

# HEALING + A CHALLENGE TO CHURCH AND THEOLOGY

*von Christoffer H. Grundmann<sup>1</sup>*

From time immemorial, experiences of sickness and healing have gone hand in hand. The longing for healing has been as much a universal human desire as has been the search for adequate remedy. That is why evidence of efforts to maintain health and to overcome diseases in order to prevent untimely death can be found in all the cultures everywhere. In some cultures such efforts resulted in regular systems of healing, leading to the development of formal bodies of the healing art, e.g. the Ayurveda system in India, the indigenous Chinese medical system or the Hippocratic medicine of Classical Greece, while in most of the other cultures such efforts never progressed beyond modest beginnings. Likewise healing is a pan-religious phenomenon, a phenomenon which one comes across in all the religions we know of, be they of a primal kind or be they highly sophisticated. Healing thus cannot be monopolised by Christian groups or the Church even though it nowadays has become a typical feature for a particular kind of conventions, congregations and movements around the globe, not just within the Catholic or Protestant folds but outside them too.

Actually the topic of healing is neither new to the Christian church nor has it been irrelevant to her either. The biblical findings are unambiguous in principle as is the history of the Early Church up to the present. The Apologetics and the Church-fathers of the Early Church often employed the motive of healing in order to illustrate the intention of the Gospel. Besides this the Hellenistic healing cult of Asclepios was very popular when the Early Church took shape. This context clearly left its mark on New Testament texts such as the Lukan and Johannine writings, particularly on the Acts of the Apostles, the Gospel of John and the Revelation. Asclepios was considered to be ›the savior‹ – of life (ὁ σωτήρ, healer) – while Jesus Christ was confessed to be the ›saviour of the world‹ (ὁ σωτήρ τοῦ κόσμου, see John 4:42; 1.Joh 4:14) who, unlike Asclepios, was not only able to let people rise from the dead (see Luke 7,11ff; John 11) but who overcame death himself once and for all thus saving not only from diseases but from all bonds of death in whatever shape. And when the North African theologian Origen of Alexandria (185–254) while staying at Caesarea (south of today's Haifa) wrote his apology ›Contra Celsum‹ (Against Celsus) in 248 he remarked: ›Were I to ... admit, that a demon, Asclepios by name, has the power to heal physical illness, then I could remark to those who are astounded ... by this healing, that this power to heal the sick is neither good nor evil, that it is a thing which is bestowed

---

<sup>1</sup> Revised paper presented on occasion of the WCC sponsored ecumenical, intercultural and interdisciplinary dialogue on ›The Church as a healing community‹, June 6<sup>th</sup>, 2000, at the Missionsakademie Hamburg, Germany.



not only upon the righteous, but upon the godless as well. ... Nothing divine is revealed in the power to heal the sick in and of itself.« (Contra Celsum, III, 25).

So Origen more than 1700 years ago. He does not deny that miraculous healings do occur and that they reveal the power to heal. But what he does deny is that healing-experience is a divine revelation as such. Healings do not bear proof of Christian authority just by themselves. Going back to the very ministry of Jesus Christ one notices with surprise that even the healings Christ brought about were doubted as in the case of the blind and mute one according to Mt. 12,22ff. Not denying the positive effects of his ministry the Pharisees questioned their revelatory quality: »It is only by Beelzebub, the prince of demons, that this fellow drives out demons.« (Mt. 12,24) To which Jesus replied: »If I drive out demons by Beelzebub, by whom do your people drive them out?« (Mt. 12,27) Healings are ambiguous indeed. In this way they put a genuine challenge to Christianity, the church and her theology.

Having become aware of this situation one is taken aback by realising the factual absence of an adequate response to it in common theology, liturgy and congregational life at least so far as the traditional churches are concerned. In consciously facing this long standing challenge the stage for an adequate theological reflection on the subject has to be set. It is in this perspective that I would like to place the following which in its first part attempts to analyse some of the main reasons for the present day interest in the phenomenon of (religious) healing (1.). Theological and missiological topics implicit in any such healing activity are dealt with in the second part (2.) while the third one presents suggestions for further study of the subject (3.). A summary by means of a slate of theses will conclude this discourse.

### *1. Reasons for taking up healing as a matter of vital interest to the churches*

Virtually all over the world we are confronted with healing phenomena within and outside Christianity. There are the Aladura Churches in West-Africa, the Lumpa Church in East and the Zionist Churches in Southern Africa.<sup>2</sup> We know of the spirit-healers in the Philippines and miracle-working gurus in India resorted to even by numerous desperate Europeans and Americans in the throes of illness. Or take Japan f. i. where to most of the 400 plus »New Religions« or »Modern Religions« (which is the official designation by the government) healing plays an important and constitutive role<sup>3</sup> and just think of the syncretistic cults of Umbanda in Brazil and of Voodoo in Haiti. Today we encounter a confusing multitude of healing movements of every kind, drawing adherents from all strata

<sup>2</sup> See: David B. BARRET, *Schism and Renewal*, Nairobi 1968; H. W. TURNER, *Bibliography of New Religious Movements in Primal Societies*, Vol. I, Boston/London 1977.

