condoning someone, forgiveness is an action in which one indicates to someone else that the continuation of this relationship is more important to the one who forgives than the real damage done by the one who is forgiven.

Making peace is therefore an important activity in the promotion and maintenance of good relationships that are essential for one's health. One is inadvertently reminded of Jesus' precept in Matthew 5:23 and 24 which indicates the importance of peacemaking before religious engagement with God. Peacemaking and the nurturing of relationships as demanded by Jesus epitomise to a great extent the essence of the African community life. The consequences of not making peace with one's brother are according to Jesus in verse 25, quite devastating. For the maintenance of healthy relationships, one other meaningful rule is the one that was expressed by Jesus in Matthew 7:12, which promotes reciprocity and peaceful co-existence and good neighbourliness that are definitely good for one's holistic health, namely: "Do for others what you want them to do for you" (Good News Bible).

It is for this reason that Berinyuu (1988:99) and Louw (1994:25) suggest that the Christian healing ministry in Africa must instead of summarily dismissing witchcraft accusations, search for unresolved conflicts and suspicions and facilitate

reconciliation. This, they (Berinyuu and Louw) state could be achieved by inviting the alleged wizard/witch and his/her family to a palaver (family or clan conference), for facilitation of the healing process which involves verbal confessions, forgiveness and verbalisation of the need for reconciliation. Daneel (1990:223-224) states the distinctiveness of the Shona Independent Church's exorcism in cases of witchcraft allegations as compared to the traditional way of viewing and dealing with witches:

The Christian message of reconciliation, moreover, is conveyed to the wizards – the outcasts and misfits of society – in a manner which provides new hope of social rehabilitation. This is in direct opposition to the traditional belief: 'once a wizard, always a wizard – which assumes the incontrovertibly evil nature of whoever is branded a witch or sorcerer in African society'.

Duncan (1988:117) makes quite an important remark: "If forgiveness is so powerful a healing agency, the value of the practice of confession in some form is thereby underlined, and the healing community must make provision for it". At times it is found to be humanly impossible for one to forgive someone who hurt him/her deeply and unjustly. This unforgiving stance blocks God's healing. MacNutt (1999:140) shares his caring conduct in such instances thus: "So I pray with the person and ask Jesus to pour his own forgiving love into the person's heart".

This healing process should also apply in terms of restoration of the relationship between human beings and God and between descendants and their ancestors. Duncan (1988:115) rightly notes: "Deep in the human heart is the need to be reconciled both

to God and to others. We live uneasily with feelings of separation and isolation. The absence of forgiveness and reconciliation creates inner turmoil and those hearts that are restless will be so until they rest comfortably with God". With regard to healing relationships between ancestors and their descendants, it is necessary for the church to design a programme whereby on a continual basis, members are taught, reminded and encouraged to be respectful to, caring for and to carry out their caring responsibilities towards their living parents to the best of their abilities. This should establish and nurture healthy relationships at this level so that members will not be haunted by guilt feelings concerning their conduct towards their parents when the latter are dead. Manala (2005b:66) notes in this regard: "Ridding Africans of guilt feelings, fear and anxiety assists in the restoration of relationships and is therefore therapeutic". People must also be expressly encouraged to forgive all the wrongs that one's dead parents may have committed against them. This will likely free one from possible nightmares and dreams that perpetuate painful memories thus increasing and prolonging pathology.

5.6.3 The rites of anointing the sick, the laying on of hands, exorcism and music

The use of the three rites namely, the rite of anointing the sick, laying on of hands and exorcism in prayer sessions for healing is quite important. These rites are both biblically founded and close to African experience in the context of ill-health and misfortune. Berinyuu (1988:101) notes: "Rituals [and symbols] are an integral part of the practice of the traditional healer/priest and African life as a whole". The healing power of song and music especially in Africa ought to form part of the church's healing strategy (cf. Sundkler 1960:299, Manala 2005a:910). For this reason I will also discuss the role and necessity of music in the church's healing ministry.

5.6.3.1 The rite of anointing the sick

The rite of anointing the sick is also called unction in the Catholic Church and is one of that church's seven sacraments. According to *The free Online Dictionary, Thesaurus and Encyclopedia page 1*, anointing is described "as part of a religious, ceremonial or healing ritual". On page 2, it is said to refer to "the act of applying oil or an oily liquid" [to one needing such treatment] (cf. Deist 1990:268). Richstatter's explanation of the working of this rite is helpful even though explained from the Catholic perspective. I propose that we substitute the word "sacrament" found in this explanation with "rite". Richstatter (Catholic Update:4) explains the value of the rite of anointing the sick, citing *The Pastoral Care of the Sick, #123*: "

The anointing of the sick is a different kind of healing than a chemical placed into our body as medicine or a surgical intervention to cut out diseased tissue. [Rites] are acts of faith; they grace the whole person – body, soul and spirit. The blessing over the oil for anointing asks God to 'send the power of your Holy Spirit, the Consoler, into this precious oil. Make this oil a remedy for all who are anointed with it; heal them in body, in soul and in spirit, and deliver them from every affliction'.

Anointing the sick is thus meant to make available to the sick and the miserable, the holistic healing. Three reasons are offered for using oil in the healing ministry (A Congregational Ministry of Healing 2003:1): "1. It symbolises God's choice and blessing. In the Old Testament times, those chosen by God, such as kings and priests, were anointed with oil as a sign of God's approval and blessing (cf. Hab 3:13) 2. When scented oil is used, it represents the goodness and beauty of God. Perfume and

incense in ancient times were also signs of human prayers rising up to God. 3. It symbolises the struggle against evil. In the Mediterranean world, wrestlers were “oiled down” before they entered the struggle; so, anointing becomes a sign of God’s struggle, through us, against sin and evil”. The symbolic value of oil as God’s approval and blessing, as a rising prayer to God and as God’s struggle through and for us has a comforting effect on the sick person. Richards (1989:89) intimates that oil was valued highly in Palestine for its contribution to living that it became “a symbol not of sadness but of gladness (Is. 61:3)”and that when later used in Christian initiation, it signified the new life in God’s Anointed, unlike water which represented the washing of the old life (cf. Richards 1989:90). Such contribution of oil, promoting peace and happiness and its promise of the new life with Christ, as it is said to do, can indeed be therapeutic to the sick person.

Some Protestant Churches also use the rite but not as a sacrament because many of these churches accept that there are only two sacraments which were instituted by Jesus Christ namely the Lord’s Supper and Baptism. Richards (1989:88) writes with regard churches of Reformed tradition’s change of heart concerning the use of the rite of anointing: “Churches in the Reformed tradition are recovering from the over-reaction of the seventeenth century Reformers and seeking to be truly biblical”. Anointing the sick is therefore regarded as one of the important Christian rites but one that has a sacramental character.

The rite of anointing the sick has a twofold function namely, a medicinal or a soothing function and a spiritual symbolic function (cf. Lawrence 1976:65). Witty (1989:183) writes: “The purpose of the oil lay either in a spiritual symbol or in a therapeutic

function”. Witty (1989:183-4) however points to arguments against the therapeutic function of oil that are to my mind, based upon the resistance against the holistic view of healing and on a dualistic vision. Anointing the sick cannot be discounted on reductionist and exclusive grounds as it is meant, as we have seen above, to provide holistic healing. Jesus’ disciples for example healed many people by anointing them with olive oil (Mk 6:13). In James 5:14 the sick are instructed to send for church elders who will pray for and anoint them with olive oil in the name of the Lord. Included in this instruction to sick members, is a promise that the prayer of the faithful will heal the sick. The mentioned instances seem to refer primarily to physical healing although soul and spiritual healings could also take place.

Anointing with oil is hailed as a powerful means and or channel of Christian care and healing available and relevant to Christians in Africa and elsewhere (cf. Berinyuu 1988:105). While it is true that no ritual has the power to heal in itself, it certainly communicates powerfully, a sense of God’s warmth, love, caring and empathy which will more likely promote healing of the body, soul and spirit. It is indeed assuring of God’s presence and unfailing love and power in the midst of potentially disruptive and disabling conditions (cf. Berinyuu 1988:106).

The role of oil is also depicted in a spiritual symbolic sense as a necessary softening and soothing medium for Israel’s spiritual wounds (Isaiah 1:6). Witty (1989:185) notes: “Anointing symbolised the presence of the Holy Spirit to meet the need of a member of the body of Christ”. Citing Murray, Witty (1989:185) continues: “And we also should regard it, not as a remedy but as a pledge of the mighty virtue of the Holy Spirit, as a means of strengthening faith, a point of contact and of communication

between the sick one and the members of the church who are called to anoint him with oil”.

In the Catholic Church the rite of anointing the sick is believed to give grace for the state into which one enters through sickness. According to this Catholic teaching this rite gives the gift of the Holy Spirit to renew confidence and faith in God and to strengthen one against temptations to discouragement and anguish at the thought of death and the struggle of death (Anointing the sick – Wikipedia, the free encyclopaedia, page 2). It is therefore believed to strongly lead to spiritual healing with forgiveness of sins as well as to bodily healing.

