SPIRIT AND HEALING IN AFRICA

A REFORMED PNEUMATOLOGICAL PERSPECTIVE

Deborah van den Bosch-Heij

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It feels like this work has been written multiple times in the past five years. I'm not referring here to the numerous revisions of the chapters of this study, but to my various attempts to establish a link between Spirit and healing in Africa from a Reformed perspective. Exploring this link was like wandering through a huge and impressive building with beautiful chambers, their doors wide open to anyone curious to see what is happening inside. Often, I was attracted by the crowd of people already present in the room and deeply involved in debates on the Holy Spirit. I thoroughly enjoyed being a witness of the deliberations of wise women and men, who seek the ways of the Spirit. Often, I was also encouraged by the accompaniment of others, suggesting to coming along and visiting also the next room. Sadly, there were also times that I had to walk past an invitingly open door, just because I had to stay on track. This study is the result of my wandering through the building of Spirit and healing. I realise that this account can be revised and rewritten another five times, but I have come to learn that doing theology is meant to be like that. It is an open-ended adventure, because the Holy Spirit always opens closed doors and creates new vistas for us.

When I stood on the threshold of the building of Spirit and healing, Prof. Rian Venter was the one who provided a map to those rooms I could not have found on my own. His vast knowledge of theological and non-theological disciplines prevented me from getting lost. His genuine loyalty to students allowed me to wander on my own, and this is how I discovered the fun of doing research. Furthermore, he is a very generous person, who always has the best interests of others in mind. I have experienced this first-hand, and I truly appreciate Prof. Venter's generosity and guidance.

After I had already spent some time exploring the building of Spirit and healing, Prof. Cees van der Kooi (Free University in Amsterdam) joined this research venture, and also became my supervisor. His expertise on pneumatology and Western systematic theology had a major impact on the second part of this study. I thank Prof. Van der Kooi for his willingness to guide me through the Reformed tradition and to reveal the promise of a pneumatological orientation.

From 2005-2010, I worked as a lecturer at Justo Mwale Theological University College in Lusaka (Zambia) on behalf of KerkinActie, the mission organisation of the Protestant Church in the Netherlands. When I embarked on this research project in 2007, my direct supervisors at KerkinActie were very supportive and never failed to emphasise

the significance of doing contextual theology. The financial support I received in the past year enabled me to direct my full attention to the finalisation of this study. I thank Rommie Nauta, Corrie van der Ven and Hans Snoek (currently lecturer in Old Testament Studies at Hogeschool Windesheim, Zwolle) for their encouragement in words and deeds.

In 2010 and 2011, the University of the Free State granted me a Doctoral Bursary in Theology. I thank the Faculty of Theology for this kind support in my tuition fees.

This study has its origins in the community of Justo Mwale Theological University College. The lecturers and students of JMTUC showed me the relevance of the theme of healing to mainstream theology in southern Africa. They introduced me to questions such as "What do we mean when we say that we expect healing from God?"; "How does God heal?"; "How should we, Reformed believers, approach Pentecostal theologies of healing?" and "How can Reformed believers speak of healing in the present time?" I thank all the staff and students of JMTUC for sharing their experiences of healing and deliverance with me. These stories will go a long way in my life.

When I moved towards the end of my research, I suddenly had to think about the practical implications. Susanna Stout turned up just when I was looking for someone who dared to face the challenge of editing my Dutch English. In a very short period, she managed to correct many mistakes in this manuscript while juggling her family responsibilities. I thank her for improving my use of the English language. The remaining errors in this manuscript are my full responsibility.

My family and friends generally approached the theme of Spirit and healing with a mix of suspicion and fascination. Perhaps that is the appropriate way to approach the elusive work of the Spirit in daily life. I thank my friends and family for this reminder and for their participation in this study in many supportive ways.

Unintentionally and intentionally, my parents Winny Heij-Zacharias and Hugo Heij made a major contribution to this study. They are the ones who stirred my love for Zambia and supported my studies in theology. In the past five years, they provided moral support, books and babysitting services. Without their help, it would have been extremely difficult to reach this point in my development. I thank my parents for encouraging me and for being there when I needed them.

I would like to believe that my children Sarah and Daniel did not experience any inconvenience from my research project, but I cannot say for sure. Daniel will be

surprised when we do away with the abridged versions of the bedtime stories, and Sarah's plans for shopping and watching television together will finally become reality. I thank my children for being so patient, cheerful and flexible while I was busy with my 'book thing'.

What started as an encouragement to feed my interest in the work of the Holy Spirit resulted in my husband's own involvement in exploring the link between Spirit and healing. Henk read every page of every version, challenged my ideas until they were clear enough and celebrated with me every time I had finished a chapter. Our relationship proves to me that it is true that relationships are the source of healing. Thank you for being who you are.

Glory to the Triune God, the Father, the Son and the Holy Spirit!

INTRODUCTION

1. RESEARCH BACKGROUND

There is a great need for healing in Africa. This need is in itself no different elsewhere in the world, but it is greatly determined by the involvement of *religious* communities and traditions. Faith communities and religious institutions play a major role in assisting African believers to find health, healing and completeness in everyday life. In fact, it is generally expected of religious institutions that they guide believers in word and deed in their search for healing, and lead the way to deliverance from suffering and affliction. Their involvement can be explained by the fact that therapeutics in Africa is not confined to the hospital-based medical practitioner (Patterson, 1981:28; Ranger, 1981:267; Ekechi, 1993:298; Bate, 1995:15; Good, 2004:10; Kabonga-Mbaya, 2006:188; Kalu, 2008:263; Rasmussen, 2008:11).

However, churches founded by missionaries seem to fail in addressing the believers' needs for healing. One explanation for this omission is found in the historical background of the missionaries themselves: they were heavily influenced by scientific medical discoveries in nineteenth century Europe, so that theology and biomedicine grew apart and became two clearly separate disciplines. In the modern era, science became the prevailing model that allowed people to approach society with an objective, critical, and progressive frame of reference. The implication was that science and medicine challenged religion in making sense of human existence, and that their cultural authority sped the medicalisation of life and death (Porter, 1997:302). In embracing modern medicine and supporting its expansion for the benefit of global health, mainline theology added other perspectives to its view on human existence. Missionary churches assimilated biomedical perspectives on healing and treatment, and accepted a clear division between body, mind and soul.

The result of this dichotomy is illustrated in the fictional tale of Grace Banda,[1] a member of the Reformed Church in a Southern African country. Grace Banda's husband passed away four years ago, after a prolonged illness, and she was left with their three children, two daughters and a son, all in their late twenties. Between them, the two daughters

1. Grace Banda is a fictitious person, who represents the many female as well as male members of the mainline tradition in southern Africa. Everything described here in relation to Grace Banda is based on personal stories of people whom I met during my stay in Zambia, Africa. An additional source is the article by Noerine Kaleeba, 'Excerpt from *We Miss You All: Aids in the Family*', in Kalipeni, E. *et.al*. (eds.) 2004. *HIV and Aids in Africa. Beyond Epidemiology*. Malden: Blackwell Publishing; 259-278. The person of Grace Banda will return in the second part of this research.

have five children, and all eight children and grandchildren live together with Grace in her home. She is now the sole breadwinner, since the daughters and son have failed to find jobs due to high unemployment. Their only income comes from the sale in the local market of maize and tomatoes, which they grow in a field outside the compound. Last year her oldest daughter passed away after she contracted Aids, known simply as 'the disease'. She suffered a lot of pain. A few months ago, Grace Banda found out her own disease status. She had seen the campaigns on television offering free HIV-testing and counselling, and the slogan 'know your status' written on hoardings and on the side of public busses. Even her grandchildren learn at school about the risks of unprotected sex, through the ABC-campaign.[2] So one day Grace went to one of the clinics in town that offered free testing and counselling, because she had heard people, including the church minister, say that one should know one's status; then at least one could if necessary, take action instead of becoming a victim of one's situation. The clinic was well organised and Grace received the attention and the counselling that she needed to pick up the pieces of her life after hearing that her test was positive. She is now part of the antiretroviral distribution programme and receives appropriate medicine to stop further progress of the virus.

As a member of the Reformed Church, Grace Banda goes to church every Sunday, and to every gathering of the women's fellowship. There she is surrounded by people who recognise her struggle for life, although she has never told anyone about her status for fear of being stigmatised. In these communities Aids is never mentioned, people refer to it simply as 'the disease', or they disguise it with the label of malaria or tuberculosis. Church life makes up an important part of Grace's life, since being a Christian believer defines her identity in everyday life. Yet, Grace is aware that her desire for healing and her questions about illness, suffering and death do not receive any attention in congregational practices. From the pulpit, the minister explicitly warns the congregants never to go to an African doctor, since their therapeutic rituals are connected to the devil, witchcraft and black magic. Some of Grace Banda's friends have attended a Pentecostal church when they needed a cure for a physical or spiritual affliction, but she does not know much about the healing practices of Pentecostals. She has heard that some healing rituals have their origin in the Scriptures, but her minister says these are closely linked to African traditional healing rituals. In the Reformed Church, Grace Banda hears about sanctifying her life, about living a God-pleasing life. But how does

2. '*Abstain* from sex. *Be* faithful. Use *condoms*'.

her illness fit in? Every day she prays to God for assistance, for with the help of God she will persevere. Only God knows what will happen to her in this life. Still, is this all that can faithfully be said about her existence and her status? Does the Bible not describe Jesus performing miracles, even how He raised a human being from the dead? How then does Reformed theology relate her illness to God's message of grace and healing? Where does she, with a virus that will never leave her body, fit into God's love? What theological support does Grace Banda receive in order to connect her clinical status with the call to place her life under the will of God?

2. RESEARCH PROBLEM

The purpose of introducing Grace Banda into this study is to present the task of Reformed theology in southern Africa. On the basis of available academic literature and my personal interest in Reformed church and theology in Zambia and the surrounding countries, this study is limited to the field of Reformed theology in southern Africa. For a period of five years I was privileged to be attached to a theological seminary in Zambia and to learn about theology and church life in Africa. As a Dutch minister I learnt that there are as many similarities between Dutch and Zambian church life as there are differences. One of the main differences, for example, is the minister's required pastoral ability to exorcise evil spirits. One of the courses in the curriculum at the seminary, where students from all over southern Africa are trained, is designed to specifically attend to the issue of exorcism in order to address the perceived need within the many congregations of Reformed and Presbyterian churches in Zambia, Zimbabwe, Malawi and Mozambique. In addition to the matter of spiritual deliverance, ministers and congregants of southern African churches are confronted daily with the implications of HIV/Aids and poverty, resulting in the all-pervasive presence of illness, suffering and death. The success of the many Pentecostal churches, increasing rapidly in the southern African region, contributes to the problem of Reformed and Presbyterian believers: what resources does Protestant theology have in order to address the need for spiritual healing and physical healing? Are these resources as powerful and effective as the resources of Pentecostal theology? These questions draw attention to the task of Reformed theology in relation to the believers' quest for healing in southern Africa.

Reformed church and theology in southern Africa face the challenge of developing and articulating theological views on health, which address the believers' quest for

healing in a meaningful way.[3] Perhaps it would be better to state that Reformed church and theology need to retrieve or reconstruct their theological reflection on healing, because some approaches to the relationship between God and healing have already been generated within mainstream Protestant tradition, but generally they lack the dimension of contextuality, the aspect of being developed in correlation with African ideas about health and healing. Most of the theological reflections on healing tend to have either a missio-ecclesiological concentration ('the church as the healing site') or Biblical-Christological focus ('Jesus as exorcist'). The former approach concentrates on the mission of the church and the responsibility of congregations in caring for those who are in need of healing, while the latter draws attention to the biblical and soteriological notion of healing. A Christ-centred approach to healing fits well with African perceptions of health and healing (*cf*. Stinton, 2004:90f). Both perspectives have their strengths, but also have their shortcomings: reflections on the church as a community of healing tend to focus on what role the church should play in healthcare and on how the church can reclaim its role in helping to heal its followers, at the cost of focusing on the articulation of theological argumentations for the churches' practices of health and healing. An Christological approach, on the other hand, does provide a firm theological foundation, but it runs the risk of a one-sided perception of healing (that is, that healing is an exorcism or the miraculous and immediate restoration of physical functions) and thus of the God who heals.

Although the theme of health and healing has been addressed in the disciplines of pastoral theology, missiology and New Testament studies, it can be said that the current approaches fail to respond effectively to the African reality of demon possession, the ever-present threat of losing one's vitality, and the challenge of defining health contextually and theologically. In other words, the current approaches are inadequate to address the believers' quest for healing in a meaningful way. 'Meaningful' means that the believers' contextual experiences of illness and healing are included, centralised even, in the process of articulating a link between God and healing, so

3. This thesis is delimited to the geographical area of southern Africa, but the challenge posed to Reformed church and theology also applies to other parts in the world. The problem of healing and theology can be placed in a broader context. When one focuses on the Dutch theological discourse on healing, for example, one will see that the theme of healing has been placed on the theological agenda, and that efforts are made to revalue the Western scientific biomedicine paradigm from the perspective of Christian faith. While acknowledging the positive meaning and significance of Western medicine for health care development globally, many believe that the *medicalisation* of health, a result of the dominant Western discourse, constitutes a major stumbling block for further reflection on the relationship between God and the well-being of creation. In this debate (see 6.2.7) the cooperation between the theological and medical disciplines is the frame in which new avenues are explored by focusing on the aspects of prayer, community and relationships.

that any conceptualisation of a healing God actually touches the everyday life of the believer. This everyday life does not only imply the struggle for physical healing, the combat with HIV/Aids, and the fight against poverty; it also means that the believer is informed about health and healing in many different contexts. The clinical environment with doctors and nurses, the media and the many publications focused on wellness and health, the matrix of African traditional healing, the HIV/Aids campaigns financed by Western donors are but a few of the multiple approaches to the theme of health, illness and healing.

One influential domain where people are informed about health, illness and healing is formed by the churches that are oriented to the Holy Spirit. These churches are known as the African Independent Churches (AICs) and the Pentecostal churches. The two currents have different origins, but what they have in common is their achievement to offer a contextual approach to the Christian faith. Generally speaking, they value highly the efficacies of the Holy Spirit in relation to everyday life troubles. The fast and wide spread of Pentecostalism over the African context (and also globally) is ascribed to the success of addressing not only the spiritual but also the corporeal and material dimensions of life (Anderson, 2010:2). One of the recently noticed and studied characteristics of Pentecostalism is its ability to adapt to different contexts and to extent its sphere of influence globally (*cf.* Adogame, 2011). As a result, Pentecostalism has an increasing impact on mainline Christianity in Africa. Pentecostalism's successful focus on the work of the Holy Spirit in relation to healing is one of the contributing factors of this research problem.

The need for a re-visioned, differentiated, contextual Reformed approach to healing leads to a particular research problem. The specific problem of this research is: *could a pneumatological exploration, sensitive to multi-layered understandings of health, open productive avenues for Reformed theology in southern Africa?*

3. RESEARCH QUESTIONS

The research problem addresses various fields of attention. First of all, there is the issue of the *complex epistemology of health*, which addresses the lack of a universal definition of health. The second issue is the *existence of multiple health discourses in southern Africa*. The focus on health discourses is a logical result from the acknowledgment that there is no universal definition of health. The third field of attention entails *Reformed resources on the work of the Holy Spirit*. A matrix of

Reformed pneumatology is needed in order to identify new and productive avenues for expressing the link between God and health. The fourth area of attention in this study is the *exploration of the relationship between the Holy Spirit and healing* within the contours of the matrix of Reformed pneumatology.

The identification of these four areas of attention can be translated into various subsidiary questions. These questions are: What constitutes constructs of health? What are the key constituent motifs of discourses of health in Africa? What would happen if these key constituent motifs were engaged with Reformed theological discourse? Can pneumatology be approached from these motifs? Would it be possible to discern some intersections of culturally determined health notions and particular motifs in Reformed pneumatological thought? Are there insurmountable differences that hinder an encounter between contextual frames of health and contextual Reformed pneumatology? Or could it be that new ideas or alternative constructs with regard to health arise, that fit within the Reformed pneumatological matrix and connect with African health ideas? Answering these secondary questions will assist in addressing the research problem.

4. RESEARCH HYPOTHESIS

The situation of multiple African health conceptualisations can be considered as the source of new possibilities for speaking about God and healing from a Reformed perspective, if I succeed in linking these multiple health ideas to pneumatological discourse. There are at least two reasons for linking the theme of healing to a focus on the Holy Spirit. The first reason is that the recent pneumatological renaissance has brought to the fore that the ways of the Spirit are diverse, abounding and open to the experiences of believers in any context. The Spirit always finds new and surprising ways to connect people to God. The implication is that pneumatological discourse is open, wide-ranging and contextual, which means that an orientation to the Holy Spirit holds the promise of new statements about God and healing. The second reason is that, in the African context, the relation between Spirit and healing is very important. The effectiveness of Pentecostal theology, which is displayed by the significant growth of Pentecostal churches all over the region of southern Africa, seems to affirm the meaning of the link between Spirit and healing. The impact of African traditional religion (ATR) on contemporary Christian ideas about spirits, illness and healing also shows how crucial the link between Spirit and healing in Africa is. Thus, *the hypothesis of this research is that a focus on the person and the work of the Holy Spirit will open up Reformed theological discourse for new insights on health and healing in the African context*.

A pneumatological orientation may encourage new thinking on God and health from a Reformed perspective by emphasising various characteristics of the Spirit of God. The Holy Spirit can be identified as the bond of love between Father and Son, as the ecstatic God, as the Spirit of adoption, as the cosmic Spirit and Lord of life and as the Spirit of Christ. These understandings of the person and the work of the Holy Spirit can assist in linking African health discourses and theological discourse, and thus in exploring new articulations of God and health from a Reformed perspective.

This thesis centralises the proper, specific personhood and function of the Holy Spirit in relation to healing. The motivation is to explore and intimate new avenues for Reformed language about God and healing, and the assumption is that a pneumatological perspective provides an important key in this exploration. A pneumatological understanding of health and healing, as proposed in this thesis, is explicitly not meant as substitution of what already has been said about God's healing work from an Christological perspective. Christological language on healing has been generated, which is obviously prompted by the healing miracles of Jesus' earthly ministry as recorded in the New Testament. Pneumatological language on healing is to be seen as an expansion of language about the healing work of the Father, the Son and the Holy Spirit in this world.

A straightforward pneumatological focus runs the risk of creating the impression that the link with the Father and the Son is overlooked. It is thus of utmost importance to safeguard the unity of the persons of the Trinity, and to account for a Trinitarian identification of the Holy Spirit.[4] In this thesis, the identity and the agency of the Spirit is approached in Trinitarian light by focusing on the relational and communal being of the Triune God in relation to healing (Chapter 7). In addition, the focus on the expanded identity of God's Spirit, that is on the Spirit's agency in creation with its vulnerability, its quality and beauty, shows that the work of the Spirit cannot be separated from the love of the Father and the frailty of the Son (Chapter 9). And when in the discussion on healing as transformation the redemptive work of the Spirit is addressed, this is done in the understanding that the believer's identity is moulded by the pattern of Christ through the Spirit (Chapter 8). The Trinitarian identity of the Spirit is

4. Rian Venter (2012b:10) mentions five critical insights generated by a Trinitarian identification of the Spirit: (1) the Spirit is *co-constitutive* of the very life of God; (2) God's triune identity is construed in terms of *relationality*; (3) the Spirit's identity is not restricted to Christ's redemptive work, but is *expanded* in the relationship to both Father and Son, to both creation and redemption; (4) the Trinity provides a decisive *hermeneutical* lens, for an entire theological vision as well as for pneumatology in particular; (5) the Spirit is the *exuberant agency* of the Father and the Son.

maintained in the underlying principle that the Spirit always refers to Jesus Christ. The exploration of the link between Spirit, power and healing will show that the mission of the Spirit is defined by the Trinity's all-encompassing love for life. The creative power of the Spirit is rooted in the Trinitarian event of the cross, which opens the avenue for language about resurrection, healing and justice (Chapter 10). In short, this thesis is a pneumatological exploration of healing, an exploration done in the understanding that "the Spirit is always the Spirit of the Father and the Son" (McDonnell, 1985:214).

5. RESEARCH METHODOLOGY

When embarking on the study of health, one very basic but difficult-to-answer question arises: what is health? Health is a subject that emerges in daily conversations, in political debate on health insurance, in newspaper articles on Africa, in recipes for food, in sports magazines, in fact in nearly every aspect of everyday life. But what is health exactly? This research is based on the assumption that health is multi-dimensional, which means that one's definition of health depends on one's socio-cultural context, age, gender, financial situation and religious frame of reference. This understanding of health as a product of one's particular experiences and cultural concepts, turns 'health' into a *social construct*: the definition of health is determined by the internal rules, regulations and institutions that are meaningful to a particular social group in society. This automatically means that there are multiple understandings of health within one society, even though there is generally one dominant understanding of healing. The medical understanding of health, for example, is a very familiar frame of reference in most societies. Yet, besides this dominant discourse, there are also other perspectives on healing. Usually these are labelled as 'alternative' medicine, but that is primarily a matter of one's perspective. African traditional healing, Chinese medicine and Native-American medicine are all examples of other health discourses that co-exist with the biomedical discourse. The implication of health as a social construct is that there is no health construction that is not 'legitimate', since each health conception generates its own understanding of what is true about health and healing (*cf*. Porter, 1997:33-43). *Social constructivism* is thus the epistemological frame of this study. The relevance of social constructivism to this study is that it offers new opportunities for Reformed theology to reflect on healing, because it starts with contextual understandings of healing. As such, the major benefit of a social constructivist approach is the broadening of the scope of healing for theological reflection. Chapter one is a substantiation of this theoretical frame of reference, and provides the foundation of this study on health and healing in the African context.

If a theological response to the African believers' quest for healing is to be meaningful, *contextual* and *interdisciplinary* approaches are required. The contextual nature of health asks for an approach that does not confine the subject of health to the realm of biomedicine, clinics and the individual body. Rather, it seeks the recognition of the socio-cultural elements of health, which means that health is also rooted in interpersonal relationships, religious practices, spiritual matters, environmental circumstances and societal situations. The existence of various health discourses is an affirmation of this contextuality of health. The contextual nature of health, therefore, needs to be considered when responding theologically to issues of health and healing. The highly interdisciplinary nature of health asks for an approach that does not discuss the subject of health within the various sub-disciplines of theology alone (*cf*. Conradie, 2006:3). Rather, it seeks the insights and wisdom of other scientific disciplines to achieve a better and broader understanding of health, illness and healing. The interdisciplinary nature of health, therefore, is to be included in theological approaches to health and healing.

The contextual and interdisciplinary nature of this study is connected with the African health discourses. These health discourses play a crucial role in how Reformed believers conceptualise health and healing in the African context, thus to respond meaningfully to what Reformed believers need when it comes to God and health, it is necessary to understand the various frames of reference regarding health. The first part of this study will, therefore, describe the four most prominent health discourses in southern Africa, which are the traditional healing or the ngoma paradigm, missionary medicine, HIV/Aids and church-based healing. This discourse study is based on *literature-study* of research provided by the disciplines of cultural anthropology, medical anthropology and epidemiology.

The second part of this study consists of a discussion between the African discourses on health and Reformed theology. The basic notions of health, as deduced from the four health discourses, will be included in pneumatological discourse, in order to explore new possibilities for speaking of God and health. In other words, the contextuality and the interdisciplinarity of the research is dependent on the fact that pneumatological discourse is informed by health discourses existing in the African context. The engagement of African multi-layered understandings of health with pneumatological discourse will produce what I call 'pneumatological fragments' of healing. The method of *gathering fragments* (Tracy, 1997:122-129; 1999:170-184; 2000:62-88) attempts to avoid a totalitarian system for understanding Spirit and healing, and

seeks to appreciate notions like contextuality, particularity, diversity, non-closure and creativity. Just as the social constructivism theory provides the epistemological frame for the first part of this study, so will the approach of 'gathering fragments' be the epistemological frame for constructing pneumatological proposals on healing. Both frames are an expression of the postmodernist desire to move away from the grand narrative (about healing, about God) with its totalitarian system, because the 'one size fits all' approach of modernity is not a productive approach, at least not when it comes to addressing the relationship between God and healing. The 'gathering fragments' approach inherently considers the subjective experiences of believers, the contextual frame of health perceptions and the open-ended nature of doing theology, and thus corresponds well with the idea that African theology is a multifaceted project that should be done in open-ended ways (Maluleke, 1997:17; 2005:486).

In this study, the fictional story of Grace Banda is a *narrative element* that is meant to illustrate the meaning of the link between key motifs of health and theological discourse. She will re-appear in the Chapters 7-10. Grace Banda is a fictitious person, but her story is based on reality. Her experiences are those of the congregants and ministers of the Reformed Church, and they make her a true representation of African Reformed Christianity. The Grace Banda narrative emphasises the need for a contextual theological approach to healing, and it exemplifies how a pneumatological approach to African concepts of health can broaden Reformed understandings of health.

6. RESEARCH CONTRIBUTION

This study of Reformed theological insights on healing is not confined to the field of biblical, practical, or systematic theology like most other contributions. It starts *outside* the realm of theology and focuses on the variety of African health conceptualisations first. By including cultural and medical anthropological research, this exploration is an interdisciplinary approach to health and healing. On the basis of the identification and description of prominent health discourses, currently existing in southern Africa, this study can be seen as a *contribution to interdisciplinary research on health*.

A major obstacle in the study of health from a Reformed theological perspective is the difficulty of finding sufficient academic contributions on health and healing. Pertaining to the Southern African context, this lack of resources is related to, and explained by, the history of those churches that were founded by European missionaries. These missionaries belonged to a tradition that had renounced the subject of healing since the Reformation. Essentially, one could say that Reformed theology in general struggled

with the complex relationship of healing and salvation, and became silent on the theme of healing altogether. The explorative and constructive nature of the second part of this study should be understood against this background of silence. The exploration is meant to be a contribution to the *broadening of theological articulations of healing* that address the quest for healing by African Reformed believers in a contextual way.

The work of the Holy Spirit is centralised in this endeavour of opening up the Reformed matrix to African notions of health. The whole exploration of broadening Reformed articulations of God and healing depends on a pneumatological orientation: the focus on the Spirit allows for a link between God and healing so that Reformed reflection on healing can be broadened. This study is meant to be a *contribution to pneumatology and constructive theology*.

7. RESEARCH OUTLINE

This research consists of two parts. The first part identifies four prominent health discourses in the African context. Chapter 1 starts by defining health, and provides a substantiation of the social constructivism understanding of health as the theoretical framework for this research. This epistemological basis offers the opportunity to explore ways in which health is understood in the southern African context. According to the Foucauldean discourse theory, four distinct African health discourses can be identified: (i) The African traditional healing discourse (or the ngoma paradigm); (ii) The missionary medicine discourse; (iii) The HIV/Aids discourse, and (iv) The church-based healing discourse.

Chapter 2 offers a description of the African traditional healing discourse and the ngoma paradigm, and identifies the idea of relationality as the key element of how health is understood within this discourse.

Chapter 3 portrays the missionary medicine discourse, which was developed in the late eighteenth century and had its heyday in the nineteenth century. In missionary-founded churches in Africa, the influence of missionary thinking about healing is still present. In this discourse, the notion of transformation is recognised as a crucial factor in the conceptualisation of health and healing.

Chapter 4 is an account of the discourse on HIV/Aids in Africa. The influence of this discourse on how people perceive health is too important to ignore, even though the discourse itself is heterogeneous and constantly changing. Despite the division between the epidemiological and the non-epidemiological approaches within the discourse, it

is possible to identify one significant motif common to both in the understanding of health and that is quality of life.

Chapter 5 is an elaboration on the church-based healing discourse, which mainly focuses on the existence of healing and deliverance ministries as prominent phenomena in the African context. The notion of power is recognised as an important feature of this discourse.

The second part of this research is an exploration of new articulations of Spirit and healing from a Reformed perspective. The exploratory nature of this part has to do with my interest in finding productive avenues for Reformed theology in southern Africa. The multi-layered understandings of health, as identified in the first part, are related to the doctrine of the Holy Spirit in such a way that new articulations of God and healing can be identified.

Chapter 6 is an account of pneumatological approaches developed by Reformed theologians (Calvin, Kuyper, Barth, Van Ruler, Moltmann, Welker, Veenhof and Van der Kooi) as well as an overview of the Heidelberg Catechism's pneumatology. The overview of Reformed pneumatologies presents particular motifs that can be seen as the contours of a matrix of Reformed pneumatology. This matrix shows that three key concepts of the African health discourses can be identified as prominent pneumatological themes, while the fourth concept seems to be underdeveloped in Reformed thought.

The subsequent chapters (Chapters 7-10) in the second part of this study are elements of an open-ended pneumatological adventure. The chapters engage contextual health conceptualisations with pneumatological perspectives in order to generate new articulations of the relation between God and health. Each chapter offers a constructive approach to the relation between God and health: each key concept (derived from the African health discourses) plays a central role in one of the respective chapters, and can be considered as a lens through which the relation between God and health is viewed.

Chapters 7-10 offer *pneumatological sketches* of health and healing, nothing more and nothing less. The four pneumatological sketches are fragments in the discourse on God and healing. They may be contradictory, but cannot be mutually exclusive, because the sketches are partly rooted in the discourses on health in Africa: the different perceptions of health (as defined by the various health discourses) address

multiple and different realities, thus the same approach may apply to theological conceptualisations of health.

Chapter 7 is an exploration of the concept of relationality. Relationality is a prominent concept in social Trinitarian discourse, where God's life is perceived as loving communion. The Augustinian idea of the Holy Spirit as the bond of mutual love within the Trinitarian Godhead allows for the understanding of the Spirit as the One who embraces the relationships among the Trinitarian persons, and as the One who establishes relationality between God and creation. On the basis of the identification of the Spirit as the bond of love, this pneumatological orientation to relationality provides Reformed language for the link between God and healing.

Chapter 8 is an exploration of the concept of transformation. Within theological discourse, transformation is a recurring concept. It is, however, also a very complex concept in Reformed pneumatology due to its elusive nature. A pneumatological focus draws attention to the question to what extent Reformed perceptions of transformation offer space for categories of physicality and materiality. The answers to this question are contributions to Reformed language for the link between God and healing.

Chapter 9 is an exploration of the concept of quality of life in relation to the doctrine of creation. A pneumatological view on creation and its vulnerability generates a redefinition of quality of life: the Holy Spirit reveals that quality of life means owning one's vulnerable life as life that belongs to God. One's consent to being vulnerable also means that one becomes involved in the Spirit's mission of beautifying creation. The pneumatological orientation with its redefinition of vulnerability and beauty allows for Reformed language for the link between God and healing.

Chapter 10 is an exploration of the concept of power. In contrast to Pentecostal theology, this concept is not well-developed in Reformed pneumatology. The exploration revolves around the meaning of divine power in relation to healing. A pneumatological orientation shows that the dialectics of cross and resurrection is embraced by the power of the Spirit, which implies a redefinition of power. This redefinition leads to suggestions for Reformed language for the link between God and healing.

This study offers an account of Spirit and healing in the African context. It is meant as a response to the challenge posed to Reformed theology by African Reformed believers like Grace Banda.

PART I

EXPLORING THE AFRICAN HORIZON:
DISCOURSES ON HEALTH

CHAPTER 1

THE FABRIC OF HEALTH IN AFRICA

The assertion that Reformed church and theology in Africa need to address the believers' quest for healing and well-being by developing adequate or corresponding theological views on health, illness and healing, poses at least one big challenge to this research. After all, what is 'health' exactly? And what kind of expectations, experiences and perceptions do African believers have pertaining to healing? This first chapter is an exploration of how 'health' can be understood so that it will be clear which conceptualisation(s) of health will be employed in this research. There are essentially two parts to this exploration of health conceptualisation: first a substantiation of the use of health as a *social construct* (1.3), and second the acknowledgment of the existence of *multiple health discourses* in the African context (1.4).

1.1 WHAT IS HEALTH?

Health issues are regularly addressed in everyday conversations, and every society is seriously concerned with public health and healthcare. There is an abundance of adverts for body-care products, books and magazines about fitness and the media are filled with stories about health such as obese children, healthcare budget, and fundraising for the fight against cancer, diabetes and HIV/Aids in Africa. The pitfall of health as a prominent and universal concern is the tendency to forget to specify what is meant by 'health', because it is assumed that everyone's understanding of the term 'health' is the same. However, the answer to the question 'what is health?' is fully determined by one's own perspective, where in the world one lives, by one's age, one's gender and one's financial status. In other words, a universal definition of health does not exist.

1.1.1 WHO's definition of health

The lack of a universal definition of health is generally compensated for by the definition of the World Health Organisation (WHO) (as formulated in the preamble of its constitution in 1948): "health is a state of overall physical, mental, and social wellbeing that does not consist solely in the absence of illness or infirmity" (WHO, 1992). The authoritative WHO definition reveals the aim to move beyond defining 'health' as the mere absence of illness and physical affliction, and it points towards 'health' as a *multi-dimensional and holistic* concept. The somewhat one-sided focus on somatic aspects and diseases, an approach that has a long history in Western medicine going back to classical antiquity, is left behind and now the psychological, social and spiritual elements of health are acknowledged as well. This broadening of the concept of health corresponds well with most non-Western medical traditions based on their holistic concept of health.

Notwithstanding this important merit of emphasising various dimensions of health, the WHO definition still remains a modern Western product that was formulated in the aftermath of World War II: peace and health were now seen as inseparable, and "deeply held assumptions about progress and perfectibility, and the role that science can and should play in the direction of human affairs" (Brady *et.al.* 1997:272) gave rise to the WHO definition of health. This perspective discloses mainly Western ideas concerning health as the inevitable result of human progress overcoming economic and social difficulties. Consequently, it turns health as a desirable and blissful circumstance into health as a fundamental human right. The often raised question is whether the WHO definition can function as an effective working concept in studies of health and disease. The main complication has to do with the fact that a state of complete physical, mental and social well-being refers much more to happiness than to health. Equating health with happiness has at least two main consequences for the concept of health as a universal right: any disturbance to happiness (which is strictly subjective) may be viewed as a health problem which could lead to an unlimited demand for health services; and any effort to guarantee happiness for every individual will be difficult to align with striving for justice and equity in health (care). The WHO definition of health has to be appreciated for the emphasis on the various coherent dimensions of health, although this approach remains utopian.

1.1.2 Two basic approaches to health

Besides the well-known, yet utopian and, therefore, inapplicable definition of the WHO there are two basic approaches that influence the existing understandings of health, illness and healing. These two approaches of how health is conceived tend to differ enormously, and often cause trouble for those who would like to embrace both health models (*cf*. Engel, 1977:132).

The biomedical model

The biomedical approach to health is the most dominant perspective within the health discourse, and it offers a very familiar health theory and knowledge framework for many people. The biomedical model is represented by the image of a hospital or clinic, well-educated medical personnel with all kinds of specialisations, the pharmaceutical industry, medical insurances, and international organisations such as Medicins sans Frontiers. The biomedical model reflects a scientific approach to health, based on reductionist logic combined with a preference for scientific neutrality pertaining to health. This means that all kinds of subjectivities and contingencies are left out in the acquisition of medical knowledge and in the treatment of a patient. Not surprisingly, one of the features of the biomedical model is the focus on disease. The idea that the incidence of disease implies the absence of health, sharpened biomedicine's focus on the abnormal condition of health, with the result that representatives of the biomedical model are more concerned with the aberrations of health (that is, disease) than with manifestations of health. Expressions such as 'conquering the disease' and 'the battle against Aids' are typical for the biomedical model since it reveals modern thinking about development, human progress and control.

The social constructivism model

Towards the end of the 1970s a new perspective on how to define health emerged, for the reductionist model of health and its focus on disease and the body did not do justice to other dimensions of health. Factors such as political, social, economic and personal circumstances were generally not taken into consideration in the efforts to halt the disease. Things started to change radically under the influence of the work of Michel Foucault, and the social constructivist approach entered the health disciplines. This approach cast new light on the perception of health by addressing the very processes of distributing health knowledge. The implication of the social constructivist model is that the perception of health (and illness) is *continuously being constructed* in the words, thoughts and experiences of people. Thus, health is not something objective that

is understood by everyone in the same way, and illness is not something that is being treated the same way everywhere in the world; health is constructed by the individual as well as by the group, who affirm and sustain that specific construct. In the social constructivist model it is not possible to understand 'health' by one definition or broad description, because health is seen as a complex collection of perceptions that are produced within specific discourses. According to the social constructivist approach, for example, the biomedical model is just one culturally determined discourse among many other health discourses. The exact definition of health, is not fixed in a particular objective idea, but comes into existence when the role of culture, power relations and dominant knowledge are considered as, and linked with, the ideas and practices of those who seek health.

1.2 MEANING OF SOCIAL CONSTRUCTIVISM IN HEALTH RESEARCH

The social constructivist model provides the *theoretical framework* for this research on health, illness and healing in the African context, because it clarifies the theories about health in such a way that these constructs can be used for further interdisciplinary research on health. Social constructivism[5] is an important framework provider for reflection on health in the African context in at least three ways: first of all, social constructivism draws the attention to social structures; in doing so, a focus on health-oriented approaches is generated, and this is a crucial addition to the existing frame of 'fighting disease'; finally, the social constructivist model offers new opportunities for Reformed theology to reflect on health, illness and healing.

1.2.1 Social structures

The significance of the social constructivist approach has to do, among other things, with its focus on social structures that co-determine the perception of health. Health conceptualisations are the result of how people view reality based on who they are, where they live, what they have experienced and what kind of information they can access. Health as construct implies that the personal perspective moulds the reality of health or disease. For example, someone belonging to the working or low-income classes may define pain in a different way to someone belonging to a high-income

5. Social constructivism should not be confused with social constructionism. Both concepts have to do with the development of social phenomena, yet the difference is in the emphasis. Social constructionism is about the construction of phenomena that are related to social contexts, while social constructivism puts the emphasis on how individuals construct meaning on the basis of available knowledge. Lev Vygotsky, a cognitive psychologist and a social constructivist theorist, stresses the critical importance of one's social context for cognitive development and meaning-making.

class of the same society, due to the fact that the higher-income class may experience fewer obstacles in accessing knowledge of diseases, treatment and medication. Various factors like class, gender, religion, sexuality, ethnic background, education, type of work and hobbies are important reference points in the social structures that determine the way people define health, recognise disease, or seek treatment of the health condition. This means that health is more than the visible condition of the individual because health is directly related to the social structures of which the individual is fully part.

The consideration of culture, identity, power relations, gender and class as essential constituents of health constructions does not only address the dimension of social structures (and hence of the presence of power and knowledge as parameters of human organisations), but it also implies that the social constructs reflect tendencies or changes within the social organisation. The social constructivism approach thus offers a helpful frame for exploring and discerning transformation processes within a particular society. So, in the case of health as a social construct, it means that the considerations of the various health conceptualisations (including the social factors and the structures influencing those constructions) allows for a certain flexibility pertaining to health responses, meaning that illness etiologies are not conclusively fixed but develop in response to the social and contextual factors of health, illness and healing.

1.2.2 Health-orientated approach

The social constructivist approach to health research has offered an insight into a dimension of health that should also receive attention: the *value-charged health ideas and goals* that are present in any social order. As mentioned previously, most definitions of 'health' use a disease-orientated approach focused on identifying, classifying and treating diseases thereby perceptions and underlying ideas about health and healing are not addressed. This negative or disease-orientated perspective has dominated research into health and healthcare for a long time. More recently, however, there seems to have been a shift towards a more positive health-orientated approach. It has been argued that healthcare in Africa can be provided (even) more effectively if the focus is also on a *taxonomy of health* instead of primarily on pathology and technology (see for example Janzen, 1981; Cochrane, 2006b), because a taxonomy of health implies the existence of multiple conceptions of health, and it acknowledges the ideas and beliefs that constitute those conceptions. A health-orientated approach,

thus, includes the more subjective issues of health, illness and healing, since people's perceptions of health have come to play an important role in determining what 'health' is, and subsequently what kind of health intervention would be best in relation to those perceptions.

The importance of a health-orientated approach is made clear, for example, by the African Religious Health Assets Programme (ARHAP),[6] an interdisciplinary programme that focuses on assets (in their broadest sense of capabilities, skills, resources, links, infrastructure, associations, organisations and institutions) already present for and accessible to the individual or community searching for a health intervention. The asset-based programme of ARHAP draws attention to those who are in need of healing over and above "the logics and power of technological solutions and command-driven medical or health institutions" (Cochrane, 2006b:3). It also focuses on the patients' specific context within its own assets and potential, unlike the more conventional approach which focuses on needs and deficits. In so doing, the ARHAP goes one level deeper because it discloses the importance of *intangible* assets (for example, prayer, resilience, motivation, locale, knowledge, responsibility, commitment, sense of meaning, belonging and trust) that can influence health and healing directly or indirectly (*cf*. Kiser, 2006). The point made by ARHAP research is that the tangible and intangible health assets evolve from understandings, motivations and commitments that often have deep religious impulses, and that these assets determine what people do in order to protect, maintain, or increase their health (*cf*. Cochrane, 2006a:63). Based on the conceptual framework and the development of religious health assets, ARHAP research points towards a new paradigm for the relationship between religion and health based on their overlap, which has crucial consequences for thinking about (public) health.

1.2.3 Broadening theological reflection on health

By acknowledging the diversity of health beliefs and practices over and above the excluding biomedical perspective, Reformed theology has an opportunity to develop and articulate a broader interpretation of human illness and suffering. Being open to multiple and dynamic health ideas will safeguard its continued support against the danger of paralysis in a context that is in dire need of health actions. In other words, embracing alternative understandings of health and healing, other than the conventional

6. *Cf*. http://www.arhap.uct.ac.za (accessed on 24 October 2011).

(allopathic) ones, will pave the way for new or renewed reflections on the relation between God and His creation, which will lead to additional theological articulations on health and healing as well as to different approaches to the healing needs of believers. Inextricably linked with the broadened interpretation of human suffering and illness comes the contextuality of theological reflection on health and healing. The subjective dimension of healing (i.e. patient and relatives actively trying to make sense of illness and suffering, and creatively negotiating health responses) implies a theological discourse that generates differentiated perspectives and contextual approaches to health and healing.

1.3 HEALTH AS A SOCIAL CONSTRUCT

The recognition of health conceptualisations as social constructs is clearly of great importance for interdisciplinary health research, whereby all dimensions of health, illness and healing can be addressed, as well as an array of health responses developed, on the basis of the characteristics of social constructs. The following is a substantiation of the characteristics of health as a social construct: contextuality, discourse, hybridity, subjectivity, globalisation and interpretation.

1.3.1 Contextuality

By recognising the overlap of health and religion, ARHAP (see 1.2) acknowledges that one's definition of health is determined by one's worldview, which (at least in the African context) is deeply rooted in religion. In many African languages, there is no fundamental difference between 'religion' and 'health'. This insight caused ARHAP to come up with a neologism, in the English language, that encapsulated the same meaning in a single concept: 'healthworld'. A healthworld is "the complex and increasingly mixed set of ideas, signs, linguistic conventions, and cultural traditions and practices within which people live and by which they orient themselves" (Cochrane, 2006a:69). This means that a person's healthworld is always the guiding factor in everything that has to do with his or her comprehensive well-being. The distinction between health and ill-health, the decision to seek help in overcoming dysfunctional health, determining the cause of illness, one's behaviour, values, choices and actions – all these aspects are determined by one's healthworld. The notion of a healthworld thus shows that the only way to determine what 'health' is, is to pay attention to the beliefs, concepts and worldview(s) of the one defining 'health'. In other words, a definition of health is

always constructed in a *particular context* based on specific, individual and collective experiences, ideas and beliefs.

The ARHAP perspective on healthworlds has been recognised by other scholars as well. The medical anthropologist John Janzen (1981:185), for example, emphasises the need to consider what he calls 'health utopias' when studying and describing health situations. He argues that, in order to gain a full understanding of African therapeutics, one has to include the health point of view, the subjective constructions of health, from which sickness is a departure and treatment an attempt to return. In every society and at every level of cultural development certain specific health concepts and practices are present. These concepts can be seen as 'health utopias': they should not be regarded as mere fantasies, but rather as culturally specific concepts of what (ultimate) health is or should be. According to Janzen, these health utopias are real concepts and they function in the same way that concepts of disease do. The advantage of a utopian perspective is that it reveals the way in which health is classified in a specific culture, and can help in the understanding of health causality within a given society.

Whether naming them as social structures (cultural theory), as a healthworld (interdisciplinary health science), or as a health utopia (medical anthropology), these concepts refer to the context of health. So the meaning of contextuality is not only to acknowledge that a discussion about health or illness must consider its social context (fortunately this insight is gaining influence within the biomedical model as well), but is much more about the idea that concepts of health, illness and healing are generated and sustained by that very social context. Thus, the contextuality of health ideas and practices preserves the meaning of health (what health ought to be, how health can be understood), and as such this element of health as a social construct cannot be neglected.

1.3.2 Discourse

When one follows the thought of health as a social construct within a particular context, one is led to the idea of speaking about health as part of a certain social framework, a *discourse*. Within a social context, there can be various discourses, which, in relation to health conceptualisations, can exist side by side. Discourses need to oppose other discourses in order to continue existing. European societies, for example, embrace allopathic and homeopathic discourses on health. Discourses (the ideas, concepts, evolving practices, discussions and texts) therefore need to be regulated in some way, to maintain consistency between those elements that constitute the discourse, which

means that dissident opinions have to be filtered and excluded from the discourse. Any model of particular articulations, any discourse, is characterised by ideas and practices that within that discourse are the most dominant, valid, or true associations with health.

It is remarkable that the social structures, healthworlds, or health utopias prevent a discourse from being fixed and closed all together. Health concepts and structures may change under the influence of environmental, demographic, social, historical, conceptual and technical factors. For example, urban industrial life has introduced new challenges to people's health in many African countries: the stresses of paid work, job competition, political instability and uncertainty, social disintegration and divorce all play a part. In response to the various kinds of health challenges, people tend to alter their ideas about health and illness by weighing and considering the factors that influence their situation, and by negotiating the options available in their situation. These alterations of health ideas and utopias are further influenced by the cultural-religious and technical-scientific resources available to people (*cf*. Cochrane, 2006b:9). In a sense, the gap between health utopia and health reality not only generates changes in health concepts, but also warrants alternatives, new perspectives, and new ways of health treatment.

The discourse as a framework within which ideas and practices pertaining to health come into being, thus, functions as a normative structure that regulates and controls those ideas and practices since not everything can be regarded as valid. Within the discourse, however, there is space for external influences, including those leading to changes of the health construct. Later stage in this chapter a more extensive introduction to discourse theory will be given.

1.3.3 Hybridity

If 'health' can only be defined in specific, regulated, yet open conceptualisations, then 'health' can *never be singular*. Every attempt to define 'health' in a comprehensive formula will fall short, because health ideas and classification structures are derived from a plurality of formal and informal healthworlds or 'Pictures of Reality' (*cf*. Van der Merwe, 2008:57). The recognition of multiple healthworlds leads to another crucial notion of 'health' that should be considered, because the existence of many and diverse healthworlds is intrinsically linked with the 'promiscuity' of healthworlds (*cf*. Cochrane, 2006b:12).

People develop their own constructions of what health is (or should be) by combining their experiences and explanations with available models and systems. When looking for elements that are meaningful in their specific life situation, people usually create a mixture out of the various health options. Research on health issues and treatment in Africa has disclosed that it is not uncommon for Africans to access multiple health systems or discourses simultaneously or sequentially (*cf.* Vaughan, 1991:206; Bate, 1995:185; Jansen, 2001:85; Good, 2004:33; Cochrane, 2006b:12ff; Rasmussen, 2008:12). Sometimes these blends are complementary, sometimes they may seem to carry contradictions and theoretically incoherent elements. Yet, they are produced on the basis of their pragmatic and functional response to specific health situations. Perceived needs prompt people to turn to those therapeutics that are available, accessible and congruent with their healthworlds, without experiencing the various therapeutics as incompatible. Such a situation is referred to as 'hybridity' in health ideas and health-seeking practices: the various options that are provided by different health discourses offer the opportunity to select and to combine. Sometimes choices are made, or combinations are rejected, on the basis of the authority of a particular discourse, while on other occasions the social context of a health-seeker presents the opportunity to adopt a hybridity strategy.

In this context, the term 'hybridity' means: the processes that are induced by globalisation, in other words the cultural effect of globalisation, and as such the movement that is opposed to homogenisation, modernisation and Westernisation. The difficulty of the term 'hybridity' is the legacy of negative connotations linked to the terminology of the colonial period, as well as the multiple and diverse efforts to disempower those negative racial associations that followed in postcolonial discourse. The word hybrid originates in the field of biology, and simply means a mixture of two organisms. At the end of the eighteenth century, this term became assimilated into the fields of linguistics and racial theory, which resulted in hybridity meaning the mixing of two races, implying that the racial convergence was an aberration. Hybridity, thus, had a very negative connotation in the transposition from the medical-biological discourse to the domain of culture and identity. The meaning of the word hybridity entered a new phase with its application in postcolonial discourse with its criticism of cultural imperialism. Scholars such as Homi K. Bhabha, Stuart Hall, Gayatri Spivak, Paul Gilroy and Mikhail Bakhtin have explored the (new) meaning of hybridity in the cultural legacy of colonialism, and in issues like identity, multiculturalism, anti-racism and globalisation. The problem with the word hybridity is that it still resists a clear

definition and a specific framework or discourse. That is why hybridity is manifested in many ways: cultural, political and linguistic.

The emphasis in this research on health constructs in the African context is on the meaning of hybridity as the process or effect whereby culturally determined boundaries dissolve, and the erosion of borders of specific domains is a prerequisite of forming new, transcultural ideas and practices related to health. Anti-essentialism is a core element of hybridity as a parameter of health as a social construct, which means the exclusion of the idea that there should be one true or valid health model (and that other health models have to be aberrations). Thus, *any understanding of health is a construct made up of diverse elements, that are selected and sustained and given meaning by the individual and by the social group.*

It is important to mention that the application of this hybrid health strategy is certainly not restricted to the African continent only. Globalisation processes have intensified the connections between different parts of the world, and one element of the integration of social, political, cultural and economic factors is the global intermingling of people's healthworlds. Influential health ideas and health treatment options from abroad have become available, and can even be 're-framed' to fit in with any specific local culture (*cf*. Helman, 2007:305). With regard to the ubiquitous mixing of health ideas and practices, Cochrane (2006b:9) mentions the idea of a 'healing landscape'[7] in order to explain the prevalence of people's explorations of diverse health concepts, models, structures, and resources that people access when seeking treatment.

1.3.4 Globalisation

Current research trends show that there is growing attention to the link between globalisation and health. The consideration of this link is relatively new, and has to do mainly with the question of whether globalisation has a positive effect on the health of populations, in particular those of developing countries. One aspect of current research is the desideratum to expand quantitative evidence pertaining to the relation of globalisation and health (Martens, 2010; see also Lee, 2001; Lee & Collin, 2001; Woodward, 2001; and Huynen, 2005). Another aspect of this new field of attention is the need to broaden the perspective on the impact of globalisation on health for all: it is no longer sufficient to categorise globalisation processes in mainly economic and

7. The phrase is used by the Boston Healing Landscapes Project. *Cf*. http://www.bmc.org/pediatrics/special/bhlp/html_index.htm (accessed on 13 June 2009).

institutional domains. A definition like the one in Labonte and Torgerson's research on the relation of globalisation, health and development, exemplifies that the link between globalisation and health reaches much further (or deeper) than economic structures and government policies, because health and globalisation also touch on socio-cultural and environmental aspects: "Globalisation, at its simplest, describes a constellation of processes by which nations, businesses and people are becoming more connected and interdependent via increased economic integration and communication exchange, cultural diffusion (especially of Western culture) and travel" (Labonte & Torgerson, 2005:158). In this light, it is simply not tenable to evaluate or act upon the impact of globalisation on health in an exclusively positive or negative way. The on-going polarised debate on the link between health and globalisation, that is fuelled by the pluralistic meaning of globalisation, makes it hard to present the relation of globalisation and health in a comprehensive way.

There are plenty of global health initiatives, of which HIV/Aids prevention programmes and the distribution of ARVs are the most obvious. In the slipstream of those global initiatives the (more hidden) influence of the media on perceptions of health follows. One only needs to consider the way African patients are presented to the Western world (and vice versa, the way African patients are made aware of the altruistic attitude of the rich, Western world) in order to see the impact of globalisation: the connectedness and the interdependency of populations force people to deal with otherness, resulting in conventional images and prejudices that accommodate the aversion of the unknown, of the other. Research on HIV/Aids in Africa has shown that Western media generally present Africans as helpless victims and sexual deviant, backward people who can only be saved by Western finances, science and responsibility. These kinds of images are fuelled by globalisation processes, and now they persist in health discourses in the African context. Other examples of how globalisation processes have become part of health discourses in Africa are the presence of medicine and technology that are produced in other parts of the world, the spreading of infectious diseases based on global mobility in combination with the vulnerability of medical infrastructures in African countries, the depositing of superfluous Western medicine in Africa, and the emergence of hybrid terminology regarding health, illness and healing. These are but a few examples of the extensive range of globalisation's influence on health perceptions and health actions in Africa.

1.3.5 Patient's perspective

The notion of a particular worldview (or 'picture of reality' or lifeworld) that deeply influences ideas, beliefs and conceptualisations of health and health-seeking behaviour has become crucial in health research. Any research on health should, therefore, recognise that health ideas and practices can only be approached when the specific context in which health is conceptualised is considered as well. This point has been promoted since the late 1970s when a new paradigm in the study of African healing started to develop (Feierman & Janzen, 1992:2). Anthropologists and historians began to see that it was no longer tenable to regard African therapeutics as isolated, and somewhat static systems, that existed along ethnological lines. They discovered that people interpret their own illnesses in various ways, and that illness causations and health etiologies were not necessarily constructed within and restricted to the ethnic boundaries which cultural anthropologists had consistently adhered to. There was need for a reframing of health research, because African healing practices were heterogeneous, dynamic and fused rather than neatly matching ethnic groups and territories.

One of the implications of this paradigm shift (that became particularly clear within the field of medical anthropology, a sub-discipline of cultural and social anthropology) is the shift of focus towards the *patient*. The main issues now centre on the patient's own interpretations of health and illness in the light of therapeutic diversity. So questions are reformulated in order to explore people's health-seeking behaviour. For example, how does the patient interpret his or her illness? What meaning does he or she ascribe to life and death, and to the causes of misfortune? How does the patient create a coherent conception of health amidst the many therapeutic options? Does the patient's health-seeking behaviour reflect a perspective of health that in its essence is rooted in a particular, but shared, view on reality? Or is the patient's health-seeking behaviour basically pragmatic in nature, and based on the accessibility and effectiveness of a specific therapy? These questions have been answered in different ways, because they probe into the complex and constantly changing patterns of how people make choices about improving their health situation.

1.3.6 Fabric of health: making sense of health

The focus on the patient means retrieving a more dynamic dimension of health: "much of what is important about African healing becomes clear only when healers and patients and their relatives are pictured actively creating the particular healing gesture,

reshaping healing institutions, and finding the meaning of misfortune" (Feierman & Janzen, 1992:12). Health and healing only come into being and become meaningful when the patient and his or her environment have found ways *to make sense of the illness*, have explored the possible cause of the illness, and have surveyed the therapeutic courses of action. The patient (usually together with relatives) is involved in a dynamic process of responding to challenges and opportunities, in which the patient is testing and negotiating his or her way amidst the plurality of health-repairing, or health-protecting options. But the patients and the relatives are not the only ones who search and act upon the challenges and opportunities that come to the surface in moments of dysfunctional health. The healers, or healthcare providers, are also active contributors in the quest for healing, in the sense that they establish networks and new organisations, look for new methods of treatment, go into business in order to sell medicine, market their healing activities, and combine different avenues of health information, knowledge and practices. So there is a dimension of active creation by the people involved in the search for healing: by receiving and subsequently reforming knowledge and activities, people respond to health conceptualisations and practices in such a way that they are able to come to terms with their own health situation.[8]

Thus, in every context people define 'health' in relation to their specific life setting, time, place and circumstances. Their social and cultural (and, in many contexts, religious) frame of life provides for the health ideas and practices that are not just occurring, but are actively produced and created. The essential point being made here is that health conceptualisations are purposefully made by people, and that these constructions are always contextual. This is what the *fabric* of health[9] refers to. 'Fabric' is derived from the Latin verb *faber* which means 'to make' or 'to create', and it has become a useful metaphor for the manmade patterns in relation to health. One can speak, for example, of the social fabric, economic fabric, cultural fabric and moral fabric of health, thereby referring to the practices, social arrangements, words, values, resources, facilities, tangible and intangible assets, and related concepts that people use in order to express 'health'. Based on the different (and always dynamic) fabrics of health, one can say that health codes and traditions (with their health concepts and practices) are socio-

8. In the same way, Feierman & Janzen emphasise the importance of describing African therapeutics in the active voice (1992:12) in order to avoid or otherwise deconstruct the image of health and healing in Africa as a static, stagnant and un-self-conscious tradition.

9. The concept of 'fabric of health' is developed by Janzen (2002).

cultural constructions. They are created by people who, in a particular context, try to make sense of what is happening in specific life situations.

Understanding 'health' by looking at the fabric of health is a generally accepted approach in health studies. However, holding on to the notion of health as a socio-cultural creativity often raises difficulties in relation to *biomedicine*. The issue at stake is biomedicine's claim of objectivity and validity that has its origins in science. Biomedicine is labelled as a discipline of modern research producing knowledge based on experiences that can be observed, repeated, measured and generalised. This scientific objectivity is difficult to match with the idea that health conceptualisations and actions are culturally specific. Despite biomedicine's own claim of objectivity, it is asserted here that biomedicine is a socio-cultural construction just as other health traditions are, and that "biomedicine can be regarded as the ethnomedicine of the Western, industrialised world" (Helman, 2007:94; see also Vaughan, 1991:6; Igun, 1992:147; Janzen, 2002:40, 67; and Louw, 2008:42).

1.4 HEALTH DISCOURSES

Studying health issues in the African context involves dealing with medical diversity. Therapeutic pluralism has always been part and parcel of the African context (Orley, 1980:127; Feierman & Janzen, 1992:4; Good, 2004:10), although the presence of Western biomedicine has confidently dominated the medical scene in such a way that it seemed the only authorised option for health-seekers. This disparity in the range of health options came into existence under colonial rule and missionary influence, but for a few decades now some changes have been noticeable in the African healing landscape: the distinct boundaries between indigenous healing practices and Western biomedical treatment are diminishing, due to increasing collaboration between the two health discourses (Neumann, 1982:217; Khamalwa, 2006:86; Amutabi, 2008:159). In addition to the growing complementarity between allopathic medicine and other health traditions, the importance of lay persons involved in the healing process is increasingly recognised (*cf*. Rasmussen, 2008:11). Not only do healers and specialists articulate and transmit the various health ideas of their particular discourse, but lay persons also play their part in treating diseases and in producing medical knowledge. Taking these developments into consideration, it seems obvious that the range of health ideas and practices in Africa is increasing, and that African healing perspectives are continuously being synthesised. The fusion of the many health concepts is not a haphazard process, but happens according to the logics of experience and response based on

the available resources within a specific context. When considering the context of southern Africa, the evolution of health ideas takes place within the scope of different but interrelated discourses.

At this point, it is necessary to explain in greater depth what is actually meant by 'discourse', since the term is used in numerous ways and in various disciplines. 'Discourse' carries multiple meanings, and often even a synthesis of meanings. So, in trying to avoid the pitfall of using the term without clarifying how 'discourse' is understood in this research, the following paragraphs address the meaning of the term as applied in the remainder of this research.

1.4.1 Discourse theory

The use of the term 'discourse' in current research (particularly in the field of cultural theory, linguistics and social psychology and critical discourse analysis) is mostly defined by the work of Michel Foucault. Although his approach did not result in a neatly worked out and systematic definition of discourse, Foucault regarded 'discourse' as a prominent issue of attention, because it is a key in addressing systems of power. This explains why Foucault himself used the term to mean different things: "Instead of gradually reducing the rather fluctuating meaning of the word 'discourse', I believe I have in fact added to its meanings: treating it sometimes as the general domain of all statements, sometimes as an individualisable group of statements, and sometimes as a regulated practice that accounts for a number of statements" (Foucault, 1972:80). Despite the complexity of meanings and the variety of applications, Foucault's understanding of 'discourse' is not so much that 'discourse' is something that exists independently and as such can be analysed on its own, but rather that 'discourse' is something that comes into existence when it generates something else: "practices that systematically form the objects of which they speak" (Foucault, 1972:49).

In other words, the systemic structures of certain practices reveal the presence of a discourse, in that there is a *rather systematic or coherent pattern* in how things are generated or influenced. So any statement, concept, certain way of thinking or acting, image or anything else that is supposed to be a true representation of reality, may affirm and renew the particular frame in which reality is perceived if there is some effect or influence evolving from it. According to Foucault, the very moment that the statement fits within that particular reality frame, and has an effect on (some)one's thoughts and practices, one can speak of a discourse, of a group of utterances or statements which are regulated by the system they were born within.

The discursive structure itself (as the framework of thoughts, statements and behaviour) is never being questioned, for the framework itself is the mechanism that determines and produces whatever is perceived as *true* within a culture. A clear example of how discourse generates and influences the perception of what is true and real, is mentioned by Mills (2004:16, referring to Fairclough, 1992): the approach of alternative knowledge about health from the perspective of the medical science discourse reveals that much attention, time, money and research is dedicated to the defence of true and scientific knowledge by denouncing alternative medicine as inferior and the work of unreliable quacks.

Besides the mechanism that safeguards the way people look at things, and the meanings they attach to situations as true and according to reality, there are also notions of *power* and *knowledge* that play an important role in a discourse. According to the Foucauldean perspective, the word power needs a broader understanding than is conventional (that is, power as possession, as a means of oppression, or as the result of economic relationships), because power is something that is present the very moment people relate to each other. It is precisely in the social relationship, in the power relation, that the individual is generated, that his or her behaviour is produced, that a certain gesture receives meaning – and this is when discourse is produced. According to Foucault, power and knowledge are imbricated, because all knowledge that is available to people is the result or the effect of power struggles (Mills, 2004:19).

Thus, based on the notions of truth, power and knowledge certain coherent perceptions of reality come into existence, and these perceptions are safeguarded and sanctioned. These units of systematic perceptions or discursive structures produce statements, concepts, practices and individuals (who think and behave in line with the discursive structures) themselves. Describing the word discourse as it will be applied here in this research, centres on discursive structures that attribute truth claims to particular statements (words, texts, concepts, reflections, practices, behaviour) pertaining to health, illness and healing in the African context. As such, the statements are being validated and affirmed as knowledge, which turns the statements into sanctioned statements with certain authority within the boundaries of the discursive structures. This means that the statements are associated with some institutionalised force, and as such they have a major effect on how people think and act (Mills, 2004:55). Against this background it is possible to understand health discourses as sets of practices and

rules that produce certain statements about health and illness, as well as the concepts and theories constituting the statements.

The first part of this research is an exploration of *existing discursive structures* that produce and protect ideas and practices pertaining to health, illness and healing in Africa. Since a discourse structures the perceptions of how health and illness are understood in reality, it is possible to discern four different ways in which health, illness and healing are perceived. These are described as *four units of discursive structures* and are as follows: (i) the discourse of African traditional religious statements about health; (ii) the discourse of missionary medicine; (iii) the discursive structure of statements regarding HIV/Aids in Africa; and (iv) the discourse of church-based healing – each producing particular utterances, texts, images and behaviour. These discourses have some form of truth claim, and therefore have a profound effect or influence on how individuals perceive and respond to health, illness and healing. For example, the discursive structure of African traditional religious thinking produces and validates the statement that illness is an indication that one's wholeness is damaged. The health-seeking individual will act and think accordingly, and he or she will aim to restore the harmony of relationships within the system of ancestors, environment, healer-diviner and sacrifices. The church-based healing discourse, on the other hand, will bring about different utterances, texts and practices pertaining to health, because within these discursive structures health is perceived as strictly related to God, Jesus Christ and the Holy Spirit. Logically such statements will lead to other thoughts and practices compared to the statements that are produced within African traditional religious structures.

1.4.2 Health discourses in Africa

In the following chapters the four above-mentioned, health discourses will be explored, since they have generated the most influential health paradigms in southern Africa, having a major impact on people's ideas and beliefs about health and healing (*cf*. Cochrane, 2006b:13; Rasmussen, 2008:12).

The *African traditional healing discourse* is inextricably linked with African religious beliefs and codes. These religious traditions centre on the idea that reality is an open domain in which various realms interact with each other. This holistic worldview generates and sustains ideas about spiritual beings with whom human beings need to develop and preserve effective relationships in order to achieve health and well-being.

The *HIV/Aids discourse* is mainly based on concepts of health and healing produced by the paradigm of allopathic medicine. But, as Rasmussen (2008:11) states, "the explanatory models of biomedicine have for the most part not been transposed to the informal sector." This implies that the biomedical discourse in Africa comprises complicated (under)currents of opinions and actions. The HIV/Aids discourse is not only about clinical treatment by biomedical staff and projects developed by Western-based agencies, it also includes the notion of suffering in its many dimensions.

Spiritual or church-based healing is a discourse that has largely been developed by African Independent (or Indigenous) churches and by African representatives of the Pentecostal tradition. Although the nomenclature of these traditions is not always clear and consistent, their healing practices generally share the same features based on beliefs derived from African indigenous traditions and from Christian ways of thinking. These blends have transformed into a relatively autonomous discourse on healing.

In addition to the three above-mentioned dominant health discourses in southern Africa, there is the *discourse of missionary medicine*. Although the health concepts and practices of medical missionaries were generated from and determined by the developments of Western biomedicine, missionary medicine can be regarded as a discourse on its own. In contrast to secular colonial medicine, missionary medicine incorporates the extra dimension of belief and ideology in relation to health and healing. The presence of medical missionaries has (had) profound influence in southern Africa. The actual impact of missionary medicine is articulated in various ways: some contributions tend to evaluate the missionaries' contributions in a negative way because they caused the decline of African indigenous healing practices (*cf.* Chepkwony, 2006:42), some focus on the manipulating forces of missionaries' ideas and healing activities constructing their own images of 'the African' and therefore justifying their own presence in Africa (*cf*. Vaughan, 1991:74; Butchart, 1998:75), while others highlight the introduction of modern technology, science, education, healthcare and other (in)direct influences of the missionary period (*cf*. Good 2004:7). The different assessments of missionary medicine in southern Africa make it abundantly clear that missionary medicine cannot simply be categorised under Western biomedicine, but that its multiple components constitute a separate discourse.

The identification of the four prominent health discourses in Africa allows for the idea that healing in Africa differs from healing in other parts of the world. Each area of the globe creates a medicine of its own (Porter, 1997:135), since the social and

cultural aspects of each society produce a particular response to the diseases and hardship that the members of that society are confronted with. The discussion of the four discourses will reveal that the uniqueness of healing in Africa can be found in the negotiation of health with spiritual realities, but also in the intermingling of ideas about health, power and sin. In addition, the all-pervasive presence of poverty and HIV/Aids produces, as we shall see, a different definition of health and healing than is the case in, for example, Europe or the United States of America.

Not only the social, economic, political, educational and cultural aspects of a society determine what kind of responses or discourses that society will produce, but also the *dynamics* of health care pluralism constitute the unique nature of healing in that society. Cecil Helman (2007:50) speaks of popular, folk and professional sectors in health care, thereby indicating that "in most societies one form of health care, such as scientific medicine in the West, is elevated above the other forms." Helman terms these other forms as *healthcare sub-cultures*, and mentions examples such as traditional Chinese medicine and Indian or Ayurvedic medicine. Just like African traditional healing, these health care sub-cultures have a major impact on how and why people make choices between the various health care options. In other words, indigenous sub-cultures trigger a certain dynamics in how health is understood, and the way the various dynamic health systems or discourses within a society interact and complement each other can differ per geographical area.

While health has been defined as a social construct, and thus as contextual by nature, it must be emphasised again that health is also by definition hybrid. This means that health concepts can never be developed in a vacuum. Health ideas and practices are influenced by external and foreign discourses (institutions, practices, experiences, language). This hybridity does not decrease the uniqueness of health in Africa, but it explains that African health ideas can also be found in another geographical setting, and be developed in the encounter with other health discourses.

1.5 CONCLUSIONS

Although health issues dominate daily life and nearly everyone has something to say about health or illness, 'health' itself remains difficult to define. We lack a universal definition of health despite the efforts of the World Health Organisation to come up with a description of what health ought to be. Health research, and thus the understanding of what 'health' is, is steered by two basic approaches to health: the biomedical model

and the social constructivism model. These two models are direct opposites, since the biomedical frame of reference is determined by a focus on disease, reductionist logic, scientific neutrality and modernistic ideas of development, human progress and control of disease, while the social constructivism approach presumes the idea that health is determined by the group. Health, therefore, is not something autonomous that can be approached and examined, but instead is seen as a social construct to which meaning is attached by the social group.

The perspective of health as a social construct implies that an understanding of 'health' is entirely determined by the social context. Social structures play a crucial role in the creation of ideas and practices pertaining to health, illness and healing. In addition, health as a social construct also implies that social context creates and sustains (in all kinds of ways) a discourse of those ideas and practices of health. The existence of multiple and different health discourses also implies the inevitability that some concepts or practices belonging to one discourse will find access to another discourse. Globalisation processes play an influential role in the hybridity of health ideas, which has become a basic feature of 'health'. Related to this hybridity of health ideas is active participation of the patient or the lay person. The perspective of the patient reveals that it is the patient who determines what 'health' means to him or her, and who decides on whether to integrate several discourses or not. All in all, one could say that health as a social construct basically has to do with conferring meaning in an active way: the fabric of health in the southern African context shows that people are actively and deliberately involved in the (continuous) generation of ideas and practices of health, illness and healing.

The *core supposition* in this study is that all health ideas and practices are by definition individual and collective constructions which are influenced by, and rooted in, individual and collective experiences, codes of the kinship group, socio-cultural traditions, economic circumstances, scientific research information, the way information is distributed and political influence (Feierman & Janzen, 1992:1; Janzen, 2002:52; Helman, 2007:126; Louw, 2008:44). It means that the conceptions of health that people have produced, and the responses to health situations that they have developed, are provided and moulded by the context in which they exist. 'Health' is contextual: it is entrenched in particular socio-cultural traditions that vary from place to place. Health ideas can only be articulated meaningfully, and health practices only be experienced as relevant, when the patient, the relatives, the medical practitioner, the pastor and all

others involved, share the same culturally-specific health tradition. Within every socio-cultural context there are multiple and different health codes and practices present, but it is possible to discern basic or dominant ideas in the amalgamation of health theories in one specific context.

The perspective of health as social construct offers the opportunity to explore ways in which health is understood in the southern African context. It is possible, in accordance with Foucauldean discourse theory, to discern four distinct health discourses in the southern African context. These are: (i) the African traditional healing discourse; (ii) the missionary medicine discourse; (iii) the HIV/Aids discourse; and (iv) the church-based healing discourse. These discourses will be addressed extensively in the following chapters, with the aim of clarifying the four distinct approaches to health.

The theoretical framework of this research is the social constructivism approach, because all the above-mentioned features of health as a social construct provide the scope for theological reflection on health, illness and healing in the southern African context. This theoretical framework sheds light on the fact that health always has numerous dimensions, and that health can never be approached in one single way. This insight can be regarded as a stepping stone in an exploration of the potential of Reformed theology in matters of health, illness and healing, since the perspective of health as a social construct provides the opportunity to understand health in other (or new) ways.

CHAPTER 2

AFRICAN TRADITIONAL HEALING DISCOURSE

It is commonplace to state that African Traditional Religion has a major impact on the health-seeking behaviour of Africans, whether they are Christians or not. Daily newspapers are filled with advertisements of African healers, promising healing for all kinds of illnesses and problems, while Christian ministers vehemently warn their congregants not to visit traditional healers with their evil practices. This chapter offers an exploration of the African traditional healing discourse because of the lingering impact that indigenous healing has on the everyday life of African Reformed believers.

The exploration starts with clarifying the term 'traditional healing' as it is to be used in this chapter. It will become clear that there is a very close link between healing and religion, since particular notions of health are generated by religious beliefs. Some of these notions involve a particular way of thinking about the cause of illness and misfortune, vital force and identity forming relationships. An in-depth exploration of this comprehensive frame of indigenous concepts, beliefs and rituals will identify the ngoma paradigm as a distinctive religious theory that provides the basis for various locally specific practices of healing.

2.1 TRADITIONAL HEALING

Falola and Heaton (2006:1) contend that "even the most cursory examination of the academic literature of African studies shows that scholars tend to suggest that there are two ways of doing things in Africa: the traditional and the modern." Whether the focus is on politics, economics, healthcare, religion, or social structures, the division between 'traditional' and 'modern' is ever present.

The term 'traditional healing' has received much criticism and has been rejected as non-constructive terminology because it implies a discontinuity between the way things were before and after the advent of missionaries and colonial powers in Africa. This dichotomy also epitomises the paradigm of modern Western thinking with its belief in progress and development, and its conviction that 'traditional' healing practices exclude 'modern' or 'scientific' approaches to health and healing (which is not always the case in indigenous healing practices).

However, despite many attempts to articulate a new vocabulary,[10] 'traditional healing' proved itself to be resilient in the discourse on healing in Africa. The term is used in academic contributions, international health organisation reports, government policies, remarks of biomedical practitioners, as well as in narratives of indigenous healers and of their clients. Luedke and West (2006:5) even claim that "the persistence of 'traditional medicine' in the face of relentless critique makes it impossible simply to dismiss the term."

Compliance with the term ensures 'traditional healing' does not need to be approached as an analytical category that creates a barrier between 'traditional' and 'modern', but instead is seen as a 'folk category' that can be studied in its own right (Luedke & West, 2006:5; *cf.* Kleinman, 1980:49-70; Helman, 2007:84f). Folk as a separate and independent perspective represents the beliefs and opinions of ordinary people in a society. It thus typifies healing concepts and therapeutic practices that are alive in a particular community. The folk sector differs from both the popular and professional sectors (in any given society) due to its distinct illness etiologies and treatments, its definition of who the healer and patient are, and its mode of therapeutic encounter.[11]

African 'traditional healing', then, is not just an analytical classification label that has been applied to those ideas and practices that do not conform to the biomedical paradigm. Instead, the distinction inferred by the term 'traditional healing' serves the interest of those who are involved in 'traditional healing' – the healers, their clients and researchers. It provides a particular lens that informs one's worldview, molds

10. Luedke and West (2006:5) share their experiences with crafting a new language for 'traditional healing' issues by indicating that they "generally ended … in demands from a confused audience to decode our new terms and eventually to confess that it is, after all, 'traditional medicine' that we are talking about."

