

DOES RELIGIOUS HEALING WORK?

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1. Some Figures

Between 1980 and 1990 in South Africa, the number of Christians belonging to mainline churches such as Methodist, Catholic and Dutch Reformed Church declined by 25 percent from 12.1 million to 9.1 million (1). During the same period the number of Christians belonging to those churches offering religious and faith healing increased by 23% from 5.6 million to 6.9 million. Figure 1 shows some of these changes.

Church	1980 Census	1990 Census	% change
All Christians	19.4 million	17.2 million	-11%
Roman Catholic (RC)	2.4 million	2.0 million	-17%
RC (Whites)	390000	280000	-28%
RC (Coloureds)	266000	210000	-21%
RC (Asians)	21000	12000	-43%
RC (Black)	1.7 million	1.5 million	-12%
African Independent churches	5.2 million	5.9 million	+13%
'Other Christian' (OC) (mainly American style healing churches)	0.4 million	1 million	+150%
OC (Whites)	120000	215000	+80%
OC (Coloured)	120000	275000	+130%
OC (Asian)	16000	52000	+225%

OC (Black)	150000	500000	+233%
Fig 1 Some Changes in Religious Affiliation 1980 to 1990			

These figures come from the census of 1980 and that of 1990 and whilst they need more careful interpretation than given here, they do reflect a major change in the nature of South African Christianity. There has been a phenomenal growth in the number of churches and organisations which offer a "healing ministry" to people in South Africa and this growth is found amongst all the various cultural groupings which make up the country. In fact, the growth of the Coping-healing churches is probably one of the most visible phenomena in South African Christianity today (Bate 1991:57-58).

2. What is Going on?

The healing ministry in the Coping-healing churches is a controversial ministry. Claim and counter claim regarding the nature of the "healing" which occurs has led to a polarisation amongst Christians. On the one hand, many people genuinely claim to have been healed through this ministry. Many conversions to Christ have occurred. On the other hand, some people claim they have been hurt by the traumatic experiences they have undergone - especially when there was no healing.

For the practitioners religious healing is seen as a direct supernatural intervention:

Gifts of healings are for the supernatural healing of disease without natural means of any sort. This is termed the gifts of healings because there are different administrations and diversities. We believe in doctors, we believe in hospitals and are not against them in any way at all but we must understand that the gifts of healings are totally supernatural.

(McCauley 1988:48)

From the medical profession, Dr S. Levin of Johannesburg suggests that "...rigorous medical criteria dissolve faith cures into non-cures" (Levin 1985:796). And Dr Des Stumpf writes to the SA Medical Journal as follows:

As a committed Christian, I have made an in-depth theological, sociological and medical investigation into the Pentecostal and Charismatic movements and their preoccupation with and heavy emphasis upon so-called 'miraculous' healings. Regrettably I have not witnessed a single genuine miracle, nor confirmed that one has occurred at the hands of these people.

(Stumpf 1985:574)

Stumpf does not deny that healing does sometimes occur in these gatherings, however, he insists that "[s]o called 'miracles' are found only in the psychosomatic and not in the organic area" (Stumpf 1986:217).

Arguments such as these are in fact not helpful since the debate is not about the same reality. McCauley is concerned with Spiritual healing whilst Levin is concerned with medical curing. Stumpf introduces a new category when he admits that healing can occur in the "psychosomatic area". These authors are operating out of different worldviews and cultural frameworks. In fact much of the confusion within the whole sickness/health paradigm can be cleared up with an adequate cultural analysis.

All healing including medical and surgical is mediated by culture and it is the cultural key which helps us to understand the different approaches to illness and health which are found in Western medicine and psychology, in the traditional African healing of the *inyanga* and *sangoma* and in religious healing forms such as "miracle tent crusades" and healing in African Indigenous churches. Each of these healing forms has developed its own model of sickness and health which

is tied to a belief system. Each of them has developed a body of knowledge of what works and why. Each of them has its own boundaries within which healing occurs and outside of which it is incompetent. Finally, each operates within a particular set of understandings to which the sick person must be "converted" for healing to occur.

3. Curing Disease and Healing Illness

Curing disease is not the same as healing illness. It is in the analysis of this truth that we find important insights to help us understand the phenomenon of Religious and cultural healing. The disease AIDS provides us with the most striking example of this truth. People have caught the disease long before they become ill and even before a medical test will indicate that they have it. Once the HIV is inside the person, the process of biological malfunction begins and the person has the disease. Illness, by contrast is a psycho-cultural phenomenon concerned with the PERCEPTION of unwellness. It is only when or others perceive that something is wrong that illness occurs. Having the "Flu" is something all of us have experienced. But, in fact the illness which we call "flu" is normally the first stage in the healing process as the body begins to fight the disease.

In an attempt to clarify these issues, Western writers have developed the couplets "disease and curing", "illness and health".