In view of its therapeutic and symbolic qualities the anointing of the sick will be quite meaningful to the black African Christians who are at risk of serious sickness and disequilibria. The anointing of the sick is often coupled with prayer and the laying on of hands. I subsequently address the important rite of laying hands on the sick.

5.6.3.2 The laying on of hands

Another ritual that can play an important role in the Church’s healing ministry is the laying of hands on the sick. In Mark 1:40-41 it is written: “A man suffering from a dreaded skin disease came to Jesus, knelt down and begged him for help. ‘If you want to, you can make me clean. Jesus was filled with pity, and stretched out his hand and touched him. I do want to, he answered. Be clean”. The laying on of hands therefore represents 1) Christ’s compassionate act through his church, of comforting and healing of the lepers; 2) comforting the broken-hearted; and 3) supporting the weak or helping the afflicted (cf. Richards 1974:13). For a black African church’s healing

ministry this rite will be appropriate because many African cultures have a special place for the act of touching (cf. Berinyuu 1988:106, 107). It can therefore be assumed that the African culture is receptive to the rite of laying hands on the sick and that it can therefore be used with much benefit.

According to Wikipedia, the free encyclopedia, page 1, the following definition is given:

The laying on of hands is a religious practice found throughout the world in varying forms. In Christian churches, this practice is used as both symbolic and formal method of invoking the Holy Spirit during baptisms, healing services and ordinations of priests, ministers, elders, deacons and other church officers along with a variety of other church sacraments and other holy ceremonies.

Duncan (1988:129) has the following to say, pointing to the value of the laying on of hands: “And if, as we believe, the laying on of hands is not merely a liturgical symbol but a conveying of power, that power is given as God’s gift for our health and healing”. In that sense the rite is the representation and the appropriation of God’s power in the context of Christian initiation and of sickness. From the Old and New Testament evidence, it has the following purposes: blessing, consecration, commissioning for special mission, impartation of spiritual gifts, strength, authority or wisdom, substitution and the transfer of punishment, healing, deliverance, prophecy and reception of the baptism with the Holy Spirit (Atkinson s.a.: 1). As an act of healing the laying on of hands is practised in imitation of Jesus’ example (cf.

Wikipedia, the laying on of hands, page 1). Jesus used this rite in some of his healings (Lk. 4:40) and passed it on to his disciples (Mk.16:18).

Maddocks (1990:121) mentions that the act of laying hands on the sick has theological and psychological roots. Theologically, it is an act of adoption or acceptance into the body of Christ to become an integral part thereof and be imbued with the health of Christ. Maddocks (1990:121) notes: “It is a linking into the life and vitality, into the healing and health which find their source in Christ”.

Psychologically, the laying on of hands expresses real love and care. The example of the therapy of the mother’s first instinctive touch of her child after the trauma undergone in the birth and the need for its continuation is given (cf. Richards 1974:13). Maddocks (1990:122) emphasises the significance and therapeutic value of the concerned and caring touch. He (Maddocks) notes: “The laying on of hands, accompanied by prayer of the Church, is a spiritual ministry of great power”. Through this act, the hand of the Lord is believed to be and is indeed at work.

Manala (2005b:67) notes: “The laying on of hands can convey the healing touch of Jesus and of the Holy Spirit. These means or channels of healing are aimed at raising faith, trust and at instilling hope in God”.

Another necessary but perhaps the most controversial rite, but one that our Lord Jesus Christ frequently used to restore health to those who were indwelt by evil spirits or demons, is exorcism. This rite is called exorcism because it entails the casting out of

evil spirits by means of the Lord Jesus Christ's supernatural power. I subsequently give attention to this rite.

5.6.3.3 Exorcism

Exorcism played an important role in Christ's ministry and refers to the liberation of people from evil spirits or demons. Gehman (1976:285) describes the one who performs exorcism i.e. the exorcist as: "One who professes by using words and ceremonies to eject evil spirits and deliver from their malign influence. Certain impostors of this sort, vagabond Jews were encountered by Paul at Ephesus (Acts 19:13-19)". According to this definition, the activity of the exorcist that is, exorcism is the use of words and ceremonies to evict or cast out demons or evil spirits. The above definition of Gehman brings into the picture the possible deceptive, problematic and controversial conducts of some pseudo-exorcists, by including the statement: "Certain impostors of this sort, the vagabond Jews were encountered by Paul at Ephesus (Acts 19:13-19)". This should warn those who intend to use this ministry to be careful and truthful in their words and conduct. Exorcism, the rite that was used in the sacrament of baptism in the early Christian Church became quite controversial during the Reformation (Nischan 1987:31). While the Lutherans defended it, the Calvinist Reformed Churches rejected it as: "an unnecessary remnant of papal magic" (Nischan 1987:31). This link of the rite of exorcism to magic is the one that threatens the continuation of this rite in the contemporary Christian Church. This assumed magical nature of exorcism could be the reason for people's fears regarding the church's healing ministry to which MacNutt (1999:23-24) alludes namely, fear of miracle-mongering and of confusion in people's minds that links the healing with witch doctors, *curanderos* and other forms of superstition.

Exorcism is further defined as:

...the rite of driving out the Devil and his demons from possessed persons. Exorcism is mainly performed in incidences of demonic possession that [are] generally distinguished from spiritual possession. A general assumption is that the Roman Catholic singularly practices the rite of exorcism, but some Protestant denominations such as the Pentecostals and other charismatic groups practice it as well. These groups refer to the practice as "deliverance ministry" where gifted people drive out devils and heal while they touch the persons with their hands, called laying on of hands, and pray over them.

Technically, exorcism is not driving out the Devil or a demon, but it is placing the Devil or demon on oath. And, in some incidences there may be more than one demon possessing a person. "Exorcism" is derived from the Greek preposition *ek* with the verb *horkizo* which means "I cause [someone] to swear" and refers to "putting the spirit or demon on oath," or invoking a higher authority to bind the entity in order to control it and command it to act contrary to its own will. In the case of Christianity the higher authority is Jesus Christ¹².

According to the abovementioned definition, exorcism in Christian perspective refers to the invocation of Jesus Christ to bind the demonic spirits in order to control them to act contrary to their own nature and intent. It means that Christians believe and trust

¹² <http://www.themystica.com/mystica/articles/e/exorcism.html> page 1

that as the highest authority in heaven and on earth (cf. Matthew 28:18), Jesus Christ is qualified to control the spiritual forces and cosmic powers of darkness against which Christians are ever at war (cf. Eph. 6:12) and to change the course of events in the Christian's favour. It is clear from the aforesaid that exorcism is the work of God. Richards (1974:161) writes: "The casting out of demons is the work of God through his Church and a sign of the coming of his Kingdom, the doing of his will, and the deliverance from evil for which every member so faithfully prays; it is God's action, not ours, because the Kingdom, the Power and the Glory belong to him not to us".

Exorcism is especially suited to the African context with its belief in and frequent experiences of evil spirit oppression, ancestral spirit indwelling and appearances and bewitchment (cf. John 2005:1, Volk 2005:1). Nischan's (1987:32) following definition better expresses the concept in a way that is also relevant in the African context: "the practice of exorcism depends on the belief that persons and things may be subject to evil or diabolic powers, and that this power may be driven out through words and actions of the exorcism rite".

There is a reported increase in the practice of exorcism by various churches, especially those that one could call Afro-Pentecostal Churches and AICs. Some of the exorcism services are conducted in a gentle and spiritually sane manner while others are conducted in a violent, cruel and inhuman manner that is irreconcilable with God's compassion which must underlie the church's healing ministry. The example of the more humane and spiritually sane manner is the one reported by Cindi John, BBC News community affairs reporter on 2005/06/03 at 14:32:44 GMT. John reports about an exorcism service of the Pentecostal Church of the French Christian Community

Bethel (CCFB) near Harlesden, north-west of London, made up mainly of Congolese and Angolan communities living there:

There is complete silence in the packed church hall as the pastor and church elders place their hands gently on members of the congregation standing in a row at the front. All these people believe they have been infected by an evil spirit and have come for an exorcism or deliverance ceremony. Some cry as the pastor and elders whisper prayers into their ears in a bid to force out the spirit they believe has possessed them.

Members of the CCFB and their pastor, Modeste Muyulu believe in the existence of evil spirits and witchcraft. These Christians believe, according to pastor Modeste, that there are people who are being used by the devil to bring a curse or bad luck to other people's lives, even to kill them. There is therefore, in the worship of this community and other black African Christian communities, an intense fear of evil spirits and witchcraft which explains why their services mostly focus on exorcism.

