

# **An Analysis of Current Healing Practices Based on Selected Mega-churches in the Vhembe District of Limpopo Province**

by

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## DECLARATION

I, Lethabo Stanley Mabuza, declare that this dissertation entitled “An analysis on current healing practices based on selected mega-churches” is my own original work and that it has not been previously submitted at this or any other university or institution and that all sources used in the study have been acknowledged.

**Mabuza L.S**

**Signature:**.....

**Date:**.....

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## Dedication

Above all, I would like to dedicate this dissertation to the Almighty God, the Father, the Son and the Holy Spirit. He gave me the strength to accomplish this study and he furthermore gave me the spirit to persist and persevere.

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## Abstract

Healing practices and health related rituals play a vital role in most religious groups including African Traditional Religion, Christianity, Islamic and Hinduism. This phenomenon of healing has been a challenge to religious institutions as well as African based churches. This study examined and analysed the healing practices within mega-churches in relation to the health related aspects. It appears that healing practices performed in those churches make them popular and enhance their growth in membership numerically. The study focuses on the philosophy and theological understanding of both mega-churches and mainstream churches. It is ostensible that healing, as a phenomenon, cannot be separated from core African culture, values and practices. Current church healing practices seems to be a more practical and accessible alternative way to deal with sickness as medical facilities has become inexorably costly especially to poor community who have no access to efficient medical amenities. Underprivileged members of society are drawn to religious healing practices because healers such as prophets, pastors and apostles dangle the capacity to heal people from all kind of ailments. Poor communities become a target because they are victims of government and the department of health malfunctions which are depicted by the poor and below standard medical services in those underprivileged communities. Most people in those communities believe that the above-mentioned emerging prophets and apostles from mega-churches are anointed and possess special power to heal them as well as to redeem them from life's harsh realities.

In the context of current healing practices, the researcher discovered that there is a need to probe and analyse the aforesaid practices particularly whereby healing seekers seems to have not receive what they anticipated from those mega-churches. The study exposes inappropriate healing dynamics conceived in the selected mega-churches within African tradition context. This study followed a qualitative approach, in which participants from both mega-churches and mainline churches were interviewed. The study further points out some perceived challenges affecting current healing practices in the selected mega-churches of Vhembe district of Limpopo Province. The study employed Interpretative Phenomenological Analysis strategy to analyse the data for the study.

**Keywords:** African culture, African Tradition, African Traditional Religion, healing practices, mega-churches, rituals.



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## Abbreviations

ATR – African Traditional Religion

CRL – Commission for the Promotion and Protection of Rights of Culture, Religion and Linguistic Communities

IKS – Indigenous Knowledge System

IPA – Interpretative Phenomenal Analysis

SASSA – South African Security and Social Agency

ZCC – Zion Christian Church

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## CHAPTER 1

### ORIENTATION TO THE STUDY

#### 1.1 INTRODUCTION TO THE STUDY

The notions of healing practices and prophetic healing seem to be a challenge within the prospects of theological spectrum and religiosity. Healing is both scriptural and phenomenal in various religious setups. Current healing practices seem to be a tool of religious leaders from different religious traditions including Church leaders to abuse the poor and vulnerable people both spiritually and physically for socio-economic benefits. In the same view, the practice of faith healing has proven to be an influential tool for evangelism and church development in Africa among Pentecostal and Charismatic churches (Anderson, 2002).

Healing practices seem to be gaining momentum even to most of churches today in particular the mega-churches. In this study, churches have been classified into two categories namely: Mega-churches and mainline churches. Mega-churches described by most scholars and researchers as churches with huge number of followers, size and capacity. According to Thumma (2007) a mega-church is a congregation that is composed of more congregants that attend a service. However, Asamoah-Gyadu in Taylor (2014) argues that mega-churches are perceived as strange or bigger congregations, which embrace the traditional Pentecostal/ charismatic stream of Christianity. Thus, mega-church in this study is referred to newly emerging charismatic and Pentecostal churches that embraces the cultural theory of healing and prophecy. Thumma (2007:2) further points out that “megachurches are a new phenomenon. As it is described here, is more than a church with a huge attendance”. In the same view, these mega-churches are being led by leadership that called themselves Pastors, Bishops, Prophet, Apostle and other titles. Most of these churches do not have formal theological trainings. According to Resane (2017) these churches are typically attractive with Pentecostal backgrounds such as casting out demons, healing the sick. Other category of the churches is called mainline churches and those are churches mostly originated from Western and European continents. The said mainline churches adopted the orthodox tradition to administer their church services. Its leadership has acquired theological trainings from different theological institutions and seminaries.

Healing as a phenomena, commands a huge volume of influence on people across the country and the continent. Some of the prophets, apostles and pastors seem to take an advantage of the healing seekers in particular those who appear to be vulnerable spiritually, physically and psychologically by promising an instant healings and deliverance to them. In view of the said speculation, Theron (1999: 57) points out that “various honest and sincere Christians, who are prayed for, are not instantly healed from their illness as promised by faith healers”.

Spiritual, emotional and physical abuse in this regard is implicit as are exercised by controversial pastors, prophets and apostles in such churches. Khoaseb (2014: 67) states that faith healers promise instant healing and instant wealth through prosperity gospel. In the light of the said viewpoint, most of Christian Spiritual healers (prophets, apostles and pastors) provide healing substances that are questionable for human health and human dignity to the poor and vulnerable people. This viewpoint was also expressed by Resane (2017:5) in his research that “such practices had been in various experience such as eating grass, drinking petrol, eating rats, snakes, spraying with doom, drinking engine cleaner, putting the pastor’s shoe on a woman’s privates, walking and standing on the devotees’ bodies etc.”.

On the basis of the said unnatural practices, the narrative demonstrates the conflict between faith healing and abuse of humankind. Church leaders like Pastors, Prophets and Apostles at times are seen standing on prostate bodies of congregants, licking naked women among other peculiar activities to demonstrate their powers. When applying theological thinking, Davis (2013) argues that due to spiritual abuse some Christians becomes victims of such exploitation sometimes by perpetrators whom toxic faith system may look healthy. In view of the said perspective, examination to these current healing practices appears to be disturbing, questionable and abusive both spiritually and physically to mankind. Such practices seem to have stolen self-reliance and they further disempower congregants or followers.

In relation to the abovementioned healing practices; Barker (2016:1) points out that “most people understand the term ‘child abuse’, ‘sexual abuse’ and ‘emotional abuse’ but find hard to grasp the idea of ‘spiritual abuse’”. Barkers view on spiritual abuse is referred to the misuse of power and privileges. Abuse in this perspective, is all about taking advantage, manipulation and exploitation of other humankind by misusing of spiritual gifts.

## 1.2 BACKGROUND TO THE STUDY

Healing as phenomenal, is perceived by scholars and African theologians like Setiloane, Mbiti, Maimane and others to be practiced based on religious tradition of a particular nation. It seems the African contribution in this subject matter 'healing' will offer different views from African theology as compared to Christian theology. Healing remains key, to African spirituality (churches) and African theology. Thus, theologians like Setiloane as cited by Meiring (2007) perceive African theology as a theology of cohesion, or as that of healing, and of coherence. Thus, healing cannot be discussed in the absence of religions and cannot be separated from core of African culture, values and ritual practices. Agbiji and Landman (2014) point out that there is surge reprisal by Africans that their culture certainly possesses imperative information for dealing with disease and other related worries (Desai et al. 2012, 2005, 2010) such as healing. The notions of 'healing' brought a common understanding between religion and culture and this is followed by the ideas of wholeness and wellbeing. It is for this reason that healing and religion are knotted for ritual reasons and cannot be detached.

The Africans perception and belief are that God is the initiator of everything including disease and healing in society, in which according to Agbiji and Landman (2014:237) "spiritual beings are important components of the community as they maintain a balance in health". Dube, Shoko and Heyes (2011) attempt to provide evidence which proves that, one of the most prominent features in African Christianity had been the revitalization of the healing ministry in the Christian churches. This has been eminent in many African Independent Churches, and has come to describe most of Christian organizations as well. Healing practices are becoming prominent in many Christian Churches in the African Continent. Healing and prophetic healing are the most proliferation of Mega-churches in South Africa.

With this background in view, healing practices and prophetic healing ministry seem to have become a marketing tool for the mega-churches countrywide as well as within the African continent, and are seen as the Christian healing hubs. As demonstrated by cultural theory, these tools hereof, create actions that sustain challenges that are enduring within Afro-Christian or Black community. Based on the said perspective, Gundani (2001:135)

states that “healing becomes a central ministry of many African Churches”. This explains new progress in these religious practices which is driven by depriving people access to modern health care. This intensified the role of healing prophets who function within healing churches as well as in private spiritual entities.

It is in view of the above critical opinion that, the purpose of the study was to examine and analyse current healing practices on selected mega-churches in the Vhembe District of Limpopo Province. The researcher was keen to examine how healing seekers react when they do not get the anticipated “healing”. The prominent issue of the study on healing practices relates to the abuse of people’s belief systems. Some African scholars share a common interpretation of these healing practices and view them as a means to address the gaps caused by Western ideologies who disregarded African traditional religion and its practices.

Burns (2014: 19) writes that “the Black mega-church is operating during an unsettled period when prevailing ideologies, values, beliefs, traditions, and habits are under contestation and people are attempting to buttress their beliefs to fortify their every lives, reduce ambiguities and anxieties, and question unfamiliar contemporary perspectives”. The phenomenon of healing associated with African tradition rituals and indigenous knowledge practices was created to encourage Afro-Christians to reconsider healing practices on the basis of African tradition and culture. In this study, the researcher pursued to answer the question as to how Christians in Vhembe district perceive healing within the context of African theology. Because of the constitutive nature of the subject matter, The contemporary Christian community is immersed into African traditional healing practices even though they hold an understanding that their healing practices is Christ based. The African world view theory has been adopted in order to address critical issues surrounding healing practices in Vhembe district of Limpopo.