Disease refers to a malfunctioning of biological and/or psychological processes, while the term illness refers to the psychological experience and meaning of perceived disease...Illness involves processes of attention, perception, affective response, cognition, and valuation directed at the disease and its manifestations (i.e., symptoms, role impairment, etc.). But also included in the idea of illness are communication and interpersonal interaction, particularly within the context of the

family and social network. Viewed from this perspective, illness is the shaping of disease into behaviour and experience. It is created by personal, social, and cultural reactions to disease. Constructing illness from disease is a central function of health care systems (a coping function) and the first stage of healing.

(Kleinman 1980:72)

In summary we may say that "Illness" is perceived unwellness and that "healing" is the process of bringing about the experience of wellbeing. Human perception is, however, conditioned by culture. It is our culture which supplies us with the categories of understanding and knowledge which allow us to order our perceptions. Consequently, any study of illness must include a cultural component.

The mistake of most Westerners is to reduce illness to disease and healing to curing. This reduction occurs as a result of the empiricist/rationalist bias of modern Western culture. This bias has led to the emergence of the medical model as the main form of dealing with illness in the West. In curing disease we are concerned with an organic response to an organic problem. Organic dysfunction can be determined using the scientific method by experimentation leading to verified conclusions (the role of bacteria in infection for example). The remedy to the dysfunction is also developed through the scientific method so that empirically verified cures are available. The scientific method is a powerful tool in healing and has led to the remarkable success of Western medicine in healing illness.

However one must not absolutise this model of healing and to say that healing can only work through this procedure of empirically verified cures. This is not the case. Illness and healing are in fact much wider phenomenon than disease and curing.

4. What Causes Illness

We can divide illness causation into four causal categories which are interrelated and which operate together in all illness. These are: Psycho-medical factors; Cultural factors; Socio-economic factors and Spiritual Factors.

4.1 *Psycho-medical factors*

The following psycho-medical factors have been identified as operating in illness causation: organic factors, psychogenic factors, psychosomatic factors and stress.

4.1.1 Organic factors

In this category we include all the diseases which are diagnosed and treated within the medical model. The diseases operate through identified and verified physical, chemical and biological processes. The healing is achieved through a physical, chemical or biological response (the cure or treatment). This can be physical such as in surgery, radiation treatments, plaster casts etc. It can be chemical and biological through pills and potions of all kinds and through genetic and other biological treatments.

4.1.2 Psychogenic Factors

Psychogenic factors link illness directly to a person's psychological make-up. These are factors such as personal psychological history, arrested psychological development and other psychological problems. Factors such as these can lead to illness or illness susceptibility which may manifest itself in organic symptoms. Examples of such symptoms are ulcers, rashes, colds, depressed immunity, skin diseases, certain forms of deafness and lameness and some types of arthritis and rheumatism. Psychological studies have clearly shown the

operation of psychological factors in the etiology of certain diseases. Boucher reports studies on duodenal and peptic ulcers, multiple sclerosis, asthma and heart disease (2).

Psychology teaches us that whilst people do not normally consciously wish themselves to be sick, unconscious factors can sometimes play a stronger role and the conflict between the conscious and unconscious can lead to physical symptoms of illness. The role of unconscious factors is of prime importance within the psychological model and these can cause even spectacular physical symptoms such as blindness and deafness.

It is often possible to "cure" the organic symptoms without dealing with the underlying cause and real sickness.

4.1.3 Psychosomatic Factors

The relationship between psychological and physiological mechanisms in the human person has been increasingly studied in recent years. The division of the person into psyche and soma is today seen as an artificial one imposed by the particular way that scientism looks at the human person. The mind can and does affect the body and emotions and feelings can also operate on this level.

The science of psychosomatics is concerned with the reciprocal influence of psyche and soma and "the relation of mind, emotion, thought and feeling to the physical well-being of man" (Jackson 1981:64). Certain types of diseases can be directly linked to emotional causative factors so that

persistent anger and frustration is apt to lead to a stomach ulcer, while fear and anxiety may be the forerunners of heart disease. Persistent irritation tends towards dermatitis, and unresolved grief to ulcerative colitis. So the understanding grows of the relation of emotion to bodily states.

(Jackson 1981:79)

Moerman presents a large body of research evidence to show how psychological phenomena can

be shown to correlate with a variety of physiological symptoms....there seems to be a complex interacting web of factors - pathogen, carcinogen, immunological system and mental or emotional state - which determines the course of disease.

(Moerman 1979:61-62)

4.1.4 Stress

Stress is the name given to those factors: personal, historical, interpersonal and social, which give rise to a disturbance in the intrapsychic balance of a person. Such a disturbance may lead to the manifestation of organic symptoms through psychosomatic mechanisms. Much of religious healing is helping people to develop mechanisms for coping with stress. Stress situations such as war and even school examinations can also lead those under pressure to manifest symptoms as simple as the common cold and as dramatic as deafness, blindness and lameness. Psychologists refer to this well documented phenomenon as "Conversion Disorder" (Nair 1985:153). Edwards (1985:49-60) affirms the incidence of this disorder in his work with Zulu patients at King Edward VIII hospital in Durban where it manifests itself in symptoms such as paralysis, deafness, abdominal pains and tremors amongst others. There is clearly some correspondence between these symptoms and those healed by faith healing.

