

Moving to different streams of healing praxis: A reformed missionary approach of healing in the African context

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There are different streams of healing praxis in Africa today, namely African traditional healing, biomedical healing and spiritual healing (which includes the more recent 'touch your TV screen' healing method) among others. These streams offer contemporary African people diverse alternatives with regard to healing. As much as the hegemony of Western biomedicine, as endorsed by missionaries in the past, can no longer serve as a norm in the area of healing, we can also not use the African traditional healing methods and or any other alternative presented to Africa without discernment. This suggests therefore that Reformed mission ecclesiology and missionary practitioners should critically engage the African context, worldview and culture on the matter of healing. It should also engage other forms of spiritual healing methods on offer in the African soil.

Intradisciplinary and/or interdisciplinary implications: The use of an indigenous knowledge system when coming to healing in the African context, alongside Western biomedicine and other forms of spiritual healing practices, provides African people with diverse alternatives. It also poses a missiological question regarding the acceptability of such a practice within the framework of the Reformed Missionary Paradigm.

Introduction

Africa is a continent plagued with many sicknesses and diseases. Self-evidently health and healing would be major concerns and interests of the inhabitants (Van Wyk 2011:1). The quest for healing has become, without doubt, one of the frontiers in Christian mission today. The hegemony of Western biomedicine to bring about healing, a position that was long held by Reformed missionaries (Van Wyk 2011:2), is losing its spark as a norm among African Christians today. Although most African believers still rely heavily on missionary hospitals and the medical services they provide (Van den Bosch 2012:51), faith communities and African traditional medicine provide alternative practices.

There are various factors that have contributed to the growth of the recognition of traditional medicine and faith healing among Christians in Africa. The first to be highlighted in this article is the healing practice within African Independent Churches (AICs). It is clear from the body of literature on the AICs that healing is at the centre of all their operations in the church and community life (Monyai 2007); hence some people look at the AICs as 'Institutes of Healing' (Sundkler 1961:22). The second factor is related to the emergence, spread and growth of the Pentecostal and charismatic movements, especially the 'touch your TV screen' healing method. Emphasis on the resurgence of the charisma of healing among African Pentecostals and the charismatic movement in the life of the African church placed great emphasis on prayer for healing, to a point where even medical treatment in some churches was rejected. Confession of sins and healing from physical and spiritual maladies were interrelated (Ogot 1966:31).

The third factor is the acceptance of traditional healing as a valid alternative to scientific approaches. Of late, African governments have begun to license traditional healers or traditional medical practitioners, thereby giving them more credibility (Meredith Long 2000:120–121). The new, democratic era in South Africa, with emphasis on freedom of religion, saw the resurgence of the African Traditional Religion(s) in the public domain, which in turn brought to life traditional approaches to health care (Moagi 2009). The final factor is syncretism with regard to health and healing activities. In the African context, people who are ill either turn to academic medicine (biomedicine), traditional African healing or the church for help, and Christians are not averse to this practice. In some instances dual treatment (Freeman & Motsei 1992:1185) or triple treatment regularly take place, as illustrated by this quotation from Daneel (1970):

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Different diseases require different healers. The wife of an Ethiopian church leader experienced no conflict in combining traditional and modern treatments. 'When I am sick, I go everywhere; to the nganga when I'm bewitched through a foot-trap, to the prophet if I wish to find out who poisoned me, and to the mission hospital for normal symptoms of illness.' (p. 35)

In the light of the above-mentioned predicament and various factors that contributed to it, a clearer conceptualisation of a Reformed missionary approach to healing in the African context will be outlined. The aim of this article is therefore fourfold, (1) it is to map out different understandings and approaches to healing, (2) it is an attempt to understand African religion, culture and beliefs on healing, (3) it outlines the Reformed mission on healing and (4) it points out the implications for the church in mission.