<sup>3</sup> Charles B. OFFNER / H. VAN STREALEN, *Modern Japanese Religions – with special emphasis upon their doctrines of healing*, Leiden 1963.



of society and any walks of life: intellectuals and illiterates, unemployed visionaries and highly paid experts, desperate Christians, Muslims, Hindus, Buddhists and those with ties to natural religions and dedicated atheists alongside confessed irreligious people as well. While in Western civilisation modern esoteric movements offer a bunch of so called ›alternative‹ or ›wholistic therapies‹ people in other cultures rediscover their indigenous ways of healing. No doubt, there is a search for compensating the loss of roots and the alienation experienced by many all over. It is the impact of the process of urbanisation which displaces people by drawing them into the cities and urban industrial areas turning apart their conventional ways of living and their established plausibility-structures. All on the sudden they are displaced and often bound to dwell in housings and settlements with people other than their own kind, sometimes being left on the open streets and pavements in a surrounding filled with life threatening forces like traffic, exploitation and crime. Such alienation causes personal frustrations and brings about diseases, most of which to treat adequately scientific medicine is not very well equipped. This makes people look for alternatives if they do not take to drugs or alcohol, sex or crime. They look for joining those who have dedicated themselves to wrestle with these powers of evil and who offer recourse to secure places where to rest peacefully, for some time at least. In experiencing this kind of concern and solidarity the broken ties of community get partly mended. It is to a great extent here where, like elsewhere, many of the African Instituted Churches come into the picture as Bengt Sundkler and in his wake many others have amply documented.<sup>4</sup>

To make it brief: I regard the present interest in and the occurrence of healing as inseparably linked to the global socio-cultural situation at the turn of the millennium. It has, of course, in each case to be critically studied to which extend the different healing movements are reacting to the impact of rational high-tech civilisation (mobility; information) and the ready availability of scientific medicine in particular and to what extent they represent the strive for national, ethnic, cultural and religious identity over against the background of globalisation and secularisation. But it cannot be denied in principle that they actually do mirror this situation directly. High-tech civilisation with the constant acceleration of the pace of change and irritation has brought about a menace on a global scale in a degree not experienced so far by anyone before. All of us are uprooted by the bewildering disorientation of possibilities in modern society and have become uncertain with regard to the plausibility of their own tradition of faith, for we do know that there are other options as well (pluralism; postmodernism).

Saying this does not mean to underrate the seriousness of the complaints and the authenticity of the various attempts mentioned toward restoration of bodily and personal integrity. These are *prima facie* realities with a dynamic of their own. And it is precisely this dynamic which captures the attention of church-members as well as of outsiders. As

---

<sup>4</sup> See f. i. *Bantu Prophets in South Africa*, London <sup>2</sup>1961; *The Challenge of the Independent Churches*, in: *Missionalia*, Journal of the South African Missiological Society, Pretoria, Vol. 11, No. 3, 1983, p. 1ff; *Zulu Zion and some Swazi Zinonists*, London 1976. For further literature see the bibliography in: Christoffer H. GRUNDMANN, *Leibhaftigkeit des Heils*, Hamburg/London 1997, p. 255–298.



we know people are drawn in clouds to healing conventions and it are the healing churches with their ›prophets‹ and charismatics and with their emphatic services and liturgies of concern, which account for the fastest and largest church growth. This is but one of the reasons why many of the churches take interest in the subject. But such interest might not be without problems. For to avail of healing just as a means to foster church growth does not really take serious the suffering individuals nor the very ministry of the church. The church does not rest on healing. It rests on the presence of the living God among his people.

Such an analysis of the widespread interest in healing may unearth yet another problem which has to be addressed in this context too. It might well be that the present interest in healing serves to hide the tendency to escape the responsibility for the broader needs of society as such like the issues of justice, peace and integrity of creation, especially when prayer-healing and miracle-cures become the sole concern. It might well be that members of traditional churches cannot any longer bear the sensitivity towards the ever growing global misery arguing that it is precisely the disastrous or unhealthy condition of the world and its people that has made healing a top priority for them. All laudable efforts to heal may thus turn out to finally be not a really pastoral response to vital needs but the expression of escapist behaviour.

The justification for stating it this way lies in the factual and ready availability of healing nowadays to a degree never before possible. It is by the sensible application of medicine based on systematic and critical observations and by rational pharmacy with its wealth of experience in connection with the establishment of public health care systems, reliable sanitation and numerous institutions dedicated to that effect, that healing is not any longer an extraordinary topic. Since healing has – thanks to God – become an almost common experience in this way one too easily forgets that it is genuine healing indeed which is brought about in hospitals and doctors' consultation rooms. This should not merely be admitted, it should be emphasised if one wants to do justice to the theme. For addressing healing as a challenge to the church, one has to acknowledge the existence of Christian hospitals and institutions of care in which committed doctors, nurses and therapists work dedicatedly for the healing and mending of injured bodies and comforting broken people. By providing the funds and other means to carry out this ministry a number of churches have taken the challenge indeed, albeit in a particular way only.

So far this analysis of the churches' interest in healing has just identified some more general issues emerging from the confrontation with the disastrous situation of the times. The focus should now be on issues which affect the very selfperception of the church and which are more vital to her. The necessity to do so arises from the biblical commission to heal (Mt. 10:8; Lk. 10:9) as well as from the apparent presence of charismatic healers and prayer-healing groups within her fold.