11. Helman (2007:84) indicates that the folk sector is particularly vibrant in non-industrialised societies. The framework of folk beliefs, concepts and practices is a sort of bridge between the popular sector and the professional sector. Folk healers practice different forms of healing that are either sacred or secular, or a mixture of the two.

one's frame of moral codes, and helps to interpret one's experiences in life. So when healers and their clients identify themselves with 'traditional healing', they sustain the continued reshaping of this sector, preserving its meaning and significance. In other words, the use of the term 'traditional healing' is about "the continuing relevance of older theories to events that they fail to account for – the way social-scientific theories and cognate folk understandings of the past haunt the present" (Ferguson, 1999:15).[12]

Thus, 'traditional healing' as a folk category draws attention to a particular social field that persistently influences the present. It refuses to be abandoned from the map of healing discourses in the African context. That in itself provides an argument for paying attention to the sector of 'traditional healing' in this study.

2.2 HEALING AND RELIGION IN AFRICA

In Africa, to concentrate on traditional healing means to focus on religion; healing and religion are intertwined in the African way of thinking (Mbiti, 1969:196; Ela, 1988:50f; Appiah-Kubi, 1989:205; Janzen, 1992:1; Magesa,1997:175; Brand, 1999:201; Westerlund, 2000:152; Pobee, 2001:58f; Bujo. 2003:125; Magesa. 2004:94; Otieno & McCullum. 2005:59; Chepkwony. 2006:37; Stinton. 2006:22). It has become generally accepted that many concepts of healing present in the African context are specifically generated and defined by indigenous religious traditions.

2.2.1 African traditional religion or cults of affliction

Addressing the field of religion in the African context, however, implies a confrontation with the same terminological problem as encountered in 'traditional healing'. The many studies on African religious traditions form a separate discourse which is usually labelled as 'African Traditional Religion' (ATR) – a common term that is often taken for granted for lack of a better name.

'African traditional religion' appears to be a comprehensive label covering all indigenous religious traditions within the African context. It creates a division between foreign religions (such as Christianity and Islam) and religions originating in Africa, while the differences among the indigenous religious traditions seem to be underestimated under the broad umbrella of African traditional religions.

12. In his publication *Expectations of Modernity: Myths and Meanings of Urban Life on the Zambian Copperbelt* (1999) Ferguson discusses modernisation as a 'myth': on the one hand it refers to something that is a false story, on the other hand it refers to the social function of the story. In this sense a myth provides a cosmological blueprint, a framework that explains essential categories and meanings for the (re)ordering of experiences and the interpretation of understandings. Just as the 'myth' of modernisation continues to persist, so do other 'myths'. Traditional healing can also be regarded as such a myth (*cf*. Luedke & West, 2006:5).

Although one might argue that it does not really matter which label one uses, as long as one understands the issue (Gehman, 2005:24), the discipline of *anthropology* offers another opportunity to enter the field of African religious beliefs and health ideas. Basically the discussion raised by the term 'African traditional religion' is absent in most cultural and historical anthropological studies. The emphasis is not so much on the relevance and value of indigenous religious traditions over against modern Western influence, because the relevance of African indigenous culture is presupposed, so there is no discontinuity implied: the colonial impact on African indigenous cultures is not seen as disruptive. Rather, the course of history is believed to have contributed to diversification and hybridisation within continuous indigenous cultures (*cf*. Janzen, 1992:75; Falola, 1996:11-16; Falola, 2003:208; Lwanda, 2005:35).

Since around the 1960s cultural anthropological studies have been addressing different aspects of indigenous cultures in Africa. In particular, witchcraft and spirit possession phenomena have generated extensive ethnographic studies on religion in the region of southern Africa. Although most of these in-depth studies had a narrow focus (mainly on one social community, tribe, or 'study unit'), thus lacking a broader comparative approach, these studies contributed to insights into indigenous rituals that are upheld by particular social communities and informed by a specific religious framework.

These indigenous rituals have been described as 'rituals of affliction', 'cults of affliction', or 'drums of affliction'. The latter term was coined by the anthropologist Victor Turner in his ground-breaking studies on various rituals of the Ndembu people in northern Zambia. He introduced the term as a translation of the indigenous word ngoma (drum) which refers to the central use of drumming, song and dance in those rituals that deal with the interpretation of misfortune and affliction. Turner (1981:15f) defined 'drums of affliction' as "the interpretation of misfortune in terms of domination by a specific non-human agent and the attempt to come to terms with the misfortune by having the afflicted individual, under the guidance of a 'doctor' of that mode, join the cult association venerating that specific agent."

One of the characteristics of African indigenous rituals, or drums of affliction, is that *suffering, affliction, marginality and adversity are identified and articulated within a social community*. Subsequently the affliction is made useful for (re)ordering and renewing the afflicted individual and the social community. To illustrate the central meaning of affliction's utilisation, Janzen (1992:75) even refers to the relationship between colonialism and indigenous cults of affliction, explaining that colonialism

unwillingly generated various cults of affliction simply because of "the logic of the use of affliction and adversity for the organisation of social reproduction." This means that cults of affliction will persist, since they are fuelled by situations of affliction; cults of affliction transform suffering and affliction into renewal of the social community, that will continue to experience affliction.

2.2.2 Health notions generated by African religious beliefs

As previously mentioned, the relationship between African religious beliefs (constituting indigenous religious traditions and cults of affliction) and concepts of health and healing specific to Africa is well established. The religious system of beliefs and practices covers all areas of life in such a way that one can say that African traditional religion is about one's well-being, and that one's well-being needs religious involvement: "disease and misfortune are religious experiences and it requires a religious approach to deal with them" (Mbiti, 1969:196). In other words, specific notions of health are sustained by African religious beliefs.

Holistic perception of reality

African traditional religion reflects a worldview that is often labelled as 'holistic'. Reality is perceived as embracing the visible world as well as the invisible world. In contrast to a dualistic worldview, reality is not restricted to or determined by the perceptible, material dimension only, but it also touches the invisible, spiritual realm. This open, holistic reality implies the possibility of interaction between the perceptible world and the invisible world that is home to spiritual beings (Mbiti, 1969:1; Pobee, 1979:44f; Ela, 1988:35; Nkemnkia, 1999:11; Walls, 2002:124ff; Ellis & Ter Haar, 2004:14; Nürnberger, 2007:21f).

Spirits and relationships

The existence of spiritual beings is presupposed in African traditional religion. These spiritual beings are usually perceived as the spirits of the dead people who are still part of the community they belonged to when they were alive. The (ancestral) spirits are able to influence daily life in a positive or negative way, so they are an important consideration. The spirits' power to interfere with human life will become effective when the spiritual beings feel neglected as the superiors of the living descendants. The spirits' authority over life can become a source of suffering and misfortune for the living human being. Suffering is viewed and experienced as an affliction in its broadest sense: it can exist as illness, unemployment, financial setback, spirit possession and

anything else that is a hindrance to one's well-being and prosperity (*cf*. Ellis & Ter Haar, 2004; Jenkins, 2006). Suffering is almost always given a religious interpretation, which provokes the belief that affliction is an intervention by a spiritual or divine entity. Ignoring the impact and authority of the living dead equates to disciplinary action on the side of the spirits causing affliction and destruction of one's basic infrastructure in life, or even elimination of one's right to existence (*cf*. Mbiti, 1969:169; Westerlund, 2000; Ellis & Ter Haar, 2004:51; Nürnberger, 2007:25). The well-being of the individual and of his or her community is at stake when the spirits are not paid enough respect and attention. One could say that the spirits of the dead are the most important counterparts of the living in their search for health and well-being (*cf*. Nürnberger, 2007:29), because most illnesses and suffering come from and point to the spiritual realm.

Suffering as a relational matter

Ellis and Ter Haar (2004:51) contend that "if, as many Africans believe, both human suffering and human prosperity have their origins in relations with the spirit world, cultivating that relationship assumes great importance." So health and illness are relational matters. One's illness is interpreted on the basis of one's relationships in the visible as well as spiritual worlds: one's state of being is essentially determined by one's personal connections and conflicts. The interpretation of the meaning of illness and misfortune does not fit in a frame of single events of illness, nor does it allow people to simply succumb to fate or 'bad luck'. Illness makes one ask: "*Who* did this to me? *Who* caused the illness? *Who* wants me to be afflicted?" Misfortune is therefore viewed as intentionally caused by someone else with whom the victim apparently has a (hidden or explicit) conflict (Turner, 1981:46; Ellis & Ter Haar, 2004:94).[13] Healing in the African context therefore requires a continuous search for balance, and a continuous restoration of the damage that has distorted the social fibre of health (*cf*. Landau, 1996:266).

Causality and the meaning of suffering

Thinking about suffering as a relational matter is coupled with the conviction that there is a cause for every suffering. Mbiti (1969:215) articulates African causality thinking

13. The publications of Comaroff and Comaroff (1993), Geschiere (1997); and Meyer (1999) revolve around suffering as a relational matter that has its origin in the spirit world. The realm of the spirits, however, has undergone a transformation in the perception of many people nowadays: often the spirit world is no longer seen as the source of constructive and destructive powers, but as unambiguously evil. That makes it rather confusing and difficult to relate the affliction constructively to a human or spiritual agent who might be the cause of the suffering. Here accusations against witchcraft express a suspicion that someone's suffering is rooted in a relationship with someone else who has used evil powers to affect that relationship.

as follows: "for African peoples nothing sorrowful happens by 'accident' or 'chance': it must all be 'caused' by some agent (either human or spirit)." In his extensive anthropological study on the Cewa people, Marwick (1965:281) notes that "beliefs in mystical evil-doers explain the course of events by relating the occurrence of misfortune to disturbances in the moral relationships between persons." Even though this cause may not always be clear, meaning is attached to the situation of the afflicted person: his or her suffering is a manifestation of imbalance in the networks of relationships (which might be caused by negligence of the group code). In the light of affliction and divination as relief from suffering, Turner (1981:29) explains that the purpose of divination is to bring into the open what is hidden or unknown, thus revealing the *reasons* of spirits to bring affliction. A diviner, then, assists in discerning the meaning of illness and suffering on the basis of interpersonal and spiritual relationships. In other words, on the basis of its relational character, affliction conveys *meaning.* Illness, misfortune and suffering carry significance in the sense that they indicate there is a need for change. The meaning of suffering is found in (its pointing to) the need for re-establishing broken relationships and for maintaining the balance of existing relationships with other people, spiritual beings and the natural environment.

Vital force and prosperity

A prominent aspect of one's well-being is one's life-force or vital force (Janzen, 1989:132; Nkemnkia, 1999:166; Ellis & Ter Haar, 2004:94). Every living being is perceived to contain a vital force which is the first principle of life. Without this vital force there cannot be life: "(T)here is no idea among the Bantu of 'being' divorced from the idea of 'force'. Without the element 'force', '*being*' cannot be conceived" (Tempels, 1969:50f).[14] So, to live is to possess this life force that has its origin in God the Supreme Being, who bestows the power of existence upon his creation. The obvious link between being alive and having the power to live constitutes the human being's tendency towards enhancing his or her vital force continuously. To live, then, means to be involved in an on-going course of power increment. But the human being can also lose some of his or her vital force: he or she becomes weak, loses quality of life, and experiences suffering and misfortune. The decrease in vital force, and

14. The terminology of vital force is often linked with the work of the Belgian missionary Placide Tempels, who published *La philosophie bantoue* in 1945. Even though the title of the publication was misleading (since his research involved only two groups, namely the Bemba and the Luba, and since Bantu is not an ethnic or cultural reference but a language), Tempels' book provided the basis for some other ontologies of African cultural traditions. Tempels' articulation of the vital force has been recognised in many parts of Africa.

therefore the decline in health and well-being, is often interpreted as the result of moral and spiritual deficiency.

Just as declining health and diminishing life-force imply conflict and deficiency, it is believed that well-being and strength are related to prosperity. A well-balanced relationship with others, especially with the spiritual realm, will bring wealth: "There is an undeniable relation between the visible and invisible world in the sense that a person who is in a good state of spiritual health can also expect to prosper materially" (Larbi, 2001:313; *cf*. Kalu, 2000). Prosperity has become an expression of the condition of one's vital force, and as such it reveals the state of one's relationships in both spiritual and material realms.

Medicine and the protection of vital force

Boosting one's vital force occurs within one's network of relationships: it is a power game in which one person gains life power while the other loses some. Waning life power brings fear that someone else is trying to attack and affect the very essence of one's being. This creates a situation in which one is actively looking for opportunities to increase one's power in order to protect one's life. This search for healing usually consists of the pursuit of effective medicines.

The concept of traditional medicine is closely related to the perceived nature of health and illness: medicine is managed by the spiritual beings. Medicine is not just a commodity consisting of specific ingredients that will bring healing to the body, but has an extra dimension. Medicine is a vehicle of power from the spiritual world and mediates between the perceptible and invisible worlds by channelling the spirits' control over all kinds of life issues. The supernatural power may offer protection, but it can also be harmful depending on how the medicine is used. The ambivalent nature of medicines is congruent with the ambivalent character of the spirit world itself: there are 'good' medicines designed to cure illness and to ward off danger, but there are also 'bad' medicines that transmit harmful forces that are used for offensive and destructive purposes (Ellis & Ter Haar, 2004:95).

Purity and pollution

African ideas about health and well-being also allude to thoughts of purity and pollution. These ideas are captured in extensive codes, and they form a different category to that of the regulations belonging to the relationship with the spirit world. The emphasis of these purity and pollution codes is on the relationships within the perceptible world.

Illness and misfortune can afflict people who find themselves in a certain 'polluted' life situation (for example widows, women suffering a miscarriage or abortion, and persons handling a corpse) or when specific communal regulations are undermined. People who are ritually impure are considered to be in a particularly dangerous condition, which will affect the quality of individual and collective life. Even though the polluted person may not be directly responsible for his or her state of being, they are responsible for following strictly the pollution codes of the community in order to safeguard the well-being of that community (Marwick, 1965; Hammond-Tooke, 1989; Janzen, 1989; Van Breugel, 2001).

In this regard Nürnberger (2007:28,36) categorises the forces that are at play in the domain of taboo and pollution as 'uncanny' or 'dynamistic'. These forces or energies are set in motion when communal relationships are undermined, and they create a particular dynamic that threatens the offender as well as the whole community. Only by means of adherence to the communal codes can the well-being of the community be protected or restored. Thus, taboos and pollution codes serve the well-being of the (kinship) community by aiming to achieve balance or purity[15] as the desired state of every individual. In being pure the individual supports and contributes to the proliferation of communal life.

2.3 NGOMA PARADIGM

The religious beliefs that generate specific ideas about health, illness, medicine and healing (similar to the ones discussed above) constitute a certain framework, a distinctive religious theory, that provides the basis for various and locally specific practices of healing. This comprehensive frame of concepts and beliefs, as well as the related rituals and applications, is usually referred to as *ngoma*.

Ngoma is an indigenous word that Turner (1981) simply translated as 'drum', but John Janzen, an influential scholar on the subject, suggested the Bantu word to be maintained, and his example has been followed by others (*cf.* Van Dijk *et.al*. 2000). Using the indigenous term implies affirming ngoma's intrinsic plurality of meaning and dimension – it can refer to a physical drum, or to the communities' music, singing and dancing (often accompanied by drumming), but it can also refer to their aims and symbols, or the group itself of performers (Stevens, 1984:29f; Janzen, 1992:83;

15. In the various anthropological studies on taboos and pollution codes of southern African kinship groups 'balance', 'coolness', and 'harmony' are terminologies that are used to express the same desired condition of purity (Marwick, 1965; Hammond-Tooke, 1989; Janzen, 1989; Van Breugel, 2001).

Blokland, 2000:19f). When using 'ngoma' as a term of reference, the plurality of connotation is retained rather than narrowed down to a concept that can fit Western analytical approaches, or that serves Western preoccupation with matters such as trance and possession. Ngoma should be regarded as much more than that; it is a dynamic collection of traditions and processes dealing with the interpretation of suffering and aiming at its removal.

2.3.1 Institution of African traditional healing

Although ngoma is a phenomenon that moves beyond the clear lines of (Western) categorisation, it has been identified as "a classic – that is, ancient and formative – institution in Central and Southern African healing" (Janzen, 1992:109). Ngoma practices can be found throughout the region of central and southern Africa, the same region in which the Bantu languages are found. The linguistic, behavioural, structural and musical constituents of ngoma have given rise to the idea that ngoma is a southern African healing system, which "can and should be studied in its own right as an indigenous institution, produced within a regional cultural and historical setting" (Van Dijk *et.al*. 2000:5). Even though the local practices may vary from place to place, and the particular rituals are subject to changes over time, "the ideational superstructure ... has remained highly resilient" (Janzen, 1992:68).

Ngoma as a ritual therapeutic institution offers the means to understand one's affliction. This interpretation of individual suffering is embedded in the frame of African religious beliefs and concepts, so the ngoma institution presupposes the existence of spiritual beings and subsequently their involvement in the affliction. However, not every spirit-caused affliction can be typified as an affliction that receives attention and needs to be treated by ngoma. There are also cases of non-ngoma affliction, and those will be referred to healers who are not affiliated with ngoma practices. The ngoma institution is of relevance to those sufferers whose case is diagnosed as a call by the spirit(s) associated with ngoma orders (Janzen, 1992:94).

2.3.2 Ancestral or spiritual legitimation

The whole complex of therapeutic interventions in this southern African healing institution is centred on the indication by the spiritual being(s) or ancestor(s) that an individual has been selected to participate in ngoma. This selection becomes apparent in the suffering[16] experienced by the individual, but the interpretation of the suffering

16. The suffering can occur in many forms, such as illness, infertility, job loss, financial struggles and familial conflict.

as a call from the spiritual world requires the involvement of a diviner. The diviner is usually the one who can identify the spirit(s) who selected this particular individual for a specific purpose. After the diagnosis of the case and identification of the ngomaspirit, it is referred to an ngomahealer. Thus, the selection and recruitment procedure starts with a call by spirits who use divine power to convey the message which is received in the form of suffering in the perceptible realm.

The separation of the individual (expressed in affliction) is the initial stage of the recruitment of ngoma adherents. Ancestors, or other spiritual beings, call a person to partake in ngoma in order to take up a ritual leadership role and to become an ngoma healer.[17] The aim of ngoma, then, is to remove suffering and bring healing to an individual by making sense of that sufferer's situation. The afflicted person must move from an involuntary to a voluntary relationship with the calling spirit(s) through mediumship. The ngoma institute basically constitutes a "coming to terms with these 'living dead' in relation to the fortune and misfortune of the sufferer and his or her community" (Janzen, 1992:66).

2.3.3 Power of ngoma

In relation to the call and recruitment by the spirit(s), a relationship between the context of constraint in socio-economic systems and the rise of ngoma and other cults of affliction is justifiably sought (Parkin, 1972; Van Binsbergen, 1981; Lewis, 1986; Van Dijk *et.al*. 2000). There, where imbalanced power relations exist and the social nexus is rearranged due to economic pressures (such as the emergence of capitalist production and consumption and urbanisation), the need for an appropriate response arises in the intensification of cults of affliction. As mentioned previously, cults of affliction have an intrinsic logic to utilise hardship and misfortune: during the ngoma process, misfortune is being used and transformed into power, and the afflicted person is developing his or her potential to move beyond the personal distress in order to contribute to the alleviation of collective constraint.

The correlation between societal distress and the preservation of ngoma is based on ngoma's characteristic of interweaving healing power and political power. Political power, in this sense, can best be understood as the ordering and reordering of social

17. It is not always clear which criteria are used by the spirits when choosing new followers. Their selection might be based on the individual's ego strength, high level of sensitivity and cultural receptivity in times of pressure and stress (Janzen, 1992:55).

relations (*cf*. Van Dijk *et.al*. 2000:6). Although some studies[18] consider political power to be related to but independent from the healing power of ngoma, it would be more in line with African ideas about health and life power to acknowledge that all ngoma-type institutions are determined by the scope of power, and aim to transform the afflicted individual as well as the social environment (whereas the differentiation between politics and healing is clearly a Western product).

The genius and power of ngoma is in the aspect of transformation: ngoma therapy is about the suffering individual who is assisted by a ritual expert in *rebuilding his or her identity in the presence of the community*. The individual has to work on self-transformation while the social network is being transformed too. In addressing imbalanced power relations, marginality, adversity and suffering, and by providing a framework of turning affliction into vitality, ngoma is about the social reproduction of health.

Ngoma's ability to recreate society is probably "the most pronounced characteristic of ngoma therapy in achieving and maintaining health where it has collapsed" (Janzen, 1992:160). In order to facilitate the processes of transforming social networks and reproducing health in all its facets, ngoma-type institutions transform themselves when the need arises. This intrinsic feature makes it particularly difficult to articulate a comprehensive summation of (the continuously changing) ngoma therapies in the whole region of southern Africa, but there is a clear pattern of ngoma proliferation on the social and geographical margins of large empires, or as a mechanism for the consolidation of authority in the cracks of society where misfortune lurks, or in those areas where social chaos prevails (*Ibid*. 79). In all different manifestations and transformations, ngoma's constant characteristics boil down to the utilisation of affliction, the transformation of affliction into something powerful (dominance, stability, authority, health), and the reproduction of the social environment.

18. In response to Janzen's *Ngoma* (1992) a group of scholars published their findings on ngoma cults of affliction in *The Question for fruition through Ngoma* (Van Dijk *et.al.* 2000). The contributors contend that Janzen's approach of ngoma as mainly a healing institution does not do justice to ngoma for "as a discourse ngoma may pertain to all spheres of life – the personal, the social, the political, the economic or the ecological" (6). So they extend the definition of ngoma as an institution of healing by bringing in the power relations that are also being addressed by ngoma, and they focus on the political aspects of ngoma in southern Africa. In doing so, they discern a distinction between therapeutic ngomas and political ngomas.

2.3.4 The social environment of ngoma

The social context of ngoma therapy is the community of ngoma adherents, that is, the experts or healers, the kinship group of the afflicted person and other lay people who play a supportive role in the therapy. The aim of the social environment equals the aim of the afflicted individual: all involved persons strive for the removal of suffering and renewal of identity through ngoma. Janzen (1992:103) contends that "the efficacy of the therapy, regardless of its specific techniques, is partially assured because all in the community feel shared affliction and support the sufferer, even though not all the community is kin."

The explicit and practical involvement of the surrounding people begins with the initial diagnosis of illness by the family or kinship group of the sufferer. Health-seeking behaviour in Africa is often a family issue; it is not the individual sufferer, but the relatives who decide what to do and where to go (Janzen, 1978; Good, 1987; Morris, 1989:51; Good, 2004:25). Only when they have all agreed to take the case beyond the confines of the kinship, does the expertise of an ngoma diviner comes into play. It is then the duty of the diviner to clarify the case by focusing on questions such as: 'What do the symptoms reveal? Who has initiated the illness? Is it a spiritual or human being? What is the meaning of the illness?' If the illness requires communication with specific spirits, then the sufferer is referred to an ngoma healer, who is employed by those same spirits, to facilitate the healing process of the afflicted person. The restoration of health is achieved when the sufferer has managed to overcome the affliction which is expressed in the personal articulation of this illness experience. This articulation is performed in a final call-and-response song and dance in which all ngoma adherents (experts and lay people, kin and non-kin) are involved.

The interplay of individual and communal aspects is crucial in ngoma therapy. The individual sufferer is supported by the community who allows the individual to be (temporarily) separated from that community in order to regain health.[19] The withdrawal of the individual is often marked by the death of a sacrificed animal symbolising "the death of the sufferer's self, in exchange for a new life and identity" (Janzen, 1992:102). The ultimate expression of this new life and renewed identity is the personal song of the sufferer: during the therapy the suffering individual moves from a passive state

19. The most obvious examples of separation for healing purposes are provided by the reproductive ngoma cults of affliction, when women with reproductive problems or who need protection during pregnancy and childbirth are isolated because of the risk from the stresses of daily life (*cf*. Spring, 1978; Turner, 1981; Janzen, 1992).

(receiving songs from others) to an active and powerful one, during which he or she composes and sings a song that instructs others in the community. The ritual of performing this personalised song marks the transformation of the individual back into the community in a restored condition.

The social relational network that ngoma provides exists beyond the borders of the kinship group. This has to do with the nature of the individual's affliction: ngoma therapy facilitates the healing process of affliction that has its origin in the spiritual world; this kind of affliction differs from suffering that originates from interpersonal conflict that usually arises within the confines of the kinship group. This explains why most cults of affliction are performed outside the kin setting. They are an essential addition to the kinship relations, and they "give the individual lifelong ties with others along the lines of the new affliction" (Janzen, 1992:103; *cf.* Landau, 1996:263). Since the ngoma network functions as an essential supplement to the kin, it also exists side by side with other relational networks in society. For example, participating in ngoma does not need to exclude being a church member. In the perspective of ngoma adherents, there is not necessarily a division between being 'African' and 'Christian', so references to God, Jesus and the ancestor spirits in the same ngoma song or ritual do exist and do not cause any friction or offence.[20]

2.4 BORDERS OF AFRICAN TRADITIONAL HEALING

In the African context, affliction and healing are processes that belong to the community. Just as affliction is born from relational issues, so healing needs to be sought *within the network of relationship*s. In ngoma or African traditional healing, this dynamic of individuality and communality is facilitated by the person and the practices of the healer-expert who plays a special role within that specific community. This sub-chapter concentrates on the healer's role and activities in order to introduce another important dimension in African ideas and beliefs about healing: namely, borders. A specific focus on the practices of the healer will reveal that in the African traditional healing discourse there is a fundamental link between healing and the crossing of borders by healers.

20. Although ngoma practices can include Christian elements, the mainstream churches reject any inclusion of 'pagan' or 'African traditional' rituals. In some cases ngoma rites were substituted by Christian ceremonies (for example, the ngoma initiation rite *chinamwali* in the eastern province of Zambia had been transformed into the Christian *chilangizo*, whereby the use of drums was replaced by the reading from church instruction books), in other cases African drums were only allowed to be used during church services after the drums had been 'purified' (in the sense that they are free from any connection with the spirit world), or ngoma practices continued to be performed in the original state but out of the reach of the church (*cf*. Verstraelen-Gilhuis, 1982:183; Drews, 2000:42f).

2.4.1 Healing and borders

The notion of borders or boundaries is not new within the field of cultural anthropology (Feierman, 2006:185), nor is it innovative to link the idea of boundaries with healing in the African context. Historical, ethnographic and medical anthropological studies have drawn attention to the extensive circulation of healing techniques, ideas, objects and medicines in the region of southern Africa (Vaughan, 1991:24; Van Binsbergen, 1995; Comaroff & Comaroff, 1997:338; Rekdal, 1999:463; Whyte *et.al*. 2002:6-9). Even the crossing of territorial boundaries by people and spiritual beings in relation to affliction and healing has been addressed before. One might even say that the traversing of people, spirits, ideas and matters is "the norm rather than the exception in this region" (Luedke & West, 2006:4).

The point being made in this section is that healers, who are active within the confines of African traditional healing systems, need to cross those and other boundaries by definition: "if boundaries can be said to exist between the rural and the urban, the local and the global, the official and the unofficial, and the traditional and the modern … then healers, it would seem, cross boundaries constantly" (Luedke & West, 2006:2). Basically, any boundary between two realms offers an opportunity for healers to move beyond it. Whether the dividing line is between the visible and the invisible reality, healing or harming, African medicine or Western biomedicine, Christianity or Islam, or even between being a sufferer or a healer, every border is part of the healing matrix. This suggests that the resilience of African traditional healing is rooted in the healers' capacity to cross these boundaries (*cf*. Whyte & Van der Geest, 1988:7).

2.4.2 Literal and figurative borders

The borders that are addressed and challenged by healers are related to literal as well as figurative domains. In the pursuit of healing their clients, healers pass geographical borders to obtain particular medicines or to learn new techniques in foreign countries, and they bring these resources to the locus of their healing business. A well-known example of these circulation and indigenisation processes, within the African traditional healing discourse, is the use of injections. Under colonial rule, the frontier between Africa and Europe was crossed when a number of medical techniques were incorporated into indigenous healing systems. The injection appeared to be the most popular treatment because its healing effects were swift and obvious (Vaughan, 1991:24; Whyte, 1997:26; White, 2000:99ff; Good, 2004:10). Most of the examples of border-crossing by healers suggest that a healing technique, or a medical substance, is regarded more

powerful and effective when the healing resources originate from the other side of a border. The same preference or need for unfamiliar sources of healing exist when healers move beyond borders that give access to the invisible world, the unmapped realm of the ancestors and other spirits who can distribute divine healing power.

Both the physical and the conceptual frontiers are equally important in the healing activities. They often support and complement each other because the processes of healing and restoration centre on physical places of treatment, places of the mind where powers of affliction and healing compete for dominance, (demarcated) stages in time, somatic areas affected by sickness and the patient's seclusion from and participation in the community. Sometimes it is difficult to see a clear distinction between the literal and conceptual nature of these borders, since they are simultaneously dividers between particular moments, locations, persons, spiritual beings, objects and ways of thinking. Good (2004:22f) elaborates on African frontiers under colonial pressure, showing that the many indigenous healing systems (firmly rooted in African metaphysics) formed a sort of cultural shield, a frontier, against the geographical border-crossing of Christian missionaries and their activities. The physical and conceptual borders that healers encounter and cross in their healing activities, then, are often intertwined with and dependent on each other for their existence.

2.4.3 The need for borders in African healing

For healers who participate within cults of affliction, the issue is not so much about the nature of frontiers, but the very existence of frontiers. Healers essentially depend on borders and the variety of these borders in order to be effective in their healing ministry. They need markers and boundaries, "as bounded spaces are often necessary for the construction of a healing community" (Luedke & West, 2006:6; see also Landau, 1996:263). The dealing with affliction, the process of healing, and the manifestation of transformation can only be fruitful when a safe haven has been created. The importance of demarcation explains why, for example, in the ngoma framework a suffering patient first needs to undergo an initiation rite before accessing ngoma therapy. Healers carefully balance their practices around the distinctions and borders between the patient's old life and their new life, between the familiar and the unfamiliar. Luedke & West (2006) contend that healers in contemporary southeast Africa derive their healing power from the way they relate to borders: they cross boundaries in order to access new healing resources, and at the same time they need to protect these boundaries, or else their assets will be exhausted by other people, healers and patients alike.

Border-crossing

The treatment of illness and affliction requires the continuous development of new therapies, the acquisition of appropriate medicine, and updated communication with spiritual beings, and therefore healers cross borders constantly. If they don't, their healing activities will soon lose (divine) power and become less attractive to the health-seeking audience. In the traditional healing environment, healers receive knowledge for healing purposes from the spiritual world, so they need to regularly adjust to the sources of their healing power. Also, with regard to the interpersonal domain, healers need to be creative and innovative in extending their sources of healing power (*cf*. Whyte, 1988:226; Last, 1992:404; Rekdal, 1999:472). Reliance on knowledge and techniques that have worked in the past may not be sufficient for current needs, because the nature of affliction and illness can change under the influence of social and economic pressures. So, if healers want to sustain their practices then they depend on their creativity and originality to add foreign elements, methods, medicines and insights to their treatment.[21]

The need to cross borders in order to re-invent appropriate healing techniques has not only to do with the changing nature of affliction, but also with the changing expectations of the clientele. When people become too familiar with the existing practices of a healer, they might turn to another expert whose techniques conserve the mystery of healing. In this light, West mentions the people in Mueda (northern Mozambique) who say that "one's medicine has grown stale" (Luedke & West, 2006:10). It seems that, in the perspective of the clients, the healer has become less powerful if the dimension of the unfamiliar and the unknown has disappeared in the healing therapy: the evaporation of the notion of mystery in healing refers to the impotence of a healer.

The relevance of the healer's practices hinges on the unknown and unmapped powers of healing, but it is the healer's ability to access those powers and to establish a connection between the known and the unknown dimensions of life that enable him or her to mediate the powers of healing to the patient. If the healer travels too far away from the border that he/she crossed, and brings back insights and techniques that are too unfamiliar for the clients to relate to, then he/she runs the risk of losing the clients altogether. Border-crossing is thus an intense operation that requires skilful

21. There are many examples of healers who implement elements of the biomedicine discourse to their practices. Healers, who are specialised in mediating the communication of particular spirits, might start to introduce the communication of Christian spirits or saints to his or her repertoire (*cf*. Wilkens, 2009). The exploitation of foreign elements is a crucial part of the African traditional healing discourse.

manoeuvring between the eager expectations of the clientele and the achievement of distant resources of healing.

Border-protection

The healers' engagement with borders is two-fold: they need to cross frontiers in order to get closer to the ideas, objects and spirits that sustain and reinvigorate their healing activities, and they need to invest in boundaries, because in a sense the boundaries give access to the main entities of the healers' industry. It is in the interest of the healer to protect the physical and conceptual confines of his or her dispensary. As gatekeepers (Somé, 1998:75; *cf*. Sharp, 1993:208) or 'brokers' (Rasmussen, 1998:167), healers are in a position to exploit their healing knowledge, techniques and instruments by facilitating their transportation from one side of the border to the other; yet they are also in a position to interrupt this process when they feel the need to do so (for example, when the novelty of a technique or the distinctiveness of a medicine is at stake because it has been used too frequently or by too many other healers).

The healer's extraordinary, in-between position is created by the fact that ordinary people are not able to access the therapeutic resources themselves. They are bound by the borders and regulations that serve the well-being of the community. By nature, boundaries contribute to the maintenance of order in community life. They indicate the extent and the limits of human control and activity. Beyond those limits of human power and control, there is spiritual power and dominance which can be both constructive and destructive to human life. Border-crossing is deemed a dangerous act for laypersons, for their inexperience can jeopardise the well-being of the whole community. Precisely the notion of danger provides a niche for the healer: he or she is in the ideal position to utilise sources of power that few others dare to access (Luedke & West, 2006:6; *cf*. Pfeiffer, 2006:97).

Although the act of border-crossing is a crucial part of the healer's practices, even an experienced healer can be in danger when traveling beyond familiar domains. In the healer's case, the issue is not so much about getting lost in the spiritual world, but rather about losing the connection with the human beings who stay behind. When a healer goes too far across a border, he or she runs the risk of being accused of witchcraft. In the perspective of fellow human beings, the endowment of spiritual power on the healer seems to have turned into the use of an illegitimate force (Ellis & Ter Haar, 2004:99). The healer, who is supposed to bring different realms

together and to establish wholeness in a situation of affliction, seems to be doing the opposite by moving too far away or by reversing the status quo of the community.[22]

The practices of a healer, then, always take place in the vicinity of borders. If a healer is unable to reach and challenge those borders, or leaves the borders too far behind in physical or conceptual journeys, then the healer's powers are questioned by the community that relies on the mediation of that healer. In other words, within the setting of African traditional healing practices the healer is identified with boundaries, whether literal or figurative. The healer is a border guard: he or she crosses borders and dissolves existing frontiers, while simultaneously producing new borders and defences. This element of re-organising and negotiating the limits of conventional or familiar healing knowledge,[23] ideas and techniques materialises in many different ways and dimensions.

Some practices of healers as border-crossers and border-guards are illustrated by various scholars. For example, Luedke (2006) shows how self-made prophet healers in Mozambique erect new borders by constructing their own authority, whereby healing institutions are created and social bodies are transformed. Simmons (2006) discusses the way in which Zimbabwean healers cross the boundary between 'traditional' and 'modern' by professionalising and commercialising African vernacular medicine in response to the disorder within the formal healthcare sector. Pfeiffer (2006) explores the Mozambican situation in which church-related healers and prophets mark a clear boundary by contrasting themselves with the healing practices of traditional healers, who seem to offer their services at a high price (and thereby creating another division between male clients who aim at accessing more social power, and poor females who need healing powers amidst diminishing economic security and destabilising households, but who cannot afford to approach these healers).

The notion of danger contributes to the particular position of a healer within the community, and leads to the identification of healers with borders. In a sense, healers

22. The notion of danger in the activities of someone who is bestowed with spiritual power is clearly linked with boundaries, and with the way boundaries are perceived. Ellis & Ter Haar (2004:99) recount the situation of women who are able to exercise (political) power due to their being possessed by spirits. However, when the possessed women transgress the limits that are set by men, the women's spiritual power is perceived as a dangerous and destructive form of power (*cf*. Lewis, 1989:66-71).

23. African traditional healers receive their knowledge about healing from the spiritual world, but this knowledge is usually not fully clear to the healers themselves; they know what to do, but this does not necessarily mean that they understand exactly what is happening. So it seems that even for the healers there is a dimension of mystery in the healing process (West, 2005:49f; Luedke & West, 2006:11).

have become persons who embody the distinctions or borders between the known and unknown, between old and new, between illness and healing. Therefore, healers, and thus borders, are of crucial importance in the healing process. Within the framework of African traditional healing practices, they constitute the premises of healing.

2.5 RELATIONALITY

When studying the discourse of African traditional healing, and when observing its ideational framework, its institutional practices and its crucial constituent borders, then one can easily discern an underlying notion that transpires through most concepts, beliefs and practices of African traditional healing. *It seems that nearly every strand of African traditional healing is interwoven with the aspect of relationality*. Being part of a community, partaking in community rituals, and cultivating balanced relationships are important elements of health and healing.

Identifying relationality as a fundamental concept in the discourse of African traditional healing does not necessarily exclude other ideas as significant frames of reference. However, basically all concepts and manifestations of African traditional healing come down to relationality: the establishing of a network of well-balanced relations, and adhering to the rules and practices of that network or community. Relationality can be regarded as *the stimulus, the method, and the purpose* of African traditional healing.

Substantiation of relationality as a key notion in the African traditional healing discourse is articulated in the following paragraphs, and it is based on specific ideas about health and well-being fostering (human and spiritual) relationships, the prerequisite of a communal presence and practices in the healing process, and the borders of the healing network as providers of healing.

2.5.1 Holistic healing

The fabric of African traditional healing is interwoven with religious beliefs that are determined by a holistic perspective on reality: all dimensions of life are interrelated and complement each other. Ideas about health and healing are, therefore, also defined by this holistic perception of reality. The assumption is that health, well-being, and accumulating life-force and prosperity all have their roots in the spiritual world. That is the reason why cultivating a relationship with ancestors and other spirits is important to one's well-being. Yet, placating the spiritual world is not the only way to achieve or maintain health. The holistic nature of reality also directs the attention of health-seekers to inter-human relations and their connection with the ecosystem (Mbiti, 1969:108;

Twesigye, 1987:109; Sindima, 1990:144,146). Even these relationships have an impact on and define one's state of being and health-seeking practices.

The configuration of health (and healing) is reflected in the concept of relationality. Relationality as the complete interrelatedness of the spiritual, social and environmental aspects of reality forms a framework that facilitates the complicated process of the flowing of power (*cf*. Ranger, 1991:109-112; Magesa, 1997:65ff; Ellis & Ter Haar, 2004:125). Since it is this life power that is required for health and healing, it is clear that *maintaining and mending relationships* as the channels of life power is key to administering health and healing. In his contribution on vital participation in African life, Mulago (1972:138) affirms the idea of well-being and relationships: "Vital union is the vital link which unites vertically and horizontally the living and the departed; it is the life-giving principle which is found in them all. It results from a communion or participation in the same reality, the same vital principle, which unites a number of beings with one another. What is this life? It is a whole life, individual inasmuch as it is received by each being which exists, and communal or collective inasmuch as each being draws from a common source of life." The holistic perspective on reality is closely linked with the perception that everything is relational and that relationships are the vessels of life and well-being.

In the same vein, illness and affliction are also relational matters. Suffering is often interpreted as the effect of decreasing life power. Just as the rise of life power is marked by relationships with spirits, human beings and the environment, so is the cause of diminishing power also embedded in relationality: someone else is trying to attack one's vital force because of jealousy, resentment, a quarrel, revenge or other relational deficiencies. Furthermore, relationality not only is the root of affliction, it also provides the remedy. By assessing and addressing the relational circumstances and networks of the suffering patient, the healer is able to discern a way out of affliction and towards restoration.

2.5.2 Healing as a community service

The complex network of relationships does not only generate health and illness. In the discourse of African traditional healing, relationality is also the means to achieve restoration and healing. The way to become healed is a path that needs to be travelled together with kin and persons who have gone through a similar experience. African traditional healing methods are intrinsically always personal and sometimes individual. The situation of affliction ties together particular relationships and produces new

constellations of those who need help and those who provide help. The mediation of divine healing power and the support of the social environment are demonstrated in healing rituals. These rituals belong to the community. Essentially they are only meaningful within a particular network of relationships because they are performed according to the frame of reference of that particular community. Furthermore, healing rituals are manifestations of the restoration of the individual's deficient relationship(s), and of the transformation of the community itself. In that sense, healing as well as its display can be seen as a service of the community.

The service of the community is based on facilitating processes of healing by partaking in the healing rituals. But healing as a community service does also mean the community *is* the service. Throughout the process of diagnosis and searching for an appropriate treatment, the community group can be identified with the treatment itself. The various elements and stages of the healing process coincide with the persons involved in the search for healing. The restoration of health and well-being cannot be achieved if there is a lack of involvement by that very community or network of interrelated people: the patient, the kin, the healer, the wider circle of those that 'have been there', all have a task to fulfil. And by doing so, they have become the modus operandi of the healing process. They actually are the specific method of healing.

2.5.3 Borders as constituents of the healing community

In the discourse of African traditional healing, relationality is also a very important notion when it comes to the sustainability of healing processes, practices and communities. In other words, the activities of the expert-healer, in order to create a market that addresses the continuous need for healing, are determined by his or her ability to address relationality. Obviously the healer needs to make use of relationality, that is of the interrelated spiritual and human relationships, so that healing power is distributed towards the afflicted person. But the healer also needs to invest in the relational healing network in the sense that he or she knows which borders to cross and how to travel back again.

Borders are dividing lines drawn between the known and the unknown. By crossing, recreating and protecting these borders, healers connect and weave together familiar and unfamiliar techniques, the visible and the spiritual domain, the homeland and the foreign country, conventional and new knowledge. The coupling of the known and the unknown (the very moment the healer crosses the border) happens for the sake of people who seek health, well-being and restoration of disrupted parts of their lives.

Wholeness seeps into life when (for the moment) borders are crossed, barriers are broken down and relations are connected, (again) like a network of vessels through which life power flows. Just as important as the bonding of realms and relationships by crossing borders, is the affirmation of the existence of borders. There needs to be a difference between the known and the unknown, between the old and new life, between affliction and transformation. Healing processes are determined by (chronological) borders, and in these processes it is crucial to acknowledge these borders and, subsequently, to be able to move beyond them.

The literal and figurative borders, which the healer and the healing community encounter, shape and affirm the profile of the relational network that is involved in the healing processes. During therapy borders are explored, identified, crossed and exploited in order to bring the healing process to a satisfactory end. Some division lines may disappear, others can change in due course and new ones will emerge, but their distinctive feature is that they contribute to the contours of a healing community. The identity of a healing community is formed by the existence of borders: the act of crossing borders (in order to access new knowledge, power, medicine, attributes) and of guarding the most valuable ones, turns a community into a healing community. Thus, borders are such important elements of the framework of African traditional healing that they can be regarded as constituents of the healing community. The healing community, then, rests on relationality and on the borders included by relationality.

2.6 CONCLUSIONS

The discourse on African traditional healing is a field that can and should be studied on its own, instead of being approached as an aberrant form of healing. In cultural and medical anthropological jargon, one can speak of African traditional healing as a folk category that is as relevant as, for example, the professional category (with which Western biomedicine is often associated). The category of African traditional healing reveals an intimate connection between religion and healing.

The intertwining of religious beliefs and health ideas is the basis of the holistic nature of health and well-being. It means that the involvement of ancestors and other spirits in the healing processes is presupposed, that suffering has meaning since the human condition is tied up in the dynamics of relationships, and that the cause of suffering also needs to be sought within this network of relationships. Aspects such as the basic need for protection of one's vital force and the functioning of medicine as containers

of spiritual power, underline that in essence African traditional healing is the search for, as well as the affirmation of, life power which is then the key component of health, well-being and prosperity.

This scramble for more vital force is often regulated in particular healing practices and rituals. In the region of southern Africa, these ritual events are generated by the ideational framework that is known as ngoma. As mentioned previously, ngoma is the Bantu word for 'drum', but it simultaneously refers to the performance of singing and dancing, to the participants and even to the underlying ideas of the ngoma practices. It is justified to speak of the ngoma paradigm as well as of ngoma as a healing institution in southern Africa. Ngoma is an institutionalised way of addressing power issues, whereby the transformation of the afflicted person is the ultimately desired outcome. Ngoma therapy is defined by song, dance and performance. These elements are crucial for they represent the involvement of the spirits in the patient's transformation process. At specific stages of the therapy, the involvement of the community is also required. This ever-present supportive relational framework represents one of the remarkable features of ngoma: the transformation of the afflicted individual goes hand in hand with the transformation of the supporting community. Ngoma is about the social reproduction of health.

One of the main constituents of the ngoma type of reproduction of health is the notion of borders. Whether literal or figurative borders or divisions between realms, domains, regions, states of being, persons, objects, or forms of knowledge – healers deal with borders. They have to, because their ability to negotiate borders and boundaries is a premise of their healing activities. The inauguration of healing as a transformation process and as the generator of new life power is when the healer crosses particular borders in order to reach new and unknown powers, objects and techniques. From the perspective of the clientele, a healer must have border-crossing abilities otherwise he or she will lose credibility. When healing techniques become too familiar, people might turn to other expert-healers, who demonstrate the potential to retain a dimension of mystery in their healing practices. The reconstruction of borders is the other side of the coin: healers also need to protect the borders they have crossed. These frontiers are the gates to their powerful resources, so they should not be challenged and crossed by (too many) other healers.

The notion of borders as premises owned by healers' practices is associated with the connection between the known and the unknown. The link between the visible and the

spiritual realm is especially important in holistic healing for it requires the fullness of reality. When particular elements of the spiritual realm are neglected, then wholeness of life is affected and the precarious balance of power lost. The perpetual cycle of balance, neglect, search for balance and restoration of balance shows that healing is about creating connections and mending relational deficiencies. The dynamics of a network of relationships form such a crucial part of health and healing, because relationships are the channels of spiritual power and life power. In other words, relationships are the vessels of health and healing.

In the African traditional healing discourse, health and healing clearly revolve around and depend on relationality. In a sense, relationality is the key word of the ngoma paradigm: it is the aim of healing, the source of healing, the means to become healed, and the backbone of ngoma resilience. Being well and healthy implies being in well-balanced relationships with fellow humans and spirits, so to become healthy and prosperous one should establish and cultivate those relationships. At the same time, these ties with kin, community and ancestors can generate deficits in health when the web of relations is not maintained well enough by a person. Because health and well-being are located in relationality, the means to remove the affliction must also be found in relationality. Finally, ngoma healing activities result in the social reproduction of health, ensuring the continuous relevance of ngoma and other African traditional healing practices.

CHAPTER 3

MISSIONARY MEDICINE DISCOURSE

The medical missionary presence has had a profound influence on the health ideas and beliefs of many people in Africa. One important aspect of missionary work was the provision of healthcare, which emerged hand in hand with the development of an educational infrastructure. Medical missionary organisations and medical missionaries themselves, initially itinerant and later stationed in mission hospitals, are considered instrumental in introducing new ideas and methods pertaining to health in southern African countries. Therefore, since the end of the nineteenth century, missionaries have influenced the thinking and the actions taken with regard to health, illness and healing in southern Africa. Most African believers still rely heavily on missionary hospitals and the medical services they provide. As such it can be said that contemporary ideas of health and illness are informed by the legacy of medical missionaries.

In scholarly contributions the missionary medicine discourse is regarded as distinct from, for example, the colonial medicine discourse (*cf*. Vaughan, 1991:57). The former has certain characteristics that allow missionary medicine to be given a separate position among medical disciplines. Based on primary sources such as journals published by missionary organisations, personal letters and propaganda material, supplemented with research publications, a discourse arose that should also be included in the present study as well, since it sheds light on how perceptions of healing by contemporary African believers are shaped by influential conceptions and practices of medical missionaries.

This chapter deals with how these perceptions have evolved over time. In Africa, the development of missionary medicine has often been described with an emphasis on the major changes and differences brought about by the introduction of Western biomedicine to the world of indigenous medicine. In the same vein, the missionary presence has been portrayed as a dominant power that (intentionally or unintentionally) subjected Africans to a religious and social regime. Under the influence of processes of secularism and social relativism, the Western missionary enterprise was subjected to legitimate, but often one-sided, criticism. Lately, however, a new kind of approach has developed within African and mission studies, classified by Dana Robert (2008:3) as 'new mission histories'. This interdisciplinary genre within the missionary medicine discourse responds to the one-sided, negative characterisation of the work of (medical) missionaries by seeking an honest portrayal of the motives and actions of missionaries. Moreover, at the same time attention is also directed to the experiences and responses of indigenous peoples, including their strategies of accommodation, co-optation and resistance. Without denying that missionary work knowingly or unknowingly contributed to colonialism, scholarly attention now moves beyond the missionary as an anonymous imperialist agent, and is more than ever focused on the similarities between indigenous and missionary medicine. In this chapter, the tension caused by differences and similarities of Western and indigenous interests and mutual responses comes to the surface in the description of disciplinary power in missionary medicine (3.3), as well as in the retrieval of indigenous responses to missionary medicine (3.4).

The 'new mission histories' also address, in a more subtle way than before, the *double vision* that is characteristic of missionary medicine. In her study on the London Missionary Society, Anna Johnston (2003) regards the missionaries' double vision as an expression of the paradoxical situation in which missionaries found themselves (see also Chapter 6 in Cox, 2008). On the one hand, the missionaries were constantly struggling against the pathological elements of heathenism, and on the other hand they considered indigenous peoples as members of a universal race in need of redemption through Christianity. The genre of the new mission histories, addressing the double vision of the missionary enterprise, emphasises emphatically and subtly how the missionaries' philanthropic desire to improve the life of fellow human beings had a double impact on the everyday lives of indigenous people in the African context.

The tension caused by the uneasy dialogue on two fronts is constantly felt below the surface of the motifs and strategies of (medical) missionaries and is expressed most prominently in the concept of *transformation*. In the present study transformation is perceived as a key element in the missionary medicine discourse. Its importance as a central tenet of the missionary discourse becomes clear when considered against the background of the (history of the) modern missionary movement, which introduced a new religious tradition and offered access to another perspective on salvation and healing in the African context. This chapter will show how current understandings of healing are rooted in ideas of transformation, conversion, regeneration and reconstruction.

The concept of transformation, however, can be interpreted in different ways within the missionary medicine discourse. It will become clear in this chapter that the concept of transformation is a *container of processes of moral rebirth, spiritual conversion, physical regeneration and social reconstruction*. All these notions are different but interrelated, and the complexity of the concept is an invitation to explore further how the missionary motifs were rooted in a desire for physical, moral and social regeneration of Africa's people.

3.1 MODERN MISSIONARY MOVEMENT

The introduction of Western medicine in African countries has its origin mainly in the era of the modern missionary movement. The modern or Protestant missionary movement arose in the nineteenth century when spiritual revivals swept across Europe, England, and America, and turned 'awakened' believers into a transnational movement characterised by its passion for evangelism. The movement generated mission societies and non-denominational voluntary organisations that "banded themselves together to win the world for Christ" (Rouse & Neil, 1993:309). The explosive emergence of American, British and European missionary agencies was thus fuelled by the desire of many Western believers to reach out to those who were not yet aware of the Christian faith. Offering medical care for those who were ill turned out to be one of the avenues to successful evangelism and medical practices always had an impact on the lives of those whom they encountered. Sometimes this influence was visible and obvious; sometimes the presence of medical missionaries seemed to be less overt. In any case, "health services in postcolonial Africa owe a substantial debt to the pioneering, sustained efforts of Christian medical missions in the colonial era" (Good, 2004:xiii).

The various Christian medical missions were embedded in the modern missionary movement. They played their part in "that new phenomena (*sic*) of the nineteenth century, the interdenominational or undenominational missionary society" (Neill, 1986:214). However, although medical missions cannot be regarded separately from the modern missionary movement, their relationship with the broader movement always remained an *ambiguous* one. The development of medical missions seemed not to agree with the original intention of Christian missionary societies, but needed to be taken on board if the missionary movement wanted to have a wider impact in those countries that were unaware of the Christian faith.

The period of missionary exploration coincided with rudimentary medical practices by missionaries. The early missionaries generally travelled around, and interacted with the local people they encountered. With their medicine case the missionaries attracted more attention than they could have hoped for, and they responded to the need they saw. Even though the missionaries' medical activities were amateurish and ad hoc, they drew attention to a situation that had not yet been considered by most missionary agencies, that is, the medical treatment provided by missionaries created an opening into the local communities. By using therapeutic resources to find a way into African cultures, the missionary societies had started to follow the example of commercial companies (such as the British East India Company). The employment of qualified physicians seemed to be worthwhile, for they became part of a strategy that led to successful results in terms of the overall mission. During the first decennia of the nineteenth century it turned out that the medicine chest was an elementary tool in establishing contact with Africans. William Lockhart (1860:100) expressed this commonplace idea during a conference of the Liverpool Conference of Missions as follows: "The experiment thus made was to send out surgeons to various heathen lands, to endeavour to win the affections and confidence of the people, by healing their infirmities; while at the same time their minds were directed to Him who is the 'Great Physician', and who can cure them of their deeper malady of sin."

Lockhart's words reveal the strategy that became part of the identity of medical missions. Andrew Walls (1996:212) argues that the strategy of implementing medicine need not be viewed as the primary motive of establishing medical missions, but that history shows it has probably been the most *decisive* one. Other reasons for the institution of medical missions include imitation and obedience (i.e. to imitate Christ who went about doing good), humanitarian or philanthropic reasons (i.e. the necessary response

to unnecessary suffering), and utilitarian reasons (i.e. to provide medical assistance to the clerical missionaries abroad, see also Grundmann, 1990:120).

At a later stage, the broad missionary movement entered a phase of compartimentalisation, because the increased level of medical proficiency demanded appropriate support – support that could not be offered by general missionary agencies at that time of explosive interest in medical work. New missionary societies were founded that focused specifically on medical work. Their aim was to support "the work in any possible manner like public-relations, the assistance in cash and kind of medical missionaries and of hospitals abroad, the establishment of dispensaries for the poor and the provision of free medical treatment, the granting of stipends and scholarships for prospective medical missionaries" (Grundmann, 1992:81). In an earlier publication, Grundmann (1985:41) emphasises that with the establishment of separate medical missionary societies a clear distinction was made between the medical missionary and the evangelical missionary, which in a sense secured the medical missionary's power and influence within the missionary movement. In the words of Herbert Lankester, the medical personnel of the missionary movement had now become "the heavy artillery of the missionary army" (cited in Walls, 1996:214).

3.2 CHRISTIAN MEDICINE

Throughout the history of Christian missions, the relation between healing and evangeliing remained a sensitive issue: the medical mission agencies sent out medical practitioners assuming and stating that their medical skills would only be applied in support of the spread of the Gospel, while practice generated different experiences. Good (2004:1) says that "arguably, the most profound influence of Protestant missionaries in Malawi and elsewhere in tropical Africa did not come from their theological persuasiveness. Rather, strong impacts came from their uses of basic technology and science, and their provision of elementary and religious education for willing Africans." However, although the high status of medical science and technology produced and fortified the position of the medical missionary, the application of the missionary's knowledge and healing skills were mainly determined by the conditions and facilities of the missionary movement. The thinking and the actions of medical doctors in the African context were moulded by the frame of Western Christianity in an era of colonial expansion, which in turn created a field of specialisation within the

discipline of Western medicine: the promising tropical medicine[24] or *Christian medicine* (Hardiman, 2006:25). Christian medicine refers to biomedicine that is imbued with Christian notions as a result of the impact of the missionary movement. One example of the influence of this nineteenth century combination of Christian faith and scientific biomedicine is the language of biomedicine: "Although there have been persistent attempts to revise … the language of medicine, the modern discipline still reveals rich traces of its religious inheritance. Neurology is still permeated by Christian notions of order and hierarchy whilst modern pathological concepts of viruses and germs remain rooted in the magical language of agency" (Hayward, 2004:58).

The inextricable connection between Christian beliefs and developing biomedical insights characterises the essence of Christian or missionary medicine. This distinct[25] nature of Christian medicine revealed itself in various ways in the African context.

3.2.1 Illness

One key element that characterised Christian medicine is the way in which illness was perceived by those who reached out in order to bring healing among African peoples. In the missionary discourse, illness etiology was a *mixtum compositum* of Christian beliefs and developing scientific insights. The rigid Enlightenment dichotomy between faith and science had not fully materialised in this field, due to the fact that all medical missionaries (at least until the Second World War) were committed Christians dedicated to practicing their personal faith by offering medical treatment. These medical doctors and nurses stood firmly in the Protestant tradition that was gradually being influenced and redefined by political, economic, socio-cultural and scientific developments at that time in Europe. Simultaneously, the missionary's interpretation of health and healing configured by Protestant doctrines were supported and even justified by Western feelings of cultural superiority in the era of nationalism and imperialism.

24. During the colonial expansion, the colonies provided abundant areas and topics for medical research. At the end of the nineteenth century tropical medicine was a popular and prestigious field of specialisation because of the abundant possibilities and discoveries that could lead to medical fame (Hardiman, 2006:42). Moreover, medical missionary work was perceived as "a saga of heroic science" (Comaroff & Comaroff, 1997:357).

25. Vaughan (1991:56ff) emphasises that the division between 'missionary' and 'secular' medicine in colonial Africa was never clear-cut, but that indeed there were important differences between the two. For example, secular medicine regarded modernity and the disintegration of African 'traditional' societies as fundamental causes of disease, while missionary medicine argued that disease could only be overcome by the advancement of Christian morality, a sanitised modernity and 'family life'. Despite the secular medical use of an ethnic model of collective pathology, Christian medicine concentrated on individual Africans and the individual's responsibility for sin and disease (57).

Generally speaking, the attitude of medical missionaries towards disease and illness was precipitated by the Western attitude towards dirt and filth. During the Enlightenment, health and fitness became bourgeois shibboleths in response to the aristocratic obsession with blood and heredity (Foucault, 1978a; Porter, 1985:186; Hardiman, 2006:11). The emphasis on health was intricately linked with a disdain for the flesh and its supposed uncleanness. The female body in particular, was the epitome of uncleanliness because of its ambivalent physical state that was apparent in childbirth and related circumstances (Shorter, 1983). In the same vein there was a supposed relationship between uncleanliness and sexual activity.

In the context of increasing industrialistion, urban settings became the scene of sanitation. There was a growing awareness that hygiene was crucial to the prevention of cholera and other diseases that flourished among crowded and dirty households. City administrators and public health officials began to implement sanitary measures, and the consequent effect on public health was enormous. The importance of preventative healthcare also began to trickle down to other aspects of life: religious thinking and practices – already embracing the link between body, environment and cleanliness – now demonstrated a clear preference for, and emphasis on, order, neatness and immaculate living. The realisation that hygiene promoted a healthy life was supported by the message of the religious revivals: people "began to prepare for the Second Coming of Christ by living more in accordance with the 'laws of nature' and by distrusting the pills and drugs prescribed by would-be doctors" (Hoy, 1995:6). In striving to live a life that was in perfect harmony with God and that would resist and refrain from sin, one could produce health and healing. Piety and purity were perceived as "a prophylactic against sin and sloth, the mark of the elect" (Porter, 1985:186).

These ideas about physical and moral health, in combination with a forceful rejection of dirt, were transposed to the African context. The pre-modern African life-styles that the (medical) missionaries encountered, gave rise to the idea that Africa was inherently dangerous, filthy and full of diseases. Throughout the colonial era, (medical) missionaries reported on how primitive Africa was and emphasised that the continent "was inhabited by backward, pagan peoples who suffered from inherent illness and a host of indigenous, pathological evils and defects" (Good, 2004:43). The missionaries understood their perspective as justified on Biblical grounds: all the diseases and disabilities that are mentioned in the New Testament were abundantly present in Africa (Hardiman, 2006:26). And, as far as the missionaries and their

supporters were concerned, the biblical justification also covered the presence of the (medical) missionaries in Africa: the ignorant inhabitants of dark Africa were in need of civilisation and liberation of the evil forces that captivated many people, for "the diseases of Africa stood for larger spiritual ills, the sick bodies of Africans for the sickness of their souls" (Vaughan, 1991:73). The illness representations, upheld by most missionaries, revealed that physical misery was understood to be integrated with moral, spiritual and social deficiencies (the emphasis may have shifted from time to time), and that the absence of Christianity would lead to social conditions of depravity. In her study on healing in the history of Christianity, Amanda Porterfield (2005:122) asserts that modern assumptions about reality coloured the missionaries' conceptions of Christianity and Christian healing, and that they allied them with the forces of Westernisation. She says that Western missionaries "often emphasised Christianity's healing of social ills, whatever they thought about miraculous cures of physical illness. Thus, for most Western missionaries, Christian healing meant promoting social peace, softening the blows of Western military, political, and economic advance, challenging the worst brutalities of colonialism, and enabling personal responsibility, education, good health, and better standards of living."

The projection of Western illness etiologies on Africa created an antithesis, and this antithesis became a crucial part of missionary medicine (*cf*. Vaughan, 1991:66f; Landau, 1996:265; Good, 2004:28; Porterfield, 2005:121f). There were exceptions, of course, but most medical practitioners and other missionaries started to define Christian medicine on the basis of the constructed characteristics of its African competitor. Substantiated by medical insights and supported by Biblical interpretations, 'African medicine' was portrayed as everything opposed to the medical knowledge, skills and practices that were part of the missionary frame of mind. Africa stood for everything that was considered primitive, ignorant, pagan, mysterious or dark, cruel, evil and associated with witchcraft, while the Western world was depicted as modern, sensible, Christian, well-developed, rational, clean, illuminating, good and exemplary. The sharp boundaries between the Christian and indigenous religions often became apparent when missionaries categorised African rites as superstition. Even the renowned medical missionary Albert Schweitzer (1875-1965) is known for his antithetical attitude regarding indigenous traditions (*cf*. Porterfield, 2005:121). The antithesis developed into a struggle that in essence determined the course of missionary medicine. The Western preoccupation with health and healing through hygiene resulted in fixed mind-sets from which it was difficult to escape: most (medical) missionaries "could not

accept the fact that missionary medicine had to compete against African ideas and practices" (Good, 2004:10). This basic inability to communicate and comprehend African healing beliefs, ideas and practices manoeuvred the relationship between Christian medicine and African medicine into an on-going competition.

The discourse of Christian medicine had become a battle against Africa itself, whereby the advocates of missionary medicine regarded the Africans "as the merest adjuncts to the central conflict with the continent" (Hammond & Jablow, 1992:169). With such a demeaning and depersonalised perspective of Africa, it was not difficult to accept the idea that the African condition (dark, disease-ridden, filthy, evil, suffering) was "the sweat of sin in Adam" (Beidelman, 1982:110). In essence, the whole missionary venture was saturated with this kind of thinking about suffering and sin: there was a close relationship between disease and ungodly living, and Africa was the proof of it. On the other hand, health was the result of inner salvation, and the presence of (medical) missionaries would facilitate this kind of moral redemption (Vaughan, 1991:66; Good, 2004:43). The connection between physical condition and spiritual state was not new in the Protestant tradition; however, in relation to Africa the fine balance between body and soul had been distorted by the drastic and zealous approach of the missionary movement: *the subjection of the body to the soul was the key to missionary success in evangelism*.

This section on illness etiologies and perceptions of most medical missionaries touches on the missionaries' double vision which Anna Johnston elaborated on in her study of the publications of the London Missionary Society (2003). On the one hand, the missionaries were struggling with the pathological elements of African heathenism, as they perceived it in terms that could not be misunderstood. On the other hand, the missionaries were convinced that ultimately the differences between Western and African people could be solved in the love and the grace of the God who heals.

3.2.2 Treatment

The rearrangement of the Cartesian division of body and soul was a central tenet of Christian therapeutic practices. The body had become the *site for spiritual outcomes*. Obviously, the practical consequences of this body/soul division were not well received by African patients, since this dichotomy was essentially alien to the African concept of religion and healing. Walls (1996:219) affirms that "medical missions were earlier, stronger, and far more numerous in those parts of the world where, as in the West, healing and religion could be mentally separated with relative ease." So the enforcement

of the body/soul dichotomy included some intricate tactics in the medical treatment. The question is whether this kind of strategic thinking deliberately accompanied the treatment (*cf*. Hardiman, 2006:25) or whether it was coincidentally effective in the treatment of Africans (*cf*. Grundmann, 1990).

Exclusive therapy

Although missionary medicine was used to reaching out to as many people as possible, the reality was quite different, for, in general, African patients could only be admitted when they were willing to isolate themselves from everything that obstructed the effectiveness of the Western therapy (Vaughan, 1991:61). Thus, health-seekers had to do away with charms and 'African medicine' and even had to leave their family if that family did not support the new Western therapy. In a sense, they were forced to give up their African identity in order to be allowed to enter the world of civilisation and salvation, since conversion did not only entail religious transformation, but also cultural and social rearrangements (Ekechi, 1993:293). Terence Ranger (2005:2), a prominent scholar in African studies and African history, points out that missionaries did not understand much about African religion and acknowledges that they were criticised for their negative and often racist responses. He even quotes the emphatic comments made by anthropologist Jon Kirby (1994:61), who states that "with few exceptions, missionaries saw African traditional religions as a 'morass of bizarre beliefs and practices'… As a general principle we can say that before 1960 all mission-founded churches insisted that their converts abandon all contact with African Traditional religions and cultures." Amanda Porterfield (2005:123) elaborates on the missionaries' urge to create a clear separation between Christian practice and heathen superstition by explaining that most Protestants were focused on demonstrations of individual responsibility as proof of conversion, and that they were more insistent on separation from indigenous culture as the price of individual admission to church fellowship. In a more creative way, Paul Landau (1996:266) contends the same issue when he says that the missionaries' antipathy to African healers is firmly rooted in their desire to make converts and build communities. According to him, the medical missionary was both a social and bodily surgeon, whose therapeutic practices separated the African patient from the kinship setting and subsequently offered reintegration facilities and a new community, even if it was temporary. Particularly in the hospital environment, all potential converts were cut off from their 'old' life and set apart until they were ready to receive a 'new' life: "treatment was seen to put people in a receptive frame of mind

to the message of the Gospel" (Hardiman, 2006:25, who also refers to a report by Lankester and Browne in *Mercy and Truth* in 1897). With their exclusive and divergent therapy, the missionaries tried to eradicate the mesh of the web in which Africans had located 'wellness' (Landau, 1996:266).

Minor surgery

One of the most successful therapeutic activities in medical missionaries' practices was minor surgery (*cf*. Landau, 1996:267; Butchart, 1998:82). Striving to win over individuals who would no longer be controlled by evil powers and superstitions, but be cleansed, purified and civilised, surgical work appeared to be an effective device. "People went to Europeans to be cut" (Landau, 1996:267), something which did not happen often in African traditional therapeutic practices because cutting the body on purpose meant not only damaging that specific part of the body but the body as a whole. 'Wholeness' carried a different meaning for Africans than for Western medical missionaries, who generally approached the body as a complex of separable parts. According to the Western paradigm the body was a container of health or disease, so when disease was diagnosed and localised in the body, it had to be removed from the body itself. Despite their different views on the body of the individual as well as of the community, Africans suffering from illnesses were, nevertheless, attracted by the practice of surgery performed by Western missionaries. Surgical work was quick and obvious: "(T)he removal of huge and disabling tumours remained occasions for the dramatic display of the powers of European surgery" (Vaughan, 1991:59). The dramatic effect of surgery and its fast relief of pain served the purpose of convincing local people to become Christians.

Landau (1996:275ff) suggests that this interest in minor missionary surgery also had to do with the interpretation of surgery as a rite of passage. Elaborating on the practice of tooth-pulling, he shows how the African patient, during treatment by the medical missionary, undergoes an alteration of the body which can be seen as one of the most important aspects of a rite of passage. The patient is moving on to a new status, and this new status is visualised in a changed appearance, and experienced in the pain that was necessary to reach this new status. Landau (1996:277) contends that "one might even argue that missionaries intended tooth-pulling to be a rite of passage, in that they constantly wished to lead Africans across a threshold into a new, and more perfect, civil order."

Anti-miraculous healing

Although generally the medical missionaries intended to imitate Christ and to follow Him in demonstrating God's care for His creation, they did not want to give the impression that their medical treatment was also an imitation of Jesus' miraculous healing ministry. In the view of the well-educated doctors and nurses, quacks and charlatans depended on miracles and mysteries for healing while adherents of biomedical treatment managed with knowledge, experience and prayer. Besides the argument that they wished to distance themselves from charlatans, medical missionaries had a theological argument for the rejection of miraculous healing. They followed Protestant theologians such as Luther and Calvin[26] who had emphasised the doctrine of dispensationalism: God had given dispensation for miracles for a limited time and for a specific purpose. In Jesus' time miracles were needed in order to demonstrate divine powerful compassion with those who were suffering. But times had changed, and miracles had lost their relevance.

The Protestant reluctance to deal with miracles was generated by the course of church history. Every now and again miraculous healing practices were advanced by dissenting groups. The ecclesiastical tradition responded by continuing its rejection of miracles, fearing that in the end these divergent and popular ideas about miracles would lead to the undermining of the status quo within church and society. The medical doctors and nurses of the Great Century of Mission were primed in thinking about miraculous healing as something dangerous and difficult to control, so they firmly opposed it (*cf*. Vaughan, 1991:73).

Furthermore, their anti-miraculous healing views were sustained by Protestant thinking on conversion. In the discourse of missionary medicine, healing was inextricably linked with conversion, since the recovering of one's health was equated to one's rejection of sin. In the Protestant tradition, the process of conversion was considered a long and painful journey of inward battle that was visible on the outside. The realisation that one is steeped in sin, and the struggle to turn away from it, characterised conversion

26. Luther regarded the revelation of the Gospel as a fulfilment of the need for miracles, and all that mattered now was the preaching and sharing of the Gospel: "Now that the apostles have preached the Word and have given their writings, and nothing more than what they have written remains to be revealed, no new and special revelation or miracle is necessary" (Luther's Works Vol. 24:367). Calvin also refuses the possibility of miraculous healing in his time: "… that gift of healing, like the rest of the miracles, which the Lord willed to be brought forth for a time, has vanished away in order to make the new preaching of the gospel marvellous forever. Therefore, even if we grant to the full that anointing was a sacrament of those powers which were then administered by the hands of the apostles, it now has nothing to do with us, to whom the administering of such powers has not been committed" (*Inst.* 4.19.18).

as something that could not happen suddenly or swiftly. So, from the perspective of medical missionaries, healing that was instant and unaccountable did not correspond with the process of conversion that they were aiming for. They refused sudden and miraculous healing that came from outside and provided relief to the suffering body; instead they advocated healing by a deep change in the soul. The body was merely regarded as the mirror of the soul: by treating the body (often in a painful and bloody surgical act) and by removing the source of pain, the body essentially reflected the sin that was being removed from the soul – the process of conversion (*cf*. Landau, 1996:278).

3.3 TRANSFORMING POWER

From about the 1990s, interesting and remarkable studies have been published on the power regime of missionary and colonial medicine. These studies evaluate the practices of medical missions during colonial times from a Foucauldean perspective, revealing how the medical missionaries' disciplinary power contributed to the ultimate goal of converting people through the gospel of the Great Physician. The following part of this chapter provides a brief description of three important Foucauldean concepts (power, body and gaze), which subsequently will be related to the missionary medicine discourse to shed light on how the missionaries' transforming power heavily influenced people's ideas about health and healing.

3.3.1 Disciplinary power

The concept of power occupies a crucial role in the theories of Foucault. Power is not a force in a fixed form, or a product resulting from interests, or something that one person does have while others do not have; "power is not a stricture, or a certain force with which people are endowed; it is a name given to a complex strategic relation in a given society" (Foucault, in Gordon, 1980:27). Foucault distinguishes between *sovereign* power and *disciplinary* power – two forms of power that can coexist and oppose each other.

Sovereign power is often visibly evident in a relationship. In fact, this visibility is even necessary for sovereign power since it is a force exerted downwards, from one central point towards the subjects who are supposed to acknowledge and affirm this ruling sovereign power. The power of a king is visually apparent, and vice versa, the appearance of the king emphasises his power. In the same way, the mechanism of sovereign power can be explained. In short, sovereign power is enhanced by visual

stimuli, it exercises control by way of threats and intimidation, and it is centralised in one person ruling over and controlling many subordinates.

The other form of power is disciplinary power. The mechanism of disciplinary power came into existence at a time when that of sovereign power began to fade under the influence of cultural and scientific developments. These changes in culture and science had an impact on the system of ruling within society. Disciplinary power is a general idea capturing every expression or approach that aims to organise, classify, control and analyse every individual in a given society. Foucault used Bentham's 1843 design of an ideal prison (the Panopticum) to explain the concept of disciplinary power. The Panopticum is a circular shaped building designed in such a way that all prisoners are continuously visible in their cells. The guard is able to exercise control over each individual inmate in his cell while remaining invisible himself. The process of individualisation of prisoners in their cells, and their continuous surveillance by a guard, are the crucial elements of the mechanism of the disciplinary power regime. Foucault (1978a:201) states that "the Panopticum therefore made the operation of power continuous by inducing in the inmate a state of conscious and permanent visibility that assured the automatic functioning of power." The shift to disciplinary power, which should not be understood as the replacement of sovereign power since these two forms always coexist, was also made possible by developments in medical science. The study of human anatomy caused researchers to focus on the interior of the individual; the body and the individual, thus, became central to many methods that applied to the exploration and understanding of the human being.

The most important difference between sovereign and disciplinary power is the notion of *visibility*. Sovereign power is sustained by visual stimuli while disciplinary power is not. A relation determined by disciplinary power does not require the visibility of the power, but the visibility of those on whom disciplinary power is exercised. They are the ones who need to be seen, who have to be visible. By being seen, watched and inspected, the targets of disciplinary power change into individual objects who are assessed according to a specific norm established by comparison with others.

3.3.2 Body

The assumption of the Foucauldean paradigm is the *contingent* state of the body: the body is not in a continuously static state, ready for examination and treatment, but comes into being under the influence of the relationship in which the body is. The body of an individual becomes the body of a patient, directing the focus of attention on the

disease that needs to be treated, when examined and pressed or cut by the hands of the medical practitioner. So, in Foucauldean terminology, the body is continuously configured and re-created by the power relation of which the body is part: "the individual, with his identity and characteristics, is the product of a relation of power exercised over bodies, multiplicities, desires, forces" (Foucault, in Gordon, 1980:74). The difference between conventional medicine and Foucauldean-based approaches to medicine, is epitomised in how the body is viewed: according to the Foucauldean paradigm, it is impossible for social and medical science to view the body of the individual as the starting point, as the entry of research, since the body is only the result, the invention, and the effect of the actions taken by the researcher or medical practitioner. The body is created during the research process, and emerges from the treatment rather than being the point of entry from where the research starts (as it is in conventional approaches, in which the body is considered a fixed, unchanging entity that forms the basis of actions and insights of the researcher or medical practitioner).