Daneel (1990:231) also writes about Bishop Nyasha's sane and more pastoral counselling oriented approach in his exorcism services which start with a more dialogical conversation with the patient. In the conversation the person ultimately confesses following the unmasked hidden evil. Nyasha (Danieel 1990:232) uses immersion in the Bethesda pool for exorcism or spirit expulsion as he calls it. Water is therefore the main ritual component of exorcism which symbolises the liberating power of God (cf. Daneel 1990:232). But water symbolises more than represented above. Daneel (1990:232-233) notes:

It also reminds of the uncompromising truth of Christ which unmask the deception and socially destructive intentions of both the inhabiting spirit and its host during the struggle between good and evil in the water. Thus the pool is the place where Christ's kingship over all powers is vividly enacted, where the message that 'evil has no future', to use Bosch's term, is meaningfully and dramatically enacted. In the water, symbol and reality merge. The Holy Spirit is present at the pool in all its power to assure victory over the forces of evil. Traditionally associated with purity and fertility, water in this context also effects purification, so that the candidate emerges from the pool cleansed of evil inhabitation and intent.

Pastor Modeste Muyulu and Bishop Nyasha use according to the foregoing accounts, good, harmless and helpful approaches which display total respect of and reliance upon God as well as the love and care of God which should underlie the church's healing ministry.

There are however others who use approaches that are inimical to God's love and justice. I have read about horrendous incidents which involve women and child abuse and murders in the name of exorcism in Africa and elsewhere. Wikipedia, the free encyclopedia, page 8, lists nine exorcism-related deaths from various parts of the world. These deaths occurred between 1967 and 2005 in various denominations' exorcism services, some of which were performed by children's parents or relatives. In most of these so-called failed exorcisms mainly women and children were victims.

Some of these deaths were caused by beating, by suffocation; one (child) was forced-fed water, by external compression and in another case a child was bound to the cross, gagged with a towel, starved and left in a dark room for three days. These are some of the very violent, inhumane and barbaric methods used in some exorcism services that tend to cause a lot of fear to and disapproval of many Christians.

On the African front many exorcism services are directed at the vulnerable children who are believed to have been bewitched or to be witches. The BBC News reports on the cruelty with which these children are treated in the name of exorcism. Some children are said to have been cut with a knife and beaten with a belt and shoe to “beat the devil out of her” (BBC News 2005/06/03:1). In the compound-cum-church of Avo Kitoko in Angola, a prominent government-registered traditional healer who claims to have the power to identify and deliver people from evil spirits, the most depressing cases of child abuse were discovered (BBC News 2005/06/13:1). There were for example a 15 year old boy who was shackled since January 2005 (he was in his sixth month), six men who were chained to the walls and floor and an eight year old boy with a bloated body, gorged and inflamed face, belly, arms, legs and fingers. Most of these patients were reported to have mental sickness, believed to be caused by evil spirits. Mr. Kitoko’s methods were abhorable: spitting water in the face of the patient, smearing mud onto a particular body part, shaving the patient’s head, having chillies rubbed into children’s eyes and so forth (BBC News 2005/07/13:1-2, Timesonline 2006/02/05:3). With such cruel methods, exorcism acquired and continues to acquire a bad reputation.

Some people believe that these churches' reason for diagnosing witchcraft (kindoki in Lingala) and prescribing exorcism services is to increase their power and control over the people (Timesonline 2006/02/05:2). If power and control are indeed the reason behind these churches' diagnosis of witchcraft (boloi in Sepedi) and the resultant violent exorcism services, their services are indeed without and will never have the approval and blessing of the merciful and loving Lord, Jesus Christ. Such violent exorcism services are therefore based on the concerned churches' self interests and not on the will of God to heal his people. My contention is that churches involved in cruel practices alluded to above must immediately be reported to their governments which must in turn immediately intervene. If such violent and abusive actions continue, the United Nations' Human Rights enforcement agencies must be employed. I think the local Councils of Churches in various countries where these cruel acts occur must also intervene and report these evil activities of the concerned churches to the relevant world church bodies.

Some people ascribe the increase of the exorcism services to economic reasons (BBC News 2006/06/03:2, Timesonline 2006/02/05:2). It means that the churches that practise exorcism charge care-seekers a lot of money. People using exorcism to extort money from and at the expense of the poor, especially at the expense of vulnerable children's lives do not deserve the name "Christian" neither do they deserve to be called Africans. They are, to say the least, looters whose sense of Ubuntu is totally corrupted. On the relationship of money to healing, Duncan (1988:128) makes this helpful statement: "While those who give their whole time, their property and themselves to a healing function must have a right to support themselves through their

work ('the labourer is worthy of his hire', Luke 10:7, *Authorised Version*), any attitude which puts emphasis on financial return as such must be suspect'.

The abovementioned untoward behaviour of pastors and their exorcism teams and abhorable occurrences in the name of the church's healing ministry are frightening and indeed bring the Christian church and her head, Jesus Christ into disrepute. It is for this reason that the following recommendations of the Archbishop's Commission, of four issues to be adhered to before exorcism of persons is authorised make sense (Richards 1979:9):

- a) That any priest or doctor who has reason to suspect that a certain case demands exorcism should refer it to the diocesan bishop before taking action.
- b) That if the Bishop is satisfied after such investigation and consultation as he thinks fit (involving reference to medical authorities in charge of the case and the parish priest or chaplain concerned) that a *prima facie* case has been made for exorcism, he may refer the case to the panel for diagnosis.
- c) That the considered report of the panel should be submitted to the diocesan bishop who, in the light of it, would authorise action appropriate to the case.
- d) That exorcism should be practised only with the authority of the diocesan bishop, given in each case separately, and after the foregoing procedure has been complied with.

There is therefore a need for great caution before an exorcism is diagnosed and carried out. The criteria and procedures stated above are however more clerically focussed. Greater participation of the laity is desirable based on the need to also acknowledge the gifts of the Holy Spirit (John 14:16, 16:7, Acts 2:38, Romans 12:6, 1 Corinthians 7:7, 12:4,9, Ephesians 4-7-16). The healing/exorcism team will be quite appropriate and helpful in ensuring caution and propriety in the practice of exorcism.

Exorcism is one of the healing methods Jesus Christ employed with success and which he commanded his disciples to employ in their ministry (Matthew 17:18, 10:1, Luke 10:17). Exorcism and healing are part of Jesus Christ's commission to his disciples (Luke 9:1, 2) and should therefore be continued by the church. In Luke 9:1, 2 we read: "Jesus called the twelve and gave them power and authority to drive out all demons and to cure diseases. Then he sent them out to preach the Kingdom of God and to heal the sick". Rice (1954:7) writes with regard to the implication of Jesus Christ's above commission on the contemporary church: "The divine power and authority are obligations laid upon Christ's Church today. The healing ministry is of no less importance than the spreading of the evangel. Salvation and health go hand in hand. Indeed the root meaning of the two words is the same: the achieving of wholeness". The church's exorcism ministry is an imperative that cannot and must not be neglected. The church should therefore carry out the exorcism ministry albeit with a lot of caution in view of the above life-denying activities in the name of exorcism. The church's healing ministry should base its services on God's love, compassion and sympathy which should be the basic criterion. The church's healing ministry should in the light of the love, compassion and sympathy criterion, follow the route of Jesus namely, commanding the demons in the name of Jesus to leave the host. Richards

(1974:165-167) suggests that the command to the demon in the name of Jesus should include three items namely, a command to the demon(s) to: “i) harm no one; ii) to come out; and iii) to go somewhere else”. The CCFB pastor Modeste Muyulu (BBC News 2005/06/03:2), agrees that the example of Jesus Christ is the only path that should be followed in the present day exorcism services: “But disciples should only do what the master did, I never read in the Bible about Jesus Christ being violent with anybody to cast out any spirit”. It seems that extreme physical action against the indwelling violent demon(s) is discouraged. Daphne Buckley according to Richards (1974:169), states in this regard:

Violence caused by demons should be bound by a command in Jesus’ Name. This is easier than physically holding a person, and also kinder to the human body, for they can be hurt with a tight grip on their arms and body. Also demonic strength is multiplied beyond normal human strength and seems to increase if they are held, whereas a stern command to stop the violence in Jesus’ Name has to be obeyed.

Exorcism should be understood and practised not only as a negative action of expelling evil forces but also as a positive action of extending the frontiers of Christ’s Kingdom and of demonstrating the power of Christ’s resurrection to overcome evil and replace it with good (cf. Richards 1979:8). Emphasis should be placed on Christ’s authority to help the afflicted and to build and expand his Kingdom. Doing what Christ did as pastor Modeste Muyulu intimates above, implies to my mind, having the authority of Jesus and the attitude of Jesus namely, of love, of humility, of

compassion, of selflessness and the attitude of seeking to magnify God and of giving peace and happiness to the sick person.

In the following section of the thesis, I posit song and music as having an important role in the life of the African communities in general but also in the context of sickness and pain in particular. I briefly discuss the therapeutic value of music and suggest its inclusion in the HKSA's healing ministry.