There is an argument among scholars as to the binding authority of the biblical texts in question for today's Christians. Some say, and this conviction was held for a long time by many theologians until recently, that the mandate to heal was given by Jesus Christ to his twelve disciples only and not to all of their following. It is historically conditioned and



confined to the ministry of the Apostles. The present day church therefore should not take to it. She should heed to preach the Gospel – and nothing but it – instead. (The disinterest in missions has been – and sometimes is still being – argued for likewise.) Others take it for granted that the power to cast out demons and to heal the sick once given to the disciples by their master was endowed to the church in principle for the disciples just represent the very foundation of the church. It is beyond our scope to now discuss these exegetical questions and the underlying hermeneutical issues here. The intention of just mentioning it is to identify hidden hurdles which cause difficulties in any discourse on the subject within Christian circles and among theologians showing that all those who advocate healing as a genuine ministry of the church as well as those, who do not take this for granted cannot avoid to tackle the phenomenon at all, for healing is an authentic topic of Scripture and it abounds within the church.

Recognising the situation it is beyond doubt that the established churches and their hierarchies have severe difficulties in dealing with charismatic contemporaries who are acknowledged as healers by the public. To cite some examples: in June 1986 the Ecumenical Press Service (EPS) passed on the following information from Kigali: »Rwanda's Roman Catholic Bishops have issued a statement disapproving of the healing activities of 22-year old Eugenia Mukakalisa. The Bishops say her healing gifts are ›dubious‹, object to the title ›mukiza‹ (saviour) supporters have given her, and warn about poor sanitary conditions at Coko, where she is based. ›Christ cannot approve of such disorder‹, the bishops say, asking Christians to be ›very cautious of people who pretend to have supernatural visions or to be invested with a divine mission ... The woman began her healing activities in April 1985, after, she said, she heard Jesus and his mother speaking to her. ... crowds continue to come to Coko, though they are smaller than before the Bishops' negative advice.«<sup>5</sup>

This document speaks for itself. And it is not the only such case in the Roman Catholic Church. The by far more public one is that of the former Archbishop of Lusaka, Zambia, Emanuel Milingo. »In 1973 – responding to the desperate spiritual needs of Zambia's ›first century Christians‹, still deeply imbedded in traditional spirituality – he discovered in himself special gifts for healing and driving out evil spirits. These gifts, he has always maintained, were rooted only in the complete dedication of his life to Christ. His healing sessions drew vast crowds and achieved astounding results – but soon he was accused of unorthodoxy, of neglecting his ›normal‹ archiepiscopal duties, and even of immorality and dishonesty. After being summoned to Rome and subjected to intensive investigations he resigned his see. His loyalty to the Church has remained consistent, and today he is a special delegate to the Pontifical Commission on Migration, Refugees and Tourism.«<sup>6</sup> Having become closely associated with the Charismatic Movement in the meantime he now conducts extra-mural healing services at Rome attended by thousands, mainly Europeans.

<sup>5</sup> EPS 86.06.33.

<sup>6</sup> E. MILINGO, *The World in Between – Christian Healing and the Struggle for Spiritual Survival*, London 1984, front flap and pp. 1–13.



The situation in the Protestant Churches looks nearly the same: because the missionaries of established European churches and North-American denominations failed to meaningfully address and resolve the problems caused by the clash of indigenous cultures with modern civilisation, of which they were a part themselves, the African Independent/Indigenous/Instituted Churches (AICs)<sup>7</sup> stepped into the breach. Linking the proclamation of the Good News to questions of national, cultural and religious identity and attending to the bodily and spiritual needs of their people God's caring love became self-evident and immediately plausible to all around. Rooted in the tradition set by Christian missions they developed an ecclesiastical model of their own being more authentic and genuine African.<sup>8</sup> It consciously incorporates indigenous ways of problem solving while the average missionaries banned in principle as heathenish all that had to do with spirit and spirit-possession. But it is too simple to ascribe this conflict as just resulting from the ›clash of civilisations‹ (Samuel P. Huntington) only for it were not just the foreign missionaries but the first generation Christians as well who saw no other means to express the total newness of the life brought about by Christ than by radically doing away with all traditional elements. To interpret the task of proclaiming the Gospel as a call for inculturation is a typical feature of second and third generation Christianities.

If one surveys church-history one is surprised to find that there have been several attempts already made to adopt and integrate indigenous ways of living and of problem solving into regional churches throughout the history of Christian missions; I just refer to the Jesuits in China during the 17<sup>th</sup> century unfortunately leading to the protracted struggle of rites. Various ways were tried at different places to let the church become more indigenous showing that it need not necessarily result in the establishment of an independent church body even when it comes to healing as in the case of the Lutheran Church of Madagascar. In this church charismatic healings are accommodated by the institute of officially appointed ›shepherds‹ or ›shepherdesses‹ who are present at every service in order to attend to exorcism or the laying on of hands whenever this is asked for or seems appropriate. But the church authorities while they tolerate this on account of pastoral concern admit that they don't feel easy about it. In such a situation it only needs a spark – often an ethnic or political conflict – to ignite the process of separation from the mother church as has happened in other parts of Africa: Zaire, Nigeria or in most of the southern African countries. This fear might well be justified in light of the recent African church history. But what is this fear made of? Why fear at all? Does one fear loss of power and influence? Does one fear the church coming about this way? The rising of the African Instituted Churches of which we count several thousands by now<sup>9</sup> – might it not

<sup>7</sup> For the matter of terminology see D. BOSCH, Editorial, in: *Missionalia*, Journal of the South African Missiological Society, Pretoria, Vol.11, No. 3, 1983, p. 2; St. HAYES, The African Independent Churches: Judgement Through Terminology?, in: *Missionalia*, Vol. 20, No. 2, 1992, S. 139–146.