3.3.3 The gaze technique

In a relation of disciplinary power, in the monitoring and manipulating of an individual body, the body transforms into an object arising from disciplinary power and the surveying eye. In the Foucauldean framework, this process is closely related to the disciplinary gaze. Butchart (1998:17) explains that the gaze "refers both to how things have appeared to medicine and to the techniques by which medicine has made things appear, in coming to have particular knowledge of the human body." The gaze is the technique applied by the guard or the medical practitioner during the observation of the prisoner or the patient. This technique is, by definition, also the boundary of the practices of the guard or the doctor, because the act of seeing and the method of observing are determined by, and limited to, the doctor's socio-cultural values and insights.

The gaze, that is the technique or way the medical practitioner observes his or her patient, is also the disciplinary power by which the practitioner is created. The body is invented under examination only after the creation of the practitioner. Both the medical practitioner and the body are objects and effects of the disciplinary medical gaze controlling the relation. So the gaze should not be seen simply as a specific skill that the medical practitioner has to acquire; it is also a power regime governing the way people speak, see and act. Thus, the gaze is the creator and inventor of the medical practitioner, who becomes the object and effect of disciplinary power him or herself before exerting disciplinary power over the body of his patient.

3.3.4 Disciplinary power and transformation

When discussing missionary medical power from a Foucauldean perspective, importance is attached to the gaze of the medical missionary, which turns the relationship between the medical missionary and African body into one of disciplinary power over physical being with the aim of transforming the patient.

Moral sanitation

At the time when missionary practices existed in Africa, the human body was viewed as "an anatomical container of disease which the hospital medicine produced as its object and effect" (Butchart, 1998:74). Based on the anatomical approach of medical science, a shift in localising diseases had taken place so that disease was now localised, specified and classified in relation to the interior of the human body. Consequently a clear distinction between everything happening within and without the human body was made, and thus hygiene became an important issue in medical science and in urban society: "The focus of late nineteenth-century public health became the zone which separated anatomical space from environmental space, and its regime of hygiene developed as the monitoring of matter which crossed between these two great spaces" (Armstrong, 1993:396). In this sense hygiene enhanced a disciplinary regime, since society was now split up into individuals governed by physical prohibitions and regulations. The disposal of human waste products needed to be controlled, and individuals needed to be informed and medically reformed. It was inescapable that medical missionaries, who were objects of the hygiene regime themselves, now created the disciplinary regime by imposing their scientific insights on Africa and its people. Waste, as the new governing principle in many European and American societies, had an enormous impact on society and interpersonal relations in the colonies. The Western culture of bodily control was now also imposed on the colonised subject, often in the guise of civilisation, a consequence of which was social and political control of the subordinate, exactly according to the principle of disciplinary power. At the same time, the waste practices as a method to improve public health in a given society offered "a potent means of organising a new, teeming, threatening environment" (Anderson, 1995:643).

A focus on hygiene also became the ordering principle of the medical missionaries' practices: their endeavours to liberate Africans from ignorance and superstition in order to civilise them, were influenced by a strategy of *moral* sanitation. Butchart (1998:75) asserts that "analogous to how sanitary science in Europe individualised

the body by delineating the boundaries between it and the environmental space, this new colonial power constellation emerged in the formation of missionary medicine as a device of 'moral sanitation' directed to the boundary between the African body and a surrounding space of customs, rites and superstitions." Moral sanitation implied that anything that might detract from salvation of the African body and soul through cleansing and purification had to be interrupted, put to an end, and if necessary destroyed. The African body and soul had to be aligned towards the light of the Gospel, and moral sanitation was viewed as a necessary means to achieving the healing of the body and cleansing of the soul.

Moral sanitation, as a disciplinary power, can best be identified by examining the practices of the medical missionaries, since power is difficult to recognise as something defined, explicit or obvious, but it can be traced "at its extremities … those points where it becomes capillary" (Foucault, in Gordon, 1980:96). According to the Foucauldean approach power should not be detected where it can be logically and easily located (with specific people in specific positions in a given society), but it should be traced exactly where power dissolves in its concrete application on the ground, "such as the way the doctor's hands palpate the body, or how built space conditions hygienic habits" (Butchart, 1998:32).

Reconfiguration of the body

One of the most crucial aspects of medical missionaries' practices is the relation between illness and sin, for this link offers the chance to combine medical practices with evangelist activities. The practices of the medical missionaries aimed at treating and curing the sick body in order to heal its sin. This focus on the individual body originated from the medicine paradigm, with its emphasis on distinguishing between the interior of the body and the exterior environment, and its assumption that manipulating and protecting the interior of the body will safeguard it against the evil of the exterior environment. Restricting illness to, and identifying illness in, the body was confirmed by localising pain in the body. Landau (1996:272) explains that "imaging illness meant finding a site for pain." And by localising pain in the individual the power of discipline reveals itself: in localising pain in the body of the individual, the medical missionary "localised the *linkage* between pain and wrongdoing to the individual" (Landau, 1996:275). Just as the doctor was able to remove the pain from the body, so he was able to uplift the sin of the individual by treating and reconfiguring the African body.

In this sense, the application of minor surgery exhibits the disciplinary power that manipulated and re-created the individual African body. Whether the attraction of surgery can be explained by the appearance of blood on the clothes of the doctor after an operation, contributing to his obvious power over the life and death of his patient (*cf*. Butchart, 1998:82), or whether it has to do with the deconstruction and reconfiguration of the body as part of a rite of passage, that is, a departure from the norms and beliefs that were captivating the Africans, with the accompanying transition of the soul (*cf*. Landau, 1996), might be worth further investigation. Here it suffices to mention that medical mission relied on biomedicine's discursive strategy by manipulating the individual body, while creating a clear distinction between body and soul, in order to convert individuals.

Invention of the individual

A further aspect of the practices of medical missionaries was the simultaneous invention of the individual as an object and effect. Invented individuals themselves, the medical missionaries aimed at promoting the potential status of the individual over against the invisibility, and therefore the inaccessibility, of the mass or kinship group. The gaze of the medical missionary saw the body of the African as an instrument, or device, to reach the soul of the African. For that purpose the space between the body, the individual African with organs and a soul, and its environment had to be addressed. Just as a tumour had to be cut out of the body, in the same way the environment of the individual African had to be eliminated. The environment was occupied by influences of the African tradition, and these associated tribal beliefs, customs, rites and regulations had to be overpowered by Christian faith, medicine and practices. The therapeutic practices of the missionaries disrupted the traditional communal ties, throwing them off balance by introducing the concept of the individual. African traditional thinking on health and illness was intrinsically linked with the social network of relations, but from the perspective of the missionaries these communal ties had to be stripped of their influence in order to save the African soul. Substituting the kinship community for the idea of the individual, and locating illness in the individual body instead of the interpersonal zone of forces, matched very well with the "Protestant's ... understanding that conversion was a result of inner conflict and turmoil. The evangelical assumptions of late nineteenth- and early twentieth-century missionaries insisted on individual attainment, an elevation of the autonomous Self. Converts had to undergo an internal struggle, leading to a difficult and important resolution" (Landau,

1996:274). The manufacturing of the individual, the direct manipulation of the body in order to remove impurities which reveal the threat of African tradition and community, and the conversion of the individual which was seen as moral sanitation or internal decontamination, point towards disciplinary power and its requirement to make the target visible over whom power is exercised.

Site of healing

Another aspect of the therapeutic activities of the missionaries is the site of healing. The site, or location where the African body was examined and treated, appeared to be important in the process of converting individuals. Up to the 1920s, the medical practices resembled the therapies used by African priest-healers in the sense that the healing therapy, or treatment, was to be seen and dramatised: it needed to be witnessed by others who were supposed to be in awe of what they saw. This theatre of healing often took place in the open air, in the vicinity of medical dispensaries where patients would assemble and wait their turn to be treated. The carrying of the medicine chest, the display of instruments to be used, examinations with a stethoscope, the pulling of teeth or setting of broken bones and the distribution of medicine – all were practices that could be seen as instruments of visibility aimed at manipulating and converting the African body and soul to the kingdom of God and to civilisation. The theatrical elements impressed onlookers just as the sovereign power regime did with its visibility and demonstrated dominance. Butchart (1998:81) indicates that "the spectacle of sovereignty addressed the onlookers in whose beliefs and deeds were reproduced the forces of darkness that had to be made to bow to 'civilisation'. But running alongside, almost incidental to the drama that attracted the African's attention, coursed the whispering currents of disciplinary power: through the doctor, through the catheter and stethoscope."

In the 1920s, mission hospitals started to emerge, and they shifted the emphasis in the regime of dual powers: the healing spectacle with its openness and visibility changed into a fixed site where patients were examined and treated in seclusion. The shift from outside to inside, from openness to isolation, symbolised a shift in the power mechanism: "The dominant power investing in the work of the medical missionary switched from that of conspicuous sovereign to silent surveyor of African suffering and superstitions" (Butchart, 1998:83). In fact, the emergence of mission hospitals shifted the attention away from successful achievements supported by impression by the onlookers who would spread the good news of the missionaries, to the debilitating

circumstances of the Africans. Especially in the hospital, where so many sick people gathered, the diseases and their causes were magnified and over-emphasised. The view of the medical missionaries was that African bodies and souls were being threatened by traditional beliefs and practices. These sick bodies were held hostage by witchcraft beliefs and therapeutic practices of the African doctor, and the missionaries' pursuit to liberate these bodies and to convert them was represented in the mission hospital as a site for healing, and its threshold was imagined as the absolute separation between superstition and salvation (*cf.* Butchart, 1998:85). The hospital's power over the heathen African body and soul exemplifies the power regimes which constituted the missionary practices.

3.4 MISSIONARY MEDICINE'S POWER REGIME REVISITED

Andrew Walls (1996:220) asserts that "[t]he huge proportion of those professing and practicing the Christian faith which Africa now provides, causes the special relationship of religion and healing there to be one of the utmost significance for the future of Christianity, and medical missions are only one of the elements in its story – and not the principal one." This statement, found at the end of a chapter in *The Missionary Movement in Christian History* which describes the domestic importance of the nineteenth-century medical missionary, places the influence of missionary medicine in a very clear perspective: the indisputable link between healing and religion, ever present in African worldviews, has dominated, regulated, and even sustained missionary medicine. So missionary medicine plays a part in the history of the link between religion and healing in Africa, but it did not play a leading role. In fact, missionary medicine's impact depended very much on *the relationship between religion and healing*.

The common stereotype of Western medicine's superiority over African traditional healing systems is generally recognised as outdated, and has been modified after studies confirm the existence of a more complicated reality. Contrary to the often formulated reproaches of Western medicine's dominance (see for example Chepkwony, 2006:42f), a number of studies dismiss the statement that missionary and colonial medical systems overruled African traditional therapeutic systems. Rasmussen (2008:4) asserts that "(t)he introduction of European allopathic medicine conveyed post-enlightenment Western science and biomedical ideas to Africa, but did not supplant or overturn indigenous or other healing. All these perspectives now coexist, sometimes harmoniously, sometimes in uneasy tension." Ranger (1975;

1981) already pointed out the various ways that indigenous African and European Christian systems of religion and healing encountered and confronted one another, emphasising that African beliefs and practices did not appear to be so inflexible and antagonistic towards medical missions as was previously assumed. One can even say that it was precisely the flexibility of African traditional religion and health-related practices that contributed to a situation in which the impact of medical missions was of relative importance in the African context. Good (2004:27f) explains that "probably the most remarkable feature about the cultural and territorial confrontations provoked by missionaries and other colonial Europeans was the resilience of African religious belief systems against this unprecedented incursion of outside influence." This flexibility of the traditional religious system in accepting therapeutic practices alongside them made it generally impossible for missionary and secular medical authorities to neutralise or eliminate African traditional concepts of health and illness.

Foreign and indigenous medicine thus co-existed in a way that has been described as the acceptance-rejection syndrome (Ekechi, 1993:298). The presence of Western medicine implied a choice for Africans, that is, depending on the illness and the treatment, one could choose to visit the traditional healers and religious specialists, or go to a clinic or hospital, where injections and surgery take place. In the perspective of many Africans it was impossible to make an absolute choice, since some illnesses could not be cured by Western medicine. Some situations simply required traditional medicine (Ranger, 1981:267; Ekechi, 1993:298; *cf*. Twumasi, 1981:147). The dominance of Western medicine, or even the replacement of African traditional medical systems by Western medicine, did not prevail as often as was thought, since "Western medicine had to compete with indigenous healthcare systems" because "there was ample pragmatic evidence that 'traditional' remedies worked" (Patterson, 1981:28).

The revisiting of missionary medicine's impact on African medicine and religion has become part of what Dana Robert (2008) calls the 'new missions history'. This latest genre within the missionary discourse focuses not only on the motifs and practices of missionaries, but also on the strategies and perceptions of Africans to whom the missionaries had to relate. This indigenous perspective remains largely undeveloped compared to the available literature on missionary responses, yet there is a growing body of academic contributions to be noted (see for example Ranger, 1975; Gray, 1990; Elbourne, 2002; Good, 2004; Kalusa, 2007). The missions' new accepted approach invites one to see that missionary medicine, with its power of the syringe,

was accepted as an important and lasting institution within the African healing discourse, while at the same time missionary medicine was incorporated among the range of indigenous therapeutic options available to Africans.

3.5 TRANSFORMATION

The discourse of missionary medicine seems to centre on the notion of transformation. When examining medical missions' theories, motives, basic features, developments and practices, then it transpires that the concept of transformation is omnipresent in this discourse. The beliefs, thoughts and actions of medical missionaries and their supporting organisations were clearly heavily influenced by a strong desire to make a contribution to the physical, spiritual, moral, social and economic transformation of Africans. This permeation with the concept of transformation leads to the proposition that *transformation* can be seen as fundamental to the missionary medicine discourse.

Although the discourse on missionary medicine is heavily influenced by the idea of transformation, this does not mean to say that there are no other influential concepts. The identification of 'transformation' as typical for the missionary medicine discourse is just one aspect, albeit the most profound. While following some of the strands of the missionary medicine discourse, it will become clear that every component is interwoven with the notion of transformation, regeneration, or conversion.

In the following paragraphs the notion of transformation as a crucial component of the missionary discourse will be substantiated. I will argue that the concept of spiritual transformation initiated missionary medicine, that the practice of bodily transformation provided the key for missionary access to Africans, and that the desire for transformation will remain be at the heart of missionary medicine, even when its claim of superiority is revisited and removed.

3.5.1 Spiritual transformation

The history of Christian medical missions cannot be separated from the broader modern missionary movement, since medical involvement in missionary ventures was determined by developments within the older and larger missionary organisations. These were made up of committed people, and the growing number of inspired volunteers and financial supporters allowed the missionary movement to expand its outreach. Missionaries were optimistically sent to every corner of the world. Yet one of the challenges most missionary organisations had to face was their slow progress in the field of evangelism. In order to tackle the problem of their ineffectiveness,

missionary organisations began to offer an increasingly professional medical service. They had become aware of the fact that medical treatment was a successful means of paving the way to bring the gospel to Africans and to set in motion various processes of transformation (of which spiritual regeneration was a crucial one). Thus, the hasty and distinct development of medical missions is better understood against the backdrop of the fundamental *raison d'*être of the broader missionary movement: reaching out and bringing Christ to other peoples. This means that the *establishment of medical missions was heavily determined by the concept of spiritual transformation* (Grundmann, 1990:120, 124; Ekechi, 1993:292; Walls, 1996:212f; Good, 2004:6, 38f; Hardiman, 2006:14; Jennings, 2008:35). Although the motif of spiritual transformation was always accompanied by imitative motifs (aiming at physical regeneration in the same way that Jesus healed the sick) and humanitarian motifs (aiming at social and economic transformation), it was a decisive and deliberate choice of Christians to link medicine with the spreading of the gospel.

3.5.2 Bodily transformation

So the key role of 'transformation' in the religious, cultural, economic, scientific[27] and political aspects of the missionary movement created medical missions as a by-product to the aim of bringing the gospel to all corners of the earth. This particular configuration of missionary outreach (in order to facilitate evangelisation and processes of transformation) resulted in the *instrumentalisation* of medicine for missionary purposes. The medical activities under missionary control were not only to be seen as "an ostensibly humanitarian act, medical work must also be seen as a powerful means of conversion" (Ekechi, 1993:292). The use of medicine for the purpose of evangelism and transformation changed the nature of secular medicine (as it was developed according to modern Western criteria of objectivity): the essential qualities of medicine were imbued with specific Christian notions on the basis of simultaneous spiritual and bodily regeneration.

The notion of transformation resulted in a redefinition of medicine because the missionary approach created a new link between illness etiologies, sin, bodily healing and spiritual regeneration. According to the missionary thinking, illness was an indication of one's sinfulness, and the only way to overcome the illness was by

27. The advancing knowledge in medical science (such as surgery, epidemiology and pharmacology) was, in particular, a crucial factor in the discovery that medical work offered an opportunity for evangelisation, because medical practitioners were now able to respond effectively to diseases and health disasters, anywhere in the world.

moving away from the 'evils' of the indigenous environment and closer to Christ, the ultimate Healer. Megan Vaughan (1991:65) states that "for medical missionaries the healing of the body had always to take second place to the winning of the soul and the fight against the 'evils' of African society." The African patient had to realise that he/she had sought refuge in a deceitful enemy – the African healer, traditional medicine, charms for protection and other elements of indigenous healing, were all perceived by the missionaries as representatives of the devil. The good news offered by the missionaries could only be effective if the African patient would distance him- or herself from the past and from their family network. The patient's rejection of other traditions of faith and medicine was perceived as the beginning of a healing process. Turning away from a sinful past and accepting Christ were the keys to salvation, of which healing was a clear indicator. Summarising a journal fragment published by a missionary sister at the UMCA hospital at Kota-Kota in Nyasaland, Vaughan (1991:64) contends that "the physical transformation of patients was taken as a direct sign of the spiritual transformation which a stay in hospital could apparently bring about."

The quality of restoration of a patient's bodily health – and therefore of the patient's spiritual transformation –was indicated by the level of individuality that the patient had developed. Since sin manifested itself as illness in a patient's body, this body became the site for treating the illness. Missionary medicine moved away from treating social relationships (as was the case in indigenous treatment, and at a later stage also in secular or colonial medical treatment), and it focused on the patient as an individual who was solely responsible for (the removal of) his or her illness. Landau (1996:274) states that "such a location perfectly reflected Protestants' (and especially dissenting tradition's) understanding that conversion was a result of an inner conflict and turmoil." The individual and inner conflict that the soul was supposed to undergo was projected on the body: the often painful surgical treatment that resulted in the removal of the cause of illness had a deeper, religious meaning. In other words, the (surgical) removal of physical impurities stood for the removal of spiritual immorality through a process of inner transformation.

Another way in which the notion of transformation changed essential features of biomedicine so that it became a Christianised instrument for missionary purposes, was its clash with African indigenous therapeutic traditions. According to the missionary perspective, healing and inner salvation could only be achieved after the African patient had fully committed him- or herself to the therapeutic practices of medical missionaries.

The fact that many Africans had adopted an eclectic approach to their healthcare, allowing them to choose whom to be treated by depending on the situation, the illness and the availability of treatment, was completely unacceptable to most medical missionaries. They were convinced that their modern, civilised approach of Western medicine, with its scientifically produced knowledge, was superior to indigenous practices of healing. And they believed that Western medicine was a gift from God to be utilised for the saving of souls (Grundmann, 1990:120, with a reference to Maxwell, 1914:68f). So the choice to convert and to become a follower of Christ implied the choice to be transformed by missionary medicine and to say farewell to any other form of healing practices. The notion of transformation created an ever present antithesis between European medicine and African indigenous medicine. This clash was not only a reflection of the differences in theories and methods of healing, but fundamentally was an elevation of God-given medicine and, at the same time, a forceful rejection of whatever Africa had to offer.

Further evidence of how crucial the notion of transformation was in the discourse of missionary medicine is the method of medical care provided by missionary doctors and nurses. Their methods of healing and the kinds of treatment they preferred when dealing with African patients, revealed a preoccupation with Christian regeneration and reconstruction. For example, the removal of ulcers provided a welcome opportunity to display the doctor's medical power and to impress the onlookers with the immediate elimination of the patient's pain and suffering. Vaughan (1991:59) contends that "it is hard to avoid the conclusion that medical missionaries felt themselves to be excising a great deal more than the tumour." The same applies to cataract operations: the method of discarding the cataract openly and instantaneously was very impressive for African witnesses. Similarly, the absence of pain due to the use of chloroform or cocaine was perceived as a miracle. The 'gospel of the syringe' (Kalusa, 2007:60) was spread even further by the missionaries' hospitalisation of patients. David Livingstone had already observed the opportunity of providing evangelism by the sickbed, and his advice was eagerly implemented by the second generation of medical missionaries. Extensive periods of hospitalisation – sometimes required because of the nature of the disease, sometimes caused by the absence of family due to slavery and other social disruptions in colonial times – provided plenty of opportunities to pray for and preach to the patients: "There was no escape from a degree of evangelising in the mission hospital" (Vaughan, 1991:62). So, by responding to the patients' physical needs in a

strategic way, the medical missionaries aimed at creating a market for evangelism and spiritual transformation.

3.5.3 Transformation without superiority

Transformation as a key notion in the discourse of missionary medicine is not only the result of the historical developments in missionary medicine, or the nature of missionary medicine itself, or the role of 'transformation' in the power regime of missionary medicine. The importance of transformation is also present in the process of evaluation and revision of missionary medicine's presupposed supremacy in the colonial era and beyond. As various Neo-Foucauldean studies (Vaughan, 1991; Landau, 1996; Butchart, 1998; Good, 2004; Kalusa, 2007) have aptly demonstrated, the role of missionary medicine under colonial rule could very well be associated with medical imperialism and religious dominance, and these feelings of superiority were fuelled by the desire to turn 'pagans' into Christians and to turn Africans into civilised people. The issue of spiritual and social transformation seems to have been protected and preserved by European claims of superiority in all aspects of life.

Over the course of time, the presupposed supremacy of missionary medicine has been criticised and dismissed in non-European therapeutic discourse. The claim of biomedicine's superiority was based on scientific values of logic, objectivity, progress and universality, but in practice most medical missionaries found themselves in a never-ending battle against the power of indigenous health systems and traditions. Later on, the assertion that Christian medicine was supposed to dominate over all other forms of healing activities started to be questioned more openly as part of the process in which the Western claim of social, cultural and political superiority was opposed and discarded. What happened during this process was the rearranging of specific constituents of Christian medicine: the issue of transformation (which in part gave birth to medical missions) had to be separated from the claim of superiority over health systems other than the biomedical one.

Kalusa (2007) shows that this process of revision and rearranging was already set in motion by Africans themselves; from the moment missionary medicine was introduced in Africa. In an interesting study, he draws attention to the role of auxiliary helpers in mission hospitals, and concludes that – contrary to what Western scholars of missionary medicine often assumed – the auxiliary helpers turned out to be both active and assertive transformers of missionary medicine in the process of bringing Christian medicine to the local people. They "drained Christian medicine of its scientific

connotations and simultaneously invested in it 'pagan' meanings embedded in vernacular terms and concepts, which missionaries neither fathomed nor expected. Evangelical medicine in Mwinilunga thus came to be comprehended as if it was a variation of African medicine and not a superior system of healing" (Kalusa, 2007:74). Unconsciously or not, the auxiliaries created a distinction between the Christian or evangelical and the scientific nature of Western medicine. By disengaging these two dimensions of missionary medicine, its claim of superiority was robbed of its power while Christian notions were still attached to this form of medicine.

In the discourse about missionary medicine, the rejection of its supremacy resulted from a critical examination of the notion of transformation. The history of medical missions demonstrates that those ideological elements have been intermingled from the inception of missionary medicine. Recent studies show that the recipients of missionary medicine dealt in their own way with the issue of superiority and transformation. The idea of medicine's supremacy was dismissed due to its 'incomprehensible' scientific approach, but Christian medicine was accepted among other healing systems in Africa due to its special link with religion. In the end it can be concluded that what made missionary medicine into a unique entity was its focus on spiritual, physical, social and cultural transformation, and not its presumed supremacy.

3.6 CONCLUSIONS

The discourse on missionary medicine can and should be treated as a separate and independent field within the medicine discourse. The inception history of medical missions as well as the specific nature of missionary medicine reveal that missionary medicine is not the same as, for example, colonial medicine or other configurations of European biomedicine. The full discourse on missionary medicine came into being as an ancillary branch of the modern missionary movement. Medical missions were designed to support evangelism by supplementing the extent of the missionary influence with 'caring and curing' activities. Missionary medicine was a form of medicine, but it was moulded according to its purpose. In other words, the theory, implementation, praxis and effects of missionary medicine differ from other forms of medicine so fundamentally that is it possible to conclude that missionary medicine constitutes its own discourse.

Missionary medicine was characterised as evangelical or Christian medicine, because its medical format was heavily influenced by Christian notions. The influence of these

Christian ideas and beliefs resulted in illness etiologies founded on a clear and strong link between disease and sin. One's illness was interpreted as a clear sign of one's sin. Besides the religious interpretation of illness, the therapeutic methods used by medical missionaries were heavily influenced by Christian faith: the treatment of the African patient was determined by the idea that the body was the site for spiritual outcomes. So the struggle for transformation was projected on the body of the African patient.

The transformation of biomedicine into Christian medicine fortified the power of medical missionaries. Their strategy of moral sanitation, manipulation of the body, and the invention of the African individual, are the pillars of missionary medicine's power regime that aimed at establishing spiritual and physical transformation of the African patient. In other words, the many forms of social and religious control exercised by medical practitioners largely defined the discourse on missionary medicine. The ever present aspect of manipulation of African patients by medical missionaries had a profound influence on the way missionary medicine was perceived and evaluated at a later stage.

Over the course of time, after the era of colonisation, the stereotype of European biomedicine's superiority over African indigenous healing systems became the subject of discussion and debate about the relation between Western and African approaches to health, illness and healing. In the process of re-assessing missionary medicine, Christian medicine was stripped of its assumed superiority, and instead it was assigned a place among other healing systems in Africa on the basis of its being different from indigenous healing systems. Its influence thus did not depend on supremacy but on the potential to establish various kinds of transformation.

The various dimensions of the missionary medicine discourse itself all point towards the notion of transformation as a crucial component of the discourse. Without the cluster of evangelism, salvation and transformation, the whole discourse as such would not have existed. Its inception history, the core features of Christian medicine (as biomedicine imbued with Christian notions that have to do with reaching out to Africans and aiming for spiritual and social transformation), the praxis – every dimension of the discourse points towards the ultimate goal of transforming people through the gospel of the Great Physician.

CHAPTER 4

DISCOURSE ON HIV/AIDS IN AFRICA

Current figures on the spread of HIV in Africa reveal a higher rate of infection amongst the people of sub-Saharan Africa than other regions in the world. It is estimated that in 2008 1.4 million people died of Aids, while 1.9 million became infected in the same year. Currently 22.4 million adults and children are living with the virus, while since the beginning of the epidemic more than 14 million children have lost one or both parents to Aids (UNAids report, 2009). These statistics give some insight into the enormous and devastating consequences of the pandemic in Africa. The radically reduced life expectancy, the impact on families and households (with the infection of a spouse, loss of income, death of the breadwinner and the leaving orphans), the pressure on healthcare, education, social productivity, and on national economic growth, are all concrete effects of the Aids pandemic in Africa.

The challenges at a micro, meso and macro level are tangible realities that determine the lives of most people in Africa. The confrontation with diseases and suffering is omnipresent. Not only do individuals, but communities and institutions do too become infected and affected by the spread of HIV. In all aspects of life, these people are looking for ways to deal with their personal experiences, and with their personal ideas on health, illness and healing. Encountering illness and death on such a large scale has an enormous impact on people and every one of these affected must develop their own response in order to cope. Institutionalised and non-institutionalised, governmental and non-governmental, African and non-African, individual and communal responses have all been developed; academic research, medical scientific investigation, pharmaceutical involvement, church programmes, and many other projects try to

address the omnipresence of HIV/Aids. Together all these initiatives and responses, whether individual or communal, structural or *ad hoc*, tangible or intangible, constitute a distinctive health discourse in the African context.

This chapter is an exploration of the discourse on HIV/Aids in Africa, since its influence on how people in Africa think about health and illness is too significant to ignore. These different kinds of responses to the Aids pandemic embody personal perceptions, experiences and theoretical frameworks about HIV/Aids as a lethal illness threatening one's health. The discourse itself is clearly heterogeneous, and therefore in this chapter HIV/Aids constructs are approached from different angles. Without pretending to provide a comprehensive overview, the exploration of various HIV/Aids constructs or social representations will shed light on how people make sense of health and illness, particularly with regard to HIV/Aids. A brief discussion of the history of HIV/Aids in Africa, and of the powerful association of HIV/Aids with Africa (and vice versa) provides the general backdrop of the HIV/Aids discourse.

Due to the dominance of the (Western) biomedical system, the exploration of the discourse starts with the *biomedical approach* to HIV/Aids in the African context. A description of the development of biomedicine in Africa, of which colonial medicine is the most prominent representative, is followed by an elaboration on some specific biomedical methods in the context of HIV-spread. The nature of epidemiological constructs of HIV/Aids in Africa has led to an emphasis on the behavioural paradigm: the idea that the spread of the virus can be halted mainly by changing human (sexual) behaviour. As will be shown, this focus on behavioural change resulted in racism and stereotyping. The second part of this chapter moves beyond epidemiology, following current research trends in the field of HIV/Aids in the African context. The 'beyond epidemiology' approach aims to reveal the social and religious dimensions of Aids perceptions. The importance of the social representations approach is to bring to the fore how a person, based on their experience as well as with the help of familiar concepts, attributes a certain meaning to his or her health condition. This means that there has been a *paradigm shift* within the HIV/Aids discourse: biomedical constructs as well as grass roots level constructs constitute a reservoir that people use to make sense of HIV/Aids in the African context.

4.1 DISCOURSE ON HIV/AIDS IN AFRICA

The discourse on HIV/Aids in Africa is vast. A brief look at the history of HIV/Aids in the African context reveals an immense array of perspectives on the various aspects of HIV. For example, the proto-history, origins and stages of awareness of Aids, the development of treatment and ARVs, the involvement of international organisations, their projects and their funding, the responses by African governments, the increasing influence of faith-based and community projects, the critical reflection on the HIV discourse itself – these are but a few of the themes that make up the discourse on HIV/Aids in Africa. The extent of the issues at stake in combination with the multitude of ideas, models, reports, intervention programmes and methods make it very difficult to maintain a clear overview of the discourse. Moreover, the range of disciplines (epidemiology, pharmaceutics, healthcare and treatment, psychology, socio-political development, critical discourse analysis, human rights, media, anthropology, theology and development studies) that are involved in the HIV/Aids discourse, increases the multifariousness within the discourse: contradicting theories and approaches are embraced and validated within the same discourse.

4.1.1 History of HIV/Aids in Africa

The inception of the discourse on HIV/Aids in the African context dates back to the 1980s, the period in which Aids was discovered and recognised in some African countries. The sudden increase of reported cases without specific symptoms or clearly identifiable physical injuries made epidemiologists realise that they were dealing with a new kind of disastrous epidemic. This stage is usually referred to as the start of the history and the unfolding of the epidemic – even though the proto-history of Aids actually goes back to the end of the 1950s.

Logically, the discovery by epidemiologists determined the HIV/Aids discourse in a profound way: the epidemiological history of HIV/Aids was considered the most important factor in the construction of a time frame that was necessary for those battling HIV/Aids to understand what had happened in the past. The epidemiological periodisation of Aids usually distinguishes three phases: the phase of denial (1980s), the phase of slow and top-down response (beginning of the 1990s), and the current phase that is characterised by a broadened attention to what is happening at the grassroots level combined with a broader outreach to those who need medication, treatment and care. The epidemiological periodisation also mirrors the periodisation

based on national and international responses to HIV/Aids, whereby this third phase is heavily defined by massive financial injections of global funds and foreign organisations.

The construction of a time frame is by definition an artificial and conventionalised arrangement that aims to clarify the matter at stake. In the past few years, the current time frame of the HIV/Aids discourse has received some criticism from experts of disciplines other than biomedicine. The main reason for their criticism is that the epidemiological periodisation reflects a fabricated and somewhat one-sided arrangement of phases of the epidemic. While it is clear that the main focus of epidemiologists has resulted in the construction of a time line that keeps track of the major changes within the HIV/Aids epidemic, it is also obvious that the dominant time frame does not facilitate a clear view on alternative or additional developments taking place within the history of HIV/Aids in Africa.

In response to the construction of a history of HIV/Aids in Africa based on an epidemiology, *alternative histories* have emerged. These have tended to focus on the social and cultural notions of HIV/Aids in Africa in order to provide a more balanced frame of reference (see for example Kalipeni *et.al*. 2004; Lwanda, 2005; Denis, 2006). They tend also to have a more contextual focus: the social actors and authorities are the ones who interpret, situate and respond to the epidemic, so they are the ones who determine the periodisation of Aids. Denis (2006:21) states that the history of Aids in Africa should not only be based on official levels of HIV prevalence, but should have narratives and personal experiences from those who are involved in the battle, while at the same time local and regional differences should be taken into consideration.

4.1.2 HIV/Aids as an African epidemic

Although there is no definitive answer to questions like when, where and how HIV came into existence, the origins of HIV are often associated with Africa, based on the concept that zoonotic transfer (the transfer of a virus from animals to human beings), as is generally accepted in scientific and biomedical realms, was the instigator of the HIV epidemic. On the basis of a study lasting ten years, there is strong evidence of a direct link between a specific virus that is found in African chimpanzees (SIVcpz) and the lethal virus HIV-1 in human beings (Gao *et.al.* 1999; Wolfe *et.al.* 2004). This link may explain the original source of HIV, but the various theories about how the virus moved from animals to human beings are controversial and still unsolved. However, whether considering the so-called hunter theory (local people hunting and eating chimpanzees), the polio vaccine theory (the vaccine may have been infected

by SIVcpz, and subsequently spread among people who were being immunised), the contaminated needle theory (medical interventions were done without sterilised needles in order to bring down the costs), the colonialism theory (working conditions and living circumstances of local people were heavily affected and worsened by colonial forces, resulting in poor health prone to further weakening of the immune system), or the conspiracy theory (HIV was manmade, and aimed to control African politics and economics), all theories presuppose and expand further on the idea of zoonosis taking place somewhere in central Africa.

Despite the general theory of zoonotic transfer from chimpanzees to human beings, there are a substantial number of studies that bring the objectivity of this conclusion into question (*cf*. Chirimuuta & Chirimuuta, 1989; Kalipeni *et.al.* 2004:14; Denis, 2006:18), or highlight the difficulties that arise with reconstructing the origin and initial spread of HIV: the quest for the origin of HIV focuses on Africa, but a definite answer about the viral leap from animals to man is lacking. Yet this HIV origins reconstruction comes at a high cost for Africa, because it is compatible with discussions of racism and neo-colonialism (Craddock, 2004:3f). Denis (2006:18) stresses that "the question of the origins of Aids, although independent of the seriousness of the epidemic in Africa, is ideologically and politically linked to it." Stereotypic opinions that see Africa as the source of disease and famine, and banal interpretations of Africans as sexually deviant people, still permeate the discourse on HIV/Aids in Africa (Stillwaggon, 2003:809f; Wenham *et.al.* 2009:290).

The reconstruction of the African origins of HIV, and the persistent focus on African promiscuity as the main vehicle of the spread of HIV, have contributed to the identification of HIV as a mainly African issue: the origins and transmission of HIV are often viewed as circumstances that have arisen due to the way Africans have acted upon, fuelled and ignored the presence of this disease. In other words, Africa is responsible for its own suffering from diseases that accumulate on African soil. This perspective on disease in Africa is not new in the continent's history. During the era of colonialism, the theory that "Africans got sick … because their societies were fundamentally sick" (Vaughan, 1991:201) was firmly rooted in the minds of administrators, missionaries, medical practitioners, and their supporters back home. They perceived African people as primitive, ignorant and dirty, and their culture as the generator of diseases. These strong views live on even in the current discussion on HIV/Aids in Africa.

In response to the identification of HIV as an African problem, some studies draw attention to the causal link between Africa's colonial history and the development of the Aids pandemic (Packard, 1989; Vaughan, 1991:205f; Ford *et.al.* 2003:600; Kalipeni *et.al.* 2004:13; Schoepf, 2004:15; Cloete, 2007:389). They propose to break away from European stereotypical constructions and racist theories, and to focus instead on the political and economic contexts in Africa. Their main argument to shift away from the sexual behaviour paradigms is that the socio-economic conditions of a society are the actual facilitators of the spread of HIV. And those socio-economic conditions that are so conducive to HIV transmission have been established largely under colonial rule, a rule that disrupted economic livelihoods, social practices and community cohesion (Kalipeni *et.al.* 2004:13). According to these emerging voices in the HIV/Aids discourse, HIV should not be considered as an African problem, but it should be understood as a complex and multifaceted epidemic that has its roots in colonialism.

4.2 BIOMEDICINE AND HIV/AIDS IN AFRICA

From the onset, the discourse of HIV/Aids in Africa has been dominated by the system of biomedicine (Kalipeni *et.al.* 2004:4; Denis, 2006:15; Wenham *et.al.* 2009:289). The Western biomedical approach has had a great impact on the HIV/Aids discourse since it has defined and determined the first and predominant response to the pandemic. Research, information distribution, provision of medicines, policy development by governments as well as by NGOs – all these undertakings have been based on biomedicine. So basically every study on (the history of) HIV/Aids in Africa starts with a definition of HIV/Aids from a Western epidemiological perspective, and uses the Western biomedical paradigm as a frame of reference. Most studies fully embrace biomedical premises, while others look to distance themselves from these, but all of them include, implicitly or explicitly, an account of how they relate to the Western system of biomedical thinking about health, illness and healing.

4.2.1 Colonial medicine

One crucial phase in the development and the transformation of biomedicine in the African context, particularly in relation to the HIV/Aids pandemic, is the colonial era. Although only a few studies on HIV/Aids in Africa mention the colonial history of biomedicine, the magnitude of colonial medicine in the discourse on HIV/Aids in Africa cannot be missed: colonial medicine generated a specific frame of pathologies that

was projected on African patients. This means that categories of race and of otherness started to become influential in the colonial health discourse as well as in the health discourses that emerged after the colonial era.

In general, and especially compared to missionary medicine, colonial biomedicine can be characterised as more or less secular in its medical practices. The religious notion of conversion linked with healing is basically absent in colonial medicine. Consequently, colonial medicine was less contrastive among African patients themselves. Whereas missionary medicine aimed at drawing the patient-convert closer to the inner circle of saved people and further away from the heathen kin, colonial medicine was more focused on creating subjects compliant with colonial rule. And whereas missionary medicine developed at the intersection of health and religion, colonial medicine was ruled by a more or less secular perspective, with health, socio-economics and politics as its centre.

This intermingling of health, socio-economics and politics within the discourse on colonial biomedicine provided colonial rulers with a framework of ideological-medical avenues for further control of African subjects. European colonial powers, for example, substantiated their perceptions of poverty and African governmental incompetence on the basis of biomedicine's preoccupation with the African body, and they concluded that such pitiful conditions were causally linked with the African racial type. Colonial medicine thus created a firm link between physical (and at a later stage, environmental) characteristics and socio-political conditions, resulting in a specific pathology unique to Africans. This 'Bantu anatomy' (Tobias, 1947:18; see also Butchart, 1998:155) created 'the' African patient or subject as an individual body that was so different from European patients that a new interpretation framework of diseases had to be developed, whereby factors such as skin colour, physiognomy, physiques, new diseases and sexuality determined the way colonial medical practitioners examined their African patients. Thus, as Vaughan (1991:25) contends, "the power of colonial medicine lay not so much in its direct effects on the bodies of its subjects (though this was sometimes significant) but in its ability to provide a 'naturalised' and pathologised account of those subjects."

The main consequence of colonial biomedical constructions on African patients was the creation of a stereotypical portrayal of 'the African' as backward, unhealthy, lazy, superstitious and sexually deviant. This interpretive framework, derived from biomedical research ventures, was now applied to nearly every dimension of colonial society.

Poverty, disease, European authority and African subordination were explained and justified against the backdrop of the obvious disorders of Africans, which suggests, according to Vaughan (1991:12), that "colonial medical discourse was, without a doubt, preoccupied by difference." The *fundamental otherness of African*s had become the conventional perspective on African patients and their circumstances.

This cardinal concept of difference survived throughout the nineteenth and the twentieth century. Colonial medicine's pathologies perpetuate in the discourse on HIV/Aids in Africa. Concepts of difference and segregation continue to be the conventional perspective on African patients, especially in those models and methods that have been developed according to the biomedical paradigm.

4.2.2 Biomedical methods and the HIV epidemic

Biomedicine as the Western system of healing and interpretation of the body is a label that embraces various disciplines (such as biology, pharmacology, virology, epidemiology), each with their specific focus, assumptions and theories. These different biomedical disciplines complement each other in their general aim: reducing national and global morbidity rates by preventing, diagnosing and treating diseases. Generally speaking, biomedicine has been very successful in addressing symptoms and minimising lethal diseases and epidemics.

In relation to the HIV/Aids epidemic in Africa, biomedicine has dominated in generating understandings of the human immunodeficiency virus, its pathology and its trajectories. Reports and policies for preventing and managing the HIV/Aids epidemic have been written entirely on the basis of information attained through biomedical research, at least during the first fifteen years of the discourse. This means that most official or public accounts have dealt with an interpretation of the body that reduces HIV to a phenomenon affecting the temporal organic body (Kleinman, 1995; Jain, n.d.). Only in the past ten years or so has the biomedical discourse on HIV/Aids in Africa started to include an epidemiological perspective that considers the multiple dimensions of an epidemic (such as politics, economy, social factors and healthcare).

Epidemiological constructions of Aids in Africa

It is worthwhile taking a deeper look at epidemiological explanations of Aids in Africa, because they continue to form the framework of certain concepts of health, illness and healing that are very prominent in the African context.

The aim of epidemiology is to gain an understanding of viruses and their disease profiles. Linked to the viral trajectory of Aids is the focus on factors relating to host that facilitates the transmission of the virus. And the main factors that have been identified as contributing to the spread of HIV in Africa range from biological (malnutrition, parasite load) and economic factors (poverty, unemployment, no access to health care) to social factors (migration, broken family). Obviously, all these host factors are so interrelated that they create an epidemic that seems to be without end. This epidemiological perspective has fed the view point that the host factor that can be controlled (in order to bring the epidemic to an end) is the factor of human (sexual) behaviour.

The combination of health risk management, the individual and the location of health has been viewed as the proper tool for assessing and evaluating an epidemic (*cf*. Jain n.d.[28]). In other words, epidemiological constructions presume that the health (and the illness, for that matter) of an individual are *located in the body of that individual*. The organic body is seen as the framework in which biological factors are at play, resulting in health or illness of the individual. Just as health, from an epidemiological point of view, is bound to the temporal body, so are the processes of health narrowed down to the individual: the social influences are played down and simplified due to the focus on the individual and his or her body. Linked to the focus on the individual's body is the element of risk assessment. In the epidemiological discipline, the health risk assessment of an individual is a crucial part of constructing an epidemic, since it will provide a means to intervene and prevent the virus' spread.

Behavioural paradigm

Epidemiological constructions on the rapid spread of HIV in sub-Saharan Africa consider a variety of host factors, but the main components of epidemiology (risk, the individual and the location of health) lead unavoidably to an emphasis on human (sexual) behaviour. Since the virus is transmitted through sexual activity, it seems justifiable to include the element of behaviour modification in the attempts to stop or at least reduce the spread of the virus. And this is what happened in most intervention programmes: they were designed according to the behaviour paradigm based on the

28. Jain's research aims at analysing and deconstructing mainstream intervention programmes based on the dominant Western medical system of medicine. His main point is that the underlying ideologies and theories of the biomedical discourse on HIV carry three culturally-specific notions that are fundamental to epidemiological approaches to HIV/Aids. These three notions (risk, the individual and the location of health) are specifically Western notions, although they are often perceived (by Westerners) as immutable, incontestable truths. Based on critical discourse analysis (CDA), Jain shows that HIV intervention programmes assume these three notions to be universal and a-cultural, when they actually echo Western ideologies.

assumption that change in the (sexual) behaviour of the individual will lead to fewer infections with HIV.

The best-known *behaviour modification models* that have found their way into the African context are the ABC (Abstinence, Be faithful, use Condoms) programmes. Numerous schools, faith-based and non-governmental organisations, as well as governmental institutions promote the vision of ABC as the most viable way to reduce the HIV infection rates. Basically all health education textbooks and curricula are designed on the basis of the risk behaviour paradigm, and its main idea is that prevention is mostly a matter of behavioural change, and that behaviour change will be established by providing access to information and to condoms. In the first decades of the HIV/Aids epidemic, the behaviour modification approach turned out to be rather effective. The strategy of arresting the spread of the virus by focusing on Aids education and on the distribution of condoms resulted in the creation of a barrier between those who carried the virus and those who were not (yet) infected, in a relatively short period of time (Stillwaggon, 2003:811).

However, the immediate downside of the behaviour paradigm and its methods was the fact that the barrier that was supposed to stop the spread of the virus turned out to be the impetus for *stigmatisation and discrimination*. Those who were infected or who ran a high risk of being infected became segregated from those who were not included in the risk target group. Both biomedical and popular perspectives understood Aids as an urban disease, with sex workers, their clients, the military and long distance truckers as the core transmitters of the virus (Schoepf, 2004:16). These categories of people were defined as high risk groups on the basis of their having multiple sex partners. The assumption was that reducing viral transmission was mainly a matter of concentrating on these high risk groups and on behaviour modification. One serious consequence of this behaviour-centred approach turned out to be the stigmatisation of the risk target groups.

Another major complication of the risk behaviour paradigm is its focus on Africans' *sexual* behaviour. Despite aiming to influence and alter sexual behaviour, adherents of the behaviour paradigm have failed to effectively curb the risk sexual behaviour of Africans. Liddell *et.al.* (2005:692) have indicated that one of the main reasons for this inadequacy is the difficulty of investigating sexual activities with conventional psychological empirical methods (like participant observation). Moreover, even within Europe relatively little is known about the processes of decision-taking in sexual contexts, let alone within Africa (see also Stillwaggon, 2003:811). Yet biomedical

and social science research within the behaviour paradigm have produced numerous studies on the sexual behaviour of Africans – mainly on the basis of Western models of (sexual) behaviour and without empirical substantiations. The consequence of this behavioural model of Aids in Africa was the stereotyping of 'the African' as someone with exceptional (or deviant) sexual behaviour and who is so completely different (from the European or American perspective).

The focus on risk in relation to sexual behaviour did not only lead to stigmatisation and stereotyping, but it also provoked the idea that those who became infected with the virus, were actually fully responsible for their illness. This contention was based on the Western social science assumption that individual behaviour is mainly determined by the individual's choice of a certain life style. The idea that one is able to choose his or her own life style became closely linked to the biomedical perspective on (individual) health. Choosing for a healthy life style meant avoiding risk health factors. Logically, if one's sexual behaviour contained risk factors, then oneself had to be blamed for the infection. In other words, those elements that are so crucial for the behaviour paradigm – the individual, health located in the individual body, risk assessment, behaviour modification – were projected on Africans in such a way that they were made responsible for the HIV/Aids epidemic, while there was barely any room left for a broader socio-economic perspective that would show how "behaviours are related to social conditions or how communities shape the lives of their members" (Schoepf, 2004:18).

4.2.3 Critical evaluation of the Western biomedical paradigm

Despite the dominance of the biomedical paradigm in the HIV/Aids discourse, epidemiological methods alone have not been successful enough in the fight against the spread of HIV. The focus on prevention (for example through immunisation) has been very effective in other epidemics, but alternative conventional prevention measures (for example health education and sexual behaviour modification) have been assessed as ineffective and invalid in fighting the Aids epidemic in Africa. Currently, there is a growing awareness amongst researchers and policy makers that the modern epidemiological approach – with its focus on individuals and their sexual behaviour, and with its assumption that knowledge changes one's life style – does not provide adequate responses in the fight against HIV/Aids.

One major element that contributed to this growing awareness and to a more critical evaluation of the Western biomedical paradigm regarding HIV/Aids in Africa is the so-

called critical discourse analysis (CDA). Generally speaking, CDA is a tool for acquiring sharper insights into particular matters within a specific discourse that have to do with social constructions of power, domination and marginalisation. It is presupposed by CDA that spoken and written words (discourse) are subjective by definition. Words can never be neutral, for they acquire their meaning within a specific historical, social and political context. The objective of CDA is to identify, clarify, and challenge the relationships that exist between the use of language and the exercise of power, in the sense of domination of the marginalised by the elite within a discourse (*cf*. Van Dijk, 1993).

Within the discourse on HIV/Aids in Africa, critical discourse analysts have contributed significantly to the voicing of the unheard and marginalised people involved in the fight against HIV/Aids. Focusing on the HIV/Aids discourse, the CDA "analyses the calculus of economic and symbolic power in medical rituals, critiquing the systems upon which medical exchange and meanings are built" (Jain, n.d.:1). This means that CDA does not only play an important role in identifying the limitations of mainstream biomedical programmes within HIV/Aids prevention programmes, but also aims to resist the social inequality produced and maintained by those who dominate the HIV/Aids discourse financially, politically and socially. CDA research has, for example, brought to attention how the power relations within the HIV/Aids discourse facilitate the dominant perspective by highlighting themes such as stigma, blame, racism and moralism (*cf*. Stillwaggon, 2003; Schoepf, 2004; Jain, n.d.).

4.3 BEYOND EPIDEMIOLOGY

'Beyond epidemiology' is a term coined by Kalipeni *et.al.* who published an important work on HIV/Aids in Africa from perspectives that had been largely unnoticed until then. *Beyond Epidemiology* (2004) is a rich collection of perspectives and research findings forming a critical addition to mainstream opinions within the discourse. The publication was instigated by the realisation that the biomedical paradigm has dominated the HIV/Aids discourse, without succeeding to stop the spread of the virus. In response to this, the trend now is to open the discourse, and to move beyond epidemiology as the determining factor to understand HIV/Aids.

By moving beyond epidemiological models of HIV/Aids, researchers have pushed the HIV/Aids discourse in a new direction so that it is no longer a mainly epidemiological matter; the roots of the disease are more numerous and deeper than the virus itself. 'Beyond epidemiology' is an expression that refers to the complex network of factors

linked to each other within a specific society. The acknowledgement that the existence of HIV/Aids is not only a matter of viral transmission, but also a matter of culture, politics, economy, gender relations, poverty and globalisation, is the most crucial part of the gravity shift within the discourse. The human factor in the epidemic has received increasing attention, steering the direction of the discussion towards human rights, community-based responses at a grass roots level, personal narratives of people suffering from HIV/Aids and local understandings of HIV/Aids. Top-down approaches, in which a selected group of people determines what is best for the majority (as in national policies and biomedical prevention programmes), are being challenged by a growing number of alternative perspectives which claim that religion, local knowledge, music and empowerment play an important role in the fight against HIV/Aids.

In the following paragraphs, these 'beyond epidemiology' approaches will be discussed in more detail and the existence of alternative or popular explanations of HIV/Aids will be explored in general. How do such constructions come into being, and what is the relevance of popular HIV/Aids constructs for the ones who keep them intact? After a general introduction into non-epidemiological HIV/Aids constructions there follows a more specific focus on the understanding of HIV/Aids in relation to Christian faith. This link between religion and HIV/Aids is a somewhat separate, yet important, category within the 'beyond epidemiology' discourse. In the African context, daily life is infused with Christian faith and church praxis. No wonder church and theology are heavily involved in the fight against HIV/Aids, sometimes implicitly and sometimes explicitly (with all inherent matters of dispute). A focus on the relation of Christian faith and HIV/Aids constructions (of which HIV/Aids theologies are part) will bring about the importance and necessity of 'beyond epidemiology' approaches within the discourse on HIV/Aids in Africa.

4.3.1 Social representations of HIV/Aids

The way in which people talk about illness, and how they consider the origin and spread of HIV/Aids, has become an important area of attention within the HIV/Aids discourse, because it reveals how people make sense of HIV/Aids within their own frame of reference. Those who are involved in HIV prevention measures and policies may especially benefit from social science research on lay people's perceptions and actions pertaining to HIV/Aids in Africa.

In social science jargon, the way people interpret and respond to social threats (like HIV/Aids) is called *social representation*. What happens in the process of social

representation is that people who belong to the same social category apply familiar concepts, ideas, and images to the social threat. For example, the social representations of HIV/Aids by men in southern Malawi differ greatly from the social representations of HIV/Aids by white female teachers in South Africa (*cf*. Kaler, 2004; De Kock & Wills, 2007). Both social categories incorporate daily life expressions, metaphors and experiences in their respective efforts to make sense of the pandemic, but they do so in different ways.

The main functions of social representation are the establishment of a shared understanding within the social category, the reduction of the sense of threat, and the protection of the positive identity of dominant social categories within society (*cf*. Riley & Baah-Odoom, 2010:600. Also see Joffe, 1996; Joffe & Bettega, 2003; Liddell, Barrett & Bydawell, 2005; De Kock & Wills, 2007). By using concepts and metaphors from everyday life, and by linking these to the new threatening phenomenon, people try to regain control over their life. This re-using of existing conceptualisations (called *anchoring*) within daily life talk about HIV/Aids often encourages a process of 'othering': that is, in trying to understand a social threat like HIV/Aids, social groups protect themselves by blaming and stigmatising other groups in society.

When people – whether adolescents (Joffe & Bettega, 2003), men (Kaler, 2004), women (Rohleder & Gibson, 2006), black Africans (Liddell, Barrett & Bydawell, 2005), white Africans (De Kock & Wills, 2007), or people elsewhere in the world (Wenham, Harris & Sebar, 2009) – construct their understanding of HIV/Aids in Africa, each social group undermines the identity of the other for the purpose of protecting a positive self-identity. These self-preserving processes of blaming others for the spread of Aids seem to be a consistent factor in social representations of HIV/Aids, and thus begs the question whether the extensive public awareness campaigns (including the many efforts by churches to move beyond stigmatisation) considered that the notion of 'othering' is a persistent, unavoidable and perhaps even necessary part of trying to make sense of HIV/Aids. Although lay people's perceptions still needs to be explored even more, it has become clear that any response to the powerful, destructive discourses that surround HIV/Aids needs to seriously address the universal need for self-preservation of all social groups facing the threat of HIV/Aids.

4.3.2 Christian religion informing social representations of Aids

With an ever increasing number of Christian communities and churches in sub-Saharan Africa, it is important to address the relation of Christian faith and the way in which

people make sense of HIV/Aids in Africa. Christian engagement with HIV/Aids and the church's responses to the pandemic are no longer considered issues of marginal social interest. On the contrary, the prominence of Christianity is acknowledged in policies and programmes, in academic research, as well as in daily life (e.g. Prince, Denis & Van Dijk, 2009).

This section aims at exploring some key issues in the relation of Christian religion and HIV/Aids in Africa. It would be impossible to offer a comprehensive outline of Christian-influenced engagement with HIV/Aids, because the field is too vast and still growing. However, current research trends provide some guidance in this matter: Pentecostal churches and their emphasis on morality, faith-based organisations and their well-financed prevention/outreach programmes, mainstream theology and its redefinition of Christian concepts, and the complex web of religion, health and state – are all topics that are regularly researched within the discourse of HIV/Aids in Africa. This range of particular responses to HIV/Aids underlines the importance of exploring how Christian faith and church affiliation mould and define social representations of Aids in Africa, for these kinds of conceptualisations and narratives will continue to infuse the discourse of HIV/Aids in Africa.

Pentecostal responses to HIV/Aids

African Pentecostalism has been identified as the most prominent form of African Christianity nowadays. Even though the label 'African Pentecostalism' is a blurred one and covers all areas of the Pentecostal movement in Africa, the dramatic increase in the number of Pentecostal churches and their increasing impact on African societies has made the Pentecostal movement a serious player in the fight against HIV/Aids. The Pentecostals' active involvement in prevention, counselling, and care (often in alignment with international organisations like PEPFAR[29]) has put African Pentecostalism on the map of global responses to HIV/Aids.

In this sense, the Pentecostal movement has come a long way, because initially Pentecostal churches were very reluctant to address the pandemic. The strong association of HIV/Aids with immoral sexual behaviour, and therefore with sin, meant that born-again believers distanced themselves from HIV-infected people, because in their perspective the virus was clearly God's punishment. This stigmatising attitude began to change with the turn of the millennium, when Pentecostal leadership was

29. The US President's emergency plan for Aids relief.

shocked to learn that Aids was present even within their own circles. Lay members as well as pastors fell ill, and this urged the churches to take action against HIV/Aids.

Although research on African Pentecostal responses to HIV/Aids is relatively new, as well as contradictory, (see e.g. Smith, 2004; Adogame, 2007; Green & Ruark, 2008; Gusman, 2009; Parsitau, 2009), it is possible to discern a few of the predominant elements that define Pentecostal responses to HIV/Aids. When one looks at, for example, Pentecostal rhetoric on prevention, it is clear how HIV/Aids is linked to the spiritual realm, moral behaviour is centralised, the doctrine of salvation is being redefined, and social groups are empowered by Pentecostal churches to address the pandemic. These elements will be explored in the following paragraphs, because they play a crucial role in African Pentecostal constructions of Aids.

Perhaps the most characterising feature of Pentecostal conceptualisations of HIV/Aids is the *localising of illness in the spiritual realm*. Adogame (2007:478) observed that "African Pentecostals employ an indigenous hermeneutic of spiritual power but cast it within new conceptual frames of reference." The African indigenous perception of health as a person's state of being in which (benevolent) spirits are actively involved, has been transformed under the influence of Christianity: spirits are now by definition malevolent spirits who want to harm human beings. The only refuge for human beings is the benevolent power of God, but there is an on-going warfare between the kingdom of God and the kingdom of Satan, and if the human being fails to be vigilant, he or she might become the victim of spiritual demonic attacks. This means that illness (and everything else that opposes health and wealth) emanates from the power of the devil. In African Pentecostalism, HIV/Aids has become the personification of demon spirits, HIV-infected people are the victims of spiritual battles, and HIV prevention programmes are permeated with the warfare motif (Smith, 2004:429; Adogame, 2007:478; Asamoah-Gyadu, 2007:311; Attanasi, 2008:205).

In accordance with the construction of health being something to be protected from the evil powers of the devil is the focus on spiritual vigilance as an important part of HIV prevention. Christian morality is perceived as a shield against infection and illness, for a moral life will ward off the actions of the devil. Immoral behaviour, on the other hand, means that one becomes easy prey for spiritual demonic attacks. Abstinence before marriage (or even 'secondary abstinence' for those who become born-again Christians at a later stage in their life), and faithfulness in marriage are so vigorously promoted that they have become paramount to Christian morality in the context of

HIV/Aids. The ABC approach (Abstinence, Be faithful, and Christ) is the core of the Pentecostal prevention discourse, despite severe criticism by those who think the ABC approach is too moralistic, naïve and simplistic to be effective in the reduction of HIV infections. Their main argument is that such an approach narrows HIV/Aids down to a sexual disease, and it obscures the complexity of political, economic, social and gender aspects of the pandemic (Garner, 2000; Smith, 2004; Sadgrove, 2007; Parsitau, 2009). Moreover, the ABC approach may paradoxically contribute to risky behaviour of adolescent Pentecostal believers. The idea that born-again Christians are safe from HIV-infection, and therefore do not need to use a condom (with its insinuation of infidelity), creates a real obstacle in the process of personal risk assessment and prevention. However, these critical perspectives of Pentecostal prevention programmes are not the only views on the ABC approach. There is also statistical evidence that abstinence and faithfulness actually contribute to the decrease of HIV-infections (Chikwendu, 2004; Trinitapoli & Regnerus, 2006; Jenkins, 2007:147; Green & Ruark, 2008:25).

The ABC approach does not only seem to function as a clear-cut prevention strategy, it also plays a role in the redefinition of the concept of salvation according to the Pentecostal frame of reference. Gusman (2009) has shown that the emphasis on Christian morality produced a shift in Pentecostal theology. The doctrine of salvation received a new meaning when the former understanding of salvation no longer sufficed in a context where HIV/Aids is omnipresent. The almost exclusively spiritual dimension of salvation, as well as the individual experience of being saved, did not connect very well anymore with the growing concerns about physical health and collective suffering. Salvation was no longer about simply saving one's soul; it was about one's body as well. 'Being saved' became equal to 'being safe': the spiritual and the physical dimensions of salvation complementing each other in the experience of being alive and trying to escape death *coram Deo*.

Along with the notion of physical salvation came the shift from an 'other-world' focus to a 'this-world' attitude within Pentecostal theology. The devastating impact of the pandemic made church leaders realise that they had to focus on youth in order to bring them up as the future leaders of the church and the nation (Smith, 2004; Gusman, 2009; Parsitau, 2009). Thus, young people became the target group of Pentecostal prevention programmes. That in itself was not new, but the empowerment of this social group was. Adolescents, born-again and aware of the risk of immoral behaviour, were to function as role models for other young people and social groups in society.

Their moral excellence had to attract many others, away from illness and death, towards life and the future. This meant that adolescents became actively involved in Pentecostal constructions of HIV/Aids, because they specifically contributed to the idea that a saved/safe person is someone who embodies moral behaviour, and who moves beyond the faults of their parents' generation (when the spread of HIV/Aids was increasing). This younger generation developed the idea that it must break away from the past and the life style of their parents, in order to overcome the present difficulties and to build a new future (Meyer, 2004; Gusman, 2009:75). This discourse on Pentecostal adolescents on HIV/Aids is characterised by the construction of an intergenerational gap, and by the separation of two qualitatively different worlds: the world of the Christian, saved, promising, young people, and the world of non-Christian, sinful people without a future ahead of them.

Mainstream theology focusing on HIV/Aids

Mainstream theology has faced the same struggle as that of the Pentecostal tradition. Theological contributions to the HIV/Aids discourse were hardly developed during the first twenty years of the pandemic, for the same reasons as were mentioned regarding the Pentecostal discourse on HIV/Aids, namely the association of Aids with immoral sexual behaviour. After a long period of silence, mainstream churches realised there was a dire need for theological responses to what was happening in the believers' daily life. Since the turn of the millennium, mainstream churches started to reflect on their role and mission in the context of HIV/Aids. The pastoral theological disciplines took the lead in voicing against stigmatisation of HIV-infected people, and soon other disciplines became involved in addressing the HIV/Aids pandemic. Martha Frederiks (2008) offers a comprehensive overview of mainstream theological responses to HIV/Aids by mapping the most important approaches or contributions of each theological discipline.

The following paragraphs will highlight three theological disciplines (biblical theology, feminist theology and systematic theology), because they provide good perspectives on how people make sense of HIV/Aids in relation to Christian faith. As Frederiks' article indicates, the discipline of pastoral theology focuses mainly on de-stigmatisation, and the field of liturgics provides only a limited number of sources, so these disciplines are not considered here. A brief look at mainstream theology and its accents, when responding to HIV/Aids, will affirm that church and theology want to move away from stigmatisation and towards promoting 'living positively' in the face of death.

Within the field of biblical studies, Frederiks identifies various trends in dealing with HIV/Aids from a biblical perspective. One of these is to create a link between biblical texts and HIV/Aids, in which the Bible text articulates the emotions of anger, desperation and lamentation evoked by the pandemic. Another way of making Scripture relevant in an HIV/Aids context is found in the link between biblical characters and HIV/Aids, so that the biblical character provides possibilities for identification with people infected and affected by HIV/Aids. A third trend is about the re-reading of biblical texts with people living with HIV/Aids (PLWHA) in mind. It is worthwhile mentioning here the approach developed by Gerald West and Bongi Zengele-Nzimande (2003; 2004; 2006). Their method is to facilitate bible studies for believers at grass roots level: that is, lay people (mostly young women), who are infected by HIV, gather around Bible texts that they themselves have selected, and then apply a simplified version of critical and contextual biblical research. The key point here is that the participants always choose those texts that address their own lives. The other interesting fact is that the group usually selects texts in which Jesus directly turns towards them to encourage them, or in which Jesus rejects the prevailing views of society. West (2003:339) observed that "their deep desire is for an alternative theological perspective that grants them dignity, given that the predominant theology they encounter from the church is extremely damaging to people like them." The method developed by West and Zengele-Nzimande reveals how the emphasis has shifted: the accent is on breaking away from status quo views on HIV/Aids, on reading Scripture in a positive way, and on being encouraged to live positively. The voices of HIV-infected people have, at last, reached the theological agenda.

The same kind of focus on fullness of life is promoted by African feminist theology. African women theologians reflect on the pandemic from a gender-sensitive perspective, arguing that churches ought to develop a theology of the sacredness of life. God's solidarity with the poor and the marginalised – the central point of feminist liberation theology – has to do with justice, restoration, hope and quality of life. Human life, including 'infected' life, should be protected and liberated (Phiri, 2004:428). The church, therefore, has to reject a direct link between illness and sin, and has to acknowledge that infection or illness is more than a medical condition. In addition to the firm rejection of sin, guilt and female submission in the face of Aids, various members of the Circle of Concerned African Women Theologians have generated particular responses to the Aids pandemic by introducing concepts like 'gender' and 'culture' in their theological analyses. Specific topics like marriage as the centre of patriarchy,

domestic violence and rape, cultural rites of passage, the condition of widows, and the role of the woman as the most prominent care-provider for orphans and HIV-infected people are brought to the attention of church and theology. Another example of feminist theology in the era of HIV/Aids is the re-reading of certain biblical texts from the perspective of vulnerable people and those living with HIV/Aids. For example, the story of the persistent widow and the unwilling judge in Luke 18:1-8 offers the chance to identify with the widow who refuses to surrender and who insists on justice; based on the image of God as the God of justice one is encouraged to persist in the context of HIV/Aids, and to call out "grant me justice" (Dube, 2004:19). In addition to the identification with biblical characters, African feminist theology develops perspectives on the identification with Christ: "The church needs to realise that today Jesus Christ stands amongst the suffering, saying, 'Look at me, I have Aids'" (Dube, 2002:538f).

Justice and liberation are the main lenses through which African women's theologies view HIV/Aids. The destructive forces of the pandemic are mostly framed by gender inequality, social suffering, and global injustice threatening marginalised people (of whom HIV-infected women constitute the majority). HIV/Aids is depicted as power structures that can undermine the dignity and the sacredness of human life. In response to these structural evil forces, African women theologians aim at affirming God's good creation and at counteracting death (Dube, 2002:545).

The theological arguments drawn from a gender-based perspective on HIV/Aids have contributed to more systematic attempts to develop new HIV/Aids theologies. Topics such as sexuality, the human body and theodicy, have become important again in light of the pandemic, and endeavours to reflect further on the meaning of Christian hope amidst the devastation of HIV/Aids provide the basis of 'theologies of hope' and 'theologies of life' (Frederiks, 2008:19). One such theology of life has been developed by Daniel Louw, a South-African theologian, who emphasises the resurrection of Christ as a hermeneutics of life and radical transformation in the context of HIV/Aids. His theology of life serves a clear pastoral interest, with his leading question being: 'how does one encourage people living with HIV/Aids in the face of death?' According to Louw (2008:436), the most relevant and true answer is 'the resurrection', because it "confirms the veracity of God's faithfulness and the truth of the eschatological victory within this creaturely reality. It confirms transfigurement within disfigurement. It also affirms physicality as part and parcel of ensoulment and embodiment."

The notion of hope has become a crucial element in theological responses to HIV/Aids. Christian hope, rooted in Christ's cross and resurrection, denounces the ultimate power of death, and it fuels the courage to be, to live, and to endure life in the midst of suffering. Identification with the suffering Christ as well as with the resurrected Christ engenders hope in HIV-infected people. This aspect of Christian faith finds, in particular, recognition within the public health discourse. The African Religious Health Assets Program (ARHAP), for example, underscores the importance of religion-influenced elements that enhance one's health status. These elements are labelled as 'religious health assets', and can be tangible as well as intangible: hope, trust, community, accompaniment, local knowledge, access and resilience (Cochrane, 2006:62f). The merit of a health assets-based approach (in contrast to a health deficit approach) is to be found in the positive view on human life in the face of death. Searching for assets that are already available to people, and moving from these assets in order to improve life, implies an attitude that does not deny suffering but does not surrender dignity, respect for life and well-being either.

Mainstream theological endeavours to make sense of HIV/Aids focus mainly on notions of life and of hope. Church and theology try to move beyond stigmatisation by acknowledging that the church itself has contributed to the stigmatisation of HIV-infected people, and also by forcefully rejecting processes of 'othering', stigma and discrimination. Theological responses to HIV/Aids include the dismissal of the assumed clear connection between sin and illness (or infection), and the affirmation of quality of life for all people, especially people living with HIV/Aids (Frederiks, 2008:22).

4.4 QUALITY OF LIFE

In this sub-chapter, the lines set out in the previous sub-chapters will be drawn together in order to gain an overview of existing health concepts within the discourse of HIV/Aids in Africa. This will be difficult to do considering the paradigm shift that is now taking place within the discourse. From the onset, Western medical health constructions have dominated information distribution, policies and prevention programmes, but current social science research shows that something has changed in the past ten years: biomedical health constructions are not taken for granted anymore, and are being complemented by health concepts that are constructed by various groups in African societies. It would not be true to say that the top-down model (health as constructed by a few people who have full access to information, media and money) is substituted by a structure in which the majority decides what 'health' is. Rather, the paradigm

shift in the HIV/Aids discourse shows that health/illness conceptualisation processes cannot be dictated by just one perspective.

When studying the discourse on HIV/Aids in Africa, and when observing the various ways in which individuals, social groups and institutions try to make sense of HIV/Aids, it is possible to discern 'quality of life' as a key notion that permeates the whole HIV/Aids discourse. Even though this might not be obvious at first, the many different constructions of HIV/Aids do have a common denominator in the sense that they all play a role in the search for quality of life for HIV-infected people. 'Quality of life' can be defined as individuals' perception of their "position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO Quality of Life Group, 1995). As will be substantiated in the following paragraphs, this multi-dimensional construct has become an important aspect in biomedical, social and spiritual responses to HIV/Aids. The initial focus on biomedicine halting the spread of the virus has altered into a focus on retrieving functional ability and control over symptom intensity by means of antiretroviral treatment (ART); the social dimension of the pandemic evokes questions about how an HIV-infected person can live meaningfully despite stigmatisation, and the spiritual dimension of the HIV/Aids threat addresses one's well-being in relation to God. Basically, all the different responses to HIV/Aids are related to the issue of quality of HIV-infected life. It must be emphasised, however, that the identification of quality of life as a central element of the HIV/Aids discourse does not necessarily exclude other notions as significant in this discourse.

4.4.1 Quality of medical life

Until recently Western epidemiology largely shaped global responses to HIV/Aids in Africa, but this dominant position has been affected by an emerging focus on the social dimension of the Aids pandemic. Interestingly, the shift towards non-epidemiological factors does not only occur within the whole of the HIV/Aids discourse but within the discipline of epidemiology itself, where attention to issues dealing with the patient and his or her environment is increasing. The patient is no longer perceived only as a body that needs to be treated, nor is the disease any longer perceived as a defect that can be removed from the body. This shift arises from the fact that biomedical science has yet to develop an efficacious medicine or treatment against HIV/Aids. HIV/Aids forced epidemiologists to look beyond the disease towards the patient and his or her relations and environment.

As a result of this altered attention within the biomedical circuit, more research is carried out on health-related quality of life for HIV-positive patients (see for example Cunningham *et.al.* 1998; Nokes *et.al.* 2000; Carrieri *et.al.* 2003; Phaladze *et.al.* 2005). Medical treatment becomes increasingly patient-oriented, and the identification of specific variables (such as biological and physiological factors, symptom status, functional status, general health status and overall quality of life) that are perceived to be relevant to the health-related quality of life of HIV/Aids patients has contributed to that development (Wilson & Cleary, 1995). Surely the most important catalyst in the search for quality of life of people living with HIV/Aids is the availability of antiretroviral treatment for patients in sub-Saharan Africa. Due to antiretroviral treatment "HIV/Aids will no longer be a death sentence or the beginning of a series of losses of employment or family life" (Phaladze *et.al.* 2005:121). Thus, within the medical world a new concept has emerged: the concept of living well with HIV/Aids. Based on antiretroviral treatment, HIV/Aids does not necessarily need to be associated with death.

Quality of life from a medical perspective still fits within the biomedical parameters of health, illness and treatment of the body. Research on patients' perceptions of the quality of their life acknowledges the influence of the patient's nature and even the characteristics of the patient's environment, but the main focus remains determined by biological and physiological factors, symptom status, functional status and medicine intake that can contribute to quality of life (Wilson & Cleary, 1995). Essentially the patient's physical status displays the quality of life that can be experienced by the patient. The understanding is that when human life is afflicted by a malignant disease, the body still needs to function as long and as normal as possible, with the help of medicine and treatment. This implies that a diminishing of quality of life is directly related to physical impairment.

4.4.2 Quality of social life

From a social perspective, a completely different dimension of quality of life is accentuated. Here the emphasis is on the correlation between the sufferer and his or her environment. Quality of life is not so much a matter of how the patient faces life despite the disease in his or her body, but rather a matter of how the patient is able to live positively and with dignity. The role of the *sufferer's context* is crucial in the social perspective on HIV/Aids.

A patient's perceived quality of life is inherently related to the community that surrounds the patient in daily life, for the community's interpretation of the illness

largely determines whether the patient experiences quality of life or not. Processes of stigmatisation and rejection, prominent within the HIV/Aids discourse, evoke feelings of fear and hopelessness, causing the sick person to feel that his or her life is of less value than it used to be. The 'beyond epidemiology' approach, aimed at centralising the social aspects of the Aids pandemic, converges upon the tangible and intangible processes between a patient and his or her environment. It highlights the mechanisms of stigmatisation and 'othering', and it criticises the social power structures that marginalise the vulnerable and sick people in society. From this social perspective, it is not so much the disease that robs the sick person of quality of life, but it is rather the environment doing it by way of rejection and stigmatisation. It was the Anglican priest Canon Gideon Byamughisha who said that "(i)t is now common knowledge that in HIV/Aids, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with" (WCC Ecumenical Response to HIV/Aids in Africa, 2001).

This explains the fact that most of the research within the HIV/Aids discourse is focused on scrutinising stigmatisation and rejection, and on centralising the need for society to actively create circumstances so that people living with HIV/Aids are able to face life in a positive way. Faith-based organisations, for example, can play a major role in these endeavours. To live with dignity and to be aware of one's worth are essential aspects of living in the face of suffering and death. The setting up of a close network of family, friends and medical personnel (such as home-based care), the development of bible study sessions (*cf*. West, 2003), the provision of counselling sessions (*cf*. Landman, 2008) and medical information programmes, provide the means to contribute to the patient's quality of life in a social context.