4.2 Cultural Factors in Illness Causation

Whilst it is true that research has shown that many diseases affect people without regard to culture, economic status, or other social, geographical and historical factors, it has also become clear to anthropologists that the question of sickness and health has a strong, often determinant, cultural component. This component influences the etiology,

understanding, diagnosis, and remedy as well as the form and content of the curing and healing process (Landy 1977:1-9).

4.2.1 Cultural Ways of Understanding and Responding to illness

Cultural factors influence both disease and illness since these are both "explanatory concepts rather than entities themselves. They can be understood only within defined contexts of meaning and social relationships" (Kleinman 1980:73). This is particularly clear with regard to symptoms since the symptoms themselves are part of the process of the perception of the disease and thus are influenced by personal and family beliefs and experiences which are always mediated through a cultural framework. In his classic work, Kiev (1964:455-456) pointed out how culture influences the patterning of sick roles in a society and how illness itself has different social significances within different cultures. Thus illness may be seen as a sanction or punishment for wrongdoing which Lieban (1977:24) sees as "a feature of Judeo-Christian beliefs concerning the consequences of sin". This viewpoint is clearly at work in some of the Neopentecostal coping-healing churches. Illness is also seen as a form of deviance and this is particularly so in Western culture. This culture has a particular interest in limiting illness because of the value ascribed to work and production. In other cultures illness is seen as possession by supernatural forms (cf. Oosthuizen 1989a:76; Wessels 1985:55). In some cases such possession has just to be accepted and the role of such a possessed person is functional and accepted with the culture. "Thwasa" experiences and the resultant acceptance of a calling to and training as an *isangoma (igqira)* (3) would be an example of this (cf. Bührmann 1986a:36-39).

In determining sickness, people use the beliefs and

values they have within their framework of experience and understanding. These are culturally mediated. As cultural change occurs so sicknesses and their cures also change. Part of the phenomenon of the emergence of indigenous Christian healing churches is a manifestation of this fact (cf. Lieban 1977:20).

4.2.2 Culture Bound Illness

If illness and culture are so closely linked then one would expect to find sickness specific to different cultures. This turns out to be the case and many authors attest to the existence of culture bound sicknesses: sicknesses specific to a particular culture and not found outside it. (Simon & Hughes 1985; Yap 1977, Kleinman 1980; Wessels 1985; Edwards *et al* 1982). Simons and Hughes (1985) have collected studies of these sicknesses which they call "folk illnesses" from around the world. They have listed almost 200 different "culture bound" syndromes from around the world - a by no means exhaustive list. Edwards *et al* (1982) describe fifteen Zulu culture bound psychiatric syndromes which fit into the category, referred to by Ngubane (1977) as "*ukufa kwabantu*". For Edwards (1982:86) the culture bound syndromes "reflect culturally flavoured versions of problems in living that are common to all people in all cultures".

4.2.3 Western Culture Bound Illnesses

Since Western culture provides the framework of this discussion, ethnocentric considerations may cause us to overlook "Western Culture-bound sicknesses". Fortunately some authors have attempted to redress this bias. Yap (1977:344) has attempted to indicate some of the culture bound syndromes of Western culture as follows: "homosexual-panic; depression....mass excitement, sometimes accompanied by

fainting of female adolescents at the sight of popular male idols; and perhaps also school-phobia and anorexia nervosa". Simons (1985:25) adds "American obesity" and "petism": "isolated elderly Americans and Britons who live surrounded by great menageries of dogs and cats".

4.2.4 How Culture Affects Illness

Culture can affect sickness through the following mechanism. The illness begins as the person perceives something as being wrong. These early symptoms are given a label and this always culturally conditioned. A vague feeling of unwell-ness may be variously labelled as "sickness", "flu", "depression", "misfortune", "guilt from sin", "possession by a spirit", "witchcraft" or some other label. These labels can then condition both the direction of the experience of the sickness as well as the means of a treatment which will satisfactorily respond to it and thus heal the person. Clearly the weight given to the label by the culture will also influence stress levels helping to exacerbate or relieve the illness.

4.2.5 Shared World-View

The role of a common world-view between healer and healed has emerged throughout as an important cultural factor influencing the experience, interpretation and diagnosis of illness. The explanatory models which are developed within the common world-view give sense to the worrying symptoms and provide a means of inserting them within a coping structure which gives hope of successful resolution. The explanatory model is composed of a series of symbols and healing metaphors accepted by both sick person and healer. This acceptance provides the healer with a path through which he can heal by means of the manipulation of these symbols. Conversion in

religious healing is seen as the acceptance by the sick person of the healers world-view and symbol domain in order to open this path.