It should, however, be noted that Africa is a big continent, with vast and divergent cultural experiences (Mashau & Frederiks 2008:111), and therefore I have decided to use the South African context for the purposes of this research. However, because South Africa is also a sizeable country with varying cultural experiences, in most cases reference will be made to the culture and worldview of the Vhavenda people and to some extent to the Zulu practices. In the South African context, African traditional healing is not only part of the African culture, but is also essential for the health and well-being of a great part of the black population.

Different understandings and approaches to healing

The task of defining the concept of healing is very complex, and its complexity lies in the fact that there is no single definition that can be used to describe the word. Healing can be defined from medical, anthropological, psychological, cultural, political and religious perspectives, to name a few. The predicament is exacerbated by the fact that divergent views with regard to the definition of healing exist within each discipline cited above.

In medical circles, healing is defined as:

experiential, energy-requiring process in which space is created through a caring relationship in a process of expanding consciousness and results in a sense of wholeness, integration, balance and transformation and which can never be fully known. (Wendler 1996:836)

This understanding presupposes active involvement of a care giver. In the efforts to define healing holistically, Egnew (2005:255, 2009:170) defined healing as 'the personal experience of the transcendence of suffering'. His definition goes beyond the traditional scientific approach to medicine where practitioners were empowered to intervene actively in the course of disease, to effect cures, to prevent illness and to eradicate disease (physiological processes). Egnew's definition seeks to embrace a holistic approach to medicine,

where non-physical dimensions such as social, psychological, cultural and spiritual are also taken into consideration in the healing process. And therefore, Wendler (1996:838) is correct to conclude that healing does not happen in a vacuum, nor does it happen all at once. Healing requires an interdisciplinary approach. In the efforts to bring healing, Western biomedicine cannot operate in isolation. It is asserted that medicine is helped by other auxiliary sciences like psychology, sociology, and philosophy among others (Echema 2006:38).

Speaking in the context of anthropology and medicine, Womack (2010:3) concurs that such an approach is needed. The gist of an anthropological approach to healing, which is interdisciplinary in nature, is summed up in the following words:

Anthropological explorations of healing involve an active response to distress and distinguish categories related to healing, such as diagnosis and treatment, medical (scientific and nonreligious) and non-medical (unscientific and religious), technological and non-technological, and Western and non-Western. (Egnew 2005:255)

Politically, healing can be used in the post-war or post-liberation struggle context to refer not only to physical and emotional healing that must take place, but also reconciliation among those persons who took up arms against each other during the days of the struggle. Speaking in the context of children affected by political violence and war, Farwell and Cole (2002:19) suggests that healing should take in the very community where violence happened. The South African Truth and Reconciliation Commission can serve as the best example for such an approach.

Lastly but not the least, in religious context, the concept 'faith healing' is preferred. This is the concept wherein the adherents of religious faiths believe that their religious belief ('faith') can bring about healing. 'Healing is seen as part of the biblical revelation, and reference is made to Old Testament prophets, Christ himself and New Testament apostles who practised healing' (Anderson 2000:138). This can be achieved by evoking the divine presence through prayers or rituals. It is asserted that:

This healing offered to people usually relies heavily on various symbols, especially sprinkling by holy water, a sacrament in many AICs providing ritual purification and protection. In other Pentecostal churches the emphasis is on the laying-on of hands with prayer. (Anderson 2000:138)

But faith healing has always presented a dilemma when and where it does NOT provide the possibility of *not being cured* (Allwood 1989:121); hence Duncan (1988:48) proposed that the focus in the Christian healing ministry should be on wholeness rather than cure.