Some constructions of HIV/Aids do not only address the notion of social quality of life at a micro level, but even quality of life at a global level. Quality of life, from a social perspective, is also linked to the Western media presentations of the African HIV-patient. Africa is continuously associated with disease, poverty and deficiency, meaning that African people living with HIV/Aids are labelled according to the Western dominant views about Africans as sexually deviant and blameworthy. Such racism at an international level is rooted deeply, and it affects the quality of daily life of people living with HIV/Aids. The counter-discourse that is generated by national and international stigmatisation, aims at societal and global awareness of people living with

HIV/Aids. Constructions of Aids determined by de-stigmatisation efforts show that HIV/Aids "has become a metaphor for change towards greater personal awareness and community involvement" (Bates, 2007:72).

Again other constructions of Aids in Africa focus mainly on solidarity within the global community. The link between HIV/Aids and unjust global systems has become the paramount notion, with the question of unnecessary suffering in Africa in its wake. HIV/Aids is not solely a concern for individuals, and HIV infection is not only to be explained as the consequence of an individual's risky behaviour, because it "does not explain why some people in Europe and America also practise the system of having many sexual partners but do not get infected with the virus. It also does not explain why some people in Europe and America live very long with the virus while in Africa they die quickly" (Phiri, 2003:428). HIV/Aids offers for discussion the question of global relationships and of the distribution of health resources. Solidarity, taking responsibility and the sharing of resources at an international level will turn HIV/Aids into a disease that is preventable, treatable and controllable – which can be seen as a valuable contribution to quality of life of people living with HIV/Aids.

4.4.3 Quality of spiritual life

Within the discourse on HIV/Aids in Africa, it is dawning on society that the spiritual dimension to quality of life plays an important role for people living with HIV/Aids. Illness intruding into daily life is usually associated with a disturbed balance of (life) powers that are of significance where well-being is concerned. Within Christian (and other religious) tradition the restoration of the spiritual balance is vital in order to be able to live meaningfully: the renewal of the personal relationship with God is closely linked to feelings of being accepted, with the effect of a perceived improvement in quality of life.

Increasingly, church and theology in Africa explore in-depth the role of their communities in the search for quality of spiritual life for people living with HIV/Aids. The church contributed unambiguously to stigmatisation and discrimination of HIV-positive people, due to the church's general message was that HIV/Aids was the consequence of sin and immoral sexual behaviour. The church now acknowledges that it participated in the rejection of people living with HIV/Aids, and calls for a new reflection on its mission within the context of HIV/Aids (*cf*. WCC Ecumenical Response, 2001). Many churches have implemented this new mission, and have developed home-based care projects (whereby a network of family, friends, church and medical personnel is created in

order to take care of the HIV-patient in their home environment), programmes focusing on the support of orphans, pastoral counselling sessions and prevention programmes. This massive response of faith communities basically means that they view HIV/Aids as something that is part of the body of Christ, and now the body is forced to respond. The first priority is to be present and to support those who are HIV-positive. The second priority is to be a supporting community that is able to stimulate Christian hope in the lives of HIV-infected people, because when relations, hope and dignity are restored, then quality of life increases (*cf*. Cochrane, 2006a:63; Adogame, 2007:481).

In addition to the reflections of faith communities and their relation to people living with HIV/Aids, there are the publications from believers who are infected with the virus describing how they themselves reflect on their relation with God. Even though they might feel rejected by the church, many people living with HIV/Aids do not abandon their faith but instead start to redefine their relationship with God in the light of HIV/Aids. The base line in these kinds of personal constructions on HIV/Aids is that God is not the one who punishes human beings with illness, but that He is on their side (West, 2003:341), that Christ is one of the people living with HIV/Aids (Dube, 2002:538) and that God "will make a way where there is no way" (Adogame, 2007:481). Aids is often seen as an attack by the devil, and this interpretation evokes often combative responses: the believer is determined to focus on life and on the opportunities that life can offer to a child of God. Trust in God, often combined with the support of a faith community, helps the believer to re-design his or her life in such a way that it receives a new meaning. The emphasis on a life as God meant it to be, on a fullness of life for those who believe, is a counter-statement in the midst of illness, suffering and decay that so often defines the life of people living with HIV/Aids. This counter-perspective shows that it is not despite the illness, but rather *in* the illness that quality of life is born.

In addition to the descriptions of how faith communities find their way in supporting HIV-infected people, and how individuals redefine their life in the light of the gospel, there is an increasing number of (critical) publications about the role of faith communities regarding information distribution and prevention measures of HIV/Aids. More often than ever before churches and other faith-based organisations pay attention to the prevention of HIV-infection among believers. The standard method of faith-based prevention projects is the emphasis on abstinence (in relation to adolescents) and fidelity (in relation to married couples). This kind of construction on Aids as a moral consequence has led to the centralisation of moral sexual behaviour. The one who

abstains from sexual intercourse or the one who is faithful to the spouse, has the status of someone who is healthy and safe. Being safe and being saved are closely related matters, and sometimes they even share exactly the same meaning. Well-being, salvation and quality of spiritual life are intricately connected with quality of physical life.

4.5 CONCLUSIONS

The discourse on HIV/Aids in Africa is a vast field that covers all sorts of efforts to address the Aids pandemic in Africa. From within various disciplines, the existence and the threat of HIV/Aids are being reflected upon, and many responses are being articulated in order to halt the spread of the virus. Together these actions and reflections can be divided into two different categories that determine the whole discourse on HIV/Aids in Africa. The biomedical approach remains the dominant frame of reference, because it provided the foundation for people's understanding of HIV/Aids, while the etiology of HIV/Aids, the medical treatment of HIV-infected patients and the epidemiological perspective on prevention, established the idea that HIV/Aids was largely a matter for biomedical experts. Since the beginning of the new millennium a second approach started to emerge. The 'beyond epidemiology' approach countered the dominant way of understanding HIV/Aids by emphasising the social aspects of the Aids pandemic. 'Beyond epidemiology' adherents assert that HIV/Aids should not be seen as a matter for biomedical experts, but rather as something that touches the whole of society, and first and foremost people living with HIV/Aids. The two approaches do not come together in a natural way, but they do complement each other. The one approach needs the other in order to be relevant. This insight caused a shift of balance within the HIV/Aids discourse in the sense that disciplines other than biomedicine offer contributions that are of relevance in the fight against the virus. One of the most important insights produced by social science is the idea that the biomedical definition of HIV/Aids is just one of the many understandings of HIV/Aids. The biomedical construction is fundamental to the explanation of epidemiological consequences of HIV/Aids, but the normativity of biomedical Aids-constructions is no longer taken for granted, and other kinds of constructions have started to have an impact on the discourse on HIV/Aids in Africa.

Biomedical constructions of Aids start with the virus that can be contracted through blood contact and sexual intercourse. From there, the focus is on human behaviour as the most important host factor that can be controlled in order to stop the spreading of

the virus. Subsequently, the identification of people who are at a high risk of contracting the virus due to their sexual behaviour, has mainly determined the epidemiological constructions of Aids. The consequence of this response to HIV/Aids is well-known: the human behaviour paradigm and its risk group identification stigmatised specific groups of people and provided the impulse for a renewed form of racism (particularly among Western countries).

Social constructions can be seen as a response to the consequences of biomedical constructions. Instead of starting with the virus and its trajectory, 'beyond epidemiology' approaches start with people and their responses to the virus. How do people explain HIV/Aids? How do people survive in a context of suffering and illness? What happens with people when they are confronted with HIV/Aids? These kinds of questions inform the non-epidemiological frame of reference.

Studies of social constructions on Aids reveal that people make sense of Aids by making use of what is familiar to them. Personal stories, experiences and communal concepts provide the foundation for dealing with a new social threat. The need for self-preservation, too, determines the way people explain and define HIV/Aids. In order to protect oneself against the destructive disease, the disease is associated with other social groups, and not with the subject or the social group at stake. The influence of religion on social constructions has, on the one hand, led to a strong emphasis on moral behaviour and on the kick-starting of de-stigmatisation processes on the other hand. From a spiritual perspective, the perception of Aids as God's punishment has moved towards the construction on Aids as an attack by the devil. Such evil attacks make every person vulnerable to Aids, and thus any person can become a victim of HIV/Aids. The faith community portrays Aids as the disease pointing towards the community's Christian responsibility: to represent the love of God who identifies Himself with the vulnerable and the marginalised. Hope-engendering communities support people living with HIV/Aids in their efforts to re-assess life and define it in the light of the gospel.

Despite the diverging biomedical and social constructions of HIV/Aids it is possible to identify a common denominator in the Aids constructions. The quest for *quality of life* for people living with HIV/Aids constitutes the central notion of how Aids is constructed from various perspectives. Within the biomedical field, for example, people strive towards providing quality in the patient's life with a medical bias. Medical personnel apply their knowledge and their expertise to relieve the suffering and to increase the

physical capabilities of the patient. Quality of life has to do with functionality despite illness and physical impairment.

Yet alternative constructions on Aids serve as a means by which the social impairment of people living with HIV/Aids is addressed. Stigmatisation, rejection, racism, loneliness and fear are all present in the lives of HIV-infected people, who are often not able to live the way they used to (before receiving the result of the HIV-test). Quality of social life for people living with HIV/Aids is what 'beyond epidemiology' approaches aim to achieve, in other words a life beyond stigmatisation, and an ability to live positively with HIV/Aids.

A third form of quality of life as a central notion within the HIV/Aids discourse is quality of spiritual life. Churches and other faith-based organisations have reached the attention of Aids researchers, because of their influence on the lives of people living with HIV/Aids. Faith communities define Aids against the backdrop of a personal relation with God, which encourages the HIV-infected believer as well as the supporting community to interpret Aids in a different way than as God's punishment. The HIV-infected believer and the faith community at large are in search of how a believer can live meaningfully in the presence of his or her illness. Quality of spiritual life is closely related to living positively: the believer realises that he or she is accepted and known by God, and this makes him or her fight mental and spiritual defeat by HIV/Aids. In the midst of the illness and the suffering, the HIV-infected believer is looking for ways to renew the meaning of his or her life and to re-align his or her life with how God meant it to be.

CHAPTER 5

CHURCH-BASED HEALING DISCOURSE

Many churches in southern Africa have adopted a distinctive approach to health, illness and healing. Their approach is not fully compatible with other discursive reflections (such as the discourses described in the previous chapters), in the sense that it has a certain singularity based on particular elements from the Christian tradition that are not found in the other healing paradigms. Although there are some similarities with ideas and concepts developed within other discourses, the substantial expressions of church-based healing theories give enough reason to perceive the whole of Christian faith inspired ideas and practices as a separate category.

Faith communities have a major impact on how people make sense of health, illness and healing in southern Africa. Religion and well-being are closely connected in the African traditional framework, and this connection is extended within the churches, but on more biblical grounds. Churches and faith communities play an important role in matters of illness and healing. In addition, this impact of the church on health matters can also be explained by the fact that many Africans (still) do not have access to medical care and treatment in hospitals and clinics, so they seek healing elsewhere. Many churches (especially African Instituted Churches and Pentecostal/Charismatic Churches) have succeeded in addressing themes such as illness and healing in a way that makes sense to the majority of African believers.

The influence of faith communities on health, illness and healing receives increasing scholarly attention. Various academic disciplines have started to pay attention to the impact of faith communities on people's daily life in southern Africa. For a long time, the effects of religion have been disregarded by the so-called objective and unbiased

sciences, but particularly the Aids pandemic has directed attention to the contributions made by churches and communities in processes of prevention, empowerment and health constructions.

Jenkins (2007:146) states that "issues of healing, whether of mind or body, dominate the everyday life of the churches of the poor." In other words, *healing and deliverance practices* constitute an important part of the identity of most churches in southern Africa. This is not only true for African Pentecostal and African Instituted churches, but also for mainline churches like, for example, the Roman-Catholic Church, the Anglican Church and the Lutheran Church. The healing ideologies of the different churches may be expressed in different ways, which can be easily explained by studying the history and theology of their particular traditions, but the fact is that nearly every faith community in southern Africa concedes that the church has a contribution to make to the process of healing and wholeness of humanity.

5.1 CHURCH-BASED HEALING DISCOURSE IN GENERAL

The church-based healing discourse is, generally speaking, linked to particular churches in Africa: the African Instituted Churches (AICs) and the Pentecostal and Charismatic Churches (PCCs). After a brief description of the typology of these churches, and after focusing on the impact HIV/Aids has had on faith healing, the theme of exorcism and deliverance is introduced, since exorcism is generally considered to be the core of church-based healing activities.

5.1.1 Typology of churches

What kind of churches is involved in the church-based healing discourse? Following the research trends, there are two prominent ecclesiological movements that determine the discourse.

The first is the movement of the African Instituted Churches (AIC). Depending on one's perspective, the acronym AIC can also stand for African Indigenous Churches, African Independent Churches or African Initiated Churches. The AICs are churches that came into existence at the end of the nineteenth century in response to the missionary-founded churches. They were founded and are run by Africans, who succeed in making the message of the Gospel relevant to the African indigenous worldview. The AIC movement is often perceived as an authentic African expression of Christianity (*cf*. Omenyo, 2000:233), because the AICs created space for certain spiritual or pneumatic elements that are of great importance within the African context but that

were not allowed to exist within the missionary-founded churches. The Aladura Churches (meaning 'praying people' in Yoruba) in West Africa, and the Zion/Apostolic Churches in southern Africa are important representations of the AIC movement.[30]

The explosive growth that features the AIC movement also turns out to be one of the main characteristics of the Pentecostal and Charismatic Churches (PCC). The PCCs constitute the other dominant theme within the faith-healing discourse. The Pentecostal movement can be divided into two sub-divisions: the first one embraces the classical Pentecostal denominations (like, for example, the Assemblies of God), that have been present in sub-Saharan Africa since the onset of the twentieth century. The second sub-division is the neo-Pentecostals, the younger independent Pentecostal Churches, the renewal movements within mission denominations and the trans-national fellowships (Asamoah-Gyadu, 2005:236). Outsiders usually identify PCCs with AICs, because both movements attract many African believers, distance themselves from missionary-founded churches, emphasise the work of the Holy Spirit and centralise healing and exorcism. Based on these similarities, it is hard to specify exactly the relation between AICs and PCCs. Many researchers discern a certain continuity between the AIC movement and the PCCs on the basis of their pneumatic emphasis: the AIC movement is seen as the African version of Pentecostalism (Kalu, 2008:69; see also Anderson, 1990:65; and Asamoah-Gyadu, 2007:307). One wonders whether the general typology of African Pentecostalism as the amalgamation of AICs and PCCs is able to account for the differences between AICs and PCCs. Kalu (2008:75) elaborates on the demonisation of AICs by Pentecostal Churches, which seems to be a clear signal of Pentecostal believers perceiving AIC members in a different way than researchers (and other outsiders) do. Generally, African Pentecostals are of the opinion that AICs are non-Christian and abject because of their involvement with ancestral spirits and with certain African traditional healing elements that are included in healing rituals of the faith community.

Although the AIC movement and the PCC wing highly determine the faith-based healing discourse, it does not mean that only these two parties represent the phenomenon of church-based healing. Jenkins' statement (2007:145) that the practice of healing unifies both mainstream and independent churches in the southern hemisphere shows

30. A lot has been written about the AIC movement in its various forms. See, for example, Hayward, 1957; Sundkler, 1961;1976; Baëta, 1962; Webster, 1964; Turner, 1967; Barrett, 1968; Oosthuizen, 1968; Peel, 1968; Daneel, 1987; Gifford, 1991; Oosthuizen & Hexham, 1992; Bediako, 1995; Kitshoff, 1997; Pobee& Ositelu II, 1998; Anderson, 2001; Jenkins, 2006; Kalu, 2008.

that the focus on healing and exorcism cannot be narrowed down to a particular ecclesiological tradition or a faith movement. In southern Africa, there is a clear appreciation for the relation between religion, faith and health, and basically all faith communities acknowledge the meaning of this relation.

5.1.2 HIV/Aids and church-based healing

Recently the discourse on church-based healing has received more attention than previously due to the role of churches in the fight against HIV/Aids. Researchers and policy makers have understood the need to explore how faith communities try to oppose the impact of HIV/Aids, and to seek the cooperation of churches and other faith-based organisations, because "their unique positioning within communities and the often authoritative nature of their interaction with followers mean that they have a certain legitimacy and resulting power to change behaviour" (Scorgie, 2008:86, with a reference to Liebowitz, 2002:10). An increasing number of publications about the role of churches in the battle against Aids centre on Aids prevention, with attention being paid especially to changes in sexual behaviour. Another topic of attention in research and policy reports is related to care and support. In other words, the meaning of the contribution of faith communities in the fight against Aids is usually restricted to the realisation of the need for behaviour change among (adolescent) believers, and to the provision of care and support networks for HIV-patients. Only a minority of publications focuses on the provision of (faith) healing within churches (e.g. Scorgie, 2008), so these kinds of institutional healing practices are generally not included in debates.

This chapter moves away from the focus on the relationship between the church and Aids (as discussed in Chapter 4), and addresses instead the believers' quest for *physical, mental and spiritual* healing. It is acknowledged that this quest can be triggered by the effects of HIV- infection, but it is not strictly Aids-related. The church-based healing discourse exceeds the conventional role of the church in the fight against HIV/Aids in as much as its scope is determined by the idea that healing entails liberation and deliverance from evil powers.

5.1.3 Exorcism: An introduction

This section briefly introduces the theme of exorcism and deliverance, and alludes to a following section (5.3) that offers an in-depth analysis of the concepts of healing and deliverance ministry in church life. The purpose of this introduction to the phenomenon of exorcism is to show that it is a central feature of church-based healing activities.

In *The Next Christendom* Jenkins (2006) describes in detail how Christians in the southern hemisphere perceive daily life. Through vivid text and many illustrations he illuminates the churches' firm focus on evil, fear and general insecurities in life. Believers in Africa attach great importance to the battle against supernatural evil, and they aim to restore health and wholeness of life. Every kind of mishap obstructing the well-being of a person, such as physical or mental deficiencies, unemployment and marital problems, can be related to the effect of evil powers in the spiritual realm. Churches in southern Africa are faced with the task of addressing these spiritual powers, including their impact on the life of believers, by way of healing and deliverance or exorcism ministries. In this sense, global southern Christianity can be seen as a *healing religion par excellence* (Jenkins, 2006:98).

African Initiated Churches and PCCs in particular have developed extensive and professional healing ministries, although similar deliverance activities are also being offered within mainline or missionary-founded churches. This emphatic focus on healing has always attracted many health-seeking people to attend church and researchers have explained this by pointing to the lack of sufficient healthcare provisions for all social groups in southern African countries. They observed that the lack of access to medical facilities for the poorest people of society was compensated for by what the church offered. Thus, the church provides a service where deficiencies in medical healthcare prevailed (Anderson, 2002:526). But from a socio-cultural perspective churches also seem to offer something that hospitals lack: the majority of believers in southern Africa experience a direct relation between healing and religion, suggesting that overcoming illness is not only a physical, but also a spiritual matter. In the African context, healing is a function of religion, and spirituality and healing belong together (Asamoah-Gyadu, 2005:234).

So, church-based healing in the African context is about spiritual as well as physical deficiencies that need to be addressed by the faith community. The frame of reference is that the believer is facing spiritual enemies (evil spirits, ancestors, demons) who generate the spiritual, mental, or physical complaints. The only way to overcome the suppressing power of these spiritual enemies is by countering them in the powerful name of Jesus Christ. Most churches have elaborate healing rituals and counselling sessions accompanying the deliverance event, but the main business of the healing ministry is the act of exorcism. Exorcism can be seen as the *central feature* of church-based healing (Jenkins, 2006:103-107, 111-113; Kalu, 2008:263).

Exorcism as a spiritual intervention is biblically rooted, and is therefore usually perceived as a biblical instruction for the church. The faith community has been empowered to overcome demonic forces and to liberate people from their bondages in the name of Jesus. Such a spiritual intervention is associated with Jesus' own ministry: Luke 4:18f is often quoted as providing the foundation of the deliverance ministry of a particular church. In Luke 4, two trains of thought about release from oppression are present, namely deliverance in the charismatic sense, and liberation as understood by social activists (Jenkins, 2006:105). Both deliverance from spiritual forces and liberation with a political notion are implied when the faith community seeks healing, simply because it is impossible to separate physical, mental and spiritual healing. The reality of a person's daily life, in all its tangibility, is the starting point of exorcism. It is about the human being who needs to be released from anything that keeps him or her away from his or her destination.

Exorcism is based on faith in God, who intervenes very directly in people's everyday life. God participates in a person's life, and the presence of God becomes tangible in the blessings He bestows upon believers: a spouse, a job, the survival of a road accident, children and material matters such as finances, a bike or a car. Just as concrete as God's involvement in human life is the involvement of the devil, whose objective is to undermine and ruin the believer's life in many different ways. The act of exorcism is the demonstration of the battle between the devil and God who intervenes on behalf of his people, and who is able to overcome the evil that captivates creation. The interventionist theology and the material conception of evil constitute the pillars of exorcism. In fact, Pentecostals prefer to speak about *deliverance* rather than about exorcism, because deliverance presupposes that the spiritual intervention is much broader than the act of expelling the demons: the believer is going to be possessed by the good Spirit of God, the Holy Spirit (Kalu 2008:172).

5.2 ACADEMIC DISCOURSE ON HEALING IN THE BIBLE

Health and disease are themes with a prominent place in the biblical tradition. The Scriptures visit these themes over and over again, and make it clear that the pursuit of healing is part of the relationship of God and creation. The discipline of Biblical Theology regularly generates studies that deal with the meaning of biblical healing, and a kind of sub-discourse developed, based on scholarly research into the nature of healing in the Bible (*cf*. Westermann, 1972; Brown, 1995; Carroll, 1995; Kelsey,1995; Brueggemann, 1997:252-255; Pilch, 2000; Porterfield, 2005; Gaiser,

2010). Particularly in New Testament studies there is greater attention paid to the miracles of Jesus (while previously attention was drawn to the instruction, teaching and wisdom of Jesus' ministry). The Jesus Seminar, among others, has generated interest in historical critical analysis of Jesus' miracles. Sources such as the works of Kelsey, Brown, Porterfield and Gaiser provide an in-depth discussion of the meaning of healing in the Bible. Below there follows a brief review of what scholarly research has brought to light relating to healing and disease in the Scriptures.

5.2.1 Old Testament understandings of healing

In the Old Testament writings, healing is a concept with various meanings. The general framework, in which health, illness and healing can be understood, is the *covenant* between God and his people. This covenant is to be regarded as a binding partnership with which Yahweh wants to preserve his creation against destruction. De Vries (2006:352) emphasises that this is a redemptive partnership, in which God is seen as the source of healing and restoration. The fundamental idea is that God aims to bless his covenant partner with a shalom status (*cf.* De Vries, 2006:358, who refers to Quell, 1974:122; see also Louw, 2008:110). In this context, disease is a form of disintegration, and healing is a process or condition referring to restoration in the relationship with God.

Within the Old Testament framework of the covenant, De Vries (2006:358ff) notices two modes of blessing that embrace healing. First of all, there is the blessing of the covenant in the Torah that brings *protection against disease*. God's covenant initiative brings blessing and shalom for his people. This shalom refers to tangible and this-worldly well-being, and is mentioned in relation to an abundant and protected life in the land that God will give. The covenant implies that the human covenant partner needs to adhere to the covenant conditions and to respect God's precepts. Compliance with the rules of the covenant will generate blessing, but disregard of the conditions will lead to curse. Exodus 15:25f and Exodus 23:23f are considered to be key texts in biblical terms about health and healing. Then there is also the blessing of the covenant in the Prophets, in which blessing is considered as *healing from disease* instead of protection. Even in the Prophets we find a theology of curse and blessing within the framework of the covenant, but, unlike in the Torah, blessing features in the Prophets when God offers a new chance to the covenant relation that has been damaged due to the disobedience of the people of Israel. The blessing, then, has the nature of a

promise of future recovery (that is healing, both literally and figuratively) rather than the notion of safeguard against misfortune.

However, the covenant is not the only category in which the Old Testament deals with healing. De Vries (2006:362f) points out that on the basis of healing stories, which do not occur often in the Old Testament, it can be said that healing is also about (i) the recognition of the *power of Yahweh in relation to idols*. The resurrection miracle in Sarafat (1 Kings 17) as well as the healing of Naaman (2 Kings 5) testify to the idea that even those who do not belong to the covenant of Israel may share in the salvation of Yahweh, after Yahweh's prophet is obeyed and the name of Yahweh is glorified. And (ii) the *sovereign act of God for the realisation of his history of salvation* is a source of healing. The barrenness of Sara (Genesis 17:15-21; 18:10-14; 21:1f), Rebekah (Genesis 25:21) and Rachel (Genesis 30:22f) lead to God's dealings that ignore human limits because God's salvation history must come to realisation. Finally, (iii) the *faithfulness of Yahweh to king David* also provides a framework in which healing occurs. In 2 Kings 20:1-11, King Hezekiah is cured from a skin disease because of the relationship of God and Hezekiah's father David.

Westermann (1972) points out that healing and salvation may be different in character in the Old Testament, but that healing should not be subordinated to salvation, as Christian theology has always done. He too emphasises that healing in the Old Testament is understood to mean *blessing*. Healing occupies a central place in human existence, and is quite naturally considered the work of God. In a continuous and silent way God blesses people with wholeness of life, since that is God's purpose and will for his creation. Westermann asserts that salvation is God's other way of dealing with his people. God's saving action towards a particular people carries more of a communal notion, while healing in the form of blessing is of individual character, leaving it to the 'diseased' individual to see God's hand in the healing (or even in the absence of healing). Westermann (1972:19) balances healing and salvation by saying that "the experience of healing can as well open up a relationship to God as the experience of being saved." This way, Westermann places healing within the framework of the covenant between God and his people.

5.2.2 New Testament understandings of healing

In the New Testament, healing is inextricably linked with the concept of the *new covenant in Christ*, as well as with the promise of *God's Kingdom*. The new covenant in Christ is a continuation and renewal of the divine covenants with Abraham, Moses

and David. In Christ, Yahweh reveals that he makes a new beginning, and he realises for his people the possibility to remain faithful to the covenant. In Jesus' death the new covenant is initiated, and healing can then be considered as a gift or grace related to the covenant. As such, healing in general can be linked *indirectly* to the atoning death of Christ, who inaugurated the new covenant and bestowed healing as a promised blessing upon the covenant partner (De Vries, 2006:380). The biblical concept of the new covenant is related to the concept of the Kingdom. After all, the thoughts on the new covenant, as found in the Old Testament and the New Testament, lead to the recognition of God's reign. In the light of the (renewed) promise of shalom, the miracles performed by Jesus testify to the manifestations of God's emerging rule.

Regarding approaches to healing in the New Testament, academic attention predominantly focused on the healing miracles Jesus performed during his earthly ministry. On the basis of historical critical research there is scholarly consensus that Jesus performed miracles (*cf*. Twelftree, 1984; 1993; Blomberg, 1987:90; Wink, 1992:134f; Meier, 1994:607; Habermas, 2001:117; Williams, 2002; Borg, 2006), and it is now widely accepted to consider Jesus as healer and exorcist. The synoptic gospels in particular present Jesus' healing and liberating activities as a sign of God's coming kingdom (*cf*. Carroll, 1995:137; Giesen, 1995:65; De Vries, 2006:391f). The miracles are construed as references and as provisional manifestations of the kingdom, arriving in the person of Jesus Christ. Twelftree (1993:170) contends that the miracles that Jesus performs constitute the actual message: the miracles "are the kingdom of God in operation." The reign of God implies the overthrowing of the kingdom of Satan (*cf*. France, 1990:28f; Giesen, 1995:44ff; De Vries, 2006:389). In the New Testament, disease is also attributed to Satan, who obstructs the well-being (shalom) of God's people. So Jesus' acts of forgiveness, liberation, healing and resurrection are inherent in reducing the power of Satan and demonic spirits. Or, in the words of Goppelt (1978:119), Jesus' healing miracles imply spiritual, physical and social healing.

Contrary to the Old Testament, the idea that disease and healing evolve from God is not found in the New Testament in the same direct manner. New Testament thinking ignores a uniform approach towards the cause of disease, and offers a variety of sources for disease and suffering. One of the causes of illness is the power of the devil or Satan, who in the New Testament has a more independent position in relation to the reign of God. In addition, matters like personal responsibility, punishment for

sin and/or the prelude for repentance, and the absence of a clear cause are also involved in New Testament understandings of illness. De Vries (2006:423) stresses that the Scriptures show no explicit link between disease and demise, and he refers to Thomas (1998:304), who says: "despite the frequent appearance of such views in contemporary theological explanations of the origins of illness, it is interesting that in New Testament discussions about the origins of illness the writers never explain the presence of infirmity as being simply the result of living in a fallen sinful world."

All in all, it can be said that all studies related to healing and disease show that the biblical starting point is that the God of the Scriptures is a healing God. The biblical stories are witness to God's comprehensive commitment to healing and wholeness for all creation, for all people. God is actively involved in the healing and restoration of people, and He involves Himself in the process of reconciliation and regeneration. The covenant provides the context for understanding healing, as well as the perspective of the kingdom that bears the tension of the 'already' and the 'not yet'.

5.2.3 Biblical roots of healing ministries

The way in which, in the African context, meaning is attached to illness and evil shows remarkable similarities with how illness and evil are depicted in both the Old and the New Testament. Illness, sin and ritual transgressions are major obstacles to the human being, who desires life in abundance but who is continuously confronted with the impact of evil forces (*cf*. De Vries, 2006:420). The biblical message for healing, restoration and liberation clearly acknowledges the existence of evil forces, and addresses their impact on the human being, that is on his or her relationships and future. In Scripture, healing or restoration is not restricted to the body, but includes a person's spirit as well as their material goods such as land, children, cattle and prosperity (Wind, 1995:153; Westermann, 1972:10). Jenkins (2006:117) asserts that "the biblical emphasis on healing rings so true to modern believers because it fits precisely into their cultural expectations and the healing traditions of pre-Christian societies."

From an African Christian perspective, healing and wholeness are the core of the Christian message and mission. One could wonder what would be left of the Gospel if one were to remove all healing-related stories from Scripture, or interpret them from a strictly psychological point of view. Stories of miraculous healings and effective exorcisms are taken seriously and literally, precisely because they are so close to the experienced reality. The existence of the devil, a God who is able to intervene in daily life, and the human being who is continuously searching for wholeness and blessings

(even in material ways), are the main characters of the bible as well as of everyday life. Asamoah-Gyadu (2007:314) states that "healing, exorcism and deliverance are important for us first because they were critical to the ministry of Jesus Christ. He so integrated these ministries into his work that it is difficult to separate them from evangelism that is done in the way Jesus wanted it to be done." According to the African Christian belief, the proclamation of salvation and that of healing complement each other on biblical grounds (*cf*. Omenyo, 2000:247f).

Jesus' own healing ministry, as recorded extensively in the gospels, is perceived as the most important example of how the church should understand her authority to proclaim salvation, and of how the church can be meaningful for people seeking restoration in daily life. Jesus' battle against the devil and demons represents the battle many believers face: spiritual warfare is an integral part of Christian faith, just as the biblical stories witness. Church-based healing, therefore, is rooted in Scripture, and is initiated by Jesus. That is how his commission to the disciples to preach the kingdom of God and to heal the sick (through the power to drive out all demons and to cure diseases) provides the foundation for present-day church-based healing. Many African Christians are of the opinion that the church cannot ignore her task of miraculous healing, exorcism and the curing of diseases, because restoration and wholeness constitute the core of Christian faith. In this light, and based on the argument that Jesus himself was an exorcist and that exorcism was mentioned explicitly when sending out his disciples, people in some Christian circles wonder why exorcism is not considered as a sacrament.[31]

31. It is also important to mention here that, even though exorcism and deliverance practices are often perceived as an essential part of the church's healing ministry, they also lead to debate in Reformed circles, where exorcism and deliverance ministries do not belong to the heart of church life. The issue at stake here is the issue of worldview. Mainline theology has developed a particular view on the realities of evil forces, demons, possessions and exorcisms, and this view diverges from the (traditional) African worldview. Andrew Walls (2006:75f) contends that "Western models of theology are too small for Africa. Most of them reflect the worldview of the Enlightenment, and that is a small-scale worldview, one cut and shaved to fit a small-scale universe. Since most Africans live in a larger, more populated universe, with entities that are outside the Enlightenment worldview, such models of theology cannot cope with some of the urgent pastoral needs." Jacques Theron (1996:84) also refers to the gap between Western worldview and other thought systems, when he gives a critical overview of the church's ministry of deliverance from evil spirits. Theron makes the interesting observation that the Western understanding of reality is currently in a state of transition or paradigm shift due to the rise of postmodernism. He anticipates that this paradigm shift allows for the subject of demons to be discussed, and for the ministry of deliverance to function within Western societies. Perhaps in this light the article by J. Janse van Rensburg (2010:679-697) can be seen as a contribution to addressing the divergence in epistemological views on deliverance ministry within the Reformed tradition in Africa. In response to the denial of the existence of the devil (in a report of the Algemene Taakspan vir Leer en Aktuele Sake during the General Synod of the Dutch Reformed Church in 2007), Van Rensburg proposes a methodology for qualitative research in order to explore further the meaning of a ministry of deliverance. The on-going debate shows that the complex matter of exorcism clearly poses a challenge to Reformed church

Besides the argument that Jesus himself instigated a healing ministry, adherents of church-based healing have an arsenal of biblical texts available for confirming their motivation for a healing ministry. Certain Old Testament texts as well as one from the New Testament are often cited when the relationship of the faith community and the search for health needs to be clarified or confirmed. For example, Psalm 91 is a key text pertaining exorcism and spiritual protection. Jenkins (2006:107f) describes how meaningful Psalm 91 is to Christians in Asia and Africa, indicating that there is barely any difference in appreciation of the Psalm among believers of different denominations. As in Jesus' days, the Psalm is understood within the framework of demonology and exorcism. Continuously battling evil and demons, the believer receives faith and strength from Psalm 91, trusting that the words of the Psalm offer protection against any kind of mishap. Based on Psalm 91, the believer is convinced that in the end he or she will be victorious.

A different but equally essential bible text within the church-based healing discourse is the letter of James. The frame of spiritual warfare is absent, and the ministry of healing is closely linked with the community of believers. The emphasis is on the prayer of the surrounding community, and on the use of oil. The commission of using anointing oil has been received well within many churches in sub-Saharan Africa. Some churches (such as the Aladura churches in West Africa) turned the anointing oil into a commodity for trade, resulting in situations where olive oil "is now commercially advertised more for its *religious* than its culinary purposes" (Asamoah-Gyadu, 2005:237, italics in original). But the use of anointing oil also began in denominations other than the AICs and the PCCs. The fact that the use of anointing oil is encouraged biblically, contributed to the oil anointment being one of the few healing rituals that are widespread across the entire African continent.

5.3 HEALING AND DELIVERANCE

In the following paragraphs the deliverance ministry, the centre of church life in southern Africa, will be discussed in greater depth by exploring some of the main features of this faith-based healing practice. The similarities with the African traditional worldview, the concept of spiritual warfare, the reality of evil forces, the quest for

and theology in Africa. On the one hand, the Reformed tradition does have biblical and theological resources for developing exorcism practices (see e.g. Van den Bosch, 2010:59-69) and the socio-cultural environment seems to be in need of such practices, but on the other hand the influence of the Enlightenment and modern worldview makes it difficult to come to terms with the realities of evil forces, malevolent spirits and the devil.

power, images of Jesus Christ, the gifts of the Spirit and elaborate healing rituals are important constituents of the church-based healing discourse (*cf*. Anderson, 2002; Gräbe, 2002:242; Jenkins, 2006:98-124; Asamoah-Gyadu, 2004, 2005; 2007).

5.3.1 Rapprochement with African worldviews

Faith communities that have developed a concrete healing or restoration ministry are usually influenced by African traditional religious views, precisely because these churches focus on illness and healing. The reason is that these healing churches have been very successful in attracting large crowds of believers, because they respond to a lack created by the missionary-founded churches. Generally, the missionaries greatly underestimated the meaning of belief in spiritual forces, and they simply dismissed it as African superstition. In the perception of Africans who converted to the Christian faith, there was a discontinuity between the gospel of the European missionaries and the worldviews generated by the African traditional religious context. However, based on the promising message of the emerging healing churches, a certain continuity materialised within the discontinuity of African traditional religion and the Christian tradition. This continuity was experienced in the parallels between church-based healing ministries and traditional thinking about health, illness and healing. Clive Dillon-Malone (1983:206) asserts in his research on the 'Mutumwa' churches in Zambia that "while the new biblical consciousness has become the legitimating framework within which healings take place and the biblical Holy Spirit the new source of power for such healings, yet the manner in which illnesses are perceived, as well as the therapeutic procedures availed of to overcome them, fall squarely within the more traditional indigenous African medico-religious consciousness." The rapprochement with African traditional religious thinking is represented in three areas that are intricately linked: the attribution of evil, the concept of the cosmic struggle and the concept of salvation.

Spiritual evil

In the traditional African religious frame as well as in the religious frame of the AICs and the PCCs, the existence of evil is attributed to powerful spiritual forces, who influence and control all aspects of human life. In everyday life, one has to reckon with ancestor spirits, and malevolent forces or demons, who have their own agenda and who aim to undermine human well-being. Illness, misfortune and suffering are interpreted as interventions of the spiritual realm indicating that there is a specific reason for the lack of well-being and health. The often mentioned causal factors of illness and suffering

are individual and communal sin, curses, demons, and the transgression of specific moral codes.

Asamoah-Gyadu (2004:390) indicates that in both African Pentecostalism and in African traditional thinking the phenomenon of *generational curses or ancestral sins* is mentioned most often as the key cause of illness and suffering (see also Mwaura, 2006:69f). A general curse is seen as "an un-cleansed iniquity that increases in strength from generation to generation affecting the members of that family and all who come into relationship with that family" (Hickey, 2000:13). In the African context, chronic illnesses, hereditary diseases and perpetuating poverty are interpreted as the effects of ancestral or generational sin. Thus, when diagnosed with generational sin, one finds oneself in a vicious circle of misfortune and ailments and to eliminate this curse requires a sacrifice as atonement for the transgressions of the ancestors. Asamoah-Gyadu describes the phenomenon of shrine slavery as a current example of generational curses with the accompanying rites of atonement: within the frame of African traditional religions atonement is operative when a person belonging to the family in question is being offered to the spirit involved in the curse. Such a person, who functions as atonement, is set apart and will be associated with that particular spirit for the rest of his or her life. In African Pentecostalism, too, the concept of generational sin is taken very seriously. Yet the way of bringing the curse of generational sin to an end differs from African traditional religious endeavours. The idea that the believer is trapped within the vicious circle of generational sin is rejected in the book of Ezekiel 18:1-4. As within the traditional religious framework, the African Christian tradition also has a place for ritual atonement, although it is completely different to the original idea of generational sin. Instead of placating the oppressing spirit by means of prescribed atonement rituals, the unfortunate person needs to fully distance him- or herself from the efficacies of the curse by declaring how he or she has been involved in rites and rituals of traditional religions. This kind of confession or declaration allows for a new opening in the situation, and the cause of the ailment can be discovered and addressed subsequently. The healing and deliverance hermeneutic has given a central position to the theme of personal responsibility (Asamoah-Gyadu, 2004:405). The lifting of the spell of the generational curse depends on the declaration of any known and unknown personal sins by the pastoral client. In addition, this person has to repudiate any kind of involvement in traditional religious ceremonies. According to Asamoah-Gyadu, these stages imply that the healing and restoration sessions constitute a process in which

people learn to be solely responsible for their relationship with God, instead of blaming their ancestors for the mishap and ailments they experience.

Cosmic struggle

The attribution of evil to spiritual forces and the concept of a cosmic struggle reinforce one another. Believers take seriously external powerful agencies, and reckon with these powers, because this framework defines the relationship between human beings and spirit beings. Everything happening within the visible realm is influenced by the invisible realm. So one of the pivotal concerns of the human being is to maintain the cosmic balance, because "for one to be able to fulfil his or her aspirations in life requires the 'balance of power' in favour of the supplicant" (Larbi, 2002:91). The concept of power is crucial in the relations of the visible and the invisible realities, for power is interpreted as the fuel of abundant life (Anderson, 1990:70; Bujo, 1992:17ff; Ellis & Ter Haar, 2004:125). Without power both the possibilities in and the quality of one's life will diminish. Since the human being is not able to supply him- or herself with elementary life force, he or she depends on the provisions of the spiritual realm. The manipulation of the spirit force plays an integral part of human life, with the cosmic struggle between malevolent and benevolent spirits as a consequence. African Christians experience this cosmic struggle as a reality, and this is affirmed by familiar traditional religious ideas as well as by the battle between spiritual forces, as illustrated in the Scriptures. The concept of the cosmic struggle will be explored further in the description of spiritual warfare thinking.

Salvation

The concept of salvation represents the third element of the rapprochement of African traditional religious thinking and Christian thinking on the subject of healing. The two traditions agree with one another in the concept of salvation as the ultimate destination of a human being. The aim of human life is to attain the standard that shows how the human being is meant to be: life in abundance, or the fulfilment of one's destiny. So salvation or abundant life is manifested in various dimensions of well-being, such as long life, vitality, health, prosperity, felicity, riches and substance (for example, children, cattle, vehicles) and being free from disturbance (*cf*. Larbi, 2002:91f). Just as it is in the African traditional religious frame of reference, the concept of salvation in the church-based healing discourse stands for a state of being associated with the here and now, with the existentially tangible and daily needs of the human being. It does not mean that salvation in the sense of redemption of sin is absent within the

church-based healing frame, but the emphasis is rather on the kind of salvation that can be experienced *in concreto* than on the kind of salvation that is still to come. Man seeks life in abundance, but needs the help of benevolent spiritual forces in order to reach that destination or to ward off the evil forces (*cf*. Mwaura, 2004:109).

5.3.2 Spiritual warfare

The deeply rooted belief in a spiritual realm that is directly involved in the physical realm provides the frame of how illness, salvation and evil are referred to. Malevolent spirits continuously obstruct the existence of human life, and these obstructions are reflected in tangible circumstances like illness, unemployment, barrenness, obsession and loss of property. Opposed to these malevolent spirits are good spirits who shield human life. Jesus Christ and the Holy Spirit have entered the battle in order to save mankind, by offering healing and wholeness of the human being who lacks the power to defend him- or herself against so much evil. If mankind wants to stand strong amidst illness, suffering and evil, he or she needs to appeal to the power of the good spiritual forces.

The keyword in the spiritual warfare concept is *victory*. Within the Christian tradition the spiritual battle is seen from the perspective of victory over evil spirits: God, in Jesus Christ, robbed the devil and death of their ultimate power. The benevolent spiritual force triumphed over destruction, and the victory is a fact in the believer's understanding. The ransom for the victory was the suffering and the blood of Christ, which acts as a shield of protection to the believer: the power of the blood has resulted in victory for the believer, and as such it has become the frame of reference for Christians. Amos Yong (2005:63) highlights that not only the blood of Christ, but also the power of the Spirit is central in the AIC understanding of spiritual warfare; he emphasises that the "work of the Spirit as life giver includes opposition to the destroyer … and deliverance from the destroyer (through the exorcism of the demonic and the expulsion of the offenders)."

Despite the belief that the divine victory is fact, the existence of the devil is also something very tangible in the believer's everyday life. Because the impact of evil is so widespread, and because it takes many different forms, every manifestation of mishap or of the undermining of abundant life is associated directly with the power of the devil. Evil's ultimate power may be dismantled, but it still has a great impact within the visible realm of men's daily life. This explains why Ephesians 6:12 is at the heart of church life in southern Africa. In fact, this text provides the foundation of the spiritual warfare concept, because it articulates precisely the daily struggles and spiritual experiences of African believers: "For our struggle is not against flesh and blood, but against the

rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms." The battle between evil and heavenly spiritual forces is not only recognised as an experienced reality within AICs and PCCs, but also within other traditions, like the Roman-Catholic Church, the Anglican Church, and the Lutheran Church (Jenkins, 2006:105).

The victory over evil spirits is the premise of spiritual intervention by the faith community. Many churches in Africa understand their own mission of healing and liberation as a continuation of Jesus' commission to his disciples to heal and to liberate. Asamoah-Gyadu (2004:394) defines such healing and deliverance ministries as "the deployment of divine resources, that is, power and authority in the name or blood of Jesus – perceived in pneumatological terms as the intervention of the Holy Spirit – to provide release for demon-possessed, oppressed, broken, disturbed, and troubled persons and communities, in order that the victim may be restored to 'proper functioning order'." In exorcism, the principal aspect of the church-based healing ministry, it is all about the freeing of a human being by ending his or her oppression by an evil spirit or demon. By means of prayer and fasting, the surrounding faith community plays a crucial role in the battle against demonic power.

This demonic power has different faces in the case of spiritual warfare. The generic enemy of God's fullness of life is Satan, whose evil power is manifested in demons influencing and taking control of human beings. Being captured by evil spirits will manifest itself as demon oppression or demon possession. Demon oppression is when the power of evil presents suffering and misfortune to a person, while demon possession is about the demon hijacking the spirit of the human being in such a way that he or she speaks and acts on behalf of the demon. The human being, having lost his or her free will, is taken hostage by the evil spirit, and aims at destruction. Another phenomenon closely related to the spiritual warfare concept is the existence of witches. Witchcraft is defined as "a manifestation of evil believed to come from a human source" (Kgatla, 2003:5). This means that evil is not only associated with demonic spiritual forces, but also with malevolent human beings who deliberately seek the presence of evil powers in order to destroy the abundant life of others. Within the witchcraft discourse, a witch is described as someone who targets the life force and the vitality of a human being, whether or not at someone else's request. Ellis & Ter Haar (2004:95) contend that "witches are often suspected of stealing or 'eating' the life-force of others to enhance their own vitality." The evil created by another human

being lurks behind every corner, and hence why people try to protect themselves from witchcraft in all its varieties. Witchcraft beliefs are widespread in Africa, and there are multiple churches (of all dominations and traditions) addressing witchcraft in their healing ministries.

5.3.3 Power of the Holy Spirit

Within the African church-based healing discourse, the meaning of the power of the Spirit is understood in such a way that the Spirit is not only needed for dismantling the effects of evil, but also for revealing the cause of illness and misfortune (Anderson, 1991:56). The Holy Spirit moves beyond the treatment of symptoms, and reaches deeper, uprooting the source of the ailment. The power of the Spirit is a crucial theme within the church-based healing discourse, because *the power of the Spirit is key to a new perspective on experienced reality*. The outlook on life in abundance will remain blurred if the power of the Spirit is out of the picture, since the Spirit is needed in order to discern, identify and address evil.

Allan Anderson, who has published extensively on the Pentecostal tradition in Africa, shows in his *Moya* (1991) how African and biblical concepts of spirit and power are related to one another. According to Anderson, critics who state that AIC and PCC pneumatologies understand the Holy Spirit as a kind of mixture of African traditional concepts of spirit (in which the Holy Spirit is turned into an impersonal and manipulated kind of power) do not do justice to pneumatologies that put a strong emphasis on the power of the Spirit rather than the person of the Spirit. Even though power-pneumatologies may seem less reflected upon from a Western theological perspective, "perhaps the 'power' made available to Christian believers through the Holy Spirit is closer to the African concept of 'life-force' than we dare to admit!" (Anderson, 1991:60). In a sense, one could agree with Anderson that the African concept of vitality or life force can be approached as *preparatio evangelii*, since the traditional concept of spirit (*umoya* in the ngoni languages) can help in understanding the power of the Holy Spirit in the Christian tradition. *Umoyo* is the vital power, the force that is essential for human existence, growth and development. And as the cornerstone of the identity of the individual, *umoyo* can be compared to the Hebrew *ruach* and the Greek *dunamis*: the power that converts itself into strength, ability, dignity, authority, and the overpowering of suppression and injustice. It is, according to Anderson, the power implored and experienced through the Holy Spirit. It is about the divine power

that is badly needed by the human being in order to become how he/she is supposed to be in the eyes of the Bible: whole and holy, that is filled with the Spirit.

Within the church-based healing discourse, believers prefer to express the manifestation of the Spirit's power in a very concrete and visible way.[32] The outcome of the spiritual battle should be tangible, just as it is in the Scriptures. Speaking in tongues, exorcism, prophecies, miracles and healings are frequent expressions of the powerful presence of the Spirit, and are explained as the Spirit being effective for the well-being of the individual and the community. At the risk of approaching the Spirit as if He is at one's disposal, the concern to demonstrate the power of God's Spirit visibly determines most church-based healing ministries (Anderson, 1991:108).

5.3.4 Jesus the great physician

The relation between religion and health in the African context is not only represented by the concept of the power of the Spirit, but is also embodied in the image of Jesus as the healer or the great Physician. Too many African believers, the image of Jesus as a healer is powerful, and they feel comfortable with the idea that Jesus is their doctor through the power of the Spirit. Various publications explore and shed light on the concept of a healing Jesus in the African context (*cf*. Shorter, 1985; Fabella & Oduyoye, 1988; Kolié, 1991; Stinton, 2004, 2006; Brinkman, 2007).

The popularity of the image of Jesus as a healer seems to have two explanations. First of all, many believers share the experience that Jesus is directly involved in their daily life. In a context where people constantly endure diseases such as malaria, tuberculosis (TB), and HIV/Aids, Jesus' healing powers have a particular meaning, so that 'Jesus the healer' represents the conviction that Jesus intervenes in human life in a healing manner. The theological meaning of Twelftree's study (1993) is appreciated against this backdrop. Twelftree's *Jesus the Exorcist* offers a scriptural foundation of Jesus' ministry of exorcism. Despite the tendencies of twentieth century theology, Twelftree states that the act of exorcism was a very central, yet ordinary, element in Jesus' activities. Downplaying the idea of Jesus as an exorcist implies neglecting

32. Even though pneumatological manifestations like exorcism and healing usually govern the church-based healing discourse, prophecy is another essential pneumatological constituent of the healing ministry. Prophecy is understood as the articulation of a direct revelation of God by the power of the Spirit, who aims at a renewed relationship of God and mankind. Hence, a church leader's prophetic gift needs to be used in order to address and reveal the frictions and disbalance in the relationship of God and man. This means that prophecy, the act of declaring words of God through the power of the Spirit, is incorporated in the ministry of healing, because it aims at spiritual and physical well-being of the individual and the community.

the meaning of Jesus the healer in a twofold way: (i) the aspect of direct intervention in the believer's life; and (ii) the aspect of the (expected) victory of the supernatural battle against the kingdom of Satan. These two elements are highly particularly well appreciated in relation to health and healing by African Christians.

The second explanation for the popularity of Jesus as a healer is associated with the holistic understandings of illness and health, of life and death. Because well-being and healing are part and parcel of the African worldview, Jesus' striving towards well-being and healing fits perfectly well within the African understanding of healing and wholeness, which explains the appreciation for Jesus' holistic approach to the restoration of the individual and the community. However, the image of Jesus as an all-round healer who is able to address spiritual, physical and social afflictions also induces some hesitation among African Christian theologians, for the emphasis on Jesus' holistic healing abilities might trigger an association with the traditional healer: when Jesus is presented as healer, most often the image of the well-known and familiar traditional healer emerges before him (Brinkman, 2007:296).

Despite the risk of association with the image of the African traditional healer, Diane Stinton (2004:64-71; 2006) shows that the image of Jesus the healer is the most powerful and convincing image of Jesus in African Christianity. Stinton works out four levels of meaning that African believers attach to the image of Jesus as a healer. Firstly, the efficacies of Jesus' healing powers is interpreted in the sense that Jesus restores life, that he mends what was broken, and that he infuses strength when human life is weak. Jesus as a healer then means that Jesus is in control of the restoration of life. The second meaning attached to the image of Jesus as a healer is that Jesus aims at holistic healing. Restoration cannot take place if only some parts of the human being are taken into account, or if the surrounding community and its responsibility are ignored during the healing process. The image of Jesus as a healer implies the holistic aspect of health, illness and healing. The third meaning identified by Stinton describes how Jesus is mightier than evil. As a healer, he is the one who overcomes destruction. It is not surprising, then, that the concept of Jesus as the victor, as the great Physician, is at the core of the Christologies of AICs and PCCs. Finally, the image of Jesus as a healer represents Jesus' role as the one who brings salvation. Jesus' healing works are intrinsically bound up with concepts of Him as a saviour and redeemer. His healing is profoundly the liberation and redemption of evil and sin.

5.3.5 Healing rituals

Restoration, healing or deliverance efforts are usually accompanied by healing practices and rituals. An indispensable healing ritual is prayer, for prayer (with or without fasting) provides the setting for other healing practices and rituals. Many rituals embrace the use of herbs, oils, perfumes and love potions, but the use of anointing oil and white handkerchiefs gained particular importance in the church-based healing discourse. Besides the prayer scheme and the use of certain objects, the healer him- or herself is also important in the healing ritual. In the following sub-sections more attention will be paid to the meaning of particular aspects of healing rituals: the anointment with oil, the person of the prophet healer, and the redefinition of individual personality embedded in the healing ritual.

Anointing oil

The concept of anointing and the concrete application of olive oil during spiritual healing interventions has become a sub-culture in African Christianity (Asamoah-Gyadu, 2005:237). The enormous increase of the use of oil in healing rituals is related to the focus on healing and deliverance within the AICs and the PCCs. With a reference to biblical texts like Mark 6:13 and James 5:14f, the anointing oil has become an essential means in experiencing salvation in a practical manner. During the healing rituals, olive oil is applied to those body parts that are in need of healing, or the oil is taken orally, so that the process of healing may be initiated. The theological meaning of olive oil can be compared to a sacrament: the oil is a sign of God's salvation in a very tangible way. The oil symbolises the power of the Holy Spirit, who inspires, empowers, liberates and sanctifies for the sake of God's people. As Asamoah-Gyadu indicates, this perception of the powerful anointing always risks the danger that the oil is disentangled from its relation with God, resulting in the oil itself becoming a physical agent of power.

The ritual utilisation of anointing oil is threefold. In the first place, anointment is related to people seeking healing and wholeness. Secondly, it is related to charisma which implies that when a person is anointed, his or her spiritual status will be reflected in the quality of his or her actions, and vice versa. In PCCs, for example, the effectiveness of a pastor is interpreted as the pastor being anointed by the power of the Spirit. If a pastor has a powerful ministry with signs and wonders, he is seen as someone having the 'unction to function' (Asamoah-Gyadu, 2005:242). Thirdly, anointing oil is also related to the instigation of change in the sense that the application of oil may be effective in creating a breakthrough in situations where people feel trapped or stuck.

The oil is then interpreted as a sign of the presence of the Holy Spirit who neutralises and overcomes the setback. In the church-based healing discourse, olive oil is thus understood as a stimulating power, a medium infused with divine power that becomes meaningful in relation to healing, deliverance, empowerment and protection.

Prophet healer

The meaning of the person of the prophet or the healer within the church-based healing discourse resembles the Old Testament meaning of the prophet as well as the meaning of the healer in African traditional religions. The prophet-healer is a medium between the spiritual realm and the visible reality, because he/she channels supernatural powers for the sake of the well-being of human beings. There is an abundance of testimonies indicating that the function of a prophet-healer is not self-selected, but rather is determined by God and implemented by the power of His Spirit (Omenyo, 2000:243; Asamoah-Gyadu, 2005:242f; Jenkins, 2007:149). It means that the prophet-healer is seen as someone who is anointed and set apart for the service to God and his people.

When examining the works of a prophet-healer, one should be able to discern true calling and anointment, because if the power of the Spirit is truly with the prophetic leader, the anointment should result in a powerful ministry where people are healed, where prosperity in its broadest meaning becomes reality, and where the number of believers increases. Thus, quantitative and qualitative growth affirms the authority and the anointment of a prophet-healer. Besides speaking the inspired word of God, the prophet-healer is bestowed with prophetic powers that will enable him or her to advance people's healing processes. The prophet-healer is gifted with the ability to uproot the cause of affliction, and to indicate the way forward for the pastoral client. It is this diagnostic ability of the prophet-healer that brings to mind the role of the prophet within the African traditional religious frame of reference.

Redefinition of individual personality

Spiritual healing does not only carry a soteriological meaning, but also embraces a dimension of *emancipation and social transformation*. The healing ritual provides the space where the pastoral client acquires a new understanding of him- or herself, and where the pastoral client renews his or her individual and communal identity.

Philomena Mwaura (2001; 2006), exploring the power dynamic between the mediator and the recipient of spiritual healing interventions within some AICs in Kenya, sheds light on the meaning of the healing ritual in the self-understanding of the individual

and the community. Mwaura examines what happens during the healing ritual that is interpreted as a sign of conversion and of God's grace, and concludes the ritual is a valuable moment in the process of transformation that the pastoral client needs to go through in his or her search for healing. The prophet-healer diagnoses (with his/her gift of the Spirit) and reveals the root of the problem, affliction, or illness within the hermeneutic of spiritual warfare. Entities like spirits, witchcraft, generational curses and jealousy are articulated in relation to the power of the Spirit, the grace of God, the blood of Christ and the Christian victory. The prophet-healer has now introduced a specific structure in the pastoral client's problematic life situation, so that the pastoral client's understanding of his or her situation is reconstructed. Mwaura (2006:79) states that "the patient experiences the recreation of the good cosmos as a new ordering of his/her consciousness and his/her feelings." With the healing ritual, the prophet-healer guides the pastoral client in discovering new ways to relate to oneself, to the surrounding community, to other social relationships, to nature and to God.

Mwaura's intention is to evaluate the meaning of healing rituals as psychological, social and spiritual events. Acknowledging the power of manipulation and the mechanisms of psychological factors, Mwaura concludes that the healing ritual is powerful because of its potential to create a new or an idealised reality. The experience of healing depends on the receptive approach of the pastoral client. Within this process, the ritual is crucial for it generates the circumstances where the pastoral client opens up for another, better outlook on reality. And when the pastoral client experiences the long awaited liberation, this experience is elevated to a transcendental level (Mwaura, 2006:80).

5.4 POWER

When considering the church-based healing discourse, one cannot but conclude that in the African ecclesiological context, *religion, healing and power* are bound together in such a way that each unit would lose meaning if detached from the other two. Christian religion, the quest for wholeness and the concept of power seem to be the rudiments of the church-based healing discourse. In his article about the New Testament theme of God's power and its relevance to the African context, Gräbe (2002:225f) explains that Pentecostal believers understand God's presence as something that is tangibly felt and may have a transformative effect on the lives of those believers who are touched by this divine power. Accordingly, African settings involve worldviews that are receptive to experiencing God's power in concrete and direct ways. Gräbe perceives the Pentecostal focus on divine power to be matching with the continuous African

desire for strength and vital force. Allen Anderson (1991:58) elaborates on the African notion of life force, showing that all African behaviour is centred on the purpose of acquiring *life* and *strength* and *vital force* in order to cope with life's uncertainties, of which ancestors and demon-spirits constitute a major threat. Consequently, one could state that the concept of power determines the character of the church-based healing discourse in the African context: healing and well-being are understood as the gaining or maintaining of life-giving power, while religion is seen as the function of healing and well-being. In other words, *essentially everything in the church based-healing discourse is focused on, and being nurtured by the concept of power*. Power in the form of vitality, a divine force, an existential need, an agency for an individual breakthrough or social transformation, protection – the ecclesiological ideas and rituals pertaining the acquisition of healing and well-being are all permeated with notions of power. This assertion will be further substantiated in the following paragraphs. However, it must also be emphasised here that the identification of the concept of power as an essential constituent of the church-based healing discourse does not necessarily exclude other notions as significant in this particular discourse.

5.4.1 Power as existential need for human life

The treatise on the discourse of African traditional healing (in Chapter 2) already revealed the relationship of vital force and human life: each and every living being is believed to contain a vital force. Ellis & Ter Haar (2004:94) state that the notion that every living being can be identified with vital force has been recorded over many decades from all parts of Africa. This vital force, or basic vitality, is the foundation of existence. Within the church-based healing discourse, the same kind of meaning is attached to vital force as vital power: vital force is an existential need for human life, because a human being cannot be or cannot become if the vital power is absent. The human effort to get hold of that power should not be understood as rooted in selfishness or arrogance, but as a deep basic need that guarantees life (Anderson, 1990:70). The consequence of the perception of power as an existential vital force is that every human being is eagerly engaged in the quest for more power, including the defence or the manipulation of that power. The nature of power is not only defined by its existential notion, but also by its 'fluidity', in the sense that power only becomes meaningful within the boundaries of a relationship: "power is an unending series of transcendent and transformative manoeuvres, each one moving beyond, countering, inverting, overturning, and/or reversing the one preceding it" (West, 2005:7). Every human being possesses vital

force, and every human being is supposed to increase his or her life-giving power in order to become who he or she is destined. Power in this sense is the first principle of life (*cf*. Magesa, 1997:54f; Nkemnkia, 1999:166ff).

In the same vein, power or vitality equals health and well-being. The human being is perpetually seeking restoration or defending his/her health, because the devil and demons are trying to undermine the vitality of human life. In the hermeneutic of healing churches, there is a clear link between the experience of illness or misfortune and the draining of life power by demons. Any form of threat to existential well-being is interpreted as an attack on the vital power of the human being.

As is the case with the African traditional healing discourse, the healing churches hold firmly to the idea that a person receives his or her vital power from a divine source. The human being does possess power, but is not able to generate this power alone, so he must negotiate or manipulate power for the sake of life and protection. This negotiating and manipulating of power is an on-going process, in which the spiritual and divine realm is consulted. Power is derived from power: living human beings receive their life force from a divine source. So, God's power through the presence of the Holy Spirit is essential for human life.

5.4.2 Power as religious parameter

The presumption that a person cannot function properly without sufficient vital force paves the way for the theme of spiritual warfare that is saturated with the concept of power. One needs power in order to become, which means that one is involved in a never-ending power struggle between good and evil. The quest for vital force in the visible world is closely linked with the power relations in the spiritual realm. The battle for vital power taking place between demonic forces and the Spirit of God has become the epitome of spiritual healing interventions.

In the ecclesiological discourse on power and healing one very important shift in emphasis has occurred. That shift concerns the concept of power as a more absolute and concrete entity now that there is a close liaison with the Holy Spirit. A certain continuity remains with the general African understanding of power as a vital force, but simultaneously the conventional power relations of the spiritual realm are overruled. This means that man does not, by definition, need to be a victim of the power of the spirits, but that the power of the Spirit of God has become the defining factor of health, well-being and prosperity. Traditionally 'power' is seen as "the shifting potential that is

available to individuals as well as to societies to be used to enhance human existence" (Bongmba, 2004:126). It implies that reality is permeated with power that is essentially accessible to anyone in order to grow in life. As such, power is not something that is principally absolute, visible, impressive, or oppressive. On the contrary, it is an existential property that receives meaning the moment people start to relate to one another. Thus, power is something invisible and continuously shifting between people on the basis of the dynamics of the relationships. But within the church-based healing discourse, the concept of power is not attributed a temporary and proportional character, because it is tied up with the power of the Holy Spirit who represents the already procured Christian victory over evil. Mankind is constantly involved in the battle against evil while the outcome of the spiritual warfare is already known. This explains how there is a certain continuity with the general African understanding of power as a necessary force in human life, while there is also a new development of 'power' as absolute for the well-being of human life.

The central importance of the concept of power is thus expressed in the spiritual warfare theme that heavily influences the church-based healing discourse, and that led to the shift in accent in the understanding of power within the religious context. Following this perspective, one could say that 'power' has become a parameter of spiritual healing interventions, since the approach of church-based healing would be deprived of its meaning if the idea of life-giving power were absent. The life-giving power, continuously sought by man, has become a synonym of the Holy Spirit, the all-embracing, pervading power of God. And this power of God is understood as the power that can truly meet the existential needs of believers in the African context, and that can withstand the threat of evil for the sake of man (*cf*. Anderson, 1990:73). The Holy Spirit, the life-giving power of God, is thoroughly involved in human needs like healing and well-being, protection and victory amidst spiritual warfare, anointment and material blessing. In this way, the concept of life-giving power, transposed to the presence of the Holy Spirit, functions as a parameter of how health, illness and healing are viewed within the church-based healing discourse.

5.4.3 Power as an agency of transformation

The church-based healing discourse also covers the field of individual and communal transformation. The church has become the site where people seek help for positive changes in their life. Healing of a physical ailment, termination of demon possession, a breakthrough in pastoral ministry or business endeavours – are all conditions begging

for healing rituals in which pastor and client call upon the power of the Spirit, hoping for a transformation of the status quo. Hence, the quest for change, restoration and transformation is inextricably linked with the concept of power, because the power of the Spirit is considered to be a medium of renewal and transformation. In at least four different, but related, dimensions, the power of the Spirit brings change and transformation: (i) In a religious sense, in which an individual or a group experiences an existential redeeming change in life, like for example exorcism rituals; (ii) Or change in a socio-economic sense, in which the power of the Spirit is experienced as a medium who accompanies and guides people in the tribulations they are facing due to an altering society, such as the transition from a rural society to a modern urban nation; (iii) Or change in a political sense, in which the power of the Spirit plays a crucial role in addressing and transforming existing power relations of the political and religious authorities; (iv) Or change in an ecclesiological sense, in which calling upon the power of the Spirit instigates a process of democratisation as far as the distribution of power and authority within the church as an institute is concerned.

Individual and communal religious transformation

The relation of the Spirit's power and individual transformation finds expression in spiritual healing interventions like exorcism rituals. This process of individual transformation is incarnated in the ritual of exorcism when the believer experiences liberation through the casting out of oppressing spirits and through the accepting of a new Spirit. Within the framework of spiritual warfare, the power of the Spirit becomes meaningful as the power causing a breakthrough and as the power becoming a reality in the worldview of the believer who seeks liberation and redemption. The individual process of healing and transformation involves the reconstruction of the personal identity in relation to the surrounding community (Mwaura, 2006:79). Whether it is about a hidden conflict that is uprooted or a particular relationship needs to be re-balanced, or whether transgressions need to be confessed, the pastoral client is encouraged to refuse the existing situation and to start developing a new self-understanding and identity with the help of the power of the Spirit. The support-seeking, isolated person enters a process of change towards being accepted and affirmed by the surrounding community. As such the community responds by adjusting and adapting itself to the individual's process of transformation. The community shares in the reconciliation that evolves from the individual, and opens up for the integration of the renewed identity of

its member. The restoration of relationships between individuals, family and community is a necessary process of change towards the well-being of the community.

A specific kind of individual and communal religious transformation is about the rescinding of ancestral sins or generational curses. Over against the power of ancestral malediction, the power of the Spirit is upheld, so that the idea that the forefathers' iniquities can be projected to the following generations is terminated. The individual is supposed to take a clear stance on the wrongs of his or her past, and of any kind of deliberate or accidental involvement in rituals pertaining to spirits and other powers. With the help of the power of the Spirit, the individual will be able to disempower the threat of the curse caused by other people's transgressions. The cutting short of inherited guilt reveals the perception of the power of the Spirit as having a wide, collective and transgenerational reach.

Social, economic, or political transformation

Unemployment, broken families, poverty, the lack of any perspective on life, barrenness and large physical distance to one's own family are interpreted as an indication of oppression by evil spirits, who need to be dispelled by calling upon the power of the Holy Spirit. The healing ritual fulfils a crucial role in the process of transition that people are faced with when existing norms, values and power relations have lost their jurisdiction and are no longer undefiled. In other words, the concept of power plays an important role as a vehicle of transformation for believers who have to deal with a changing status quo, and who have to remain stable within new, externally enforced structures of society.

Spirit possession is a very specific phenomenon that can easily be related to power as an agency of transformation, because it is seen as an instrument of power that uses two different ways of expression (Ter Haar, 1992:128). The first type of spirit possession concerns someone being possessed by spirits to whom a central position is accorded. These spirits are cast as authorities of communal norms and values. Possession by these kinds of spirits implies that the possessed person affirms and consolidates the existing power structures: spirits take charge of someone who represents (religious) authority, and this representative manifests himself as a medium of the powerful spirits. As such there is a reciprocal relationship that maintains and safeguards existing ideas concerning the distribution of power within a community. This kind of spirit possession is called central possession, based on its central and open character of power relations. The second type of spirit possession is called

peripheral possession, because it concerns people who are found in the margins of society. Peripheral possession is about possession by spirits who do not belong to the centre of the religious arena themselves and its core meaning is the dismissal of the claims of status quo authorities: "Peripheral possession offers a democratic channel for popular protest, since it is in principle open to all, irrespective of status and background" (Ter Haar, 1992:129).

The meaning of spirit possession within the church-based healing discourse is not merely religious, but it also has socio-economic and political dimensions. When a restoration-seeking believer has become possessed by the Holy Spirit (after deliverance and exorcism rituals), he or she has become a medium of the Holy Spirit, and this condition enables him or her to move beyond the existing and enforced structures, and to improve his or her socio-economic status. Even from a political perspective, spirit possession can be seen as a place where resistance is channelled, or as a legitimate condition allowing for political and economic claims against the existing, ruling authorities. There are ample examples of spiritual mediums gaining influence in the political management of a country, such as Mary Akatsa in Kenya, Alice Lakwena in Uganda and Alice Lenshina in Zambia.

Ecclesiological transformation

The concept of power also plays an important role as an instrument of change within the church itself. The church is the site where great value is attached to the power of the Spirit (even though there are obvious differences in this matter between PCCs and missionary-founded churches). In those churches, where the spiritual warfare concept is manifested in conversion, deliverance, and other tangible works of the Spirit, a certain change has transpired that can be characterised as an emancipation-movement within ecclesiological structures.

It is perceived that the call upon the power of the Spirit inaugurates a shift within the conventional authority or power relations: spiritual healing practices imply that the believer is endorsed to denounce all forms of evil. This means that the believer, through the power of the Spirit, has received the authority to take responsibility in his/her personal relationship with God, and to actively reject the devil. The lay person becomes an emancipated believer, because he or she does not need any other authority than the Holy Spirit in order to be liberated and restored. The office of every believer is manifested in the emancipation process of the believer, who instrumentalises his/her spiritual authority in order to fight along with the Holy Spirit in the spiritual warfare.

5.5 CONCLUSIONS

Many believers in the southern African context adhere to a distinctive approach towards health, illness and healing. This approach is manifested in the healing ministries developed by many churches since the end of the nineteenth century. In response to the missionary-founded churches, new churches and faith communities emerged, emphasising something that had been neglected in the theology and the praxis of the missionaries: the tangible link between faith and well-being. All written and unwritten texts related to the relationship between faith and well-being in African Christianity contribute to the church-based healing discourse in the African context.

The specifics of the church-based healing approach are highly determined by the concept of power. On the one hand, the concept of power within the faith-based healing ministries displays a strong similarity with how 'power' is construed within African traditional religious frameworks: power is a vital force that every living being needs in order to exist and to develop. Vital force, or vitality, is a basic need for existence, thus: gaining vital force is to grow whereas loosing vital force implies one is ill or even dying. In order to acquire vital force, one has to engage oneself in relationships with others who are more powerful, since power is derived from power. On the other hand, the concept of power has been developed according to the distinctive lines of Christian thinking: power is simultaneously linked directly with the power of the Holy Spirit. In the light of the Holy Spirit and Jesus Christ, an absolute and totalising dimension is attached to the concept of power: power is not only something that evolves, and subsequently can change quantitatively or qualitatively depending on the relationship within which it manifests itself, but it is definitive and conclusive, because it is demarcated by the Holy Spirit who represents the ultimate victory in Christ.

The importance of the complex concept of power is expressed in the prominence of a spiritual warfare hermeneutic within the church-based healing discourse. Spiritual warfare involves the belief in an on-going battle between good and evil spirits, with the outcome of the battle having direct consequences for the visible reality. The relevance of the spiritual warfare idea is that it provides a framework for explaining illness and misfortune in the everyday life of believers: evil, in whatever manifestation, is attributed to the work of evil spirits and demons. Spiritual warfare concepts are firmly rooted in African traditional religious ideas as well as in biblical texts, of which Ephesians 6:12 is the cornerstone. The spiritual warfare discourse becomes tangible in exorcism or deliverance rituals, in which possessing demons are driven out with a powerful petition

to the power of the Holy Spirit. The presupposition is that the Spirit intervenes on behalf of the possessed believer, since man is not able to overcome the power of evil spirits independently. The combination of a material conception of evil, an interventionist theology, and the concept of salvation as life in abundance (which definitely includes health and well-being in the present tense) constitutes the foundation of exorcism or deliverance ministries.

The spiritual warfare interpretation relies on the absolute power of the Holy Spirit, the ultimate life-giving force of God. The power of the Spirit brings a new cosmic order in the sense that the power of evil forces has been demarcated and the perspective of the gospel is central: liberation and salvation become reality in the believer's perspective on life. The experienced liberation and salvation through the power of the Spirit are expressed in spiritual gifts like speaking in tongues, healing and prophesying. The manifestation of the Spirit's powerful presence is usually also embedded in healing rituals, and perhaps the most prominent of these rituals in the church-based healing scene is the application of anointing oil. The (olive) oil represents the promise of the divine power entering the reality of the believer, which allows the ministry of anointment to be interpreted as equal to the ministry of the sacraments: it is a sign of God's salvation in a very tangible way. Just like the oil is a *symbol* of divine power, so is the healing prophet seen as a *medium* of divine power; furthermore, the personal change of the believer after exorcism or healing rituals is likewise interpreted as the *effect* of divine power in the life of the believer.

The various aspects of the church-based healing discourse, as described in this chapter, revolve around one particular notion: the concept of power. It has become clear that the concept of power covers more than one meaning (vital force, spirit force, Holy Spirit force), but that these different, yet related, meanings share common ground: power is the postulation of health, well-being and prosperity. The acquisition and the manipulation of power (in all three senses) is what church-based healing interventions are about, since the believer understands his or her health in the light of the relationship with the power of God.

Following this lead, the concept of power can thus be considered a crucial religious parameter of the church-based healing discourse. Three key aspects of spiritual healing interventions show that the concept of power functions as the cement of the building of church-based healing: (i) The pneumatological aspect is the basis of the reasoning. The Holy Spirit as the life-giving power of God is understood in such a way that without direct

intervention of the Spirit in the everyday life of a person, all hope for healing, restoration, and well-being is lost. The bottom-line is: no Spirit, no power, no healing. (ii) The Holy Spirit as life-giving power defines the nature of the power that becomes part of human life, because God's power is perceived as victorious in an absolute sense: the presence of the Spirit implies that demons and other manifestations of evil bow out for the totalising power of God. (iii) The effect of the power of the Spirit is a process of transformation of which man becomes part due to spiritual healing interventions: individual, communal, socio-economic, political and ecclesiological changes are attributed to the power of the Spirit.

In conclusion, within the church-based healing discourse the relationship of faith, healing and power is seen as follows: the framework shared by the faith community and the health-seeking believer is that health and healing become reality by calling upon the power of the Holy Spirit, who by definition is able to conquer all manifestations of evil, and to restore life. The Holy Spirit is the believer's power of life and healing.