4.3 Socio-Economic Factors Affecting Illness: Illness as Social Deviance

Sociology recognises the source of illness to be bound up with social deviance. Illness is seen as the deviance from normal social behaviour patterns when people are no longer able to fulfil their social responsibilities in the normal way. All societies develop therapeutic structures and systems to provide legitimate, accepted ways of helping a person identify the illness and return to active social responsibility. In this way "the sick role can be made into a convenient tool to maintain the *status quo*, and...doctors, being the gatekeepers who regulate access to that role, become, thereby, agents of social control" (Schoffeleers 1991:13).

Feierman (1985:93-105) has studied the important role that political and economic decision makers in society have in determining the nature, quantity and distribution of disease in a society. Decisions regarding the extent of investments in "sanitation, education, health care, and family support" (:93) determine the kind of diseases which will be controlled and those which will not. Feierman's study also shows that many diseases which are often considered to have natural causes can in fact be shown to have socio-economic etiologies. Yet the responsibility for such sickness is laid upon the individual rather than the economic and political power structures of big business and government.

4.3.1 Illness as Social Deprivation

Social deviance can also be understood as "social

deprivation" where the "deviance" refers to the persons's situation as one who does not receive the normal benefits of society. Social deprivation can operate at many levels. Environmental and demographic deprivation, resulting from overcrowding, poor land use, lack of infrastructure, pollution and so forth, are directly pathogenic. Economic and political deprivation also results in the emergence of all types of illness.

Seedat and Meer (1984) have investigated the role of psychosocial factors in the development of hypertension amongst "urban Indian, White, Zulu and rural Zulu subjects" (:92). The study shows that urbanisation amongst Zulus has had a major impact. Hypertension was "low in the rural Zulu and very high in the urban Zulu". Deprivation factors were considered central here:

members of a closely integrated self subsistent rural community, sharing a common life style, suffer no deprivation because ... there is no inequality in the distributions of available resources. But members of that same consumption in an urban slum suffer from a sense of acute deprivation because of the fact and the consciousness of their discrimination.

(Seedat & Meer 1984:97)

4.3.2 Sickness Resulting from a Hostile Social Environment

Perceived alienation from society is also seen to be an important causative factor in sickness. In their study, Seedat and Meer (1984:98) note that whilst all the subordinated race groups in South Africa would be expected to experience this, the effect is less for Indians and rural Blacks who find support in "the social structures they create for themselves".

Amongst White males, the high rate of hypertension was related to "the heavy responsibilities of administering the country in every sphere, political, economic, academic, military, sport under conditions of growing hostility and

insecurity" (Seedat & Meer 1984:98).

4.3.3 Illness and Social Disorganisation

Social deviance can also be understood as "social disorganisation" where the society as a whole "deviates" from what a normal society is and finds itself in crisis. Many of Seedat and Meer's results can also be explained in terms of social disorganisation theories. It is the people who find themselves in stable, centred social groupings who score low in hypertension. Those who are in some form of social transition or alienating experience score much higher. Clearly such hypertension will manifest itself in various types of sickness.

Social disorganisation results in the previous perceptions and understandings of sickness and disease being unable to cope with new experiences of unwell-ness. Consequently the old sickness-healing paradigm has to be modified or discarded. In this vein, Hammond-Tooke (1989:54) suggests that the process of social change has led to the introduction of new spirit forms within the African cosmology. He suggests the "spirits of affliction" (*amandiki, amandawe*) and the Holy Spirit (*umoya*) as examples of this process.

Amongst those frequenting the Neopentecostal new healing churches, a different set of understandings (or of demons) has emerged. The demons are communism and atheism which are at the root of the social unrest.

4.4 The Spiritual Causes of Illness

Theologians recognise physical, emotional and psychological etiologies of illness whose treatment may benefit from physical, emotional and psychological remedies. However they are unanimous in also attributing theological categories to illness etiologies. In line with tradition, the

major theological causes of sickness are expressed as sin and evil. Evil is often expressed as demons, evil spirits or Satan.

Francis Macnutt (1974:162) describes four basic types of sickness:

- sickness of spirit caused by personal sin.
- emotional sickness caused by emotional hurts of our past.
- physical sickness caused by disease or accidents.
- demonic oppression which can cause any of the above.

Sin and sickness are linked but not just in a simple casual way. Sin may cause sickness in the sinner and often does, but it also has consequences throughout the community and sometimes it is the innocent who are affected.

Jesus' hostility to the source of sickness points to his understanding of a demonic role in sickness and the link between sickness and evil. This evil source, expressed as "demons" and "Satan" in the New Testament was seen as the antithesis of the Spirit of God and part of Jesus' mission was to do battle with these forces and ultimately conquer them.