<sup>8</sup> See: E. LARTY / D. NWACHUKU / K. W. KASONGA (Ed.), *The Church and Healing – Echoes from Africa*, Frankfurt 1994.

<sup>9</sup> D. B. BARRETT, *World Christian Encyclopaedia*, Nairobi 1982, p. 815, counts 5.980 in 1980 already. Twenty years later the figure has gone up definitely, but we don't have a detailed enough survey available as will be seen in:



be a vivid sign of the awareness of African self-esteem and trust and confidence in God to help finding the own place within the Church universal?

But to reduce the hierarchical difficulties in coping with healing phenomena – and we assume for now, that these are genuine charismata and not fake demonstrations or outcome of spiritually embellished individualism or the sublimation of a power-play – to reduce the difficulties mentioned to a mere conflict of hierarchy and charisma does not do justice to the problem. Behind the ecclesiastical uneasiness in going about with healer charismatics and their flocks as well as behind the ecumenical anxiety in recognising healing churches lie some very intricate theological problems indeed of which only a few should be highlighted in the following.

## 2. *Healing theologically interpreted*

Healing is, as seen, a universal phenomenon testified to by every people at any time and all places around the globe having taken on peculiar momentum in the twentieth century. It cannot be confined to isolated regions nor to particular religions nor to specific societies or cultures. Often experienced as the ›miraculous‹ recovery of strength after a time of weakness and disease by the individuals, a life-supporting, nay: a life-creating power expresses itself in the process of healing on which the indigenous healers depend as well as the heart-surgeons as being the decisive element for the failure or success of their treatments. This dependence actually is the reason for the religious dimension of all healings irrespective of the way in which they get explained and made plausible afterwards. Therefore if healing is claimed to be the outcome of a genuine testimony to the living God it has to be interpreted in light of Christian theology.

It is the universality of the phenomenon from which all the respective theological reflection has to depart. One consequently has to refer to the loci of creation and the fall, which in dogmatic terminology is called *harmartiology*. In the Judeo-Christian tradition life is perceived as God's good creation beyond Paradise due to the human hubris to become like God. This has caused the deterioration encountered all over and brought about pain and death to all. Nonetheless Christians confess that the very world they live in is still willed by God. Referring to creation then does not mean to appeal to lovely memories of old but to witness to the presence of the living God here and now. It is in this way that creation becomes a genuine article of faith, for God's presence in our world has indeed to be believed in face of the staggering threats of life. Speaking strictly theologically: while sickness is interpreted as the outcome of the fall threatening life, healing is perceived of as counterbalancing such threat in a life-affirming manner. This counterbalancing expresses itself in the apparently life-sustaining power which might well be understood as yet a new creative act of God, as an expression of the *creatio continua*.

---

D. B. BARRETT / G. T. KURIAN / T. M. JOHNSON, *World Christian Encyclopaedia: A comparative survey of churches and religions AD 30 – AD 2000*, which will come out in spring 2001 by Oxford University Press, 2001.



This being but the general starting point for all theological reflection on healing only. Next the cognitive faculty and the ambiguity of all things entailing the grave possibility of misinterpretation of phenomena (see Ro. 1,18f) common to all humans has to be addressed, thereby focussing on epistemological questions, especially with regard to diagnosis and therapy of illnesses.

Different medical systems are expressions of different approaches to handling suffering and disease. Their various interpretations of diseases is not just a matter of differences in words. It is a matter of entirely different life-perceptions. It makes a severe difference indeed if demons are responsible for the cause of an epidemic or if it is the unhygienic conditions of a particular place due to poor sanitation and the irresponsible disposal of waste. While the latter permits one to actively fight against the root causes the other perception demands the function of a witch-doctor to identify the evil causing one, sparking off pitiless witch hunting. Take the case of a goitre which according to certain West-African cultures is diagnosed as ›witch disease‹ and not as ›iodine deficiency‹ as according to scientific nosology. While people suffering from ›iodine deficiency‹ get enabled to compensate it pharmaceutically people suffering from such a ›witch disease‹ become the scapegoats of their particular communities being accused and finally driven out for the sake of others.

What applies to diagnosis holds good for therapy as well. To safeguard the success of any therapy the compliance of the patients with the suggested treatment is essential. It is of vital importance therefore to know the actual agent which has brought about healing, for this will become the point of reference which the new phase of life is oriented towards in order to remain safe from further harm. What than is healing attributed to? Has it come about by the ›wonders of modern medicine‹? Did it come about by the ›bodys capacity to heal itself‹? Or by one's own ›mental energy‹? By ›nature‹? By a superior ›spirit‹? Or has healing been granted by a personal God who willed to sustain the acutely endangered life of an individual here and now? Dependent on the respective plausibility people will revere ›nature‹ afterwards more than before. Or they support the activities of a particular healer or submit under the commanding power of a new, more potent spirit than before. But when people take the healing they have experienced as a gracefully granted prolongation of their life by the living God they turn this experience into a personal call to which they ought to respond authentically.

No doubt, healing has a certain revelatory quality, but of what kind? It actually is this issue which accounts for the severe difficulties established churches and theologies have in handling healing. Does not healing appear as an additional source of revelation alongside the Word of God, which is, after all, supposed to be preserved and protected from corruption and distortion by the church and by theology? Moreover, this new source of revelation, which gushes forth unhampered appears to have a compelling persuasive power for the masses due to its simple, personal immediacy and conspicuous concreteness, not needing further explanation. It is not just by incident that the healing churches place so much emphasis on the physical experience of the efficacious presence of God but hardly any value on doctrine or formal theology. Thus their independence and the autonomy of



charismatic healers call the sole authority of existing hierarchies into question. This causes conflicts and explains much of the often seemingly helpless official church reactions to such healings (which, after all, are mostly reported by lay people).