PART II

EXPLORING A REFORMED PNEUMATOLOGY IN AFRICA:

FRAGMENTS ON SPIRIT AND HEALING

On the basis of Chapters 1-5, a few conclusions may be made. The first is that health is a *social construct*, meaning that one's social context is the determining factor for one's understanding of health. This also means, and this is the second conclusion, that there are *multiple* understandings of health. When a particular health conceptualisation is formulated within a systematic or coherent pattern of ideas and practices, this coherent structure can be characterised as a health discourse. Thus, the third conclusion is that within the southern African context *a number of different health discourses* can be identified. In the present research, four prominent health discourses were studied: the ngoma discourse, the missionary medicine discourse, the HIV/Aids discourse, and the church-based healing discourse. Finally, the fourth conclusion is that each of these African health discourses is determined by a particular motif, which characterises how health is interpreted according to that specific health discourse: as relationality, as transformation, as quality of life, and as power.

Exploration of the relation between African health motifs and Reformed theology

The aim of the second part of this thesis is to consider and construct a relationship between African health discourses and Reformed theology. It is about exploring a relationship that has been scarcely addressed so far in scholarly contributions. It is not my intention to defend the Reformed perspective *vis-à-vis* the various African health discourses. Nor is it my intention to suggest a seamless congruence between Reformed theology and African health discourses. Neither would do justice to Reformed theology or to African health discourses. The exploratory nature of this part of the research is driven by a particular interest in finding productive avenues for Reformed theology in Southern Africa, through which the multi-layered understandings of health can be related to the doctrine of the Holy Spirit and hence new articulations of God and healing can be identified.

What would happen, therefore, if there was an encounter between existing African health discourses, as described in Chapters 2-5, and central motifs of Reformed pneumatology? Or, if the core ideas of African health discourses were invited into Reformed theological discourse? Would it be possible to discern some convergence of culturally determined health notions and particular motifs in Reformed thought? Are there insurmountable differences that hinder an encounter between contextual frames of health and contextual Reformed theology? Or could it be that new ideas or alternative constructions with regard to health arise, that fit within the Reformed matrix and connect with African health ideas?

Reasons for exploration

The exploration of the relation between African health notions and Reformed motifs is thus an open-ended venture, which takes as its starting point the perceived need for developing articulations on God and health within the Reformed tradition in African. The main reason for this exploratory undertaking is that the Reformed tradition faces the challenge of responding meaningfully to existing constructions of healing. It has already been mentioned that mainstream churches in Africa are struggling to address believers' needs for health and healing in a way that is relevant to their congregants. Since Reformed thought is always in development over matters arising from the engagement between Reformed tradition and its cultural context, it is appropriate to take into account existing thoughts and practices related to health. In other words, it corresponds with the identity of Reformed church and theology to seek a connection with existing health conceptualisations in the African context, and to respond to them.

There is a second reason for the exploration into the relation between African health notions and Reformed motifs, in my opinion, because the Reformed tradition has the *resources* to respond meaningfully to existing health constructions within the African context. One of these resources is the focus on the person and the work of the Holy Spirit. It is a theme not yet fully developed, but the expectation is that the potential of Reformed responses to healing can be uncovered by a pneumatological approach, because pneumatological language refers to God in relation to creation, and vice versa. It thus provides a framework for exploring articulations on God and health.

Need for a matrix of Reformed pneumatology

In order to fulfil the potential of Reformed articulations on God's Spirit and healing, there is one dilemma that must first be addressed – the need for a matrix[33] of Reformed pneumatology in order to explore new Reformed ways of speaking about God and healing. But what precisely determines the Reformed identity, and is it possible to speak of a Reformed pneumatological matrix? What are the essential elements of a Reformed pneumatology? What makes for *Reformed* ways of speaking about the Holy Spirit and healing? These questions have to be answered first before any further

33. In this text the word matrix describes a kind of grid or structure that presents related data and particulars. In the case of a Reformed pneumatological matrix, the aim is to identify a collection of features of Reformed pneumatological thought. The positive side of a Reformed pneumatological matrix is that it increases the integration of the features, so that the matrix can be used as an instrument for further exploration. The weakness of a Reformed pneumatological matrix is the risk of simplification and reduction. This complex nature of a Reformed pneumatological matrix will be addressed in Chapter 6.

mapping of new Reformed perspectives on Spirit and healing in the African context can be made.

The following chapter (Chapter 6) is an exploration of the contours of a Reformed pneumatological matrix by reviewing pneumatological approaches of influential Reformed theologians. The main question is whether these Reformed perspectives on the person and the work of the Spirit will offer a representative framework for further study of new Reformed possibilities for the relation between Spirit and healing.

Four sketches of Spirit and healing within a Reformed matrix

Chapters 7-10 can be considered as constructive fragments of the engagement between Reformed pneumatology and African health motifs, captured in four 'moments'. The first encounter involves the doctrine of the Trinity, the Spirit as the bond of love, and the notion of relationality. As it turns out, '*relationality*' provides a link between social-Trinitarian thinking and conceptualising health, since God as well as 'health' can be characterised by relationships and life-giving bonds. This understanding of the connection between God and health on the basis of relationality is substantiated in Chapter 7. The second encounter between Reformed thought and a contemporary health conceptualisation occurs in the notion of transformation, which is a central element of both the missionary medicine discourse and Christian theology. A third encounter between Reformed motifs and African health ideas is rooted in the quest for quality of life, as described in the HIV/Aids discourse in Chapter 4. The notion of quality of life evokes theological perspectives on human vulnerability as well as the meaning of life in relation to the Creator. An elaboration of this idea will follow in Chapter 9, based on the incarnational way of the Spirit. A final encounter between Reformed thought and African health discourses is the theme of power. The notion of power turned out to be an essential feature of the church-based healing discourse, as described in Chapter 5, and is also included in the Reformed tradition, even though it is hidden behind its opposite, namely in God's frailty. Chapter 10 is a pneumatological exploration of the question of how the relation between God and health is to be understood on the basis of the notion of power.

CHAPTER 6

A REFORMED PNEUMATOLOGICAL MATRIX

This chapter is an exploration of the potential of Reformed theology in relation to the theme of healing. The main focus here is on the person and the work of the Holy Spirit from a Reformed perspective. The increasing attention on the Holy Spirit in current Reformed theology suggests there is considerably more to explore concerning the efficacies of the Spirit. Recent publications on the Spirit of God presented constructive perspectives, and drew attention to these possibilities that are not yet fully explored (*cf*. Cooke, 2004; Welker, 2006a; Jensen, 2008; Kim, 2011). The relationship between God's Spirit and health within the Reformed matrix is one such possibility.

The generally accepted ways of speaking about health and healing in relation to God have so far been determined by contributions about Jesus as a healer, about biblical miracles of healing, and about the mission of the church to offer healing and a healing community.[34] These Christological and ecclesiological approaches address important aspects of the relationship between God and health, such as a holistic perspective on healing, the theme of God and the origin of disease and suffering, the meaning of sin in relation to disease, the Kingdom perspective, and ecumenical dialogue with regard to the mission of the universal church. Generally it can be said that if in Reformed

34. See, for example, sources such as Twelftree, G.H. 1993. *Jesus the Exorcist: A Contribution to the Study of the Historical Jesus*. Tübingen: Mohr; Kollmann, B. 1996. *Jesus und die Christen als Wundertäter*. Göttingen: Vandenhoeck & Ruprecht; Richardson, R.L. 1999. Jesus as Healer: An Image of Holistic Care for the Sick. *Chaplaincy Today* 15(2):4-11; Van Laar, W. 2005. Kerken als heelmakende gemeenschappen. Impulsen voor een integraal verstaan van healing vanuit de wereldkerk. *Soteria* 22(1): 17-29; Special Issue on "The global health situation and the mission of the church in the 21st century."*International Review of Mission* 95(376/377) 2006; Special Issue on "Theology, health and healing." *Religion and Theology* 13(1) 2006; Moxnes, H. 2010. Ethnography and historical imagination in reading Jesus as an exorcist. *Neotestamentica* 44(2): 327-341.

theology the work of the Spirit is at all associated with the theme of health, the emphasis is either on the redemptive acts of the Spirit, or on the Pentecost outpouring of the Spirit in relation to the birth of the church and its mission. The assumption of this research is that more can be said about the works of the Spirit of God in relation to health and healing when pneumatological language is infused with additional motifs from the African health discourses.

The main task in this chapter is to identify the characteristics of Reformed pneumatology in order to become more aware of the promises and the limitations of Reformed pneumatological approaches to healing. How is the Holy Spirit viewed within the Reformed tradition? What determines the identity of *Reformed* theology and how does this influence one's understanding of the work of the Spirit? What constitutes the matrix of Reformed pneumatology? Is it possible to intimate the contours of a Reformed pneumatological matrix? Could such a matrix assist in identifying new themes and motifs for articulating a link between God and healing in southern Africa?

6.1 DILEMMA OF ARTICULATING A REFORMED MATRIX

It is a challenge to describe the typical nature of Reformed theology. Some even refer to it as the 'Reformed embarrassment' (Busch, 2008:207). Unlike, for example, the Roman Catholic, Lutheran and Anglican tradition, the Reformed tradition does not have one particular authority or confession that unites all Reformed believers and that represents 'the' Reformed perspective (Hartvelt, 1991:4; Smit, 2009:58). The notoriously difficult task of describing the unity of Reformed theology has to do with the nature of the tradition itself: it is plural, diverse, self-critical and sensitive to the cultural context in which it witnesses the truth of God's Word (*cf*. Smit, 2011:313-326). The crucial issue in discerning constituents of the Reformed identity is the tension between the danger of reductionism or essentialism, and the danger of losing identity when moving with the shifting *Zeitgeist*. This tension is articulated in the question, "How can we exhibit the proper characteristics of Reformed theology in order to clarify and strengthen it …, and do so without being merely traditionalist, confessionalist, and anti-ecumenical?" (Sauter, 2004:4).

In his effort to address and delineate Reformed identity in relation to the confessions, Gerrit Hartvelt (1991) relates the Reformed frame of reference (God's revelation in Christ and the Scriptures) to other traditions and their specifics, their distinct core of confession. His method reveals two important notions of the Reformed identity:

the absence of a clear-cut, unchanging nucleus of what could be called 'Reformed', and the need for dialogue with other church traditions in order to offer a particular contribution towards understanding the Gospel. Hartvelt (1991:18-34) emphasises the importance of ecumenicity for the Reformed identity, because ecumenical relationships and dialogue have an impact on the development of specifics of the Reformed frame of reference. Dirkie Smit (1992:88-110; 2004:208-235; 2008:263-283; 2011:313-326) also supports the idea that although the Reformed tradition is confessional, this characteristic must be understood in an open, historical and contextual way. With regard to the Reformed tradition in South Africa, he refers to the Reformed story as a story of many stories. It is a complex tale, revealing that Reformed identity consists of diverse and ambiguous stories with their varying accents on confession, doctrine and cultural context. It is impossible to simplify these internal differences and contradictions into one Reformed narrative. Within the worldwide Reformed family, there will always be different positions regarding Scripture, confessions, traditions and spirituality.

The awareness that controversies and changes within the Reformed story create many stories, implies a modest approach when trying to identify a Reformed frame of reference. The same evidently goes for intimating a matrix of Reformed pneumatology. The term 'matrix' suggests some kind of general or overall perspective representing the Reformed perspective on the Holy Spirit, but it should be emphasised that there is no such thing as 'the' Reformed pneumatological perspective, and that the term 'matrix' refers to a rather dynamic collection of various strands of Reformed approaches to the work of the Holy Spirit. It is about gathering these conflicting and corresponding strands in the assumption that some particular marks can be identified as Reformed representations of pneumatology.

Smit's reference to the Reformed complex tale of multiple stories transpires in the methodology of this chapter: the exploration of the contours of Reformed pneumatology is defined by the fact that there are many Reformed pneumatologies, and that they all represent a Reformed profile. In the following section (6.2) some prominent Reformed pneumatologies will be presented. They differ in scope and content, but what they do have in common is that they have been developed by Reformed theologians who had an impact on Reformed theology, including Reformed theological discourse in Africa. Besides the gathering of different strands of systematic approaches to the work of the Holy Spirit, it is also important to pay attention to the role of the Holy Spirit in the Reformed confessions. Reformed confessionalism, as a trajectory of Reformed theology, has had

a great impact in Southern Africa. The confessional perspective on the Holy Spirit should thus be taken into consideration in the search for a Reformed pneumatological profile. After the overview of various Reformed pneumatologies, I will address the question of which role is appropriated to the Holy Spirit in the Heidelberg Catechism.

It is my understanding that the gathering of these different stories and strands regarding the work of the Holy Spirit cannot lead to a complete and basic Reformed pneumatological matrix, but that it will generate sensitivity to the richness and potential of Reformed pneumatological thought: while offering a kaleidoscopic view on the doctrine of the Holy Spirit, some contours of a Reformed matrix might emerge, possibly also presenting productive avenues for speaking about God and healing in the African context. It is within this pattern of cohesion and controversy that I want to search for particular motifs that appear regularly in Reformed pneumatological thought, in order to find new ways of speaking about Spirit and healing from a Reformed perspective.

6.2 REFORMED PNEUMATOLOGIES

The following is a brief overview of pneumatological approaches by various Reformed scholars. The overview starts with the pneumatology of John Calvin. Most of his ideas about the work of the Holy Spirit can also be found in the pneumatological approaches of other influential Reformed theologians, as will be shown at a later stage in this chapter. It thus seems viable to start with Calvin's pneumatology, and to complement it with the pneumatological proposals of Reformed theologians like Abraham Kuyper, Karl Barth, Arnold Van Ruler, Jürgen Moltmann, Michael Welker and Jan Veenhof. I have chosen these theologians because they have had a significant influence on the course of Reformed theology. Some of these approaches were of particular significance for Reformed theology in South Africa (and thus also in southern Africa). Another reason for the selection is the fact that each of these Reformed theologians has offered rather distinctive and outlined ideas pertaining to the work of the Holy Spirit. This makes it feasible to present their pneumatological proposals in broad terms.[35] It is not my intention to suggest that this brief overview will do justice to the

35. In the description of the pneumatological proposals presented in this chapter as well as in the rest of this thesis, I will refer to the Holy Spirit as 'She'. The deliberate use of this feminine pronoun is motivated by the challenge of the *faulty nature of human language* about God. Speaking God requires constant awareness of the unknown side of God, the transcendent life of God that can never be confined by human speech. The use of the feminine pronoun in this thesis is thus not meant as a plain correction of traditional speech about God, because the use of 'she' instead of 'he' will obviously lead to overcorrection and thus to a shift of the problem. By referring to the Spirit as 'She' I try to find language about God the Spirit, while I try to avoid the pitfall of taking words about God for granted. The use of the feminine pronoun functions as a kind

rich and extensive pneumatological approaches of the above mentioned Reformed scholars. However, it is my hope that the synopsis will give an adequate impression of Reformed pneumatological thought. The systematic approaches to the work of the Holy Spirit will be followed by a presentation of the pneumatological perspective found in the Heidelberg Catechism. Finally the question will be asked whether there are notions, motifs and themes emerging from this discussion that can offer a matrix of Reformed pneumatology.

6.2.1 John Calvin

The statement that Calvin contributed tremendously to the development of the doctrine of the Holy Spirit in the Reformed tradition is undisputed. Perhaps Benjamin Warfield's appraisal in the introductory note in Abraham Kuyper's *The Work of the Spirit*, should be nuanced a bit when he said: "the doctrine of the work of the Spirit is a gift from John Calvin to the church of Christ" (Kuyper, 1946:17), yet the message underneath is very clear: John Calvin can be credited with being one of the greatest Reformed commentators on the Spirit (*cf.* Warfield, 1956:484f; Hesselink, 2004:79; see also the major contribution of Krusche, 1957 in this regard).

Calvin has been identified as 'the theologian of the Holy Spirit', because his theology is permeated with ideas about the work of the Holy Spirit (Ganoczy, 1989:135; Hesselink, 2008:337). His references to the Spirit are not always explicit, but Calvin's understanding of the Spirit is that She plays a central role when it comes to creation, revelation, faith, justification, sanctification and glorification. The work of the Spirit is the necessary link between God and the believer. The most extensive discussions on the work of the Spirit are to be found in his *Institutes of the Christian Religion*, Book 3 and Book 4. These books cover two-thirds of the complete work, which gives reason to think that the work of the Spirit occupies an important place in Calvin's theology (*cf.* Rogers, 2003:245).

One evident feature of Calvin's pneumatology is the *Trinitarian* perspective on the work of the Spirit (Krusche, 1957:1-14; Gunton, 1999:253-265; Hesselink, 2008:337;

of speed hump: it helps to slow down and to notice the flaws in our language about God. For example, when God is expressed as male, in a sense maleness becomes divine; when God is pictured as white, somehow whiteness becomes divine. Despite firm resistance to these projections, there is a two-thousand year tradition that seems to have taken these projections for granted. Precisely by naming the opposite of these projections ('she' instead of 'he', 'black' instead of 'white', 'disabled' instead of 'able', 'weak' instead of 'strong', 'unhealthy' instead of 'healthy'), one can at least detect the flaws in our language. As long as the use of the feminine pronoun for God the Spirit evokes questions (whether positive or negative), its relevance for pointing to God's transcendence is proven.

Doyle, 2009:82-105; Höhne, 2009:160). First of all, the whole structure of the *Institutes* mirrors a Trinitarian framework. Book 1 is about God the Father and creation, Book 2 is about God the Son and our salvation, and Books 3 and 4 are about God the Spirit and our regeneration. Furthermore, Calvin articulates explicitly the union of the Father, the Son and the Spirit, for example in *Inst*. 1.13.17 where he indicates that he cannot think of one of the Trinitarian persons without immediately including the other two persons. According to Calvin, this Trinitarian communion is of the utmost importance when it comes to the salvation of the believer: the union with Christ established by the Spirit is nothing other than a participation in the life of the Triune God. In his commentary on John 17:21, Calvin explicitly places the work of the Spirit in a Trinitarian frame: "If *the unity of the Son with the Father* is not to be fruitless and useless, its power must be defused through the whole body of believers. From this, too, we infer that we are one with Christ; not because *He* transfuses His substance into us, but because *by the power of His Spirit* He communicates to us His life and all the blessings He has received from the Father" (1979:148, italics original).

Another feature of Calvin's pneumatology is the *multiplicity* in the work of the Spirit. Krusche (1957:13) identifies three evident spheres of influence, which he calls the *drei Bereiche der Geistwirksamkeit* (the three dimensions of the efficacy of the Spirit). Calvin recognises the Spirit's efficacies in three ways that are to be viewed as concentric circles: the Spirit is present in the cosmos, in human life with its historical and contextual setting, and in the spiritual life of the believer (*cf*. *CNTC,* 8:167, on Romans 8:14). In relation to these multiple spheres of influence of the Spirit, Rogers (2003:246) suggests that Calvin offers a fairly robust doctrine of the Spirit in the sense that he seems to overcome the dichotomy between a pneumatology of revelation and a pneumatology of participation. A pneumatology of revelation focuses on the Spirit as the One who mediates the distance between God and creation, and who offers redemptive knowledge to the believer, while a pneumatology of participation perceives the Spirit as the One who invites human life to participation within the Triune life (Williams, 2000:107-127). Calvin's pneumatology includes (at least) both dimensions of the work of the Spirit, which is apparently also reflected in a division within Calvin scholarship.[36] The addressing of different dimensions of the work of the

36. English-, Dutch- and German-speaking Calvin scholars are generally involved in debates about revelation and the Spirit as the guarantor of Scripture, while Francophone scholarship emphasised Calvin's perspective on participation and transformation through the work of the Spirit (*cf*. Rogers, 2003:245).

Spirit becomes transparent when one sees how Calvin relates the Spirit to the Trinity, creation, providence, salvation, Scripture and revelation, church and Christian life.

In his magisterial work on Calvin's pneumatology, Krusche (1957:13) suggests that any exploration of the work of the Spirit is to follow Calvin's design of Spirit/cosmos (*omnes creaturae*), Spirit/human life (*in hominibus*), Spirit/believer and church (*electos*). These different lines in Calvin's pneumatology will be explored in the following paragraphs.

Spirit and cosmos

The first dimension of the work of the Spirit is the created cosmos. Even though Calvin does not mention the Holy Spirit in his treatment of the Creator God (in the first five chapters of Book 1 of the *Institutes*), he later on refers to the Spirit as being involved in the process of creating life (Hesselink, 2008:340). Calvin sees the Spirit of God as the One who preserves the created order in the time between the primordial chaos (Genesis 1:2) and the eschatological transformation of cosmic elements (2 Peter 3:10). The efficacies of the Spirit prevent creation from returning to chaos, and they warrant the stability of the structure of cosmic life. One example of this wonderful sustenance by the Spirit is, according to Calvin, the consistent control over water: the Spirit is the secret power of God (*arcana Dei virtus*) protecting the land from being flooded by the sea (Comm. Ps. 54:5-9, *CO,* 32:86f; *Inst.* 1.5.6). It is through this preserving activity of the Spirit that creaturely life can exist and develop. The Spirit, then, is not only the power of God preserving life, but also the One who quickens and sustains life (*vivificator*). The implication is that when God withdraws His Spirit from a creature, it means death. Calvin therefore does not conceive of birth and death as framed by the natural circle of life, but as particular moments in which the world degenerates and is being renewed by the power of the life-giving Spirit (Krusche, 1957:20).

In Calvin's pneumatology, the concept of the Holy Spirit as the source and sustainer of life applies to *all* of life: the activity of the Spirit in relation to the cosmos is universal. Yet, there is a difference between the Spirit's activity in creation in general and the Spirit's activity in the individual life of the believer. The Spirit as the third person of the Trinity is actively present in creation, but will never become part of it: the Spirit is a divine being, who does not have a dwelling place in general creaturely existence. This is different when it comes to the particularity of believers, since the Spirit of God lives in them; the elected are the temple of the Holy Spirit. The relation between Spirit and creation is thus multidimensional, but it should be noted that Calvin does not isolate

the work of the Spirit in creation in general, and the work of the Spirit in the regenerate (Höhne, 2009:173). This distinction in the work of the Spirit will be elaborated at a later stage in this chapter.

The presence of the Spirit in the universal cosmos is conceptualised as the providence of God. Calvin relates the Spirit's secret sustaining activity to all different kinds of means that nourish and develop life (similar to the rays of the sun, bread, medical activities), and he understands these instruments or secondary causes as eventually stirred by the hand of God (Calvin, 1987:231). The faithful God gives life through the use of various means (*media*), even though we cannot see Him as the true source of all cosmic life because He is hidden behind these instruments (Höhne, 2009:162). The question can be raised whether Calvin's doctrine of providence turns out to be a deterministic relation of God and creation, in the sense that the world is totally dependent on God, or whether the doctrine of providence also incorporates notions of contingency and of creation's distinctiveness. Colin Gunton (1998:151) contends that Calvin's view on divine providence lacks any proper distinction between chance and contingency, resulting in Calvin's dismissal of the notion of contingency when he rejects the possibility of chance in the universal cosmos. According to Gunton, Calvin's emphasis on God's will was accompanied by a tendency to necessitarianism: the relation between God and creation is fully determined by God, with chaos as the only alternative to God's will (see also Schreiner, 1991:30, who indicates that Calvin's doctrine of providence is ambivalent when it comes to creation's contingency). Höhne (2009:158-178), on the contrary, is of the opinion that Calvin's understanding of divine providence allows for a limited yet definite locus of contingency: God's working through natural and secondary causes allows for the understanding that those causes or instruments are, within boundaries, agents of contingency (like, for example, the sun travelling its own course and adjusting it seasonally). Krusche (1957:25) also refers to Calvin's emphasis on the instruments as means for God's providence without God becoming the author of sin. Calvin's pneumatology sees the Holy Spirit as the sustainer of life, but not as the One who makes or determines everything in cosmic life. God works through his Spirit, who works *through* people (and not in them, so as not to restrict them). In his sermon on Deuteronomy 32:23-27, Calvin states that God uses secondary causes such as medicine and doctors to establish healing in cosmic life, and that God wants humans to make use of those instruments. God's providence is thus linked with such agents of contingency in the sense that God involves secondary means in his saving activities.

Calvin's doctrine of providence also includes the gifts of grace, administered to creation by the Spirit. This is where Calvin's notion of common grace comes in. God's common grace is the power with which God preserves, sustains, and advances cosmic life in general, and human life in particular. This divine grace, granted to creation through the work of the Spirit, can be identified as universal common grace and as general common grace. The former is already mentioned as the Spirit's work of sustenance; the latter is to be understood as the gift of intelligence and reason which allows humans to regulate society, to govern, to develop science and arts.

Calvin's pneumatology reflects a positive understanding of creation. The Spirit of God is involved in cosmic life in a sensitive and gracious manner, allowing life to exist and unfold. The world is seen as a dazzling theatre (*Inst.* 1.5.8; 2.6.1) that displays God's glorious works, and where the Holy Spirit infuses every aspect of life from work to worship and from art to technology with the gift to witness to the glory of God (*Inst.* 1.11.12).

Spirit and redemption

The concept of the believer's union with Christ is a central element in Calvin's theology (Hesselink, 2008:345). It is only *in the union with Christ* that the believer can experience redemption and be saved, sanctified and even glorified. Highly significant in this mystical union is the role of the Holy Spirit, because the Spirit is the One who relates the believer to Christ. Calvin even contends that if the Spirit is not involved, the suffering of Christ and the salvation accomplished by Christ do not carry any meaning at all for us (*Inst.* 3.1.1). Van 't Spijker (1989:44) points out the soteriological meaning of the Spirit's work by saying that only through the work of the Spirit, Christ *extra nos* becomes Christ *in nobis*. And only through the mediating Spirit can the believer become part of Christ and vice versa: "the Holy Spirit is the bond by which Christ effectually binds us to himself" (*Inst.* 3.1.1).

Since full salvation can only be experienced by man in the union with Christ through the work of the Spirit, Calvin does not need to follow a particular 'plan' of salvation or a specific order (Van 't Spijker 2009:137). The Holy Spirit is the inner teacher, who works in the believer's inmost being in such a way that the believer experiences the promises of salvation, and is assured of the benefits of redemption (*CO,* 2:417). The union with Christ has its starting point in the mediation of the Spirit: the Spirit grants faith, which is the principal work of the Spirit (*Inst.* 3.1.4), and which is to be understood as firm and certain knowledge of God's benevolence to us that is revealed to our mind and

sealed upon our heart by the Spirit (*Inst.* 3.2.7). This is the beginning of a process of regeneration or conversion, which also includes faith, justification, sanctification and glorification. The process of sanctification is characterised by an emphasis on penitence and mortification, leading to the renewal of life in Christ (*Inst.* 3.3.8; 3.1.3). Calvin refers to the Pauline metaphor of the Spirit of adoption, elaborating on the renewal of the believer in the union with Christ through the work of the Spirit: "First, he is called the 'spirit of adoption' because he is the witness to us of the free benevolence of God with which God the Father has embraced us in His beloved only-begotten Son to become a Father to us" (*Inst.* 3.1.3). The Holy Spirit thus produces faith in the mind and the heart of the believer, and engrafts the believer into Christ, whose righteousness allows the believer to be accepted by God as His son or daughter.

Van 't Spijker (2009:136) refers to the intimate relationship between Christ and Spirit when it comes to the redemption of the believer: Calvin's Christology is not only interrelated with his pneumatology, but also determines the very content of the Spirit's work. The Holy Spirit's work in the life of the believer is aimed at the glorification of Christ, and whoever pulls this chain apart, tears Christ apart (*CO,* 49:331).

Spirit and Word

Calvin's pneumatology is also linked to his understanding that God reveals Himself in his Word. Over against the ideas of the *Schwärmer* and other fanatics who claimed to have knowledge about God on the basis of visions, Calvin emphasised the correlation of the Spirit and the Word: revelations by the Spirit of God can never be in contradiction to the Word of God. Any form of knowledge about God has to be framed and supported by the Scriptures. According to Calvin, true knowledge about God thus implies the affirmation of the Scriptures as the Word of God (Opitz, 2008:275). The role of the Spirit in relation to the Word is that the Spirit is a witness to the Word, confirming that God reveals Himself in Scripture (Van 't Spijker, 2009:133). The meaning of the association of Word and Spirit is about the inspiration of Scripture: God Himself speaks through his Word. In other words, the Spirit is never to be separated from the Word, but She authenticates the knowledge about God that is provided in the Bible. The Reformed *sola Scriptura* adage evolves from the understanding that Scripture is the product of the Spirit, or 'dictation by the Spirit' (Neuser, 1994:67-71), and that human beings are not capable of knowing God without the Word. The certainty of faith thus depends on the correlation of Spirit and Word.

In order to affirm the authenticity of the Bible as God's Word, the believer depends on two different but related efficacies of the Spirit. First, the Spirit is involved in the human testimonies as written down in the Bible; and second, the Spirit's work is in the heart of the believer, testifying to the truth of God and transforming faith into certainty of the promise of salvation. Calvin states that "the testimony of the Spirit is more excellent than all reason. For as God alone is a fit witness of himself in his Word, so also the Word will not find acceptance in men's hearts before it is sealed by the inward testimony of the Spirit. The same Spirit, therefore, who has spoken through the mouths of the prophets must penetrate into our hearts to persuade us that they faithfully proclaimed what had been divinely commanded" (*Inst.* 1.7.4).

Calvin and healing

Calvin's works show only one obvious reference to healing: the rejection of miraculous healing and the gift of healing in the *Institutes* 4.19.18. Calvin, who was more outspoken on this issue than Luther was, addresses and rejects the Roman Catholic tradition of extreme unction, the one sacrament explicitly dealing with physical healing. He identifies the sacrament of extreme unction as a "fictitious sacrament" and a "mere hypocritical stage-play" (*Inst*. 4.19.18). Calvin's cessation theology should be understood against the background of the Roman Catholic – Protestant polemic. After all, from the outset of the Reformation process, the Reformers aimed at purifying the whole pattern of Roman Catholic worship (including the sacraments, saints, shrines and relics) of misleading, false and even demonic influences, and that also included the phenomenon of miracles (*cf*. Langstaff, 1999:100, 119; Hejzlar, 2007:48). Calvin's reasoning was that miracles led believers away from true worship, and made people forget that the permanent signs of divine revelation, namely baptism and the Lord's Supper, had replaced the temporary signs of Jesus' time. He acknowledged that miraculous healings existed in Jesus' time, as recounted by the Scriptures, but that these were outdated and did not occur anymore after the apostolic time (*cf*. Porterfield, 2002:233). The only function of those early Christian miracles was to introduce and to perpetuate the Gospel among the non-believers. In his study on John Calvin's writings on the issue of miraculous healing, Pavel Hejzlar (2007) indicates that according to Calvin, miraculous healing had lost its effect since the Gospel had found its way into this world, which means that accompanying miracles had become superfluous, and so he re-affirmed the doctrine of the cessation of miraculous healing. Calvin's cessationist position left deep traces in Reformed thought. The Reformed tendency of

cessationism is actually revealed in the fact that the rejection of miraculous healings is not an issue of debate in most Reformed circles.[37]

In summary, Calvin's pneumatology is a Trinitarian approach to the work of the Spirit, whereby the *multiplicity of the Spirit's work* can be identified. The Spirit is present in the cosmos (Spiritus creator), in human life in general, and in the spiritual life of the believer (Spiritus redemptor). The activities of the Spirit are understood as secret, providential and salvific. The relationship between the Spirit and creation is based on a positive understanding of creation as the theatre of God's glory, which is the purpose of creation. Calvin's understanding of the Spirit's broad work in creation is not to be related to miraculous divine intervention; he firmly rejected the existence of miraculous healings.

6.2.2 Abraham Kuyper

Just like John Calvin, the Dutch Neo-Calvinist Abraham Kuyper (1837-1920) has been called 'the theologian of the Holy Spirit' among Dutch theologians (Velema, 1957:7, who refers to Rullmann, 1928:244). This reference is based on Kuyper's broad focus on the work of the Holy Spirit in his theology, to which his publication *The Work of the Holy Spirit* is witness. In general terms, his ideas about the work of the Holy Spirit were awakened by two concerns. The first of these concerns was about what the church needed, according to him, in order to be a healthy church: correct knowledge of the work of the Holy Spirit (Kuyper, 1873:35). His second concern was related to the notion of God's sovereignty: the doctrine of God's sovereignty and election is supported by the doctrine of the Holy Spirit, because the Holy Spirit warrants the direct link between God and human being; there is no form of mediation between God and the believer other than God himself through his Spirit (Kuyper, 1899:40f).

Kuyper's thought is of great importance within the tradition of Reformed theology because he played a major role in retrieving Calvinist ideas in the second half of the nineteenth century. As theologian, minister, journalist and politician, Kuyper generated

37. A brief survey of academic publications on the topic of cessationism shows that the debate on cessationism versus continualism is essentially a rearguard action directed against chaotic charismatic influences (*cf.* Chantry, 1976; Edgar, 1983; 1988; MacArthur, 1992; Mayhue, 1997:175-185;2003; Thomas, 1999:154-204). Besides the opposition against de-cessationist beliefs, which are considered as not warranted by Scripture, there is virtually nothing to be found about how Calvin's position has worked within the Reformed tradition. So in the words of Walter Wink (1986:1): "One of the best ways to discern the weakness of a social system is to discover what it excludes from conversation." The fact that there is no profound reflection on Calvin's position regarding healing seems to be an indication that the theme of faith healing or miraculous healing refers to a weak or blind spot in Reformed church and theology.

a wide sphere of influence, not only in his own country, but also internationally (United Kingdom, United States of America, South Africa). One of his main achievements was the re-envisioning of the Calvinist doctrine of common grace (Bratt, 1998:165; Bolt, 2001:197), whereby he secured a close relationship between God's sovereignty and creation's distinctiveness. Kuyper's view on general grace affirmed God's sovereign Lordship over *all* of creation, while he also managed to emphasise the vocation of the believer to be engaged in a non-Christian context. Kuyper's doctrine of common grace, embracing various lines of thought about religion, church, politics, culture and science, is permeated with ideas about the work of the Holy Spirit.

Spirit and creation

Kuyper's doctrine of common grace is rooted in his ideas about creation. He has a very positive view on creation: everything is created by God in such a way that it has a purpose and a destiny. The world that God created is good, but not yet finished or fulfilled. It is still in the process of reaching its destiny, which is the glorification of God. The glory of God is the ultimate end of every creature (Kuyper, 1946:35). Accordingly, culture as the work of humans should be understood as the context in which God himself is at work, through his Spirit, in order to lead creation to its purpose.

Since the Fall, creation is cursed by God, yet God responded to man's disobedience by infusing grace in creation. The Spirit's gracious presence prevents creation from being annihilated by death and destruction. The work of the Spirit in creation does not allow sin and death to destroy what God has created. Sin is the power that obstructs humans and nature in reaching their destiny, and the Holy Spirit is the One who antagonises sin (Kuyper, 1946:36). She does this in two different ways: the Spirit is involved in the *sustenance* of life according to the law of nature, and She is also active in the *re-creation* or the restoration of the glory of creation (because glorification is the ultimate end of creation).

The creation and sustenance of life by the Holy Spirit is referred to as general or common grace (this idea is also to be found in Calvin's theology). This general grace is a constant activity that offers resistance to a complete take-over of creation by sin. It limits the flow of destruction at three levels of human life: the soul, the body and nature (Kuyper, 1902:501). In addition to the constant activity of grace, Kuyper mentions the progressive way of grace that can be experienced, for example, in the developments of science and culture. This form of general grace denotes that God upholds creation in a steady and evolutionary way: creaturely life is blessed with the potential to grow

and develop, and to move towards the ultimate display of God's image in creation. Kuyper explicitly mentions the development of medical science as an expression of progressive general grace (Kuyper, 1893:205).

The crucial notion of Kuyper's doctrine of common or general grace is the central meaning of creation. The idea of God's common grace for all of creation implies that one cannot speak of grace without mentioning creation. The condition of creation after the Fall entails a re-envisioning of creation's final destiny (since God's image in creation had become damaged), making the efficacies of general grace indispensable if God's sovereignty is to be retained (over against man determining the course of creation). The existence of creaturely life is the very fact upon which the doctrine of common grace is built (Roozenboom, 2007:175).[38]

Spirit and re-creation

The constant and progressive general grace in creation, through the work of the Spirit, is conceived as the foundation of *particular grace*. This is the kind of grace that brings creaturely life to another level, and closer to its destination. Here Kuyper makes a clear distinction between the work of the Father, the Son and the Spirit, by indicating that "to lead the creature to its destiny, to cause it to develop according to its nature, to make it perfect, is the proper work of the Holy Spirit" (Kuyper, 1946:34). Since the Father has the power to bring forth the essentials of the creature's existence, and the Son has the power to put together and arrange these constituents, the Spirit is to be perceived as the Perfecter of creation. She is needed in order to establish the believer's glorious end.

The Holy Spirit leads creation to its consummation. A central thought in Kuyper's doctrine of creation is the progressive line from creation to consummation or completion. Notions like process, development, history, recreation and restoration, all indicate that God has a plan with creation, and that He moves creation in a particular direction. The Spirit's work of particular grace is about the removal of sin, and the elevation of creation to another level. Kuyper (1946:27, italics original) indicates that "the work of the Holy Spirit that most concerns us is the *renewing of the elect after the image of God.*" This elevation or renewal is also called the rebirth of life. This

38. The Dutch theologian Jochem Douma, who wrote a dissertation on the doctrine of common grace in the theologies of Abraham Kuyper, Klaas Schilder and John Calvin, criticises Kuyper's understanding of common grace on the basis of Kuyper's too optimistic view on creation. Contrary to Kuyper, Douma emphasises the limited scope of common grace (1966:355).

rebirth means that the believer partakes in Christ's holiness, because God created new life within the old life through his particular grace. Roozenboom (2007:175) calls the believer's direct participation "a typical feature of particular grace", by which the believer, through the mystical union with Christ, is considered justified on the basis of Christ's perfection. The Spirit's renewal of the elect means that the believer is advanced to the position where Christ is. God reckons the believer righteous on the basis of Christ's perfect accomplishment. Creation and eschatology are thus closely related in Kuyper's pneumatology, even though the eschatological dimension of the Spirit's work does not entail notions of realised eschatology. Kuyper maintains the tension between the believer's 'old life' and 'new life' by indicating that the renewal of the believer is like a new rose grafted on the stem of a wild rose, as a result of which the new rose still relies on the roots of the wild rose (Kuyper, 1888:152). The renewed believer is like the new rose: the completion of creation is suddenly much nearer through the grafting of the new life, but the full transformation is not yet realised.

Velema (1957:227-246) contends that the relation between the Spirit and the Son in Kuyper's pneumatology begs for serious attention. He identifies a deficit in Kuyper's pneumatology, which is rooted in his doctrine of creation and anthropology. According to Kuyper, the human being consists of a body and a soul; the body and the soul cannot be separated, and together they form the being (the self) of an individual. In the soul, God has planted spiritual potential that has to flourish, just like a germ has to be developed in biological life. According to Kuyper, the planting of this spiritual potential is the work of the Son, and the Spirit is the One who keeps the seed alive and growing (Velema, 1957:238). The implication of the close connection between spiritual potential and the Son is that the Spirit is not involved in the creation of new spiritual life; the Spirit is assigned to sustain and develop it. This perspective on the work of the Spirit differs from the ideas of the Reformers, who saw a close relationship between new (spiritual) life and the work of the Spirit: conversion or regeneration was ascribed to the Word through the power of the Spirit. Velema (1957:244) indicates that Kuyper's distinction between the work of the Son and the work of the Spirit does not provide a fruitful basis for Reformed pneumatology.

Spirit and charismata

In *The Work of the Holy Spirit*, Kuyper dedicates a whole chapter (XXXVII) to the spiritual gifts of the Holy Spirit. Charismata are perceived as the "divinely ordained means and powers whereby the King enables His Church to perform its task on the earth" (Kuyper,

1946:130). The charismata are framed by the institution of the church, and are the talents people have been graced with in order to serve others, inside and outside the boundaries of the church. In a sense, the charismata of the Spirit can be compared to the phenomena of fire and light within the structure of a household: they are not the central part of the household, but they ensure the well-functioning of it (Roozenboom, 2007:178). Kuyper, following the apostle Paul closely, emphasises that the charismata are linked to the ministry of the church. Kuyper (1946:132) calls these the official charismata, which are accompanied by the ordinary and the extraordinary charismata. The official gifts empower the believers in the ministry of the Church performed by ministers, elders and deacons. The ordinary gifts, like faith and love, strengthen the gift of saving grace; they are the more energetic manifestations of what every believer possesses in the germ (Kuyper, 1946:133). The extraordinary gifts are the purely spiritual charismata, working partly in the physical domain (like the charisma of self-restraint, and of the healing of the sick), and partly in the spiritual domain (like wisdom, knowledge, discernment of spirits, and tongues and their interpretation).

Of particular interest is Kuyper's distinction between charismata that are still present within the church, and those gifts that are inactive. For example, when Kuyper (1946:133) mentions the gift of healing as "the glorious gift of healing the sick: not only those who suffer from nervous diseases and psychological ailments, who are more susceptible to spiritual influences, but also those whose diseases are wholly outside the spiritual realm," he seems to embrace the possibility of physical healing through the gift of the Spirit within the Reformed church. Yet at the end of the chapter on spiritual gifts, Kuyper rejects the option of physical healing on the basis of the division between active and inactive workings of grace. Those gifts pertaining to healing that are still present within the church are the gifts that address healing of those who suffer from nervous and psychological diseases; "the others for the present are inactive" (Kuyper, 1946:133). The suggestion is that the gift of physical healing might be operational again sometime in the future, but that the church did not experience that particular gift in Kuyper's days. It can be said that he resisted a closed worldview that does not provide space for the Spirit to intervene in human life; yet he maintains the cessationist position that is a characteristic of Reformed church and theology.

In summary, Kuyper's pneumatology is framed by Trinitarian theology, and holds a very positive view on creation. Just like in Calvin's pneumatology, creation is purposed and destined to bring glory to God. Creation is good, because it is called into existence

by God, but creation needs to develop towards the final purpose. The Holy Spirit is the One who is involved in the sustenance and re-creation or perfection of creation. The Spirit is the Perfecter who elevates creation towards another level; this does not imply a form of realised eschatology, even though the consummation has suddenly been brought closer through the salvific work of the Spirit. Kuyper makes a clear distinction between the cosmic Spirit and the redemptive Spirit, but he also emphasises that She is the same Spirit of God involved in creation and re-creation. Kuyper also makes a distinction between active and presently inactive gifts of the Spirit. The gift of physical healing is such an inactive gift, which means that Kuyper supports the cessationist position.

6.2.3 Karl Barth

Karl Barth's crucial meaning for Reformed theology is undisputed. He was the leading Protestant theologian in the twentieth century, and all theologians who came after him had to relate to his theology in one way or the other (Webster, 2000:1; Grenz, 2004:34; Hardy, 2005:39). One of Barth's major contributions is the retrieval of a Trinitarian focus in Protestant theology: the doctrine of the Trinity is not a separate doctrine within his systematic approach, but the doctrine of the Trinity permeates and defines the whole of his theology. With the rediscovery and thorough development of the Trinitarian perspective, Barth places the doctrine of the Trinity on the (ecumenical) agenda again (Jenson, 1989:47). Since then, there have been many publications in relation to Barth's Trinitarian theology (see for example Habets & Tolliday, 2011).

Spirit and the Trinity

Barth develops his doctrine of God along Trinitarian lines: the Trinitarian God discloses his identity on the basis of his revelation as Father, Son and Holy Spirit. With his doctrine of the Trinity, Barth resists anthropological tendencies in church and modern Protestant theology, and his account of the relation of God with humanity is based on the idea that the self-revealing God is to be centralised. Barth does not want to start with human experience as knowledge about God, but with the God who has revealed himself to creation in his Word, in Jesus Christ, because only through this self-revelation of God is it possible for a human being to speak about God (Grenz, 2004:35).

Barth's retrieval of the doctrine of the Trinity implies that his thought about the Holy Spirit is fully determined by the Trinitarian frame of his theology. He indicates that "the Father represents, as it were, the divine *Who*, the Son the divine *What*, and the

Holy Spirit the divine *How*" (*CD,* 1.2, 33). The core of God's self-revelation is God the Son, who reveals the Father and reconciles sinful creation with the Father. This is the objective side of revelation. In contrast, the subjective side of revelation, the way in which a person receives faith, is the Holy Spirit: "This special element in revelation is undoubtedly identical with what the New Testament calls the Holy Spirit as the subjective side in the event of revelation" (*CD,* 1.1, 449). The Spirit is the One who represents God in creation, and who makes man susceptible to God's self-revelation. The Spirit is God himself, because the Spirit discloses God; the Spirit is "the concretisation of what is shared between the Father and the Son" (Grenz, 2004:46). According to Barth, God's inner-Trinitarian being cannot be different from how God reveals himself, and thus Barth has to hold on to the *filioque* of the Western church: "The filioque expresses our knowledge of the fellowship between the Father and the Son: the Holy Spirit is the love that is the essence of the relation between these two modes of God's being" (*CD,* 1.1, 504). The Holy Spirit is the Spirit of the Father as well as the Spirit of the Son, and this is how the Holy Spirit represents the communion and the love of God, both inner-Trinitarian and extra-Trinitarian.

Spirit and communion

In his description of Barth's pneumatology, Hunsinger (2000:179) explains that Barth's perspective on the saving work of the Spirit can be characterised as Trinitarian in ground, Christocentric in focus, miraculous in operation, communal in content, eschatological in form, diversified in application, and universal in scope. These dimensions of the Spirit's work indicate that Barth perceived the Spirit as the 'mediator of communion'. Hunsinger's account of Barth's ideas on Spirit and communion forms the basis of the following paragraphs.

The work of the Spirit firstly concerns the relation between the Father and the Son. The Trinitarian relationships can be denoted as 'in communion' through the Spirit, whom Barth considers to be the One who bears the relationship, *and* who is the relationship itself. Here Barth follows Augustine, when he regards the Spirit as the reciprocal connection between the Father and the Son. The inner-Trinitarian relationship of the Father and the Son consists of the presence of the Spirit, who is the warranty of the communion (*koinonia*) with God.

The work of the Spirit also establishes a relationship between Christ and the believer, because the Spirit represents Christ in the life of the believer: the Spirit's work is the believer's communion with Christ. Here Barth follows Calvin, who let the work

of the Spirit coincide with the presence of Christ as well (Krusche, 1957:146-151; Hunsinger, 2000:181). If the Spirit is not present, it is not possible for Christ to reveal himself as the crucified and risen Lord, and it is not possible for man to accept Christ. It is only through the power of the Spirit that Christ can be present and impart himself to the believer: "The Spirit mediates the self-impartation of Jesus himself, through which believers are drawn into union with him in order to receive and return his love" (Hunsinger, 2000:182).

Since the Spirit serves the presence of Christ in the world, it can be said that the work of the Spirit focuses on Christ. In the *Church Dogmatics*, Barth says it as follows: "Thus the only content of the Holy Spirit is Jesus; his only work is his provisional revelation; his only effect the human knowledge which has [Jesus] as its object" (*CD,* 4.2, 654). Barth scholars differ about whether the Christological focus in Barth's pneumatology leaves room for the distinctiveness of the Holy Spirit. Robert Jenson (1993:296-304) for example, has come to the conclusion that Barth's pneumatology should be characterised as binitarian rather than as Trinitarian. The Holy Spirit, the *vinculum* between the Father and the Son, affirms that the Spirit is a divine mode of being, but it is difficult to ascertain an autonomous and even soteriological identity of the Spirit's work. According to Jenson, Barth sidelines the Holy Spirit in God's salvific work *ad extra*. Eugene Rogers Jr. (2005:19-23) also contends that in Barth's pneumatology the Spirit does not count as a relatively independent being or person in God's act of revelation. The subordinated Spirit disappears from Barth's Trinitarian theology when She is supposed to appear "as someone with capacities, rather than as sheer capacity" (Rogers, 2005:20; see also Jenson, 1993:304). Hunsinger, however, emphasises the Trinitarian nature of Barth's pneumatology, and indicates that Barth's Augustinian approach of the person of the Spirit is rather 'textured and complex', which makes both 'agential and non-agential language' indispensable in order to gain understanding of the Holy Spirit. Hunsinger is of the opinion that criticism of Barth's alleged subordinationism is not constructive if the themes of revelation, reconciliation and redemption are not perceived as a set of subtle, flexible and complex relationships in Barth's theology (Hunsinger, 2000:178-180).

The Holy Spirit establishes communion between God and human life by preparing the soul for being receptive to divine revelation. Barth calls this work of the Spirit: *operatio mirabilis*, the continuous miracle of grace. Without this activity of the Spirit, communion with Christ and new life for man would not be possible (Hunsinger,

2000:183). This miraculous work of the Spirit also suggests that there is absolutely no human involvement in God's communication of grace. Divine grace rather contradicts and overrules human nature in the mysterious operation of the Spirit. God graciously reconciles with man by revealing himself in Christ through the Spirit. Consequently, the work of the Spirit in establishing communion between God and mankind is disruptive, and it defies systematic coordination (Hunsinger, 2000:185).

The salvific work of the Spirit links the already established salvation with the still to be realised salvation. The reconciliation of God with man through Christ will be completed in the redemption, an event in the future. Barth does not only perceive the Spirit's work as the relation between the already and the not-yet, but he also refers to 'redemption' as the distinctive work of the Spirit. The peculiar and proper work of the Spirit points to the absolute future, the completion of communion between God and man, the consummation of all things, and eternal life (Hunsinger, 2000:178). The salvific work of the Spirit and the salvific work of Christ include one another in the sense that reconciliation through Christ refers to redemption through the Spirit, and the work of the Spirit serves Christ's revelation and reconciliation.

The work of the Holy Spirit includes not only the koinonia of the Trinitarian modes of being, and the believer's communion with Christ, but it also produces communion with one another. The Spirit is the One who brings people together in a communion of faith, hope and love, in solidarity with the world. As such, the work of the Spirit kindles fellowship, and makes one aware that the believer, who is in communion with Christ, is relational in being (*CD,* 4.1, 153). This means that the believer is truly connected with others and with the world in such a way that the individual is no longer just one part of the whole, but that the individual actually represents the whole (*CD,* 2.2, 312). That is the *koinonia* of the Spirit of God.

Spirit, creation and health

The Spirit's work in creation is heavily determined by its Christological focus. The implication is that Barth does not make a clear distinction between the Spiritus Creator and the Spiritus Redemptor, because in his perspective the work of the Spirit is aimed at leading creation into communion with Christ (*CD,* 4.1, 648); the creative activities of the Spirit are thus redemptive activities simultaneously, in the sense that they can only be known on the basis of the Word, Jesus Christ. Barth rejects any form of knowledge about God that has its source in creation, and thus creation itself receives its meaning from the God who reveals himself in Christ.

Barth's doctrine of creation states that creation is the work of God the Father, and that creation depends on Christ. Since creation is not capable of responding properly to the self-revealing God, the Spirit comes to its aid and provides creaturely life with responses to God's invitation to participate in His life. Barth thus prioritises God's sovereignty and self-revelation in such a way that the Spirit's work is about creating situations where God's will is done in human existence: "As the Spirit of Jesus Christ who, proceeding from Him, unites men closely to Him *ut secum unum sint*, He distinguishes Himself from the Spirit of God who lives as *vita animalis* in creation, nature and history, and to that extent in the godless as well" (*CD,*1.2, 241). In other words, just as the Spirit affirms and upholds inner-Trinitarian relationships, so She sustains what God has done salvifically in creation.

Barth addresses the theme of health in relation to creation in his discussion of ethics as the command of God the Creator (*CD,* 3.4, 356-374). He does not refer explicitly to the work of the Holy Spirit, but one could see how in Barth's pneumatology the Spirit is involved in the human response to live according to God's will. Barth defines health as the strength for human life; it is the power that man receives from God in order to live a human life, to *be* human. In response to this gift, man should be *willing* to be healthy. The will to be healthy is creation's answer to God's will. Messer (2011:168) indicates that Barth's ideas about the will to be healthy contrasts with our common assumptions about the relationship between health, physical perfection, and the ends of human life, because the content of our will to be healthy is Jesus Christ: he who had no form or majesty that we should look at him (Isaiah 53:2b) was truly and fully human being, and has revealed God's will to us. Willing to be healthy, which is being fully human, thus requires direction to Christ and the testimonies of the Scriptures.

Barth does not provide concrete answers to the question of what health, the strength for human life, looks like (Messer, 2011:169). Besides some general remarks on the holistic dimension of health (willing to be healthy is willing to be a whole human being), and in the broad sense of willing to be healthy (hygiene, sports, medicine), Barth explicitly focuses on the role of doctors in regaining the strength to be human. He warns against overemphasising their accomplishment: the doctor is not the one who heals; health is a gift from God. Yet, he affirms the importance of medical care because doctors and patients should cooperate in resisting the power of sickness and death. Barth (*CD,* 3.4, 366-369) says that "the realm of death which afflicts man in the form of sickness … is opposed to His good will as Creator and has existence and power

only under His mighty No. To capitulate before it, to allow it to take its course, can never be obedience but only disobedience towards God. In harmony with the will of God, what humans ought to will in face of this whole realm on the left hand, and therefore in face of sickness, can only be final resistance.… Those who take up this struggle obediently are already healthy in the fact that they do so, and theirs is no empty desire when they will to maintain or regain their health." Another interesting notion of the will to be healthy is one's social condition influencing one's health. Barth (*CD,* 3.4, 363) emphasises that if a person wants to be healthy (as response to God's call to obey His will), he or she cannot exclude the social context from this desire to be healthy. One's will to be healthy can never be isolated from the (absence of) health of others: "When one person is ill, the whole of society is really ill in all its members. In the battle against sickness the final human word cannot be isolation but only fellowship."

In summary, Barth's pneumatology is developed along Trinitarian lines. His Christocentric focus contributes to a complex approach to the distinctiveness of the Holy Spirit, which leads to strong criticism by other Reformed scholars. Barth's understanding of the Holy Spirit is that the Spirit is clearly the mediator of the communion with Christ, with the Trinitarian God, with fellow human beings. Barth does not articulate an explicit link between Spirit and healing. According to him, health is the will to be healthy as a human response to God's will. Since man is not able to respond properly to God by himself, it is plausible to interpret the human desire to be healthy as involvement of the Spirit. Barth's perception of healing is holistic: he addresses the physicality and spirituality of health, as well as its social dimension.

6.2.4 Arnold van Ruler

Arnold van Ruler (1908-1970) is a Reformed theologian who has been praised for his eccentric pneumatology. His theological contributions did not only influence Dutch church and theology, they also eventually gained an international character (Van Keulen, 2009:7). His approach of radicalising sixteenth century Reformed motifs in order to make them relevant to twentieth century church and theology resulted in Van Ruler's theology still being significant up to this very day (*cf*. Lombard 2009:24, who refers to Van Ruler's relevance in various contexts like South Africa, the USA, Japan and Australia). Van Ruler's relatively independent pneumatological approach is a clear and distinct voice in Reformed pneumatology, even though it should be mentioned that Van Ruler's theological contributions do not form a comprehensive or systematically

developed approach; he mainly offers suggestions and intriguing theological ideas (Van de Beek, 2009:21; Van den Brom, 2009:37).

Spirit and creation

Van Ruler can be characterised as a 'theologian of the good creation' (Van de Beek, 2009:14), because the basic thrust of this theology is that the Trinitarian God is deeply committed to his creation, and that all of God's dynamic involvement is focused on the restoration of creation. In Van Ruler's theology, everything is arranged around creation: *this* world is the centre of God's salvific activities, and in the end creation will be more beautiful than it was before. The purpose of creation is to fully come under God's reign (theocracy). Van Ruler's ideas about creation are closely linked to his vision of God's kingdom. The kingdom is to be understood as God's ultimate and salvific involvement with this world that aims at saving this world from sin and death (Van Ruler, 1947:40). This kingdom cannot be separated from creation, from this existence, because it signifies God's dream of the world, colouring all of current life with God's plan for creation (Van den Brom, 2009:37, with reference to Van Ruler, 1953:20f). In other words, God's kingdom is God's dynamic involvement in this world, meaning that the eschaton sheds it beams on this reality in such a way that creation has to be perceived as good creation: this world is reconciled; this creation is a reality of salvation. This perspective allows Van Ruler to speak of the deep joy that defines our creaturely existence (2009[1966]:439-443). Van Ruler's theocratic perspective implies that creation is not an independent, separate entity, but belongs to God's reign; this world receives its full meaning in the light of the kingdom, and thus cannot be separated from it. This also means that Van Ruler's doctrine of creation does not allow any room for dualism between heaven and earth, between material and spiritual. The close connection between this world and God's kingdom includes the notion of continuity; there will not be a new creation (*creatio nova*), but a re-creation. The old world will not be done away with, but God will renew it. Instead of viewing the earth as a reality that will disappear one day, Van Ruler emphasises the opposite: this earth, in its purified condition, will be our final place, and thus requires Christian engagement (such as appropriate stewardship). His doctrine of creation provides contemporary theologians, like for example Ernst Conradie (2011), a firm foundation for their endeavours to offer the contours of an eco-theology.

With his restoration theology, Van Ruler defines creation as something very positive and full of joy. He is able to do so, because he perceives sin as secondary to the

existence God has created (Roozenboom, 2007:268). Sin is a serious deficit in creation, but it does not cause a complete disruption. The presence of death and transgression is real and horrible, yet they are not to be perceived as principal entities in creation. Sin is not the source of existence. God's love and creaturely life existed prior to sin, and ought to be addressed as such. Van Ruler even states that the human capacity to sin is an affirmation of the quality of creation: the fact that one is *able* to sin should not be underplayed! This is what Van Ruler calls the "sunny side of sin" (2009[1965]:361-363).

Van Ruler's Christology also reveals the centrality of creation in his thought about God's redemptive activities. The work of Jesus Christ, who is the One mediating between God and humans, serves the purpose of creation. Van de Beek (2009:19) describes Van Ruler's Christology as follows: God's saving involvement is primarily about mankind, and Christ is the means for retrieving creation from the power of sin. Christ is the medium, the substitute who carries the sin of the world. The salvation of Christ means that creation has been saved for re-creation. It should thus be noted, according to Van Ruler, that the Christian faith affirms creation and teaches a deep joy for earthly existence.

The deep joy and appreciation of earthly existence is also reflected in Van Ruler's positive valuation of physicality. The body is a material manifestation of God's intention with life, and therefore the body is to be understood as *valde bonum*: in all of this materiality, visibility and tangibility, human beings are related to God (Van Ruler, 1953:30). This relationship is a mystery that is beyond human understanding, but God's commitment to our material existence cannot be disputed, according to Van Ruler. In this relationship, one should be careful to make an absolute distinction between God's being and the materiality of this world. Our materiality is basically a counter entity of God: it is not derived reality, but full reality that is genuine both for humans and for God. Van Ruler (2009[1968]:115-129) contends that within a Christian-religious perspective the actual material dimension of creation has the same value as the invisible spiritual dimension; the external side of creaturely existence is of the same quality as the internal. His motivation to affirm the materiality of this world has to do with the fact that, in Van Ruler's perspective, this earthly physical life is the genuine and only life we have. There will be no other kind of life, and thus we are charged with affirming the physical reality we live in; it does not make sense to try to reach beyond this created and real existence, because this world is the reality that is willed by God (2011[1961a]:205f).

The absence of duality in Van Ruler's doctrine of creation has to do with his emphasis on theocracy as the purpose of creation. The kingdom of God, which is God's dynamic involvement in our reality, means that creation is an *open* reality. Creation is to be seen from the perspective of God's kingdom that has an effect on our daily life. According to Van Ruler, the eschaton stirs this world through the work of the Holy Spirit, who approaches us from the direction of that kingdom, erecting provisional manifestations of that kingdom everywhere (Ten Boom, 2011:14). One cannot talk about creation and the kingdom of God without mentioning the crucial work of the Spirit: the Holy Spirit is the One who fills creation with God's reign in such a way that God dwells among his people. Van Ruler regularly uses the phrase that 'the Spirit works historically', which means that we cannot separate creation from Christ and the cross, just as we cannot separate creation from the outpouring of the Spirit. For this restoration of creation, both the work of Christ and the work of the Spirit are needed.

Spirit and Christ

In his discussion on the main features of a pneumatology (2011[1957a]:289-338), Van Ruler addresses the need for a distinctive, separate pneumatology besides Christology. He contends that the doctrine of the Holy Spirit is about understanding how the individual contemporary believer can partake in God's salvation in Christ. Salvation is such a deep, mysterious, divine act in history, so how is it possible for the contemporary believer to become part of God's gracious salvation? Just as God himself had to be involved to save the believer, so God himself has to be involved in the continuous process of being saved (2011[1957a]:289). This is the work of the Spirit. The basic thrust of his pneumatology is the salvific inhabitation of the Holy Spirit, who is God himself. The notion of us being God's habitation (Ephesians 2:22) is the overall frame of the work of the Spirit in our reality (2011[1957a]:293). It is through the inhabitation by the Spirit that the believer is able to acknowledge God's intention with this world. The inhabitation by the Spirit means that God himself touches the believer directly, and this is the deepest mystery of creaturely existence (2011[1957a]:306).

Van Ruler deliberately distinguishes the work of the Spirit from the work of Christ. In soteriological terms, there is a reciprocity between the messiah and the pneuma, which allows for the statement that God saves *in* Christ *through* the Spirit, as well as for the statement that God saves *through* Christ *in* the Spirit (2011[1957a]:297f). The Spirit communicates everything that is in Christ, and relates it to our life: the communion with Christ himself. Yet it is all about the kingdom of God and the world: "We are

his beloved ones" (2011[1957a]:298). In other words, God's saving involvement in creation requires two related but distinctive perspectives: Christ and the Spirit.

With his emphasis on a distinct viewpoint on the work of the Holy Spirit, Van Ruler develops a clear response to Barth's Christological focus in theology, and retrieves an equilibrium in the work of the Son and the Spirit. He identifies several differences in the structure of Christology and pneumatology (*cf*. Van der Kooi, 2009:48f). The first of these differences is about the absence of enhypostasis in pneumatology: the work of the Holy Spirit is aimed at restoration of creaturely existence. This does not mean, however, that creation is supposed to return to God in an ontological sense, because creation, in being created, is already good. The implication for the work of the Spirit is that the sending, the outpouring, and the inhabitation of the Spirit is not focused on leading human life into God, but rather that God comes, and moves towards, and lives in creation (2011[1957a]:305). The work of the Spirit emphasises the creaturely being, the existence that is distinct from God. Contrary to Christology, pneumatology is thus not about human life becoming part of God, but about the distinctiveness of creation through the inhabitation of the Spirit.

The second difference is that Christology is about the human nature (taken on or assumed by Christ), while pneumatology deals with the person. The Spirit lives in a person, while the two of them do not become one; they do not share the same nature.

The third difference Van Ruler identifies is that Christology is a matter of substitution. In his saving work, Christ takes the place of the human being, and becomes the substitute, because humans cannot do this by themselves. Pneumatology aims at empowering the human being, at inhabiting the human being so that he or she is endorsed to cooperate with God. Such a reference to cooperation is unthinkable in Christology, but in pneumatology it is called *theonome reciprocity*: the Spirit is the One who prepares our will so that we can respond and act for ourselves.

The fourth difference is about the meaning of sacrifice. The theme of sacrifice is central in Christology, but it is difficult to trace in pneumatology. Taking a closer look at the work of the Spirit, however, will make one see that sacrifice and reconciliation can pneumatologically be found in the moments of fellowship in all dimensions of Christian life.

The fifth difference addresses the once-and-for-all nature of Christ's work which is distinctive from that of the Spirit. The Spirit's outpouring can be seen as a decisive event, but the Spirit's presence in creation is an on-going reality.

The sixth difference in the structures of Christology and pneumatology is that the Spirit inhabits creation, while this cannot be said about Christ. God dwells in human beings in the Spirit, but not in Christ. Van Ruler (Van Ruler, 1947:185; see also Janssen, 2005:74) understands the work of the Spirit as more broad-ranging and more inclusive than that of Christ, so that it can be said that the Spirit is the One who expands into the full plurality of the created order. In this sense, the difference between Christ and the Spirit is located in the notion of plurality, because *plurality* is at the heart of the Spirit's work. In the Spirit, there are multiple ways and different manifestations of God's salvation (2011[1957a]:309).

The seventh difference in the structures of Christology and pneumatology that Van Ruler identifies is that the inhabitation of the Spirit is a matter of conflict, stretching over the span of a person's life-history. It is a struggle in which a person can resist, grieve and quench the work of the Holy Spirit.

The eighth difference is that the work of the Spirit includes the mingling of the old and the new in a person's life. The Spirit touches a person, and changes his or her existence. The implication is that something is happening: God's grace is infused (*gratia infusa*) in the believer, and the believer receives the gifts of grace (charismata). This new dimension of divine grace in human life belongs to the work of the Spirit, and can never be related to the work of Christ, for it would be a heresy to suggest a mingling of God's being and human nature (2011[1961b]:379).

The ninth, and final, difference is that within Christology the work of Christ can be characterised as complete and perfect, while this terminology cannot be included in pneumatology. The Spirit is at work, but creation is not yet perfected. The work of the Spirit should rather be characterised in terms of continuation.

The significance of Van Ruler's approach to a relatively independent pneumatology is two-fold. In the first place, Van Ruler's pneumatology emphasises the full Trinitarian nature of Van Ruler's theology. God is Trinitarian, because God reveals God's self in Christ and in the Spirit in such a way that the work of the Spirit is not 'absorbed' by Christology. Secondly, the clear distinction between the Spirit and Christ emphasises the importance of creation in Van Ruler's theology. The work of the Spirit is to contribute to

full creatureliness, that is the purpose of creation, whereby the Spirit enables the human to be human before God (Janssen, 2005:77). Van der Kooi (2009:54f) concludes that Van Ruler's relatively independent pneumatology is of great significance for a Christian perspective on culture and history, because it implies that God's Spirit is at work in the present time, drawing God's reign closer into our daily life.

Van Ruler briefly mentions the gifts of the Spirit in his treatise on the work of the Holy Spirit (2011[1957b]:351). He makes a distinction between particular, special gifts (such as healing, prophecy, and speaking in tongues) and the central gift of love. Van Ruler does not expand on the gift of healing, even though he says that the specific gifts of the Spirit should be taken seriously because these gifts reveal the excessive abundance of God (*overstromende óvervloed*). He emphasises that faith is also a gift of the Spirit, and elaborates on how the Spirit bends the will of a person by calling him or her in many different ways. This calling is the rebirth of the person, according to Van Ruler.

In summary, Van Ruler's pneumatology clearly differs from other Reformed approaches to the work of the Spirit. Refusing to go along with Barth's Christocentric focus, Van Ruler identifies distinctive features of the Spirit's efficacies. His model of differences in structure between the work of Christ and the work of the Spirit contributed to a Trinitarian balance. Van Ruler's pneumatology is heavily defined by his positive view on creation. He believes that everything that the Spirit does is aimed at the restoration of creation, so that creation will be even more beautiful than it was before. The final purpose of creation is theocracy, the indwelling of God in creation. This inhabitation is coming closer through the work of the Spirit, who approaches creation from this eschatological perspective. Van Ruler's pneumatology implies that creation is an open, non-dualistic reality.

6.2.5 Jürgen Moltmann

The Reformed theologian Jürgen Moltmann (1926) is widely characterised as one of the most productive and creative contemporary theologians (Meeks, 1974:xiii; Bauckham, 1987:1; Lorenzen, 1996:304; Müller-Fahrenholz, 2000:12; Wood, 2000:5; Kärkkäinen, 2002:125; Grenz, 2004:73). Moltmann's theology has guided many people into a new way of thinking, and he can be considered a key representative of modern Reformed theology in the second half of the twentieth century. His pneumatology permeates his overall theology, but is also specifically addressed in *God in Creation* (1985) and *The Spirit of Life* (1992).

Moltmann's ideas about the Holy Spirit have been developed against the backdrop of the ecological crisis, the negligence of humans in relation to the natural environment. The natural world is in danger, because humans have prioritised their own interests, and disregarded their responsibility for other forms of life. Moltmann is driven by the idea that it is the task of (Protestant) theology to address the theme of nature and creation. His theological approach of countering the indifference towards ecological life is to reunite the doctrine of God and the doctrine of creation. Under the influence of secularisation, industrial exploitation and progressing insights of the natural sciences, God and creation have become separate entities, but now theology faces the challenge to re-connect them, and to emphasise that God is involved in creation. Moltmann understands creation as the purpose to become God's home (*oikos*), where God's indwelling does not only involve human life, but all of creation (1992:31-38). The implication is that in Moltmann's theology God's immanence receives more attention than God's transcendence.

The Creator God, who is involved in creation and desires to inhabit this world, is the Holy Spirit (Moltmann, 1985:113; 1992:8). The Spirit dwells in creation (in its totality as well as in individual creatures) with the power of life. With his rediscovery of the cosmic breadth of the Spirit, Moltmann departs from conventional Trinitarian thinking about God and creation because he prioritises the work of the Holy Spirit in the process of creating, while other Trinitarian approaches understand the role of the Spirit mainly as sustenance of creation (after the reconciling and saving work of Christ). By emphasising the meaning of the creative work of the Spirit, Moltmann offers a Trinitarian doctrine of creation: creation and re-creation do not only require the work of the Father and the Son, but imply also the full involvement of the Holy Spirit.

Thus, Moltmann develops a (social) Trinitarian pneumatology in his attempt to link God and the world. God's panentheistic involvement in creation transpires in human experiences of the creative work of the Spirit (1992:289-309). Through the renewing, reconciling and transforming work of the Spirit, God and human beings are brought closer to each other. This is what the work of the Spirit is about: the final purpose of creation is God's indwelling and homecoming in creation (Moltmann, 1985:64). This eschatological condition of creation is the hope that inspires the current condition of creation: in the cross of Christ, the Spirit has committed herself to the historical condition of this world, and there she displays her power of life that points toward the restoration and the affirmation of creaturely existence.

The future of creation requires an attitude of affirmation and sanctification of life. Moltmann's perspective on life and sanctification is that life is meant to grow and to develop, because creaturely life is willed by God (1992:171-179). Sanctification is thus about the facilitation of the growth of life, which means the upholding and the protecting of all dimensions of life threatened by manipulation, violence and exploitation. Sanctification implies the retrieval of the holiness of life by respecting life, particularly life that is weak and insignificant. It also implies the acceptance of the boundaries of life, the rejection of violence pertaining to life, and the quest for harmony and balance. Sanctification hinges on the themes of creation and re-creation: any form of life is holy, because it is created by God and is desired by God for his coming inhabitation (1992:178).

The emphasis on the work of the Spirit has its climax in the event of the cross, which is fully Trinitarian in Moltmann's theology (1992:58-77). The occasion is when the Son's utter isolation and the Father's mourning are translated into a history of surrender and love through the work of the Spirit. The Holy Spirit is present in the cross, and can be identified with the suffering of the Son, even though her suffering is not the same as the Son's suffering. The Spirit accompanied Christ on his way to the cross, and that is why the Spirit is the Spirit of the crucified One. In the cross event, the Spirit becomes the love between the Father and the Son – the love that generates life, and brings it closer to its purpose. In other words, in Moltmann's approach pneumatology is the link between Christology and eschatology.

Because the Spirit of life is the Spirit of Christ, the Spirit is associated with the current condition of creation. The presence of the Spirit in creation is because of God's deep love for created life, and the experience of the Spirit's presence will enable people to look forward and to hope: "The experience of the Spirit is the reason for the eschatological longing for complete salvation, the redemption of the body and the new creation of all things" (Moltmann, 1992:73). The work of the Spirit in creation fills people with hope and expectation, while they resist destructive powers in life.

In summary, Moltmann's pneumatology reveals a high appreciation of creation and the ecological environment. Creation is destined to become God's dwelling place. The eschatological hope defines the condition of creation: any form of creaturely life is to be affirmed as holy in the light of God's love and grace and redemptive work in the cross and resurrection. The Holy Spirit is the One who communicates God's presence in creation. The Spirit is also the One who joins Christ in the cross event, affirming

the relationship between Father and Son, and between Trinitarian God and creation. Moltmann's Trinitarian pneumatology entails a revaluing of creation in the light of Trinitarian life, and a retrieval of the broad scope of the Spirit's relatively independent work by his rejection of the *filioque* clause of the Western church.

EXCURSION: MOLTMANN ON HEALING

Moltmann is one of the few theologians within the Reformed tradition who addresses the theme of healing in a more extensive way than can be found with other representatives of modern theology in the second half of the twentieth century (Veenhof, 2005:271). In addition to his influence within the Reformed tradition, it is because of his attention to the specific theme of healing that his perception of healing will be described here. Moltmann's key ideas are that (i) healing is a gift of the Spirit, and that (ii) healing is to be considered as the transfiguration of the believer in the light of the coming kingdom of God.

Healing as charisma

Moltmann approaches healing in the context of the gifts, the charismata, of the Holy Spirit. These charismata are concerned with "the vitality of the new life in the Spirit" (Moltmann, 1992:181). Moltmann bases his discussion of the charismata on the Pauline doctrine since its perspective on the charismata can be linked more easily with daily life (in comparison with the Lukan doctrine). Charisma, or endowment, or gift of the Spirit is closely linked with *calling* (according to 1 Corinthians 7:20). It means that every person has received a particular personal calling which he/she needs to live out in following Christ in the service of the Kingdom. Moltmann (1992:182) states that "when a person is called, whatever he is and brings with him becomes a charisma through his calling, since it is accepted by the Spirit and put at the service of the kingdom of God."

Since all life is assumed and embraced in Christ, that also applies to forms of life that we usually exclude on the basis of *weakness and disability*. Moltmann (1992:193, italics original) emphasises that the charismatic and healing powers of life also apply to inflicted life, saying that "we have to recognise that *every handicap is an endowment too*. The strength of Christ is also powerful in the disablement." Those who are physically or mentally impaired, ill, infected, or subordinated, are also called to the service of God's Kingdom. Moreover, in the pains and disabilities that they suffer,

they reveal the suffering power of the God who relates himself to the weak with his own broken and humiliated body.

Healing as transfiguration

Healing (as one of the charismata of the Spirit) is closely linked with the *Kingdom of God*. Moltmann also refers to Jesus' healing ministry as an important testimony of the dawning Kingdom of God. In this Kingdom perspective, experiences of healing "are signs of the new creation and the rebirth of life" (1992:189). They can be considered as reminders of hope and foretokens of eternal life. Yet at the same time, through these healings people can already experience the restored fellowship with God by the power of the Spirit in the suffering of Christ. The implication is that healing is to be understood as an interaction between Jesus and expectation, between one's faith and one's will (1992:190). Moltmann (1992:191f) emphasises the connection between healing, Christ and Kingdom by saying that "the crucified God embraces every sick life and makes it his life, so that he can communicate his own eternal life. And for that reason the crucified One is both the source of healing and consolation in suffering."

Moltmann's link between healing and the Spirit as "a living energy that interpenetrates the bodies of men and women and drives out the germs of death" (1992:190) provides a concrete and creative interpretation of what can happen when human beings are searching for healing in the perspective of faith. Moltmann allows the *human body* a prominent place within the perspective of Christian hope. Within this eschatological frame, the human body is attributed certain qualities that make it clear that the body is in full service of the Kingdom of God, because the body, including all bodily senses, provides access to the experience of God and of the love for life that comes from God. Moltmann (1992:98; 2008:350) emphasises twice that "when I love God, I love the beauty of bodies, the rhythm of movements, the shining of eyes, the embraces, the scents, the sounds of all this protean creation. When I love you, my God, I want to embrace it all, for I love you with all my senses in the creations of your love. In all the things that encounter me, you are waiting for me." The spirituality of the body by means of the bodily senses is aiming to achieve the affirmation of life and the glorification of God.