However, Jesus also saw that human beings were not passive vessels in the battle between good and evil and that much suffering was sourced in the active turning towards evil through sinful acts and attitudes. Jesus' position was that sickness basically resulted from a "force of evil loose in the world which was hostile to God and his way" (Kelsey 1973:95). This evil could cause sickness directly and also could tempt

people to orientate themselves towards it resulting in sinful attitudes. Such sin could also open a person to sickness.

5 Healing the Illness

5.1 Responding to the Illness

The first step in healing is identifying the causes of the illness and then responding accordingly. We have seen that there are many causes of illness and any effective healing therapy needs to respond to all the factors involved in the illness.

The weakness of Western healing is that it concentrates only on organic factors. If Western healers are unable to find organic source of illness they cannot heal and they do not recognise the illness or do not call it an illness.

Religious healing tends to respond more to the psychological, emotional, cultural, socioeconomic and spiritual causes of illness. We have seen how any and all of these can also lead to organic symptoms.

5.1.1 Religion as Therapy

Harold Vanderpool (1977:255-259) asks the question "Is Religion Therapeutically Significant?" and draws the conclusion that it is indeed so for two fundamental reasons. The first relates to cultural and philosophical world-view factors in that

religion - inevitably allied with philosophy - supplies an over-arching conceptual understanding of the world in which medicine is practised. Religion, that is, often supplies a set of "ultimate explanations" for the existence and meaning of illness and curing.

(Vanderpool 1977:255)

The second reason relates to the practice of a healing ministry within the Church which is clearly healing many

people of perceived illness. Vanderpool sees both a curing and a caring dimension to this ministry and suggests that two major factors play a role in "curative religious healing" that are often absent from medical curative programs: "Intensely subjective personal interaction and, second, an extraordinary degree of group support" (Vanderpool 1977:258). He suggests that these factors are similar to those operating within many other "non-Christian healing rites" (:259).

5.2 *Components of the Healing Process*

5.2.1 *Psychomedical Healing Factors*

We identify seven psycho-medical factors important to the healing process. Religious healing uses all of them.

The Status of the Healer

The prestige and competence of the healer as well as the ability to maintain a powerful persona in the presence of those seeking healing, is an essential psychological component of the healing process. The role of the healer is to inspire trust and confidence so that the method used will be viewed as a powerful intervention into the life and sickness of the patient.

The Therapeutic Relationship

Healers have to build this relationship in order to be effective. It is described as a relationship in which confidence, trust and expectancy are enhanced thus providing the conditions where healing can occur. An attitude of faith in a positive outcome on the part of the sick person and love on the part of the healer contribute to an effective therapeutic relationship. The personality and attitude of the healer is important here. The healer needs to have an attitude of respect and confidence, the ability to exert a "strong

'suggestive' influence on the patient".

The Personality Type of the Patient

It has been suggested that certain personality types are more open to faith healing methods and this type is variously described as "one oriented about external factors" rather than one who is "oriented about his own inner sense of balance"; "the traditionally religious person with a capacity for faith, a mood of expectancy and hope and an ability to relate one's self to others". Hollenweger (1972:491) comments on the preponderance of this type of person in Pentecostal churches compared with traditional churches.

The Attitude of the Patient: Faith and Suggestion

The ability of the healer or the healing service to induce suggestions and positive feelings into the mind of the patient will be directly proportional to the effectiveness of the healing. Techniques such as the "positive thinking" of Dr. Norman Vincent Peale and the principle of repetitious creative affirmation found in Christian Science highlight the value of suggestion in promoting well being. The basic premise here seems to be that conscious patterns of thought can reach and modify the lower reaches of consciousness and that it is possible, in this way, to programme ourselves to health by positive thoughts. Such ideas are very popular today and form much of the psychological dimension of the modern health movement (Jackson 1981:141-142).

The attitude of the patient has a large effect on healing. Botha (1986:182-83) says "all healing, including medical or surgical, is facilitated by attitudes of compliance, motivation and faith and retarded by anxiety and guilt feelings".

Frank's has shown in his work at John Hopkins Medical

school that faith does indeed play a pivotal role in healing. Such medically defined faith is divided by Frank into four components: expectancy, suggestion, personality structure and status (Jackson 1981:25). Expectancy refers to the essential attitude of the patient who expects that a cure will occur. Many placebo effects in medicine rely on this factor (:25-26). Suggestion works in a synergistic way with expectancy and enhances it. Research has indicated that the positive reinforcement and suggestion of well-being has a marked effect on the healing process (:28). Status refers to "one's attitude towards one's self in relation to other persons" (Jackson 1981:29). If the disease produces a particular status in the emotional life of the person then a cure will only be effected if a compensating emotional experience occurs which provides a greater status in the life of the sick person. It is as if the disease itself is having a perceived, positive emotional effect on the person and will only be traded for a greater emotional reward.

