

**Inculturation in Process:
Influence of the Coping-Healing Churches on the
Attitudes and Praxis of Mainline Churches**

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(1999 "Inculturation in Process: The Influence of Coping-Healing Churches on the Attitudes and Praxis of Main-Line Churches in South Africa" *Neue Zeitschrift für Missionswissenschaft* 55,3:208-228)

Introduction

Inculturation may be understood as the emergence of a local church in a place (Bate 1994, 100). By a local church we mean the manifestation of the one church of Christ as the community of faith in a particular context. Essential for this emergence are two apparently opposed forces whose dialectical resolution motivates the inculturation process. The first of these forces is the unifying, creative and redemptive power of God seeking the oneness of creation and salvation, so that God may be all in all. The second is the incarnational locus of all creation and salvation which moves the Word to take on flesh in a time, place and culture and the Spirit to take the church to the ends of the earth.

The resolution of this dialectic may be expressed as the emergence of unity in diversity¹ or as a communion of communities.² The papal document emerging from the African Synod, *Ecclesia in Africa*, describes the resolution of this dialectic as showing respect for two criteria in

¹R J Neuhaus (1987, 284) says that 'Christian unity is inherent in being the Church . . . the only unity that is lasting and worth pursuing is a unity rooted in a shared confession of Christ and the Gospel. . . . Unity is achieved . . . by reconciled diversity in obedience to the Gospel.' The African Protestant theologian Kalu (1978, 174) affirms this: 'The challenges of our world need the response of a united church. But church unity is not merely the merger of institutions. . . . Unity should be a process of establishing a community in order that a humane future may be developed.'

² The Church as a communion of communities has been a central vision of the Lumko Pastoral Institute in developing its programmes for parish renewal within the Catholic Church (cf Prior 1990, 26; see also Bate 1995, 236).

the inculturation process, namely ‘compatibility with the Christian message and communion with the Universal Church’ (EA62; cf RM 54). These two criteria highlight the importance of unity in the inculturation process. They affirm the relatedness of all Christian consciousness, ethos and mission which is expressed so well by Paul: ‘There is one Lord, one faith, one baptism and one God and the father of all, over all, through all and with all’ (Eph 4: 6).

The visible manifestation of this unity has always been a matter of major concern for the Roman Catholic Church, whose members make up 50% of all Christians (Barrett 1996, 25) and 41% of African Christians (Baur 1994, 524). The sheer size of this church is often left out of account in Southern Africa, where it is just one among many other Christian denominations. However, this pluralism gives Southern African Catholic theologians the advantage that they are more likely to seek and find other ways in which the Spirit's unifying presence is manifested in the community of faith that makes up the complex ecclesiastic reality of Southern African Christianity.³

Elsewhere we have compiled a model that is useful for examining this issue (Bate 1995, 243-50).⁴ We note there that missiology can be understood as the study of what occurs along the boundary between the church and a context as the church inserts itself into that context. This process is driven by the Holy Spirit and the people who make up the context, for people constitute a context as they do the church. The context is transformed by the presence of the church, as is the church by the presence of the context. This process, under the influence of the

³Statistics of the number of AICs are always estimates. Retief (1991, 1) indicates that 7500 churches are listed in state records between 1890 and 1987. Many of these churches no longer exist and current estimates are 4000 to 5000 (Masuku 1996; Bate 1991, 58).

⁴The model describes the importance of church, context, culture, and history in

Spirit, occurs in time and is what we mean by inculturation. Clearly, then, inculturation is an enormously complex process that describes the life of the church in the world, its mission, and its ministries.

If what we have said above is true, then we should be able to study the process in operation by focusing on certain events occurring within a context. Events occurring in areas within the context that are undergoing the greatest change will be the most accessible to study if we wish to see inculturation in action.

The healing ministry is one such area in the South African church at this time. We have gone so far as to say that in this time, and in our context, inculturation should consist largely in healing, given the sickness of our society in recent history (Bate 1995, 283). Consequently we have tried to study the emergence of the healing ministry from this angle. The earlier study focused on the healing ministries that developed in response to this particular African situation.

Initially this ministry featured most prominently in two types of coping-healing churches. One group, the African Independent (Indigenous/Initiated) Churches (AICs), operates in an African traditional cultural paradigm (Bate 1995, 114). The other operates in a postmodern Western cultural paradigm. We have argued that these two cultural paradigms are not as far apart as one might think (Bate 1995, 253; 263).

Because of the organic nature of the context – that is, people living together in a society – we would expect the healing ministries of the coping-healing churches to ripple through the ecclesiastic community. This study looks at the effect of that ripple. The question is simple: what impact have the ministry, presence, and rapid growth of the coping-healing churches had on the

determining the praxis of the church and its theology.

consciousness and praxis of the mainline churches in the last couple of decades? Linked with this is a further question: Is the ecclesiastic body already integrated, or are the new churches what they are often called – ‘sects’, in other words, separate groupings whose followers have broken away and have no relationship with the other churches? Are churches in fact as separate from one another as they often profess to be?

Studying the ripple in the perspective of the mainline churches allows us to see how the built-in inertia of these churches – a result of their long tradition – affects their attempts to counteract the influence from the context. This inertia should be particularly great in the Roman Catholic Church with its emphasis on tradition and history. Thus a study of the consciousness and healing practices of the mainline churches, and of their awareness of the coping-healing churches, should be a good litmus test of the coherence of ecclesiastic reality, the community of faith, in this particular African context.

In the rest of this paper we attempt to determine the influence of coping-healing churches on the practices and consciousness of mainline churches regarding their own healing ministry.