The foregoing dictates that a more interdisciplinary and holistic approach in defining healing is warranted. Healing, in the context of this article, can therefore be defined (working definition) as the quest to find new meanings to life that

transcend human suffering caused by any form of illness, including pain caused by traumatic experiences in one's socio-economic, political and religious context. This definition reflects the change in the patient's relationships to the illness, to others, to the world and to God, that results in rising above the pain one is experiencing. I therefore concur with Egnew (2005:257) who notes that healing is independent of illness, impairment, cure of disease or death. It presupposes that healing should be able to take place even in the case where a person is not medically cured. This takes into account an old medical adage which says that 'the duty of the doctor is to cure sometimes, to relieve often, and to comfort always'. The role of the true healer is therefore to help people to live ... and to die (Allwood 1989:120). A closer analysis of the working definition above reveals that elements of the true meaning of healing will therefore include interrelated words such as relief, cure, faith, sin (brokenness), grace, forgiveness, reconciliation and peace (*shalom*). Healing can therefore be understood differently in different contexts, i.e. healing as administering *relief*, healing as administering *cure*, healing as administering *grace*, healing as administering *reconciliation* and healing as *shalom*. And without doubt faith plays a critical role in all healing systems in the world – traditional, biomedical, and socio-economic, political and religious.

Healing in sub-Saharan African culture

Introduction

This section deals with the issue of healing in the African context. In the first instance healing in the African context is contextualised, followed by efforts to describe health, healing and illness in African culture. Causes of illness and the healing process in African culture are then explored.

Healing contextualised

The promotion of the concept 'African renaissance' at the dawn of the South African democracy has also contributed to the resurgence of the traditional African healing practices in the public domain. It is asserted that:

Postcolonial and post-apartheid South Africa has witnessed the resurgence of the ATR in public life, and consequently we have seen more and more Christians who still consult the traditional healers and venerate the ancestors coming into the open. (Mashau 2009:109)

The South African health system has also gone through dramatic changes since 1994, and in 2007 revised legislation in the form of the *Traditional Health Practitioners Act* (No. 22 of 2007) was passed to incorporate African traditional healers into the larger government-regulated health system (Moagi 2009:116). The role of traditional medical practitioners in finding medical solutions to such illnesses as HIV and AIDS is a matter of public consumption because it is part and parcel of the medical discourse taking place today (Richter 2003).

Health, healing and illness among the Vhavenda people

The quest to understand traditional healing within African culture, in South Africa in particular, requires one to take a closely look at African religion, culture and beliefs on such concepts as health, disease, and illness causation. It is therefore not possible to reflect on healing within African culture without looking first at the worldview of the African people. It is not my intention in this article to exhaust everything that can be said about the African worldview, but only those general¹ and distinctive characteristics that have direct bearing on healing will be mentioned as follows:

- The concept of God. The Vhavenda people, like many other cultural groups in South Africa, believe in one god, a mysterious deity who is called *Raluwhimba* or *Nwali* (Mashau 2007:643). He lives somewhere in the heavens and is connected to all astronomical and physical phenomena (Stayt 1931:230). All the natural phenomena that affect the people as a whole are said to be his revelations. Mbiti (1969:84) states: 'Bavenda regard locust invasion, floods, and other calamities of nature as punishment from God when he is angry with their chief.'
- The concept of life. According to De V. Minnaar, Offringa and Payze (1992:6); Mashau (2007:643; cf. Van Rooy 1978:1), the Vhavenda people view life in totality – it is comprehensive (holism). This is based on their view of the cosmos which is seen as a hierarchy of powers, each with its own place in the totality and each mutually influencing the other. The result is that the totality is seen as a hierarchy of powers, with God as an inherent part of it and occupying the top position. The ideas of limited cosmic good, the priority of human relations and the influence of the spirits and witchcraft in the hierarchy play a significant role. Salvation, blessedness and peace depend on whether a human being is integrated in this totality, and then in his or her right place, because a Venda person sees himself or herself as part of a greater totality in which everything has a fixed and interrelated place.
- The belief in the spirit world. As in other cultural groupings in Africa, the belief in the spirit world forms an integral part of the Vhavenda worldview. They believe in the world of the dead who, through their spirits, are in constant contact with the living. Ancestors are therefore viewed as the living dead who can still bring benefits and misfortunes to their descendants (Mashau 2007:643); hence the practice of the ancestral cult is prevalent among the Vhavenda people.
- The belief in witchcraft. The Vhavenda people believe that no misfortune in life just occurs by itself. This is captured in their common expression: '*A hu na tshi no da nga tshothe*' ('There is nothing that happens without a cause'). Consequently, they believe that certain misfortunes are caused by witchcraft (*vhuloi*). This is the act through which the witch (*muloi*) is said to have