If Origen is right in stating that »Nothing divine is revealed in the power to heal the sick in and of itself« a more exacting and precise interpretation of healing is needed. Healing becomes explicitly Christian only when perceived as a potential encounter with salvation and redemption. To say this implies to speak about God's revelation in Christ, because it is only in him that we do know of God's determined love to humankind. Thus salvation is present wherever healing is experienced, how fragmentary whatsoever. But that this potential encounter with salvation gets actualised and becomes an existential one does not happen all by itself. It has to be articulated by those knowledgeable about it, it has to be witnessed for. This requires the proclamation of the Gospel, the telling of the story of salvation culminating in the cross and resurrection of Jesus Christ as God's compassionate love for humankind going beyond the limits of death. It is not just by incident that the Church-fathers of the Early Church availed (among others) of the metaphor of »Christ, the Physician« (*Christus medicus*) frequently thereby interpreting salvation as a cure towards life eternal stating that temporal healing and eternal salvation converge in Christ, – and in him only. His ministry brought about reconciliation with God, the source of all life, of which healing was but a sign.

Besides reconsidering creation, the fall and salvation one has to take yet another aspect into account when reflecting upon healing in a theologically responsible manner. Something very odd enters the picture, something normally not associated with healing, namely: congregation building. Healing, observation shows, builds congregations. This holds good not just for religious healing activities but for the secular healing movements as well, take homeopathy, herbal medicine, anthroposophic medicine, chiropractic, holistic medicine or academic medicine f. i. A war of faith is raging between the various camps which is every bit as fierce in its anathematas (or condemnations) as the one waged during the time of the Reformation, a war prosecuted with more refined methods of course. But why all this doggedness?

Healing – and this holds true for every kind of healing, it merely becomes particular obvious in the classical borderline cases of so-called miracle or faith healings – healing is an observable physical and empirical reality, which, however, can be objectivized to a certain extent only. Healing is »attested«, whether (to present two extremes) by the person affected on the basis of regained strength feeling healthy but who still is declared to be ill by the attending physician and nurses on the basis of laboratory data or by the experts who may declare their patients healthy while these feel very ill still. The reason that self-perception and medical assessment can diverge to this extent is that plausible explanations and comprehensible interpretations of healing are by no means compelling. And it is due to such testimony that healing movements take on confessional character. This makes for their community-building and calls for a sober minded pneumatology in order to enable a careful discernment of spirits.



The demand for a discernment of spirits must be made emphatically here, because many of the much-praised healing procedures do not live up to what they promise. They often turn out to the contrary. They destroy life, affecting both the lives of individuals as well as the life of communities. This is why in particular cultures, as already mentioned earlier, whenever illness occur terrible fear within a potential circle of persons is triggered of whom each one might suddenly be found guilty having caused it. And what about when modern scientific medicine is left to its own devices treating human birth and death as mere technical processes? In cases like such, discerning the spirits means nothing other than maintaining the necessary critical awareness when faced with the claims and realities of healing activities, be they indigenous or scientific. All such activities have to be questioned against the background of their claims, which have to be evidenced based of course. This is but one important field of exercising the discernment of spirits.

Another such field would be the church itself. In this regard the discernment of spirits may prove a very sensitive instrument which, when employed prudently, keeps church authorities from treating healing phenomena exclusively as authoritarian conflicts or as power issues. At the same time it saves them from pronouncing condemnation or declaring heresy too easily. All church authorities threatened by the uncontrollable masses drawn to healing services and the like should ask if the charismatics and the miraculous healings reported further or hinder life. Such knowledgeable discernment of spirits would liberate them to become truly unbiased. Hence healing cannot be adequately reflected upon in bypassing pneumatology.

Talking about pneumatology one certainly has to address the question of charisms as ›gifts of the Holy Spirit‹ which Christian healers often claim to have been endowed with. As already noted: people endowed with genuine spiritual gifts pay hardly any or no heed at all to institutions and ecclesiastical regulations. But: since they cannot be regimented they should be integrated, as once was the case in the congregation at Corinth (see 1.Cor.12). And remember the small incident in Mark 9,38ff where John, the Apostle, remarked: »Teacher, we saw a man driving out demons in your name, and we told him to stop because he was not one of us.« To this Jesus replied: »Do not stop him. No one who does a miracle in my name can in the next moment say anything bad about me.« This way of integrating the healing charisma puts a real challenge, for it carries with it a powerful critique not just of existing church structures and policies but of the established perception of the ministry of the church as well. Thus healing may well serve as an appropriate yardstick for the very credibility of the Good News. It protects the proclamation of the Gospel from false spiritualisation by binding it to the concrete and incarnate side of life. Why not interpret the command to heal (Mt.10,1; Lk. 9,1; 10,9) as the actual unfolding of the great commission in incarnate and embodied reality? To quote a lovely phrase of Tertullian (ca. 160–220 A.D.) from his treatise on ›The Resurrection of the Flesh‹: »The body is the pivot of salvation« (caro cardo salutis; c.viii, 6). Christian witness is a call to authentic incarnateness, for the church has to follow her Lord, the eternal Logos, the Word of God that truly became flesh and embodied. Such authentic incarnateness will entail the rediscovery and reshaping of the received forms of liturgy and sacraments, of service and worship, I am sure.