### **1.3 PROBLEM STATEMENT**

There is a misleading notion about “healing’ in most of the mega-churches today. The manner in which healing practices are executed in some of the mega-churches in South Africa, are very questionable because they depicts elements of physical and spiritual abuse to humankind. The dynamics of healing practices in some mega-churches appears to be contradictory and the cause of confusion about Christian belief system. Some people argue that some healing practices in these mega-churches appear to be Afrocentric

whereas others suggest that they (healing practices) have elements of both physical and spiritual abuse of members. The practices appear to be socio-economic based. The exodus of members from the mainstream churches to join mega-churches for healing purpose is also major factor facing mainline churches including the Lutheran Church, Anglican Church, Dutch Reformed Church, as they lose membership from time to time. According to Schlemmer (2008: 31) “people did not need another church but they needed healing, comfort, reassurance, to repent from their sin, and they could not find these things in mainstream churches”.

Thus, Anderson (2000: 525) points out that “healing crusaders or healing services are popular in the African context, as many people flock to such gathering to be cured of illnesses and diseases. Arguing from the aforesaid perspective, healing and associated practices in mega-churches have created a dialogue within the Christian-based community and different Church structures”. Burns (2014) in his research discovered that “most of the mega-churches fail to help the poor, focusing on prosperity theology, requiring excessive monetary and time commitment of members”. Burns (2014) further pointed that some authors challenges these detractors, others describe negative experiences among mega-churches. It is against this background that the researcher intends to examine the current healing practices in some mega-churches and to fill the gap that prompts the mainline church members to move away from their churches and join the mega-churches for healing purposes.

#### **1.4 SIGNIFICANCE OF THE STUDY**

The study examined and analysed the current healing practices on selected mega-churches. The study raised critical issues pertaining to healing practices by mega-churches. The study further pointed out teachings and theological aspects that are attached to healing practices in mega-churches. This study further adds knowledge regarding measures to be applied to prompt the churches to review their healing practices and associated rituals practices that appears to be spiritually and physically abusive to vulnerable people and communities. The study recommended to relevant stakeholders such as South African Council of Churches and Commission for Protection and Promotion of Rights of Culture, Religion and Linguistic Communities practices that will integrate some healing models which will contribute to the healing of human person holistically. Vhembe District churches and the community as a whole will benefit from this study.

## 1.5 AIM AND OBJECTIVES OF THE STUDY

The aim of the study is to examine and analyse the current healing practices on selected mega-churches within Vhembe District of Limpopo Province.

In order to achieve the aims of the study, the following objectives were formulated:

- To investigate how members of the mega-churches perceive issues surrounding healing and health in a holistic approach;
- To establish how the understanding of healing practices in mega-churches affect the members.
- To determine the teachings and theology of healing in the mega-churches' contribution to the health status of the members including their socio-economic aspects.

## 1.6 RESEARCH QUESTIONS

The main question which guided this study were asked:

- How do members of the mega-churches understand issues surrounding healing and the implications thereof?
- How does the understanding of healing practices of mega-churches affect members?
- What are the teachings and theology of healing in the mega-churches?

## 1.7 RESEARCH DESIGN

Blanche, Durrheim and Painter (2011: 34) state that a research design is a 'strategic framework for action that serves as a bridge between research questions and execution or implementation of the research'. Whereas, Welman and Kruger (2002: 46) refer to it as being 'the plan used by researcher to obtain research participants and collect data'.

On the basis of the above definitions, a qualitative research design was adopted in this study to analyse current healing practices on selected mega-churches in Vhembe district. Thus, the research approach was qualitative, contextual and exploratory. Holloway and Wheeler (2002: 30) state that qualitative research is "a form of social enquiry that focuses on the way people interpret and make sense of their experience and the world in which they live". Through qualitative approach, the researcher was able to explore actions and

gains experience from participants' perspectives for the study. Therefore, the research design for this study was interpretative phenomenal approach.

## 1.8 RESEARCH METHODOLOGY

### 1.8.1 Research methods

According to Leady and Omrod (2010: 12) "research methodology refers to the general approach the researcher uses to carry out research project". In this study, researcher used qualitative method. The approach was contextual and exploratory. The researcher used this method because the researcher found it to be the best suited for the research theme. The researcher makes use of participants' own experience, viewpoint, personal understanding of incidents and events in analysing social setup through answering question related to current healing practices. In this study the following subheadings constituted the research method: 'the research site', 'population', 'sampling procedure', 'data collection' and 'data analyses'.

### 1.8.2 Research Site



Figure: 1.1 Map data of Vhembe District Municipality

For this study the research site is refer to the area where the study is conducted. Vhembe District is the research site for the study, in which Thohoyandou and Makhado

Municipalities have been considered by the researcher for population to analyse current healing practices on selected mega-churches in Vhembe District.

### **1.8.3 Population**

According to De Vos et al. (2004: 209) population is refer to 'individual in the universe who possess specific characteristics', or a 'set of ethics' that represents all measurements of interest to the researcher. In this study, population were members of both mega-churches and mainline churches in the Vhembe district. Both Thulamela and Makhado Municipalities had those mega-churches that represented the population. In order to achieve the objectives of the research, the researcher utilised inclusive and exclusive criteria to identify and select the population.

### **1.8.4 Sampling and procedure**

Burns and Grove (2003: 31) describe sampling as 'process of selecting a group of people, events or behaviour by which to conduct a study'. In the same view, Denzil and Lincoln (2000: 134) confirm sampling as 'the process of selecting a portion of the population to represent the entire population'. Polit, Berk and Hungler (2001: 234) define a sample as 'a proportion of a population'. In this study, non-probability and purposive sampling procedures were followed. The sampling was non-probable and purposive. Parahoo (1997: 232) views purposive sampling as 'a method of sampling where the researcher deliberately chooses who to include in the study based on their ability to provide necessary data'. The researcher in this study selected participants who were the attendees in both mega-churches and mainline churches.

The sample comprised of 15 members from mega-churches; and two church leaders representing each of the following portfolios, pastors, apostle or prophet from three mega-churches; as well as three members and (two) priests from the two mainstream churches. These participants will come from two municipalities, namely, Makhado and Thulamela. The researcher sampled five participants from each mega-church to represent the population. According to Hallow and Wheeler (2002: 128) "sample size does not influence the importance of quality of the study and there are no guidelines in determining sample size in qualitative research". The participants for this study were drawn from various groups and were males and females of different age groups from 18 years-old upwards.

The researcher personally visited and attended the church services of the selected mega-churches and mainline churches in order to identify the participants. Therefore, participants were recruited to participate based on the following criteria that participants are:

- Members or participants in the church service of mega-church, wherein healing practices and related rituals are executed.
- The participants consisted of people who attended church service at both mega-churches and mainline churches.
- Church leaders, pastors and prophets of mega-church in Vhembe District Municipality.

## **1.9 DATA COLLECTION**

According to de Vos et al. (2002: 440) a researcher using qualitative research will consider various methods of collecting data, for example, an interview. Creswell (2014:190) pointed out the following methods of data collection: qualitative observation, interview and qualitative audio and visual materials. Two methods, observation and face-to-face interviews were employed to collect data regarding current healing practices based on selected mega-churches in Vhembe District of Limpopo. The said instruments permitted the researcher to track an inductive approach, beginning with empirical observation and ensuing in development of theoretical categories.

### **1.9.1 Observation**

The researcher visited a number of mega-churches in Vhembe district municipality with an aim to observe the healing services of mega-churches. Reservations were made prior the day of the visit and the leadership of those churches granted the researcher's request. The purpose of employing this method was to observe the healing practices, to gain knowledge on the teachings and theology around healing practices and further to identify and sample the real participants for the study. During the observations audiotapes were administered and notes were taken for the purpose of data analysis and interpretation.

### **1.9.2 Interviews**

The purpose of conducting face-to-face interview with participants is, according to Kvale in de Vos et al. (2005: 287) "the conversation (attempt) conducted to understand the world

from the participant's point of view, unfold the meaning of people experience and uncover their world they live in prior to scientific explanation". After having identified the participants from mega-church healing services of the day, face-to-face interviews were conducted with individuals of small selected sample of participants from the mega-churches and mainline churches. The interview was semi-structured questions. Each participant was allowed to engage in the language of their preference for most of them it was their home language. The interview was conducted by the researcher and it took not more than 10 minutes on each participant. During face-to-face interviews, audiotapes, and notes taking were used with the participant consent.

Two chairs were arranged in a face-to-face manner so that the interviewer and interviewee might be able to face or seeing each other during the proceedings and that had enhanced the communication. The researcher facilitated the process of interview and as such he gave an overview of the study to the participants. The researcher provided water or bottle of juice to the interviewee (participants) in order to promote friendly and conducive environment. The researcher highlighted that anonymity and confidentiality will be adhered to prior the interview.

## **1.10. DATA ANALYSIS AND INTERPRETATION**

Data was analysed by employing Interpretative Phenomenal Analysis. According to Creswell (2014:212) "data analysis involve participants' information, and the researcher typically employs general analysis steps as well as those steps found within specific design". In this study the following steps were followed: immersion, induction, coding and interpretation. Levers: (2006: 89) argues that data have been analysed and coded continuously, in terms of "units of meaning" and "lived experience". Interpretative Phenomenal Analysis have been attained by using what is called grounded theory to stand on data related to probe and analysing current healing practices based on selected mega-churches and further probe the application of traditional healing practices thereof. Blaxter et al. (2001: 15) point out that "this method aims to construct theory by producing concepts that fit the data. The theory is thus grounded in the data from the study". The data collected informs the theoretical framework that serves as a basis for communicating findings and conclusions for this study.

## **1.11 DELIMITATION OF THE STUDY**

The study was conducted at Vhembe District of Limpopo Province within Makhado and Thulamela municipalities wherein six mega-churches and two mainline churches were selected for the research.

## **1.12 DEFINITATION OF THE CONCEPTS**

### **1.12.1 African Religion**

African Religion –Awolalu and Dopamu in Ibigbolana, Adeubigbe and Medine (2015:31) argue that African Religion “is the religion that has been handed down from generation to generation by forebears of the present generation of Africans it is not a fossil religion but a religion that Africans today have made theirs by living it and practicing it”. In other words African Religion is a religion that is based on African culture and practices.

### **1.12.2 Afrocentricity**

Afrocentricity is theorized by Asante (1989:6) literally “to mean placing African culture at the centre of any analysis that involves studying African people”. Afrocentricity is a perspective that allows Africans to be subjects of historical experiences rather than objects on the fringes of Europe. In social context this only implies that Afrocentric is about “an idea and perspective which holds that African people can and see, study, interpret and interact with people, life, and reality from the vantage point of African people rather than from the vantage point of European people, or Asian, or other non-African people” (Gray, 2001:3).