Expression of Emotions

Part of the healing process has been identified as the ability to help the patient express emotions which may be at the root of physiological symptoms. Catharsis and confession are central to this process and the therapeutic effect of emotional expression in Pentecostal churches has been highlighted by Hollenweger (1972:372). Emotional manipulation in order to achieve status feelings is central to the healing process. The expression of emotions is usually linked to the relief of stress and imbalance factors within the organism. Symbols are usually the main route through which emotions can be manipulated. Symbols such as the "altar call", "slain in the spirit", "Born again", Confession, oils and *iziwasho* are central to religious healing

Provision of Success Experiences

The healing process needs to provide success experiences for the patient. Success experiences can be such things as positive emotions, feelings of esteem, growth in status and remission of symptoms both psychological and physiological. Such experiences are signposts to the effectiveness of the healing process. Most of the religious healers we have studied spend considerable time in re-presenting the many successful experiences they have seen.

Psychological Transference

The mechanism of psychological transference is central to the healing process. Many of the psychological conditions which lead to illness result from relationship difficulties in the past. In psychotherapy, the patient is allowed to transfer these relationships onto the relationship with the therapist and in this way resolve the relationship difficulty through reliving or reenacting it to a more successful outcome. In this process the healer normally has the role of the parent transferred to him/her and in this way is able to wield enormous power over the patient who in reliving the source of conflict regresses to the role of child. Transference allows the actualization of the neurosis and when successfully handled the resolution of emotional imbalance (usually coming from the unconscious realm) so that the emotional imbalance no longer leads to a propensity to illness of one kind or another.

Effective Healers usually have an ability to enhance the transference of the symptoms of illness and their emotional causes onto themselves.

5.2.2 Cultural Factors Which Affect Healing

Healing is always in some way cultural. The following

cultural factors also play a role in the healing process

Sharing the Same Cultural Framework

A shared cultural framework between healer and patient is vital to the healing process. The cultural system provides the understandings which help to alleviate fears by making the illness intelligible. It also provides accepted symbols which the healer uses to manipulate the emotions and psyche of the patient. The cultural framework provides the medium through which the suggestions are received and the catharsis can be experienced. Whilst the Zionist *umthandazi* and Neopentecostal healer are often bringing people through the same healing process, they are clearly working in widely different cultural contexts and would find it difficult to heal one another's patients. This truth also applies to Western medicine. A large part of the healing achieved there is due to a shared belief by patient and healer in the truth of the framework of Western culture.

Healing as Coming to Understanding

Central to the healing process is the ability of the cultural worldview to incorporate the sickness and its healing so that as the sickness is known it enters into the realm of "that which can be coped with". The understanding either effects or empowers the healing. Whilst the sickness is unknown it is empowered with the ability to cause fear and anxiety in the patient. Such fear and anxiety can itself be pathogenic. Bringing understanding into the situation through a diagnosis a divination or a prophecy serves to remove the fear and anxiety and this enables the healing process.

Healing as a Release from Meaninglessness

Healing is achieved in this way when a person accepts the cultural world-view of the healer which gives a "sense of

meaning and purpose" to the sick person's life. It is having "meaning and purpose" in one's life that can effect or empower the healing. This is the main reason why those who are healed will join the church since the healing is concerned with creating a new *persona* whose identity is bound up with the church. The person goes from being a sick nobody in a negative worldview to a well somebody in a positive worldview. This identity change is tied up with conversion from the past sick worldview to the new healthy worldview.

Sometimes, faith healers are able to heal people rapidly - instantaneously in some "healing services" - and the intimacy of relationship and sharing present in psychotherapy is rarely present in faith healing. Dow (1986:62) suggests that this rapidity of cure is related to the experience of conversion in which the sick person totally changes his or her symbols of understanding and frame of reference and undergoes a "rapid resolution of paradox and a rapid acceptance of a particularized mythic world" (:62).

The Mechanism of Cultural Healing

Dow (1986:55) suggests that cultural healing works through the following mechanism:

- 1) Construction of the cultural myth of health with its healing symbols.
- 2) Persuasion of the sick person that the sickness can be explained and cured by the myth.
- 3) Attaching the emotions of the sick person to particular symbols within the myth.
- 4) Manipulation of the symbols to effect the healing.

Healing is the construction of these symbols for the sick person and the manipulation of them by the healer

5.2.3 Socio-Economic Factors in Healing

What is healed and how healing is mediated also has a large socio-economic component. The political and economic decisions regarding the allocation of resources and the recognition of healers and healing techniques impinge in a major way upon the nature of what healing is and what society can afford to heal.

Healing as Response to Social Deprivation

In order to heal people it is important to respond to the deprivation. According to Morran and Schlemmer:

Social deprivation consists of lack of power, prestige, status and opportunities for social participation afforded the high status members of society. Organismic deprivation is created by physical or mental deformities. Ethical deprivation is created by intense value conflicts where an individual has a firm commitment to a set of values but is unable to live according to these in his particular society (alienation). Psychic deprivation occurs where people are without a meaningful system of values by which to interpret and organise their lives (anomie).