Method

The method employed in this study is relatively simple. The impact of coping-healing churches on mainline churches was approached at two levels. At a first, fairly superficial level, a simple questionnaire was used. The survey asked the priests or ministers of three mainline churches in the Durban-Pietermaritzburg region about the types of healing ministry they engaged in, the changes in this ministry over the preceding years, and the impact of the coping-healing churches on their theology and ministry regarding healing. The survey was conducted twice, in

1991 and 1996. The 1991 questionnaire dealt with the preceding decade, the 1996 survey covered the previous five years. In this way a fifteen-year period (1981-96) was covered. The questionnaire appears in Appendix A.

At a second, deeper level of inquiry, nine ministers from one mainline denomination, the Roman Catholic Church, were interviewed to probe their thoughts and feelings about the healing ministry in general and the influence of the coping-healing churches on that ministry. The same nine questions were put to each interviewee. Their answers are summarised in Appendix B.

Consequently this study gives us access to the phenomenon under investigation in both its diachronic and synchronic dimensions. The questionnaires help us to understand what happened during these years at the practical level, that is, how ministerial healing practices changed. The interviews deepen our insight into mainline church ministers' attitudes and values with regard to the healing ministry. This study must be seen as a preliminary one, in which the phenomena only begin to surface. We do not claim to have produced any rigorous knowledge. We have merely recorded some initial findings, which clearly need much deeper multidisciplinary study in order to produce valuable contextual missiology.

Results from Questionnaires

The 1991 Survey

It has always been possible to find healers and a healing ministry in the mainline churches, although this ministry is often conducted discreetly, especially among blacks,⁵ because of perceived difficulties with ecclesiastic authorities (Bate 1995, 47). Nevertheless, we felt that

⁵ 'Black' in this paper refers to people of black African ancestry in Southern Africa (*Abantu* or *Batho*). It does not include those Africans who have been referred to as Indian or Coloured in the past, nor to Africans of Khoi or San ancestry.

there had been a general increase in awareness of, and involvement in, the healing ministry in mainline churches and we wished to test this feeling. Accordingly, a questionnaire was drawn up and distributed to ministers and priests in charge of congregations of the three largest mainline churches in the Durban-Pietermaritzburg area: the Anglican, Methodist and Roman Catholic Churches.

Healing ministry in the Durban-Pietermaritzburg region			
Table 1 Significant findings of 1991 survey			
	Catholics	Anglicans	Methodists
Total replies	27	18	23
Reply	Reply as percentage of total respondents		
More requests for healing in last TEN years			

Yes	41	72	48
No	33	5	30
More healing ministry in parish in last FIVE years			
Yes	63	61	61
No	26	17	13
Significant changes in healing ministry			
More prayer	26	28	35
More prayer groups/healing teams	26	28	26

More visiting the sick	22	22	22
More healing services	19	17	26
Members lost to healing churches			
Yes	74	33	48
a large number	0	0	0
a worrying number	18	0	4
a few	56	33	39
No	7	50	52

Not sure	19	17	0
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The survey was conducted by post through the three churches' controlling bodies: the Catholic Archdiocese of Durban, the Anglican Diocese of Natal and the Natal Coastal District of the Methodist Church. Only major conclusions which affect our study are presented here:⁶ Sixty-eight replies were received to 184 questionnaires distributed – a return of 37%, which is considered sufficient to permit us to draw conclusions. Since respondents were likely to be those most affected by, or interested and involved in, the healing ministry, one would expect the results to be positively skewed. This should not invalidate general conclusions, however, since the sample is such a high percentage of the total population.

Table 1 shows some significant findings of this survey. All three churches had received more requests for healing during the period 1980-91. All of them had expanded their healing ministry and all had lost members to the coping-healing churches, although the losses were on the whole perceived as relatively small. When asked about their response to the challenge presented

⁶ The survey was distributed to ministers and priests in charge of congregations or parishes in the Roman Catholic, Anglican and Methodist Churches. Eighty copies were distributed to parish priests of the Archdiocese of Durban, of which twenty-seven were completed and returned. Sixty copies were distributed to ministers of the Natal Coastal District of the Methodist Church, of which twenty-three were completed and returned. Forty-four copies were distributed to priests in the Durban and Pietermaritzburg area of the Diocese of Natal of the Church of the Province of South Africa. Eighteen of these were returned. Thus 184 questionnaires were distributed and sixty-eight were returned, giving a total return of 37%. Of those returned, twenty-eight were from predominantly Zulu-speaking congregations and forty from predominantly English-speaking parishes; thirty-six returns were from mainly urban areas, eighteen from semi-urban areas and fourteen from rural areas. The Roman Catholic Church was over-represented in rural areas, whereas the Anglican Church was very under-represented in both Zulu-speaking and rural congregations.

by the healing churches, the results were mixed (see Table 2). Between 30% and 50% of ministers had perceived a challenge and responded accordingly. Others had either not seen the coping-healing churches as a challenge or had not responded.

Healing ministry in the Durban-Pietermaritzburg region 1991			
Table 2 Response to the challenge			
	Catholics	Anglican	Methodist
Total replies	27	18	23
Reply	Reply as percentage of total respondents		

Response made to the challenge			
Yes	33	50	39
Own healing mass/ service	19	17	9
Increased catechesis/teaching	4	6	22
More involvement in healing ministry	4	22	4
No	41	39	52
not answered	26	11	9
Response which should be made			

Introduce healing services/Make healing more available	7	17	0
Emphasise our own existing healing ministry	7	39	9
More education/catechesis	19	33	9
None	5	11	0
not answered	15	22	0

The 1996 Survey

The same controlling bodies circulated the same questionnaire at the end of 1995 and in early 1996. This second enquiry drew more replies from Anglicans (an increase from eighteen to thirty-eight); the number of respondents from the other two denominations was roughly the same.⁷ The question about increasing requests for healing was changed from ‘the last ten years’ to ‘the last five years’ in order to reflect changes since the previous questionnaire. All other questions were left unchanged.

Table 3 shows that on the whole requests for healing continued to increase, but less markedly in the Catholic Church. Similarly, all three churches said they had further expanded their healing ministry in the five years since 1991. This was particularly pronounced among Anglican respondents.