### **1.12.3 Afro-Christians**

Manala (2005:897) avers that “Afro-Christian approach is an approach that seeks to integrate those values from the African and Christian traditions that are meaningful and life-giving in service of the weak and marginalised people”. From the said perspective Afro-Christian promotes Christ within the culture of Africanism and society thereof preserve the African cultural practices. This further infers that Afro-Christians are referred to as African people or nations with African cultural background and converted into Christian tradition or religion. This was also remarked by Manala (2005) who observes that Afro-Christian approach is an approach that prefers to combine the African values from the

Africa and Christian context in order to provide the meaningful service to the marginalised society.

#### **1.12.4 Healing**

Healing is a complex concept. This concept is applied based on a fragmented view of the body and the soul of the humankind, in which the doctor looks on the aspect of the body and the church looks on the aspect of the soul. Thus, healing is simply described as a process of restoring the sick person to wellbeing (Ferguson and Wright, 1993). However, Egnew (2005) views healing and associate it with the concept of wholeness. Egnew argues that healing is a process of developing a sense of personal wholeness that involves physical, mental, emotional, social and spiritual aspects of human experiences through suffering. In view of the said perspective, healing is the “process of becoming whole, through the process of connection and reconnection to significant relationships within the community” (Agbiji and Landman, 2014: 239). This implies that healing is a process to make oneself well, spiritually, physically and psychologically.

#### **1.12.5 Healing Practices**

According to AIRawi, Fetter, Killawi, Hammad and Padela (2011) healing practices is categorised of therapeutic practices such as spiritual, indigenous medicine (medical herbs), body and mind therapy as includes traditional healing which is inclusive of primary, secondary and integrative approach. From the above perspective as described by AIRawi et al. (2011), healing practices are the practices that are executed and employed by either spiritual healers or healing practitioners’ mostly in mega-churches and this include any religious entity such as the African Religion.

#### **1.12.6 Indigenous Knowledge System**

According to Nakashima and Roue (2002: 314-324) Indigenous Knowledge System (IKS) is the complex arrays of knowledge, know-how, practices and representations that guide human societies in their innumerable interactions with the natural milieu: agriculture and animal husbandry, hunting, fishing and gathering; struggle against disease and injury; naming and explaining natural phenomena; and strategies for coping with changing environments. Teffo (2011: 25) supports this concept where he illustrated that knowledge transformation with a focus on IKS seeks to liberate the African voice and the African

genius so that their existential experiences and conditions are incorporated and mainstreamed into the general corpus of scientific knowledge.

### **1.12.7 Mega-churches**

Niemandt (2015) points out that mega-church are referred to a huge church. Some scholars describe mega-church in terms to the population or the size of the membership. It is on the same viewpoint that Thumma (in Niemandt, 2015) describes the status of the mega-church in terms of growth rate, structures, and further point out that mega-church is no more determined by the size of the building but is described on the basis of both social its religiosity and ethos. However, in this study the word 'mega-church' is mainly inferred to newly established churches that promote healing practices and prophetic ministry for economic enrichment.

### **1.12.8 Religion**

According to Durkheim (in Weber 2013:3) "a religion is a unified system of beliefs and practices relatives to sacred things". Thus, religion is a fundamental set of beliefs and practices generally agreed upon by a group of people. These set of beliefs concern the cause, nature and purpose of the universe and involve devotional and ritual observances (2002-2016: all about Religion.org). Religion is the belief system within the particular nation as a manner to observe and execute the ritual within communal rites.

### **1.12.9 Traditional healers**

Traditional healers are men and women who are herbalists and who are sometimes called 'traditional witchdoctors', a label they repel.(Setshiba (2012) and Labuschagne (2004) in Rannditsheni 2015: 14). Most of them prefer to be called 'traditional doctors' or 'traditional practitioners' as their work is to heal the sick. AIRawi et al. (2011) also maintain that "traditional healers can be male and female, who have been trained with a wide array of treatment modalities".

## **1.13 ETHICAL CONSIDERATIONS**

Ethics is typically allied with morality, and both words concern matters of right and wrong as well as conforming to the standards of conduct of a given profession or group. In the light of the said principle, the researcher implemented steps to ensure that the study complies with ethical principles of research.

### **1.13.1 Permission to conduct the study**

The University of Venda has a standing committee for research ethics whose aim is to ensure that ethical requirements were adhered to when research is conducted. The researcher submitted his research proposal to the research committee. Ethical issues were taken into considerations by the researcher. To meet the ethical standards for research ethics, the researcher implemented steps to ensure that the study complies with ethical principles of research. A letter to University of Venda Research and Ethics Committee to seek permission to conduct a research (See Annexure A) in the area was submitted and the application was granted. The certificate thereof was issued to the researcher to permit him to collect the data in the stated study area.(See Annexure B).

### **1.13.2 Informed consent**

During data collection, the researcher ensured that all participants are briefed of ethical issues and how information would be collected and processed. All participants provided the researcher with written consent (See Annexure C). In securing consent the participants had adequate information regarding the study, understood the information and had power of free choice enabling them to voluntarily participate in the study or decline participation. Participants were allowed to make an informed decision and provide direct consent to participate in the study.

### **1.13.3 Confidentiality and anonymity**

The researcher briefed the participants about the research code of ethics and as a results, the “respondents were given their views voluntarily that their privacy was safeguarded and that information they provided were treated confidentially” Gray (2009: 61). In view of the above perspective, Strydom (2000: 63) draws from the work of Babbie and adds that: “Anyone involved in research needs to be aware of the general agreements about what is proper and improper in scientific research”. It was essential that throughout the research

process the researcher followed and abide by ethical guidelines. All participants in this study were treated with respect and dignity, which is the respect for autonomy of participants and respect for basic rights of individuals.

As part of the principles, the researcher further paid more attention on the followings aspects that form part of ethical principles:

#### **1.13.4 Principles of research ethics**

Research ethics illustrated in this study are in accordance with what Polit and Hungler (1999: 153-159) pointed out as “the principles of beneficence, of respect for human dignity and of justice.

##### **1.13.4.1 The principles of beneficence**

This principle includes freedom from harm, free from risk and protected from risk. In relation to freedom from harm, participants did not provide any evidence with regard to physical harm. Some participants might have been psychologically stressed due to the nature of the questions asked to them.

Freedom from exploitation was also taken into cognizance by not exploiting the participants during an interview sessions. Participants were free to express their knowledge and perceptions with regard to current healing practices in mega-churches.

##### **1.13.4.2 The principles of respect for human dignity**

This principle encompasses the right to full disclosure and right to self-determination. Participants were allowed not to disclose information that they felt they were not free to respond to.. The participants were also allowed to excuse themselves if they felt they do not want to participate in the study.

##### **1.13.4.3 The principles of justice**

This principle demonstrates the right to privacy and right to fair treatment. The researcher ensured that he respected the culture, beliefs, lifestyle of the participants during interview and observational period. All participants were given Participants were allowed to ask any questions and further allowed to air their feelings.

#### **1.13.4.4 Right to privacy**

The researcher allowed each participant the right to privacy by conducting the interview session in a private place such that information given was treated with confidentiality. This implies that all participants were informed that information provided by them will be treated with confidentiality which further implies that even the participant name will not be disclosed under any circumstance. No individual names or institutional names will appear in the research report.

#### **1.13.4.5 Consent**

Participants were given time to give consent to participate on the research. In this aspect, the participants were at liberty to also choose the place and time conducive to them for consultations and interviews. Gray (2009: 61) points out that “the research shows that respondents were given their views voluntarily that their privacy was safeguarded and that information they provided were treated confidentially”.

#### **1.13.4.6 Respect of autonomy of participants**

Participants were told that their involvement as participants is on voluntarily basis and that were free to answer whatever question directed to them and that they are not compelled to respond.. The researcher was flexible during face-to-face interview with participants.

#### **1.13.4.7 Debriefing**

Participants were assured that data collected was for research purposes only.

### **1.14 THE STRUCTURE OF THE STUDY**

The study was designed as follows:

- **Chapter 1:** This chapter covered orientation of the study, background of the study, statement of problem, purpose of the study, research questions, and definition of the study, data collecting procedures, data analysis and interpretation.
- **Chapter 2:** This chapter focused on literature review on study of current healing practices based on selected mega-churches and African Traditional Religion. The review further undertook a study based on theoretical framework in order to reflect on aspects of healing practices from both scholars and the world point of views.

- **Chapter 3:** On chapter three, the study discussed the empirical research aspects including research design and methodology whereby qualitative research designs were applied.
- **Chapter 4:** This chapter focused on data analysis and interpretation of the findings.
- **Chapter 5:** Chapter five focused on conclusions, outline limitations of the study, summary and recommendations for further research.

## 1.15 CONCLUSION

Healing practices are prognostic phenomenon within mega-churches and attract magnitude of followers due to socio economic repercussions. Most of scholars and theologians attempted to readdress this phenomenal within the African context, however the concept 'healing' has been long standing in the realms of spiritual thoughts of Afro-Christians. In this regard, theoretical framework has been developed by the African theologians who prompted to approach this phenomenon in an African traditional way. There is no doubt that the focus has shifted currently to the abuse of congregants by spiritual healers who are after socio-economic benefits. Scholars from religious spectrum have argued that healing practices is a complex phenomenon. While there has been considerable argumentation of this concept 'healing', chapter one has examined the concept of healing from different religious spectrum and inclusively engaged also the theological perception of health and illness. The subsequent chapter two provides the literature review and theoretical framework.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

This chapter is “a review of most credible and relevant scholarship” (Mouton, 2001: 87). In the light of the concept ‘healing practices’ the review is with the aim to examine and analyse possible implications on healing practices by selected mega-churches within Vhembe District of Limpopo Province. Thus, the scope of this study is to determine and analyse how other scholars understand and analyse the practice of healing in the mega-churches including implications thereof.