(Morran & Schlemmer 1984:25)

With regard to social deprivation, the Coping-healing church directly fulfils these needs by being a supportive, caring, giving group. However, indirect means are also used. These usually revolve around sublimating the need by responding to it on another level. Thus hierarchy, status and dress within African Independent churches provides the esteem which blacks do not find in South African society whereas the prosperity cult assuages the guilt experienced by rich people in some Coping-healing churches by providing legitimating justifications for wealth.

Healing as a Search for Stability in Social Instability

Social instability experienced by people in the

prevailing South African situation generates a search for social and personal stability amongst those most affected by it. Social disorganisation impinges upon people in different ways. There is the disorganisation brought about by the context of growing violence within the society and there is the disorganisation experienced by Whites as control of society moves from their hands.

Social disorganisation theories indicate that the more "economic and social unrest" there is in a society, the more certain kinds of religious groups increase membership. Morran and Schlemmer (1984:23) suggest that such theories "explain the growth of the new churches quite successfully" since Whites are experiencing the passing of the "old norms and values" of the old South Africa and the privileged position of Whites within it.

Coping-Healing is thus seen as adapting to new Circumstances. Healing is central to the process of adaptation this entails. Jules-Rosette (1981:127) points out that "coping with the urban environment and the adjustments that it necessitates, especially amongst new migrants, involves the individual's most basic perceptions of health and illness". This is so since health and illness theories are intimately tied up with the person and the network of relationships within which he or she lives (:127; cf. Bate 1991:59). Jules-Rosette (1981:146) concludes that people in urban areas experiment with different forms of folk healing, including religious faith healing, in an attempt to find ways to cope with rapidly changing social conditions. This attempt is made in order "to redefine a changing social world in terms of familiar avenues of recourse and associative networks". The familiar avenues are the methods used by the Zionists, as well as other traditional healers

to whom they have recourse.

The Move to Interiority in Times of Crisis

It has been suggested that the churches we have been studying, and the Coping-healing phenomenon in general, reflect the manifestation of a general social phenomenon. This is the movement to interiority which occurs in times of crisis. The kind of religion and ministry which emerges is a ministry which helps people to cope with the stress of the times and this coping is concerned with the attempt to "re-centre" oneself and one's group. This re-centring may involve a process of identity change and operates on the personal, communal and social levels.

Periods of rapid social change evoke the need to "turn inwards" in order to discover "a sphere of 'inner' integrity" (Jones 1985:77). Such a sphere is experienced in terms of prevailing cultural norms. In Western culture the emphasis is on the individual: "Jesus as personal saviour" and the importance of "personal healing". In African culture the emphasis is on the communal, the creation of an inner community of integrity, the Zionist band, as a source of life, strength and health.

Healing as Personal and Social Reconstruction

The healing process is a humanisation process in which both the person and the society are involved. On the negative level it is a form of resistance to the evil, chaotic, threatening reality of society as experienced by those who come for healing. This reality is not accepted and is challenged by the Coping-healing ministry is an attempt to reconstruct the humanity of the sick person according to the values the healer and church espouse. The aim is to heal

the person rather than to cure the disease. The healing is done through various processes: helping a person acquire dignity and self respect, a sense of power and well-being as well as through the status acquired in the group. On another level, the healing process is seen as the reconstruction of society. This is done in a metaphorical and exemplary way through the creation of an ideal community within the subculture of the church or Zionist band.

Authors such as Easthope (1986) argue that the healing process is concerned not only with healing the person but actually healing the society itself through the "re-integration of a society disrupted by the illness of one of its members". This social function of the Coping-healing phenomenon is articulated in how African Independent churches have taken over many of the social functions of the tribal system. The Neopentecostal churches also substitute their own system of social functions for the rejected ones of the perceived chaotic society they wish to counter. In this way they help people re-adjust to the new threatening social reality and to find ways of coping with it.

5.4 Spiritual Responses To Healing

5.4.1 Healing and God the Father

God's will may be both for sickness or for health and Kelsey (1973) indicates the two strands in the Old Testament which explicate these two experiences. Healing is seen as a manifestation of God's power. Concomitant with the expression of this power is, however, a recognition of the operation of God's freedom in giving his gifts for his own sometimes mysterious purposes.

5.4.2 Healing and Jesus Christ

Jesus' option for healing in his ministry and his delegation of this ministry to his apostles is a fundamental New Testament teaching. Jesus healed because he cared for people. He was the Good Shepherd. The healings he performed were a manifestation of the Kingdom of God in the world.

Christians today are encouraged to call upon the name of Jesus when praying for healing. This power is seen to be rooted in the passion and death of Christ on the cross and one author expresses this as "the uncrucified is the unhealed" (O'Collins in Maddocks 1991:67). Haring's (1984) category of the wounded healer also resounds with that of the cross. This finds an echo in the role of Jesus as "nganga" (healer) that African theologians are attempting to develop. An important link is the sickness and suffering process that the traditional healer goes through before becoming a "nganga" (Daneel 1983).