1. Teffo and Roux (1988:13, cited in De Visser 2000:168) noted among others that it is possible to outline views which are alive in a fairly large part of Africa and which can serve as representative of metaphysical thinking in Africa.

bewitched somebody to become sick, miscarry, become deformed, die, and so on. The witch (*muloi*) is associated with black magic (Mashau 2007:645; Van Rooy 1978:15).

Causes of illness in the African culture

The foregoing highlights that there are multiple causes of illness identifiable within the African culture:

- natural causes (Nyirongo 1997:159)
- illnesses that can be seen as part of the national calamity caused by an angry god (Nyirongo 1997:159)
- illnesses that are inflicted upon humanity by angry ancestors who might not be happy about one's behaviour or failure to appease them on a regular basis (for instance, should someone incur misfortunes in his or her life, the Vhavenda people will say '*midzimu i a hana*' – the ancestors are saying no) (cf. Manala 2006:142; Stayt 1931:230)
- illnesses that occur as a result of one's failure to adhere to certain taboos (system of things to avoid, things that regulate human conduct in order to ensure a healthy living – physically, spiritually and morally)
- impurity or uncleanness associated with childbirth, initiation rites, miscarriage, and ceremonial cleansing after death
- witchcraft, where certain people are perceived to have powers to inflict harm on others by tapping and using evil power.

We may conclude with regard to the causes of illness as outlined above that illness within African culture can therefore be regarded as the material sign of lack of harmony between the individual and the significant others (including his relations to family, community, ancestors, god and immediate environment) (cf. Manala 2006:143; Mashau 2007:645).

The healing process in the African culture

The healing process in the African culture is holistic and the traditional healer's approach to illness depends on its nature and how causation is perceived. Traditional healing follows different stages. Veenstra (2006:30–39) identified nine steps as explained below:

- **Diagnosis:** This is a stage where the traditional healer will make efforts to consult his ancestors through divination. The diviner diagnoses the patient with the help of his or her clairvoyant powers and by asking questions. The diviner informs the patient and his or her family about how and why the disturbed behaviour occurred. At this stage, in a loving and caring environment, the diviner gives reassurance, explains, advises, makes suggestions and provides direction to the patient as to how the treatment should take place.
- **Treatment:** Traditional healing stresses the symbolic nature of treatment, involving rituals as purification ceremonies and sacrifices.
- **Prevention:** Medicines, amulets and protective robes can be given to the patient as a protective measure to ward off

evil. This is done in the case where protection is sought against witches, evil spirits and other supernatural agents of misfortune.

- **Protection:** The same arguments are used as in (Prevention).
- **Purification:** This takes place through vomiting, emetics, steaming and washing. Several methods can be used for purification, but water is a very important ingredient.
- **Ensuring success:** In this case medicine is given to ensure success in life in areas of farming, potency, fertility, courtship and marriage.
- **Retribution:** Medicine directed at bringing misfortune on competitors and enemies is given. *Umuthi* (medicine) is spread on the ground, placed on a footpath or buried in the ground over which the victim walks. When the victim tramples the *umuthi* or walks over it, he or she will become infected and develops incurable sores and sometimes becomes mentally disturbed. This is also asserted by Oosthuizen (1992:107).
- **Exorcism:** This takes place when a person is possessed by evil spirits. This step is not exorcism as such, but more of a replacement of the evil spirit by a familiar spirit in family circles.
- **Eradication of witchcraft:** According to Berends (1993:277–278), the diviner smells out witches and these are then either killed or banished from the community as they have, in essence, become enemies of that specific community.