The analysis of scholarship regarding healing practices is also addressed and reviewed from both theoretical and theological perspective. The relevancy of literature review on “healing” is also discussed in theoretical framework. The concept “Healing practices” is the major subject in this study. In the light of this, theological inputs and analyses have been provided from both religious and theological school of thoughts. In order to achieve the objectives of this study, literature review include inter alia books review, journals, thesis and various online sources were utilized. Afrocentric perspective has been considered for the study in that there is a need for the theoretical paradigm that reflects the African cultural background and the reality of African community. It is fundamental to use a perspective that is grounded on traditional and belief system of African philosophical assumptions. To substantiate and analyse this study, it needs to be pointed out that “research conducted in early 1990’s suggest that in South African Christian context of that time there were at least six competing semiotic domains of sickness and health. These were Western medical model of curing disease; the African traditional model of restoring life by restoring relationships; the psychological model – also part of the western traditional of healing – that aims at restoring sanity; the medieval model focused on saving the soul; the Neo-Pentecostal model where the demons of illness are cast out and lastly the African Independent Churches’ (AIC) model of casting out evil spirits through the power of God, thereby restoring relationship and creating Zion on earth” (Bate in Cochrane, 2001: 74-75).

## 2.2 THEORETICAL FRAMEWORK

Healing practices are part of a complex phenomenological framework that constitutes a worldview, which is based on religious beliefs. Skritic (1995) states that a paradigm or a worldview, is a shared pattern of basic beliefs and assumptions about the nature of the world and how it works. In other words a paradigm is a means to an end to solve, explain and establishing existing a phenomenal problems.

One of the theorists on healing is Watson (1988) who puts forth his views about health and illness and created what is called Watson's Theory of Human Caring. It is for this reason stated above that Wagner (2010:6) argues that using Watson's theory creates a healing environment for the physical and spiritual self which respect human dignity. This view is tagged along in Watson's Theory of Human when he states that caring plays a vital role in understanding healing to the sick. Hence, according to Ozan, Okumus and Lash (2015: 25-26) "Watson's Theory of Human Caring aims to ensure a balance and harmony between health and illness experience of a person". However, Watson in Ozan et al. (2015: 25-26) reiterate that in a holistic approach to caring for human, there are mind-body-spirit sub-dimensions, all of which reflect the whole as the whole is different from his/her sub-dimensions. Ozan et al. (2015:25) are in agreement with Watson that the theory implies that love plays a vital role in nursing care as a healing instrument (Watson, 1988). In other words Watson theory suggests that healing is all about looking at a person from holistic viewpoint.

Therefore, in the light of Watson's theory, Ozan et al. (2015:34) conclude that the Theory of Human Caring focuses on human characteristics that strive for healing and love in stressful, physical or emotional conditions; making it a suitable guide for IVF nurses in providing care that projects hope, respect, trust and compassion.

Taylor et al. (2009: 86) applied the 'Theory of Positive Illusions' when addressing healing dynamics. When describing this phenomena Taylor was opposed. Taylor argues that positive illusion has empirical evidence that confirms the health-benefiting impact of this fiction. Thus, the observation suggests a positive link between the concept of illusion and that of faith. The notion of positive illusions thus offers some insight into how faith may function in a salutogenic capacity. The research on positive illusions may provide a helpful window into putive faith-healing connection for religious non-believers, who may understand any expression of religious faith to be inherently illusion.

Another healing theory is suggested by Levin (2009: 89) who applies a 'typology of mechanism' theory of healing purposes. Thus, Levin (2009:89) further theorized that "faith can heal by way of what are termed "behavioural/conative, interpersonal, cognitive, affective, and psychological mechanism. Faith can heal by motivating healthy behaviours that strengthen the body's resistance and facilitate salute genesis" (Levin 2009:89-90). Levin (2009) argument is on the basis that faith can heal by connecting one to groups of like-minded people who can offer tangible and emotional support and encouragement. This has been termed "the interpersonal mechanism". Faith can heal by establishing a mental framework that affirms one's innate healing ability. This has been termed 'the cognitive mechanism'. In this theoretical framework, Levin (2009; 90) points that "these theories are plausible in that they are consistent with current theoretical understanding of human disease, health and healing, especially within health psychology. They are coherent in that they are consistent with biological facts of natural history of disease and health, at least according to psycho-physiological and bio-behavioural research".

Another interesting theory was also expressed by Ross (2010: 45) who states that there are "two main worldviews or social constructions of health, illness, disability and healing, namely: the traditional approach, which is based on indigenous belief systems, and the so-called modern approach, which is located within Western or allopathic medical paradigm". On the basis of this theory, the assumptions of medical paradigm, according to Peters (1993), are underpinned by the characteristics of sociological theory of fundamentalism where individuals allocated to their places in society according to their abilities and selection involves labelling and separation. Ross (2010) insists that "traditional healing seeks to restore harmony, balance and equilibrium, not only by alleviating physical symptoms, but also by re-integrating the person with his or her community, the earth and spiritual world". According to this discourse, healing is a religious problem and should be treated within medical paradigm. Peters (1993), maintains that the medical discourse is known as a diagnostic prescriptive approach to remediation and those who subscribe to it assume that pathological system may be assessed.

Another relevant theorist is Bosch-Heij (2012) who also contributed and reflected on the theory of social constructivism. Gergen (1985) in Owen (1995) argues that "Social constructionism may be defined as a perspective which believes that great deal of human life exists as it does due to social and interpersonal influences". 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 of health in such a way that this

contrast can be used further interdisciplinary research on health. Social constructivism is an important framework provider for reflection on health in African context (Bosch-Heij, 2012: 6). Owen (1995) further states that social constructionism regards individual as integral with culture, political and historical evolution, in a specific times and places, and so resituates “in social and temporal context”. In this perspective, social constructionism, has however drawn attention to the importance of determination in current practices, and provides a fresh perspective with which to analyse what is transpiring on healing practices of mega-churches.

An analysis was also employed on the Dinka theory of healing, which is based on African Traditional Religion by theorist Kamwaria. Furthermore, Kamwaria (in Kamwaria and Kotola (2012: 49-55) theorized that the Dinka post-war healing rituals demonstrate a method to health by combining both the social and physical dimensions of sickness with the view to indulge the person holistically. In this aspect there is a general combination of the body and mind, and the Cartesian contrast does not apply. The social discrepancy in a patient’s duration is commonly relayed physically, and both social and physical dimensions are taken into consideration equally to restore the patient’s welfare. An understanding is that healing is attained through a dual strategy: spiritual healing, which deals with the supernatural causes of illness, through rituals; and physical healing, which addresses the relief of the body pains, through the use of herbal remedies. However, Kamwaria and Katola (2012:49) point out that the Dinka community has many rituals directed at ensuring good health, preventing danger to health, curing afflicted, removing impurities in people and homesteads, and protecting people, their animals and crops. In addition, Kamwaria (in Kwamwaria and Katola, 2012:52) argues that during healing period, the healer vigilantly analyse the state of the patient’s social association in the community with intention to do the diagnosis. It needs to be mentioned that the Dinka theory as argued by Kamwaria (in Kwamwaria and Katola, 2012:52), suggests that African traditional religion has a role in healing practices and to induce that an African’s life is culturally healthy within the premise of African worldview. Therefore, this culture based knowledge will embrace cultural beliefs that are influenced by African behaviour and promote healing rituals in order to address the needs of Africans wellbeing holistically. This approach of healing and belief system form an integral part of Afrocentric worldview.

Having analysed the aforesaid healing theories, a theory of Dinka in this regard affords the theoretical perspective that is inclusive of health, illness and healing in the African context. This theory encompasses the African World Views. Furthermore, the Dinka theory

illuminates the concepts about health, illness and healing practices based on Afrocentric perspective. In the light of this analysis, the theory of Dinka community has been considered in this study as one of the theory that is Afrocentric and beneficiary for the study. However, the application of this theory in this study serves as a reflection on the theology of healing and appears to address the needs of the Afro-Christians in relation to African rituals based on health and social life. Thus, Kwamaria and Katola (2012: 52) copied the works of Mbiti and pointed out that concisely Mbiti argues:

*“Only in terms of other people does individual become conscious of his own*

*When he suffers, he does not suffer alone but with the corporate group...Whatever*

*Happens to the individual happens to the whole group, and whatever happens to*

*The whole group happens to the individual. The individual can only say: I am*

*Because we are, and since we are, therefore I am”.* (2002: 108-9)

The major benefit of this theory is the broadening of the scope of healing for theological reflection on indigenous knowledge system to heal and cure the suffering community. Therefore, the Dinka theory as indicated provides the African world views. It most definitely qualifies paramount in the approach to analysis of current healing practices on selected mega-churches in the context of Africanism. This perspective is also argued by Kandemiri and Smit (2016) who maintained that traditional African culture has tendencies of detecting illness and finding solutions for addressing such illnesses and such practices are commonly referred to as indigenous healing. On the basis of the above viewpoints, the Dinka theory is adopted as a theoretical framework underpinning this study as it adopts the Afrocentric views of healing.

## **2.3 THE EMERGENCE AND THEOLOGIES OF MEGA-CHURCHES**

Apart from its common interpretation, the word “mega-church” has different theological meaning depending on interpretation and understanding of the word. Thumma (1996: 1) describes “a mega-church as a congregation which has thousand or more worship attendees in a week”. On this point, researcher Khanya (2014: 1-2) differs with Thumma as he points out that the Pentecostalism in association with Christianity is commonly said to have occurred in three ways: Pentecostal movement, charismatic movement and

Neopentecostal mega-churches. Khanya (2014) further describes Neopentecostal mega-churches as recent church that gather those congregants from charismatic churches as members were displeased by the inhospitality of the mainline churches. From analytical point of view, mega-church is described based on situational perspective. It is viewed and understood based on the modern Christian philosophy and its consecutive practices. Barnes (2014:18) conceptualized the term mega-church in African continent and inferred it to “Black mega-churches”. Burns view is that Black mega-churches contrasts newly established small churches because the former groups have the courage to antagonize trials that many other churches would circumvent. There is a belief that Black mega-churches are social forces in themselves, and, they exploit the fact that they have a great support to execute that.

Young-Gi (2000:102) adds that a charismatic mega-church includes both “Pentecostal and Charismatic mega-churches. One would also add that the nature of the mega-churches is established on the activities that take during their church services”. The mega-church marketing strategy, according to Gundani, (2004) is the announcement of healing services.