But despite all enthusiasm about this vision one dare not forget that healing is not something one can dispense at will. Healing cannot be granted for sure, neither by modern scientific medicine nor by *ngangas*, *shamans* or *medicine men* nor by laying on of hands or by prayer. Healing is always expected and hoped for trusting that the experts do their very best to let it come about. But in the end all depend upon the reorganising power of life in the diseased and broken body. And precisely this all decisive element is not at the disposal of humans.

Healing prevents untimely death, no doubt, but not death as such. It is a certain prolongation of life providing some more opportunities to live out what it means to be human. According to Christian interpretation healing is a sign of the kingdom of God (see Lk. 10,9) and as such anticipating the eschaton, meaning: it is a foretaste of what God wants to do finally to all, even to those who do not enjoy it now. It is a foretaste only. Christians have to witness for the living God, but they do not dispose over healing as a powerful demonstration of salvation. As soon as they try to do this their faith turns into religious power-play making healing a means to an end which is not geared toward honouring the living God.

Christians should not attempt to manipulate the revelation of God. They are called to witness for this revelation, and nothing but this. In consciously acknowledging this Christians truly allow God to be God. They do not only gratefully recognise healing as such when it is granted but bear with suffering people when that which these long for does not take place. There does exist a chasm between the explicit claim of the Gospel – Jesus healed all kind of diseases and the disciples were sent out to do the same and it is promised that there will be no pain and disease any more finally (see Rev. 21,3f) – and the healings experienced by many, but unfortunately not by all who desire it. Recalling the little incident in the Gospel according to Mt. one notes that already the first disciples had to bear with such an experience. The disappointed father of the epileptic child complained to Jesus: »I brought him to your disciples, and they could not heal him« (Mt. 17,16). It is the eschatological horizon only which enables people to cope with this situation without helplessly giving in for it makes them aware of what really and realistically can be achieved here and now and what can not. This frees them from paralysing resignation and all false enthusiasm. Eschatological awareness motivates Christians to cater to the needs here and now in order to sustain acutely endangered life without attempting to become like God.

To sum up: responsible theological interpretation of healing calls for a revision of the whole of established Christian theology. It touches upon the perception of creation and revelation, the understanding of the fall and the human being (mainly in view of its embodiment; anthropology), incarnation, the person and ministry of Jesus Christ (Christology) and of ecclesiology, pneumatology and eschatology. Hence if healing is taken seriously it compels one to rethink theology all over anew. Nothing less. This is a huge task indeed, which may well explain why theologians try to avoid to address it.

But how to go about?



### 3. Studying healing in the ecumenical fellowship

The presence and vitality of healing within the ecumenical fellowship has made healing a top priority for ecclesiological, pastoral and theological considerations. At the same time it is this ecumenical fellowship which holds all the potential for successfully handling such a huge task. The broad variety of cultures, languages, rites, liturgies and creeds represented within it is a unique chance, posing particular difficulties though. But once these difficulties are identified there is good reason to expect a meaningful interaction and a furthering of the common concern.

It would be necessary to compile a kind of survey on the healing activities present within the various churches enabling a fact based stock-taking on what is actually going on. Such stock-taking should be assigned to a group of people within the different churches (if possible assisted by scholars) receiving some advice as to the mode and format of such reporting. This activity should be co-ordinated by someone preferably linked to the Mission and Evangelism desk of the WCC or any other ecumenical body at Geneva, Rome or elsewhere with a global perspective. Once sufficient material is at hand a respective directory may be published, a directory which ought to be updated regularly. This not only helps identifying the various and manifold healing activities within the churches. It enables networking and communication as well.<sup>10</sup>

Parallel to such an inter-church based collection of data some suitably placed academicians and librarians should work on a representative multilingual and interdisciplinary bibliography on the topic in print or digitalized form, the systematics of which have to be developed in the process, making ample use of what has been done so far elsewhere with regard to the subject. Sections may comprise the various countries, cultures, churches, activities, therapeutic milieus, methods employed, the relevant functionaries, the diseases reported to have been cured and so on. The bibliography as well as the directory will serve as valuable databases which when availed of intelligently may yield insights not to be gained otherwise. Such material also helps the churches – and all others interested in the subject – to draw on reliable information.

Reliable information is indeed one of the long standing desiderata when studying healing, especially when it comes to the point of gathering the relevant data. It were medical anthropologists who observed in this regard: »Anecdotes often substitute for hard data. ... Many of the ›proofs‹ of the effectiveness of popular treatments are of [a questionable] validity. Before convincing answers [on healing] can be given, we need much more complete data and, especially, good case examples in which the level of sophistication in analysis and conclusion drawing is superior to [what normally is being offered].«<sup>11</sup>

<sup>10</sup> To achieve this one may approach David B. Barrett at Regent University (Virginia Beach, Virginia US) f. i. and avail of the material at hand in like minded institutions and/or the internet (take f. i. the ›church search engines‹ webpage prepared by the WCC at: <http://wcc-coe.org/wcc/links/search.html>). That will save on money and speed up the process.

<sup>11</sup> G. M. FOSTER / B. G. ANDERSON, *Medical Anthropology*, New York 1978, p. 126.