⁷Questionnaires were also sent to the ministers of the Natal West District of the Methodist Church on this occasion.

Healing ministry in the Durban-Pietermaritzburg region 1996			
Table 3 Significant findings in the 1996 survey			
	Catholics	Anglican	Methodist
Total replies	29	38	25
Reply	Reply as percentage of total respondents		
More requests for healing in last FIVE years			
Yes	45	71	64

No	31	18	24
More healing ministry in parish in last FIVE years			
Yes	55	84	56
No	28	16	36
Significant changes in healing ministry			
More prayer	7	13	20
More prayer groups/healing teams	28	21	20
More visiting the sick	31	26	40

More healing services	21	37	12
More training of people about healing	0	13	20
Members lost to healing churches			
Yes	62	29	24
a large number	3	0	0
a worrying number	17	0	0
a few	41	29	24
No	21	55	60

Not sure	10	16	16

There were four significant changes in their healing ministry. Firstly, there was increased visiting of the sick, often linked with greater empowerment of lay people to do this work. Secondly, more prayer groups or teams had been established to concentrate on healing in the parish/area. Thirdly, a greater number of healing services was offered. The same three changes had been noted in the 1991 survey, but this time the focus was on educating people about the true nature of healing. Many mainline church ministers felt that promises and experiences of religious healing were exaggerated and often confusing, and that there was a need to teach their people more about these things. This was a new response.

According to the ministers surveyed, the loss of members to the coping-healing churches continued during the period 1991-96. However, as in the earlier survey, the loss was predominantly confined to a few members only. Catholic respondents seemed to notice a greater drift away from their church, with 20% noting a worrying number of Catholic defections. In both surveys the Catholic priests were more aware of a loss of people: 74% (1991) and 62% (1996) reported this to be the case. Nevertheless the trend seemed to be slowing down by 1996, when 21% of Catholic respondents reported no loss to the coping-healing churches in the previous five years, compared with only 7% in 1991. By contrast half the Anglicans had reported no loss in 1991— a proportion which increased to 55% by 1996. The Methodists were somewhere between

the other two churches. Racial differences may have played a part in this.⁸

The 1996 survey confirmed that the response to the challenge from the coping-healing churches continued to be along the lines of more healing services, more prayer groups, and increased catechesis and teaching about healing.

A significant difference emerged between some Methodist and Anglican respondents on the one hand, and Catholic respondents on the other. This centred on the question whether the growth of the coping-healing churches in fact represented a challenge. The Catholic respondents (as indeed this Catholic researcher had inadvertently presumed) saw the growth of a ministry and the emergence of other churches per se as a challenge to their church. This is probably a characteristic ecclesiological position of the Catholic Church, which regards fragmentation and the emergence of new churches a priori as a challenge. The responses to the questionnaire reflected this position. Some Methodist and Anglican respondents, however, questioned the framework of this question, noting that the emergence of such churches and ministries need not necessarily be a challenge. Table 4 shows that 37% of Anglican respondents and 32% of Methodist respondents specifically wrote that challenges do not come from other churches but rather from God, Jesus or the Bible. This comment was entirely missing from the Catholic responses.

⁸In the 1991 survey 60% of the Catholic respondents were ministering to blacks and 40% to whites. In 1996 the percentages were 52% black and 24% white. In the 1991 survey 72% of Anglican respondents were ministering to whites and only 17% to blacks. In 1996 this proportion was 66% white and 29% black. For the Methodists the percentages were 48% ministering to whites and 35% to blacks in 1991; while 68% were ministering to whites and 29% to blacks in 1996.

Healing ministry in the Durban-Pietermaritzburg region

Table 4 Response to the challenge 1996 survey

	Catholics	Anglicans	Methodists
Total replies	29	38	25
Reply	Reply as percentage of total respondents		
Response made to the challenge			
Yes	24	34	24

Own healing mass/ service	10	5	0
Increased catechesis/teaching	3	18	8
More involvement in healing ministry	0	8	20
More prayer groups	14	8	4
No	72	45	64
There is no challenge/Other churches do not challenge - God, the Bible, or the Spirit challenges	0	37	32
Not answered	26	11	9
Response which should be made			

Introduce healing services	14	3	4
Emphasise our own existing healing ministry/ Make healing more available	17	13	24
More education/catechesis	28	11	4
Healing should be part of all churches' ministry	3	11	12
None	7	3	0
Not answered	7	32	0

Parish race	W C A I	W	W	C W A	A	A	A	A	A
Socio-economic status of parish	Working	Middle	Middle/ Working	Working	Working	Middle/ Working	Working/ Poor	Working/ Poor	Poor
	Urban	Urban	Urban	Urban	Urban	Semi-urban	Urban	Semi-urban	Rural
<p>Key: W=White; I=Indian; A=Black African; C=Coloured (traditional apartheid race classifications adopted for convenience)</p>									

Attitudes and Values

Nine questions were asked of each priest. These questions appear in Appendix B. The interviews are analysed very briefly here, indicating only the most pronounced attitudes. A more detailed analysis of the responses appears in Appendix C.

The Need for Healing

All interviewees said that South Africa as a whole was in need of special healing at this time. The feeling was that people had been wounded and had suffered because of apartheid. They needed to be able to sit down and talk about the past. In some parishes, parishioners were known to have personally committed violence and killing, and yet no way of speaking about these things

had yet been found.

Six of the nine priests felt that the church had a vital role to play in this healing process but that this role should be planned and organised, and should be common policy rather than depend on individual priests. Prayer and preaching were also considered essential. One priest said: 'When I speak about the killings and violence people cry. I know I am touching the depth of their life here.' Forgiveness was also considered to be a cardinal value in the healing process and it was felt that the church should look for ways to help people reach a point where they can forgive. Among the black priests, the Inkatha Freedom Party-African National Congress conflict was a much bigger issue in their communities than the black-white issue. Among the non-black priests, apartheid, racism, the suffering of blacks and the guilt of whites were more prominent.