Schlemmer (2008:14) describes the mega-churches as “a development in the new Pentecostal movement that came about by direct or indirect association with the faith and prosperity message that came from United States or televangelists of the late fifties, 1960’s and 80’s”. Schlemmer (2008) further argues that the Pentecostal denominations have as their main emphasis the working of the Holy Ghost as a powerful tool amid believers. This is portrayed by the evidence of baptism with the Holy Spirit which takes the form of spiritual episode, speaking in tongues, ability to prophesy, to interpret speaking in tongues as well as healing. Thus, the theology of healing in mega-churches is viewed on the basis of sin that has been committed by humankind. Sin is one of the root causes of illness, diseases or ill-health. The healing practices in mega-churches are however predicted on faith and belief system.

Hong (2000) argues that the service in charismatic mega-churches is extra active and energetic that in other category of mega-churches. As a strategy the healing miracles are circulated in the church bulletins and journals as well as on newspaper as evidence to testimonies of mystical events. Such events play an important role in many charismatic mega-churches. It needs to be mentioned that this practices of service appears to be typical of what mega-churches in South Africa are. To add on this, Khanya (2014) states that in South Africa the emphasis is no longer about speaking in tongues but to healing

and demon exorcism as well as emphasizing material prosperity. Dube et al. (2011:45) point out that these spirit-type churches emphasized divine healing and adult baptism by immersion. In addition, the main attractions of spirit-type AIC's are healing, prophesy and exorcism. Hence, there is a perception that "illness and disease in the church are diagnosed by the prophet through the power of the Holy Spirit" (Dube et al. 2011:120). It is clear that healing is one of the major attractions of members to mega-churches. Anderson (1993) also argues that there is no reservation that healing from sickness contribute in the life of African Pentecostals wholly. Prophets, ministers, bishops, pastors, evangelists and other church healers play a leading part in this. Theologians like Dube et al. (2011) views, are in line with the view that in Africa, healing, deliverance, and prophetic gifts tend to be very attractive in this regard. Many of the churches therefore tend to be "non-denominational in character, a situation that helps to attract denominationally uprooted, upwardly mobile young people and professionals into their fold", (Asamoah – Gyadu in Taylor, 2014: 5).

Pentecostals often remains Pentecostalism despite doubt for one simple reason that of healing. They may admit that many of the practices and teachings are unbiblical. They may confess that there is rampant abuse and manipulation. Followers of mega-churches in this regards, shake off the doubts because they have seen so many supernatural miracles as people stand up out of wheelchairs, back pain claimed to be healed, etc.

Burger (2008:33) states that Pentecostal churches are often "bottom-up" institutions. The argument of "bottom-up institution" in this regard is based on the view that in South Africa anyone without conditions can decide to start or plant a church for his or her personal gains. On the basis of "bottom-up" interpretation, Thumma (1996:1) further argues that almost one half of all mega-churches are independent and nondenominational. On the basis of Thumma's (1996) view, the theology of mega-churches is however infiltrated by the consumption of economic elements. There are people who see mega-church as a personal socio-economic solution and in other area of leadership and theologies; they see such churches as a Christian wealth hub. Like other complexes, mega-churches have developed to the title of both healing and wealth seekers.

The theologies of mega-church suggest that the development of mega-church is however based on "wealth or prosperity and healing" seekers. Schlemmer (2008) points out that the congregation (referring to Pentecostal churches) was to a state merging its broader and redirecting its commitments by resisting the established churches, having been dismissed

as shallow by mainstream churches and even denounced as heresy by conservative evangelical clusters that rejected the notion of faith healing.

Anderson views on mega-church (1991:13) defines the charismatic Pentecostal phenomenon broadly as one that describes globally all churches and movements that emphasize the working of the gifts of the spirit, both on phenomenological and theological grounds. According to Anderson (1991) the current charismatic Pentecostal miracle overthrows universally acceptable definition due to the diversity in the seemingly mutual charismatic Pentecostal practices and rituals.

This view is supported by Bate (2001:1) who states that “these churches are better treated together since they respond to common human needs which are mediated through different cultural approaches”. Hence, Froise (2000) argues that their success and rapid growth is one of the practical features of 21<sup>st</sup> century South African Christianity. In this point, Anderson (1991) points out that the charismatic churches are driven by an aspiration to come across the carnal, emotional and spiritual needs of Africanism, and they offer an answer to life’s problems as well as means to cope with the menacing and aggressive world. To explore such practices by the mainline churches, Bate (2001) point out that the mainline churches are conscious of the mega-churches. Several of them noted that the mega-churches do indeed respond to peoples’ pastoral needs and provide such service to many through healing practices. In the same view, Dube et al (2011) point out that healing in the ‘mainline churches’, however, has not drawn much attention, but there is a developing alertness of the need to consider healing practices in the mainline churches in the African context.

Democracy in South Africa has open doors and opportunities for mushrooming of newly churches with their emphasis of healing and prophetic healing. The other aspect that prompts mega-churches to grow rapidly is that “the church believes in prophesy where people are told of their future, their plans, their imminent feelings and downfalls” (Dodo et al. in Mabvuria, Makhubele, and Shirindi, 2015:426). Gudani (2001: 136) adds on the point of attracting members from various places as he asserts that “all forms of ailments and suffering, including cancer, hypertension, stomach problems, acute headaches, bad dreams, barrenness, unemployment, bad debts and failure to prosper in life, are mentioned in the advertisement”. Mabvurira et al. (2015) further argues that church services are categorized by the songs inspired by the Holy Ghost that have the ability to purify congregants of their troubles and drive away demonic spirits. Each prophet is

alleged to endure the influence by a particular angel. Any person is at ease to pursue help from the church without any contribution notwithstanding his or her non-membership in the church.

In the light of the aforesaid practices, Commission for Protection and Promotion of Rights of Culture, Religion and Linguistic Communities (CRL) report (2016) adds that, in recent years, scores of churches and religious organizations have mushroomed throughout the country, changing the face of the religious communities and practice irreversibly. The CRL report further suggests that streets are marked with signs and advertisements with promises of miracles, ranging from healing to prosperity. The said report is in line with the viewpoint of Dube et al, (2011:19) that “mainline church healing, in conformity with the biblical mission to heal the sick, relates to but also differs significantly from traditional or independent church healing system. The mainline churches retain their orthodox Christian orientation but are inspired by charismatic healing praxis”.

To support Dube et al’s (2011) viewpoint, Omenyo in Brown (2011: 232) argues that “the mainline churches were established through missionary’s efforts of western – founded missionary society aided by Africans assistants. The theology, ethos, and practices of these churches were originally non-Pentecostal”.

The implications of the mega-church idea for Christian communities around the world are profound. "The size of the organization has often made administration and accountability difficult. Most of the leaders of mega-size-churches have been victims of their own success with some failing into difficult emotions and moral problems” (Asamoah-Gyadu in Taylor: 2014: 8).

According to Jacobsen, (2003) mega-church theology is grounded upon understanding, but experience guided by scriptural reality. The point is that Pentecostal churches have used songs, sermons, prayers and testimonies to prompt their theological opinions but that predilection does not mark Pentecostal theology as unique; as all Christian traditions have used those forms of communication for theological purpose. The other view is that while Pentecostal theology does indeed have different perspective, other kind of Theologies were considered not existing.

The other factor that promoted mega-churches to emerge and grow rapidly it has been articulated by theologian Oosthuizen (1997) when he writes and points out that the mainline churches with their western philosophy and study grants are frequently

persuaded to undermine African culture and legacy. While Manala (2006) claims that ministry to the sick in Africa as performed in mainstream churches does not consider the world-view of Africa. In the same perspective, Van Wyk (2011) captures that African society welcome the determination of mainstream Protestant Churches to improve health with the support of Western medication.

The mainline churches rather than the mega-churches do not regard this campaign of healing as being sufficient to sustain their churches. For this reason, mega-churches today have captured the experience of African Traditional healing practices to gain membership. On the said view, Gudani (2001) argues that the office of prophet in the church that consider healing there is a paradigm shift as there is exodus of prophets moving out of the mainstream of the church's core activities and into private healing consultancy. This mega-church healing prophetic practice is similar to African traditional religious practice whereby Dube et al. (2011) examined healing practices in three different contexts. According to Dube et al. (2011) the prophetic healers perform their healing tasks like African traditional healers as they first diagnose the patients and execute healing afterwards.

## **2.4 THE AFRICAN UNDERSTANDING OF HEALING PRACTICES**

This part analyses and explores healing in the context of Africanism as it emanated from indigenous healing and indigenous knowledge system. However, Teffo (2011) argues that the privileged position of Western information as the source of all data will persist like IKS, innovation, science and technology are demystified and their origins traced across all cultural groups. Constantine, Meyers and Kindaichi (2004: 111, in Kandemiri and Smit, N/Y: 263) defined indigenous healing as "helping beliefs and strategies that originate within a culture or society and that are designed to treating members of a given cultural group". Thus the analysis is based on conceptualisation of the term "African traditional healing" as applied in the study. Healing is a phenomenon that cannot be discussed without examining sickness and health of the congregants. This appears to be compelling circumstances to both spiritual and physical well-being of human-beings. It should be borne in mind that African spirituality defines an African as a holistic person. Epistemologically, healing can be understood as both cultural and spiritual practices that are facilitated by spiritual healers.

Awadzi (2011) states that African traditional concept of health and well-being is a holistic one and according to Africanism, health is wealth. In addition, Mabvurari et al. (2015)

points out that in African culture, a network of beliefs and values provides exposition of health and illness. In the light of the aforesaid viewpoint, it should be also noted that the health of a body is determined by the health of the spirit.

According to Berinyuu (1988:31) health in African context is all about “wellbeing of mind, body and spirit, living in harmony with one’s neighbour, the environment and oneself and in all level of reality-physical, social, spiritual and supernatural”. On the issue of sickness or illness, all nations appear to share a common world view. Thus the church attributes illness and disease to witchcraft, evil spirits, insufficient faith and violating Gods laws (Dube et al, 2011:120). In this context, the spirit cannot be divided from the body, in other words, the spirit is connected with the good relationship of the individual and divinity. When the body gets ill, the spirit is affected too and visa-versa.

African traditional healing discourse is been viewed based on African religious beliefs system and ethics. However, healing in the African continent was never acknowledged from an African cosmos. To implore justice in this perspective, the word “healing” as a phenomenon, should be perceived or viewed from Afrocentric worldview and African perspective. One of the African researcher, Asante (in Thabede, 2008:233) defines “Afrocentricity as meaning literally placing African culture at the centre of any analysis that involves studying African people. Afrocentricity is a perspective that allows Africans to be subjects of historical experiences rather than objects of the fringes of Europe”.