This critique applies to much of the missiological and church material as well. In order to arrive at reliability here a certain and definite format of reporting has to be established which takes conscious notion of the deficiencies found in the former acquisition of the respective information. Doing this one need not start from zero. One thereby may, for example, draw on the criteria which are employed by the ›Bureau Médicales‹ at Lourdes, France, when being asked to judge a miraculous healing as such.<sup>12</sup> The demand for a medical certificate to the effect that the patient suffers from a manifest disease before treatment is sought is one of such criteria; another one being that once patients testify that they have been healed they have to submit yet another such document stating that they actually did recover and stay well still.

While these sound fairly reasonable criteria one immediately encounters difficult problems when it comes to the question of intercultural hermeneutics. Some of the most important issues coming up here are addressed by Foster and Anderson in their ›Medical Anthropology‹ when they state: »The efficacy of a medical system is not easily evaluated; there are no universally agreed on units to be measured, and the personal biases and expectations of those who evaluate may differ greatly. There is not even agreement as to what is being judged. ... Insofar as the effectiveness of specific therapies is concerned, we also have poor data.«<sup>13</sup> This raises the question of how to achieve high quality data and compatibility of healing records. The preparation of respective concordances of the terminologies used may certainly be one way to achieve this goal. Such effort should concentrate on the essential semantics first. What actually are the terms used to describe ›healing‹, ›disease‹, ›illness‹, ›treatment‹ and so on in the various cultures? What precisely is the meaning of ›witch disease‹, of ›exorcism‹, of ›miracle cure‹ and the like? To raise these questions does not mean to expect definite answers to be given once and for all. No such answers will be possible to arrive at, save probably on the meta-theoretical level. What is intended instead is to keep the quest alive in order to come to a mutual understanding besides remaining alert of the significant differences and varieties.

Another way of working toward compatibility of data and semantics would be the encouragement of respective field-studies and in-depth-studies of interdisciplinary design. They could be carried out by concentrating on different regions, churches and the various aspects of the manifold healing activities. Co-operation with social anthropologists and especially the dialogue with the medical establishments ought to be sought. Otherwise the respective efforts are endangered to be stigmatised as something exotic and mysterious, or, to be more outspoken, to be irrelevant for most of the educated public. Avoiding this dialogue means to submit to such marginalization and to implicitly justify the charge instead of challenging the critiques. On top of this one has to be aware that hardly any clinician will easily be inclined to engage in such a dialogue as the medical anthropologist Arthur Kleinman has pointed out: »For researches in clinical medicine healing is an embarrassing word. It exposes the archaic roots of medicine and psychiatry, roots usually

<sup>12</sup> 1, Avenue Monseigneur Théas, F – 65108 Lourdes Cedex, France.

<sup>13</sup> Ibid. p. 124f.



buried under the biomedical science facade of modern health care. It suggests how little we really know about the most central function of clinical care. It resonates too well with the criticisms levelled by patients and consumers generally at modern health care. It raises questions that deal with human values, and meanings not easily reduced to technical problems that can be answered with simple biological explanations. And it strips away the illusion that biomedical research is the only scientific approach to health care problems. Instead, the question of healing makes it apparent that much of clinical science can only be approached from the perspective of social science.<sup>14</sup>

Knowing this, conscious attempts have to be made to get the medical establishments fully involved in this quest from the outset, which requires a high degree of interdisciplinary competency. It would be too optimistic to expect this happening all over. But it is mentioned here in order that at least some may identify this as their particular area of concern.

Finally: what is the expected outcome of all such efforts? Would it culminate in the construction of a ›theology of healing‹? I very much doubt and would strongly advise against any such attempt. While healing might well be interpreted along theological lines, as demonstrated above, it is not healing which makes theology. Theology, understood in the strict sense as being the critical reflection of the church, her ministry and the intelligible exploration of the Word of God, theology has to elucidate God's revelation to the world of which healing is but one element. Once theology centres just around healing it narrows down the richness of God's revelation and confines the ministry of Christ to that of the old Asclepius making the *ὁ σωτήρ τοῦ κόσμου* become just *σωτήρ*. One should instead strive to work for an unbiased theological attitude toward healing and for the integration of respective activities into the ministry of the churches wherever possible; and to attain this would mean to achieve much.

In conclusion I draw a brief slate of theses for the furtherance of the missiological discourse on healing:

- Healing is not a specifically Christian topic or issue in and of itself.
- Healing today is available to an extent previously unknown in all of human history thanks to rational, evidence based medicine, pharmacology and therapy founded on the principles of natural science.
- The challenge of interpreting healing in Christian terms is put by the healing ministry of Jesus and the biblical mandate (Mt. 10:8; Lk. 9:2; 10:9) as well as by the contemporary abundance of healing phenomena within and outside the ecumenical fellowship of churches.
- Healing may well serve as an appropriate yardstick for the credibility of the proclamation of the Gospel, stressing the experiential aspect of the Good News.
- Healing can well be understood and interpreted according to Christian theology if the doctrine of Trinity is fully taken into account.

<sup>14</sup> A. KLEINMANN, *Patients and Healers in the Context of Culture*, Berkeley-Los Angeles-London 1980, p. 312.



- Taking healing seriously means to be prepared to face implicit critique of the medical, theological and ecclesiastical establishments.
- The declared task is not to establish a ›theology of healing‹ but to foster an unbiased acceptance of healing by the churches and its sober minded reflection by theology.