General Attitudes to the Coping-Healing Churches

The priests' attitudes to these churches were much less negative than I had expected. Seven of the nine priests believed that they were in some way responding to the needs, or felt needs, of people. Three replied that they did not know much about the coping-healing churches. Negative attitudes to these churches concerned their money-centredness and excessive reliance on emotionalism, which was considered to provide only a short-lived high and not real healing. Four of the priests had problems with the money-centredness of many of these churches. These comments referred to the prosperity gospel, the theology of praying for wealth, and the soliciting of money by offering all to God in order to get more for oneself.

One priest wanted to make a clear distinction between the Zionists on the one hand, 'who live with the people', and who, he felt, responded in a caring way to people's daily concerns, and what he called 'tent churches' on the other hand, which come into an area, make a big impact and

then leave. He was very critical of these latter with their quick emotional solutions, which he felt usually left people worse off than before they came.⁹

Attitudes to the Healing Offered by Coping-Healing Churches

On the positive side, seven priests said that the coping-healing churches did help people to feel better and to experience warmth, friendship and community. Some indicated that this can pose a problem in some Catholic parishes where congregations are large and insufficient time is devoted to community building.

On the other hand, almost all felt that the healing given was only at the emotional level of making people feel better. Three spoke about working people up emotionally, and two referred to the healing as ‘emotional manipulation’ which deprives people of their freedom and is thus opposed to true healing. One priest, a psychologist, felt that these churches were merely offering a spiritual ‘bandage’ for what were in fact psychological problems.

Four referred to the healing as short-lived or ‘not real’. One said that they were merely dressing up ordinary, natural psychosomatic mechanisms in religious language and that there was nothing particularly Christian about the healing offered.

Healing in the Catholic Church

All the priests were very clear that the Catholic Church has an important religious healing ministry. Apart from its extensive institutional healing work in hospitals, clinics and so forth, the

⁹The priest said: ‘I would say the Zionists are more in touch with the people. They live where the people are, whereas these tents are pitched for a time and then they go and you don’t see them for a year. . . . They help you at the time but they don’t go deep and the problems of the people are much deeper than the surface they are touching. . . . They put money as the main thing, which the Zionists do not.’

priests felt that the religious healing ministry had three major dimensions: the sacraments, visiting the sick, and presence to the suffering.

The sacramental healing ministry was seen as growing in importance among all groups, but there were some important shifts in the exercise of this ministry. With regard to the sacrament of reconciliation, the practice of confession as a regular (even weekly) event was on the decline. One priest felt that this was one reason why people were having more emotional problems. On the other hand, the people's need to express their fears, hurts and concerns was growing. In his view this might indicate that a sense of personal culpability was on the decline. The sacrament of anointing the sick, by contrast, was having a renaissance. Often seen in the past as a preparation for death, this sacrament was being used increasingly to help the sick. In the past this sacrament had been administered almost exclusively to individuals. Now there was a growing practice of anointing the sick at communal services.

Visiting the sick had always been an important task of the clergy. Now more and more groups of lay people were getting involved in this ministry. In predominantly black parishes the women's sodalities (St Anne's, the Sacred Heart Society, and the Third Order Regular of St Francis) were all involved in this ministry. Small Christian communities, products of the Pastoral Plan¹⁰ of the Catholic Church, were also increasingly active. Some parishes had prayer groups, healing teams, and lay ministers engaged in such work.

The ministry of presence involves listening to people's problems, counselling, consoling, giving spiritual direction, praying for people, and just being with them. All the priests said that

¹⁰The Pastoral Plan of the Catholic Church in Southern Africa was inaugurated in May 1989 with the theme 'Community serving humanity'. For details see SACBC 1987; SACBC 1989; Hartin et al 1991; Bate 1996.

this ministry was essential. Three of the black priests were regularly called in to cast out evil spirits from people's homes. 'Troubling by spirits' was quite a common pastoral problem and one that they responded to when called upon.

New Forms of Healing

When asked whether they felt challenged to look at new forms of healing ministry, five of the nine priests said that new types of healing should be explored in the Catholic Church. One said that the church just needed to use its own traditional ministry more effectively. Only two said there was no need to change anything. One was not sure.

All five of those wishing to explore new forms of healing felt that it was important to encourage the growth of prayer groups in parishes and train them to pray for people and their needs. Small Christian communities¹¹ and lay associations were ideal places for the growth of these groups. One caveat was the danger of elitism and rivalry among groups. Establishing such groups would demand much work to help them remain open to the Spirit and not to their own voices. Proper training and selection were considered essential.

Four priests suggested that at parish level there should be more regular healing services where people could come to be prayed for. Three priests had had previous experience of such services and had found them valuable.

¹¹Small Christian Communities 'are neighbourhood communities; they are intended to be permanent; they meet weekly in members' homes, by rotation; they are based on Gospel sharing and on communal action; they form a network coordinated through the Parish Pastoral Council. All Catholics . . . are invited to participate' (SACBC 1989, 37).

Balance and Formation

When speaking about new forms of healing ministry most of the priests emphasised two important values: *balance* and *education or formation*.

Balance means avoiding the dangers of exaggeration, hyper-emotionalism, and superstition. These three traits were found to militate against true healing and were often prevalent among people looking for healing. A major criticism of the coping-healing churches was their excessive use of emotion in religion (see above). At the same time a few priests felt that some Catholics could benefit by recognising the importance of emotion in religious experience. Nevertheless there was always a danger of overemphasising this dimension. Catholic services, particularly in black areas, were often highly emotional. One priest mentioned that singing was especially important in this regard.

Similarly, the concern about evil spirits, bad luck, and the role of the Holy Spirit in providing a good life was important, but an overly spiritual¹² approach could be problematic and lead to superstition and unwillingness to take responsibility for one's own life.