The notion that health and healing are conceptualized and interpreted simultaneously throughout the globe by some healers from cultural background has a positive impact on African traditional healing practices. Healers in African context are known in different names and they got indigenous African names like in: “*gqira* (Xhosa), *inyanga* (Zulu), *nanga* (Tshivenda). Other concepts like, *isangoma*, *izanusu* and *abalozu* (Zulu) and *sedupe* in Northern Sotho refer to specialist categories of traditional healer” Songi, (in Thabede 2008: 242).

In view of the above perspective, Moodley and West (in Roos:2010) maintain that for these different healers, religion and magic are not seen separate but as aspects of being where all of life is seen as a unitary field and where spiritual and physical world are one. Roos (2010) argues that according to Africanism, each sickness has a specific determination. Thus, Gumede (in Ross: 2010:47) maintains that “a western – trained doctor and traditional healer, both modern and traditional healers have the same goal to heal the sick, cure illness, relieve pain and suffering and comfort patients and relatives”. This implies

that Afro-Christians should view healing phenomena from the Afrocentric world view which is informed by African context.

From this perspective, Nyanto (2015:189) stresses that “in traditional cosmology, healing and religiosity are an integral part of people. The centrality of healing and religiosity has existed since time immemorial to solve issues arising from the intersections of members of families, clans and societies”. In support of this view, Nyanto (2015) states that in African society; sicknesses and calamities are considered to be religiosity capabilities of life. Hence, according to Berinyuu (1988), religious rituals and modern medicine are utilized as therapy to cure and heal as a means to maintain people’s wellbeing. On the same viewpoint, healing rituals are considered as the religious practices of the traditional healers, priests and of Africans’ entire life. To add on this, Wilson (2007) states that healing rituals are essential part of extreme cohesive cultures. Healing rituals are carried out in a situation of crisis, emergency and threat to the social structure of society and culture.

According to Dolvo (2006) more on belief system is of the sake of sustaining and restoring people wellbeing. To employ this view, it needs to be mentioned that, traditional healers are the embracer of healing and wellness of individual worldviews, meaning that they perceive themselves as the ‘healing instruments’ of community. Pesek, Helton and Nair (2006:4) assert that “traditional healers deliver front running and successful care internationally. Currently, there are groups of traditional Maya healers who are working together to employ their traditional healing knowledge towards the conservation of their healing heritage and rainforest surroundings”.

However, the term Africanism describes specific practices by a group of believers in the African continent that are influenced by Africanism as described above by Asante. The consistence of this practice includes inter alia cultural, ancestral veneration for healing purposes and knowledge of healing that emanates from African religion. Falola and Heaton (2006) state that the most investigation of academic literature on African studies shows that scholars tend to suggest that there are two methods of doing things in Africa: the traditional and modern ways.

Thus, the conceptualisation of healing is shaped by various interpretations that are based on individual, social and cultural aspects. In the light of this concept, Mugabi (1999) argues that healing is construed in a wider sense of generality, thus is not limited only to the carnal and ailments but of oppression, jobless, and sort of encounter in one’s existence of

persons. In addition, Truter (2007:56) argues that “African traditional healing is...intertwined with cultural and religious beliefs and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual and social aspects of individuals, families and communities”. Hence, according to Wilson (2007:23) “Traditional healing practices, in culturally specific forms, can facilitate resilience, personal growth and self-transcendence in the wake of trauma. The pathway of healing varies in nature, purpose, duration, social complexity and utilization by culture”.

It should also be borne in mind that the general perception among African people is that ancestors have a role to play when coming to healing process of the individuals within a particular family or community. In this view, Mulemfo (1995) points out that the Afro-Christian healers consider that the ancestors are human by nature although they are gone to exist in other realm. Mulemfo (1995) further argue that the traditional healers develop their authority of power from the All Mighty. The ancestors and spirits also support them to succeed in the healing practices. In this regard the belief system in ancestors is a vital element within African traditional religion. In support of the said view, Roos (2010:44) brought forth the viewpoint by Martin Luther that “African morals and ethics are derived from the inextricably interlinked with African spirituality, and there appear to be important principles to be learned from traditional African approaches to healing- even for those who do not share the African cosmology or worldview”. On the basis of the said argument, it is however clear those healers do not detach the natural from divine or the somatic from supernatural (Truter, 2007).

As mentioned above, various healing systems around the world are perceived on the basis of knowledge, cultural and traditional views. (Truter, 2007) further argues that traditional healers employ a holistic method in dealing with health and disease. This implies that the traditional healers, deals with the complete person, and provide treatment for physical, psychological, spiritual and social symptoms. Healers do not separate the natural from the spiritual or physical from the supernatural. From this perspective, Roos (2010) points out that according to traditional African views, every disease has specific determination or source.

Roos (2010) further maintains that although traditional leaders are the overseers of African culture and means of life, only diviners and traditional doctors are selected by the ancestors of the family and entrusted with responsibility to mediate. This implies that according to Obinna (2012) God is the therapist but operates through mediums such as

spirits, natural plants (herbs) and divinities with the assistance of spiritualists or indigenous healers. Whereas, (Nyanto, 2015) points out that ailments were triggered by nature and ancestral spirits. Good spirits, on the other hand, empower the possessed after having executed an appropriate ceremonial healing practice to be bestowed as traditional healers of ailments and treasures.

In support of Roos (2010) view, Levers (2006) states that the framework for African traditional healing suggest such arrangement of indigenous knowledge and the reality that many Africans endure seeking health care from traditional healers. Levers (2006) further points out the blunders made by colonists in Africa were that, Christian colonizers erroneously construed all traditional practices as witchery. This has influenced the prohibition of traditional healing practices in all forms and types, such that they became misconstrued to be satanic, and this has included medical and spiritual practices as well.

The World Health Organisation (WHO) (1978:41) has defined Traditional Healers as a group of persons recognised by the community in which they live as being competent to provide health care using vegetable, animal and mineral substances and other methods based on social, cultural and religious backgrounds as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability (WHO, 1978). This implies that “African traditional healing is intertwined with cultural and religious beliefs, and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual and social aspects of individuals, families and communities” (Truter, 2007:57). Thus the approach of African Traditional healers to perform healing to the sick people is all about love, sympathy that is been accompanied by compassion. Thus, according to Wehmeier and Ashby (2000:227) compassion is refers to “a strong feeling of sympathy for people who are suffering and desire to help”.

However, the African healing systems across the world is spiritually ancestral linked. It is from this viewpoint that various healing systems around the world are perceived on knowledge, cultural and traditional views. Machinga in Mabvurira et al, (2015) states that it is a mutual belief amid the Shona persons and other cultural groups as originated in South Africa and Africa at large, that spirits have the ability as a source and also capable to end illness. This is supported by Delaune and Ladner (2006:1) who state that “people throughout history have dealt with pain, illness and healing in spiritual ways”. Freeman (2004) adds that the initial practices of spiritual healing were executed during the old age

by schamanic priests and doctors. Healing practices were also recorded in ancient Egypt and in the early Jewish and Christian tradition. It is also apparent, to indicate that “the kind of healing that goes on Christianity is not specific to Christianity” (Grudman: 1995: 53).

Culturally, there are multiple practices which are consistent within traditional healing belief system. “These belief systems and practices are passed on from one generation to another” (Pesek et al, 2006:6). In this sense, the rituals and practices of healing in various religious groups including the African traditional religion have become the focal point of attention to various scholars and community members. In view of this, the communal participation and existence on health and illness relied on indigenous-knowledge and self-understanding that characterize healing practices within a given community. All healing rituals and actions are sequentially consistent. In this sense, Atkinson (1993) states that this broad standpoint is consistent with that of Old Testament, in which health is best assumed in relation to the term often translated ‘peace’, *shalom* and in this sense, *Yahweh* is the Lord who heals.

In summary, it needs to be mentioned that “when Africans were converted to Christianity, they do not abandon their traditional worldviews. This worldview is even present, but African Christians seek to respond to the problems their worldview raises” (Omega in Brown 2011:235-236). It should further be noted that “a Western-trained doctor and traditional healers have the same goal to help the sick, care illness, relieve pains and suffering and comfort patients and their relatives. In other words both the modern and indigenous healers have common goal to give life back to those who seek it. These parallels between western and African healers present a platform for the two to learn from each other such that their combined efforts can promote a holistic healing approach. It is from this perspective that some theologians argues that Christianity as a religion should not attempt to change the practices of Africans but rather attempt to address their needs. Bate (in Cochrane:2001) asserts that in order to understand the intermediating role of culture in Christian praxis we need to carry out same form of cultural analysis, both of the context where the praxis occurs and the Christian community whose praxis it is. According to Bate (in Cochrane, 2001) the following are the praxis of healing: “the Western medical model of curing disease, the African traditional model of restoring life by restoring relationships; Psychological model that aims at restoring sanity”.

## 2.5 A THEOLOGY OF HEALING FROM BIBLICAL PERSPECTIVE

Healing has been a tool of God to manifest his power to his people, in biblical era. Paunds (2012: 1) states “In the Old Testament the Lord God (Yahweh) alone was the source of all healing. In every aspect of life man is dependent on the Lord God alone”. This view is also affirmed by Duck (2013: 231) that, “The God of Hebrew Scripture heals” (Ps. 103: 1-4). Thus, the primary theological viewpoint is that, “the bible sets forth principles regarding our health and wellbeing, and we are to make use of what God has given us” (Johnson, 1999:15). However, the bible has three types of healing which are theologically based and these are: spiritual healing, emotional healing and physical healing. In view of this perspective, it needs to be stated that in the old testament, healing generally was the responsibility of the Levites, who took responsibility for all the health rules within the community. The priests were important figures in customs related to disease and healing.