5.4.3 Healing and the Holy Spirit

The gifts used for healing are seen as gifts of the Holy Spirit and some of the Cpoing-healing churches refer to themselves as "Spirit Churches". There appears to be consensus that it is the Holy Spirit who is working to effect the healings manifest in these churches.

5.4.4 Healing and the Church

The healing ministry is recognised as an essential part of the Church's ministry. This ministry was clearly visible during the first four centuries of the Church and then somewhat overshadowed for many years. It is re-emerging more strongly in recent times. The ministry offers signs of the Kingdom of God here and now: a form of realised eschatology, without denying a future eschaton. The community dimension

of this ministry is an essential part of it. It demands a worshipping community and the healing is achieved with reference to the Church and its faith. The Church is in fact called to be a healing community, involved in the healing of all levels: personal, interpersonal and societal. Such healing is seen as a means to evangelisation. It is necessary to reappropriate the missionary mandate to heal given in Matthew chapter ten to add it to the more familiar one of preaching and making disciples.

5.4.5 Healing and Faith

Clearly the role of faith is central to the Coping-healing process. Faith and healing are linked but not in the direct causal relationship that some of the more extreme faith healers would espouse. This latter attitude is summed up as "faith in faith" rather than "faith in God" and is criticised by almost all theologians. In its worst form, it can result in the sick being blamed for their illness since they are considered to be weak in faith.

MacNutt (1974:125) distinguishes between the virtue of faith, as the faith experience of all Christians, and the gift of faith, as a gift given for ministry. It is this gift which operates in the Coping-healing ministry. He suggests that the correct faith attitude is one which accepts that healing is ordinary and the norm in ministry but which doesn't imply that it always occurs.

6. Conclusion

6.1 The Function of the Coping-Healing Process in Society

The Coping-healing phenomenon has some important

functions in society. This ministry is meeting the needs of people on a very basic and accessible level. People experience the healing of their illness through the interventions of the Coping-healing churches even though the healings achieved are often disputed by other healing groups (notably the medical profession). Particularly in African Independent churches but also in the Neopentecostal groupings, healing has an important role in the restoration of disturbed relationships. The illness of an individual has consequences on a whole group: family, friends, other church members and so on. The healing process is a healing for the whole group. In this way, the Zionist band or the Neopentecostal church becomes the community of the "saved", the "healed" or the "pure" and is reconstituted as such in each healing ritual.

6.2 A Caveat

People who deal in religious healing without knowing what they are doing can be dangerous. Apparent cures of physiological symptoms do not always mean a healing of the person either on a physical, emotional, psychological or spiritual level. The manipulation of emotions may cure physical symptoms by making the person feel spiritually blessed. However, these feelings may also feed an inherent egoism which is actually a manifestation of deeper psychological or spiritual sickness. Religious healing can attract and worsen hysterics, neurotics and psychotics of all kinds.

6.3 *Healing and the Universal Church*

Healing is an essential part of the Church's

mission as it was of Jesus' own ministry. The missionary mandate of Matthew's tenth chapter is often overshadowed by that of his twenty eighth chapter in the Church's understanding of mission. Consequently, we should affirm that the mission to heal the sick and cast demons forms an essential part of the missionary task. Such a task needs to be part of the nature of the One, Holy, Catholic and Apostolic Church since mission is part of the Church's nature (AG2; WCC 1990b:34; Lausanne 1974:n.6 in Scherer & Bevans 1992:256). At the moment, the mission to heal seems to be focused on the periphery of the Church in the multitude of separate churches whose very separateness provides a counter witness to the oneness of the Church. The ministry represents a challenge to this oneness through greater openness and dialogue and an acceptance of the sign which this ministry is making to the whole, One, Church of Christ.

Notes

1. The data for this section is taken from the South African Christian Handbook edited by Marjorie Froise, 1992 Addendum 3 pp. 292 & 293. The figures are approximated to the nearest thousand. We note the danger of statistics. These can only be said to indicate trends. There are several other factors to be taken into account. Many who used to be nominal Christians were placing themselves in the "no religion" category by 1990. This figure jumped from 3.7 million in 1980 to 7.7 million in 1990. This can explain much of the drop in mainline churches. Also, the denomination options offered in the census did not take account of large number of new churches. So the 'Other Christian' category is difficult to interpret.
2. Boucher (n.d.:10) indicates the following studies which have "produced evidence of psychological elements in clinical entities". Duodenal ulcer, multiple sclerosis, asthma and heart disease: Paulley 1975; Witkower and Wormes 1977 (missing from her bibliography).
3. *ukuthwasa* refers to the process of becoming sick and responding to the sickness as the call from an ancestor to follow a particular lifestyle as a healer. The traditional healer who is possessed or under the influence of an ancestor spirit through whom he/she does the healing is called an *isangoma* in Zulu and *igqira* by Bührmann in the Xhosa context she has worked in. In Xhosa the term *igqira* also has a wider meaning as a generic term for all types of healers.

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