5.6.3.4 Song, music and their therapeutic value

One of the Afro-Christian means of healing is song and music. In Africa song seems to be the most effective means of communication which can play an important role in health education. The discussion on the SABC's Thobela FM 07h06-07h59 phone-in educational programme *Mofahlosi* on 10 June 2004 confirmed the importance and effectiveness of music in education. Mapuranga and Chitando (2006:72) write in a moving article: "Music plays an important role in the development of human cultures. It is used to entertain; console; communicate religious truths and feelings of love, and to fulfil other functions. In Africa there is a song for every season, and songs accompany individuals from the cradle to the grave". It is in recognition of this value of music that I propose that the HKSA's healing ministry should employ music as part of her healing strategy.

Sundkler (1960:299) refers to the importance of song and music in the African church as follows: "The African Church comes to life and realises its special charisma at the level of music and song and rhythm". It is clear from the above insightful declaration of Sundkler that music and song have the ability to empower the church in her service

of God and of humanity. It should be possible for the African church to proclaim the wonders of God through music and song to the sick and suffering.

Of relevance here is the therapeutic power of music and song. In this regard Mutombo Mpaya (2006: i), instructor at the California Institute of Integrated Studies describes the view of African music expressed in the Institution's course on *Music and healing: African traditions in global perspective*, as: "... a signifying system. Music will be studied as a social practice, which serves a number of functions; one of the functions being healing, which includes physiological, psychological, social, political and spiritual well being".

Music achieves the above holistic well being through its ability to bring people together in a healing community which, as Nzewi (2002:1) points out: "boosts the life energy of the sick". The dance and movement that go with music and song also have a calming and curative effect on the patient. Another important function of music in the context of healing is that it, as attested by Nzewi (2002:3): "creates and sustains a mental-physical state of being requisite for the administration of physiological cure". In that way music plays a role of preparing the person's mind and body for curative and healing intervention. In providing the above healing possibilities and realities, music or to specify the type of music as Mapuranga and Chitando (2006:73) do, "gospel music preaches a message of healing, hope and regeneration". In other words gospel music gives the sick person a sense of purpose and encourages him/her to will to live for another day(s) (cf. Mapuranga and Chitando 2006:73). It provides a sense of a healed future into which the person must enter. It helps shift concentration from the present situation of pain to the situation of Christ's victory to which he calls us,

the sick included. Stone's (2000:154) pastoral strategy of deliberately focussing on alternative times and events rather than those that encourage suffering and distress, is here expressed musically and rhythmically. Shifting to the hope-inspiring times and events as well as to people's strengths, which Stone (2000:154) calls "reframing hope" is quite therapeutic and music that expresses that should be more than welcome in the situation of sickness and pain.

The above insights concerning the healing power of music suggest that the African church's healing ministry will undoubtedly increase the effectiveness and helpfulness of her healing ministry by employing it as part of her therapeutic strategy. There are many suitable psalms that can be used for occasions of healing prayers for example, Psalm 23, 103:1-5, 107:20 and many others. There are also contemporary hymns and choruses that are hope-inspiring and healing. Mapuranga and Chitando (2006:76-84) in their analysis of the value of gospel music, confirm the hope-inspiring and healing message of contemporary Pentecostal music in Zimbabwe. The healing ministry of the HKSA will do well to embrace the use of music in her healing services especially in liturgical situations.

5.7 The church's healing ministry in practice

The problem praxis, i.e. praxis 1 (cf. diagrammatic presentation of Zerfass' methodological model in chapter 1, section 1.11.2.1), in the ministry of the HKF excludes wholly, Christ's healing ministry. The new practical theological theory has paved the way for the emergence of a radically new praxis. Zerfass (cf. Heyns in Heyns & Pieterse 1990:36, Theron 2000:195) points to the emergence of a new praxis that flows from the new practical theological theory. This new church praxis affords

the church's healing ministry the same respect as that which is afforded to the preaching of the gospel. The HKF's healing ministry has to be concerned with the *kerygma* (preaching), the *koinonia* (fellowship), the *leitourgia* (worship), the *marturia* (witnessing) and the *diakonia* (service), just as it is the case with the ordinary ministry of the church. Salvation, healing and liberation are to be mediated through the teaching, worship, prayer, healing and exorcism services within the fellowship of the believers, for further edification of the fellowship of believers to God's glory and human peace and happiness.

The new ministry praxis should therefore include the liturgical, pastoral care, pastoral counselling, missionary, home and hospital healing ministry activities. This praxis should facilitate embracement of the church's healing ministry without excluding other health systems such as the Western medical system and must also include preventative strategies such as nutrition, exercises and so forth. This ministry must therefore among other things:

- Promote prevention, which should include rigorous campaigning at congregational and circuit levels for nutritious and healthy eating, physical exercise as well as good conduct. To that end families should be encouraged to engage, individually and corporately, in small scale gardening activities. This calls the church to work in collaboration with nutritionists and people who are agriculturally knowledgeable;
- promote and instil good relationships with God, relatives, within the community, in the workplace and with the environment;
- offer pastoral care and counselling;

- conduct healing services within the contexts of worship, hospital, home and so forth;
- use the rite of exorcism where it is deemed necessary; and
- conduct follow-up care and prayers after hospitalisation and during the recuperation period.

The church's healing ministry, in the light of the above becomes a community affair that takes place at grassroots level as well as at institutions like the hospital. It fits well within the primary health care context. Such an integrated approach resonates with the World Health Organisation's Principles of Primary Health Care (Contact 161/162 1998:13), following the local patterns and concerning itself with among others, prevention:

- i. Primary health care should be shaped around the life patterns of the population it should serve;
- ii. a local population should be actively involved in the formulation of health care activities so that health can be brought into line with local needs and priorities.
- iii. Health care offered, should place a maximum reliance on available community resources, especially those which have hitherto remained untapped, and should remain within the stringent cost limitations that are often present;
- iv. primary health care should be an integrated approach of preventive, curative and promotive services for both the community and the individual;
- v. All health interventions should be undertaken at the most peripheral practicable level of the health services by workers most simply trained for this activity;

- vi. Other echelons of services should be designed in support of the needs of the peripheral level, especially as this pertains to technical, supply, supervisory and referral support;
- vii. Primary health services should be fully integrated with the services of other sectors involved in community development (agriculture, education, public works, housing and communication).

The church's envisaged healing ministry as described above indeed calls for the integrated approach envisioned by the World Health Organisation in 1975. The church, though not directly mentioned among stakeholders above (cf. vii), has for a long time been involved in the activities of the World Health Organisation through the Christian Medical Commission (Contact 161/162 June-July and August-September 1998:6).

In all of the above foci of the church's envisaged healing ministry, she should work in collaboration with the government, medical doctors and health care practitioners. The ministry should also make provision for continual dialogue with traditional healers through their council(s) to address issues of mutual concern, especially the following:

- Firstly, the commercialisation of traditional healing practices;
- secondly, the problem concerning witch pointing in their diagnostic activities, with the aim of its banning;
- thirdly, the issue concerning con traditional healers some of whom rob people of their hard earned cash while others engage in women and girl child sexual abuse in the name of applying muti for healing;

- fourthly, the problem concerning some of their treatment methods like the incision method which is more likely to increase the chances of HIV infection; the aim should be to advise them to employ different strategies for the sake of their patients' health; and
- fifthly, the problem of ritual murders, which are a constant threat to the life and peace of many black rural communities. Exposure and arrest of these ritual murderers should result from such talks with traditional healers.

The second concern of the church (cf. second bullet above) is in line with the decision of the National Traditional Healers' Association, to ban the practice of "witch sniffing" following the assault and burning to death at Borabora informal settlement in Umlazi, of Myeni, 86 and his common-law wife, Nomathamsanqa, 85. These senior citizens were accused of witchcraft by the community (Mhlongo 2005:1).

There should in essence be an interdependence and mutual respect among all healing sciences and approaches. The triologue entitled "Healing and wholeness" that was presented at the First Presbyterian Church of Evanston, Illinois in October 1970 articulates the multidisciplinary nature of the healing and health care quite clearly, citing the words of Ecclesiasticus 38:1, 9 and 12: "Honour the doctor for his services, for the Lord created him... My son, if you have an illness do not neglect it but pray to the Lord, and he will heal you. Then call the doctor, for the Lord created him; do not let him leave you, for you need him" (Mathison et al 1972:185). This dispels the folly of those whose approaches are reductionist and exclusive. Rice (1954:8) writes:

The relationship between the medical profession and the discipline of theology (represented by an informed and trained ministry) is in general a good one. Consecrated physicians and representatives of the Christian religion are needed today to examine, evaluate and guide the efforts made to expand the healing ministry of the Church.

5.7.1 Facilitation of the healing ministry in the Hervormde Kerk Family

To be able to achieve the above outcomes of salvation, healing and liberation some functional structures need to be put in place to form a web of healing relationships within the congregation. Many churches have the church management or governance structures whose responsibility it is to facilitate the establishment and functioning of other service groups or teams. With regard to the church's healing ministry, the logical thing would be to establish a healing ministry group or team.

I therefore propose in brief, the composition of the needed structure for the healing ministry, its functions and the modus operandi of the proposed healing ministry of the church. I propose to call this structure the *healing ministry team* and to assign to it the facilitation of the holistic healing ministry of the church in the midst of and together with the congregation as the body of Christ.