In the New Testament, healing was central to Jesus’ ministry. Jesus commissioned his disciples to go out and execute healing. In other words, healing ministry in the New Testament was considered one of the relevant preoccupation of Jesus Christ throughout his ministry. This theological viewpoint of healing in New Testament was also argued by Edmiston (2010: 8) that “the healing ministry of Jesus is one of the most acknowledged and most controversial parts of his redemptive work”. In Acts, Luke articulates the story of how the apostle sustained the ministry of healing. However, Dei and Osei-Bonsu (2015) employed a Greek word “iaomal” meaning to heal. In Luke 9: 1-2 Jesus commissioned his twelve together and empowered them with authority over all demons as well as with the power to cure diseases. Jesus Christ further sent them out to proclaim the kingdom of God and to heal the sick. Thus, this perspective is in agreement with Jennifer Glen theological view which is written as follows:

*“As Christians....we look to the Gospel of Jesus Christ, and what we read there is good news: life is lived through death to life, and healing in its pledge .... In life and in Word, Christ entrusted to the Church the mandate to heal in his name wherever the Gospel is preached. Healing is not incidental but integral to evangelical proclamation”* (Glen in Duck: 2013: 234).

Accompanying this broad view, Johnson, (1999) argues that the bible does support that God heals people and God is the provider of life and health. The bible presents various elements of executing healing during the Jesus Christ era. However, according to John

9:6, Jesus utilized water, muds, and saliva as a means of healing in his ministry. In the light of this viewpoint, in the time of Jesus era, people saw Jesus as someone who is supposed to meet their deepest needs including the need for physical healing. When people saw healing taking place in Jesus' name it strengthened their faith in his nature and in the gospel thus enabling many to believe in salvation (Edmiston, 2010: 8). In support of this theological viewpoint, Act 3: 6-8 supports this notion through the incident of a lame man that was healed in Jesus name mentioned as follows:

*But Peter said to him, "I have no money at all, but I give you what I have: in the name of Jesus Christ of Nazareth I order you to get up and walk!" 7 Then he took him by his right hand and helped him up. At once the man's feet and ankles became strong; 8 he jumped up, stood on his feet, and started walking around. Then he went into the Temple with them, walking and jumping and praising God. (Bible, Act 3: 6-8)*

Thus, healing in the New Testament is a gift from God to humankind. According to Moore (2008) scriptures really expresses that the primary purpose of charismatic gifts, include gifts of healing. People are not given for the authentication of Scripture, but for the common good (1Cor 12:7) and for the sanctification of the church (1 Cor 14: 26), something which is certainly important today as it was before the canon of scripture was accomplished.

Furthermore, the theological point of views on healing in this perspective, suggests that "The Torah, in the *n'viim*, appears to correlate healing with salvation: God is the source of both and thus not just the redeemer but also the healer and the curer of people's wounds. In the *k'tuvim*, God's healing is attributed the forgiveness of humankind offences, fearing God and to be pleasant on God's word. Hence, the Talmud attributed healing to the work of physicians, as permission was granted by God to heal" (Levin, 2009: 77).

The theological debates on this viewpoint of healing is however substantial, Moore (2008: 3-11) suggest "four views of how much can God heal and are: The Classic Liberal views, the Classic Cessationist view, the Classic Pentecostal view and the Classic Charismatic view. Whereas according to Simpson (2002:1) "there are basically five types of healing in the world today and those are; Biblical Devine Healing, Natural Healing, Medical Healing Psychological Healing and Paranormal/ Demonic Healing".

On the basis of the said theological views, Moore, (2008) further argues that the Classic Liberal theology of healing commends western discipline and dismisses the historical facts of Jesus' earthly ministry. Moore further points out that the Classic Cessationist view is not at its origins a theology of healing. It is primarily an attempt to protect the bedrock

Reformation belief of scriptura against the perceived contending authority of modern prophecy and apostleship and this viewpoint are still functioning today. Thus, the Classic Pentecostal theology holds the view that, the theology of healing is yielding much fruits in terms of healing. Finally, Moore (2008) further states that the Classic Charismatic view is similar to the Pentecostal view, but it is considerably less triumphalist than its Pentecostal counterpart. It stresses that we should expect miraculous healing from God, but that we should also accept the teaching of Eccl 3:2-3 that there is a “time to die” and a time for the Lord to take life rather than heal.

## **2.6 THE UNDERSTANDING OF HEALING BY MAINLINE CHURCHES**

The concept of healing in the mainline churches was argued by Alva (2016) who maintains that healing in the Catholic Church’s tradition is holistic. Alva (2016) further points out that the church encourages people to pray not only for physical healing but also for the whole person that includes the body, mind, and the soul. According to the Catholic tradition, and other mainline churches like Lutheran Church, Anglican Church genuine healing comes from God in the person of Jesus Christ. This is the fundamental difference between the healing praxis found among the charismatics and those of other religious group in Japan. Ketchell, (n/y 1) argues theologically that the mainline Protestants envisaged God as parent, lover, and healer, whereas their traditional counterparts often represent God as father and lawgiver. A strong belief of egoism procreated from Reformation churches continues to influence the ways that mainline churches like Lutheran, Reformed, and Anglican view health issues. The mainline Protestants divide “health and well-being concerns into four separate domains: physical, mental, social, and spiritual. Luther asserted that deliverance was solely the work of God and a product of lives situated within an ongoing struggle between faith and doubt or wellness and illness” (Ketchell, n/y 3). Ketchell further states that in the mid-nineteenth century, Presbyterians began opening hospital to care for the sick and poor. Over the past 150 years, health care access and medical ethics have been vital for physical health mission.

## **2.7 THE THEOLOGY OF HEALING THROUGH PASTORAL COUNSELLING**

Counselling is one of the tools to be utilized by the church, healers from different religions to execute healing process to the ill-health community or people. The theology of pastoral counselling suggest that in times of trouble few people aspire counselling as a means of

healing treatment. Malureanu (2013) states that pastoral counselling is essential for finding possible solutions in order to attain the stability of life, in relation with God, with other persons and with social atmosphere. In other words for healing praxis to be holistic; the church need to revitalize healing through pastoral counselling. This viewpoint is also supported by Kelcourse (2002) who adds that the churches traditional reaction towards the necessity for healing, holistically (physical, psychological, or spiritual), has focused on the redemptive supremacy of the gospel, practical pastoral care, spiritual bearing that cures the souls.

Counselling presents the church in the social life of the community. For this reason, Malereanu (2013) points out that “pastoral counselling is essential because it is a unique form of counselling, which utilises spiritual and psychological resources for healing the whole person: mind, body and soul. The aforesaid view by Malereanu (2013) implies and supports any views that suggest that pastoral counselling is a specialized ministry that constitute holistic healing practices to humanity. In this aspect, Campbell (1987) suggests that pastoral counselling is practised by the priests for counselling and psychotherapeutic approach to enable individuals, couples and families to handle their challenges.

The word *therapeia* is a Greek word to mean to help, to serve, to heal and *therapeo* is one who serves and heals. Malereanu (2013) adds that pastoral healing involves the recuperation of the person’s soul. On the question on how does pastoral counselling heal; Kelcourse (2002) states that the most elementary function of the pastoral counsellor is listening. Kelcourse (2002) further points out that, congregations are healed by the teachings of the stories of congregants’ faith traditions, and also by offering inspiration and hope in difficult times. On the basis of theological analysis of pastoral counselling, there is a strong suggestion that it is not a church tool or practice. In other words, churches underestimate the power of pastoral counselling as a healing tool.

This view was reiterated by Thesnaar (2010) who states that pastoral counselling is a professional counselling and therefore does not belong to the church. In support of this view, Kuether (1963) in (Thesnaar: 2010) argues that counselling is not about an institution but about the caring for the inner lives of individuals and families. This emphasis of healing practices through pastoral counselling resounds well within healing practices of Afro-Christian community in mega-churches of South Africa. This view has a potential of contributing more to the fast growing mega-churches if it can be considered as one of the vital model of executing holistic healing practices to the members.

For healing purposes, the church and its services needs to guard against being ignorant on other spiritual, social and psychological aspects of life. Thesnaar (2010) concludes that congregational leaders will need to become pastoral interpretive guides that are able to assist those in need of healing and reconciliation on their journey towards healing and wholeness. The pastoral church is the vehicle that has a potential of allowing human beings to go on a journey that moves them from despair to healing as well as from brokenness to wholeness.

## 2.8 THE CONCEPTUALISATION OF HEALING AND HEALTH

Historically, the word health appeared approximately in the year 1000 A.D. Dolfman (1973) and Balog (1978) (in Boruchovitch & Mednick: 2002). These researchers studied the roots of the concept of health. The word originally came from old English and it meant the state and condition of being sound or whole. “Modern viewpoint of health has been quite illustrated on the problem of determining the nature of the notions of health, disease from a scientific point of view” (Nordeenfelt: 2007: 1). As suggested by Balog (1978) (in Boruchovitch and Mednick, 2002) three major opinions of health have developed in more recent time: (a) the traditional medical concept, (b) the World Health Organization concept and (c) the ecological concept. WHO (1978)’s definition of health reads as follows: “Health is a state of complete physical, mental and social well-being and not merely their absence of disease and infirmity”.

As stated by Boruchovitch and Mednick (2002) for the ancient Greeks, health was always an aspect of supreme importance. Marinker in Boyd: (2000) argues that the ancient Greek initial viewpoints of health as a divine charge and sickness as a supernatural phenomenon were replaced by their acknowledgment of the bearing of personal life traditions and ecological factors for men’s health status. Thus, health *versus* sickness in a sense that illnesses is a feeling, an understanding of unhealthy which is totally personal, central to the person of patient.

A broad definition of illness is all about suffering, in which according to Anderson and Bury (1988, cited in Priya, 2012: 213) clarified the British use of the term, ‘suffering’ refers to experiences of illness, it is imperative to note that it is collective or academics who have appealed the terms, suffering and healing to understand the complex of mortal understandings in such difficult phase of life.

## **2.9 A TYPOLOGY OF HEALING IN MEGA-CHURCHES**

The mega-churches have a typology that denotes contemporary healing practices which captured members who attend their service. It needs to be stated that the typology is however based on current healing practices as compared to African traditional healing practices. The typology of healing in mega-churches determines a discourse surrounding the current healing practices and ethical aspects as well as consideration of health and humanity. Thus there are streams of healing practices that form part of typology of healing praxis in mega-churches today namely inter alia include but not limited to laying on of hands, prophetic healing model, oil and water healing praxis and fetishes healing praxis. The said approach is supported by Malereanu (2013) who points out that in the healing ministry there are a lot of methods as: anointing, prayers, exorcism (using of sacred words and holy rites), medicine, sacramental ministrations and psychological methods.