Taking responsibility for one's life leads directly to the second value emphasised by the priests – that of education or 'formation'. Six priests were concerned that Catholics did not know enough either about their own Catholic healing tradition or about the nature of true Christian healing itself. It was felt that a programme of preaching and teaching was needed. Four priests

¹²The word 'spiritual' is used here in an anthropological sense: the human person can be understood as having many aspects, of which the spiritual is only one. Note that this differs from the biblical notion, especially in Paul, where the life of the Spirit is the fullness of life. For Paul life could not be overly spiritual. Here we are referring to the idea of translating all human experience to the spiritual without considering other dimensions of human life: physical, communal, cultural, etc. We clarify this point since much Christian apologetics and misunderstanding tend to hinge on differences in the usage of words.

spoke about the need for more catechesis on healing. One middle-aged black priest complained that the theological training he had received did not help him to answer people's questions about healing. The younger priests were much more confident in this area, recognising the multifaceted dimensions of sickness and healing. This is probably why the younger priests were more open to the strengths and weaknesses of the coping-healing churches and to incorporating some of their practices and values into their own ministry.

Some General Conclusions from the Interviews

Younger priests and black priests appeared to be much more in touch with the coping-healing churches and their ministry. They had had much more experience, both personally and particularly from their own ministry to Catholics. They were much more inclined to acknowledge that many Catholics used the coping-healing churches and they were, paradoxically, more tolerant of the practice and aware of the limitations of the healing these churches offered. Very few of them saw the coping-healing churches as a threat, while a number of them were aware of the need to incorporate some of their values and practices into their own ministry. There was a general awareness of the need for healing at all levels of South African society.

Theological Reflection

Inculturation in Process

The inculturation model developed elsewhere¹³ predicts that during the emergence of a local church there is a transitional moment when there is 'a greater openness to, and participation of, the local culture and world-view in the local Church' (Bate 1995, 245). This is followed by an

¹³See Bate 1995, 245. The model describes seven steps, from the arrival of the missionaries in a non-Christian area to the emergence of a local church.

explicit inculturation moment when ‘more values of the local community [are] accepted into Church praxis. New ministries are approved but some tensions remain in the relationship with [the] Universal Church’ (Bate 1995, 245).

We maintain that the results of our enquiry can be interpreted in terms of this model and that they are signs of inculturation in process in the emergence of the local church in South Africa.

Our culture expresses our humanity. It is people who make up society, as they make up the church. It is people who construe the meaning of any context. Consequently the mediation between God and his creation is always, for us, human. This is the meaning of the Christ experience. We should expect the context to affect the church and the church to affect the context, and we should expect this interrelationship to be mediated by culture. Elsewhere¹⁴ we have constructed a model that describes this relationship. The model predicts that both the context and the culture of the people will influence the church’s ministry, whether this is acknowledged or not. More long-lasting ministerial responses will be highly controlled by culture.

The changing context in South Africa can be described as a transition from a sick apartheid culture to a more humane one. The sick society has led to the emergence of healing responses, largely articulated by the coping-healing churches but increasingly present in the mainline churches as well. These latter have tended to adapt more slowly because of the inertia that stems from their long tradition. Our study has shown, however, that it is incorrect to describe this tradition as monolithic. It, too, is changing as it responds to context and culture. This is often

¹⁴Bate 1995, 247. This model describes the synchronic encounter between church and context as mediated by culture. It describes how the more permanent ministerial responses to a context are always culturally mediated.

not sufficiently realised when churches (and, indeed, other social institutions) are caricatured in a particular way. Such is prejudice. The situation is more fluid than we sometimes realise.

An important current trend in this regard is the emphasis on culture itself as a paradigm in which theology and ministry can be born. This truth is not new: the 'Infant Jesus of Prague'¹⁵ is a prime example of inculturation. What is new, and thus relevant here, is consciousness of this realization. This awareness is also why the Catholic priests interviewed were much more concerned about the cultural dimensions of ministry than in the past. And that is why the younger and less modern¹⁶ Western ones were more open to the cultural healing forms present in the other churches and to assimilating some of them into their own ministry.

At the same time our results show that this assimilation from the context has not been uncritical. The mainline church ministers, both in the questionnaires and in the interviews, were aware of values to assimilate and counter values to reject. Their self-realization is a sign of the transformation¹⁷ moment, an essential part of inculturation.

¹⁵In the seventeenth century the Countess Polyxena gave a nineteen-inch statue of the infant Jesus dressed as a baroque prince to the Carmelite Fathers who were responsible for a church in Prague. On presenting it she said: 'I give you what I prize most highly in the world. So long as you venerate this image you will not want.' The prophecy came remarkably true and devotion to the statue spread throughout the city as people were cured of many sicknesses. From there it has spread across the world. Many miracles and healings have been attributed to this devotion. (Source: Guild of the Infant Jesus of Prague (SA), Cape Town.)

¹⁶Modern Western culture is the culture of rationalism, empiricism, the scientific method, individualism, individual rights and so forth. It is a written culture. Yet Western culture is moving away from this paradigm as the communal, the cultural and the audiovisual become more important. These distinctions in Western culture are important in Africa, which is traditionally communal and oral and so has more in common with the emerging postmodern cultural paradigm than with the modern one, at least in these respects.

¹⁷See Bate 1995, 244. Roest Crolius (1978, 733) has identified three stages in the inculturation process. The final stage is that of transformation, when the local church is in critical dialogue with its own culture in order to transform it into a Christian culture. This dialogue is

The coping-healing churches can themselves learn from this process. The mainline ministers apply their own values and tradition in order to see what is meaningful and to determine their new synthesis. This synthesis could be a fruitful challenge to the coping-healing churches to also move on in their own journey to the kingdom. Through learning from each other, from inculturation in process, the church as a whole is impelled forward under the guiding hand of the Spirit.