5.7.2 The composition of the healing ministry team

The Anglican Diocese of Bristol (2001:4) writes in its Parish Development Pack for the Church's Ministry of Healing: "A ministry team, properly recruited, trained, authorised and supervised can work closely with the incumbent (and other clergy) and give many new dimensions to the pastoral care and healing ministry available to the

local church”. It is thus important to recruit, train, supervise the healing ministry team well and get proper authorisation. The church council at the local congregation is responsible for the authorisation and supervision of the healing ministry team. Maddocks (1990:149) shares the following information with regard to the birth of his church’s healing prayer fellowship, which I consider important for beginners to note:

Our own healing prayer fellowship was born out of those who had known the hand of God upon them, people to whom *he* had called us to minister, people in whom we had watched *him* at work in his healing power, people he then called together with us to be a nucleus of healing prayer in his body. Then we whom he uses to call others to such a ministry become the recipients of his healing grace too.

In the light of the above information, gleaned from those already in the business of healing, it seems logical to have people with the necessary gifts and experience in the team. It is important to have the pastor as an integral part and leader of the healing team so that he/she will help in giving the necessary scriptural founding of the congregation’s healing ministry and the appropriate interpretation of biblical healing accounts from both the Old and New Testaments. The following then is the suggested composition of the healing ministry team in the HKSA:

- Pastor as the spiritual guide and interpreter of scriptures concerning the healing ministry;
- church elders as representatives of congregational governance;
- deacons as representatives of the church’s compassionate services;

- members with gifts of and love for the healing prayer;
- members from the Mothers' Union who have the passion for healing prayer;
- members from the Youth Movement who have an interest in intercession;
- people from the medical and health professions to bring in the team their professional experiences, skill and ethos;
- persons who are qualified and involved in AIDS counselling to sensitise and train the healing team to pray and care for this category of inflicted persons.

The same procedure may be followed also at circuit and synodal levels. This team needs continued training in the mediation of the biblical message in the context of sickness, meaningful participation in teamwork; listening skills, prayer, care of the sick, medical and hospital etiquette and in the use of various other healing gestures. The healing team also needs to engage in sustained Bible Study to reflect on matters of faith. The success of this healing team can without doubt be realised only if and when it has the congregation's co-operation. The basic requirement is therefore that the healing ministry team should be an accepted part of the church's total witnessing mission. The team's planning and work must of necessity keep the following three suggestions of Jakob (s.a.: 8) in mind:

First, it is important not to lose sight of the sick at congregational level. Practical options for avoiding this oversight include organised home visits and prayers for the sick during church services. In clinical pastoral care, a co-operation of the healing disciplines according to Tillich's anthropological model is important. As is already common in many hospitals, a participation of pastoral counsellors at team meetings

is an important step towards the multidimensional unity of healing. Second, modern pastoral care is often too focussed on reason and words. Pastors must think about the possibilities of how to approach human persons in their various dimensions. Liturgical options that achieve this end include blessing and anointing during hospital visits and services or laying on of hands as a special form of healing care. Through these acts, healing love and care become actualised and perceptible. Third, and finally, Jesus' healing ministry may be fulfilled in the care of chronically and terminally ill patients if a dimension of life is discovered for these patients that is independent from physical health. In these cases, healing means to give hope and meaning in spite of suffering and to impart the experience of God's love and solidarity in the midst of suffering.

These suggestions provide for the healing ministry team, a blind spot mirror which, if used properly, will help the team maintain a sustained focus on the broader healing ministry, including ministry to the chronically ill persons. These suggestions also point to the necessity of the use of liturgical means rather than the exclusively pastoral conservational approach. The healing rites of anointing the sick, laying on of hands and exorcism as suggested above (5.6.3.1-5.6.3.3), have their place in the church's healing ministry alongside other pastoral conducts.

5.7.3 The functions of the healing ministry team

The healing ministry team is without doubt an important instrument in the church's healing ministry. The functions of the healing ministry team especially in the church that has just adopted the healing ministry can be summarised thus:

- Firstly, advocacy. People, both members and non- members, other churches and organisations must be informed of the church's healing ministry, its healing approaches and activities as well as its roster. The ministry must be presented in such a way that more and more congregants will buy into it;
- Secondly, the organisation and co-ordination of healing activities in co-operation with the church council. Home and hospital visits need to be well organised and this should be the responsibility of the healing ministry team;
- Thirdly, the discussion and decision with regards to the frequency of the healing ministry services in the congregation;
- Fourthly, teaching and orientating members of the congregation towards the corporate prayer for healing;
- Fifthly, preparing in advance for the healing ministry. This involves the team's spiritual preparation and logistical or environmental preparation in collaboration with the church council and the worship committee;
- Sixthly, organising and attending congregational forums for the discussion of the church's healing as well as attending occasions that focus on the church's healing that are organised by other churches or organisations;
- Seventhly, arranging with the pastor and the pastoral counselling team for counselling support after the healing service where needed; this will reduce

the possibility of turning the liturgical occasion (the healing service) into a counselling session;

- Eighthly, helping to keep the church's healing ministry in continued check, so that it remains respectful to the biblical teaching and order of the church while also avoiding rigidity. The ministry must have respect both for biblical teaching, church order and flexibility;
- Ninthly, participating in all congregational ministries. The team should continue to see itself as an integral part of the church's total life, work and responsibility;
- Tenthly, liaison with other health providers such as the health department, medical doctors and nurses, nutritionists, physiologists, traditional healers, prophet healers and so forth. The church's healing ministry needs to enter into sustained dialogue with the above health providers (and probably others as well) for the church to be exposed to various approaches for better understanding and possible co-operation for the benefit of the sick.

The healing ministry team should form part of the church's life and work and should be involved in the usual activities of the church. Members of the team should undergo and provide training to the new members of the team and furnish necessary information concerning the healing ministry to all congregants. The study of the word in relation to the church's healing ministry should be the team's primary engagement.

5.7.4 The modus operandi of the proposed healing ministry

The church's healing ministry is not an individual-enhancing enterprise hence the employment of a healing ministry team that is broadly representative (cf. Reimer s.a.:

5). It is not and should never be a one person show. It is the task and responsibility of all the believers.

The church's healing ministry functions both liturgically and para-liturgically. It means that there are occasions for healing services that are incorporated into the worship service of the church and those that will take place in members' homes and in the hospital and others places where patients are looked after. The liturgical and para-liturgical roles of the healing ministry team will include the following: liturgically but also para-liturgically, laying on of hands, praying with people, praying for people and offering exorcism prayers. The para-liturgical role of the healing ministry team will be: pastoral and hospital visiting, listening, caring, praying with and for the sick and helping the sick with practical day to day tasks that they are not able to do as well as refer difficult cases to the relevant instances.

In 1997 the seventh General Church Assembly of the HKSA accepted, for the first time a liturgical order that provides for intercession for the sick and the troubled (HKSA GCA Minutes 1997). This has proved to be greatly appreciated by members; as they come in great numbers to the pulpit area whenever they are called forward to be prayed for after the sermon. This then could be one method to be followed. No detailed procedures have been given for this healing ministry approach. Pastors conducting this ministry have not been sure about which gesture(s) would be appropriate when praying for the sick. The only thing that was crystal clear was that the sick needed prayer and that many ministers prayed for the sick without employing any gesture(s).

In this thesis I have suggested the rites of anointing with olive oil, the laying on of hands, the rite of exorcism and music therapy. An amendment of the HKSA's intercessory liturgy is therefore necessary. In the intercession service that we have grown accustomed to in the HKSA, a whole group of people was called to the front to be prayed for corporately by the pastor. With the suggested laying on of hands and anointing with oil, patients will have to be attended to individually. This will not be difficult thanks to the healing ministry team's participation.

5.7.5 The healing service procedure

The Sunday worship service forms part of the established feature of church life. I believe that the church can use at least one Sunday in a month for the healing ministry. Such a Sunday should be one on which all church's organs of support are not on any of their missions that demand them to be away from church. During Sundays on which all organs of support are present, the service is usually lively – the atmosphere which is quite therapeutic. Two things need to be said about the ideal nature of the healing service: 1) The sick must feel loved, cared for and thought of and that can be realised if they will not be asked to engage in unduly long service or in a hectic physical activity; 2) the church must operate in the healing ministry, out of truth and genuineness not out of excitement and the need for publicity.

Before the worship service, the healing ministry team should meet for prayer, Bible Study and mutual encouragement. The team should pray fervently for Christ's intervention and to have his power and authority manifested in them as they pray for the sick. The team can also pray for the already known specific requests. This session shall indeed prepare the healing ministry team for the service of healing.

The healing service should to my mind, start with the normal worship service in which liturgical elements follow their normal sequence until after the preaching which should ideally have dealt with healing. The preceding liturgical elements shall have covered among others confession of guilt, pronouncement of grace and the confession of faith – elements which I take to be quite relevant in the context of the healing ministry. After preaching, those who are sick will be called to the front and as they approach the pulpit area, the congregation should sing a suitable hymn or chorus.