According to Moltmann, the bond between Holy Spirit and human body is expressed in the *transfiguration* of the body in this life. With the transfiguration of the body is meant the change and the transit invoked by the Spirit of Christ, who is the Spirit of the resurrection of the dead. This Spirit surrounds the embodied life with the love

of God, and places life in a new light. The Holy Spirit regenerates human life, gives new opportunities to mortal bodies, and invites man to look forward. The direction is the future, and the process toward true health is rooted in God's eternal love that transfigures the body (1992:95).

Moltmann's concern for the earth gave rise to his call for the reverence of the life of all the living, and led to the obvious inclusion of the human body in the liberation by the Spirit of the resurrection. The liberation of the body is about reaching true health, that is: mustering the strength to be human. In his Gifford lectures (1984/1985), Moltmann emphasised that health is not so much a condition of the body, but rather an *attitude* that reveals one's humanity. True health, or vitality, is the power of the soul to deal with the difficulties and afflictions in life; it is the strength to live, to suffer, and even to die (see also Veenhof, 2005:272). Consequently, it is attainable for anybody (regardless of age, presence of disease, or other kinds of disabilities) to possess health, because true health is grounded in vitality, in the affirmation of life, in the will to live in the light of hope.

Evaluation of Moltmann's approach to healing

On the basis of his perception of healing as a charisma of the Spirit and as transfiguration through faith in Christ in light of the dawning kingdom, Moltmann's approach to healing can be characterised as rather broad when it is considered that up to this point the theme of healing had hardly been addressed in Reformed theology.

An initial point of interest in Moltmann's approach is his view on healing as a charisma. It has become clear that Moltmann characterises healing as a charisma or a gift of the Spirit. This charisma is determined by one's being, because the way one *is* and comes before God is the equivalent of one's gift to be used and lived out in the perspective of the coming Kingdom. One's calling thus embraces one's being, and the physical and social existence of the believer is brought under the reign of God. There seems, however, to be an inconsistency in Moltmann's pneumatological approach to healing as a charisma: when Moltmann moves from explaining charismata or the charismatic experiences in life to healing experiences, he seems to shift from charisma as *being* to charisma as *experiencing*, and from charisma as something that needs to be lived out to charisma as something that can only be received. Charismata are defined by Moltmann as the way a human being *is*, but when it comes to healing Moltmann seems to suggest that the human being is a passive recipient rather than an active participant. This becomes particularly clear when he states: "in every grave illness

'we fight for our lives'. In every healing we feel that 'we have been restored to life'" (Moltmann, 1992:190). A shift can be noticed: from 'fighting' as an active form, to 'having been restored' as a passive expression of the verb. The implication is that healing as charisma can be experienced by the works of the Spirit, but somehow the embodied human being is not involved in the act of healing in the sense of putting his charisma in practice. The question is: if healing is fully and completely a divine activity, then what is the exact meaning of healing as a charisma, as the calling to honour the reign of God? This question is raised by the fact that Moltmann does not indicate clearly *how* the believer is actually involved in his or her healing process. Why, when following Moltmann's line of thinking, would it be necessary for healing to become one's charisma through one's calling, when healing is understood as the work of the Spirit? Another question, evoked by Moltmann's description of the charisma of the handicapped life, is why Moltmann treats healing as a particular gift of the Spirit when he also emphasises that all handicapped, sick and disfigured life is already whole, good and beautiful in God's sight (1992:192)? What is the function of emphasising that healing is a gift that needs to be used when following Christ, when the absence of healing can also be used when following Christ? A third question about Moltmann's healing as charisma concerns his explicit appreciation of the human body: how and when does healing, as a calling, include the actual full physicality of the believer? In other words, does Moltmann's perception of healing refer to healing as an experience of being accepted or justified by God, whereby one's (re)new(ed) Christian identity becomes a calling; or does this kind of healing involve physical transformation as well?

A second cluster of thoughts and questions pertains to Moltmann's perception of healing as transfiguration. On the basis of his pneumatology, Moltmann closely relates the event of justification (Christ) to the process of sanctification (Spirit of Christ), and is thus able to speak of healing as transfiguration. In keeping justification and sanctification together, Moltmann stands in the tradition of Augustine. He articulates explicitly that healing as transfiguration implies an ontological change: human life is placed in a new future in its *entirety* (identity and attributes, spirit and body), and the believer is invited to look forward within the frame of Christian hope. Moltmann's perception of healing as transfiguration thus includes a materialistic and holistic dimension of health. On the one hand, his approach can be positively valued, because transfiguration of creation means that the empirical reality is seriously appreciated in relation to God's future. On the other hand, Moltmann's approach fails to clarify the basic and concrete meaning of the transfiguration of human life. If healing implies an ontological change

and a qualitatively good attitude towards life (and not a condition of the body), then what does this actually mean for the believer? In Augustine's approach, justification and transformation allow the believer to live according to God's will; in Moltmann's approach, justification and transformation are focused on the human capacity of coping with difficulties and afflictions in life. This means that the transformation of the believer is translated into a power of life and the affirmation of life, creating a strong *anthropocentric* emphasis in Moltmann's approach to healing: healing as a gift leads to healing as a charge (*cf*. Moltmann, 1992:174). Moltmann is very clear about his anthropocentric approach. However, the question remains: what kind of healing, what kind of transformation does he have in mind? In addition, when Moltmann speaks about the body and its transfiguration, there is noticeable hesitance to set out clear lines for the theme of physicality in relation to healing. His theological articulations on physical healing focus mainly on wholeness and reverence for life. What is still missing, however, is an elaboration on the meaning and the calling of the believer with not only a transformed view of the self, but with a *transfigured body*. Moltmann translates God's salvation into an anthropocentric participation without clarifying how God's salvation is actualised in the life of the believer.

In summary, it can be said that Moltmann's theological views on healing constitute a refreshing contribution to the reflection on healing within Reformed theology, if only because he is one of the few Reformed theologians who made an effort to move beyond the Reformed embarrassment surrounding the subject of healing. However, it must be said that his perceptions of healing as transfiguration and as charisma are not clearly defined. On the one hand, healing is something that has to do with a transformation within the believer; on the other hand, healing is the vocation of the believer who has the responsibility to affirm life. How Moltmann views the tangible transformation of the believer is not fully explicated in his approach. In addition, it is also not clear why Moltmann elaborates explicitly on the charisma of healing, when *all other* forms of life are also viewed in the service of the kingdom already. What then is the exact meaning of healing? In a sense, Moltmann, as a representative of modern Reformed theology, reveals a weak spot in Reformed thought about healing: the relation between faith, healing and the body.

6.2.6 Michael Welker

Michael Welker (1947) is another German Reformed theologian with an international influence. His contributions address, among others, themes such as the work of

the Holy Spirit, creation, and the relation between theology and natural sciences. In his publication *God the Spirit* (1994), Welker presents a very distinct and intriguing approach to the work of the Holy Spirit. As opposed to other pneumatological models, he prefers a *postmodern* frame of reference in order to rediscover the powerful dynamics of the Spirit's presence in this world (1994:40). His distinctive approach is also reflected in some other contributions on pneumatology (see for example Welker, 1989:5-20; 2006b:221-232; 2007:236-248).

The focus in Welker's pneumatology is the reality of the Spirit, and the ways in which the Holy Spirit can be experienced. Welker wants to get a clearer view on the diverse testimonies to God the Spirit. These testimonies are his point of exit, which makes Welker's pneumatological approach a realistic and pluralistic theology (Welker, 1994:46-49). It is *realistic*, because he does not attempt to offer a comprehensive metaphysical model of the Spirit's work, but wants to begin with biblical and contemporary testimonies to the Holy Spirit. These testimonies are connected to each other, but they can also be incompatible. Precisely these interconnections and differences contribute to a perspective that is sensitive to the reality of the Spirit. In other words, 'realistic' has to do with both the diversity in creaturely reality and the mystery of God's reality. According to Welker, the weakness of most other pneumatologies is that they do not make a distinction between God's reality and creation (between the Holy Spirit and human spirit, resulting in natural pneumatologies), or address issues that are beyond this worldly life, ignoring human experiences (resulting in pneumatologies of the beyond). A realistic pneumatology would avoid those two pitfalls. Consequently, Welker's pneumatology is a *pluralistic* approach: the different patterns in human experiences of the Spirit refer to and require sensitivity to the diversity (and sometimes incongruity) of those collections of experiences. In contrast with pneumatological contributions of other theologians, Welker's pneumatology is not a systematic approach of the work of the Spirit, nor does it include metaphysics of the Spirit, salvation, and inner-Trinitarian relationships of the Father, the Son and the Spirit. He basically maps the diverse human testimonies of the Spirit (as found in the biblical traditions) and identifies various patterns of Spirit-experiences, which offer knowledge about God.

Welker's concern is the modern and secular claim that God is absent in this reality, and he wishes to counter this claim. His presupposition is that the Holy Spirit reveals the presence and the power of God (1994:2, 40). Knowledge about God, and about God's

creative power, makes us look towards the Spirit, who is involved in creaturely reality. The early-biblical testimonies to the Spirit are still unclear (in the sense that they do not provide distinct references to the Holy Spirit) but a pattern can be identified: God's Spirit is the Spirit of deliverance. God's Spirit wants to deliver, restore, renew, preserve and empower human beings.

Following the early, and not fully crystallised, experiences and testimonies to the Spirit are those experiences that reveal God's Spirit as a Spirit of justice and of peace. Identifying God's Spirit as the Spirit of justice is one of the major contributions of Welker's pneumatology. He bases his approach on various messianic texts (Isa. 11:1ff; Isa. 42:1ff; Isa. 61:1ff), and shows how these texts reveal the socio-political dimension of the Spirit's action. The Spirit of God, who in comparison with the earlier testimonies now *rests* on persons and endows them (1994:109), involves people in the spread of justice, mercy and knowledge of God. These three notions are always *interconnected* in the action of the Spirit. Welker emphasises that there is a very direct link between *the founding of mercy, the routinisation of mercy, and the cultivation of the public, universally accessible relation with God* (1994:111, italics original). In other words, the relationship with God is built upon the realisation of justice and mercy. And when mercy, as the act of going to meet those who are weaker, the suffering, and the disadvantaged (1994:115), is absent, then justice is also undermined and an accessible relation to God is obstructed. The triad of justice, mercy and knowledge of God forms the core of the establishing of righteousness, which is the fulfilment of God's law. Put differently, the bearer of the Spirit fulfils God's law by establishing justice and mercy, and by glorifying God.

The direct consequence of the work of the Spirit, who rests upon persons and urges them to spread justice, mercy and knowledge of God, is the community's *obligation to practice mercy* (1994:119). The experiences of the Spirit draw people and societies into responsibility for those who are weak, afflicted and disadvantaged in a community. Under the influence of the Spirit, justice, mercy and knowledge of God have become indispensable factors for human life together (1994:123).

According to Welker (1994:108), the biblical testimonies show that the Spirit has universal intentions, because they are about preventing disintegration and powerlessness of all people. The witnesses to the Spirit (particularly the Isaiah texts) portray God's Spirit as the One who is related to the bringer of salvation, who establishes justice, mercy and knowledge of God with a *universal* extension. Newer testimonies to the

Spirit identify the human Jesus of Nazareth as the chosen Spirit bearer, in whom the presence of God's Spirit became very concrete (Welker, 1994:183-227). This Spirit is the Spirit of Christ, the Spirit who is never self-referential but always points to Christ and to others. Even the outpouring of the Spirit shares knowledge about God and about God's involvement in this reality: "Through the *pouring out of the Spirit, God effects a world-encompassing, multilingual, polyindividual testimony of Godself*" (Welker, 1994:235, italics original; 2006b:230).

The outpouring of the Spirit generates a force field, to which anyone who is touched by the Spirit belongs (Welker, 1994:228-248; 2006b:230). By referring to the Spirit as a force field, as Christ's domain of resonance, and as "the pluriform unity of perspectives on Jesus Christ, of relations to Christ, and of the spoken and lived testimonies to Christ", Welker addresses the understanding of the Spirit as a saving public person (Welker, 1994:314f). This is how Welker identifies the Spirit as the One who creates soteriological unity between God and mankind: the Spirit liberates from the power of sin by the forgiveness of sins. Sin is to be understood as every action, behaviour, posture, and exercise of influence that destroys the foundations of life-promoting behaviour, including the possibilities of repentance (Welker, 1994:316). The forgiveness of sins is the only proper response to the power of sin, because it discontinues the advancement of the influence of sin. Thus, the work of the Spirit not only creates a 'new beginning', but also produces new structural patterns of life with notions of reintegration, re-stabilisation, harmony, restoration and rebirth (Welker 1994:318). This rebirth is a transformation of human life, where the Spirit claims the 'old life' in all its dimensions (its successful and unsuccessful aspects), and uses it for the purpose of union with God, justice and peace (Welker, 1994:331-341). God is the initiator of the restoration of life, and places this transformed life in the force-field of the Spirit.

The Spirit does not disregard or remove the physicality of life, but rather aims at its renewal and transformation (Ezekiel 36:26-28). It is the materiality of life that characterises creaturely life, and the Spirit does not want to circumvent this fleshliness: "In order to effect life, the action of the Spirit needs that which is fleshy" (Welker, 1994:167). This means that the Spirit of God enlists us the way we are, including every aspect of our physicality, and starts preparing us for change so that there is correspondence between our being human and the work of the Spirit (Welker, 1994:320). The physical, vulnerable existence is placed in the life affirming service of the Spirit through its renewal by the Spirit. The charismata of the Spirit also belong

to the force field of the Spirit, and they serve to share in the knowledge of God that is mediated by the Spirit (Welker, 1994:241).

In summary, Welker's pneumatology does not start explicitly from within a Trinitarian frame, but focuses on the diverse testimonies of the experiences of God's Spirit. Welker does not offer a systematic metaphysical treatment of the person of the Spirit, because he views theological articulations about God's nature as speculative and unrealistic. The key words of Welker's pneumatology are postmodern, realistic, plurality and diversity. God's Spirit moves in creation as a field of force that generates a domain of resonance in which people are liberated and transformed to new empowerment and renewal.

6.2.7 Jan Veenhof

Jan Veenhof (1934) is a Dutch Reformed theologian who is considered internationally an authority in the field of Reformed systematic theology and pneumatology (Roozenboom, 2007:126).The publication *Vrij Gereformeerd* (2005), a collection of his articles and lectures, testifies to this. Veenhof also revealed his appreciation for the charismatic renewal movement, which challenges traditional Reformed approaches to the work of the Holy Spirit and the charismata. According to Veenhof, the meaning of the charismatic movement for Reformed church and theology is that the Reformed tradition is confronted with the question of whether the Holy Spirit has more to offer than is assumed by Reformed believers.

Veenhof's emphasis on the work of the Holy Spirit is related to the time he was a lecturer in Switzerland, where he came under the influence of pietism. This experience also explains Veenhof's openness to the meaning of the charismatic renewal movement. Hence, the purple thread running through his pneumatology is an affirmation of basic elements in pietist and charismatic thought: the work of the Spirit has a real effect in the believer's daily life; this effect is directly related to God's salvation that can be experienced in the present. The inhabitation of the Spirit in the human being is a guarantee of ultimate wholeness and salvation that will be imparted one day (Veenhof, 1977:56; 2005:219). In other words, the Spirit is the One who fills the present with divine power, and who presents Gods salvation in this everyday life. Amidst sin and destruction, salvation is already present and effective. Veenhof emphasises that the *perfectum* of Christ's work is not to be referred to the eschaton or that the implications of the *perfectum* are to be made relative, but that the Spirit represents the realisation of salvation in Christ in the present tense, whereby the renewing power of grace is

stressed. It is also important to understand that this renewing power of grace pertains to the human being in full: it entails a person's spirit, soul and body, and can thus be associated with the term 'holistic' (Veenhof, 1987:4-6; 2005:241,264). Veenhof is positive about these perspectives of charismatic thought, because they suggest retrieval of an 'open' worldview, and allow for talk of salvation that can be experienced in this earthly existence.

Veenhof develops his ideas about the Holy Spirit by understanding the Spirit as *Pontifex Maximus*: the Spirit as the One who constructs a bridge between God and creation, and between humans themselves. The Spirit as the communicator of relationships could be another characterisation of the person of the Spirit (Veenhof, 1978:4-15; 2005:220ff). Veenhof is of the opinion that the Spirit's being is defined by her creating of relationships. The person of the Spirit can be identified by her nature of connecting persons, within the Trinitarian Godhead but also in the divine movement towards creation. The same kind of idea about the relational nature of the Spirit's work can be found in the theologies of Augustine, Calvin and Kuyper. Through the work of the Spirit, believers are placed in a direct relationship with God, which also implies that they are placed in a direct relationship with their fellow human beings. In a sense, one could say that the experience of the Spirit is a social experience. Veenhof stresses that the experience of the Spirit also involves the believer's relationship to his or her own person, who is being healed (becoming whole) and integrated through the work of the Spirit. Where the Spirit of the Lord is present, there is liberation and deliverance of all dimensions of our existence.

Veenhof perceives this liberation as the restoration of the covenantal relationship between God and man. He follows closely the reformational perspective on human life as being in a covenantal relationship with God. Through the work of the Spirit, the human being enters a new situation that is fully determined by their relationship with God. The Holy Spirit wants to turn us into 'other people', that is people who are under the influence of God's gracious love, and uses the charismata. Charismata are concrete, specific and individual forms of the one grace (charis) that is shared with us in Christ. These are the gifts of the Holy Spirit, who works in and through people with these gifts for the strengthening of the body of Christ (Veenhof, 1984:120-133; 2005:229f). Veenhof's perspective on the covenantal relationship helps him in circumventing the dilemma of charismata as supernatural gifts or as natural gifts. The first option presupposes a discontinuity between creation and grace, and the second

option understands charismata in the light of what has already been given by God in creation (continuity). However, as Veenhof points out, when one defines man within the frame of the covenant, then the emphasis is on the covenant rather than on the person. It means that the gift of grace is about the restoration of the covenant in the first place, correcting and renewing human existence as it is corrupted by sin. Veenhof prefers to view charismata in the light of the covenantal or relational model: the human being enters a new situation that is defined by the relation of God with man. Veenhof thus rejects a particular order or preference regarding the charismata, because they all are gifts that serve the restoration of the covenantal relationship.

Veenhof also develops a pneumatological approach to healing and salvation (*cf*. Veenhof, 1989:235-257; 2005:258-277). Since the theme of healing is related to both the theological and medical disciplines, Veenhof is cautious to point out the importance of cooperation between the two fields. Healing and wholeness are terms with a religious dimension, which requires theological reflection on what the Scriptures refer to and on what medical science is aiming at: the renewal and the restoration of human life. From a theological perspective, the themes of healing and wholeness are related to the work of the Holy Spirit, according to Veenhof. The Spirit is the One who cooperates with human beings, so that from the perspective of faith the work of doctors and pastors can be viewed as the work of God, in and through people (Veenhof, 2005:275). The New Testament also shows that the Spirit of God does not suppress or restrict human potential, but uses it in God's activities of restoration and healing. Human beings can become partners of the Spirit.

Veenhof indicates that it is important to characterise the human being by the body, the soul and the spirit (Veenhof, 2005:265; he also refers to Van Peursen, 1956; Berkhof, 1960:46-59). The body is one's exterior, which is crucial in all forms of communication with others; the soul is one's interior, the seat of feelings, emotions and sense; the spirit is one's point of contact for communion with God. It can even be said that one's spirit is everlasting (Veenhof 2005:265). Subsequently, the human being – body, soul, spirit – exists and functions in particular relationships. For a correct understanding of health, illness and healing, it is important to consider that this triad of body, soul and spirit, as well as the pattern of relationships, are characteristics of a person. A healthy person would be the one whose body, soul, spirit and relationships cooperate or interact in a harmonious and satisfactory way. The same can be said about illness; and healing too, is just as complex. The Holy Spirit works in this triad of body, soul and spirit, and

in all relationships in her corrective, purifying and healing ways. In short, the Spirit is the One who creates and restores all kinds of relationships (Veenhof, 2005:273). One final important notion in Veenhof's pneumatology of healing is that the Spirit is free to choose her ways of healing. She can work directly, but often She invites humans to collaborate with her. Veenhof thus rejects the cessationist position, although he is also cautious about thinking that the Spirit usually works in extraordinary or supernatural ways. He emphasises that the Spirit, the Re-creator, remains faithful to creation: the Spirit can and wants to use all of created life for the purpose of restoring relationships, because her greatest desire is to heal the whole world (Veenhof, 2005:277, with reference to Berkhof, 1987:3-9).

In summary, Veenhof's pneumatology is developed on the understanding of the Spirit as communicator of relationships. The Spirit as *Pontifex Maximus* also implies a close and positive relationship between God and creation. Notions as continuity and holistic life play an important role in Veenhof's approach to the work of the Holy Spirit. The aim of the work of the Spirit is to restore the covenantal relationship, in which all dimensions of creaturely life are included. Veenhof emphasises the direct effectiveness of the Spirit's presence in creaturely life: through the work of the Spirit, God's grace materialises in this present tense. God's salvific work can be experienced already in the here and now. The charismata of the Spirit are concrete references to God's salvation and the restoration of covenantal life with God.

Veenhof's significant contributions to the field of pneumatology in European theology can be related to the establishing of a professorial chair for theology of charismatic renewal at the Free University in Amsterdam in 1992 (Veenhof, 2005:11). Kees van der Kooi (1952), Reformed theologian and former holder of this chair for theology of charismatic renewal, followed in Veenhof's footsteps in the sense that he also emphasised the need for a pneumatological reorientation of Christian theology. His publication *Tegenwoordigheid van Geest* (2006) is a reflection on his explorations of the work and the charismata of the Holy Spirit. The basic thrust of Van der Kooi's pneumatology is that the Holy Spirit is active in the present, and that human experiences of the Spirit's presence are concrete and real (2006:19). The efficacies of the Spirit can be experienced in relation to collective and societal situations (2006:19f; 2008:60-72), but also in individual and personal matters such as, for example, in one's desire for healing. Van der Kooi's pneumatology is based on biblical testimonies, which automatically leads to a plural perspective on the work of the Spirit (2006:28-45; see

also Welker, 1994). While acknowledging the plurality and diversity of the Spirit's work in creation, Van der Kooi emphasises that the *relational* dimension of the efficacies of the Spirit is crucial (2006:41, 82, 86). The Spirit is the One who relates the believer to the life giving and healing communion of God, and who establishes relationships among people (2006:82f). According to Van der Kooi, healing ministries should be seen in the light of the relational work of the Spirit, in which the aspect of prayer is of utmost importance (2006:123). In the ministry of prayer and healing by the faith community, relationality is a keyword, because the one who is ill, is brought (back again) into relationship with God, with the faith community, and with oneself through the work of the Spirit. Van der Kooi emphasises that praying for the sick, and the earnest interpretation of the provisional nature of God's healing, are gifts bestowed upon the church that ought not to be repressed (2006:123). Encouragement and prayer do not belong to the ministry of one particular person or group, but ought to be embraced by the whole community of believers. Rituals such as unction also need to be embedded in the community, because in absence of noticeable recovery, the sick believer can be encouraged with words and signs of the faith tradition. Particularly in the ministry of prayer and healing, it is important to be aware of the difference between resurrection and consummation (2006:121). The Spirit's efficacies are real, because we already live within the scope of the Spirit (2006:77, 219), yet they are always to be seen as an advance, as preliminary signs of what is yet to come. One of the major contributions of Van der Kooi's pneumatology is the retrieval of the present tense of God's salvation within the doctrinal lines of Reformed theology.

6.2.8 Heidelberg Catechism

After the overview of Reformed pneumatologies, another genre of theological reflection will now be addressed: the confession. In his treatise on the Reformed confessions, Barth (2005:11f) contends that one characteristic of Reformed confession is that there is no (imposed) unification of the different confessions developed in the numerous Reformed churches, in contrast to other traditions like the Lutheran. The universal validity of Reformed confession lies precisely in the fact that there was (and still is) an on-going quest for particular and local articulations of faith in God on the basis of God's Word. The basic link between Reformed churches is their mutual understanding of the Holy Scripture. The Reformed confessions witness to the Word of God, inspired by the Holy Spirit, as the only means to come to knowledge about God. The implication of this understanding is that "the significance of the confession in the Reformed church

consists in its essential *non*-significance, its obvious relativity, humanity, multiplicity, mutability, and transitoriness" (Barth, 2005:38), while the meaning of Reformed confessions is also found in the fact that they are *still* a witness, nothing more and nothing less. On the basis of this perspective, the Reformed confessions as theological and ecclesial documents can be considered to be valuable voices in the quest for a Reformed pneumatological matrix.

In this chapter, particular attention goes to the meaning of the Holy Spirit in the *Heidelberg Catechism*. The Heidelberg Catechism (1563) together with the Belgic Confession (1561) and the Canons of Dordt (1618-1619) form the doctrinal standards of the Reformed tradition, in alliance with the Word of God. These Protestant creeds were identified as the three formulas of unity at the first synod in Dordrecht in the seventeenth century. These confessions are particular and faithful expressions of how the Christian message is perceived from a Reformed perspective.

One of the reasons for this thesis' particular attention to the Heidelberg Catechism is that the focus of this research does not allow for an extensive investigation into the role of the Holy Spirit in the various Reformed confessions and catechisms. Instead, I would like to refer to the research of Yuzo Adhinarta (2010). The Heidelberg Catechism is the best known among all Reformed confessional writings on the basis of its dogmatic and pedagogical usefulness (Barth 2005:14). Furthermore, it is a confessional document in which the work of the Holy Spirit is addressed extensively, even though its pneumatology is not articulated explicitly. The Heidelberg Catechism is saturated with references to the work of the Holy Spirit: "The Holy Spirit of God permeates question after question of the Heidelberg Catechism so much so, that we can say there is no doctrine in our Catechism from which the Holy Spirit is absent" (Hyde, 2006:237).[39]

Although the person and the work of the Spirit are only mentioned explicitly in question/answer 53 ('what do you believe concerning the Holy Spirit?'), the theme of the Spirit carries great weight in the Heidelberg Catechism. This is revealed by the macrostructure of the confessions (Hyde, 2006:212, who also refers to Barth, 1964:25). The triad guilt, grace, gratitude – the basic pattern of the confession – is clearly associated with the work of the Spirit. For the Spirit is the One who is intimately involved in the process of the believer's realisation of his or her corruption, the believer's regeneration, and

39. In the discussion of the person and the work of the Holy Spirit in the Heidelberg Catechism, I follow the basic structure of Hyde's treatment of reference to the Holy Spirit in the Heidelberg Catechism.

the believer's gratitude and desire to live according to God's will. This movement, which in essence shows who God is and who the human being is, is the heart of Reformed confession, and cannot be understood when separated from the work of the Holy Spirit. Without the work of the Spirit, who gives new life to the believer (question/answer 8) through the Spirit's gift of faith (question/answer 21), the human being is nothing but corrupt and inclined to all evil (question/answer 3-11). The Holy Spirit, who is God together with the Father and the Son (question/answer 24-64), gives faith and reveals God's grace to the believer through Word and sacraments (question/answer 65-82). Subsequently, the work of the Spirit is to be related to the on-going renewal of the believer who wants to perform God's will out of his or her thankfulness to God (question/answer 86-129).

The Heidelberg Catechism confesses the deity of the person of the Spirit. In question/answer 24 (about the structure of the Apostle's Creed) and in question/answer 25 (about the doctrine of the Holy Trinity) it is clearly articulated that the Holy Spirit, with the Father and the Son, is one God. Just as, in the Apostle's Creed, the Father is associated with creation and the Son with our redemption, so is the Spirit related to the believer's sanctification. This is how God has revealed Himself in his Word, namely as three distinct Persons who are the one, true, eternal God. With question/answer 53, the Heidelberg Catechism denounces those heresies which deny the divine nature of the Holy Spirit by confirming that the Spirit is eternal God with the Father and the Son.

In addition to confessing the deity of the Holy Spirit, the Heidelberg Catechism relates the Holy Spirit to the person of Jesus Christ. The Heidelberg Catechism shows that there is a very close relationship between the work of Christ and the work of the Spirit: the Spirit is seen as the anointing one and Jesus as the anointed (Hyde, 2006:215). The work of Christ cannot be separated from the Spirit, and vice versa. This idea, also reflected in Calvin's theology, appears several times in the Heidelberg Catechism: in Jesus' incarnation, his ministry, his ascension, and his present work in our times.

The Heidelberg Catechism refers to the meaning of the Spirit when the incarnation is addressed in question/answer 35: 'what do you confess when you say: He was conceived by the Holy Spirit, born of the virgin Mary?'. The emphasis is on the work of the Spirit (Luke 1:35), through whom Jesus took upon Himself true human nature from flesh and blood. In question/answer 36 it is confessed that through the involvement of the Spirit, Jesus remained without sin and became our Mediator by covering our sins with his righteousness. Besides the meaning of the Spirit in relation to Jesus'

incarnation, the Heidelberg Catechism also refers to the Spirit and Jesus' ministry. Question/answer 31 addresses the name of Christ, the anointed One, by indicating that Christ is anointed with the Spirit in order to do God's will and to redeem us. As the Spirit was present in Jesus' earthly ministry, so is the Spirit also present in Jesus' kingship over us now. The Heidelberg Catechism also affirms the meaning of the Spirit in relation to Jesus' ascension. Question/answer 47 shows that the Spirit represents Christ among us: "With respect to His divinity, majesty, grace, and Spirit He is never absent from us." The Spirit, who is to be regarded as a counter-pledge (question/answer 49) or down payment, gives the believer the power to focus on God and on the things that are above, where Christ is. In the Spirit, we experience in part that which will eventually be revealed to us in fullness and perfection. In question/answer 51, the intimate relationship between the ascended Christ as the Head of His Church and the ministry of the Spirit is clarified: "By His Holy Spirit He pours out heavenly gifts upon us, His members." Hyde (2006:219) points out that the Heidelberg Catechism embraces the idea that it is the work of *Christ* that gives us the Spirit. This means that according to the Heidelberg Catechism, Christ is the One who is involved Himself, redeeming and preserving, in the ministry of the Spirit. In other words, the Spirit's work reveals who Christ is, despite the fact that the Heidelberg Catechism does not address more explicitly the relationship between the distinct person of the Spirit and the person of the ascended Christ.

The pneumatology of the Heidelberg Catechism does not only concern the person and the work of the Spirit in relation to the Trinity and to the ministry of Jesus, but also the meaning of the Holy Spirit to the individual believer. The ministry of the Spirit in relation to the believer is framed by covenant theology, which means that the believer is perceived as a partner of Christ in the covenant of grace. The Holy Spirit is the One who gives us faith, leads us into communion with Christ, and makes us share in the benefits of that covenant relationship with God. The Holy Spirit is essential for the redemptive bond between God and man. This notion is highlighted immediately in question/answer 1: "By His Holy Spirit, He assures me of eternal life and makes me heartily willing and ready from now on to live for Him." Pneumatologically speaking, this is the melody of the Heidelberg Catechism. This idea is confirmed in question/answer 8, in which the work of the Spirit is seen as a necessary condition for re-birth: "But are we so corrupt that we are totally unable to do any good and inclined to all evil? Yes, unless we are generated by the Spirit." Without the Spirit, no one can enter into a relationship with God. This understanding of the Spirit is also found with Calvin, who contended that all

of Christ's work is meaningless if the Spirit is not involved. For the Spirit is the One who gives faith to our hearts (question/answer 21 and 53), through which the believer is brought into a relationship with Christ, and is able to partake in Christ and his benefits (which are forgiveness of sins, everlasting righteousness and salvation). Questions/answers 65-82 explain that the Spirit gives faith by the preaching of the gospel and by the use of the sacraments, which strengthen faith: "The Holy Spirit teaches us in the gospel and assures us by the sacraments that our entire salvation rests on Christ's one sacrifice for us on the cross" (question/answer 67). The work of the Spirit is thus the gift of faith and the re-birth of the believer. The work of the Spirit is also the on-going renewal, that is, the sanctification of the believer. The Heidelberg Catechism emphasises that his transforming work of the Holy Spirit is also expressed in the believer's response of gratitude. Prayer forms an important part of the thankfulness which God requires from us (question/answer 116), but also our bodies and souls as temples of the Holy Spirit are to be involved in the Christian life of thankfulness. The entire Christian life, from the gift of faith till consummation, is a life that is in need of God's Spirit. Hyde (2006:227) says that "the entire Christian life is described by our Catechism as living 'in the Spirit'." Gaffin (1980:61) seems to support this evaluation of the pneumatology of the Heidelberg Catechism when he indicates that the Reformed tradition has always accentuated that the complete soteriological process is rooted in the work of the Holy Spirit.

In summary, at the core of the pneumatology of the Heidelberg Catechism is the notion of the Spirit as the bond of the believer's union with Christ. Without the Spirit the believer cannot partake in Christ and his benefits. The Heidelberg Catechism also displays another Reformed feature: the work of the Spirit is closely related to the preaching of the Word and the use of the sacraments. By means of the Word and the sacraments, the Holy Spirit creates faith which leads the believer to his or her salvation in Christ.

6.3 CONTOURS OF A REFORMED PNEUMATOLOGICAL MATRIX

What are the contours of a Reformed pneumatological matrix? Addressing this question has to be done in all modesty, because it cannot be suggested that there is one particular Reformed pneumatology. Presumably the contours or features will also not be exclusively Reformed. There are numerous and diverse pneumatologies, referred to as Reformed here because they are developed by Reformed theologians, all of whom in their time and context have responded to developments in church and society. In addition to the systematically developed pneumatologies, there are

also other kinds of articulations of the ministry of the Spirit, such as the Reformed confessions. Together they give a certain impression of how the Spirit is perceived within Reformed tradition; in all their diversity they represent something that can be called 'Reformed'. The main issue now is how to approach this multifaceted unity of Reformed pneumatological perspectives and how to carefully identify some contours? Again I follow the suggestions made by Dirkie Smit (2009:57-76), who in his treatment of Reformed Trinitarian theology looks for *particular motifs* that appear regularly in Reformed thought (see also Sauter, 2004:1-7, who speaks of particular *marks* of Reformed theology). Which motifs appear regularly in the theological and confessional perspectives on the work of the Spirit? Which contours or purple threads can be discerned in the gathering of the different strands of Reformed pneumatologies and confession?

Amongst the variety of Reformed pneumatologies, some distinctive motifs can be discerned. The first motif that characterises Reformed pneumatologies is the *Trinitarian perspective on the Holy Spirit*. The use of Trinitarian language witnesses to the divine nature of the Spirit, affirming that the Spirit is God, and that in the person of the Spirit, the Trinitarian God is involved in creation. Within Reformed pneumatologies the Spirit is identified in different ways: as the Spirit of Christ (that is, as the Spirit who supports the redemptive work of Christ, and who renews creation), as the Spirit of the Father (that is, as the cosmic Spirit who is intimately related to the Creator, and who sustains creation), and as the Spirit who is the bond of love between the Father and the Son. Pertaining to the doctrine of the Trinity, Protestant theology often accentuates the unity of the Trinity, but since the second part of the twentieth century a shift in emphasis can be noted: the attention has turned to the threeness being fundamental to God's unity (*cf*. Webster, 1983:4-7). Moltmann's pneumatology, for example, has its starting point in the threeness of the Trinity. This emphasis on the pluralist identity of God leads to the understanding of the Spirit as a distinct person of the Trinity, in which the Spirit's identity is usually found in the relational being of the Spirit.[40]

This is the second motif of Reformed pneumatologies: the doctrine of the Holy Spirit is *articulated in terms of relations.* The Spirit is the One who creates relationships and

40. The identification of a Reformed Trinitarian focus on the Holy Spirit does not suggest that Reformed pneumatology is well-developed Trinitarian theology, because that is not the case (see, for example, Van den Brink & Van Erp, 2009:72-90). However, a recent move towards Trinitarian understandings of the relative independence of the person and the work of the Spirit can be registered in various Reformed pneumatological approaches.

life-giving bonds, both in the inner-Trinitarian communion and *ad extra*. In her ecstatic communication between God and man, as well as in her movement between people themselves, between individual and environment, between person and the self (as body, soul and spirit), the Spirit places human life in a new perspective, and shows how relationships define one's (transformed) being. F. LeRon Shults (2004:333) indicates that for the early Reformers relationality was already an important concept for articulating, for example, a doctrine of the whole person as the image of God. Only under the influence of philosophy, neurobiology and other sciences did the turn to relationality become more manifest in theology, and also in pneumatological discourse (Shults, 2008:271-287). The understanding of personhood is no longer determined by thinking about personhood as substance with various faculties or power to influence material reality, but by perceiving personhood as being in relation. There has been a shift, in which substance is no longer seen as something absolute, but as something consisting of relationships and connections. This conceptual shift has implications for the doctrine of the Holy Spirit: the Spirit is a distinct person of the Trinity, associated with koinonia, fellowship and transforming relationships. The attention to the Spirit's relational personhood is already reflected in Augustine's theology, and explicitly in the approaches of Calvin and Kuyper. Barth's pneumatology is also relational, as is Moltmann's understanding of the person and the work of the Spirit.

A third motif within the field of Reformed pneumatologies is the *broad approach to the beneficial work of the Spirit*. As Sauter (2004:6) indicates, Reformed theology is familiar with an 'unusually far-reaching' doctrine of the Holy Spirit: the work of the Spirit is not only associated with the revealed Word of God, nor is it only linked with the church and its sphere of influence (as can be said of pneumatologies in other Christian traditions), but it is both cosmological and soteriological. The cosmic Spirit represents God's commitment to creation. The Spirit creates and sustains life, and draws attention to the meaning of society, culture and physicality as well. The redemptive Spirit communicates God's grace to human life in general, and to the individual believer in particular. For the Spirit is the One who creates faith, forgives sins, establishes the believer's union with Christ, and sanctifies the believer. Reformed pneumatologies, thus, embrace a very broad approach to the work of the Spirit in relation to creation. Welker's approach to the diversity of experiences of the Spirit is a clear example of Reformed openness to the Spirit's various ways in creation. The broad Reformed understanding of the work of the Spirit can be seen in how the charismata of the Spirit are viewed: they are not only associated with the strengthening of the faith community,

but they are also related to the body of Christ beyond ecclesial structures. The gifts of the Spirit can be categorised in different ways (ordinary and extraordinary, active and inactive, or general and particular), indicating the variety of means used by the Holy Spirit in order to bring creation into a closer relationship with God.

A fourth motif in Reformed pneumatologies is closely linked with the former one. It is the *very positive qualification of creation*, which in a sense explains the Reformed appreciation for the cosmic Spirit. Creation is valued so positively, because its quality is derived from its Creator. Despite the presence of sin and destruction in creation, this reality can be characterised as good, because God is still committed to creation through the Holy Spirit. The Spirit represents God's providence and sustenance, and aims to draw creation closer to its destiny, which can be perceived as God's indwelling in creation, or as creation becoming part of Trinitarian communion; both perspectives are reflected in the Reformed pneumatologies. The qualification of creation as good creation sometimes entails anti-dualistic perspectives, like in Van Ruler's pneumatology, but most Reformed pneumatologies hold on to a dualistic understanding of God's reality and creaturely existence, in which creation needs to be transformed, elevated, or developed in order to reach its purpose and destiny. Another implication of the qualification of creation as good creation is that the Spirit renews life in all its dimensions, using the means that are present in creation and society; there is no absolute boundary between what is sacred and what is profane, so that culture and science can also be perceived as belonging to the realm of the Spirit.

A fifth motif is the *correlation of the Spirit and the Word of God*. The Holy Scripture is God's revelation, and the Spirit is perceived as the inspiration and the affirmation of the Word. The Spirit can never be separated from the Word, because She is the One who authenticates God's revelation and produces the believer's faith on the basis of the Word.

A sixth motif is the *eschatological dimension of the work of the Spirit*. Reformed pneumatologies identify the presence of the Holy Spirit in creation as living in the tension between the already realised redemption in Christ and the not yet fulfilled salvation. The Spirit is God who is with us in bridging the present and the eschaton, in the sense that the work of the Spirit is the promise of what is yet to come in the perfection of life. The pneumatologies of Kuyper and Van Ruler portray the work of the Spirit as directly related to God's full reign that comes closer to us in this life. Yet other pneumatologies maintain a clear dualism, and the tension between creation and re-

creation, that is, between continuity and discontinuity. The Spirit is perceived as down payment or the first fruit, which is the promise that there is more to come of that which is already given, but this will only be fully realised in the consummation of all things.

A seventh motif is the *cessationist perspective* when it comes to the agency of the Spirit. Veenhof's pneumatology is an exception to the rule of Reformed rejection of the Spirit's (miraculous) intervention in human life. Van Ruler's pneumatology embraces an open reality, which means there is space for the disruptive and extraordinary work of the Spirit, yet Van Ruler does not relate this interventional work of the Spirit to the gift of healing. The fact that the majority of Reformed approaches holds on to cessationism can be related to the way the agency of the Spirit is perceived. The work of the Spirit is sometimes so closely linked to the ministry of Christ that there is little space left for understanding the Spirit as independently active in human life (that is, independent from Christ's salvation-historical work). In addition to the Christ-centred efficacies of the Spirit, the agency of the Spirit is also strongly associated with the focus on the believer's soul. The Spirit is active in the inner life of the believer, bestowing faith in the heart. Calvin in particular was very clear on this matter: any expectation of the Spirit's efficacies in relation to the exterior was a distraction that led believers away from true worship. His cessationist position had a major impact on Reformed thought. The soul-focused agency of the Spirit also led to the use of metaphorical language about healing in Reformed theology: the soul, sick of sin, was healed by the Spirit, which means that the believer is transformed to new life. Talk about healing as physical and concrete (and sometimes direct) change was disregarded in Reformed theology, also due to the influence of Modernity in general (which implied the rejection of the supernatural, the subjective, and the inexplicable), and the successes of medical science in particular. Even Reformed pneumatological thought reveals the great impact of medical science: the developments within the medical disciplines are perceived as the providence of the Spirit in creation (common grace in the pneumatologies of Calvin and Kuyper), and the medical agency of doctors and nurses are seen as gift of the Spirit (in the pneumatologies of Barth and Moltmann). Veenhof's pneumatology is open to the healing efficacies of the Spirit in human existence, but he explicitly mentions that the believer's prayer for healing by the Spirit does not contradict but includes the labour of medical personnel. Reformed cessationism is not only explained by a particular understanding of the Spirit's agency or by the influence of Modernity, but it has also to do with the notion of eschatology in the work of the Spirit. Reformed pneumatologies do not reflect a realised eschatology, but rather a discontinuity

between creation and the kingdom of God (De Vries, 2006:356), where the work of the Spirit is seen as provisional signals of God's ultimate reign. Even though the covenant relationship between God and man warrants certain continuity, the good creation has become corrupt. Disease and suffering are witness to this condition, and they make it impossible to speak of God's (fully) realised salvation in creation. True health and healing belong to the age of consummation and perfection of creation.

New ways of speaking about the Spirit and healing

Some central motifs in Reformed pneumatologies have been highlighted as contours or purple threads of a Reformed pneumatological matrix. The question that emerges now concerns the possibilities to speak of Spirit and healing within this Reformed pattern. The overview of the various Reformed pneumatologies revealed that *the theme of the Spirit and healing does not occupy a prominent place in Reformed thought*. Yet, the overview also showed that the Spirit's work is understood as having a wide scope in terms of soteriology and the cosmos. What opportunities does the Reformed pneumatological matrix offer for exploring the relationship between Spirit and healing? What limitations are to be considered?

Within the field of Reformed pneumatology, as explored above, I intend to probe some possibilities for linking the Holy Spirit and healing. The aim is to bring closer together (systematically and confessionally articulated) Christian faith and lived reality in relation to Spirit, healing, Reformed tradition and Africa. Migliore (1991:3) expresses clearly what happens to believers who do have faith in the transforming power of God's Spirit, but are also well aware of the impotence of the church and of themselves: then there is incongruity between faith and lived reality, and that is when theology can and must pose questions and search for a better or (re)new(ed) understanding of who God is, and of who we are.

In the exploration of meaningful connections between faith in the Spirit of God and the everyday life of Reformed believers in southern Africa, I wonder whether new perspectives on Spirit and healing can be developed when the four African health notions described in the Chapters 2-5 can be engaged with Reformed pneumatology. Are there motifs that already exist within the pneumatological matrix? Do they simply need to be retrieved to find productive avenues for Reformed theology in southern Africa? Are there, perhaps, also motifs that are absent, or at least potentially present but that should be further developed in order to speak meaningfully about Spirit and healing from a Reformed perspective?

The theological task in this second part of the research is thus motivated by the quest for new ways of speaking about Spirit and healing in Africa. The method used here is to engage the four African health discourses with Reformed pneumatological discourse. The task of theology in this part is twofold: it is the retrieval of certain elements already present in the Reformed pneumatological matrix, and it is the re-visioning of Reformed pneumatological thought pertaining to some elements that have been neglected or underdeveloped. Both these tasks will be carried out in Chapters 7-10.

The motif of relationality is strongly present in the matrix of Reformed pneumatology. In various ways it is articulated that the Spirit creates relationships – with God, with others, with oneself and with the environment. The Holy Spirit leads the believer to communion with Christ, through Christ with the Father, and with the faith community; She provides the life-giving bonds that are needed in order to be healed and to become whole once again. The absence of such bonds means the loss of social well-being, and of regenerating relationships. Chapter 7 offers an exploration into the relation between Spirit and healing by retrieving the Reformed notion of relationality.

The motif of transformation has a central place within Reformed pneumatological discourse. However, it is a very complex motif. In Reformed pneumatological thought, the Spirit's role in the transformation of the believer (into someone who is in union with Christ) is emphasised, but the nagging question is: what is precisely meant by this transformation? Is it true that Reformed pneumatological articulations of transformation and healing can only be understood metaphorically, with the implication that the transformation of the believer is a spiritual transformation (with ramifications for the believer's daily life)? Or does this transformation somehow also involve physical, material change like in physical and/or immediate healing? Chapter 8 offers an exploration into the complexity of Spirit and healing by retrieving the Reformed notion of transformation.

The motif of quality of life can be found in Reformed pneumatological discourse in relation to the positive qualification of creation. The Spirit is present in creation, and as such the believer is able to experience God's commitment to his creation. Nevertheless, the believer also has contrasting experiences: illness, suffering and death are inextricably linked with created life. What then is meant with this quality of created life? What determines the quality of created life? Is the Spirit of God involved in this quality of created life? Chapter 9 offers an exploration into the discrepancy between theological quality of creation and the vulnerability that one experiences in this

life, by retrieving and revaluing the Reformed notion of quality of creation in light of the relation between Spirit and healing.

The motif of power is barely present in Reformed pneumatology (in contrast to Pentecostal thought). In some Reformed pneumatologies one can relate the Spirit's efficacies with the empowerment (to desire) to live according to God's will, but the immediate operation of the power of God's Spirit is underdeveloped in Reformed discussions on God's omnipotence. Chapter 10 offers an exploration into the relation between Spirit and healing by paying attention to questions emerging from the church-based healing discourse in Africa. This theological venture is about the re-visioning of Reformed pneumatological thought on the basis of the notion of power.

Excursion: Biblical-theological frame of healing

In Chapter 5, the academic discourse on healing in the Bible was highlighted as part of the church-based healing discourse. The aim was to offer a broad sketch of theological reflection on healing and its evolving practices within the church. This second part of the research is mainly about exploring additional and new ways of reflecting on God and healing on the basis of a pneumatological orientation. It is essential that this exploration is embedded in a biblical-theological frame. The ideas that will be developed in the Chapters 7-10 are rooted in the following biblical perspectives:

(i) God is the ultimate healer in the Bible. Biblical texts such as Ex. 15:26 ("I am the Lord who heals you") and Deut. 32:39 ("I put to death and I bring to life, I have wounded and I will heal") define the setting in which reflection on health and healing takes place. All thoughts and concepts are shaped by the fundamental biblical issue that God is the origin of life, health and healing. Both Testaments express explicitly that the God of the Bible is the God who desires healing and restoration for his people and for all of creation. Not only texts such as Ex. 15:26 refer to God's identity as a healer, also in Jesus the Messiah is God's work of healing revealed (Matt. 4:23; Luke 4:18-19). The basic thrust is that God is in a loving relationship with his creation, and the well-being of creation is included in this covenant (Psalm 139:14; Sir. 34:20).

(ii) God's ways of healing are pluriform. The Bible does not speak about the relation between God and healing in one voice, but rather shows that God accomplishes healing in rich and diverse ways. God's initiative to restore and protect his creation is not bound to particular times or places. Frederick Gaiser's publication on healing in the Bible (2010) offers a clear view on the pluriformity of God's methods of healing. His

somewhat eclectical selection of biblical witnesses (Ex. 15:22-26; Numbers 21:4-9; 1 Sam. 1:1-2:10; 2 Kings 5:1-27; 2 Kings 20:1-11; Psalm 6; Psalm 38; Psalm 77; Isa. 38:1-22; Isa. 53:4-5; Mark 2:1-12; Mark 5:21-43; Mark 9:14-29; Luke 17:11-19; John 9:1-4; Acts 3:1-26; Sirach 38:1-15) is brought into dialogue with modern insights in order to explore the ways in which the Bible amplifies the claims and the promises of both the Old and the New Testament (Gaiser, 2010:4).

Gaiser's study of these texts also shows the multi-dimensionality of God's healing. The biblical stories of healing are not to be seen as witnesses in a vacuum; they are not separated from other parts of life, but are instead fully related to realities such as culture, community, prayer, medicine, human wisdom, demons, sin, the cross, the covenant and the Kingdom.

(iii) Biblically speaking God's healing stretches out to believers and to nonbelievers (Gen. 20:17; Luke 7:7), to individuals and to the community of believers (2 Chron. 30:20), to the whole of humanity (Jer. 51:8; Rev. 22:2) and to all of creation (2 Chron. 7:14; Isa. 1-7; Rom. 8:21). The scope of God's healing power is not to be underestimated, because God encompasses the entire creation and every dimension of it. Relationships, body and mind, soul and spirit – the Scriptures testify that anything or anyone broken can be restored and healed by God. The notion of God's power is inherent to God's healing. Creation is not an autonomous reality but is created by God and as such dependent on God who has revealed Himself to his creation. The biblical stories bear witness to what God has in mind for his creation: to become healed and complete, that is to experience God's fullness and shalom (Jer. 29:11; John 10:10). The Scriptures also disclose that God's fullness and shalom are references to what is to come, even though it is possible to experience genuine healing in the present tense.

(iv) In the New Testament Gods healing work is manifested in Jesus Christ. His ministry is programmatically linked to preaching and teaching (Moltmann 1992:188; Gaiser 2010:247). The biblical stories, narrating the healings accomplished by Jesus, indicate that the notions of healing and saving (redeeming) are closely related but they are not the same. Often they are properly distinguished: some healing stories are about physical healing but remain silent about God's redemptive work (Mark 1:30-31; 6:5), while other stories emphasise God's saving work without mentioning physical healing (Matt. 16:25). Yet, there are also biblical testimonies that bring healing and saving together (Isa. 57:18; Mal. 4:2; Luke 7:50).

The complexity of biblical evidence shows that there is no unequivocal understanding of healing in biblical sense. However, it is important to conclude that the theme of health and healing is prominent in both Testaments in the sense that God's desire for healing and restoration is all-pervasively present in the Bible. The contours of healing in the Bible are determined by the holistic and relational approaches to healing, as well as by the fact that God's healing work is always open and diverse.

African Reformed pneumatology?

Questions could be raised with regard to the African dimension of Reformed pneumatological approaches to healing. The situation is namely such that the contours of the Reformed pneumatological matrix, that provide the parameters for exploring productive avenues for speaking about God and healing, have been identified on the basis of pneumatologies developed by Reformed theologians originating from Europe. One could wonder whether the absence of African Reformed pneumatologies results in offering European answers to African questions. This concern draws attention to the fact that there is a lack of Reformed pneumatologies developed by African theologians. It is precisely this issue that this research addresses: it aims at developing Reformed pneumatological perspectives on healing in Africa by taking African concepts of health and healing as its starting point. Thus its contextuality, the African dimension of the entire project, is warranted.

CHAPTER 7

THE SPIRIT AND RELATIONALITY

This chapter offers an exploration into one of the possibilities of speaking about God and health. It is argued in this chapter that this possibility is located in the notion of *relationality*, because relationality is a key motif of health, as described in the discourse on African traditional healing (Chapter 2), and because God's life can be characterised as relationality.

With reference to Tracy's (1997:122-129; 1999:170-184; 2000:62-88) thought about fragments, theology is a conversation about what it means to think God; it is a process of gathering fragments that provide hope of redemption by God (see also Holland, 2002:n.p.). This fragmented way of articulating God and his salvation can also be found in this chapter: it is an engagement between an African health discourse and a pneumatological perspective, which does not aim at fully developed conceptualisations of God and health. It rather can be seen as a fragment of an interdisciplinary exploration into the theme of God and health, using theoretical questions, such as: what happens when the African health understanding of relationality is related to the discourse of Reformed pneumatology? Would it be possible to articulate a link between God and health on the basis of relationality? What kind of role would the Spirit have in establishing a link between God and health on the basis of relationality?

7.1 RELATIONALITY AND THEOLOGICAL DISCOURSE

The discussion of the ngoma paradigm within the discourse of African traditional healing highlighted how central the motif of relationality is in relation to health, illness and healing. Ngoma, a widespread ritual therapeutic institution in central and southern

Africa, embraces the interplay of individual and communal aspects in the quest for healing, and is based on indigenous religious beliefs about human and spiritual beings. According to African religious ontology, any living entity contains a vital force that is considered as the power that is necessary to have an identity, to exist at all. This life force is rooted in the spiritual world, and is channelled through interpersonal relationships, which can reduce or increase someone's vitality. This means that one's well-being is deeply dependent on how successful one is in maintaining and mending interpersonal and spiritual relationships. In Chapter 2 it was concluded that health and illness are essentially *relational matters*.[41] The African health discourse notion of relationality thus implies that healing is located *outside* the individual person, and *within* the community. Healing, therefore, needs to be sought within the patient's close network of relationships, for it is the context of interpersonal as well as spiritual relationships in which one's physical and social identity can be rebuilt.

The observation that the notion of relationality is recognised as an indispensable element in various health approaches, of which the ngoma paradigm is perhaps the most important in the African context, stresses the significance of the motif of relationality for reflecting on health, illness and healing within *theological* discourse. In other words, what happens to theological ideas of healing when the notion of relationality is brought within theological discourse? Does the notion of relationality have anything to add to speaking about God and health? The question that is raised by the African health discourse notion is: *is it possible to speak about God and healing based on the notion of relationality?*

Since the end of the twentieth century the concept of relationality has moved to the centre of Trinitarian thinking (Grenz, 2004:117). Already within the theological approaches of Moltmann, Pannenberg and Jenson, a shift in the centre of attention occurred, so that the relationship between God and creation was no longer understood in a spatial framework, but rather in a temporal and narrative context. The focus moved to the actions of the Trinitarian persons in (salvation) history. This shift also implied serious attention for the *threeness* of the divine subject. The methodological preference to think about God's nature by moving from the three persons to the oneness of God

41. Thinking about health and healing in terms of social relationships and communion is an approach that also exists in other health systems and contexts. Even outside the African context, there are ancient traditions that define healing and health along the lines of relations. In addition, within the modern Western biomedical matrix are perspectives to be found that are influenced by social theories on well-being (see, for example, Ryff & Singer, 2001; Uchino, 2004; Roy, 2010; Valente, 2010). So the aspect of relationality has become meaningful within multiple health discourses.

(instead of reflecting on God's actions by starting with the supposed unity of God) has led to a prominent place for the concept of *relationality* within Trinitarian discourse. Particularly theologians such as Zizioulas (1975; 1985; 1995), Boff (1988), LaCugna (1991), and Moltmann (1985; 1990; 1992; 1993) made tremendous contributions to the understanding that Trinitarian thinking about God is not an abstract exercise, but rather a relational matter (*cf.* Grenz, 2004; Kärkkäinen, 2007). Thanks to their contributions, the motif of relationality gained a prominent place in reflections on the ontology and the self-communication of the triune God. In various ways, they emphasised that the Trinitarian history is about God's relational movement towards people, out of love, in Christ and through the Spirit. Thinking Trinitarian life in terms of relationships has had tremendous implications for understanding creaturely life. Dynamic notions like perichoresis, communion and participation became the grammar for articulating God's love and salvation, as well as for grasping human responses to God's invitation to participate in divine communion. Approaching the Triune God as being-in-relationship resulted in a deep awareness of the meaning of Trinitarian life for all dimensions of life: that is, personal, social, societal and ecological (*cf*. Boff, 1988; see also Venter, 2004a; 2004b; 2006; 2007; 2010). The emphasis on the fundamental meaning of relationships also opened avenues for theological engagement with other disciplines and approaches that privileged relationality (Fahlbusch, 2008:549). One can think of the perspectives of feminism (*cf*. Johnson, 1992), process thought (*cf*. Bracken & Suchocki, 1997) and physical science (*cf*. Polkinghorne, 2010).

LeRon Shults, an evangelical Reformed theologian, links this attention shift to relationality within theological discourse with the turn to relationality in modern philosophy and science. He describes this turn and its ramifications for various disciplines in his publication *Reforming Theological Anthropology* (2003). His aim is to generate appreciation for the notion of relationality within the field of theology (and particularly theological anthropology). In an extensive way, Shults offers an overview of the development of the theme of relationality in philosophy in order to discern the recent attention to relationality: in late modern philosophy (from Hegel to Levinas) it transpires that something or someone is not identified on the basis of ontological principles but by the relationships the thing or the person is involved in. The identification of a person or a thing on the basis of its substance shifts to the notion of personhood as something that is inherently relational. Even though there is nuanced criticism on Shults' evolutionary history of relationality (see, for example, Wisse, 2004:8ff), his work emphasises the comprehensive meaning of relationality for

understanding human life in relation to God: "Late modern theological anthropology must take into account not only our psychological and social relations to other persons but also the physical and cultural relations that compose the matrices within which our lives are dynamically embedded" (Shults, 2003:2). In the middle part of his Reforming Theological Anthropology, Shults shows that the notion of relationality never was really absent in Reformed thought. Somewhere else he contends that "many of the most significant theological proposals in the twentieth century attempted to retrieve resources in the biblical tradition that privileged relational and dynamic categories" (Sandage & Shults, 2007:262). The renewed focus on relationality implies the recovery of biblical insights on God's life and thus leads to the re-visioning of doctrinal articulations, including the doctrine of the Trinity. The main thought in Shults' proposal for a reconstructed Trinitarian doctrine is that the Trinitarian God draws us into communion, that this fellowship redeems us, and that we are called to participate in God's life (Shults, 2003; 2005). Shults' publications on the Holy Spirit draw attention to the fact that the philosophical turn to relationality not only led to the reconstruction of the doctrine of the Trinity, but also had implications for pneumatology (Shults, 2008; see also Shults & Hollingsworth, 2008). The broad conceptual shift in late modern philosophy re-defined the concepts of matter, person and force, resulting in new perspectives on the Holy Spirit. Pneumatological reflection was no longer restricted by the dualism of matter and spirit, so that the Spirit's involvement in creation could now be thought as the divine presence embracing and transforming materiality and physicality. Pneumatological reflection was also opened up by a relational concept of personhood, offering possibilities for speaking about the Spirit as relatively distinct person of the Trinity. Pneumatological reflection was also broadened by the dynamic, non-linear and holistic concepts of force. This meant that the work of the Spirit was no longer understood along the strict lines of the *ordo salutis*, in which the Spirit's power was the force causing the changes leading to salvation. The agency of the Spirit could now, in communication with contemporary science, be articulated on the basis of notions such as dynamic relations, force field, embrace and outreaching. Shults has identified important trends in pneumatology by pointing out the significance of the motif of relationality within theological discourse.

7.2 GOD'S RELATIONAL LIFE

The turn to relationality (or the return to relationality, as Shults indicates) produced tremendous and surprising perspectives on God's relational life and the person of

the Spirit. Old and new resources were tapped, biblical voices were retrieved, and interaction with Eastern Orthodox theologians was sought. Unfortunately, the scope of this research does not allow for a detailed description of contemporary debate on the notion of relationality in Reformed theology. What follows here is a brief treatment of the person of the Spirit as the bond of love, a characterisation that emerges often in Reformed pneumatology. This relational understanding of the Spirit is an important element in exploring the link between God and healing. In addition, the characterisation of the Holy Spirit as the Ecstatic God who reaches out in fellowship is of great significance for interpreting the relationship between Trinitarian life and human well-being and healing.

7.2.1 Bond of love

The motif of relationality can already be found in Augustine's theology of the Holy Spirit. His conceptualisation of the Spirit, as the bond of love (*vinculum amoris*) between the Father and the Son, paved the way for Christian theology to understand God's life in relational terms. The Augustinian idea of the Spirit as the bond of mutual love is well-accepted in Christian theology (*cf*. Coffey, 1990:193-229; Pannenberg, 1991:259-337; Grenz, 1996:1-13; Pinnock, 1996:37-40; Ratzinger, 1998:324-337; Jenson, 2001:146-161). Augustine's understanding of the Holy Spirit as the agent of unity (*cf*. Ayres, 2010:251-256) emerges regularly in Reformed pneumatologies (as shown in Chapter 6).

Recently Augustine's theology has given rise to renewed scholarship. Theologians like Lewis Ayres (1996; 2000; 2010), Michel Barnes (1995; 1999; 2003), and Rowan Williams (1990) set the trend to re-read Augustine's Trinitarian theology in order to retrieve essential notions that have been neglected under the influence of the negative reception of Augustine's theology. The new readings respond to and overturn the idea that Augustine's Trinitarian theology is the initiator of disastrous trends in Western Christian thought (Ayres, 2010:1). This re-reading is referred to as the 'new canon' of Augustine scholarship, and it contributes to the understanding of contemporary scholarship that Augustine's theology has been interpreted primarily through a non-theological lens and with a focus on his Neo-platonic engagements. Countering the older and disapproving receptions of Augustine's Trinitarian theology, the new readings show, for example, that Augustine moves towards an account of the divine communion on the basis of the threeness of the Trinity (Ayres, 2010:3; 263-272).

In his work *On the Holy Trinity*, Augustine addresses the person of the Holy Spirit in relation to the other persons within the Godhead.[42] He understands the person of the Holy Spirit within Trinitarian life as "a certain unutterable communion of the Father and the Son; and on that account, perhaps, He is so called, because the same name is suitable to both the Father and the Son" (5.11.12). The Holy Spirit is identified as *communion* or fellowship between the Father and the Son, which means that the Father and the Son can be characterised as communion as well: God is communion (Ayres, 2010:251). Taking this a stage further, Augustine re-emphasises that the Spirit is equal to the Father and the Son in all things, and he starts to define this communion as *love*: "The Holy Spirit, whatever it is, is something common both to the Father and Son. But that communion itself is consubstantial and co-eternal; and if it may fitly be called friendship, let it be so called; but it is more aptly called love" (*On the Holy Trinity,* 6.5.7).

This identification of the Spirit as love does not only explain the person of the Spirit within the Trinity as the One who is the love that bonds the Father and the Son; it also emphasises the understanding of God as being in communion, loving and sharing with one another (Ayres, 2010:258). On the basis of 1 John 4:8-16, Augustine argues that God is love, and that the Holy Spirit is the love that the Father and the Son share, because it is only through the Spirit that God's love can be experienced. God's nature is love, and the identity of the Spirit can be found in this loving relationality of the Trinitarian persons. Augustine also uses Romans 5:5 to substantiate the identification of the Spirit as the mutual love between the Father and the Son. Paul encourages believers to persevere in their suffering, because it will produce hope that will not be disappointed: God's love will be poured out in the hearts of the believers. Augustine contends that it is the Spirit who will be poured out, because when God pours out his love, He shares nothing other than Himself, and this is done through the Spirit who is the mutual love of the Father and the Son (*cf*. Umstattd, 2008:29).

Within the Trinity, the Spirit is characterised as the One who is the principle of divine communion and unity. This implies that the Spirit, as bond or embrace of the inner-Trinitarian love, is the provider of love and communion. The Spirit is not only the mediator of relationship or the gift proceeding from the Father and the Son, but the bonding Spirit also *gives* communion to the Father and the Son. Eugene Rogers Jr. (2005:67) contends that "it is this *received* unity, the *koinonia* or communion of the Holy Spirit, that renders the life of the Trinity dynamic and allows for the inclusion of

42. Full text available fromhttp://www.ccel.org/ccel/schaff/npnf103.html (accessed 2 November 2011).

others within that life without distortion" (italics original). In embracing the Father and the Son, the relationship-oriented Spirit always creates possibilities for inviting creation in that embrace and communion of love. Calvin, following Augustine, also refers to the Spirit as the bond of love, who places human life in relation with God's love: "The Holy Spirit is the bond by which Christ effectually unites us to himself" (*Inst.* 3.1.1).

7.2.2 Ecstatic spirit

There is a general consensus to conceive the Trinitarian God as 'ecstatic' on the basis of this movement towards creation. The Greek theologian John Zizioulas developed the concept of *ekstasis* in his relational Trinitarian theology as described in his magnum opus '*Being as Communion'* (1985). The basic thrust of his approach is that true existence is constituted in communion (Kärkkäinen, 2007:90). It is not possible to truly exist without moving beyond the 'individual' self-existence. In other words, to be a true person and to be able to live in freedom necessitates living in relationships, in communion. Zizioulas views this communal ontology of personhood as an avenue to naming the mystery of the Triune God.

The main building block of Zizoulas' communal ontology of personhood is provided by the Cappadocian Fathers, who, on the basis of the relation between hypostasis and prosōpon,[43] stated that 'person' implied that relationality is a constitutive element of being; a human being cannot be a 'person' if he or she does not exist relationally. Zizoulas retrieved this Cappadocian innovation of personhood, and placed it in the frame of *communion*. In doing so, he turned the concept of *ekstasis* into the key of his ontological proposal of relationality. Zizioulas argued that personhood is formed by the combination of *hypostasis* and *ekstasis*. *Hypostasis* refers to the unique, distinctive and individual mode of existence, while the hypostatic nature of a human being is constituted by the ecstatic nature, by the principle of moving out of self-existence, beyond the boundaries of the 'self' and into communion. *Ek-stasis* is the intrinsic element that is necessary for a person to be a true human being. In other words, the ecstatic nature of personhood is the heart of Zizioulas' communion conceptualisation, because *ekstasis* leads to communion, and communion leads to true existence, to living in freedom. In his article on human capacity, Zizioulas (1975:409) indicates his communion conceptualisation as follows: "Since 'hypostasis' is identical with

43. The Greek word *prosōpon* refers to the mask, used by Greek actors in theatrical plays. In theological terms, *prosōpon* carries the meaning of 'person' in the sense that one's personhood was an addition of unique attributes to one's essential human nature – as was the mask to the actor (*cf*. Grenz, 2004:138).

Personhood and not with substance, it is not in its 'self-existence' but in *communion* that this being is *itself* and thus *is at all.*"

With regard to the Triune God, Zizioulas suggested that the divine communion is founded on the *ekstasis* of the Father, from whom the Son is begotten, and from whom the Spirit is generated (1995:59; see also Grenz, 2004:141f). The Father's ecstatic movement of love refers to the communion of the three persons of the Trinity, because personhood implies ecstatic nature and therefore relationality. Zizioulas' methodological principle allowed him to start with personhood, and thus with the threeness of the divine being, in order to move to the unity of the Triune God, that is the *koinonia*, the communion of the Father, the Son and the Holy Spirit. Since the notion of *ekstasis* is the heart of Zizioulas' understanding of the Trinity, he was able to conclude that communion *is* the being of the Triune God.

God's ecstatic nature is rooted in His love, since His love is not focused inwardly, but seeks the existence of others: "Spirit opens God up to what is non-divine, as the divine ecstasy directed toward the creature" (Pinnock, 1996:38). Bergin (2004:271) is also of the opinion that the ecstatic reality of God can be appropriated to the Holy Spirit, since the Holy Spirit is usually conceived as creation's entry point into the divine: "In looking to the Spirit's connecting with the world we see that the nature of God as 'ecstatic' or, 'standing out of Godself' is especially visible when God engages with what is 'other' than God." An appreciation of the Spirit as ecstatic God implies that the Spirit may be regarded as the communicator of Trinitarian life. After all, when the Spirit moves among people, God does not share something extrinsic, but God places *Himself* in the middle of creation (Bergin, 2004:279).

When the Spirit communicates Trinitarian life, and places God Himself in the middle of human life, it means that God's love is made present in everyday life. The image of the three divine persons in deep communion provides human existence with notions of love, equality, dignity, justice, liberation and the affirmation of life. The personal and equal relationality of the Triune God is a "metaphor of not what we have but what we do and *who we are in the intricate web of connections* with God, self, others, and the planet" (Medley, 2002:4; italics my emphasis). The Trinitarian God is a loving God who carries the marks of *genuine* love: He is focused on the existence of others with compassion. Characteristics like fecundity and generosity can also be identified in God's relational life, and should therefore be understood in the light of God's love: the flourishing, overflowing abundance of God is poured out on others, on creaturely life.

The generosity of God implies that God cannot contain life to Himself, but He shares the love He is. Brueggemann (n.d.: online contribution) places the origin of fecundity in the Trinitarian God, who shares His fullness of life: "In an orgy of fruitfulness, everything in its kind is to multiply the overflowing goodness that pours from God's creator spirit."

Plantinga (1995:10; italics original) refers to the ecstatic and relational communication of God's life as *shalom*: it is "the webbing together of God, humans, and all creation in justice, fulfilment, and delight is what the Hebrew prophets call *shalom*. We call it peace but it means far more than mere peace of mind or a cease-fire between enemies. In the Bible, shalom means *universal flourishing, wholeness and delight* – a rich state of affairs in which natural needs are satisfied and natural gifts fruitfully employed, a state of affairs that inspires joyful wonder as its Creator and Saviour opens doors and welcomes creatures in whom He delights. Shalom, in other words, is the way things ought to be." Von Rad's (1977:402) lexical approach to the Hebrew word *shalom* in the Theological Dictionary of the New Testament makes it clear that one has to be cautious in extracting the meaning of *shalom*, because shalom had various root meanings that can be applied in various contexts.[44] Yet, Von Rad (1977:402-406) also affirms that *shalom* denotes primarily a *relationship* rather than a state,[45] because *shalom* refers to material and physical well-being within a social context. Joseph Savage (2001) states

44. Despite the semantic difficulty of the word *shalom* it is still possible to articulate some theological ideas in relation to the biblical *shalom*. When the word *shalom* is used in the Scriptures, it conveys a sense of completeness, of well-being that belongs to the personal, societal as well as the environmental realm. *Shalom* addresses one's total soundness, including physical health and material prosperity (Psalms 38:3). In fact, the Hebrew interpretation of *shalom* is that it is the enemy of chaos. And since chaos can emerge in virtually every dimension of life, so should the scope of *shalom* be understood as well: it touches every dimension of life. Paul Hanson (1984:347) indicates that *shalom* "describes the realm where chaos is not allowed to enter, and where life can be fostered free from the fear of all which diminishes and destroys." And if *shalom* is disrupted and damaged by chaos, there is need for the restoration of *shalom*. A second theological interpretation is that *shalom* is a *gift* from God (Kremer, 1992). *Shalom* is therefore always related to the God, who initiated a covenantal relationship with people. That is why *shalom* theology is articulated on the basis of the idea that the full biblical narrative is about God's desire to bring creation into a *shalom*, a process that brings human responsibility under God's reign. Another notion of *shalom* has to do with *justice*. Nicholas Wolterstorff (1983:70) states that *shalom* necessitates "right harmonious relationships to other human beings." Without the presence of just and right relationships touching all forms of life, *shalom* cannot exist. This way, *shalom* denotes active rejection of all forms of injustice (political, economic, social, psychological, physical, individual, and communal). A final crucial notion of the biblical concept of *shalom* is in line with *shalom* as relational category, namely that *shalom* is *always manifested externally* (*cf*. Von Rad, 1977:402-406). In the Old Testament *shalom* is never explicitly related to inward peace, but *shalom* turns out to be a movement to the exterior, to the other. It means that God's shalom needs concrete everyday life; women, man, land, animals, and vegetation constitute the interwoveness of life, and therefore they can become expressions of God's shalom.

45. Unlike Von Rad, Westermann (1969:144-177) is of the opinion that *shalom*, as wholeness and well-being, should be considered as a state rather than a relationship. Gerleman (1971:919-935) concludes that *shalom* can best be understood as both a state and a relationship.

in his research on the relation between shalom and health/healing that *healing* is an accepted term for denoting the restoration of *shalom*.

The inclusion of human life in God's shalom, or wholeness, means that a person is being restored in the sense that he or she receives a renewed identity, a revived spirit, and a regenerated body because the human being partakes in the mystery of the communion of the Father, the Son, and the Spirit (Van der Kooi, 2006:240). It is about the restoration of all dimensions that belong to God-given life. In this light the connection between healing (becoming whole) and salvation (as wholeness of God) can be mentioned. Though healing and salvation cannot be connected in a direct line, in etymological terms 'whole', 'heal' and 'holy' belong to the same semantic group. The Latin terminology of *sanus* (healthy) and *sanctus* (holy) share the same root, so that both sanctification (as in salvation) and healing have to do with the materialization of wholeness (*cf*. Moltmann, 1992:175; Veenhof, 2005:269). Health, then, can be considered as a physical, environmental, psychological, social, moral and spiritual concept, that indicates that the shalom or health that is communicated by the Spirit is to be understood as a wide soteriological concept. Eisenbeis (1966) stresses that shalom describes a particular aspect of the relationship with God, which makes shalom to become closely related to salvation. It must be emphasised that this soteriological meaning of health does not focus on whether and how healing exists, but it draws the attention to the One to whom health is ascribed (Conradie, 2006:19), and this focus on God can be attributed to the life-giving and relation-fostering work of the Holy Spirit.

7.3 THE HOLY SPIRIT AND HEALTH

In the preceding section it is pointed out that the Holy Spirit can be characterised as the bond of mutual love between the Father and the Son. The person of the Spirit is identified as the One who constitutes and seeks relationality. The Spirit of God does not only embrace the relationships among the Trinitarian persons, but She also establishes relationality between God and creation. The ecstatic Spirit reaches out and shares God's abundance, generosity, shalom, wholeness and healing with creaturely life. The implication of this divine self-giving is that God's relational life touches human life in existential and concrete ways, which includes shalom, health and wholeness. Based on the understanding of the Holy Spirit as the bond of love who shares God's relationality with creation, it is argued in the following paragraphs that theological articulations of health and healing are to be located in the field of the Spirit who seeks and establishes relationality.