*Zusammenfassung:* Anliegen des Artikels ist es, die theologischen, ekklesiologischen sowie missionswissenschaftlichen Herausforderungen von Heilungen und Heilungsbewegungen aufzuzeigen. Im ersten Hauptteil werden die Hintergründe für das auffällige, aktuelle Interesse an Heilung analysiert. Das globale Auftauchen mancherlei Heilungsbewegungen innerhalb wie außerhalb der Kirchen wird als Reaktion auf die rasanten sozio-kulturellen Umwälzungen verstanden, die mit der technischen Zivilisation überall einhergehen. Dabei wird die Faktizität von Heilungen nicht geleugnet, wohl aber der naive Anspruch problematisiert, als handle es sich dabei stets um den Beweis der Präsenz einer übersinnlichen Kraft. Ebenso wird darauf aufmerksam gemacht, dass bei aller Euphorie jeweils nüchtern und kritisch zu fragen ist, ob es sich bei dem Engagement um Heilung nicht um eine eskapistische Ablenkung von anderen relevanten Problemen wie z.B. Gerechtigkeit und Frieden handelt. Dass Kirchen und Theologie über die bloße Aktualität des Themas hinaus ein authentisches Mandat haben, sich dem Phänomen der Heilung anzunehmen, ergibt sich aus dem biblischen Befund sowie aus mancherlei Problemen lokaler Kirchenleitungen (vor allem in Übersee) mit Heilerpersönlichkeiten. Allerdings wäre es nicht zutreffend, die hierarchischen Schwierigkeiten allein auf machtpolitische Konflikte zurückzuführen. Sie gründen nicht zuletzt auch auf einem verkürzten theologischen Verständnis von Heilung. Der zweite Hauptteil legt dar, wie eine theologisch angemessene Deutung von Heilung außer der Anthropologie vor allem die Schöpfungslehre, die Harmartologie, die Soteriologie, die Pneumatologie, die Ekklesiologie sowie die Eschatologie zu berücksichtigen hat oder kurz: im umfassenden Sinne trinitätstheologisch ausgeführt werden muss. Das bedingt letztlich nichts anderes als eine Revision der konventionellen Theologien. Jedoch kann es dabei nicht darum gehen, Theologie fortan als »Theologie der Heilung« zu entwerfen. Gerade davor wird im dritten Hauptteil, in dem praktische Schritte zur Bewältigung der damit gestellten theologischen Herausforderung angezeigt werden, ausdrücklich gewarnt. Anliegen ist die Gewinnung eines möglichst vorurteilsfreien theologischen wie kirchenpolitischen Umgangs mit dem Phänomen Heilung, wo immer es auftritt.

*Summary:* In this article the author explores the theological as well as the ecclesiological and missiological challenges of healings. In the first part the background of the present interest in healing is analysed. Its global appearance within and outside the churches is interpreted as a reaction to the terrific speed of socio-cultural changes brought about all over by modern civilisation. Not denying the fact of healing as such it is the naive claim of healing as a demonstration of the presence of some supernatural power which gets contested, while at the same time sober-mindedness with regard to any euphoric support of healing activities is demanded, for this might well serve as an excuse not to address other important and burning issues like justice and peace. Beyond that it is argued that churches and theology do have an authentic mandate to care for healing due to the biblical witness as well as to the many healing activities within present day Christianity, especially overseas. The second part unfolds a theological interpretation of healing showing that besides anthropology it is creation, harmartiology, soteriology, pneumatology, ecclesiology and eschatology which have to be considered in such an undertaking as well, or, to be brief: a theological valid interpretation demands



a thorough trinitarian rewriting of most of established theology. The aim is not to bring about a ›theology of healing‹. This is explicitly advised against in the third part, in which practical steps on how to master the challenge are being presented. Finally the aim of the article is the achievement of theological open-mindedness toward dealing with the phenomenon of healing wherever it is encountered.

*Sumario:* El artículo quiere mostrar los desafíos teológicos, eclesiológicos y misiológicos de las curaciones y movimientos curativos. La primera parte analiza los motivos del especial interés que despiertan hoy las curaciones. La irrupción global de ciertos movimientos curativos dentro y fuera de la Iglesia es interpretada como una reacción a los rasantes cambios socio-culturales que conlleva la civilización técnica. No se trata de negar la facticidad de las curaciones, sino de problematizar la ingénua pretensión de que se trate siempre de un signo de la presencia de una fuerza transcendental. A pesar de la euforia que despiertan las curaciones, es necesario examinar de forma serena y crítica si la acción curativa no significa una evasión de otros problemas importantes como p.e. la justicia y la paz. Por encima de la mera actualidad del tema, las iglesias y las teologías tienen una auténtica obligación de ocuparse del fenómeno curativo, como se desprende tanto de la Biblia como de ciertos problemas de las jerarquías de iglesias locales (sobre todo en ultramar) con algunas personalidades de curanderos. No sería justo reducir las dificultades jerárquicas a conflictos con el poder político. Se deben también a una estrecha visión teológica del fenómeno curativo. La segunda parte muestra que una interpretación teológica adecuada del fenómeno curativo debe tener en cuenta no sólo la antropología, sino también la doctrina de la creación, la harmartología, la soteriología, la pneumatología, la eclesiología y la escatología, es decir que debe ser una interpretación trinitaria en el amplio sentido de la palabra. Esto implica finalmente una revisión de las teologías convencionales. No se trata naturalmente de reducir la teología a la »teología de la curación«. Precisamente la tercera parte, en la que se presentan pasos prácticos para asumir el desafío teológico mencionado, llama la atención sobre dicho peligro. Se trata más bien de llegar a una visión teológica y eclesiológica del fenómeno curativo que sea lo más imparcial posible.