As they reach the pulpit area, the members of the healing ministry team should hold short interviews with the sick to establish the needs and desires of the prayer seekers. Thereafter, one of the members of the healing ministry team may explain in brief the proceedings, after which the team, led by the pastor may start praying for the sick, with the employment of the laying on of hands and anointing with oil where necessary. In cases of suspected witchcraft or evil spirit invasion, the exorcising words of Jesus Christ could be used to liberate the sick person or arrangements made for later exorcism service.

5.8 Conclusion

The cause of the problem praxis, (Praxis 1 in Zerfass' methodological model), it has been determined, is the operation of the HKF from the perspective of the Western world-view as a ministry frame of reference. This has proved to be problematic in the articulation and practice of pastoral care to the sick in Africa. The problem, it has been pointed out, is the relegation to obscurity, by the Western world-view approach, of the spiritual and supernatural worlds to which black Africans continue to cling. The

packaging and wrapping of the gospel in the Enlightenment philosophy, Western culture and quasi-scientific paradigm has proved not to be meaningfully helpful to black African Christians who find themselves in situations of diseases and misfortune.

In this thesis, I have attempted to find answers to questions: Why is it that many black Africans [often] resist the well-intended pastoral and medical care services by mainline churches and medical doctors? Why do black African members of the mainline churches leave their denominations flocking to the African Initiated/Indigenous churches? In search for answers to these questions and their subsidiaries I have examined the traditional theological theory of the HKF and explored the literature on the beliefs, needs, aspirations, fears and values of black African people.

Findings of this study regarding the above questions, point to the three major issues that cause the disablement of the church's culture-sensitive and therefore effective functioning in the African context. The identified disabling issues are:

- 1) The HKSA's orientation towards the Western world-view with its manifestation in:
 - i) naturalistic orientation that encourages the rejection of the existence of supernatural forces and spirit beings; ii) the belief that medical and physical means are sufficient to care for the human body and that religious help is superfluous; iii) the dismissal of miracles as primitive expression of reality and as mythical and superstitious;
- 2) The influence of the Enlightenment philosophy according to which human history and contemporary life can be understood without speaking of God or assuming divine

activity in human affairs, which is manifested in: i) the perceived coming of age and independence of the human being in thought and action; ii) individualism and competition instead of co-operation – this, in spite of the church’s view of herself as a community; iii) over-confidence in human capabilities and achievements; iv) over-reliance upon achieved scientific and medical successes.

3) The rigid application of some of the general principles upon which the Reformed doctrine is founded without regard for the situation – which is characterised by reductionist attitudes and practices that lead to: i) exclusive emphasis on preaching in missionary, liturgical and conversational modes; ii) the neglect of the faith-inspired deeds like actual diaconal service through which practical support of the poor and healing of the sick are offered – deeds that were central to Christ’s earthly ministry; and iii) the neglect of experiential situations of people because of the belief that God’s revelation as contained in the Scripture excludes human experience.

The research also examined the disabling factors for a theologically sound ministry of the typical African church that is, the church that embraces the African world-view fully. The relevant question here is: which factors that define the church as viewed from an African perspective and her ministry theory, violate biblical principles and disable the emergence of a God-honouring ecclesiology and how?

Four issues have been identified as contributing to disablement of the emergence of a God-honouring African ecclesiology:

Firstly, we have an uncritical embracement of every component of the African world-view. In this regard, the interpretation of biblical texts is done exclusively from the perspective of the primitive and contemporary African beliefs, culture, customs, moors and values. The context of the biblical narratives is disregarded; secondly, there is an obsession of Africans with power, excessive fear of evil spirits and of witchcraft and magic. This need of power and fear of evil spirits and witchcraft influence the African to continually search for powerful defensive and offensive objects and means to counter evil spirits and sorcery that are thought to be a perpetual threat to his/her vital force; thirdly, the belief in the presence, activities and demands of ancestors on their descendants causes a lot of confusion in terms of ancestors' perceived role vis-à-vis that of God and Christ. Even though a number of theologians are agreed that ancestors are not worshipped or prayed to but are venerated, there seems to be some confusion at the grassroots where ancestors are afforded roles that the Bible affords to God and Christ, for example blessing, protection and receiving prayers from descendants.

It has become clear that neither the choice for the ministry based exclusively on biblical principles interpreted from the Western perspective nor that of an exclusively African contextual approach will be helpful. I have therefore, in line with the correlative approach to Practical Theology (cf. chapter 1) chosen the approach that has respect for the biblical principles and church tradition as well as the African world-view. This choice has led to the recommendation that the church should adopt the biblically compliant and culturally sensitive healing ministry as articulated and whose practice has been described in this chapter.

5.9 Recommendations for further research

According to Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:196), the church needs to accept that the current praxis however successful may soon need adjustment. According to the insights from Zerfass' methodological model, praxis 2 or the improved praxis is bound to change once it is tried out in practice. It means that the healing ministry of the HKSA will need continual monitoring and further research of its functioning in practice.

It will therefore be necessary according to Zerfass' (Heyns in Heyns & Pieterse 1990:36, Theron 2000:196), to review the church's traditional theological theory (arrow 12) to establish traditional theological resources and biblical insights as understood by the HKSA that could inform the current healing ministry praxis. This investigation will require that a further situation analysis be undertaken (arrow 13) to determine the impact and meaningfulness (or lack) of the current healing ministry.

The two issues shown in this thesis to be controversial are the belief in ancestors and the exorcism rite. It is my contention that these two areas need further research so that the church can understand better, the dynamics inherent in them. Another issue for which research is needed is the music therapy. Research should for example, seek to determine ways in which this therapy can be implemented by the church in a more organised and sustained way.

Although much has been said and done in the area of the belief in ancestors, there is still a lot of confusion regarding them, as intimated above. Since the belief in ancestors epitomises the core of relationships in the African context, the confusion

alluded to above cannot be left unattended. There are two issues that to my mind need researching in this area. Firstly, the research must seek to shed light on and clarify theologically, the nature of the power relations. It often appears as though ancestors are obeyed more readily than God in the lives of those Africans who in spite of their embracement of Christianity, still worship their ancestors and who will carry out instructions of ancestors however difficult and costly they may be, while they will not do the same for God's work.

Secondly, the compatibility (or its lack) of ancestral belief to Christianity should be determined. I know people who have stopped (some leave the church altogether) attending church services after initiation as a sangomas or traditional healers. The reason often given for this situation is that the ancestral spirit indwelling the person is not well disposed towards the church. The needed research should seek to identify the deep lying causes of the distance between sangomas/traditional healers and the church and find ways in which the church can serve these people.

Research is also necessary in the area of exorcism, especially the use of some objects like water and fierce force as shown earlier in this chapter. The research should seek to determine biblically sound and culturally sensitive and humane ways of conducting exorcism services.

A further area of interest for therapy that has been referred to in this thesis is song and music. I am convinced that a thorough research in this area could yield wonderful results for the church's healing ministry in Africa. Song and music have been shown to have excellent mobilising, motivational, therapeutic and liberating abilities. That

much is clear from what has been mentioned earlier in this chapter and from the experience of the majority of South Africans during the fight against apartheid. I believe that there is more to be explored that could be of more therapeutic value to the church in Africa.

APPENDIX 1

TWO ANECDOTES OF WITCHCRAFT ACTIVITIES

I present in this appendix, two Anecdotes of what I was informed took place in a township setting in Mamelodi East in 1985 that relate to witchcraft activities. This should highlight the extent of the psychological, social and physical suffering of people as a result of the belief in witchcraft. I use pseudonyms in the anecdotes in order to protect the identity of those involved. Names of places are however real.

Anecdote 1

In 1985, in Mamelodi East, Section 16, an eight year old girl disappeared from home for a week. The family got worried and frantically started searching for her without success. When they consulted traditional doctors and fortune tellers they were told that the child was still alive and that she was being kept in the house next door. On the basis of that information, the parents went to the house next door to enquire about their daughter's whereabouts without finding any trace. They again consulted the fortune tellers and were told that the girl would come back home.

When they got home on that day, they found the girl there. She explained that she was in the neighbour's house. But a few minutes later the girl could no longer speak. She remained mum and could not answer any more questions. The problem was reported to the comrades (young political activists who had taken over the control of the township governance related matters in many townships in the 1980's) who immediately convened a meeting. Residents were called from their houses to join the community. Community members flocked to the suspected neighbour's house. The name of the neighbour was Mmaleraga. Mmaleraga was asked to explain where she had kept the child but she refused to give an explanation. At that time the tyre was burning. She actually challenged the comrades and the community to do as they pleased with her because she had nothing to do with the case. Instead of the normal car tyre often used as a means of burning suspects, a tractor's tyre was used because Maleraga was huge. She reiterated that she knew nothing about the incident.