Contrary to Western healing that focuses mainly on the diagnosis of an individual and the prescription of medicine and/or the undergoing of an operation, the traditional healers pay attention to the steps as described above (Veenstra 2006:32). Most importantly, however, healing involves the whole person: his physical, psychological, spiritual and social aspects. The patient is not treated in isolation from his family and in some instances the healing process is further facilitated by including members of the community.

Conclusion

This section dealt with the healing practice in the African context by looking closely at the Vhavenda speaking people of South Africa. I have to some extent referred to practices among the IsiZulu speaking people of South Africa as well.

Healing in the Reformed mission

Introduction

After outlining the African traditional view and practices on healing above, this section focuses on outlining the Reformed missionary paradigm and practices regarding healing in the mission field. Healing approach within the Reformed missionary perspective is therefore mapped out.

Reformed mission revisited

The gist of Reformed mission over the centuries is captured well by Bosch, as is illustrated by this excerpt (1991):

The starting point of the Reformers' theology was not what people could or should do for the salvation of the world, but what God has already done in Christ. He visits the peoples of the earth with his light; he furthers his word so that it may 'run' and 'increase' till the last day dawns. (p. 306)

Bosch's statement above is loaded, but a careful study reminds us of the underlying principles for Reformed mission, which are summed up in Mashau (2008a:231) as follows:

- Trinitarian: The Triune God is a missionary, who according to Visser (2003) has the heart for the gospel and the heart for the world.
- Christological: This principle is embedded in the *sola Christi* of the reformation.
- Pneumatological: We are reminded of the work of the Holy Spirit in gathering God's church from eternity to eternity as the Word is preached throughout the whole world.
- Scriptural: This principle is grounded in the *sola sacra Scriptura* principle of the reformation. Scripture receives primacy, and Reformed mission must appreciate reformers such as John Calvin who have given us the Bible in our own hands. Consequently, whatever is done in mission, including healing, must be of service to the Word.
- Ecclesiastical: With emphasis on the sovereignty of God, as also noted in Bosch, reformers believe that the church was created by the *verbum externum* (God's word from outside humanity) but at the same time acknowledge that, out of grace, God has entrusted to the church the responsibility to take the word to the world.
- Covenant-based: The covenant God is the missionary God, who seeks to enter into a covenant relationship with mankind, i.e. Abraham and Israel, in order to reach out to all of humanity in a centripetal and centrifugal way. The administration of the Baptism and the Holy Communion on a regular basis must remind us of this close and personal relationship with the covenant God.
- Kingdom focus: Reformed mission seeks to bring all of humanity under the Lordship of Christ so as to bring glory to God's name. We are once again reminded of the *solus Deo gloria* principle of the reformation.
- Holistic: Reformed mission attests that mission is directed to all humanity in the whole world seeking to penetrate all spheres of life in order to transform them from within and redirect them to serve God.
- Contextual: Mission does not occur in a vacuum. It is directed to people of this world within their specific context, seeking to address their spiritual and physical needs holistically and in a relevant way. Reformed mission can therefore not shy away from becoming 'an African to the Africans'. It must critically probe and seek to discern all forms of healing practices in the African context.
- Eschatological: Accordingly, the kingship of God is not only realised yesterday and today, but it will be fully realised with the second coming of Christ. As the church engages in its missionary calling, it should do so having

the end in mind – the reign of God to eternity. Reformed mission should provide healing to the suffering humanity in the world by reminding us that our hardships and sufferings will come to an end with the final coming of the Kingdom of God. There is without doubt healing in hoping.

These principles have a bearing on the manner in which reformed mission should approach the question of healing in the African context. They help us to look at God as the source of all of life and healing. We are also encouraged to look at mission holistically and contextually. In this case I agree with the call by Van Wyk that 'Reformed missiology [*mission in this case*] in Africa has to demonstrate a willingness to listen to, respect and accommodate indigenous knowledge systems' (Van Wyk 2011:6).