Towards a New Healing Praxis

Influence from Coping-Healing Churches

We have seen how the ministry of the coping-healing churches and the changed South African context have influenced both the practices and attitudes of mainline ministers. These changes can be summed up as greater consciousness of the need for religious healing in South Africa and increased use of healing services, prayer groups, prayer for healing, and preaching and teaching about healing.

Mainline church ministers are aware of the coping-healing churches. Many of them note that the coping-healing churches do indeed respond to people's pastoral needs and that they help many. They can pose a challenge to the more staid religious forms of mainline church ministry, which stress word and sign but sometimes fail to meet people sufficiently at an emotional level.

The consensus seems to be that the healing received in the coping-healing churches operates at the emotional level and that this challenges the symbolism of mainline Christianity to communicate with people at that level. Another challenge seems to be in the area of providing

about the question of compatibility with the gospel and union with the church (cf EA 62).

warm caring communities. The Catholic Church in particular, with its large congregations, feels this challenge. Of the nine Catholic priests interviewed three had congregations of more than 6 000 and four others ministered to congregations numbering between 3 000 and 6 000.¹⁸ The response to this challenge is to set up prayer teams, healing groups and small Christian communities.

Challenges to Coping-Healing Churches

While emotional transaction can bring about healing,¹⁹ such healing is often transitory and superficial and needs to be regularly repeated, leading to dependency and a lack of freedom. There are other areas in which some coping-healing churches have been challenged in this study: an emphasis on money and prosperity, lack of social involvement and commitment, applying spiritual 'bandages' to psychological problems, and emotional manipulation.

These are areas in which the church as a whole is called to question itself in order to construe the full nature of healing and administer true healing to people.

Developing a Theology of Healing in South Africa.

In order to be authentic, praxis needs to be underpinned by theology, or rather, to relate to it dialectically.²⁰ It is not my purpose to construct a theology of healing.²¹ Nevertheless there are some important elements of such a theology which are highlighted by this research and which can

¹⁸Source: Archdiocese of Durban Catholic Directory 1996, 170-2.

¹⁹For anthropologists healing is basically seen as a transaction of emotions from a feeling of unwellness to a feeling of wellness. See Bate 1995, 107.

²⁰See Boff 1987 and Bate 1995 for a discussion of this issue.

²¹See Bate 1995, 179-243 where I have begun to deal with this issue.

be added to my earlier work. These come from ministers' comments when they were asked in the interview to identify some important elements of a theology of healing. Hence they already form part of the consciousness of these priests and will clearly inform their ministry. As this ministry grows in importance they will look for other theological input to help them.

Christ the Healer as Model

The healing ministry must be based on Christ's own ministry as a healer and on his teaching. This has important consequences for a theology of healing. In the first place, Christ healed, as did his followers. The missionary mandate clearly involves healing. At the same time it was felt that a good biblical theology of the miracles and healings is required to help us understand Jesus' purpose in this regard. It was felt that the purposes of the miracles are often oversimplified and thus confused, and that interpretations vary greatly, particularly from church to church. Several priests noted that Jesus did not put much trust in those who came looking for miracles and that he often played down this part of his ministry.

The purpose of the miracles was often to instil faith – faith in God, and not in the miracle or event or healing. Healing should lead to conversion in the form of faith in Jesus – not to faith or trust in the healer or the miracle, which may be a danger.

Following Christ as Praxis

To be healers we should be followers of Christ and his teaching. This means primacy of the law of love and of faith. All healing should be motivated by care and love for people in their need and not by a search for sensational and spectacular events. At the same time these latter should not be discounted when God wishes to show his power in this way. Healing is seen as

making people whole and touches all dimensions of their life: political, social, emotional, psychological, spiritual, physical and so forth. For this reason some ministers felt that theology needs a proper understanding of the human person and human community. One priest said that we need a 'theology of psychology'; this could be said of all sciences and arts. Theology needs to speak to the reality of different forms of human wisdom, understanding, and knowledge in order to participate adequately in the contemporary context.

A Theology of Suffering

The ministers also suggested that a theology of healing needs to look at the question of suffering. Suffering is commonly associated with sickness and death and often cannot be relieved as easily as some coping-healing churches pretend. There has been much suffering in South Africa and the hope is that in the new South Africa this will come to an end. Such hope is clearly vain and any pastoral theology of healing must acknowledge the fact of suffering as an abiding part of the human condition.

An Adequate Sacramental Theology of Healing

An adequate sacramental theology of healing would seem to be urgently needed. Many priests felt that the healing sacraments of the church were undervalued and often poorly administered. Ways are needed to aid the ministering of these sacraments so that the signs would be a real intervention in people's lives, and not just at a 'spiritual'²² level. People need to experience sacramental intervention at all levels of their being so that the sacrament becomes a true pastoral sign.

²²See the comments in footnote 7.

Human Freedom

Finally, the priests saw the question of human freedom as central to a theology of healing. A fairly common concern, both in responses to the questionnaires and in the interviews, was the manipulation that sometimes occurs in healing services and prayer groups.

True healing implies the fullness of human life. It is an expression of salvation realised on earth. Healing implies a faith decision taken in human freedom. Jesus did not go around conducting healing services in which he whipped up people's emotions. His healings occurred along the way when people came to him with their problems and sicknesses.

Religion can be used to control people's minds and hearts. It then becomes a stifling ideology. People may feel fine in such an environment, since feelings are not always a barometer of reality.

The criticism of manipulation needs to be taken seriously, since Christian life is quintessentially one of human freedom: Jesus comes as liberation. True inculturation is always liberating and a theology of healing is always called to be a theology of liberation.

Conclusion

A culturally based theological model like inculturation needs to be underpinned by a notion of culture which incorporates the fullness of our humanity rather than one based merely on identity. Conventional South African cultural wisdom is weak in this regard because of apartheid socialisation and ethnic consciousness. Consequently inculturation can easily lapse into separateness, ethnically based churches, and syncretism. This has in fact been the South African ecclesiastic experience. As people of faith we need to take our common humanity and our

relatedness to the world community seriously. The quest for universality, catholicity and relatedness is an essential part of becoming a local church.