7.3.1 Embedded in God's relational life

The relation between Spirit, relationality and health is rooted in the idea that the ecstatic Spirit communicates God's life through imparting the breath of life. The Priestly account of the creation story (Genesis 1) offers one of the early biblical conceptions of the Spirit: the Spirit is the *ruach Elohim*, the breath or the wind of God, hovering over the waters. At the end of the chapter the breath (*nepesh*) of life is mentioned again, this time in relation to *all* living beings. The Yahwist account of the creation story (Genesis 2) adds that the Lord breathed the breath of life specifically into the creature (Yong, 2006:191). In the Old Testament, *ruach* is used to refer to the breath that gives life (*cf.* Genesis 6:17; and Ezekiel 37:5). This biblical notion of Spirit and life implies several things. First of all, it means that the breath of all living beings belongs to God (Kärkkäinen, 2002:24). God has breathed into materiality, making it alive. The vitality, breathed into creaturely life, comes from God and returns to God. In other words, the mystery of life is the breath of God in all of creation. This also implies that God is the source of life, empowering creation and giving breath to people (Isaiah 42:5).This association of Spirit as the life-giving principle transpires, for example, in the book of Psalms 104:29-30 ("When you hide your face, they are terrified; when you take away their breath, they die and return to dust. When you send your Spirit, they are created, and you renew the face of the earth") and in Job 34:14-15 ("If it were his intention and he withdrew his Spirit and breath, all mankind would perish together and man would return to dust"). Another implication of the identification of the Spirit with the breath of life is that life itself is a gift from God (Kärkkäinen, 2002:24). With the gift of life, God creates relationality, because the Spirit places human life in a relationship with God himself. It is a gift that flourishes in relationships, because those, who are filled with the Spirit, become part of a complex and lively fellowship with God and with one another. To be alive means existing in a vital pattern of relationships. As Welker (1994:160) says, "God's Spirit enlivens, is creatively and life-givingly effective, inasmuch as the Spirit produces this intimate, complex, and indissoluble interconnection of individual and common life." The Old Testament notion of Spirit and life also draws attention to the quality of life. All living creatures, having been gifted with the breath of life, are endowed with the capacity to be restored, to experience healing and shalom (Ezekiel 37:1-14). When the Spirit gives life, it is always God-related life, with aspects of wholeness, abundance, peace, well-being and health. The Spirit, thus, creates and upholds the existential well-being and the promise of renewal of life, because She is the One who fosters life-giving relationships.

Articulating a link between God and health, thus, has to do with the work of the Spirit, who allows God's breath of life to be shared with human beings. One could say that any statement about God and health starts with the person of the Spirit, who opens God's relationality so that creation can participate in God's shalom, wholeness and health. In other words, any reference to health and healing in human life can be understood as an implied reference to the Triune God, since we find our well-being and healing within the web of relations with God, with other human beings, with our environment, with everything that is within the horizon of God's relational life. The link between the life-giving Spirit and human existence is relationality, and actually parallels the African perception of health in the sense that healing requires a continuous search for balance, a continuous process of addressing the illness that has distorted the social tissue of health. The self-giving love of the Father, the kenotic love of the Son, and the bonding love of the Spirit provide the basis for understanding what human well-being and health is supposed to be.

In that sense it is plausible to say that this perspective on Trinitarian social life embraces a possibility that is not yet fully explored in Reformed theology: If the Spirit can be identified as the bond of love who opens God's life towards creation through life-giving bonds, then it becomes possible to speak of wholeness, health and healing as relationality in creaturely life. In other words, understanding well-being and health as embedded in Trinitarian relational life presents a new perspective on the link between Spirit and healing.

Locating health and wholeness in God's relational life implies that health and healing are *soteriological* categories in the sense that one's wholeness is established by God's communication of wholeness. The Scriptures witness the Spirit as the One who is always involved in creating life-giving bonds, and thus in drawing creation into wholeness and well-being (salvation) provided by God. Health, then, is not something that has its origin in creation itself. Rather, health and healing are embedded in God's relational life, and can be experienced in the life-giving bonds of human life. In this light, the notion of borders in African healing (as described in Chapter 2, section 4) could be further explored in the context of the accessibility of health and healing for human beings. In the discourse of African traditional healing, borders constitute an important element of healing, because they are necessary for the construction of a healing community, providing a kind of safe haven. The African healer needs to cross the boundaries of this safe haven in order to access the spiritual and herbal

resources required for the healing of the patient, because ordinary people are not able to access these resources by themselves. It is not my intention to construct a direct analogy, but the element of borders could also be addressed in theological discourse on healing. The central theme would be that healing always takes plays in the vicinity of borders: the ecstatic Spirit of God moves between divine and human communion, and allows humans to experience healing which they cannot access themselves. The idea of the Spirit being poured out from heaven or from on high (Isaiah 32:15ff, Isaiah 44:3, Ezekiel 39:29, Joel 3:1ff, Zechariah 12:10, Proverbs 1:23, Acts 2, Acts 10:45, 1 Peter 1:12) suggests that the Spirit of God moves from a divine domain towards the domain where healing and restoration of wholeness is needed. Specifying the meaning of heaven and the pouring out of the Spirit, Welker (1994:139) says that heaven can be understood as "the domain of reality that is relatively inaccessible to us, which we cannot manipulate, but which exercises a determinative and even definitive influence on life here and now." Thus, by crossing the borders between the heavenly, divine communion and the creaturely reality, the Spirit is the One who communicates the wholeness that exists in God's relational life.

7.3.2 Participation in God's relationality

The Spirit communicates from within Trinitarian relationality, and reaches out towards human life and its environment. Luke 4:18-19, for example, portrays the promise of restored wholeness through the Messianic bearer of the Spirit of God. Jesus' reference to the Isaiah text emphasises the work of the Spirit as the One who is involved in the imparting of God's shalom in people's life. Also the Pentecost event in Acts 2 narrates how the Spirit entered the life of human beings and gave them the ability to relate to each other. Beyond the miraculous elements, the Pentecost event refers to the communication of God by God himself: "Through the pouring out of the Spirit, God effects a world-encompassing, multilingual, polyindividual testimony to Godself" (Welker, 1994:235). The Spirit of relationality shares God's life with people, and invites them to participate in His relationality and wholeness. Welker (2003a:155; see also 2007:238) does not speak of the Spirit as ecstatic, but as *being poured out*: "Just as rain gives life to an entire region so the 'poured out' Spirit of God renews the life relations of human beings. They are brought into living new relations – to God and to each other." The ecstatic Spirit, then, seeks relations and the restoration of relations in a way that embraces all of human life. The Spirit, who imparts God's love, addresses every dimension of creaturely life to participate in God's life.

The implication of God's relational love touching all aspects of human life is that healing then refers to *any kind* of healing. Any relation, situation, or person is to be included in the context of the healing and relational communion of the Father, the Son and the Spirit. This explicitly means that a pneumatological vocabulary involves much more than just the themes of physical healing, immediate healing, or objective healing. In this sense, one could say that a pneumatological orientation undermines the familiarity of the prevailing health conceptualisations, and creates room for more biblical notions of healing: A spiritual bond with God, the interplay of individual and communal aspects, the renewal of relationships. Even at this point, a parallel with the African health discourse can be noted: even though the need for healing often transpires in the body, the actual healing entails much more than the (objective) recovery of physical functions. Basically it is about the rebuilding of one's identity in the presence of the community. In African health discourse, health is not understood as the return to a situation as it was before the illness occurred, but as a communal process that leads the patient through the suffering, through the mending of relationships, towards healing. Healing consequentially involves changed relational patterns and the renewed identity of the patient. In pneumatological discourse, the same aspects occur in the sense that the Spirit is the healing agent who draws attention to the meaning of relationships as bearers of shalom and well-being. Through these relationships, people are invited to participate in Trinitarian life, in the shalom and the well-being that belongs to God. These relationships are the bonds that renew the meaning of life and restore health in the widest sense of the word. Since the Trinitarian God is the giver of life and the source of well-being, there is no dimension that cannot be reached by the ecstatic Spirit. Healing, however, does not mean the return to a particular state of physical fitness; instead, it refers to the changes in relational patterns and to the experience of participating in Trinitarian relational life. The identity of the believer is renewed and restored by the Spirit through the life-giving bonds.

As an example of healing as a relational category, we return to the fictitious character of Grace Banda, who was first introduced in the Introduction of this thesis. A few years ago, Grace's husband passed away. After the funeral rites, she faced the challenge of picking up the pieces of her life. She struggled with her in-law family, like most African women who are widowed. The brothers and sisters of her late husband insinuated that she was responsible for his death, and that she was after his money and property. She became exposed to serious intimidation by her in-laws, who threatened to throw her and the children out of the house. While grieving for her husband, Grace Banda

experienced life without any social safety net. She was stripped of her dignity, was made to feel vulnerable and was marginalised. Later she would say that the lack of social life and protection was like a disease. Grace Banda experienced the social death of an African widow. She struggled for months, trying to keep her head up yet knowing that she was lost. She was caught in a vicious circle, and began to wonder how long it would take before the day arrived when she would prepare the final meal, like the widow at Zarephath, when the prophet Elijah came to stay at her place. Oh, if only there was a person who was willing to relate to her, to support her with words of encouragement, and to bring back her life. Just like Elijah did for the widow by providing a steady flow of food and by returning her son to her.

One day, Grace met a woman at the place where she worked. She remembered Irene Phiri very well. She had seen her at a kitchen party of one of her daughter's friends, and at the time she was impressed by the appearance of this woman: Irene was a widow too, but she did not come across like a widow, a victim. There was something special about her. No doubt Irene had suffered the same kind of social disease as Grace Banda, but still she radiated strength, dignity and health. How did she do that? Irene Phiri informed Grace Banda about the circle of fellow widows: the group that had proven to be her medicine. The fellow widows had taught Irene about new life. She was given food to feed her children, she acquired sewing skills, and she met people who listened to her story. Irene concluded that these contacts are life-giving bonds that bring true healing in one's life of distorted relationships. Grace Banda, too, was invited to the circle of widows, and there she, too, experienced healing as well as the restoration of her dignity. Her testimony is that human beings may have failed to support her, but that God was with her in her grief and sorrow. She speaks of the Holy Spirit, who brought new people into her life. Grace Banda understands the work of the Spirit as moving people towards one another in order to give each other strength and vitality. Through the presence of the Spirit, she experienced healing amongst people who saved her life, because the well-being of an individual is intricately linked with other people and with God.

7.4 CONCLUSIONS

This chapter offers the first exploration into speaking of God and health on the basis of the notion of relationality. The exploration began in Chapter 2 with the identification of relationality as a key concept of the ngoma paradigm of health (or the African traditional healing discourse): relationality is health, and the restoration of broken relationships

is equal to healing. This notion of relationality was connected to Reformed theological discourse in the sense that the theme of relationality became a key in theological reflection on health and healing. The main question in this chapter was: is it possible to speak of God and health/healing on the basis of the notion of relationality?

It was shown that the theme of relationality occupies an important place in theological discourse, of which the Trinitarian sub-discourse is a prominent one. Trinitarian life is about God's relational and dynamic movement that aims at including creaturely life in divine communion. The idea of God's inner-Trinitarian relationships is already implicitly present in Augustine's pneumatology. Augustine identified the Holy Spirit as the bond of love, the *vinculum amoris* between the Father and the Son. The Spirit, thus, is the person who creates relationships, unity, wholeness and healing. This characterisation of the Holy Spirit does not only apply to the Spirit's place among the Trinitarian persons, but also to God's relation with creation: the Spirit of God is ecstatic by nature. She opens God's relational life toward humans, and mediates God's love and wholeness.

It can be concluded that a pneumatological orientation allows for speaking of God and health/healing, because the person and the work of the Holy Spirit provide the link between God's relational life and health: The Spirit communicates divine relationality, that is: health.

A pneumatological orientation brings to the fore that relationality can be defined as life-giving bonds. The Spirit of God shares God's life with creation by infusing the divine breath of life (ruach). The presence of ruach means life, and it places creation in a close relationship with God. The life-giving involvement of the Holy Spirit can thus be seen as the principle of wholeness, health and healing.

The Spirit's communication of God's relational life refers to the origin of health and healing, and thus to the soteriological nature of health. This means that health and healing have their source in another reality, a domain that is beyond human reality. This domain is relatively inaccessible to humans. In a sense, the Spirit can be perceived as the border-crosser, as the provider of healing and wholeness, when She imparts God's wholeness in creaturely life.

The ecstatic nature of the Holy Spirit reveals that God does not keep his love and wholeness to Himself, but reaches out to creation so that creation can participate in God's relational life. The Spirit is the One who invites humans to relate to one another in ways that reflect God's desire for shalom, wholeness and well-being. The ecstatic

nature of the Spirit, or the outpouring of the Spirit, also implies that the healing provided by the Spirit is holistic in the sense that it touches all dimensions of life. Speaking about health and healing from a pneumatological perspective, then, means that the Spirit aims at any kind of healing when She relates human life to God's relationality.

CHAPTER 8

THE SPIRIT AND TRANSFORMATION

This chapter forms a part of the exploration into the possibilities of expressing the link between God and health. As in the previous chapter, it is assumed that such possibilities can be found in a discussion between the African health discourse and the Reformed pneumatological discourse. As it turns out, the theme of *transformation* can be regarded as one of the avenues to articulate a link between God and health: it is argued here that the notion of transformation is recognised as essential in both the missionary medicine discourse (African health discourse) and in Reformed thought. This chapter addresses the complexity of the concept of transformation in relation to healing in Reformed pneumatological discourse.

The conversation between the two discourses, therefore, focuses on a different interface compared to the previous chapter. This means that there is not necessarily a logical development of ideas from Chapter 7. The exploration of the notion of transformation is to be regarded as examining another theme that is born out of the encounter between the discourse of African health conceptualisations and the discourse on Reformed theology.

8.1 TRANSFORMATION AND THEOLOGICAL DISCOURSE

On the basis of the description of the missionary medicine discourse (Chapter 3), it became clear that the notion of transformation constitutes a crucial component of this health discourse. Missionary medicine, the label of the matrix of medical missions' theories, motives, basic features, developments and practices, is permeated with the concept of transformation. In essence, every aspect of missionary medicine refers to the strong desire of medical missionaries to establish a profound change in the lives of those to whom they have reached out. The general aim of medical missions was to

generate changes for the physical, social and spiritual improvement of African people. One could say that the medical missionaries' focus on transformation was *located at the intersection of materiality (body) and spirituality (soul)*, and that the notion of *healing* referred to the intended transformation of the individual. An example of this focus on transformation at the intersection of physicality and spirituality is found in the missionaries' understanding that the transformation of the soul, through the saving union with Christ, transpired in the human body. Another example is the missionaries' emphasis on bodily hygiene as an indication of spiritual growth in holiness. In Chapter 3 it was concluded that healing and transformation were inextricably connected in the discourse of missionary medicine.

The centrality of the motif of transformation in missionary medicine discourse has its background in Reformed thought on conversion and transformation. In Reformed thought, transformation is conceptualised as the process of reorientation of life, after the believer has accepted what Christ has done for the salvation of the believer. This transformation is a gradual process of change that is part of the union with Christ, following the conversion to the triune God. The role of the Holy Spirit is perceived as crucial in the process of transformation.

In the exploration of new avenues for expressing the link between Spirit and healing, the centrality of the motif of transformation in missionary medicine discourse evokes certain questions that will be addressed in this chapter. These questions are: "What exactly is meant with 'transformation' in Reformed pneumatological discourse?" "To what extent do Reformed pneumatological perceptions of transformation provide space for categories of physicality and materiality?" "Or is it in Reformed pneumatology only possible to speak of transformation in metaphorical language?"

8.2 TRANSFORMATION IN REFORMED PNEUMATOLOGY

Reformed understanding of the transformation of the believer starts with God's history of redemption. In line with biblical testimony, the emphasis is on God's saving work. The theme of God's salvation is central in the Scriptures, where we witness what God has done for us, with Christ's suffering and resurrection as the climax. The biblical breadth of salvation implies that salvation (*salus* as health and wholeness) is not only to be understood in personal terms but also in cosmic terms: God's desire for wholeness includes the transformation of humans in their relationship with God and other persons, as well as the restoration of all of creation (Plantinga, 2010:313-320).

8.2.1 Justification and spiritual transformation

In classic Protestant theology, the moment of *justification* became a central tenet of salvation, because it emphasised God's initiative in the salvation of mankind. Luther's rediscovery of the Pauline notion of justification by faith was a retrieval of the idea that only God is the One who graciously saves, and who can make a sinner righteous; the believer him- or herself is not able to contribute to his or her salvation by works or other merits, let alone achieve it. No one is able to justify oneself before God. The doctrine of justification received a normative status (Dunn, 1998:332), and came to play a crucial role in Reformed understanding of salvation. McGrath (2005:1f) describes the importance of the doctrine of justification for Protestant theology as follows: "The Christian doctrine of justification … constitutes the real centre of the theological system of the Christian church … There never was, and there never can be, any true Christian church without the doctrine of justification … the *articulus stantis et cadentis ecclesiae*."

The prominence of the doctrine of justification points to the significance of God's grace in the life of the believer. It also contributed, however, to the tendency to separate justification and sanctification in the Reformed *ordo salutis*: the clear distinction between the event of justification and the process of sanctification is a typical feature of Reformed theology that did not exist earlier. Prior to Luther, justification was indissolubly linked with regeneration (or sanctification), and was perceived as a comprehensive event, in which the sinner was declared righteous before God and simultaneously underwent a substantial change of life. The external status (before God) and the internal nature of the believer were transformed in the moment of conversion through faith in Christ. It was later that Luther introduced a decisive break with current medieval Western theology, by declaring that the believer was internally sinful and externally righteous (McGrath, 2005:213). Justification by faith in Christ alone means that justification is localised *in the relation with Christ*. The implication of justification as a union with Christ is that the justification of the believer entails that the believer is being 'covered' with Christ. In Luther's perspective, the believer is not actually made righteous, but he or she is considered as righteous in the eyes of God through Christ. Justification is, thus, that the imputed righteousness of Christ reconciles the believer with God. This understanding of justification as imputed righteousness of Christ means that the aspect of the believer's transformation received less emphasis in order to avoid the suggestion that the believer was actively involved in his or her own justification and salvation. In typical Protestant Reformed terminology, justification is to be expressed

in forensic language, while the process of sanctification refers to the transformative aspects of Christian life. Sanctification as the regeneration of the believer, based on his or her active righteousness, is a process that is viewed as separate from the initial and instantaneous event of the justification of the believer.

The Reformed forensic understanding of justification encouraged an emphasis on *spiritual* transformation: the union with Christ involved primarily the soul, since the union was perceived as fully spiritual, without any physical elements (McGrath, 2005:255). The sinner remained sinful, but the spiritual union with Christ meant that the sinner was justified simultaneously. The central importance of justification thus led to the perception of transformation as *the renewal of the spiritual life of the believer*, while the aspect of an all-embracing transformation that includes the physical dimension was left behind.

8.2.2 Transformation as a spiritual union with Christ

Calvin's approach to justification and sanctification is slightly different from Luther's in the sense that he did not prioritise justification, but perceived justification and sanctification as equally important and both the result of the union with Christ. It seems as if Calvin's approach entails less of a disconnection between justification and sanctification compared to Luther's approach. One indication is perhaps the fact that Calvin elaborates on sanctification *before* he discusses the event of justification (*Inst.* 3.3.5), even though he stresses that sanctification evolves from justification (*Inst.* 3.3.19-20).

Calvin places the whole of justification and sanctification under the relational power of the Spirit, whom he sees as the bond that unites the believer with Christ (*Inst.* 3.1.1). The transformation of the believer is thus *deeply embedded in the union with Christ through the work of the Holy Spirit*. Calvin centralised the idea of the union with Christ in his soteriology (Plantinga, 2010:322). He suggested that Christ's suffering and resurrection meant nothing if there was no union with Christ: "As long as Christ remains outside of us, and we are separated from him, all that he has suffered and done for the salvation of the human race remains useless and of no value for us" (*Inst.* 3.1.1).

Calvin follows Luther in his forensic understanding of salvation, and emphasises that the incapable believer needs to be led into a union with Christ, whose holiness and righteousness cover the sinner so that he or she is declared righteous before God. The believer's union with Christ cannot exist without the ministry of the Holy Spirit, because Christ binds the believer to himself through the Spirit, who is the One granting

the faith that leads to the believer's redemption. This is the beginning of the process of transformation, which includes faith, justification, sanctification and glorification. The union with Christ and the evolving transformation is, in Calvin's theology, essentially a spiritual matter: faith as certain knowledge about God's benevolence is revealed to the mind and sealed upon the heart by the Spirit (*Inst*. 3.2.7).

The Calvinistic emphasis on the spiritual union with Christ through the redemptive work of the Spirit draws attention to the understanding of *salvation as the adoption into divine life* through the union with Christ. Pertaining to the soteriological work of the Spirit, Calvin (*Inst.* 3.1.3) identifies the Holy Spirit as the Spirit of adoption, who engrafts the believer into Christ so that the believer becomes a son or daughter of the Father.

8.2.3 Spirit of adoption

James Dunn (1998:328ff) gives an extensive overview of various biblical metaphors of salvation, which reveals that salvation can be explained on the basis of the legal metaphor of justification, but also on the basis of metaphors drawn from the major events of life, such as 'giving birth' (Galatians 4:19, 29) and 'adoption' (Romans 8:15, 23; Galatians 4:5; Ephesians 1:5). Plantinga (2010:321) takes the metaphor of adoption one step further, and contends that "in a comprehensive sense, all of the dimensions of personal salvation can be tied together in the metaphor of 'adoption' into the triune life"[46]. The Spirit of adoption (Romans 8:15) is the One who enables believers to be in union with Christ, and to be children of the Father – this understanding of salvation as a union with Christ through the Spirit of adoption is part of the Reformed profile (*cf*. Berkhof, 1981:515; Hoekema, 1994:185; Burke, 2006:21-31; Plantinga, 2010:322).

Salvation can, thus, be seen as a life-transforming event that is rooted in the union with Christ. In this process of transformation, the Holy Spirit plays a decisive role, because the work of the Spirit is perceived to change believers into the likeness of Christ, and to mark out their new status before God (Romans 2:29; 5:5; 7:6; 2 Corinthians 3:18; 4:4). The basic idea of the redemptive work of the Spirit is that no one can be united with Christ, if one does not experience the reality of the Spirit. One biblical text with an intense focus on the impact of the Spirit is Romans 8:1-27, showing that it is 'having the Spirit' that defines someone as a Christian (Dunn, 1998:423). Salvation, then, is when the Spirit of adoption ushers the believer into the life of God the Father, and turns

46. Dunn (1998:436) states that the metaphor of adoption is worth noting. It only appears in Pauline literature (Romans 8:15, 23; 9:4; Galatians 4:5; Ephesians 1:5). Adoption is not a typically Jewish practice, but rather a Greco-Roman custom. However, the theme of the status of sonship does fit Jewish categories.

the believer into a co-heir with Christ (Romans 8:15-17). The transformation of the believer is the adoption, as son or daughter, of God. Such participation in the divine communion implies an existential transformation of the believer: the believer does not cease to be a living being, but his or her creaturehood is being affirmed and renewed by the union with the triune God (Plantinga, 2010:322).

The Spirit of adoption is the agent who brings all of creation, restored and healed, to its fulfilment by drawing creation back into the embrace of the triune God (*cf*. Tomlin, 2011:83). One major implication of the redemptive involvement of the Spirit is that *every* aspect of human life is claimed by the Spirit of God: in the process of salvation, the Spirit is "the power of God's final purpose already beginning to reclaim the whole person for God" (Dunn,1998:469, who also refers to Hamilton, 1957:26-40). Thus, being adopted as a son or daughter of God means that the Spirit recovers both soul and body for a life with God. Welker (2007:239) stresses that "the ability to host the Spirit even in our bodies and to unite with God in Christ 'in the Spirit' is a breath-taking elevation, an extension of real human existence." Adoption through the Spirit means *holistic transformation*; it means life to mortal bodies when the Spirit lives in the believer (Romans 8:11). Paul refers to the redemption not only of physical existence, but of the whole embodied existence. The Greek word *sōma* expresses for Paul more than the human body; it is the embodied existence that includes the social and ecological dimensions of life, and that allows a person to participate in human society (Dunn, 1998:61). The obvious implication of a union with the triune God is that the Spirit of adoption has a holistic approach when it comes to transformation and salvation.[47]

The crucial transition established by the work of the Spirit of adoption is not only to be understood as a holistic, all-embracing transformation; it also means that the union with Christ has an *eschatological* connotation. The Spirit of adoption initiates a process that has already started, and that has not yet finished. In his metaphor of adoption (and throughout his soteriology), Paul uses two tenses of salvation (aorist

47. The notion of a holistic or multidimensional understanding of the believer's adoption as a son or daughter of God is also present in the pneumatology of Clark Pinnock (1996). In his treatment of salvation as a transforming union with God, he indicates that Luther's understanding of justification as salvation placed the emphasis on the sinner's change of status, from guilty to not guilty, rather than on a personal union with God. In response to this characteristic of Reformed theology, Pinnock proposes a more relational model of salvation with an understanding of the Spirit as the One who leads believers to a transforming, personal, intimate relationship with the triune God (149). He also emphasises that this union with God is not a mere spiritual union, but should be understood holistically: "Union with God is not limited to spirits. The creation does not disappear or nature goes into oblivion. The goal of the union is … a multidimensional consummation of creaturely existence in God" (1996:155, with reference to Santmire, 1985:217-218).

and continuous), referring to two phases in the process of salvation: the beginning and the on-going (Dunn, 1998:461). Paul's double use of the metaphor also expresses this tension between the 'already' and the 'not-yet'. In Romans 8:15 the metaphor of adoption denotes an 'already established salvation' through the receiving of the Spirit who makes it possible for the believer to call God 'Father'. Yet Romans 8:23 refers to adoption as something that is not yet completed: there is still the waiting for the redemption of the body and for the final adoption as sons and daughters. The Spirit of adoption, thus, bridges the 'already' and the 'not-yet' of salvation; the union with Christ means being caught between the decisive beginning of existential transformation and its completion.

8.2.4 Physicality and transformation in Reformed pneumatology

The previous section showed that, in Reformed thought, transformation is the process which the believer enters when he or she is led to union with Christ through the Spirit. In this union, the believer changes in a way that embraces both the soul and the body. The believer experiences that his or her whole life belongs to God. The metaphor of adoption (the believer has become a child of God the Father), thus, connects seamlessly with the theme of union and transformation.

However, the discourse on missionary medicine (with its focus on transformation located at the intersection of spirituality and physicality) draws attention to the complexity of the motif of transformation within Reformed thought, and raises questions such as: in what sense do this union and adoption imply transformation? To what extent are the aspects of physicality and materiality included in Reformed perceptions of transformation?

Metaphorical transformation

In Reformed thought, ideas regarding transformation and adoption are generally expressed in metaphors. This metaphorical approach has implications for understanding the nature of the believer's transformation (and of salvation). When one tries to answer the question how one changes on the basis of the union with Christ and the adoption by the Father, it becomes clear that one needs metaphors in order to explain the nature of the believer's new life.

Metaphors relate to something that is beyond our definition: they establish a connection between what can be said and what cannot be said directly. They project inference patterns from the source domain to the target domain (Lakoff & Johnson, 1999:128),

or, in the field of theology, they take language from finite reality and apply it to a new, transcendent region, involving a semantic clash (Stiver, 1996:129f). By relating the two domains, metaphors carry a truth claim. Yet this truth claim is not identical to a literal truth claim, because its inexactitude causes the claim always to be partial and open-ended. Thus, metaphorical statements always contain the whisper "it is *and it is not"* (McFague, 1982:13).

Within the field of theology, there are various approaches to the phenomenon of metaphor, but their basic thrust is that it is not possible to do theology without the use of metaphors. After the shift in meaning from metaphor as ornamental language to metaphor as cognitive language that connects two semantic fields, there is a general consensus that the use of metaphors is very important in daily life communication, in science, and also in theology. Scholars such as I.A. Richards, M. Black, P. Ricoeur, G. Lakoff, M. Johnson, J. Soskice, and S. McFague have made major contributions in understanding the crucial meaning of metaphors in the various disciplines.

The function of metaphors in the theological discipline is to help us structure theological constructs in non-abstract language. That is why metaphors are indispensable in theology: they are "the means by which we are able to make sense of our experience" (Lakoff & Johnson, 1999:129). The difficulty with religious metaphors is, of course, the lack of comprehension of the divine reality. While non-religious metaphors create a link between two domains of which we have a fairly precise idea, religious metaphors are used to shed light on the region of faith (Stiver, 1996:130, who recaps Jüngel, 1974:112-114). Soskice (1985:x) expresses the hope that the use of metaphor "as a conceptual vehicle will support the Christian in his seemingly paradoxical conviction that, despite his utter inability to comprehend God, he is justified in speaking of God and that metaphor is the principal means by which he does so."

The metaphor of transformation/adoption refers to the God-related change in the believer, which cannot be expressed directly, but which clearly influences the whole existence of the believer – just as an adopted child still remains the same person, yet simultaneously has received a different identity. The metaphor helps in understanding the meaning of the change, which is initiated with the union/adoption: The believer becomes the one who he or she is meant to be through the new identity. The change means being given a new identity and a new family to belong to. This is the truth claim of the metaphor: that a person's whole existence can be transformed through the experience of God's grace. In his extensive study of the Pauline metaphor of adoption,

Trevor Burke (2006:26) refers to the comprehensiveness of this transformation when he emphasises that the adoption is the pinnacle of redemptive grace and privilege. The new identity encourages the believer to perceive oneself, other people and the environment in a different way now; the believer gains new experiences in terms of well-being, possibilities and moral implications. The metaphor of adoption, thus, shows what transformation entails: a new identity in God.

Literal transformation

In Reformed thought, metaphorical language is used to refer to a fundamental change in human existence that cannot be fully grasped. The experience of grace and the sense of being made righteous before God are expressed in metaphorical terms ('adoption' or 'becoming God's own'), but the nature of this fundamental change remains elusive and difficult to get hold of. This intangibility of the transformation has to do with the forensic dimension of justification and adoption. But is that all that can be said about transformation? Can the theological motif of transformation only be expressed metaphorically? Can it only be perceived as a spiritual transformation? To what extent do Reformed pneumatological perceptions of transformation provide space for literal transformation that is the transformation of the physical and material existence?

Metaphorical language about transformation does not exclude the fact that a fundamental change of identity, on the basis of faith in Christ, also embraces physicality and materiality. It is part and parcel of Reformed thought to relate the Christian identity not only to the soul, but also to the body and the environment. This connection is traditionally located not in the forensic acts of justification and adoption, but in the organic acts of regeneration and calling. In response to this clear-cut division, in which the soul is the site of grace and the body its reflection, there is renewed attention to the soteriological implications of a holistic understanding of human existence (Veenhof, 2005:269). This holistic vision of the human being in relation to God means that physical, emotional and material aspects are revalued in the experience of God's grace and shalom. Subsequently, theological attention is drawn to the relevance of relationships (between spirit, soul and body, between individuals and their social environment in relation to God) to the process of the believer's transformation. This focus on relationality allows for speaking of concrete and tangible transformation on the basis of restored relationships.

When it comes to literal and concrete transformation in Reformed thought, it can be said that there is a tendency to revalue the meaning of physicality. There is a growing

realisation that our whole embodied existence is involved in the relationship between God and man, and that the theme of restoration and healing cannot be separated from the body, the psyche, the emotions and the social environment. Lakoff & Johnson (1999:561-568) emphasise the crucial importance of the body (and the embodied mind) in order to do justice to what people experience, and to understand who we are in relation to God and to his creation.

Even though there is openness to the meaning of physicality in Reformed perceptions of transformation, there is no room for the understanding that the body is the site where salvation is reflected directly that is by concrete and immediate transformation. Karel Kraan (1912-1982), a Dutch Reformed theologian, is one of the few voices declaring that the body can be related to God's salvation in a direct way, because the whole of human existence, including the body, is already under the full reign of God. Kraan's ideas about (physical) healing and transformation are rooted in his understanding of creation as the opposite of God's reign. There is no goodness of creation, natural health, blessing, righteousness, or healing that originates in nature itself; nature should be rejected as a theological term (De Vries, 2006:132). Creation received its meaning from God's history of salvation, in which God sets creation free from the shackles of death. The resurrection of Christ is the ultimate breakthrough of God's salvation, meaning that, in principle, creation is able to experience the *full salvation* of God. The resurrection of Christ has *effectively transformed* this reality, and God's reign is thus already present in this world. Kraan does not refer to God's reign as tentative in nature until the second coming of Christ, but he emphasises that the resurrection of Christ refers to the real divine involvement, turning Christ's redemptive death and resurrection into a historical and effective reality for us (Kraan, 1974:203;1984:84). This perspective of realising eschatology[48] involves all aspects of life in a direct and decisive way (Kraan, 1974:202,204; 1984:85). Since God's salvation is real and effective in this world, physical healing has also become a matter of salvation. Kraan acknowledges the presence of disease in this reality, and interprets diseases as signs of the old order, which is chaos. That is how the old order aims to sabotage the full existence of the new order. Yet, God's grace has overcome the old order, and the

48. Kraan's concept of 'realising eschatology', as reference to the effective reality of God's salvation in the present, differs from the concept of 'realised eschatology' used by the Protestant New Testament scholar CH Dodds (*The Parables of the Kingdom*, 1935; *The Interpretation of the Fourth Gospel*, 1953). Kraan's understanding of the presence of the Kingdom is that it is real, but still advancing; the powers of the old order are still trying to undermine the new order.

actuality of the new order calls for believers to reject and rebel against disease; it should not be accepted as if it is coming from God.

Kraan's theology is characterised by the full revelation of eschatological salvation. There is no tentative or provisional salvation, because Christ's resurrection brought real and effective redemption in its fullest sense. With his understanding of realising eschatology, Kraan differs from the Reformed majority that defends a discontinuity or at least a 'discontinual continuity' between creation and God's ultimate reign, in which physicality can never reach perfection and the believer's transformation is never completed. Kraan's emphasis on the soteriological meaning of the resurrection for the present tense challenges Reformed thought, and poses the question of how the link between physicality and transformation can be expressed from a Reformed perspective. Within the Reformed tradition, the theme of embodied resurrection life in the tension between the 'already' and the 'not-yet' is still underdeveloped. Harmen de Vries (2011:20) affirms this in relation to Dutch theological discourse.

Considering the theme of transformation and physicality, Reformed pneumatological thought does not offer satisfying options for articulating a link. This has to do, in my perspective, with both the power of the metaphor and the prioritising of the soul over the body. The metaphorical approach is rightly to be seen as powerful and persuasive, since it recognises the 'is and is not' aspect of discourse on God. One simply cannot theologise without using metaphors. Yet the downside of metaphorical language is the tendency to stop searching for non-metaphorical ways of verbalising transformation and embodiment. Once metaphorical language is applied to the theme, it is difficult to invite literal language on the scene again. The other complication in Reformed thought on the theme of transformation and physicality is the priority of the spiritual over the physical. Even though the holistic dimension of human existence has been recognised in Reformed thought, transformation is considered to be starting at a spiritual level before the effects of the transformation transpire at the level of physicality and materiality. The experience of being blessed, for example, is first of all a spiritual matter before it trickles down and can be experienced in other areas of life (such as the body, relationship, or politics). The priority of the spirit over the body is probably inevitable if one understands the spirit as the main locus of faith and knowledge about God, but that does not dissolve the question whether there is a way to verbalise transformation, without metaphorical language determining the entire discourse. Acknowledging the fact that metaphors are indispensable to theological reflection, how could one make

the move from generic, metaphorical language to particular language about one's experience of God's grace unto the body? If we believe, with Veenhof (2005:241) for example, that God's salvation can be experienced in everyday life (including the body) through the Spirit, then we should also search for possibilities to verbalise these (faith) experiences of transformation, healing and exorcism, without these particular and personal verbalisations being deemed of less value or less true than generic metaphorical articulations. How could this be done, while maintaining the tension between metaphorical and literal language, and between generic and particular language? The challenge for Reformed theology is not to surrender all verbalisations of transformation to metaphorical language, and to search for ways of opening the discourse of transformation to particular and physical experiences of God's grace in human life.

8.3 TRANSFORMATION, SPIRIT AND HEALING

The previous section showed that the Reformed matrix understands salvation as a union with Christ, which entails holistic transformation through the Spirit of adoption. The metaphor of adoption implies that this adoption process creates tension in the lives of believers, because the whole person is reclaimed for God. It was also pointed out that the theme of transformation and adoption is complicated by the Reformed use of metaphorical language. Reformed perspectives on literal transformation are rare and underdeveloped. But where does the theme of healing fit in? *In what sense does the redemptive work of the Spirit of adoption include healing?*

8.3.1 Disorienting Spirit of God

The metaphor of adoption indicates that the Spirit invites and includes creaturely life in divine life. Humans can become sons and daughters of the Father, and co-heirs with Christ through the embracing efficacies of the Holy Spirit. Being with Christ involves a decisive transition from one context of embodiment to another (Dunn, 1998:410). It means an existential redirection in life: a moving away from a life that is not focused on God and that does not affirm life as a gift from God. The Spirit of adoption is the One who invites believers into God's family, into a different kind of order of wholeness and well-being. Yet, this work of the Spirit is not without disruption and chaos.

This idea about the disorienting work of the Spirit in relation to the salvation of creating is also to be found in Van Ruler's pneumatology. In this light, Van Ruler (1972:32-45) mentions the *chaotic* Spirit of God. Van Ruler's pneumatology is about the inhabitation

or indwelling of the Spirit in human life. This indwelling leads to the sprawling and struggling of the flesh against the Spirit, that will continue as long as the full restoration of creation is not yet realised (Van der Kooi, 2009:51). The Spirit aims at synthesis, at the bringing together of the (well)-being of creation and the salvation of Christ, and does this in ways that always generate particular tension, for the Spirit creates chaos in human life. The Spirit's dynamic disordering way causes man-made systems and patterns to be disrupted, and destructs everything human beings want to possess, control and understand. The chaos-creating work of the Spirit does not need to be perceived as negative, because in the chaos there is room for change, renewal and creativity (*cf*. Van de Beek, 1987:211).[49] Van Ruler considered the chaos-creating work of the Spirit also as God's providence, for *in* the chaos the Spirit creates particular *order* (see also Van de Beek, 2009:19). Van Ruler linked this kind of divine providence to the cross: the cross of Christ is the worst form of chaos, because it is a destruction of God's creation, a denial of God's indwelling on earth. At the same time, precisely *in the cross* of Christ *order* can be found. The cross creates the order or redemption and reconciliation, because God's love is stronger than chaos. Subsequently, the human being is, through the indwelling of the Spirit, called to be in the chaos in the same way as Christ, as a child of the Father.

Living in the chaotic space of the Spirit implies that the tension of the 'already' and the 'not-yet' of wholeness (salvation) touches all aspects of one's life, which means that our perceptions and experiences of health, vitality and healing are affected by this tension as well. When healing is placed within the frame of holy disorientation by the Spirit, then *healing might be perceived as the order that is found in the cross and the resurrection of Christ*. In other words, the Spirit invites us to see healing *as transformation that is moulded by the pattern of Christ.* This is healing that is located in the communion with Christ, and that touches not only the soul, but also the body, interpersonal relationships, family life, the environment and one's occupation. It means that God's plan of salvation transpires in the materiality of creation and the corporeality of human life. The Spirit does not disconnect the believer from his or her corporeality; the Spirit is given to the believer as a down payment in the tension between the resurrection of Christ's mutilated body and the still to be realised promise

49. Van de Beek (1987:211ff) elaborates on Van Ruler's contribution on the chaos-creating Spirit. However, he takes a different stance when he contends that the cosmic Spirit bears responsibility even for that which is not harmonious, and therefore accidents, disaster and disease also have to do with the work of God. In Chapter 9, Van de Beek's perspective on the Spirit's work in creation will be discussed further.

of full healing of broken creation. Fee (1994:357) traces this line of thinking in Paul's understanding of the works of the Spirit: "Both miracles, evidence of the 'already', and 'endurance', evidence of the 'not yet', were held together in his understanding precisely through the presence of the Spirit, whom earlier in his letter he had designated as God's 'down payment' of the future. As already present, he has touched our human life with some measure of the future, these 'signs' take place in the context of 'every kind of endurance'."[50] Being filled with the Spirit, therefore, also leads to a distinct style of dealing with suffering. It is not an attitude that ignores concrete circumstances, but it is a force amidst physical weakness. This power of the Spirit should, however, not be understood as a movement of the Spirit that frees the believer from his or her suffering, because such an understanding implies that the Spirit would position the believer *opposite* the corporeality of creation. Instead, Christ-like transformation means that in this current physical existence, in all its vulnerability, the Spirit endows the believer with the power to bear the name of Christ in the tension between the promise and the transformation that has yet to be realised (Van Elderen, 2004:27-35).

8.3.2 Counter-cultural charismata

On the basis of healing as transformation through the Spirit of Christ, it is also possible to say that cruciform transformation consists of *counter-cultural* elements. Transformation as a process of healing always refers to God's grace, and not to the good condition of one's body, neither to the goodness of one's works, nor to the strength of one's faith. This kind of healing goes against the grain of man-made structures, and draws attention to the pattern of Christ. Transformation is therefore an upheaval of human order, of social tissue, of dominant structures, because it is about growing away from self-centred healing, and towards an understanding of oneself as living in the chaotic space of the Spirit. One could call this the *shadow side of healing* (*cf*. Shields 2001:n.p.), evolving from God's saving grace.

According to Pauline theology, grace begets grace (Dunn, 1998:323), which expresses the idea that grace (*charis*), bestowed upon human life through the Spirit, materialises as charisma. The gifts of the Spirit are charismata that are, in their own distinctive

50. In relation to the link between Spirit, down payment and healing, Smouter (2008:65) contends that God's grace heals because God has given Christ already as (complete) foundation and the Spirit as partial advance. The word 'arraboon' is an economic terminology that refers to a down payment of the full amount that is to be received at a later stage. The down payment itself is in the end not enough, but it is a guarantee, collateral of the final payment that will follow. Both the foundation and the down payment are required for human existence: by the Spirit we taste the full redemption awaiting us.

way, manifestations of the salvation of Christ (*cf.* Veenhof, 2005:229f; Van der Kooi, 2008:69). They are not to be understood as properties of human beings, but as free gifts, coming from God. In that sense they are of the same nature as God's promise of wholeness and salvation for all of creation: They can be disorienting and counter-cultural gifts when they are used for the benefit of others, when they become signs of God's ultimate reality. It also means that human beings often fail to understand what exactly happens when the Spirit endows people with her gifts. With regard to the gift of healing, perhaps it cannot be otherwise: the Spirit of adoption points to God's promise of healing that is counter-cultural by definition, because it has God's frailty at its core. This goes against the order that is established by humans when it comes to health, wealth and wellness. Van der Kooi (2004:39) emphasises this idea when he says that our desire to be healthy and young reflects a culture that measures one's value on the basis of productivity, effectiveness, vitality and fertility. Van der Kooi identifies this desire as the spirit of our body culture. Over against this spirit is the story of the gospel, telling us a different kind of truth, that is the truth that Adam is willed by God and that Jesus' history is God's affirmation of human life. In cultural perspective, the truth of the gospel is nothing other than a counter-proposal.

With her charismata, the Spirit of adoption presents *a counter-cultural grammar for articulating healing*. She helps creaturely life in its weakness and intercedes for us, drawing us away from our self-centredness and towards participation in God's life (Romans 8:26). The Spirit brings to mind that the individual experience of healing is part of a wider plan of restoration when her gifts become 'enablers' in the service of others. The experience of healing, whether physical or spiritual, is first of all a concrete materialisation of God's grace and providence;[51] when one's health is restored, one may perceive it as God's act of gracious giving and preserving. Through the presence of the Spirit, however, the experience of healing turns from an individual's received gift into a gift that is beneficial to others as well (1 Corinthians 12:7,9). The Holy Spirit counters the understanding that the healing of an individual is a purpose in itself in the sense

51. Calvin (*Inst*. 1.13.14) addresses the notion of physical recovery in light of God's providence. The Holy Spirit has gifted creation with the natural ability of physical recovery. This ability is to be understood in terms of God's common grace (*gratia generalis*), through which God maintains and preserves the world. The natural course of things, such as the rising and the setting of the sun, the changing of seasons, and the many good things present in this reality (apart from the highest good in Christ), are to be attributed to the Spirit of God, according to Calvin. Even the natural ability of a human being to recover after an illness, on which the discipline of medicine is based, can theologically be understood as a reference to God's providence and to the fact that man exists within the horizon of God's grace. Calvin (*Inst*. 2.2.16) also states that medical science (among others) is to be identified as the fruit of the Spirit, who makes people gifted for the benefit of others. The art of healing is thus related to the work of the Spirit.

that the meaning of healing is determined by the individual. Her charismata reveal that healing comes from God, and that it refers to God's main purpose: to heal and restore all of creation (Veenhof, 2005:277, with reference to Berkhof, 1987:3-9). Through her disorienting or counter-cultural charismata, the Spirit of God draws humans into new solidarity with others, transforming us from isolated, self-centred individuals into humans who live according to a different order (*cf*. Migliore, 1991:172).

As an example of healing as a holistic transformation in God's plan of salvation, we return once again to the fictitious life of Grace Banda. She knows that her body will never be rid of the virus, and that she will never become physically fit and strong again. It took a long time, full of frustration, to realise that she would never experience healing in the way that most people talk about healing: that is, being fit enough again to go to the market to buy food, regaining the strength to carry a baby on your back, going to work, or the covering of the wounds with new skin after an accident. When she started to take the antiretroviral drugs, though, she felt like she was healed: she regained her strength, her appetite, her weight, her joy for life. During the HIV/Aids counselling programme she was told that this would happen, and she was warned not to forget that the virus was still in her body, despite her body showing contrary signs! The experience of healing without becoming the same as before, confused her. Until, during a bible study of the women's fellowship, she read about the Spirit who groans inwardly with her. The Spirit who brings you closer to God, even though it is not yet your time to be before His throne. The Spirit who gives life to mortal bodies, even though we are still waiting for the best. Grace Banda's faith in God and the experience of God's love for her, changed her into someone who now understands that she can be of help to others. She became involved in HIV/Aids prevention and counselling programmes. She managed to bring together other women positive for HIV, and started a sowing company, a school for orphaned children, a food programme for those living with less than a dollar a day, and a clinic for those who cannot afford health care. Grace Banda started living according to different norms: her life now is no longer valued on the basis of her abilities and productivity, but on the basis of her identity in God, which means that her transformation was not something that she kept for herself, but something that she translated into various ways of healing others, by means of attention, acknowledgment, food, medicine, love and hope. Grace Banda's transformation is not to be found in physical healing, but in how the Spirit accompanied her and changed her into someone who understands healing and vitality in a different way. Healing, then, is the expression of God's wider plan of restoration that moves

beyond an understanding of healing as a soul-focused, individual-centred, or physical process. Healing refers to every aspect of human life as having a place and purpose in God's desire to restore creation.

8.4 CONCLUSIONS

This chapter forms a part of the exploration into possibilities of speaking about God and healing. The aim of this chapter was to show that one way of creating articulations about God and health could be found in the motif of *transformation*. This theme of transformation was retrieved by engaging the discourse of missionary medicine (as an African health discourse) with Reformed pneumatological discourse. In both discourses, the theme of transformation is considered highly significant.

The missionary medicine discourse, with its focus on transformation in various forms, has already been described in Chapter 3 of this thesis. Transformation was understood as an existential change located at the intersection of materiality (body) and spirituality (soul), whereby the notion of healing referred to the intended transformation. In this chapter, missionary medicine's concept of transformation was related to theological discourse, provoking the question, what transformation precisely means in Reformed pneumatology, and whether transformation can be articulated only metaphorically. To what extent are the aspects of physicality and materiality included in Reformed pneumatological perceptions of transformation? Where in the metaphor of adoption and transformation does the theme of healing fit in?

In Reformed soteriological discourse, the theme of transformation is mostly associated with the event of justification and with the believer's union with Christ through the Holy Spirit. These form the heart of Reformed soteriology, in which the metaphor of adoption is firmly rooted. Reformed theology uses metaphorical language to refer to transformation, because the nature of the believer's transformation is elusive and beyond definition. The use of metaphors in theology is important and necessary in order to refer to something that cannot be said in a direct way. They help to understand the concept of a new identity in God, and the metaphor of adoption, in particular, embraces the idea that this new identity includes our physicality and materiality. Reformed perceptions of transformation, thus, include the physical dimension. Yet, when it comes to literal transformation and real physical healing directly related to God's salvation, Reformed thought remains silent. The voice of Karel Kraan, whose view on 'realising eschatology' has major implications for the link between transformation and

physicality, is an exception in Reformed theology. In his perspective, God's salvation became fully real and immediately effective in the resurrection of Christ. As a result, physical healing is not to be considered a tentative condition in our redemption; instead, it is definite and to be experienced directly, despite the fact that diseases are still present in the new order of resurrection existence.

Reformed thought on transformation has room for a holistic understanding of the human being. Within the boundaries of metaphorical language, there is an openness to the aspect of physicality, meaning that the body can change and become healed under the influence of experiencing God's grace, but not in a direct way. It is through the change in the believer's identity that his or her perspective changes, leading to the transformation of various aspects of the believer's existence, including the healing and restoration of the body, soul and spirit.

Transformation as a union with Christ emphasises the relational understanding of salvation and wholeness, and it draws attention to the person and work of the Holy Spirit. The most prominent metaphor applied to the redemptive work of the Spirit is adoption: the *Spirit of adoption* is the One who transforms the believer into a son or a daughter of the Father, and who enables the believer to participate in God's plan of salvation for all of creation. This transformation is a process of change that begins with the presence of the Spirit in the life of the believer, and ends with the ultimate mending of creation. The transforming work of the Spirit of adoption involves the whole person (spirit, soul and body) and all of creation. The transformation of the believer is a process, since the final adoption is still underway and awaited in the presence of the groaning Spirit.

The metaphor of adoption implies that the transformed believer lives in the tension of the Spirit. When a person approaches God as the Father, it means that every dimension of his or her life is reclaimed for this Father. Adoption is never partial. Yet it is still in process. With the adoption, the union with Christ through the Spirit, the believer is introduced to a different kind of order that also affects our ideas about healing and restoration. When healing is framed by the tension of the Spirit, healing can be perceived as the order that is found in the cross and the resurrection of Christ. Articulating healing as transformation, as living in the tension created by the Spirit of adoption, means that healing is shaped by the pattern of Christ: Healing is about frailty, hope and service to others. This disoriented way of approaching healing is also to be found in the counter-cultural gifts of the Spirit. By enabling people to remain living

in the tension of the 'already' and the 'not-yet', the Spirit causes upheaval in many ways, including the way we deal with healing. She brings to mind that healing has a shadow side, because healing through the Spirit draws one away from oneself, and into God's plan of salvation. Thus, healing through the Spirit of adoption is disorienting and counter-cultural, because it involves an existential shift in the centre of gravity: the individual believer is no longer the centrepiece of healing, but the triune God who is the source of all forms of healing until the believer is finally adopted as a son or daughter of the Father.

CHAPTER 9

THE SPIRIT AND QUALITY OF LIFE

This chapter explores one way in which the relationship between God and health can be examined. As in the previous chapters, there is an assumption that this is possible through the engagement of the African health discourse with Reformed pneumatological discourse. In this chapter, the aspect of *quality of life* is used as an avenue to articulate a link between God and health, a topic that played a major part in the discourse on HIV/Aids (see Chapter 4). Thus, the central question in this chapter is: what happens with Reformed theological articulations of health when the motif of quality of life is central to the discussion?

To focus on the motif of quality of life necessitates a different lens on the theme of health; using the same analogy, this is akin to the lens of relationality (Chapter 7) and the lens of transformation (Chapter 8), which both gave their own distinct perspectives on the theme of healing. Everything that evolves from the engagement of this notion of quality of life with theological reflection, is to be understood as new suggestions for a link between God and health. In other words, the lens of quality of life generates a new fragment in the relationship of God and healing, whereby this fragment is not necessarily consistent with the previously explored fragments.

9.1 QUALITY OF LIFE AND THEOLOGICAL DISCOURSE

The HIV/Aids discourse described in Chapter 4 was highly significant in the discussion on how health and disease is approached within the context of Africa. The discourse on HIV/Aids embraces a variety of responses to the Aids pandemic, and thus influences the health perceptions of people in many ways. For example, how disease in Africa is reported in the media is generally determined by social groups and institutes that

are involved in epidemiological research. The epidemiological approach to disease and illness emphasises behavioural change, thus illness is often understood as the result of one's own behaviour. Furthermore, in the wake of the focus on behaviour, racism and stereotyping also entered the discussion on how health and illness are viewed. A more recently established approach to HIV/Aids is known simply as 'beyond epidemiology'. This perspective was developed in response to the epidemiological approach, and aims to emphasise the social and religious aspects of HIV/Aids. This means that the HIV/Aids discourse is not merely based on biomedical knowledge, but is constituted by the whole of written and unwritten texts that portray a dimension of the quest for quality of life in the face of a deadly disease. Epidemiologists are searching for ways to stop the spread of the virus, and to arrest the development of the virus in the body. Within the social sciences, experts try to address interpersonal mechanisms and attitudes in relation to HIV/Aids, and to make life as comfortable as possible for those who are infected and affected by HIV/Aids. The motif of quality of life (in medical, social and spiritual terms) proved to be the *common characteristic* of the various elements within the HIV/Aids discourse.

The description of the discourse on HIV/Aids (see Chapter 4) revealed that the notion of quality of life has various meanings in the discourse on HIV/Aids. First of all, there is the *medical* understanding of quality of life, in which the diminishing of quality of life is related directly to physical impairment. Quality of life from a medical perspective means that, when human life is afflicted with a malignant disease, the body is still able to function as long and as normal as possible, with the help of medicine and treatment. From a *social* perspective, a very different dimension of quality of life is accentuated, namely the correlation between the sufferer and his or her environment. Quality of life, then, is not so much a matter of how the sick person faces life despite the disease in his or her body, but rather how the sick person is able to live positively and with dignity. There is another dimension to quality of life that is becoming increasingly centralised within the 'beyond epidemiology' approach of social scientists: that is, the *spiritual* dimension. In the Christian tradition (as well as in other religious traditions), the restoration of the spiritual balance is vital in order to be able to live meaningfully, which results in a focus on quality of life in terms of the renewal of the personal relationship with God.

It can thus be said that the medical, social and spiritual dimensions defining quality of life suggest that the search for the *relief of suffering*, for the *restoration of dignity*,

and for the *renewal of the meaning of life* are concrete expressions of the search for healing. Within the discourse on HIV/Aids, there is no reference to healing in which the virus has been eliminated from the body, and/or that the infected person experiences complete restoration of physical and social functions (even though it is not difficult to find claims of full physical healing on the basis of prayer and deliverance ministry by particular religious communities). Clearly, within the discourse on HIV/Aids, healing in relation to quality of life refers to something other than the removal of the virus from the body. Being such an essential feature of the discourse on HIV/Aids, the notion of quality of life offers an alternative understanding of healing, namely that the presence of quality of life amidst illness and suffering means a rejection of the disqualification of human life. Human life may be infected with a deadly virus that cannot be removed from the body, yet the disease will not be allowed to disqualify life. The notion of quality of life implies a new perspective on healing: that is, *healing is the retrieval of quality of life* in the context of illness and suffering. This also means that healing is no longer defined only by objective results of medical tests, but that the patient's subjective experiences (on the basis of physical abilities, social circumstances and spiritual resources) allow the patient to be the subject in specifying illness and healing. Thus, healing is not only located in the body of the patient, but can also be found in the loving presence of family, friends and caretakers, or in the consoling message that God sustains every human being. The notion of quality of life, therefore, necessitates a redefinition of healing.

The discovery of the broad meaning of the notion of quality of life within the discourse on HIV/Aids raises the question of its meaning for theological discourse. What happens when theological discourse on health and healing is defined by the notion of quality? *What is the meaning of the notion of quality of life, in the context of the HIV/Aids discourse, for Reformed pneumatological reflection on healing?*

A possible link between the motif of quality of life and Reformed pneumatology can be established through the doctrine of creation. The Reformed pneumatological understanding of creation reveals a high esteem of creation. The pneumatologies of Calvin, Kuyper, Van Ruler, Moltmann, and Welker, for example, emphasise the quality of creaturely life in relation to the Triune God. Creation is not a mere product of divine creativity, but represents the quality of its creator. It alludes to God, just like a qualitative artefact carries the marks of the artist who designed and produced it. The affirmation of God given life, then, should be seen as an affirmation of God's intention with

creation, and of the bond between God and mankind, and ultimately of God himself. The following section below (9.2) addresses the Reformed doctrine of creation for the purpose of discerning the meaning of the motif of quality of life in relation to Reformed pneumatological discourse on healing (discussed in section 9.3).

9.2 CREATION AND QUALITY OF LIFE

This section offers a brief discussion on the theme of creation, because this Christian doctrine is about the meaning of human life and materiality in relation to God. I do not pretend to introduce the doctrine of creation in a comprehensive way, for this is not my purpose here,[52] but instead offer a specific exploration and detailed narration into the meaning of creaturely existence in relation to God.

Biblical discourse on the work of the Creator witnesses to the *goodness* of creation. These biblical ideas of creation's goodness are captured in the doctrine of creation as the relation between creaturely existence and quality of life, because creation represents quality that is related to the Creator: "Each and every creature possesses an intrinsic goodness and worth, a discrete existence that glorifies the Creator" (Plantinga *et.al.* 2010:167). This intrinsic quality of creaturely life will be further explored now, because precisely this aspect of human is crucial in the reflection on the link between God and health.

9.2.1 Goodness of creation

One essential tenet of the Christian doctrine of creation is the *creatio ex nihilo* belief. This belief was articulated by Irenaeus as an apology against gnostic ideas about the radical dualism between spirit and matter (Plantinga *et.al.* 2010:154. He refers to Irenaeus, *Against Heresies*, 2.10.4:370). Irenaeus rejected the understanding of creation as matter that had to be despised or was to be submitted to the soul, the spark of deity. So he introduced the idea that creation was created out of nothing, implying that creation was a free divine act: God's superiority lies in his freedom and his power to call into existence that which did not exist before. Moreover, creation *ex nihilo* meant that creation is a fully perfect product of a benign God. The meaning of the goodness of creation is linked with the understanding that "if God in his Son takes to himself the reality of human flesh, then

52. For extensive introductions to the doctrine of creation, see for example Gilkey, 1959; Migliore, 1991:80-98; Meijering, 1996, Chapter 2 and 3; Gunton, 1997a, Chapter 8 and9; Gunton, 1997b; Plantinga *et.al.* 2010, Chapter 6 and 7.

nothing created, and certainly nothing material, can be downgraded to unreality, semi-reality or treated as fundamentally evil" (Gunton, 1998:52).

Plantinga (2010:165) indicates that there are few biblical scholars who are of the opinion that this qualification of creation *ex nihilo* has biblical origins. Sufficient affirmations of an inherently good and meaningful creation are to be found in both the Old and New Testament, but direct and explicit references to the aspect of *ex nihilo* are very few.[53] Yet the creation *ex nihilo* is a fundamental element of the Christian doctrine of creation, because it says something about the relation of God with mankind. *Ex nihilo* means that human life is of a different substance or nature than the eternal Triune God. After all, if man was created out of pre-existent matter, it would mean that man was divine also. Moreover, *ex nihilo* means that the human being, body and spirit, is created by a free willing God, and thus creation cannot be intrinsically deficient.

The clear distinction between the Creator and creatures, which is so important in the Reformed doctrine of creation, presupposes that created life depends on the Creator. This dependence is not to be understood as a disqualification of created life, but as an essential feature of creation in relation to God (*cf.* Berkhof, 1986:162-182; Migliore, 1991:86f). Over against pantheistic approaches, the doctrine of creation centres around the conviction that "creatures are dependent on God: we are not God or an essential part of God, but *creatures* of God. There is indeed one ultimate principle, God, but God is not the only *real* thing. On the contrary, our creatureliness is both real and good – it is not illusory and therefore something to overcome. The fact that creatures are finite and individuated celebrates the diversity and beauty of God's creation" (Plantinga *et.al.* 2010:167; italics original). In its dependency, creation reflects the goodness and beauty of the Creator.

Creation *ex nihilo* indicates not only a substantial difference between Creator and creation, but also points to the *contingency* of creation. God created the world, but He did not need to. God's choice to create was a free choice, which does not only say something about God's sovereignty, but also about the quality of creation. The world was thus created by God on purpose: creation exists, not out of necessity, but because

53. Plantinga (2010:165) refers to the apocryphal book 2 Maccabees 7:28 ("I beg you, my child, to look at the heaven and the earth and see everything that is in them, and recognise that God did not make them out of things that existed") as a clear statement of the creation *ex nihilo* concept. A benevolent reader can perceive the *ex nihilo* idea even in other biblical texts, though the idea is not explicit: in Romans 4:17 (about God "who gives life to the dead and calls into existence the things that do not exist") and in Hebrews 11:3 ("By faith we understand that the worlds were prepared by the word of God, so that what is seen was made from things that are not visible").

God willed it. Since God by nature is a good God, it may not be other than that whatever God creates, must also be good. Creation is, therefore, steeped in goodness, truth and beauty (Plantinga *et.al.* 2010:169).

The motif of divine love is closely linked to the contingent nature of creation. God's choice to create the world was motivated by His love, and thus creation emerged from the love of God (Gunton, 1997a:142). Polkinghorne (2001:90f) contends that it was "the divine love that has willed the existence of the truly other so that, through creation, this love is also bestowed outside the perichoretic exchange between the Persons of the Holy Trinity. Creation exists because God gives to it a life and a value of its own" (see also Torrance, 1979:333; Polkinghorne, 1987:65). The notion of contingency refers to the relation between creation and the Creator, and indicates that the created order is conditioned by and dependent upon the Creator. God's act of creation is purely based on his love and grace, which means that creation, is a contingent act. There was no necessity for God to create the natural order, but He did so because He is a loving God. This relationship between God and creation means that creation is defined by the aspect of contingency: God's love called creation into existence and now creation needs God's creative presence for the sustaining and the functioning of the created order. Thomas Torrance (1979:332f) explains that the relation between God and the world means "that the world even in its creaturely otherness from God is held continuously in such an ontological relationship to Him, the source of all rational order, that there is imparted creatively to the world a rationality of its own which is not incongruous with God's rationality." The dynamic contingency of creation means that creation is not considered independent from God, and that creation has a certain quality of its own *because* it is created through the "sheer mystery of God's love, which knows no reason beyond its own ultimateness as the Love that God is" (Torrance, 1979:333).

Recently, scientific studies give account of the contingent nature of the universe. In the discourse on natural sciences, there is a growing consensus that the natural order is characterised by both orderliness and contingency. Natural scientists are responding to the feeling that there is more to the world than can be traced by empirical research, and they have developed the insight that there is a certain elusiveness in the natural order. One significant development in the discourse on natural sciences is the connection between the physical structures of the cosmos and God the Creator. This development gave rise to the current dialogue between theology and natural sciences (see, for example, Torrance, 1979; 1981; Polkinghorne, 1987; 1998; 2006; 2010;

Worthing, 1995; Yong, 2006:183-204). The Scot T.F. Torrance has been one of the first theologians who applied the aspect of contingency to explain the relationship between Creator and creation, denoting that the universe, with its openness to a variety of possible interpretations, is dependent upon the unlimited rationality and freedom of the Creator (*cf*. Torrance, 1979:334). Polkinghorne (1987:64) emphasises the same relatedness and contingency of nature, when he states that "the evolving process of the world depends for its fruitfulness upon a delicate interplay between chance and necessity," in which he recognises God as the Sustainer of the world.

9.2.2 Renewal of creation

The understanding that the being of creation is qualified by divine love also refers to the notion of renewal of creation. Creation is damaged by the presence of evil, which "prevents the creation from fulfilling its proper purpose" (Gunton, 1997a:143). The redemption of creation is based on the presence, the providence and the efficacies of a loving God, who has the well-being of creation in mind. Therefore, the relation between Creator and cosmic life also means that God aims at the recovery of creation, individually as well as collectively, and in the present as well as eschatologically. God's continuously redemptive work towards creation reveals that creation is involved in a process of qualitative renewal.

God's redemptive work is focused on the preservation of the quality of creation, over against the power of evil. The relationship between salvation and creation can be perceived in various ways. Conradie[54] shows, based on Van Ruler's typology, that there are four different perceptions of this relationship,[55] and he focuses on the classic Reformed position which considers salvation as *re-creation*. In contrast with the idea of *creatio nova*, and in contrast with the idea of elevation, re-creation implies that ultimately every aspect of creation will be permeated with God's wholeness (salvation), and that the whole being of creation will be sanctified. Re-creation emphasises continuation, the

54. Conradie, E.M. Creation and *salvation*? The legacy of the reformed term *re-creatio*. Forthcoming.

55. The four different accents in the relationship between salvation and creation are: (i) the concept of *nova creation*, which means that the first creation will be replaced by an entirely new creation where there is no space for evil and suffering; (ii) the notion of *elevation*, meaning that created nature has to be complemented by divine grace in order to reach a higher level of reality; the implication is that this creation is of inferior quality; (iii) the notion of *predicatio*, which refers to the sinfulness of creation; creation will never be free of sinfulness, but creation is declared righteous before God on the basis of the *predicatio* of God's word in this world; and (iv) the notion of *sanctification*, which means that the emphasis is on the renewal of creation on the basis of its focus on God.

preservation of the initial creation. Creation, indeed, needs to be renewed by God due to the reality of sin, but simultaneously creation is of a quality that cannot be replaced.

In the perception of salvation as re-creation, the notion of *coram Deo* plays an important role as well. The Reformed perspective stresses that our entire reality is lived before God, and that there is no separation between secular and religious dimensions of creaturely life. So there is no aspect of creation that falls outside the horizon of God's love. *Coram Deo* means that the focus is not so much on "the horizon, God, but on the moving space of creaturely and cosmic existence that is encompassed and transformed by this horizon. This space is a space constituted by the relation between God and cosmos and among God and creatures in their individuality, sociality, and interdependence" (Culp, 2010:6). One could also say that the notion of *coram Deo* implies that the entire creation is influenced by God's love, which says something about the goodness of creation.

9.2.3 Vulnerability of creation

The doctrine of creation is about the meaning of creaturely life in relation to the Creator. This meaning also refers to the quality of creaturely life in all *its forms*. The motifs of God's creative love and of creation's contingency explain the relationship between God and creation: the world depends on God for its order and well-being. The biblical creation stories witness to the same idea, namely that the breath of God gives life to everything that exists. The human being is formed from the dust of the ground, and filled with the breath of life by the Spirit. This perspective draws attention to a particular aspect of creaturely life: that is, its physicality and materiality.[56] The relation between God and the world involves materiality, 'the dust of the ground'. In other words, the physicality of creation is the only site where the Spirit can present God's love for the world.

Bodies and other tangible forms of life are indispensable manifestations of God's grace and commitment to the world. They are needed in order to understand and experience the quality of God-given life. These quality-bearers embody the contingency of creation: our bodies reveal our dependence (since we do not own the breath of life) and they represent the non-necessity of human life. The orderliness of the body can

56. The relationship between creation and physicality found its way to the centre of theological discourse, as a result of topics such as ecology, environment, gender, justice, globalisation and physical science that stimulated the debate about the relation of empirical reality and faith (and about the development of a theology of nature).

be disrupted, an illness can occur, and death can come at any time. In revealing the contingency of human life, bodies represent the vulnerability of creation.

In relation to the contingency of creation, Christian theology in general has developed an *ambiguous* relationship with physicality. On the one hand, Christianity can be seen as a body religion *par excellence*, considering the crucial meaning of the incarnation of God and of Christ's body that carried away the sin of mankind. On the other hand, Christianity is familiar with the idea that the body is something that should be overcome in order to live a God-pleasing life. The human body and its physical and sexual dimensions appear to obstruct a pure union with the divine realm. The body, with its desires, is perishable and unreliable material, and therefore the soul has to be separated from the body in order to remain steadily focused on salvation. It can be said that Christian theology is heavily defined by a body and mind dualism, while it has never surrendered itself to a complete divorce of body and spirit due to the belief that redemption and sanctification always include both spirit and body. Ambiguity seems to be the key notion when it comes to Christian faith and the human body (*cf*. Tripp, 1997:131-152; Isherwood & Stuart, 1998:9-13).

Body theology is one of the discourses where this deep ambiguous approach to the body is addressed. The general aim of body theology is to value the meaning of the human body, and the female body in particular. In the various approaches of body theology, the human body is not only understood in a literal sense, but also in a symbolical sense: the body is a living organic entity that has the capacity to make things tangible. The body represents those things that usually remain under the surface, such as power relations, desires, identity, relations and well-being. One could say that people's bodies make concrete the obscured or intangible essentials of life. This means that the corporeal human being (including the mind or spirit) is the only domain where the human experience is received, saved and transformed in personal and communal expressions. The body in its materiality is the site of all human experience.

Theological perceptions of the embodiment of human experiences, then, imply that the body has become the *lens* through which the relation between God and creation can be viewed. James Nelson (1992), one of the initiators of body theology, even contends that the body is the foundational source of theological knowledge, in as much as the body constitutes the locus of communication between God and creation. Based on the presupposition that "we do not just have bodies; we are bodies" (Nelson, 1992:43),

the body receives a major emphasis in the relation between the God who became body Himself, and the human being who is created out of dust. The body can thus be seen as a crucial factor in the relationship between God and creation, because the focus on the body suggests not only that every experience to the human body can be related to God, but also that the physicality of human life is the basis for speaking about God. The body is the physical frame of the relationship between God and human life, and it provides the grammar for God-talk and for the self-understanding of human beings. In their major work *Philosophy in the Flesh*, Lakoff & Johnson (1999:564-566) contend that any spiritual experience is embodied. They reject the idea that the body is a mere vessel for a disembodied mind, and they emphasise the close relatedness between our conceptual systems and the commonalities of our bodies and of the environments we live in (Lakoff & Johnson, 1999:6).

In understanding that the human body can be considered the foundational source of theological knowledge, and particularly the locus of communication between God and creation, consequently means that the *vulnerable body* is also involved in God-talk. The vulnerable materiality of human life, the body as a site of experiences of illness, and the deep physical longing for healing, are all contributing factors that provide the lens through which theological knowledge is explored.

When the vulnerable body is perceived as a source of articulations about God as well as about the identity of the human being in relation to God, then theological reflection on the link between God and health follows a *different track* compared to predominant ideas about health as a condition of strong and fit bodies. Theology that allows the vulnerable body to be its lens, does not want to start in the domain of dominant doctrines and ecclesial preferences, but breaks new ground by asking how the vulnerable, sick and oppressed body should be related to its Creator.

This new perspective, starting with the physical experience of human life, including illness and suffering, is a way of thinking about God and creation that involves a redefinition of physical creaturely life. The vulnerability of human life can also be seen as the *intrinsic quality* of creation. Vulnerability does not only mean that earthly existence may be harmed and degraded; it also implies that persons and communities may bear the glory of God (Culp, 2010:181). The vulnerable nature of human life is not a temporary or avoidable condition, but vulnerability is an *essential feature of creaturely existence*. The vulnerable body is, thus, the enduring site where the narrative of God and human life joins, and where God's revelation is received (Isherwood &

Stuart, 1998:11). The vulnerable body as a lens for theological knowledge requires a redefinition of health in relation to the Creator, and thus opens up possibilities for understanding quality of life in terms of health.

This redefinition is in line with the motif of quality of life in the discourse on HIV/Aids, which emphasises health as quality of life in the presence of disease and suffering. The emphasis on the quality of creaturely life requires a different point of view: not the disease or the weakness is the defining factor of health, but rather the essential features of creation, namely quality and vulnerability. In a theological perspective, the quality of creation refers to the vulnerability of creation, but this vulnerability is not the same as defeat by disease, or as powerlessness or weakness (*cf*. Culp, 2010:4). This crucial insight is further substantiated in the following part of this chapter.

9.3 QUALITY OF LIFE AS HEALTH

This chapter deals with the meaning of the notion of quality of life in relation to Reformed reflection on health and healing. On the basis of the health discourse on HIV/Aids in Africa, it became clear that the meaning of quality of life cannot be defined as the absence of disease and suffering. It also became clear that the presence of disease is by no means a disqualification of human life. Eventually it was concluded that the motif of quality of life (in all possible ways) implied a change in the perspective on healing, because the experience of quality of life turned out to be a form of healing. The question that will be addressed here is: *What is the consequence of this redefinition (of quality of life as health) for theological discourse on health and healing?*

The previous section showed that there is a relation between creation and quality of life. This relationship will be developed further pneumatologically, in which the aspect of vulnerability as an essential feature of creaturely life will play a central role. This pneumatological orientation on vulnerability will shed light on the meaning of the notion of quality of life for theological reflection on health.

9.3.1 Vulnerability, creation and Spirit

Vulnerability is a fundamental feature of human life. The concept of vulnerability is generally used to refer to people who are susceptible to health-related problems, discrimination and marginalisation. Those who are in need of help are often identified as vulnerable people because they lack independence, strength and well-being. Governmental and non-governmental organisations often perform 'vulnerability and risk' assessments, which are processes identifying, quantifying and prioritising the

weaknesses and threats in a system or society. The mapping of vulnerabilities serves the purpose of protection against the damage of epidemics and disasters. Vulnerability implies weakness and susceptibility for impairment.

In theological discourse, however, attention is drawn to a new understanding of vulnerability (see, for example, Jensen, 2005; Reynolds, 2008; Culp, 2010). Thomas Reynolds (2008:106), in his publication on vulnerability and disability, contends that vulnerability is a state of being that shows that human beings are meant to be like this: "we are inherently relational creatures who need each other to become ourselves. That is, we are unfinished and deficient unto ourselves." Reynolds' understanding of vulnerability is that this neediness, this vulnerability, is who we are. In the creation story in Genesis 2 the human being is identified on the basis of dust and divine breath. Both the prophet Isaiah and the apostle Paul perceive humans as earthen vessels, vulnerable and susceptible to being shattered (Culp, 2010:14). In her theological account of vulnerability and glory, Culp (2010:2) shows that vulnerability always has two aspects: the human being is receptive to being changed, for good and for ill: "Vulnerability is the situation in which persons and communities may receive and bear the glory of God; it is also the situation in which earthly existence may be harmed and degraded." Culp suggests that creation can be characterised by vulnerability as the capability to suffer and as the capability to flourish, to witness to the glory of God.