Reformed missionary approach

In his missions approach and method, J.H. Bavinck strongly opted for the kerygmatic approach to Christian mission (Bolt *et al.* 2013:80). This was more of a narrow approach that focused on an encounter between preacher and hearer in which a confrontation takes place between the Word of God and the person (Bolt *et al.* 2013:80). This approach is centred on the preaching of the gospel as a way to confront and liberate humanity in their fallen state (cf. Visser 2003:247). This missionary approach is grounded on the firm conviction of the supremacy and centrality of the Word; something enshrined in the *kerugma* (proclamation) of Jesus, the early Christian church and the sixteenth century reformation. Speaking in the context of John Calvin's theology on the charismata, Mashau asserts that: 'Through the charisma of verbal communication of the gospel (kerygma), Reformed theology emphasizes the *primacy of the Word* in mission' (Mashau 2008b:95). In practice, missionaries were called and sent to the mission fields with the expectation that they would also provide medical assistance to the locals (Mashau 2008a:110). The combination of the preaching of the Word and Western biomedicine became integral in this approach as we shall reflect below.

Healing within the Reformed paradigm of mission

The first missionary of the Reformed Churches in South Africa (RCSA) to the Vhavenda people in the Soutpansberg area used the same approach of preaching which is combined with medical help to the locals as already noted above. His sending church supported him to establish a hospital at Siloam (Mashau 2008a:111). The goal of this ministry was sometimes seen as auxiliary to mission proper: hospitals were built to give people an opportunity to hear the gospel and to respond to Christ's call. This approach was not unique to the RCSA; it has been a common practice among reformed churches worldwide. Speaking of European churches, Van Wyk (2011:2) noted that they have had no difficulty in combining mission and Western scientific medicine since the

reformation. This was welcomed by Africans, but not without problems. This is captured by Van Wyk (2011) as follows:

African people welcome the efforts of mainline Protestant churches to enhance health with the support of 'Western scientific medicine'. However, they do not regard this campaign as being sufficient. They also want to experience an alliance with traditional African medicine and healing practices. (p. 2)

One of the issues raised by one of the African reformed scholars is the worldview issue. It is stated that 'Ministry to the sick in Africa as practised in many mainline churches does not take into account the world-view of Africa' (Manala 2006:3). A question that remains is: how should a reformed church in mission approach healing in the most relevant and contextual way in Africa? The following sections should help us answer this question.

Implications for the mission in the African context

The underlying principles of the Reformed mission have far-reaching consequences for the healing ministry in the African context. Firstly, these principles call for a serious revamping with regard to the practice of healing in the Reformed mission; secondly, they call for thoughtful engagement with the African culture regarding the use of traditional medicine in healing the sick on this continent. The Reformed mission, in the context of healing in the African context, should take the following principles and practical guidelines into serious consideration:

- The primacy of the Word, as propagated in the kerygmatic missionary model – the missionary model adopted in the Reformed mission – must be appreciated and maintained. Issues of healing must not be detached from the ministry of the Word. Healing ministry must, therefore, be in the service of the Word. The Word of God must give us light on the matter.
- Healing ministry must be contextual. Reformed mission, in the context of healing in the African context, must be seen as the encounter between the gospel and the African culture wherein the bad in the African culture must be transformed whilst the good is retained and redirected to be of service to the living God. This encounter therefore is aimed at addressing syncretistic tendencies among church members who are caught between the two worlds – fear of God and of their ancestors. The Reformed mission must be viewed as *power encounter*, that is, the power of God versus the power of the ancestors, evil (demonic) spirits and other spiritual forces. This is the power encounter between the Kingdom of God and the kingdom of darkness (Powlison 1995). In this encounter, the Reformed mission should seek to proclaim the Lordship of Christ in all spheres, including the area of illness, suffering and healing. And therefore Turaki is correct when warning Christians not to take the issue of spiritual power encounter in traditional religions lightly. He is of the view that:

Traditional practices, rituals, ceremonies, festivals, initiation rites or rights of passages, sacrifices or offerings, covenants, vows or oath taking are to be examined in the light of the Bible and Christian theology. (Turaki 1999:36)

- Discernment must also be applied when coming to the healing ministry; be it faith healing, the use of Western biomedicine and/or traditional medicine. In line with 1 John 4:1, which calls for discernment in the spiritual realm, there is need to ascertain whether God is the source of such praxis or not. Although there is nothing wrong in using indigenous herbs to heal certain diseases, consultation with *sangomas* (diviners) is out of the question, for there is no biblical justification to that end. The rationale behind this standpoint is that traditional sangomas give credit to their ancestors for the healing powers that they possess and this forms part of their occult practice. All forms of the occult, such as divination, necromancy, astrology, hypnotism, fortune telling and magic are forbidden by God (see Dt 18:9–14; Jr 10:1–5; cf. Mashau 2007:650). There is therefore need to embrace the good in African worldview and discard the bad. I concur with Van Wyk in his conclusion that '[t]he Christian faith would have to accommodate at least certain aspects of traditional healing' (Van Wyk 2011:2).
- Both biomedical and indigenous medicines must be embraced and used with care and discernment. Any medical product that comes into being as a result of science or indigenous knowledge and that was passed on from one generation to another must be celebrated as a gift from God to humanity. This view is well captured in the following words of Boer (1997):

The Reformed have never rejected the validity of knowledge derived from nature, experience, research or history. Whether a car is designed by Christians or non-Christians makes no difference to us. Whether the effectiveness of an herb or chemical is discovered by a Christian scientist, Japanese Shintoist or an African traditional healer is basically immaterial to us. We accept the medicine regardless of its inventor. (p. 321)
- A clear distinction should be made between different types of African traditional medical practitioners. A diviner is someone who consults his or her ancestors through the process of divination to discover mysteries surrounding diseases and the cure thereof (Nyirongo 1997:170). An herbalist on the other hand is a person endowed with indigenous medical knowledge. He or she prescribes healing herbs based on one's definition of his or her ailments and would not necessarily involve the diagnostic process as in the case of diviners who must first throw and manipulate their bones (divination process). The indigenous knowledge system possessed by herbalists should be welcomed and also recommended to Christians in the African context.
- The *fear* that African people have of their ancestors must be addressed by proclaiming the sovereignty of God in mission. God's sovereign power as the only true healer must be communicated. God is not only the creator of life, but also its preserver. It is only God, and not the ancestors, any traditional healer, faith healer, nor any biomedical practitioner, who has the power to heal. Human beings

and the means they use to provide healing are just instruments in the hands of the powerful God. The power of God, who is able to protect us from the power of the evil one, ancestors, evil (demonic) spirits, witchcraft and sorcery must be communicated. Christ and him crucified (1 Cor 1:23) is the power of God that must be communicated in Reformed mission as the one that can bring about true healing for his people as also outlined in his earthly ministry agenda (Lk 4:18–19). In essence, the cross of Christ is a true healing miracle to all who are destined to eternal life.