The comrades asked the eight year old child for an explanation but she did not respond. They took the girl to hospital. The crowd burnt Mmaleraga who ran into the

house. They poured petrol all over the house and set it alight. The crowd then took Mmaleraga's daughter, Leraga for questioning. She informed the crowd that she was trained by her mother to fly on a loaf of bread to Pretoria and Johannesburg, and back in a few minutes time. She told them that there was an underground tunnel from the house to the toilet and that there were people staying in the tunnel. She further told the crowd that the neighbour's eight year old daughter had also been there. The crowd started digging and found the tunnel that the suspected witch's daughter alluded to. The police intervened and many people ran away. By then Mmaleraga had suffered serious burns. She was rushed to the hospital. The police warned the crowd not to hurt anybody but that they could continue to dig. After a few days people (comrades) went to the hospital with the intention to kill Mmaleraga. When they came to her bed, it is told, she turned into a baby doll, and they ran away.

Mmaleraga was later declared dead at the hospital. Her daughter was also beaten with the intention to kill her but she survived. The house was demolished but they found nothing that was related to witchcraft. The City Council of Pretoria later rebuilt the house.

The respondent ends with the words: "Many people died during those years because of the suspicion that they were witches. It is obvious that while some alleged incidents of witchcraft were thought to be true, others were thought to be fabrications that were born out of jealousy".

Anecdote 2

It is true that some people could be infected by one or the other illness. But some situations are inexplicably terrifying. There was a lady called Seja who had no children. Seja stayed in Mamelodi East. What surprised and frightened her and later other people as well, was the fact her stomach had started and continued to grow bigger and bigger. She consulted medical doctors who were not able to diagnose (in the words of the narrator) "they could not see anything". Seja then consulted fortune tellers and traditional doctors who told her that she was bewitched. They told her that she felt something moving in her stomach, which she affirmed. She took African traditional medicines and other forms of traditional treatment but her stomach kept on growing bigger and bigger.

Seja was later informed that there was a certain medical doctor, named Dr. Calemba who worked at Mabopane who could help her. She was told that Dr. Calemba was very good at treating conditions like the one she was suffering from. The lady consulted Dr. Calemba who took her blood samples and did other tests on her.

The doctor gave her some treatment and later gave her feedback that there was something alive in her stomach but that it was not a baby.

The doctor then informed Seja that he first had to cause the creature that was inside her stomach to die before he could operate on her. After a few months, the doctor arranged for an appointment at the hospital where she was admitted and the operation performed.

What came out of the lady's stomach was incredible. It was a tortoise! Such a situation raises a number of questions for sheer clarity, for example, how could a living creature of the size of a tortoise enter someone's stomach? How did the tortoise survive in the stomach? Can this be true or people just exaggerate issues here? Is this natural? This can indeed only be understood as supernatural.

APPENDIX 2

Appendix 2 presents newspaper cuttings from two newspapers that are in touch with what goes on in the black South African townships and rural villages namely, *Daily Sun* and *Sowetan*. The cuttings indicate the extent to which witchcraft beliefs affect the black South Africans, including Christians psychologically, socially, physically and so forth.

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Sangoma murder suspect on the run

By NAHIMA AHMED

A HUNT is on for a sangoma who has been charged with murder, after the body of one of her patients was found at her house with missing parts.

Neither the sangoma nor the body parts have been found. Police Captain Mohale Ramatseba said the 40-year-old sangoma from GaMatlala, near Polokwane in Limpopo, is still on the run.

"The deceased was receiving medical treatment at the healer's house. The sangoma called his family at the weekend to in-

form them that he had died," said Ramatseba.

He said the deceased's family arrived at the sangoma's house to find the man with parts of his body missing.

"When police and the deceased's family got to the sangoma's house, she had already vanished. The body was found with its eyes, nose and left ear missing."

Ramatseba said at this stage it was not known what the deceased was suffering from. Police have opened a murder docket.

Monday 4 October 2004

Elderly sliced up for muti

By ANANIUS NDOUVU

THE MUTI-ATKED body of an old man has been found with his eyes and nose missing and his trousers pulled over his head.

"The corpse was found in the same area where a 67-year-old woman was found dead in June with some of her body parts cut off.

William Lerobotana (67) was missing from Karama near Klerksburg, two months ago where he was last seen on 10 August.

William's younger brother Johannes Mabame said he was murdered. He said his brother was half blind and could not have gone to the mountains alone.

Ward councillor Nyanda Sambo said: "It seems the elderly are being kidnapped and sliced up for muti."

Elderly people in Karama are living in fear. They are scared of going out at night or sleeping on their own.

Cops search for boy's head

THE difficult task of finding the head of a murdered three-year-old boy continued on the North Rand yesterday, with police scouring the area around Actonville Hostel in Benoni for clues.

The decapitated body of Lelekhahle Zungu was found near the hostel on Saturday after he was last seen playing with friends outside his home in Wadeville, in Benoni, police spokesman Captain Sophie Mayisela said.

The boy's parents were due to travel from KwaZulu-Natal today to join his devastated aunt with whom he had been living, Mayisela said.

A 24-year-old man will appear in the Benoni Magistrate's Court today in connection with the boy's death.

He was also expected to undergo a psychiatric evaluation but there were no initial indications that he had a mental disorder, Mayisela said.

She could not divulge more information but said that the toddler might have been the victim of a ritual killing.

Meanwhile, Petrus Kgabe, a 73-year-old local traditional healer, and Moses Moko (55), a businessman, appeared in the Sehego Magistrate's Court in Limpopo on Wednesday in connection with the mutilation and death of 10-year-old Sello Chokoe in July.

He had disappeared while out searching for donkeys and when he was found his ear, hand and the genitals were cut off.

In spite of efforts to save him, he died.

Earlier this year, a theology professor said some people believed that body parts held certain powers and were used to influence decisions or business outcomes.

The more difficult the medicine was to obtain, the more power it held, Professor of indigenous studies at the University of the North, Thabo Kgata, said then.

They believed that a hand hidden in a newly opened shop could influence people to give money to the shop, a head could make people think about them, and genitals, which represented reproduction, could cause wealth to increase. - *Sapa*

Witch axed to death

By NAHUNA AHMED

A WOMAN accused of witchcraft in Latheni, Limpopo was chopped up with an axe by a mob of six youngsters and 11 women. Her two children were also stoned and are in a critical condition in hospital.

The youngsters, aged between 16 and 20, marched to the alleged witch's house on Friday night to end what they called the evil, voodoo spirits which she had used to murder a young man.

SPOOKY GOINGS-ON: 1

Police said the woman's daughters, aged 11 and 12, were in a "mob" group, who then went on to burn her house down, saying it was a shelter for evil deeds.

Captain Altwal Mushiavhanamadi said three of the suspects were related to the young man who died last year.

"The woman was responsible for his death. They then used an axe to chop her up," he said.

SPOOKY GOINGS-ON: 2

Mushiavhanamadi said when the 32-year-old woman died, the suspects all went to her daughters, saying they were going to follow in their mother's footsteps.

"The girls sustained serious injuries from the stoning. They were rushed to hospital where they are getting treatment," Mushiavhanamadi said.

He said the suspects were traced and arrested shortly after the incident.

SPOOKY GOINGS-ON: 3

"A murder and attempted murder docket has been opened for investigations," Mushiavhanamadi said.

Meanwhile, in Solom, a 28-year-old woman was found lying naked about 10m from her shack.

Mushiavhanamadi said the incident is the second of its kind to have happened in the area.

Last week a 25-year-old taxi driver's wife was dragged out into void, murdered and her shack set alight.

Witch roaming free as zombies stalk villagers

SPOOKY GOINGS-ON: 2

By SICELD DUDLA

THREE ZOMBIES are stalking a village in Limpopo. One of them, Mankoma Mankol, died last December after a shock illness.

Two weeks ago rumours surfaced in Bevela Village that she was alive.

A man in the village told Daily Star he had seen three zombies.

He said: "I was so frightened I dropped the tools. I was sweating with and ran away. Someone else went to the house to collect them for me because I was too scared to go," he said.

He claimed all the zombies were identified to villagers who had died over the last few months.

One of the zombies, he said, was similar to Mankoma. The villagers called an urgent meeting to discuss the matter.

However, they failed to persuade the witch they suspect was responsible for the zombies.

Now the villagers are

blaming the government for protecting witches.

Mankoma's uncle, Steve Makiphe, said: "We could not force the witch to release our daughter from captivity."

"We could not get justice because of the witchcraft legislation," he said.

The suspected witch could not be beaten because people who have done so in other villages were sent to jail for law-breaking the law into their own hands.

Instead of being punished, Steve said, witches are now allowed to wander and they continue to force witches.

The only thing the community could do was to demand that the woman be moved within 30 days or they will come to mobilise the village.

Expelling her would not stop her from killing others, including those who caught her, those who publicly demanded justice, and those who will be her next neighbours.

"When is this going to stop? Steve wanted to know.

'DEVIL' BOY Parents live in fear of their son aged 10 STALKS NIGHT!

By PHUMELEE NMINDA

A MOTHER and father live in fear of their 10-year-old son!