Often, the Holy Spirit is associated with creation, and with creation's vulnerability. Biblical perspectives such as the Spirit as hovering over the water, the Spirit as the life-giving breath of God, and the Spirit as the groaning companion of creation, contribute to the understanding of the Spirit as the One who embarks specifically on those matters that tie human beings to their existence, to their creation profile. That the Spirit is associated with vulnerability transpires also in biblical texts like 1 Thessalonians 5:19 ('do not put out the Spirit's fire'), Ephesians 4:30 ('do not grieve the Holy Spirit of God, with whom you were sealed for the day of redemption'), Acts 5:9 (Peter's question to Sapphira how she could 'test the Spirit of the Lord'), and Hebrews 10:29 (about having 'insulted the Spirit the grace'). The sensibility and vulnerability of the Holy Spirit is reflected in the agency of the Spirit: that is, the Spirit suffers with the suffering, is grieved and quenched, and rejoices when creation rejoices (Moltmann, 1992:51). Romans 8:22-26 emphasises that the vulnerability of the Spirit is closely connected with the Spirit's indwelling in creation. She bonds with creation, and shares the vulnerable condition in the sense that she groans with us and helps us in our

weakness. Eugene Rogers Jr. (2005:60) contends that "the Spirit is a Person with an affinity for material things. The Spirit characteristically befriends the body." Without the concrete issues and concerns of everyday life, the connection with God's Spirit can only be vaguely general and disembodied, leaving the human being out of the process of living according to his or her purpose. God's Spirit is the Spirit of Christ, who became body, and who suffered from his physicality. So the Spirit of God is associated with divine orientation to creaturely life, in order to affirm the goodness of creation amidst suffering and destruction. Moltmann (1992:95) emphasises that the Spirit's orientation to vulnerable and physical life is not about drawing the soul away from the body, nor about the soul hastening towards heaven, away from this earth; instead, the work of the Spirit "places the whole earthly and bodily person in the daybreak colours of the new earth." The Spirit's efficacies embrace the complex relationship of the suffering and the flourishing of cosmic life.

In his *Adem van God* (1987), Van de Beek focuses on the creation activities of the Spirit, which he understands in a much wider sense than the origin of cosmic life. According to him, the Spirit's creation efficacies refer to creation as cosmos as well as to creation as the history of the world. Van de Beek's perception of the creative presence of the Spirit is in line with what in classic theology is meant by divine providence (*cf.* Reitsma, 1997:44). Van de Beek stresses that the Holy Spirit is to be identified as the Spirit of Christ, because if the Holy Spirit is disconnected from the salvation history (which has its climax in Christ) then She becomes the cosmic Spirit. The cosmic Spirit is present and active in the world, though not necessarily in a benevolent way. The cosmic Spirit also bears responsibility for that which is not harmonious: accidents, diseases and suffering are to be linked with the work of the Spirit (Van de Beek, 1987:213). Only when the cosmic Spirit is identified with the Spirit of Christ, is it possible to experience the benevolent efficacies of the Spirit. Van de Beek locates the cosmic presence of the Spirit in a wider framework, trying to do justice to the tension between the common work and redemptive work of the Spirit. There is a constant tension between the chaos-creating Spirit and the particular Spirit of Christ, who is focused on the kingdom of God. This tension between chaos and wholeness under the reign of the Spirit is very similar to the tension between vulnerability as susceptibility to damage and vulnerability as susceptibility to glory.

Under the reign of the Spirit it comes to light that God's creation is existentially a good yet vulnerable creation (*cf*. Reitsma, 1997:165). In his contribution on the hidden

works of the Spirit in the cosmos, Polkinghorne (2006:179) elaborates on how God is at work within the contingent evolvements of history. He affirms the ideas of John V. Taylor (1972:28) about a Creator who can be supposed to work on the inside of creation, implying that God is present in the whole process of life, and not only in the gaps. Taylor criticises the idea that God's providence is mainly expressed in the disrupting nature of divine interventions in everyday life, since it would mean that the works of the Spirit are mainly associated with the one-sided, sudden moments of discontinuity and naked power in this reality. Taylor refuses to speak of this kind of divine intervention, because God is already present and working within the history of creation. The Holy Spirit should not be understood as God's power, breaking-in in reality at arbitrary moments and upsetting all structure and logic by leaving gaps in this reality. Following Taylor's reference to the idea of a God who can enter when human knowledge fails, Polkinghorne twists the 'God of the gaps' concept by suggesting that these gaps can be considered as benevolent, because they match well with the intrinsic features of this reality. The gaps of contingency are not caused by the interrupting power exercises of the Spirit, but they belong to the reality of creation. Consequently, Polkinghorne characterises the Holy Spirit as the 'Spirit of gaps': the Spirit is present, hidden and veiled, in the contingent spaces of life. Working on the inside of creation, in close connection with bodies, the Spirit contends that contingency (of bodies) and fullness of life do not exclude each other. On the contrary, gaps and fullness constitute two crucial characteristics of creaturely life. It is the contingent status of creation that provides the Spirit of gaps with the opportunity to allow ourselves, our bodies, to escape from self-constructed life templates of autonomy, infinity, ugliness and inadequacy. In the gaps of life, the Spirit restores the longing for fullness.[57]

Based on various pneumatological approaches to vulnerable and contingent creation, one could say that the Spirit of God introduces *vulnerability* as a *qualification* of the relation between God and creation. Vulnerability does not only mean that creaturely life is receptive to damage and disappointment. It is also true that one can find a particular quality in the experience of vulnerability: the capability to be kept safe and whole, to be

57. John Polkinghorne's approach to the 'Spirit of gaps' is developed in the context of the dialogue between faith and science. Likewise, the Pentecostal theologian Amos Yong contributed significantly to the current debate on science and religion (*cf*. Yong, 2006; 2011; Smith & Yong, 2010). Yong has developed a pneumatological theology of creation that allows for the understanding of 'Spirit' as a scientific category. He is also of the opinion that Pentecostal understandings of the dynamic presence of the Spirit in creation make a distinctive contribution to the scientific discourse.

healed and lifted. This vulnerability, which becomes tangible in the human body, can be understood as the realm of the Spirit of God.

9.3.2 Vulnerability and quality of life

This subsection is an elaboration on the idea of vulnerability of creation as the realm of the Holy Spirit, and of the suggestion that *in* the vulnerability of creation its quality can be found. The motif of vulnerability as bearer of quality does not match well with the common idea of human health. Yet, it is asserted here that the Spirit reveals the meaning of quality of life as health, on the basis of the theme of vulnerability.

Many people perceive vulnerability as synonymous with weakness and frailty. Vulnerability is often associated with new-born life as well as with life that is drawing to a close: vulnerability refers to a condition that is not desirable for people who want to be healthy and strong. That is why people turn to strategies of invulnerability (Culp, 2010:88). In certain situations, such strategies provide the necessary defence against uncertainty and destruction. Insurance policies, the building of dykes, having airbags in the car: these are but a few examples of how people, individually and collectively, try to defend themselves against their vulnerability. With regard to the human body, such defence mechanisms are usually incorporated in such a way that one's health and one's body are taken for granted. One's vulnerability is hidden behind the perception of the body as a machine that needs to be maintained with food, sports and vitamin pills, while the presence of disease is interpreted as failure of the body, because the body does not function properly.

When such shields of invulnerability become exclusive or primary defence mechanisms, a situation is created in which the human being refuses to accept the experience of vulnerability and finality of life. In a sense, creaturely life, the human body, and one's health are reduced to the reign of the human being. Exclusive strategies of resistance to vulnerability are in fact a denial of the Spirit's creation, in the sense that creaturely life is vulnerable, finite and restricted. Restrictedness, then, should be understood as the boundaries to the quantity of life, not as a reduction in quality of life. Any form of life that is called by the Creator Spirit, is final. Embodied life is restricted life by necessity, since life owes its value to its restrictedness. If there were no boundaries to human life, then life would lose its value and its quality. Precisely *in* the finality and vulnerability arises the quality of life.

Vulnerability as the realm and the breeding place of the Spirit means that (exclusive) strategies of invulnerability cannot be the work of the Spirit. The Spirit, seeking bodies and giving life to our bodies (Jensen, 2008:2), embraces the idea that one *is* one's body. The relation between the vulnerable body and the self is constituted by the experience that one cannot hide from one's own vulnerability, because the human being does not have a body, but he/she *is* his/her body, and thus his/her vulnerability. It involves the Spirit to understand the need for detachment of ideas about invulnerability, while these shields of invulnerability usually become tangible in the body and in the way we handle our body.

Vulnerability as the realm of the Spirit generates the idea that one's vulnerability is related to *the cross and the resurrection of Christ* through the work of the Spirit. One's vulnerability means that one is susceptible to suffering as well as to healing. Suffering can be understood as everything that opposes or undermines the intrinsic quality of creation, while healing implies life that becomes whole (again) in its broadest sense. Even though in the human condition suffering is unavoidable, God does not want the suffering, and therefore God's Spirit seeks restoration, healing, re-establishing broken or missing relationships. The Spirit aims at the transformation of vulnerable *suffering* life into vulnerable *healed* life. Vulnerable healed life does not mean that the Spirit turns evil into something positive, or that afflicted life will be somehow 'fixed'. The Spirit aims at a redefinition towards the self-understanding of one's *vulnerability as quality* of God-given life.

However, the shift from the vulnerable broken life to vulnerable healed life is a process that does not move in a direct line. The cross stands in between the two dimensions of vulnerable life. The presence of the cross implies the presence of the Spirit as well: "The story of the suffering of the messianic Son of God is the story of the suffering of God's Spirit too. But the Spirit does not suffer in the same way, for he is Jesus' strength in suffering, and is even the 'indestructible life' in whose power Jesus can give himself vicariously 'for many'" (Moltmann, 1992:64). Through the cross of Christ, the Spirit reveals the truth about God's love for creation, and about the quality of life that comes from God. The wounds of Christ's body deconstruct any kind of shield of invulnerability. The crucified and impaired Christ introduces a new understanding of vulnerability that is necessary in order to speak of healing. Creation needs the Spirit to see the depth of the cross, and to die of one's own body in the sense that one is to surrender the irrepressible tendency to deny and betray one's own vulnerability.

Dying of one's own body then implies that one has to surrender the strategies of invulnerability and the mechanisms of autosalvation. The Spirit of the incarnated God connects the cruciform death of Christ with the cruciform experiences that we have, in order to grace our vulnerable life. Willimon (2006:97) contends that "there is no other way for God to get to people like us without suffering our blood and injustice. And there is no other way for people like us to get to this God other than the way this God ordains, through death and resurrection, life from death, death as a way to life."

The vulnerable and broken body of Christ is included in His resurrection. Christ's glorified body is a site of wounds and scars, because this is how God reveals himself: He is the Lord of life who endows vulnerable life with quality, and with his resurrection power. In other words, in the gaps of vulnerable life, the Spirit of God offers a new hermeneutics of embodied life on the basis of Christ's resurrected body. Resurrection of vulnerable life does not imply the move from vulnerability to invulnerability, but the transformation from broken vulnerability into restored vulnerability through God's grace. Creaturely life will always remain vulnerable, but God's resurrection power reveals a deeply hidden quality in vulnerable life. It is this quality that enables us to speak of restored or healed vulnerability, which means the susceptibility to affirm God-given life amidst suffering. Eiesland (1994:101) asserts that the resurrected Christ with his impaired hands and feet transforms the taboos surrounding vulnerability and disability of the body, and links them closely with new abilities. Louw (2008:100) even states that in the disfigurement of the resurrected Christ a new theological model of wholeness and a metaphor for life within disfigurement can be discerned. The new hermeneutics of embodied life is thus a discontinuous continuity, because this life is now considered as life that belongs to God who has bound death, and at the same time has bound life by death.

9.3.3 Quality and beautification of life

One of the implications of accepting one's vulnerability is the Spirit's invitation to be involved in the beautification of life. Beautification centres on the conviction that creation is made to glorify God.[58] In other words, reclaiming the holiness and beauty

58. One could suggest that it is more appropriate to use the concept of glorification to describe the relationship of the Holy Spirit and creation. Glorification, it is suggested, is a more comprehensive concept, embracing both aesthetic notions of beauty and ugliness, while the concept of beautification seems to refer only to beauty. Yet, I prefer the terminology of beautification, precisely because it offers a more specific perspective on the relationship between Spirit and human beings. Beautification is inherently linked to the notion of God's glory, and is in this thesis intentionally and directly related to the theme of health and healing. While glorification could refer to more general ideas about human life in relation to God, beautification says something about the

of the vulnerable body is at stake here. It entails owning our vulnerability that is – living out that we are made bodies who are endowed with the beauty and the courage to exist in finitude.

Patrick Sherry (2007:12f) argues for a firm focus on the notion of beauty and pneumatology, for it will assist in retrieving a clear understanding of how God reaches out to his creation through the Holy Spirit. Moreover, this focus will have an effect on how we regard the world and the fruits of human creativity. Following Sherry's line of thinking, one could even say that this link between the Holy Spirit and the notion of beauty offers a broader understanding of the *healing* ways of God's Spirit in creation. The Spirit is the One who reveals God's glory and beauty in this world, for "the Holy Spirit ís the beauty of God" (Venter, 2010:189). This perspective has been developed by Jonathan Edwards, who successfully embedded the theological concept of beauty in a Trinitarian theology (*cf*. Sherry, 2007:8; Venter, 2010:187). The idea of a God who *is* beauty (and that divine beauty is the archetype of earthly beauty) can also be found in the writings of the Cappadocians, Augustine, Karl Barth and Hans Urs von Balthasar. Yet the attention for the involvement of the Spirit in the communication of God's beauty to creation provides a new avenue in the exploration of the relation between God and healing.

The Triune God is the source of all worldly beauty, which the Spirit communicates to the world. This beauty may refer to notions such as excellence, glory, symmetry, proportion, harmony, consent, union, love and holiness (*cf*. Venter, 2010:187), but even the motif of *consent to creaturely being* might fit the profile of the beauty with which the Spirit includes creation in God's glory and perfection. The Spirit then draws vulnerable creaturely life to her beauty and perfection. Just as the Spirit was present in the disfiguration as well as the transfiguration and beautification of Christ's body, so is the Spirit of God involved in the suffering as well as the beautification of human bodies, and of all creaturely life. The Spirit's mission of beautifying embodied life is about the retrieval of the quality of life.

How is the Spirit able to retrieve the beauty of a vulnerable, suffering creaturely body? The idea developed here is that the relation between *beauty and the cross* of Christ provides the foundation of the Spirit's beautifying mission of vulnerable life. Beauty is

particular identity of the human being before God. Moreover, the concept of the beautification of life embraces a certain kind of *dialectics* that is also present in our contemporary thinking about physicality, vulnerability and quality of life. The notion of beauty provokes thoughts about what is ugly, revolting, unfit, unhealthy and weak. It is this dialectics that is the core of the relationship between quality of life, beautification of life and the Holy Spirit.

linked to the biblical notion of God's glory. This glory of God is revealed to us by Jesus Christ, and ultimately on the cross. Viladesau (2008a:186) states that "for Christian faith, Christ – precisely on the cross – is the supreme revelation of God's being, God's form, glory, and beauty." In a sense one could say that the ugliness of the cross, the utter denial of God's glory and the destruction of God-given life, reveals God's love and the beauty and the perfection of life. One could also say that the Spirit's beautifying mission entails a *redefinition of beauty*, for the Spirit points towards Christ as the One who became body, was wounded and rejected. Christ became sin, became ugly, and died that way. He was resurrected with that mutilated body. Christ was glorified and beautified in that same disabled body. The suggestion is that the Spirit of God does not obscure or deny the wounds of his body, but rather redefines the quality of beauty: one cannot speak of beauty without referring to the cross and the resurrection as the way in which God has revealed himself in the history of salvation. God's saving grace has been revealed in His broken body. This means that the Christian idea of beauty hinges on the ugliness of the cross (Von Balthasar, 1982:124; see also Viladesau, 2008b:135-152).

The work of the Spirit entails a redefinition of beauty on the basis of the cross. Viladesau (2008a:187) actually refers to a *converted* sense of beauty, since God's glory and beauty are revealed in the opposite. This converted sense of beauty is to be applied to creaturely life as well, when speaking of one's involvement in the beautification of life. In terms of creation, beauty implies the consent to being a creature. This means the acceptance of one's vulnerability, implying that one carries visible and invisible wounds, diseases and traumas. Yet *in* the consent to being a vulnerable creature, is the beauty and the quality of creaturely life revealed, and is God glorified (Eiesland, 1994:89-106; Reinders, 2000:159-174; Berinyuu, 2004:202-211; Yong, 2007:155-192; Reynolds, 2008:159-174).

The relation between Spirit, vulnerability and beauty is, thus, that the Spirit is involved in the beautification of vulnerable life. Accepting one's vulnerability implies unveiling the quality of one's life, because creation is meant to be vulnerable and finite. Retrieving the quality of one's life amidst suffering, threats and damage, is synonymous with healing and retrieving wholeness that is not qualified by the presence of disease and wounds. This kind of quality of life is a converted sense of health: what health means becomes clear in the opposite, in the presence of suffering.

Once again we turn to the story of Grace Banda, to provide an example of health as consent to being vulnerable: Grace Banda's late husband had contracted HIV. Like many people in her environment, he had been ill for some time. There was this skin rash, fever, loss of appetite and steady weight loss. He died eventually from meningitis. Grace Banda feared that she would soon follow him. More information was becoming available on HIV; people were learning more about it. Everyone knew that if a man died of Aids, then his wife would soon die after him. For Grace Banda, it was not a question of whether she would die, but when. Her husband's death had made the family vulnerable, socially, financially, and perhaps now even physically. She asked God to give her one more year, to prepare her children for the life that was awaiting them without their mother, and without a breadwinner. At the clinic, where she went for the HIV testing, she was invited to come to a support group. There she met others who were HIV-infected, and was able to talk, to cry, to pray, to share, and to give and receive hope. By joining the support group, Grace Banda entered the process of accepting her vulnerability, her positive disease status, amidst the suffering of stigmatisation, the dependency on ARV medication, and the fear of dying. The acceptance of her vulnerability led Grace Banda to believe that it was possible to live positively with the virus present in her body. She came to learn that the quality rather than the quantity of life was important. The support that she received from the group made her focus on the enhancement of the quality of whatever life she had left. Grace Banda developed a positive attitude to the vulnerable life that she was given by God. Aids continues to ravage her extended family, and will also one day take Grace Banda herself. She is fully aware that she is susceptible to the damage of the virus, yet she is also susceptible to thanking and glorifying the Lord who is with her. In this sense, Grace Banda is a vulnerable woman who partakes in the beautifying mission of the Spirit. Living positively, then, is a redefinition of health, and of the beauty of vulnerable life.

9.4 CONCLUSIONS

This chapter forms part of the constructive exploration of Reformed articulations on health and healing. The aim here was to engage one key notion of an African health discourse with Reformed theological discourse, and to find out what would happen with Reformed articulations of health when the notion of *quality of life* is centralised in these articulations.

The exploration in this chapter builds on the findings of Chapter 4, in which the discourse on HIV/Aids is discussed and analysed. The conclusion was that the discourse on HIV/Aids seems to revolve around the motif of quality of life, whether medically, socially, or spiritually. The motif of quality of life represented an alternative understanding of health and healing, because it emphasises the presence of quality of vulnerable and suffering life. The emphasis on quality of life is an explicit rejection of the disqualification of life, and it sheds light on the subjective experience of the one who is ill. In other words, the notion of quality of life generates a *redefinition of healing*. Returning to the central question of this chapter, how will this redefinition affect Reformed theological articulations of healing?

The locus of linking the notion of quality of life with Reformed thinking is the doctrine of creation. The Reformed doctrine of creation reveals a high esteem for creation, in the sense that creaturely life is identified as qualitatively good life. The biblical resources on the original goodness of creation, the theological emphasis on the renewal of (the quality of) creation, and in particular the contemporary focus on the vulnerability of creation, point toward the inherent quality with which creation is endowed by its Creator.

The Holy Spirit is associated with the creation of cosmic life on biblical grounds. Creation is perceived as the product of divine breath, of the Giver of life. The Spirit is also believed to be the One who sustains creaturely life. In line with this sustenance by the Spirit is the idea that the Holy Spirit is involved in emphasising and upholding the quality of creation in its vulnerability. In other words, the vulnerability of creation is the realm of the life-giving Holy Spirit. In this research, the vulnerability of creation means that creation is susceptible to damage as well as susceptible to healing (*cf*. Culp, 2010). On the basis of a pneumatological approach, the notion of quality of life then generates a new Reformed perspective on healing: the Holy Spirit reveals that the *vulnerability* of creation is to be understood as a *qualification* of creation.

The work of the Spirit, upholding the quality of life amidst the vulnerability to damage and the vulnerability to health, is always the opposite of the mechanisms of invulnerability to which people resort in this life. The Holy Spirit invites persons to accept their vulnerability as a fundamental feature of creation. Receiving or consenting to one's vulnerability as characteristic of God-given life implies perceiving one's own life in the light of the cross and the resurrection of Christ. The vulnerability of God transpires in the cross and the resurrection, in Christ's susceptibility to damage and his susceptibility to

glory. The Holy Spirit redefines creaturely vulnerability in a Christian way, and reveals the meaning of vulnerability as quality of life: as life that belongs to God.

The redefinition of vulnerability by the Spirit is thus an invitation for human beings to own their vulnerability, that is to accept being creatures who are susceptible to damage as well as susceptible to wholeness. This human consent to being vulnerable can be understood as partaking in the Spirit's mission of *beautifying* creation, for accepting one's vulnerability is an act of beautifying one's life. The Spirit draws vulnerable creaturely life to her beauty and perfection. Yet, being beautiful here means being beautiful in Christian terms, that is: beautifying one's life through the ugliness of the cross. The cross of Christ is the only way to glorify God, and thus to consent to vulnerability, and thus to place one's life under the reign of God's beauty. In other words, the Spirit's redefinition of vulnerability goes hand in hand with a converted sense of beauty as a way of speaking about healing.

CHAPTER 10

THE SPIRIT AND POWER

This chapter is an exploration into Reformed articulations on healing in the African context. It follows the same methodological approach as the previous chapters in Part II of this thesis: the presupposition being that the engagement of health discourses, within the context of Africa, with Reformed theology will be fruitful in the exploration of Reformed pneumatological articulations on God and healing. More explicitly, this chapter centralises the notion of *power* as a key to unlocking Reformed pneumatological thinking on healing. The notion of power as a key is derived from the church-based healing discourse (as described in Chapter 5). At the beginning of the chapter, the central position of the motif of power in the church-based healing discourse will be recaptured briefly, and subsequently the meaning of the notion of power for Reformed thought about healing will be explored from a pneumatological perspective.

10.1 POWER AND THEOLOGICAL DISCOURSE

On the basis of the description of the church-based healing discourse (see Chapter 5), it became clear that the *motif of power* plays an important role in how health is perceived within certain circles of faith communities. Essentially, everything in the church-based healing discourse is focused on, and nurtured by, the concept of power. Power is understood here to belong to the frame of relationships: it is an unending series of manoeuvres that constitute one's existence and well-being. In other words, power equals health. The definition of power in the church-based healing discourse is that power is derived from power, which means that living beings receive their power to exist from another source: that is, God. God's power, which can be experienced through the presence of the Holy Spirit, is essential for human life and well-being. In

healing ministries, the notion of power has become so important that it functions as a parameter of spiritual healing interventions: without the reliance on God's power to intervene and heal, church-based healing ministries would be meaningless. Another reason for the centralising of the notion of power in the church-based healing discourse is that it refers to individual and collective transformation. The power of the Spirit can lead to religious, social, economic, political and ecclesiological forms of transformation in the sense that the call upon the power of the Spirit inaugurates a shift within existing situations and relations of suppressing power. The power of the Spirit brings liberation and transformation.

The relevance of the notion of power for the church-based healing discourse suggests that it could be worthwhile to explore the impact of the notion of power on Reformed pneumatological thinking about healing. The description of the church-based healing discourse shows that power is a common theme in AIC and Pentecostal circles, but what happens when the notion of power is made central to *Reformed* ways of speaking about God and healing? Would it be possible to articulate a clear link between divine power and healing so that it fitted within the Reformed matrix? In other words, the question raised by the church-based healing discourse is: *What kind of power can be attributed to God in relation to healing?*[59]

10.1.1 Reformed struggle with power

The theme of power is a precarious subject within Reformed theological discourse, because the idea of God's omnipotence results in a struggle with the question of the existence of evil. If God is all-powerful, how is the existence of evil then to be explained? The theological tradition understands power as a divine attribute that reveals God's power to do anything He wills (*cf*. Case-Winters, 1990:11). Classical theism sees divine power as a self-sufficient kind of power in the sense that God can dominate and control any kind of situation without the need for human involvement (Ford, 1987:234). Reformed thought on the power of God is strongly rooted in the Old Testament narratives about a personal God who directs his power according to his will in nature and over history (*cf*. Kish, 2002:1f; Sykes, 2006:81). The idea of the God of the Old Testament who is free to rule over creaturely life, and who is able to demonstrate his power as He pleases, is the basic thrust of the Reformed doctrine of

59. The basic form of this question is derived from Anna Case-Winters' work (1990) that looks into the problem of divine power and its *meaning* by asking what sort of power is being attributed to God (p. 11). In this chapter, the exploration of divine power is specifically linked to the theme of health and healing.

power: that is, the power of God is a divine attribute referring to God's omnipotence. God alone is able to do what He wills, and He has the authority to be in control.

This conventional idea of solitary power has dominated Reformed thought on God and power, as is, for example, revealed by Calvin's approach to divine omnipotence. His understanding of God's power defined subsequent Reformed understandings of divine power. Calvin saw God's power as the effectual exercise of God's will in order to bring all life into accordance with His purposes. This view on power was developed in close relationship with the doctrine of providence: God governs all things as He sees fit. Some implications of Calvin's ideas on omnipotence are the denial of genuine freedom of human life and the worsening of the theodicy problem. In response to Calvin's concept of divine power (and to those proposals that adopted Calvin's approach), Barth aimed at a re-visioning of power as a divine attribute of dominance and control. He did not regard divine power as an unlimited power, but as the ability to do things that affirm God's divine being, such as divine voluntary self-limitation in order to make room for creation and for the embodiment of divine power in Jesus Christ. However, it can be argued, as Anna Case-Winters (1990)[60] does, that Barth's effort to adjust the classic Reformed approach to omnipotence resulted in a change of the *scope* of divine power, but not in a change of the *meaning* of divine power. Power is still regarded as power in terms of unilateral domination, rule and control.

The major problem in most Reformed approaches to God's omnipotence, is that when God's power is reduced, God's identity is included. God has to be the source and the supreme holder of power, otherwise He would not be God. In relation to the complex relation between God's will and God's power (because the understanding that God can do anything He wills, opens the way for the understanding of a God who can will things that are destructive for his creation), Reformed theology embraced the distinction between absolute power (*potentia*) and ordained power (*potestas*) (*cf*. Sykes, 2006:249). This distinction can be traced back to the etymological difference between the Greek words *dunamis* (as the ability to do something) and *exousia* (as the authority or right to do something). In the New Testament, these Greek words are sometimes used synonymously, sometimes with different connotations. In general, this basic distinction between absolute power and ordained power brought some relief, but neither solved the tension between divine freedom and human freedom, nor between

60. For an extensive treatment of the approaches of John Calvin and Karl Barth, see A. Case-Winters 1990. *God's Power. Traditional Understandings and Contemporary Challenges*. Louisville: Westminster/John Knox Press.

God's rule and human suffering. The imprecision of the Reformed conceptualisations of power, which is thus a result of the unclear New Testament notions of power (Sykes, 2006:8), left the Reformed tradition with a weak and underdeveloped understanding of divine power as self-sufficient and governing.

Reformed receptions of power were influenced by the societal changes that took place after the Second World War. Christian theology was faced with "a committedly atheistic sociology which implicated the churches in collusion with injustice" (Sykes, 2006:104), to which Christian theology responded with liberation-theological and feminist-theological proposals. As a result, a different perspective on divine power emerged. God's power was no longer perceived as a self-sufficient and dominating power, but rather as the absolute opposite of power: that is, as weakness. The emphasis was on the powerlessness of God in Christ, which helped the church to identify with the powerlessness of the poor and the marginalised. Sykes (2006:104-106) identifies the Christian motifs of *kenosis* and *diakonia* as two significant factors in the development of the concept of God's powerlessness: Christ emptied himself and became a humble servant. This humility of Christ was applied to the divine attribute of omnipotence, so that God's weakness was understood as God's power.

The revised concept of divine power suggested that power could be seen as a *relational* category without aspects of dominance and self-sufficiency. As a result, attention was now directed to the relational dimension of God's power: that is, God's power is found in his ability to save creation (see, for example, Janzen, 1975:379-406; Berkhof, 1986:140-146; Ford, 1987:233-238; Case-Winters, 1990:201-232). Instead of holding on to an identification of divine power as self-sufficient, there was increasing interest for the conceptualisation of divine power as shared power, as "the capacity both to influence and to be influenced by others" (Loomers, 1976:17). The *novum* of this understanding of divine power as relational power is not so much that the scope of divine power is at stake, but rather that *new dimensions of God's omnipotence* are articulated. These newly addressed dimensions also have theological-anthropological implications. The process-feminist synthesis proposal by Case-Winters (1990) is a good example: by understanding divine power as shared, persuasive power (instead of all-determining causal power), there is a new opportunity to reflect on God's omnipotence as an empowering and life-giving force. The implication is that God's power does not eliminate the relative independence and power of the human being,

but, instead, uses them for the glory of God and the well-being of creation (Case-Winters, 1990:231).

Another attempt to move beyond the classic definition of power as domination is offered by Kyle Pasewark (1993). A major contribution to the redefinition of power can be found in his effort to retrieve the theme of power from political theory. Pasewark criticises the tendency to reflect on power in mere political categories since this reduces power to dominance ('power over'). Instead, he emphasises (based on Foucault, and in the footsteps of Luther and Tillich) the ubiquity of power. Power is present in all dimensions of life, and is to be defined as "the communication of efficacy" (1993:197ff). That is, the communication of life that has its origins in God. Pasewark's proposal to understand power as the communication of life is rooted in Luther's understanding that the power of God is always used for us. In this light, Pasewark redefines power as dominance ('power over') to power that exist only in relationships ('power to').[61]

Migliore (2008) has the same opinion about a redefinition of the nature of God's power. He makes a case for understanding God's power as *shared power* on the basis of the doctrine of the Trinity. His claim is that the living God, whose life is communal or social by nature, is "the power of self-giving love" (2008:82). Migliore shows that a full understanding of God's power will have a profound impact on Christian life. The power of self-giving love of the Father, Son and Holy Spirit can reshape the ways in which power is exerted in human life, both by individuals and communities. Christian politics, inspired by the power of God, is directly linked with forgiveness, hospitality to strangers and prayer for God's coming reign.

Reformed understandings of the concept of divine power seem to embrace two opposite perspectives: divine power as a self-sufficient or relational power. A rather radical shift from solitary power to shared power can be noted in Reformed discourse. The conceptual imprecision of the biblical concepts of power, in combination with global societal changes, contributed to the absence of nuance in Reformed theology on power. In other words, one could say that Reformed theology works with an underdeveloped notion of divine power.

61. Despite Pasewark's firm rejection of power in terms of political terms, one could conclude that the redefinition of power as the communication of efficacy could still be understood as a form of dominant power (*cf*. Kearsley, 2008:37).

10.1.2 Pentecostal understanding of power

Another theological perspective on God's power has been developed by the growing field of Pentecostal theologies.[62] Sykes (2006:107) places the Reformed understanding of divine power as weakness (as antagonistic to power) over against the Pentecostal emphasis on the importance of signs and wonders through God's power. In Pentecostal theologies, divine power is understood as the *power of the Spirit* that enables the believer to exist in a way that corresponds with God's intentions (*cf*. Anderson, 1991:120). One of the often mentioned aspects of Pentecostal pneumatologies is that the Holy Spirit is represented as the power that enables believers to conquer evil forces and malevolent spirits. The Holy Spirit is the enabler who brings victory in spiritual warfare, and who is considered as the "new Christian change-agent" (Kalu, 2002:122; see also Anderson, 2002:527). Gräbe (2002:241) contends that "the Pentecostal message of God's life-giving power, which delivers from evil and allows one to feel safe in a hostile world, is relevant to the existential world of Africa. The message of African Christianity must provide for the existential this-worldly needs, and not only for the life to come." The Holy Spirit is thus perceived as the divine power who guarantees fullness of life in the here and now (*cf*. Ngong, 2010:2).[63] Pentecostal theology of power, therefore, hinges on the person and the work of the Spirit, who is the key for "abundant life in a precarious socio-economic and political environment" (Kalu, 2002:129). Asamoah-Gyadu (2007:307) confirms the inextricable link between Holy Spirit and power when he says that "Pentecostalism is about the experience of the power of the Holy Spirit" (see also Gräbe, 2002:236f; Anderson, 2002:525).

The Pentecostal approach to power can generally be identified as a *thaumaturgical* theology of power. This means that this theology presupposes and insists that it is possible for humans to experience the extraordinary effect of the supernatural in creaturely life (Wilson, 1969:368). The Holy Spirit is capable of breaking into the lives of people in order to address their human needs and thus to reveal the victory of God's righteousness (*cf*. Asamoah-Gyadu, 2007:306). The focus on the power of the Holy Spirit is, therefore, rooted in the perception of reality as an open reality where

62. The chapter on church-based healing discourse addressed briefly the Pentecostal conceptualisation of the power of the Spirit, and came to the conclusion that the question of power is central in Pentecostal discourse.

63. In his work on the Holy Spirit and salvation in African Christian theology (2010), David Tonghou Ngong resists this kind of popular pneumatological soteriology, because according to him this approach restricts the African imagination, and eventually undermines the well-being of the whole African continent. Even though one could question Ngong's implicit redefinition of salvation for Africa (namely as a prominent position for Africa in the global political economy, p. 147), his proposal to reflect further and deeper on African pneumatological soteriology is innovative.

divine power intervenes on behalf of believers. One aspect of such a pneumatology of power is the hope for personal benefits in the present. Prosperity and deliverance from evil forces are perceived as signs of the Spirit's power. The effectiveness of the genuine power of the Spirit transpires in the ability of the Spirit to address existential, this-worldly needs and to turn them into situations of abundance. According to Anderson (1990:73), this pneumatology of power distinguishes Pentecostalism from other traditions.

The manifestation of the power of the Spirit also refers to victory over evil, allowing believers to live victoriously. As Anderson (1991:72) has pointed out, Pentecostal theologies have often justifiably been criticised with regard to an overemphasis on power and success at the expense of a theology of the cross (see also Gräbe, 2002:242; Fudge, 2003). The power of the Spirit is linked to a particular understanding of salvation, a holistic theology of salvation: salvation is not seen "exclusively in terms of salvation from sinful acts and from eternal condemnation in the hereafter …, but also in terms of salvation from sickness (healing), from evil spirits (exorcism), and from other forms of misfortunes" (Anderson, 2001:233; see also Anderson, 2002:527; and Matthey, 2004:407). In general, it can be said that in the Pentecostal understanding, divine power is seen as experiential, intervening and soteriological. In response to criticism on Pentecostalism's heavy emphasis on pneumatological soteriology, Amos Yong (2005:111f, with reference to Dabney, 2000:511-524) proposes a constructive approach to a pneumatology of the cross, whereby the Spirit is not only seen as the One who has resurrection power, but also as the One who leads followers of the Son to their crosses.

10.2 POWER AND THE HOLY SPIRIT

Christian theology in general is faced with the challenge of addressing a variety of meanings of divine power. This has been affirmed by the rather radical shift from power defined as a category of dominion to power as a relational category, as well as by the Pentecostal focus on power as experiential and soteriological. When it comes to Reformed pneumatology, addressing the concept of divine power is even more challenging, because the theme of power seems absent in Reformed perceptions of the work of the Spirit (see Chapter 6). In this subsection, the link between Spirit and power is explored with a focus on the dialectics between divine power and divine powerlessness.

The biblical tradition of divine power reveals a profound paradox of how *strength is generated by weakness*. In this light, Hans-Ruedi Weber (1989:114-137) refers to the biblical faith tradition of the *anawim* in the Old Testament: 'the poor' who receive a crucial role in the accomplishment of God's plan for this world. There are, for example, texts of the prophets that speak of a preferential divine love for those who are poor, small and vulnerable, and of how these *anawim* become involved in God's plan (Amos 2:6f; Zephaniah 3:11-13; Isaiah 52-53). Biblical narratives like the encounter between David and Goliath (1 Samuel 17:45), or the disobedience of the Hebrew midwives under Pharao's reign (Exodus 1:15ff), provide examples of the paradoxical nature of God's power: in the confrontation between the weak and the powerful, God's power works through the powerless in a great variety of ways (Weber, 1989:125). Also in the apocalyptic tradition references to God's paradoxal power can be found. The revelation of John, for example, discloses the victory of the powerful Messianic king, portrayed as the Lion of the tribe of Judah who had become a Lamb standing as though it had been slain (Revelation 5:5-6). Throughout the Scriptures, there is this dialectics that God's power is revealed in the presence of weakness and vulnerability. The suggestion is that a Reformed pneumatological perspective on power should register this dialectical approach to power: God's power is not so much the exact opposite of weakness, but it is rooted in frailty.

The cross and the resurrection constitute the *ultimate dialectics* of God's power. The resurrection from the dead means that the reality of suffering and death is taken seriously, but that God's love is stronger than death; the cross signals that it was not an all-powerful person who was removed from the cross, but a dead and powerless one. The tension of God's power is in the message that the cross points to victory: God's power is in his weakness, his death brings glorified life.[64] The cross stands for death, but also includes resurrection meaning. John's theology of the cross clearly understands the cross as triumph over the power of death, as an "instrument and point of victory, not the point of defeat which has to be reversed on Easter morning" (Marsh, 1968:618; see also Bultmann, 1955:56; Newbigin, 1982:160; Schillebeeckx,

64. According to Rücker (1985:210) this concept of a suffering God has difficulty finding access to African ideas of power, because they generally do not match with the doctrine of a God who surrenders himself to weakness. Mbiti (1973:402) conveys the same idea by describing the opinion of an African Christian who explains that Jesus is his Savior, "not so much because of the cross but because he is linked up with the God who, by virtue of his almightiness, can and does rescue or save the needy." Bongmba (2004:108), in his reflection on the concept of power in Africa from a theological perspective, emphasises that the notion of God's suffering is to be embraced: "One must insist that no conception of divine power is complete if it ignores the reality that God is a suffering God."

1980:409ff). The cross and resurrection are kept very close together, but not in such a way that the meaning of the cross is lost in the event of the resurrection. God's power is established *through* his suffering and death.[65]

The tension of the cross and resurrection is *held together by the Spirit* of God. The Spirit is the Spirit of Christ, the crucified One through whom it is possible to refer to the cross as the beginning of new life. Moltmann (1992:60-65) identifies the Holy Spirit as the One who accompanies Jesus in his life and death (see also Dabney, 2001:56). Jesus receives his power to proclaim the coming Kingdom in word and deed from the Spirit without limits (Luke 4:18-19, John 3:34), and the Spirit accompanies and empowers Jesus up to the point of his death on the cross. The passion story of Jesus can simultaneously be understood as the story of the Spirit, even though the Spirit does not suffer the same way as Jesus does (Moltmann, 1992:64; Novello, 2011:94). The Holy Spirit is associated with the power of an indestructible life (Hebrews 7:16, 9:14; 2 Corinthians 13:4), and She enables Jesus to surrender to death. The participation of the Spirit in Jesus' surrender is shaped by the Spirit's life-giving power to make this end the new beginning: the Spirit is not only involved in the journey to the cross, but She is also the *auctor resurrectionis Christi*, the source of life and re-birth of everything living (Moltmann, 1992:67f, with reference to Calvin, *Corpus Reformatorum* XLVII, 48).

In the Scriptures, resurrection events are considered to be the work of the Spirit, because the Spirit of God gives new life that is beyond the power of death (Romans 1:3-4; Ephesians 1:19-20; 1 Peter 3:18). Thomas (2002:262) contends that the New Testament authors based their perception of the resurrecting Spirit on the vision outlined by the prophet Ezekiel (Ezekiel 37) in which the Spirit of God brings new life to the dead. Romans 8:11 is an important foundation for biblical thought on the Spirit as the Spirit of resurrection. The basic thrust of Paul's link between the Spirit and the resurrection is that the Spirit of the Father is the One who gave life back to Jesus, and She is the same who gives life back to us. Durrwell (1986:146) says about the Spirit that "He is in the Fatherhood in whom he has his source, and in the sonship of the Son from whom he wells up. The mystery of the resurrection of Jesus is an illustration of this: the Spirit himself is the power of the resurrection which enables Christ to be the channel of the Spirit." The Pauline emphasis on the power and the presence of the Spirit does not only reveal the Trinitarian nature of the cross and the resurrection, it also

65. In his *Between Cross and Resurrection*, Alan E. Lewis develops a theology of Holy Saturday by exploring extensively the dialectics of God's power and glory. He takes his stance in the 'no-man's-land' of Easter Saturday, in the helplessness after death and before resurrection life.

reveals that the Spirit is distinctively the One who is present in the suffering and death of Christ. It is precisely this 'function of presence' (Novello, 2011:94) that belongs to the Spirit. In the cross, the Spirit is not subjected to the loneliness of the Son, nor does She experience loss as the Father does. Instead, the Holy Spirit is present "all the way into the horror of death, so that death will be finally conquered and transformed into life; that is, the resurrection life" (Novello, 2011:95). Through being present there where no one else can be present anymore, the Spirit presents God's faithfulness to Christ and, in the reading of Romans 8:11, also to creaturely life. In other words, the resurrection event is the other crucial event of God's creativity, bringing chaos and hopelessness to a halt: the breath of life, the Spirit, has found a way to move past the power of death. By holding together the mourning Father and the dying Son, She is their love in the midst of agony; her presence is life in the midst of death. Dabney (2001:58) identifies the Spirit as "the Spirit of the self-sacrifice and resurrection of Jesus Christ made manifest in the Trinitarian kenosis of God on the cross, the possibility of God even in the midst of every impossibility." This naming of the Spirit as presence and as possibility offers promising ways to reflect further on the relation between the Spirit and the resurrection of our mortal bodies. In this light, one could say that the Holy Spirit embraces the dialectics of cross and resurrection, and reveals God's power in creative and surprising ways. She points to death in order to reveal life, to weakness in order to reveal power, to suffering in order to reveal healing. The cruciform and life-giving ways of the Spirit reveal the paradox of God's power: in and through weakness, God has assumed power over his creation.

In the cross and the resurrection, the Spirit reveals new life. This new life is not only Christ's new and glorified life, but has become *our* new life as well, through the power of the Spirit. Thomas (2002:263) emphasises that our resurrection life is not only a state of being that refers to the new world of the new creation, but includes our creaturely being, our world with its space, time and finitude as well (see also Torrance 1976, Chapter 4). In other words, the resurrection of Christ becomes relevant to our daily life through the power of the Spirit (Romans 8:11; 1 Corinthians 6:14). The Holy Spirit relates Christ's new life to our life in such a way that we are enabled to experience new life, but not to the full: "The current presence of the Spirit is seen as a beginning that will be complete in the resurrection, a process that will be perfected in the spiritual body" (Thomas, 2002:267).[66] The Spirit is thus involved in actual resurrection

66. Paul's understanding of a spiritual or pneumatic body (1 Corinthians 15:44) is that the creation of the new body, the post-resurrection body, transcends the present body in a way that is totally beyond all possibilities

activities, but their nature is that of anticipation. Resurrection life of this world is *new life* that *anticipates* what is still to come in the final resurrection of the dead. When the Spirit then infuses our life with resurrection power, a particular newness of life can already be experienced in this reality, because the Spirit presents the first-portion or the guarantee (pledge) of complete newness of life (Romans 8:23; 1 Corinthians 1:22; Ephesians 1:13-14). For example, the experience of healing can be defined as the Spirit's gift of new life, even though it will always be 'unfinished healing'.

10.3 POWER, SPIRIT AND HEALING

The profound dialectics of divine power, embodied by the Spirit, requires a particular understanding of healing as the first-portion of new life. Healing by the Spirit means that one's full life, including the accompanying weakness and affliction, has been placed in the shadow of the cross *and is resurrected* by the Spirit of God. Welker (1994:326) speaks of the 'resurrection of the flesh' as life that is led out of the discontinuity signified by its own death by being led *through* this discontinuity. Resurrection life, then, is not to be understood as a perspective that offers an escape from this vulnerable life into 'a better world', in triumphant and soothing tones. Rather, resurrection life entails a *redefinition of death* that confesses God and acknowledges that one cannot survive the grave. As Alan Lewis (2001:428) emphasises, "God's victory over death, as the Christian gospel tells it, is not a matter of smooth, ensured survival but a new existence after non-survival – a quite different reality, for us as well as God." This new life after non-survival, this being led through the discontinuity of life, is what Welker (1994:325, 328) calls a *valid* reality of the communion of the living and the dead. By identifying resurrected life as valid life, he circumvents the suggestion that healing or resurrection life is predominantly eschatological, and allows for speaking about earthly life that is capable of experiencing resurrection in this world, despite its discontinuity.

The discontinuity, the non-survival of human life is fully part of earthly life. Creaturely life means that there is termination of life. Yet through the power of the Spirit, it is also possible to say that creaturely life has a resurrection dimension, because our non-survival can be identified with the cross of Christ in the sense that God's own death redefines our death, and leads human life through this discontinuity: "We may place our own death into that aching void between the forsaking Father and the forsaken Son, and see it swallowed up, as the waters of the Red Sea enveloped the Egyptian pursuers

of the old aeon. The expression of the post-resurrection body as the spiritual body is to emphasise that God's Spirit is the *only* force that creates the new body (Lampe, 2002:103-114).

of the Hebrews. For the Spirit holds the Father and the Son together in their separation, proving still more powerfully creative than death is powerfully destructive, so that in the sundered family's reuniting, the loving arms of God close over our death in an embrace of life, cancelling its fearfulness forevermore" (Lewis, 2001:430). In this valid reality that the Spirit creates by holding together the Father and the Son, healing turns out to be the kind of renewal that is linked with prayer for bravery, for losing our fear of death.

The Spirit leads human life through its discontinuity when one has the faith, courage and wisdom to recognise the illusion of immortality. Resurrection life is not the same as infinite life. It is healed life in the sense that it belongs to the weak and foolish power of the cross. Losing our fear of death is rooted in the cross, in God's power that is victorious *through* Christ's non-survival. This power is resurrecting, death-destroying power; it is the power of love that outstrips sin, suffering and death in the fecundity of grace and life: "To live in the face of death an Easter Saturday existence, trusting in the weak but powerful love of the crucified and buried God, … we are invited bravely and with frankness to admit our own defencelessness against the foe and entrust ourselves and destiny to the love of God which in *its* defencelessness proves creative and victorious" (Lewis, 2001:431).

Resurrection life or healed life then is to be understood as life unfolding under the power of the life-giving Triune God. The Father's love, the Son's vulnerability and the Spirit's creative presence provide a valid reality for rebirth, for a renewed identity beyond the boundaries of death and destruction. As the Scriptures witness, this divine power can be effective in many different ways (Migliore, 2008:42), both in individual and in communal life. Perhaps one could say that when life is led to non-survival, the Spirit of God marks this life with her power of love. She embraces every woman and every man who has to move through the discontinuity of life, and She elicits us for the spread of justice, peace, full life, God's shalom. In this sense, there is a clear notion of *eschatology* in the work of the Spirit. Bernard Cooke (2004:185-189), for example, proposes that the life-giving power of the Spirit can be understood as a divine embrace, as God's invitation to ultimate fulfilment (187). God's outreaching embrace, the efficacies of the Holy Spirit, draws creation into God's future. Cooke emphasises that this invitation of the divine embrace includes the vocation to discipleship. Through the power of love, the Spirit inspires people to become agents of hope and justice and liberation: "Embraced by the Spirit-power of God, women and men will be able to

conquer those powers that would diminish them and instead use beneficent powers to become united with God and one another in the power of the Spirit" (Cooke, 2004:189).

The relationship between Spirit, power and healing draws attention to the theme of *justice*. The work of the Spirit is not a-political, but fully involved in the enhancement of love, mercy and justice. Welker's *God the Spirit* is an important source for understanding the Spirit's agency regarding power and healing, because it offers an indispensable socio-political perspective on the Spirit's presence in this world. In Welker's terminology (1994:228ff), the outpouring of the Spirit is the power by which God accomplishes the divine will of love and righteousness. This means that the Spirit inspires people to influence both their proximate and their distant environments in ways that lead to the extension of God's people, to the unity of people with Christ, and to their deliverance from lostness, powerlessness and dejection (Welker, 1994:229).

The link Spirit/justice has been recognised as a crucial perspective in the development of Reformed theology and pneumatology in Africa. Particularly with respect to the development of healing theologies, it is important to accept that theological and pneumatological reflection ought to be shaped and influenced by social, economic and political realities. In this light, the challenge of epistemological transformation of Reformed theology must be mentioned. Rian Venter (2012a:1-21) argues that doing theology in a South-African post-apartheid context requires new approaches that include the existing social realities and conflicts. He emphasises that new modes of knowledge production are necessary for theological education, and identifies 'space-making' as the keyword in the transformation of doing theology. Space-making is about epistemic compassion, and stands for deliberately extending the focus to Others, for including the excluded and the neglected, and for valuing the notions of memory and recognition (Venter, 2012a:9). Doing theology with space-making as its leitmotif has notions as justice, compassion and resistance to existing social power relations at heart.

Sensitivity to the socio-political work of the Spirit, the establishment and enhancement of justice and mercy, creates an epistemological and hermeneutical challenge for the entire community of believers: "A community that is obligated to practice mercy thus becomes committed to constant self-change and self-renewal, to self-critical rethinking and reorientation. (…) [M]ercy is to go hand in hand with the establishment of justice" (Welker, 1994:119).

Once again the tale of Grace Bande provides an appropriate example for this debate on power and resurrection: Grace Banda grew up with the understanding of power

as an existential force of life. Power was something that had its origin in God, and was mediated through spiritual and interpersonal relations. Everyone she knew was involved in acquiring power and influence. Power permeated all of life. Being fertile implied power; being wealthy implied power; being healthy implied power. It meant that life was highly hierarchical, and that everyday life was an existential power play between people. She used to ask herself: "Who did this to me?" when she sometimes was weak or ill, because it meant that someone had tried to take her life force through a spiritual medium. At a later stage in life, when she moved from her village to the capital city, Grace Banda became a Christian, and started visiting the Reformed Church that was close to her house in the compound. She learnt about the power of God, and the power that God had bestowed upon the children of God. God was an almighty God who sees everything, and who knows every sinful deed, and who hears every prayer. In church, she was confronted with a God who became weak, and even died on a cross. This aspect of God's life was difficult to understand, yet the power of this God is obvious: He defeats death by his resurrection power, and is victorious. She wanted to belong to this God, who is so powerful, and who promises to share this kind of power with his children. That is why Grace Banda thought that the book of Revelation is the most powerful part of the bible: its impressive images allowed Grace Banda to envisage herself with a white robe, a crown, and the victory over all her suffering. When her husband and her daughter passed away, and when her own illness was disclosed to her, she did not wonder about which one of her relatives and friends tried to weaken her life force, because she was convinced that so much suffering had to be the work of the devil, trying to lead her away from her God. Grace Banda focused on Jesus Christ, the Son of the powerful God, because she needed his kind of power in order to survive. She started to place all her hope in Jesus, who had suffered on the cross so that she would be resurrected and live with him. She longed to be relieved from this predator in her body. She wanted to be like Lazarus, whom Jesus had called out of the grave. How would such a resurrection experience be? What would it be like, to be strong again, to live without sores, and to be fit enough to radiate vitality and to find an occupation again? In what sense would her life be changed? Grace Banda started to think about the meaning of resurrection. When she asked her friends about their understanding of resurrection life, they talked about surviving a terrible road accident, about overcoming an illness, about knowing how to deal with an addiction. They had experienced resurrection moments, and they praised Jesus Christ for his resurrection power which He had infused in their lives.

Grace Banda loved these testimonies about the powerful Christ, the Lion of Juda. They made her realise that, with this God, she was safe. Still, her search for healing was linked more closely to her cross-like experiences. She knew that she was dying, despite the medicine. Yet she had the feeling that God would be faithful, just as Christ had been faithful by returning from the dead. His death preceded her death. Grace Banda began to see that ín Christ's victory, there was his death, his non-survival. Before Christ's victory, there was death's victory. God had to give in, just like she has to give in, some day. It was an agonising thought, but it made her perceive her life in a different way. God had been faithful, because Christ was resurrected through the power of the Spirit. She knew that the Spirit was doing the same thing with her life now: God has placed her life close to Him, close to the cross, and now the fear was going away. Sure enough she felt the bitter pain of leaving her children behind, and she was anxious about how painful and lonely the process of dying might be. She had witnessed the dying of her own daughter. But she also had the feeling that the Spirit of God had redefined her life: the power of His love and faithfulness now gave her the strength to live through the illness and the suffering. She sees now that resurrection is not that the Spirit removes the illness from her body (in a miraculous way) so that she can continue with life as it was before; instead, resurrection is the work of the Spirit who encourages her to search for God's power beyond her own illness. One of the many ways in which Grace Banda tries to embody resurrection life, is in avoiding passing the HIV infection to someone else. For the virus in her blood cannot outlive her if she keeps the virus to herself; but if she allows the virus to infect someone else, it will survive and prosper and kill others, even long after she dies. Binding the virus to her own body would mean that the day Grace Banda dies, the virus will be buried with her and will be finished. That is her personal victory over the virus; that is how Grace Banda seeks Christ's example of resurrection and death-destroying power. This is how she embodies the power of God.

10.4 CONCLUSIONS

This chapter offers an exploration into Reformed articulations on God and health on the basis of the motif of power. In some way, the exploration is a continuation of Chapter 5, in which the church-based healing discourse was identified and described as an important source of health conceptualisations currently existing in southern Africa. It turned out that the notion of power is the centrepiece of the church-based healing discourse. In this chapter, power was made a key theme for theological reflection on

health and healing on the basis of the question: "What kind of power can be attributed to God in relation to healing?"

It was shown that the notion of divine power is a precarious subject in theological discourse. Divine omnipotence namely touches on complicated topics like the existence of evil, power as the unilateral dominance and control that excludes human responsibility, and on power as victory that disregards human suffering. Theological reflection on divine power is thus a complicated enterprise.

There is, however, one clear observation to make: the theme of divine power implies a *dialectical* approach. Speaking about God's power requires the inclusion of the paradox that God's power is revealed through his weakness. The Scriptures narrate God's preference for those who are weak and powerless, and how God involves them in his plan of salvation. The ultimate paradox of divine power is found in the cross and resurrection: God himself becomes weak on the cross, and surrenders to death. His death and non-survival establish new, resurrection life. In and through his weakness, God has assumed power over his creation. This profound paradox of divine power is embraced by the Holy Spirit: her power is associated with Christ's surrender to the cross, and with His resurrection to new life. The Spirit's power of indestructible life led Christ out of the power of death by leading him through the power of death. The same power of the Spirit makes us share in Christ's death and resurrection.

In this sense, healing by the power of the Spirit means that one's life is led out of the discontinuity by being led *through* the discontinuity. In our present, creaturely life there is death in all forms. Yet there is also the indestructible life power of the Spirit who connects Christ's resurrection with our life, and places our life in the valid reality of God's love. Healing is the experience of new life after non-survival, through the power of the Holy Spirit. This is the kind of power that can be attributed to God in relation to healing: it is the power that enables one to surrender to the power of death, and that can make a new beginning after non-survival. Healing by the faithful power of the Spirit is the annihilation of death in life after non-survival.

CONCLUSION

GATHERING FRAGMENTS

Grace Banda's quest for healing and well-being is the quest of many believers in Africa. Her story mirrors the challenge faced by Reformed believers: to make sense of the daily confrontation with illness and suffering in a context where illness and suffering are all-pervasive and life-threatening, and where multiple secular and religious health understandings flourish. As a Christian, Grace Banda received a particular, yet one-sided, understanding of healing from Reformed theology. Within the Reformed tradition the theme of healing is barely addressed, because health and healing are mainly associated with the work of medical doctors. One's physical condition belongs to the medical realm; such is the implicit idea within most missionary churches. The Reformed impotence to include aspects of physicality and healing in the pastoral message of the faith community often leaves Grace Banda with the idea that she is to look for answers elsewhere. She is looking for who God is amidst her illness, her sorrow, her life and death. She is looking for possibilities to create a link between God and her quest for healing in the broadest sense of the word.

The situation of the fictitious person Grace Banda forms the background of the research problem. Reformed believers in southern Africa witness how mainline churches fail to address the relationship between God and healing in such a way that this relationship makes sense to them. The reason for the Reformed lack of effectiveness can be found in the dichotomy between spirituality and physicality, in the underdevelopment of substantial reflection on the God who heals, and in the absence of a clearly outlined idea of health. Reformed church and theology in southern Africa lack a meaningful, contextual approach

to the theme of health and healing, and that is why they are faced with the challenge to search for new ways of articulating the link between God and healing.

One way of exploring new expressions of the link between God and healing is by focusing on the Holy Spirit. In the African context, the role of the Spirit/spirits in relation to healing is of great significance, and thus it seems worthwhile to embark on a journey, exploring the possibilities and impossibilities of the link between Spirit and healing from a Reformed perspective. The specific problem of this research is to find out whether *a pneumatological exploration, sensitive to multi-layered understandings of health, could open productive avenues for Reformed theology in southern Africa*.

The journey consists of two main stages. The first stage is a necessary step in order to gain an understanding of the phenomenon of health. What do we mean when we talk about health, or when we search for healing? How is health perceived in southern Africa? The second stage is the engagement of the findings of the first stage with Reformed pneumatological discourse in order to find out whether productive avenues can be opened for Reformed theology in southern Africa.

Constituents of health

One important pillar of this research is the assumption that health is a multi-dimensional concept. The definition of health is determined by internal rules and institutions that are meaningful to a particular group in society. This means that how one perceives health is influenced by factors like one's experiences, tradition, gender, age, income and religion. Thus, one's understanding of health never develops in a vacuum, but is actually created by one's social frame of reference. *Health is a social construct*, developed within particular frames of understanding. This insight provides the basis of this theological research on health and healing, because it implies an *open* understanding of health. In other words, the understanding of health as a social construct requires a basic sensitivity towards the open, non-exclusivist nature of health, which implies that the meaning of health is always rooted in *contextuality, subjectivity, discursive structures in society, globalisation processes, hybridity of health ideas, and the need for people to make sense of their situation*. These elements are the building blocks of any construction of health; they constitute health.

An open understanding of health will allow church and theology to be continuously involved in developing and articulating new interpretations of human illness, suffering, healing and health. If theological reflection considers the fact that health ideas are

always constructed in a particular context on the basis of specific, subjective, hybrid, individual and collective experiences and beliefs, then it means that health need not to be understood only in biomedical terms of physicality, absence of disease and objectivity. Rather, understanding health as a social construct automatically entails a broadening of the field for theological reflection on health, illness and suffering.

Health discourses

Perceiving health as a social construct thus has a major implication for theological reflection. It means that health is no longer defined by one health discourse, namely the scientific biomedical discourse, but by *multiple and different health discourses*. In other words, church and theology do not only need to relate to the biomedical understanding of health, but also to the other constructions of health that are generated by contextual, subjective and discursive frames in southern Africa. On the basis of cultural and medical anthropological research, I have identified *four health discourses* that are prominent in the southern African context. These health discourses are the African traditional healing discourse, the missionary medicine discourse, the HIV/Aids discourse, and the church-based healing discourse. Each health discourse offers a systematic or coherent pattern that produces an understanding of health on the basis of its particular truth claim. This means that each health discourse excludes the truth claim of other health discourses. Thus, the discursive structure of *African traditional healing* produces and validates the statement that illness is an indication that one's wholeness is damaged, and that healing requires the effort of restoring the harmony of relationships within the system of ancestors, healer-diviner, kinship and environment. The discourse on *missionary medicine*, also characterised as Christian medicine, generates a different truth claim: Illness is an indication of the patient's sin, and healing of the body refers to the spiritual transformation of the patient. The *HIV/Aids discourse* is a typical example of how the discursive frame can be renewed from within: the epidemiological truth claim about disease as a virus is affirmed and simultaneously adjusted by the beyond-epidemiological truth claim about disease as a social category. The *church-based healing discourse* validates the understanding of healing as deliverance from evil forces by the power of the Holy Spirit.

Health motifs

As shown in the first part of this research (Chapters 2-5), each health discourse produces a particular understanding of healing. It is important to emphasise that each truth claim about healing is a *valid* understanding of healing, even though they exclude

one another. That is simply given with the understanding of health as a social construct. Thus, when it comes to reflection on health and healing in the southern African context, one has to consider these truth claims of the various health discourses, because they reveal which *important motifs* are centralised in African perceptions of healing. The Chapters 2-5 were designed in such a way that every chapter provided a description of each health discourse and its truth claim. From this description, a key motif was identified as the central idea about health and healing. It is thus possible to say that the main motifs in African perceptions of healing are: *relationality, transformation, quality of life and power*.

The identification of important notions of health conceptualisations in the African context is a crucial step in the exploration of new, plural, diverse and contextual Reformed approaches to healing. The aim of the research is to broaden and suggest a revision of Reformed pneumatological reflection on healing, and the central motifs in African perceptions of healing are a constructive part of it. In a sense, they function as keys to unlock Reformed pneumatological discourse for new ways of understanding the link between Spirit and healing.

Engagement with pneumatological discourse

After mapping African multi-layered understandings of health, the second main focus of the research is the field of Reformed pneumatology. In order to explore new ways of articulating the link between Spirit and healing, a matrix of Reformed pneumatology is needed. Faced with the dilemma of articulating a Reformed pneumatological matrix, the term 'matrix' refers to a dynamic collection of various strands of Reformed approaches to the Holy Spirit. By looking at particular motifs that appear regularly in these different strands, the contours of a Reformed pneumatological matrix emerge. The Reformed pneumatological motifs identified in this research are a Trinitarian perspective on the Spirit, the relational dimension of the person and the work of the Spirit, the multiplicity of the Spirit's work, a very positive qualification of creation, the correlation of Spirit and Word, the eschatological dimension of the Spirit's work, and the cessationist perspective when it comes to the agency of the Spirit.

It became clear that the theme of Spirit and healing does not occupy a prominent place in Reformed thought, and a motif such as cessationism is obviously a complicating factor in identifying a link between Spirit and healing. Yet, the Reformed pneumatological matrix also offers other perspectives: the motifs of relationality, transformation, and quality of life are strongly present in the matrix of Reformed pneumatology.

These motifs provide support for the link of Spirit and healing, because the same motifs are also present in the African multi-layered understandings of healing. This congruency forms the foundation for the engagement of African health perceptions with pneumatological discourse.

I understand the engagement of African multi-layered understandings of health with Reformed pneumatological discourse to be a process of gathering pneumatological fragments of healing as new ways of articulating the link between Spirit and healing.

Fragment 1 Spirit and relationality

The notion of relationality (a key motif of the African traditional healing discourse) introduced the idea to speak about God and healing on the basis of relationships. With a focus on the Holy Spirit as the bond of love in divine communion, and as the ecstatic One who communicates God's relational life to creaturely life, it can be concluded that the Spirit produces articulations about God and healing on the basis of relationality: The ecstatic Spirit, the bond of love, places God self in the midst of creation, meaning that God's relational well-being touches human life in concrete and material ways; we find our health and healing within the web of relations with God, other human beings, and the environment. In other words, through the focus on the Spirit, any theological reflection on human health refers to God's life.

New articulations of the link between Spirit and healing can thus be developed on the basis of relationality. In the African health discourse, relationships are synonymous with health and well-being; in Reformed pneumatological discourse, there is a close link between the Spirit and relationships (union with Christ, communion of believers), but there is no direct connection between relationships and health. However, new articulations of the link between Spirit and healing can be developed when the identification of relationships and health in the work of the Spirit is emphasised: the Holy Spirit places humans in relationship with God and with one another, and thus the Spirit gives life, healing and well-being. The existence of relationships and the restoration of bonds can be seen as the efficacies of the Spirit, who aims at the well-being of creation. When one is brought into relationships that produce vitality, forgiveness and restoration of one's identity, then that can be identified as healing. It is the work of the Holy Spirit.

Fragment 2 Spirit and transformation

The notion of transformation (a key motif of the missionary medicine discourse) draws the attention to the complex nature of transformation. In the missionary medicine discourse, transformation was located at the intersection of materiality and spirituality, which was displayed by the close connection between the conversion of the soul and the healing of the body. The missionary understanding of transformation draws the attention to the meaning of transformation in relation to God and healing. The complex nature of transformation in Reformed pneumatology is rooted in the spiritual union with Christ (forensic understanding of salvation) and in the metaphorical language of transformation. The metaphor of adoption is familiar in Reformed pneumatological thought, and a focus on the Spirit of adoption with her disruptive work and her counter-cultural charismata allows for an understanding of healing as transformation that includes both body and soul. The Spirit of God draws humans into processes of transformation which aim at the establishing of justice, mercy and knowledge of God in this reality. It means that the transforming work of the Spirit does not only cause change in the spiritual life of the believer, but also that the Spirit claims any dimension of the believer's life. Being drawn into union with Christ through the Spirit thus means that body, soul, relationships, family, environment, occupation and any other part of human life are placed in the realm of the disorienting Spirit. The Spirit of God works in countercultural and disorienting ways in order to re-orient concrete life according to God's love and justice. This kind of all-embracing transformation can be defined as healing and restoration in the light of God's desire for wholeness of creation.

New articulations of the link between Spirit and healing can thus be developed on the basis of transformation. In the African health discourse, there is a direct link between transformation, healing, soul and body; in the Reformed pneumatological discourse, the spiritual transformation of the believer is centralised, but the physical dimension is neglected under the influence of a strong use of metaphorical language. However, new articulations of the link between Spirit and healing can be developed when the link between grace, transformation and body is recognised in the work of the Spirit. Reformed pneumatological discourse does not allow for viewing the body as the site where God's grace is reflected directly (in the sense that physical restoration is synonymous to being saved), but that does not mean that literal transformation is to be excluded from Reformed pneumatological discourse. The revaluing of the meaning of physicality and materiality in relation to the Spirit, in combination with the awareness that metaphorical language refers to the elusive nature of transformation

but does not necessarily exclude literal transformation, produces new articulations of the link between Spirit and healing with God's grace, disorientation, counter-cultural charismata as key words.

Fragment 3 Spirit and quality of life

The notion of quality of life (a key motif of the HIV/Aids discourse) draws the attention to an understanding of healing in the presence of suffering and illness. Within the HIV/Aids discourse, healing refers to something other than the removal of the virus from the body. Healing then cannot be defined as the absence of disease or the full recovery of physical functions, and disease does not imply a disqualification of life. Rather, the notion of quality of life implies a new perspective on healing, namely healing as living positively, as the retrieval of quality of life. A focus on the cosmic Spirit leads to an understanding of creaturely life as vulnerable life by definition. The vulnerability of creation belongs to the realm of the Holy Spirit, who redefines vulnerability as quality of God-given life. Accepting one's vulnerability as life that belongs to a vulnerable God means retrieving the quality of life that is given with creation. From a pneumatological perspective, this is a process of healing. One of the implications is the Spirit's invitation to be involved in the beautification of life, which is about reclaiming the holiness and the beauty of the vulnerable body for the glory of God. Retrieving the quality of one's life amidst suffering, threats and damage, is synonymous for healing that is not qualified by the presence of disease and wounds, but by the love and the beauty of God.

New articulations of the link between Spirit and healing can thus be developed on the basis of quality of life. In the African health discourse, healing is living positively with HIV/Aids, and it means the retrieval of quality of life amidst vulnerability; in Reformed pneumatological discourse, creation and human life is generally valued highly, but the quality of creaturely life is not directly related to the vulnerability of creation. However, new articulations of the link between Spirit and healing can be developed when the notions of quality of life, vulnerability and beauty are attributed to the work of the Spirit in creation.

Fragment 4 Spirit and power

The notion of power (a key motif of the church-based healing discourse) raises the question about what kind of power can be attributed to God in relation to healing. The Pentecostal perspective on the power of God's Spirit is closely related to a particular understanding of the agency of the Spirit, whereby the Spirit is experienced as the agent of change, blessing, liberation and healing. In traditional Reformed theology, God's

power is generally understood as a divine attribute that reveals God's omnipotence, even though new perspectives on the theme of power can be noted. The prominent emphasis on power in the church-based healing discourse triggered the question about the kind of power that belongs to God in relation to healing. A pneumatological focus leads to the paradoxical nature of God's power: the Spirit of Christ holds together the ultimate dialectics of cross and resurrection, and makes us share in Christ's new life by leading us *through* the discontinuity of life, which is non-survival. Only this kind of paradoxical power, that speaks of defencelessness, death, faithfulness, and love, is the power that brings healing. Healing by the dialectical power of the Spirit is the annihilation of death in life after non-survival.

New articulations of the link between Spirit and healing can thus be developed on the basis of power. In the African health discourse, power is synonymous with vitality, healing and blessing coming from God; in Reformed pneumatological discourse, power is not a well-developed theme, and certainly not in relation to healing. However, the link between Spirit and healing could be explored further by emphasising the dialectics of the cross and resurrection in the work of the Spirit. The focus on the Spirit entails a redefinition of power, and opens productive avenues for articulating healing as embodying resurrection life.

Re-visioning Reformed pneumatology

In exploring and expressing the link between Spirit and healing in new ways, this study contributes to a re-visioning of Reformed pneumatology. The identification of specific ideas that are central in both the African health discourse and the Reformed pneumatological discourse provided the basis for a re-visioning, because it drew attention to Reformed motifs that could be retrieved and redefined in the light of healing. Reformed pneumatology can be reconsidered by articulating the link between Spirit and healing through the identification of relationships and health, through disorienting and counter-cultural transformation, through the quality of vulnerable life, and through paradoxical power. These new articulations also imply a revision of the agency of the Spirit, because through her healing work She creates our relationships and places us within them; She is effectively at work within us (spirit, soul, body), in our practices, in society; She beautifies our vulnerability; and She makes the impossible possible.

Contribution to African Reformed theology

This research can be seen as a relevant contribution to African Reformed theology, because it recognises the importance of the theme of healing for Reformed theology; it broadens the understanding of healing by describing four major health discourses in southern Africa, and by including multiple contextual motifs of health; it focuses on the complex link between Spirit and healing; it identifies a matrix of Reformed pneumatology; and it offers four pneumatological fragments on healing. The contextual, interdisciplinary, and constructive elements in this research on healing and pneumatology make a meaningful contribution to Reformed theological discourse in southern Africa.

Final conclusion

In this research, multi-layered understandings of health were engaged with Reformed pneumatological discourse. The identification of four health motifs, featuring prominently in African health discourses, with the work of the Holy Spirit generated four pneumatological fragments on healing. These fragments can be understood as new articulations of the link between Spirit and healing, but they do not offer a comprehensive approach to the problem complex of Spirit and healing. They are explorative constructions, and part of the open-ended adventure of intimating the work of the Spirit in our life.

The new articulations of the link between Spirit and healing (on the basis of important notions of health) allow for a positive evaluation of my hypothesis. The pneumatological exploration, sensitive to multi-layered understandings of health, opened productive avenues for Reformed theology in southern Africa. The unlocking of a Reformed pneumatological reflection on healing was achieved by perceiving health as a social construct, by considering current health discourses in Africa, and by constructing an encounter between African health discourses and Reformed pneumatological discourse, which is an open discourse and sensitive to contextuality. The focus on the Holy Spirit enabled the discovery of particular dimensions of healing that refer to God's involvement in creation and address life in the African context.

When we think about who God is amidst our illness and suffering, we may focus on the work of the Spirit, because then we can discover that God is with us. As sons and daughters of God, we are assured of His faithfulness through His Spirit. Just as She filled our lungs with the breath of life when we were born, so will She continue to empower and inspire us throughout the heights and depths of our lives. When we experience illness, the Spirit shares God's life with us, just as She once did with Jesus

on the cross. She is present in our loneliness and embraces our despair, groaning and praying within us until the pain subsides and relief comes. She gives us the power to act upon our healing by enabling us to relate to others. She is the One who leads us to people who strengthen, love and bless us so that our well-being and healing are embedded in these relationships. That is the gracious work of the Spirit. We can experience the agency of the Spirit when She touches our vulnerability. We humans detest the weakness and vulnerability that we experience in our illness. In the confrontation with our vulnerability, we focus on being fit and healthy, and usually see healing as a return to our physical or mental fitness. However, while we simply want our bodies to be restored, the Spirit wants our identity to be restored. She challenges the idea that our identity is determined by fitness or illness, and therefore bestows us with her gifts that will lead us to our true identity: that is, that we are the ones who are loved by God and that we fully depend on Him. That is healing according to the ways of the Spirit. When we learn to live in the Spirit, we may experience that God's faithfulness is beyond non-survival and impossibility, for the Spirit will make a way where we cannot discern one, and help us to become who God meant us to be.

After reaching the conclusion that a pneumatological perspective on healing holds the promise of new, contextual ideas on healing, there is one further observation that should be mentioned at the end of this study. It concerns the fact that health and healing is a very complex topic to undertake due to the many different dimensions of (the meaning of) health. During the exploration of new theological responses to healing, I discovered how this differentiated nature of health was undermined regularly due to my dominant biomedical understanding of healing as an objective process of restoration and physical recovery so that the body can function properly again. It happened frequently that I realised after some time that the biomedical construction had prevailed over other constructions of health, and that I was searching for theological articulations of healing in terms of physical relief, absence of pain, and retrieval of the situation as it was before. It took some effort to become conscious of this mechanism, which proves how governing the biomedical frame of reference is. In acknowledgment of the prominence of scientific biomedical constructions of health, it can be concluded that any theological reflection on health and healing is to articulate explicitly how health is perceived in that particular reflection. In order to do justice to the complexity of the theme of healing, any theology of healing is to start with clarifying what healing is, before moving towards a response to the quest for healing.

The theological quest for healing is a complex and multifaceted endeavour. And that is exactly as it should be, for life itself is complex and multi-dimensional. In its complexity and variety, creation reflects the Creator, the One who desires healing and wholeness for all of creation. And it is the Spirit of this Creator God who groans and rejoices with creation in many different, but always innovative, creative, life-giving and life-restoring ways!

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In southern Africa, faith communities and religious institutions play a major role in assisting believers to find health, healing and well-being in everyday life. The Reformed tradition is often considered as neglecting these very matters. The study argues that this influential tradition has the resources to respond meaningfully to the needs of believers. The Reformed emphasis on the Holy Spirit is explored as one particular fruitful avenue to engage with healing. Issues of health, body and direct divine intervention are delicate themes in Reformed theology, but they represent also an intellectually challenging field of study.

To utilise the potential of Reformed theology, the book investigates the complex and dynamic nature of health from a social constructivist approach. Four dominant patterns of health and healing are identified - the Ngoma paradigm, missionary medicine, the HIV/Aids discourse and the church-based healing tradition. As it turns out, each of these health discourses can be brought into dialogue with the Reformed understanding of the Holy Spirit. By offering a comprehensive contextual Reformed proposal on Spirit and healing the book makes a unique scholarly contribution. Themes such as relationality, transformation, quality of life and power are developed in a creative way in order to come to new perspectives on the Holy Spirit and healing.

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