Our model²³ predicts that the broad dimensions of inculturation are not likely to be popular at this stage of South African history. South African churches are currently going through a conscious assimilation process. There is a lot of missionary bashing, reminiscent of much of African theology in the 1970s.²⁴ Our model also predicts that there will be tension with the universal church during this stage.

These facts should not make us lose sight of what lies ahead. There is a movement to a new synthesis in the form of unity based on our common humanity and our common faith in a common salvation in Jesus Christ. The expression of this commonality will clearly reflect our diversity: a true local church in union with the universal church, a community of communities in communion. Consequently we are moving into times of openness, dialogue, and readiness to be mutually evangelised—into communicating faith in communion with one another.

The experience of the younger priests in the Catholic Church suggests that these lines of communication are opening somewhat. They are being influenced by the context to modify their

²³See my model of the Inculturation process (Bate 1995, 245). During the transition moment (step 5) leadership changes from the expatriate missionaries to local people. At this time, the church operates in terms of two different visions and praxes, leading to inevitable tensions. New culturally mediated ministries emerge that cause tensions with the universal church, which is still assimilating the culture of the new church. All this leads to inevitable – indeed, healthy and creative – tension.

²⁴For examples of these critiques coming from African theologians in the 1960s and 1970s, see Ela (1986); Eboussi Boulaga (1984 - translations of earlier French works from the 1970s); Appiah-Kubi and Torres (1979); and Hastings (1976). Bühlmann (1978) also deals with this issue. South Africans are beginning to enter into this debate. Maluleke (1993) is currently the most controversial in missionary circles. The notion also informed a television series, 'God bless Africa' (SABC 1996), which presented an anachronistic, ideological mission history of the church in South Africa.

ministry. All churches in South Africa are called to a similar opening of lines. The only way for those who refuse to do so because of prejudice, elitism, or intransigence is the road to sectarianism, which is a road to certain death. As Christians we have to believe that there is not to be a new revelation. The revelation has come in Jesus Christ. The Spirit moves us to confess Jesus and to come together as one holy people-- a diverse people who are a united people.

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Appendix A

QUESTIONNAIRE TO MAINLINE CHURCHES ON THE HEALING MINISTRY DURBAN/PIETERMARITZBURG REGION

This questionnaire is sent to you so that you can help with some research being carried out in this field. All answers will be treated in the strictest confidence and will be used only for the drawing of general conclusions.

Your cooperation is appreciated in answering the following questions on the healing ministry in your parish/area. The questionnaire should only take a few minutes to complete.

(Questions 1 to 3 may be left blank if you prefer anonymity)

1. Name of Parish/Church.....
2. Denomination.....
3. Diocese/Circuit/District.....
4. Culture of the people in the parish.....
5. State if the parish is Urban Semi-urban or rural.....
6. Socioeconomic Status of the people (Rich/Middle Class/working class/poor/deprived/other).....
7. Languages spoken by the people in your parish
8. What are the types of healing ministry your parish is involved in: (Make a cross in the appropriate blocks)
 - Visiting the sick
 - Hospital work
 - (Specify if possible)
 -
 - Sacraments
 - Name of Sacrament.....
 - How often distributed.....
 - Prayer ministry
 - (Specify if possible)
 -
 - Healing Services
 - How often
 -
 - Other healing ministries (Please specify)
 -
9. Within the last ten years did you experience more members/parishioners coming to you with

requests for healing/ exorcisms etc.?

Yes

No

Not Sure

10. Has there been an increase in the healing ministry in your Church over the last five years?.....

Please give details of any changes (e.g. healing services, group prayer for the sick, increased visiting of the sick etc)

.....

11. Have you lost members of your congregation to Churches whose major emphasis is the healing of the sick and casting out of devils. (E.g. Christian City, Rhema, City of Life, Zionists etc.

Yes

a few

a worrying number

large numbers

No

Not Sure

12. Has your parish/church made any response to the challenge of these new 'healing' churches?

Yes No

If 'yes' please specify

13. What response do you think should be made?

.....

14. Any other comments?

.....

Appendix B

QUESTIONS ASKED IN INTERVIEWS

Questions for Clergy Interviews on the Influence of Healing Churches on Mainline Churches

Name:

Date of Interview

Question 1: What is your opinion about the Healing Churches?

Question 2: What is your opinion about the healing they do?

Question 3: Do Catholics go for this healing in your opinion? Why/Why not?

Question 4: Should we see the growth of these Churches as a challenge to the Church or as God's will?

Question 5: What is your opinion about the Healing miracles of Jesus?

Myths?

Stories?

Actual Events?

Their message for us today?

Question 6: Do we have a healing ministry in the Church? If so what form does it take?

Question 7: Should we have some other forms of healing ministry in the Catholic Church?

If so, why and what forms should this healing ministry take?

Question 8: What would be some important elements of a Theology of Healing for you?

Question 9: Does South Africa need special healing at this time? Why/Why not?