• They say he does evil deeds at night.

• They say he scares them at home with his strange behaviour. He screams at night and when the parents rush to his bed he speaks in a language nobody can understand and his eyes go wild.

• They fear that he is possessed by demons.

But the boy's grandmother, who is a sangoma, thinks that he is being summoned by ancestors.

The schoolboy, who is not being named by *Daily Sun*, was interviewed at his Springs primary school yes-

terday. Neatly dressed in school uniform, he told *Daily Sun* wild stories of flying off at night.

"We remove our clothes and use brooms to fly to people's houses. When we get there, we dig a hole at the gate and go inside and remove brains and blood. We then put the brains in a hole and take the blood back to 'ogog' he said.

The boy's father, Mduzisi (his surname is also being kept secret by *Daily Sun* to protect the boy) said: "My son was taken care of by my mother since his birth because I was unemployed and I trusted her.

"I recently noticed that something was not right with my son and my mother

CONTINUED ON PAGE 2

Parents who live in fear of 'possessed' son (10)

CONTINUED FROM PAGE 1

did not want us to get together until I took him."

The child's mother, Nestar, said her son acted like a monkey when they gave him food.

"At first he did not eat like other children, he ate very fast and untidily. I would shout at him to stop and he would go outside and when he came back he would be normal," she said.

The confused mother said she has been called by teachers at his new school complaining about his behaviour.

Mduduzi said while they were worried that their son had now started acting strangely at night.

"He screamed and wanted to kill his younger sister and when I

removed the blanket from his face I saw his eyes were very white and he was speaking a language I did not understand," said Mduduzi.

"I asked him what was wrong and he said my mother and sister were there to fetch him to go to work," he added.

Mduduzi said his son has not stopped screaming at night and he is worried that he is going to do something terrible.

"I am unemployed and I do not have money to pay sangomas but we need help urgently," he said.

The grandmother, Elizabeth, accused of teaching the boy witchcraft, denied the allegations.

"These caring parents, as they want to be seen, dumped the baby

boy with me when he was four months old and never supported him.

"My husband, daughter and I gave the boy the love that he needed and sent him to school," she said. "My son has been turned against me by Nestar who has spread the news of me and witchcraft to all my neighbours. She saw that did not separate us and decided to take my son and the child to live with her."

Elizabeth said God knew that she does not do evil things and is prepared to go to an inyanga or court to prove it.

"They can take me to whoever they want and if they find me guilty, they can pour petrol on me and burn me to death," she concluded.

Pastor blames witchcraft for near-fatal accident

Siyabonga Kamnqa

Benjamin Dube, a pastor and Bamboyan gospel singer, has blamed witchcraft for his near-fatal car accident at the weekend.

In an interview at his home in Elspark, Ekurhuleni, Dube said he was being targeted by people

who were against him spreading the word of God.

Sporting a bruised right eye and a dislocated jaw, Dube said a strange incident had occurred at his church in Vosloorus while he had been in hospital.

"I was informed that two young women had acted in a

strange way," Dube said. "One of them apparently lost her mind and went around the church shouting 'We have failed, we were supposed to have taken Dube's spirit!'"

Dube said his faith in God would protect him.

"I believe in the power of my

God and no matter how hard the devil tries, he won't destroy me."

Asked how he reconciled his Christian beliefs with witchcraft, he smiled and said: "This is Africa, broer. Even Christians must acknowledge that these things are real and they do happen."

Evil fire still haunts helpless family

By SICELO DLADLA

THE EVIL fire which stalks the Lekubu family has struck again. "This fire haunts us wherever we go," said Fortune Lekubu.

After two fires burned down their home, as reported by Daily Sun last Tuesday, Lekubu and his family were accommodated by his elder brother in Watville township.

On Friday, the evil fire attacked the Lekubus in this four-roomed house.

The fire started at around 10pm in the garage, which was rented out to someone.

Tenants renting other rooms used water and sand to put the fire out.

The following day, a bedroom in the main house was on fire. It was also put out.

Subsequently, another outside building was on fire. The fire moved to the bathroom and then a bedroom inside the house.

"It even burns on top of water, like it is petrol," Lekubu said.

He said the Saturday fire was more dangerous and aggressive than the other fires.

Beds, wardrobes and clothes belonging to tenants and relatives were burned.

After the Saturday fire, relatives and tenants ordered the Lekubus to leave the premises as the fire had destroyed their belongings.

The Lekubus returned to rebuild their home, but just a few minutes after their arrival the fire started on the bed, which was still outside after being burned in the first fire.

No one was injured in the weekend fire in various households.

The family is devastated as their prayers have not stopped the fire.

The Lekubus have also consulted with traditional healers, but it did not help.

Meanwhile, a white sangoma from Welkom in the Free State has offered help.

Peter van Zyl phoned Daily Sun and claimed to be skilled at driving away witchcraft or evil fires.

However, he needs about R400 for transport from the Free State.

Healer whacks evil fire!

But maybe the beast was taking its revenge. The healer has developed a bad cough after inhaling smoke from the dead carcass. Praising his concoction poetically in Sesotho, Ntshaba said: "Ho bo mororo ke hohlile, ho sithefeng ho Apetisa dithaba. Ho ditshelile mohloli."

why he had to have the right amount of money. He said: "Even if I wanted to do it free of charge, the exorcism is costly because after conducting it, I will also need to be protected from the evil fire which can be re-entrained any time when it returns." He was as good as his word and went into the Mokele family's temporary home at Section M and performed all the rituals that very same night.

HE SAID HE SAW A STRANGE ANIMAL WHICH COULD TURN ITSELF FROM A CAT TO A RABBIT AND HAD A FIRE AT THE TIP OF ITS TAIL. He said: "This was nothing to me as I have come across much more evil things than that." He reached out for his knobkerrie and bashed the demon on its head, killing it at once. Ntshaba explained that this strange animal was the one that was making the lives of the Mokele family so miserable. Inyanga Ntshaba announced the demon's legs and hung it cut to dry, but even he was shocked when he saw the animal had turned to worms in less than eight hours.

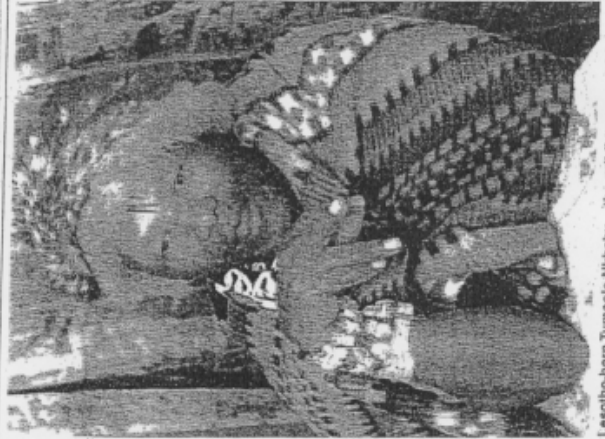
By MATSEHO RAMOTHO
FAMOUS Songomas failed to stop the evil fire but a Lesotho-born healer cast it out in one day. The flames had burnt for a month and forced the Mokele family out of their Bosthuobelo house.

THE DEVIL FIRE EVEN FOLLOWED THEM TO THEIR NEW PLACE! Finally, in February this year, Maserato Mokele's family could take it no more.

Inyanga Ntshaba explained

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Lesotho-born Tumsale Ntshaba - the evil fire was making the Mokele family's life a misery. Photo by Dan Xangaza

Boy butchered

Boy (10) found alive after having body parts amputated

By Frank Maponya

A 10-YEAR-OLD boy is fighting for his life at Polokwane (Pietersburg) Hospital after he was kidnapped by strangers who hacked off his ear, hand, and private parts as well as part of his brain.

The attackers apparently left the boy for dead in open veld outside the Limpopo town.

Sello Chokoe of Gamaleka, Moleletje, was found bleeding profusely on Friday afternoon by a passerby who heard him screaming.

It appears that the attackers fled after being scared off by the sight of the passerby while chopping at the boy's head.

Polokwane Hospital authorities said yesterday that he was in a critical condition and under sedation.

The hospital's chief executive officer, Dr Madambi Shilumani, said it was not clear whether the boy would recover due to the severity of the head injuries. He said the remaining parts of the child's brain were severely damaged.

Police spokesman, Captain Mphahle Ramasetha said yesterday that the passerby, a woman collecting firewood in the veld, became suspicious when she heard the screams.

On investigating, the woman found the injured boy with his ear, right hand and genitals severed.

■ To page 2

Butchered alive

● From page 1

The police said they were called to the village on Friday afternoon.

The boy had a gash on his skull and stab wounds to his back, Ramasetha said.

He had apparently been sent to search for cattle in the nearby mountains.

The boy was airlifted to the Polokwane Provincial Hospital.

Ramasetha said a 65-year-old man was being held for questioning and that they had launched a manhunt for further suspects and a search for the boy's missing body parts.

An investigating team, comprising members of the Serious and Violent Crime Unit, had been sent to the area, he said.

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