- Illness is normal in a broken world, but healing miracles can still take place today. Reformed mission can therefore not limit the power of God to a particular epoch in the church's life. In this broken world, 'being healthy' in itself constitutes a special miracle of its own.
- God's love and grace must be communicated in the healing process. God does not promise to cure every illness. Reformed missionaries must therefore pray for God's will to be done in every unique situation. This will go a long way in teaching humanity that healing is never at the discretion of man, but in the hands of God (Heb 2:4). Paul prayed to God for the removal of a thorn in his flesh, but the Lord told him on three occasions that God's grace (*charis*) was sufficient for him in the midst of his hardships and difficulties (2 Cor 12:7–10). The death of many Christians in the past must also serve as a reminder to the present generation of this truth. This also reminds humanity that as much as faith constitutes an integral part of healing ministry, it is not faith that compels God to do what we want. It is the grace of God which heals (Allwood 1989:124).
- The above-mentioned also reminds us that true healing from God also applies in the case when a person does not receive physical healing. One can be healed spiritually and psychologically, through pastoral counselling; to an extent that one is able to face one's death without fear. No wonder there are instances in the Bible where Paul portrayed a picture of a man longing to be with his Lord (Phlp 1:21–23). This teaches humanity that a holistic approach to healing will always include more than just curative aspects; death can also be regarded as a form of healing as long as the suffering person dies with a sense of inner peace that can only be experienced when one is truly reconciled to God in Christ. Healing in this instance can be understood as *shalom*. The Reformed mission should therefore communicate the message of hope to the sick and those facing hardships in this current age.
- The church must persevere in administering the ministry healing by encouraging the use of both biomedicine and traditional medicine for as long as it brings glory to God's name (1 Cor 10:31) and providing pastoral counselling in line with James 5:13–17. This reminds us that love, care, sin (brokenness), forgiveness, faith, grace and reconciliation are part of the vocabulary of the healing ministry in the life of the church. Healing ministry must be included in the liturgical worship of the church (De Klerk 2012:147). This can be tied to the administration of the sacraments on a regular basis. Both sacraments, when

administered regularly, can go a long way to remind African Christians of the healing ministry as reconciliation. The two symbols remind African Christians of their covenant relationship with God; that they are serving the living, mighty and powerful God who is forever close to his people to provide them with protection and healing when needed. He cares about human affairs and their well-being, hence the two symbols that always remind humanity of his saving grace. Administering the sacrament of baptism to newly born babies and new converts can go a long way in assuring African Christians of the nearness of God in their lives. In his comments about the Reformed missionary ecclesiology, Saayman (1994:36) asserts that healing ministry, together with preaching, witnessing, teaching, developing, and building up the church could be accommodated in the four rubrics of being a church, that is, *kerygma* (proclamation), *diakonia* (ministry of service), *koinonia* (communion or fellowship) and *leitourgia* (the public worship service of God). The last three rubrics, however, cannot be divorced from the ministry of the Word; they are all very much part of the gospel as the preaching and should therefore be treated as such.

Conclusion

This section dealt with a Reformed missionary approach to healing and it became clear that different healing praxis should be embraced and encouraged. The call for discernment remains critical in this approach; and the Word of God should therefore shed light on this practice.

Conclusion

The main aim of this article was to map out a Reformed missionary approach of healing in the African context. The need to clarify this position was prompted by the common practice among Africans to tap into different forms of healing praxis as alternatives, namely African traditional healing, biomedical healing and spiritual healing, among others. Although contemporary ideas of health and illness are informed by the legacy of medical missionaries (Van den Bosch-Heij 2012:51), the vast majority of African people still consult traditional healers because the Western health care system does not address the typical African problems of evil, witchcraft and misfortune (Van Wyk 2011:5).

This article proposes the acceptance of Western biomedicine, traditional medicine and faith healing as gifts from God that should be used by Christian today; but not without discernment. God should remain the source of healing and any spirit on the contrary should be refuted. Reformed mission should therefore, in seeking for a relevant and contextual approach to healing, critically engage the African context, worldview and culture on the matter of healing. It should also engage other forms of spiritual healing methods on offer in the African soil. It can be concluded, though, that although creative tension exists between the African culture and the Reformed mission, the bone of contention is not the

use of traditional medicine, but rather the acknowledgement of the source that provides healing after the use of such medicine. The use of traditional medicine that seeks to acknowledge God as the only source of such knowledge, and not the ancestors, is justifiable and the Reformed mission can thus encourage it. But the use of traditional medicine that seeks to acknowledge both God and the ancestors as the source of knowledge and the power behind the healing after the use of such medicine is syncretism, and therefore it is biblically not justifiable and Reformed mission should approach it as such. It can be concluded that healing by medical means (Western, Asian, or African) is no less from God than healing by prayer or laying on of hands.

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