Appendix C

Main Points of the Interviews

Priest	A	B	C	D	E	F	G	H	I
Race	W	W	W	I	A	A	A	A	A
Age group	70+	60-70	40-50	40-50	70+	50-60	40-50	30-40	30-40
Race of parishioners	W C A I	W	W	C W A	A	A	A	A	A
Socioeconomic status of parish	Working	Middle	Middle/ Working	Working	Working	Middle/ Working	Working/ Poor	Working to Poor	Poor
	Urban	Urban	Urban	Urban	Urban	Semi-urban	Urban	Semi-urban	Rural
Question 1: What is your opinion about the healing churches?	Don't Know them	Don't know them	fulfil important ministry		Fulfil Important ministry Sincere	difficult to understand them	Give service to people	Zionists good as live with people	
	may respond to felt needs	may respond to emotional needs	fulfil a need in society				meet needs: spiritual, economic, social	Respond to real needs of people	give emotional help
		attract certain types: young and people with problems	negative commercial angle/ prosperity gospel	cause confusion		after money	too money-centred: health and wealth	Sometimes too sentimental/emotional	give people what they want
				put spiritual bandage on psychological problems			no social side too 'God in the sky'	feel-good healing which doesn't change home situation	
				only tackle symptom				Tent churches are not good as they are not involved with the people	don't address real needs
Question 2 What is your opinion about the healing they do?	emotional	psychological/spiritual	emotional	spiritual bandage	Just natural psycho-Somatic	emotional control	Emotional working up of people	Emotional	emotional
	temporary		manipulation	temporary	Psychological	short-lived	people get healed but short-lived	Relational	allow expression of suffering/ situation
			subjective pushing belief/feel better	subjective: people believe they are healed		psychological and not real	psychological	Emotional manipulation is antihealing	people feel helped
Question 3: Do Catholics go for this healing in your opinion?	don't know	a few	some	yes	Some	some	Great numbers	Lots	many, especially young people
					often secretly			They are specialists like doctors	all races go

Why/Why not?		for warmth	emotional support	for help with their problems	For healing		for help with problems	for help with problems	to express themselves
					Because we don't help with these problems	for experiences	for special prayers	for power the Catholic church doesn't show	
Question 4:	not asked	yes	no		Yes	yes	no	Yes	
Should we see the growth of these churches as a challenge to the Church or as God's will?		make a study	the church must challenge itself	see gifts given to whole church		only few Catholics join, mainly other denominations	people go where they find God	People leaving church because we don't	Holy Spirit is given to whole church
				meet needs of people	return to our healing ministry	meet needs of people		Build up own healing ministry	All should use gifts of the Spirit
		churches not permanent, many return	many return of 'Invisible church' of 1970s		not all come from God, we must teach truth	present truth of catholic faith	in end they return to die as Catholics		
Question 5:									
What is your opinion about the healing miracles of Jesus?	actual events	actual events	actual events	actual events which need interpretation	Actual Events	actual events	Actual events	Actual Events	actual events
Myths? stories? actual events?									
Their message for us today?	special revelation at time of Jesus		to show Jesus healed people		to show Christ is God	to show Christ is God	Only God does miracles	to show Jesus cared for people	to show Gods power
	to give faith in Jesus Christ	to give faith in Jesus Christ		to give faith in Jesus Christ	to give faith in Jesus Christ	to give faith in Jesus Christ	to give faith in Jesus Christ		to give faith in Jesus Christ
		doesn't happen today	not physical but in heart of conversion of Matthew	literalism is bad Christianity needs symbol	Miracles can happen today	miracles rare, faith in Jesus is important	miracles rarely happen today	Miracles Can Happen	miracles can happen if God wants it
			healing is essential to our ministry	we should forgive, give dignity				we should do what Jesus did	
Question 6:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do we have a healing ministry in the Church?	Sacraments	Sacraments	Sacraments	Sacraments	Sacraments Especially Anointing and penance	Sacraments	Sacraments	Sacraments Especially reconciliation	Sacraments especially reconciliation
	Comfort dying						Gods power given in ordination		
If so	visiting sick				Visiting sick	visiting sick		Visiting sick	visiting sick

what form does it take?	listening/consoling/counselling	caring/listening	counselling	forgiving sin	Comforting				counselling
		being with suffering		healing services	Exorcism	exorcism/trouble by spirits			
Question 7: Should we have some other forms of healing ministry in the Catholic Church?	Don't know	Yes	Yes	Yes	No	No	No, its there, just explain more	Yes	Yes
If so, why and what forms should this healing ministry take?		prayer groups but beware elitism	prayer groups esp SCC's	more prayer for healing/comforting eg funerals			prayer groups	prayer groups	prayer groups
	more study				More Training	more catechism and study	more catechesis on healing		more open to Spirit
		more counselling			Be careful of superstition				more prayer for healing
			healing services	more use of our tradition	more use of our tradition	more use of our tradition	healing services	healing services	more healing services
Question 8 What would be some important elements of a theology of healing for you?	empirical study	theology of suffering	Christ as healer	all are called to heal in different ways	Healing by Gods power not as <i>isanus</i>	importance of faith in Jesus, not in miracles	more preaching about healing	good sacramental theology of healing	sacraments as healing experiences
		theology of psychology	following Christ		Following Christ	don't take Gods place	laity trained to preach	study Jesus' healing ministry	
		biblical theology of miracles	healing and conversion			don't deceive or manipulate	biblical knowledge		scripture important
					Law of love	prayer from the heart	singing in African way	respond to the needs of people	kingdom of God as fundamental sign
					Healing is making people whole		singing is healing		Jesus as power which makes God's kingdom happen
Question 9 Does South Africa need special healing at this time? Why/Why not?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	especially the victims of apartheid to transcend suffering	for all who suffered	people have been hurt by apartheid	even secular society sees this hence TRC ²⁵	People have suffered	people have been hurt	need special healing		Trust one another
	need healing of past memories	do like TRC		pray for people in church	when I speak about killings, violence people cry		need for reconciliation	heal divisions of past	

	healing of past race relations	people must talk		Sit down and speak about past	we must speak about it		people have suffered	
		past privileged also need healing		Many parishioners are guilty, others know, needs to come out	moral life has deteriorated esp youth		need to talk about suffering	
		healing of what we ignored		Church leaders must develop common policy	there is forgiveness, we must help people forgive one another		heal IFP/ANC division	
		many regret past and can't come to terms with it		so not dependent on individual priests		churches need organising SACBC/SACC		
	churches have big role to play	church has vital role first to go on knees				church is only organ which can do it because previous enemies come together	church has vital role, needs organising	