### **2.9.1 A typology of laying on of hands**

The tradition of healing in mega-churches are as new dimensions and diverse as the practices are based on cultural phenomenon. In this view, Kieke (2012) provides evidence that during the past two hundred years alternative healing methods were escalating. A wide variety of different theories were used and developed to support different alternative methods. Thus, healing by laying on of hands to the sick is phenomenal.

To affirm this aforesaid view, is apparent to point out that laying on of hands to members of the mega-churches appears to be a liturgical practice (part of worship) as is phenomenal and a means to pull members from other churches and religions. However, laying on of hands to the sick is part of the mega-churches practice and as such the practice contributes to the attraction of members from different spheres of belief system.

Thus, healing in a form of laying on of hands is one of a ritual practice, that forms part of religious practices as is found in various cultural set-ups throughout the world. In the same viewpoint, laying on of hands is an action in which a healer put on his hands upon the body on another individual with some confident and convinced spiritual drive. It also apparent to note that through history, ancient culture had been practicing the art of hands on healing. "Spiritual healing in the past twenty-five years has advanced from an ideal in which healers could heal with the driven power of their touch, to a model in which healers enable the emerging of a person's inner healer. This shift in the awareness and practice of spiritual healing can today be seen in almost all modalities of energy healing, from a

simple laying on of hands to Reikie, Therapeutic Touch, bodywork, various forms of meditation” (Stratton 2001:1). In Asia this typology practice of healing through Reikie referred to as “Rieki”, in Egypt the method is “Seikem Seikim”. Such views are often substantiated by indigenous knowledge that suggests that the indigenous people of America would use hands on work with prayer to great spirit that heal the aggrieved. It is evident that laying on of hands is communal traditional practice within Christian gatherings (Reddington: 2003).

In support of indigenous knowledge, Smith (2006) affirms that Reiki is grounded on ancient Buddhist healing technique. In similar practices, Mikai Usui developed Reiki Healing approach, which gradually spread across Japan in early 1900’s. According to McKenzie in her book, “Healing Reiki” states in Smith (2006:12) that “Reiki is primarily perceived as a practice for healing the body but it is also a method for healing the mind and spirit”. However, Lavin (2016) states that hands on healing or spiritual healing has been experienced by many cultures for the past years. Lavin further argues that such culture further consider that Grecian statues of Asclepius were made out of gold-gilt hands as rejoicing the power of touch to heal.

In Wikipedia it is noted that at the beginning of 20<sup>th</sup> century the new Pentecostal movement drew members from Holiness movement and other activists in America that already believed in divine healing. By 1930’s several healers drew large crowds and established worldwide followers. Laying on of hands can be understood as an act which one person places his hands upon the body of another person with some definite spiritual purpose to unleash the spiritual gifts. Normally this act is accompanied either by prayer, prophetic expressions or both. The IKS healing approach on laying on hands has been phenomenal for some decades, as Reddington (2003) avers that ancient culture had acknowledged the practice of hands on healing. This practices of healing by laying on of hands to the sick, has been very common in Greek and Hellenistic sources in pre-Christian times.

Lauren Richard refers laying on of hands to “healing touch”. According to Richards (<http://www.healingtouch.net/>) Healing Touch is “an energy (bio-field) therapy that encompasses a group of non-invasive techniques that utilize the hands to clear, energize, and balance the human and environmental energy fields. Energy healing, therapeutic therapy, and Reikie are all common forms of Healing Touch. However, Stratton observation on healing through “touch” has concluded that “Christianity was founded on

the healings performed by Jesus. The touch of Jesus, or someone touching him, had the power to heal physical disease, mental illness and even raise Lazarus from the dead. Yet healing of illness through touch had all but disappeared from Christianity over the centuries, to be replaced with emphasis on healing the soul” (Stratton, 2001:4).

As a church healing ritual practice, Dube et al (2011) points out that laying on of hands is also practiced as a means to influence healing in the church. The right hand, which stands for goodness conduct most of the healing deeds. In most of the mega-churches, according to Heather Fenton (2010:5) “healing services with laying on of hands are held twice a week alongside traditional and sacramental ministry and informal prayer”. It is however argumentative that, through laying on of hands, most of the mega-churches attempted to close the gaps on what is called the needs of the members of the mainline churches. Furthermore, in noting the context of liturgical practices in both mega-church and mainline church “healing practices” which is based on healing touch or laying on of hand to the sick, has become both religious reality and form part of church rituals. However, Smith (2006) argues that a growing number of the churches are involved in a hands-on-hands ministry.

This is in agreement with what Zane (in Schlemmer: 2008) asserts that people did not need another church but they required healing, comfort and could not find this in main stream churches. Zane (in Schlemmer, 2008) further argues that the church offer hope, guarantee and healing- these draw people to these churches in the same way that one would be drawn to a hospital, therapy, counselling and healing. In order to give greater credibility to the definition and interpretation of healing through “touch”, Richard (n/y) in this aspect, gives a perspective that “Healing Touch is all about to energize, restore, and balance an energy disturbance, or harm of the body, mind, and spirit” (<http://www.healingtouch.net/>). It is therefore, the scholar’s task to not discern and close the gaps between the healing rituals and healing practices of healing touch. In the face of these aspects, one has to understand that it is a contextual frame of reference that healing reality through touch does exist as religious reality.

Considering the contributions made by the supra-scholars, “the laying on of hands in the Old Testament is examined for its usage in sacrificial cultures which is exemplified by the consecration of Aaron and his sons. The practice most likely originated in the Jewish context, but was strengthened by the healing practices of Jesus. As such, the early church most likely understood the laying on of hands as an efficacious gesture which transferred spiritual blessing (Robinson: 2008: 344). Griehs (in Herald, 2016) affirms that Jesus and

his disciples healed through laying on of hands (Matthews 9:8, Luke 4:40). Through this ceremony, the divine power (Holy Spirit) passed from Jesus and his Apostles to the beneficiary for a specific purpose. In contrast Griehs (in Herald, 2016) argues that this tradition of laying on of hands to the sick is generally not practiced in today's churches.

Griehs (in Herald, 2016) further states that churches that do practice the ritual have changed from the tradition performed in both the Old and New testaments. Most of people utilize it today to instil subjects with theoretical supernatural abilities. It is in the light of this, that the nature of Jesus healing ministry is basically Africanism and religious reality. From the theological point of view, laying on of hands and healing touch form part of holistic approach and is basically the work of God.

## **2.9.2 Prophetic healing model**

Prophecy has become an essential part of healing practices in most of the mega-churches in South Africa. Gundani (2001) states that the office of prophet in the "healing churches" is fast moving as many prophets are moving out of mainstream of the church's core activities and into private healing consultancy. Gundani (2001) further points out that in addition to the claims for healing by these newer churches, a breed of "prophets" has emerged, also claiming to be able to heal people from all kinds of suffering and ailments. The word prophesy according to Goldingay in Martin (2016) is difficult to define precisely. The word prophecy displays a wide range of meanings throughout scripture, in history, and in contemporary usage; however it is not possible to construct a single definition that is proper to every context. Thus, Goldingay (in Martins: 2016) affirms that prophetic ministry is not limited to the biblical era but remains active in today's church. For instance, some scholars have argued that there was prophecy outside Israel that even predates Israel prophesy, (David Bishau in Moyo: 2013).

In regard to Goldingay's view, Gundani (2001) pointed out that in addition to the claims of healing by these newer churches, a new breed of "prophets" has emerged, also claiming to be able to heal people from all kinds of suffering and ailments. Thus, the critical issue arising is the concern that the prophetic activities reported range from the bizarre to outrageous and sometimes immoral or even criminal (Hameno, 2014). For those who practice this type of healing model based their argument from biblical perspective and refer to different God-given gifts that Christians are endowed with. However the controversial dialogue further arises when in Zimbabwe, "bizarre claims of being able to make a person

pregnant and deliver a baby in three days (“Harare woman: I had a miracle baby”, 2013) or being able to produce miracle money which appears from nowhere and is found in one’s pocket or bank account (Nyoni, 2013).

According to Bowers (2006) most of the Prophets survive on specific cultural contexts. They share a semantic with the people among whom they live within similar cultural and religious milieu. Thus, Goldingay (in Martins, 2016: 44-46) argues that “a prophet is likely to fail”. When Goldingay refers a prophet as a failure, he refers to two things, however, Martins (2016) writes that when Goldingay voices out about failure, he means that prophet is weak and liable to mistake. This implies that according to Martins also prophets are imperfect and likely to make errors. Yet, it needs to be mentioned that prophesy in the context of mega-churches is more dynamics, profound and broader in a sense. It is however, integral to the ministry of pastoral care, and as such deals more with diagnosis and therapy in faith healing than with prediction of the future as it is understood in the old testament (Anderson 1991:vi). Matthew (2008) adds that an important continuity with the earlier prophetic movements is that the new Pentecostal churches attempt to speak to people on the most basis, existential level. They offer encounter with God, in which healing from sickness and deliverance from evil are achieved by means of God’s powerful spirit.

Heron (in Anderson, 1991) attests that the central feature of the work of the Holy Spirit is woven into the whole fabric of Pauline theology. He point further that Paul speaks of the different gifts of God’s grace that the Christian have, of which the first mentioned is prophesying which must be done in proportion to his faith. Thus, “the term ‘prophesy’ has several meaning in contemporary Pentecostal usage, most of them unrelated to common understanding of prophecy as a “prediction of the future” (Robeck in Poloma: retrieved 2016/11/02). However, Poloma (2016) argues that prophecy, although commonly regarded as involving ‘foretelling’ or ‘prediction’, must be understood in a broader context. It is for this reason that some church leaders practice prophetic ministry to fulfil the Pauline theology.

Daneel (1988) in Anderson (1991) argues that it is the accepted way in which the Holy Spirit reveals his will for a specific situation. As part of healing practice, African traditional churches like Zion Christian Churches have been utilising this healing practice model to meet its Afro-Christian member’s needs. For the sake of analysis, Martin has employed four scholars who elaborated much on prophecy. In his view, Martin (2016) argues that he chose to work from pre-existing definitions that emerged from other scholars. For this

reason, Martin (2016) summarised inputs (regarding prophecy) of those four writers as follows: Heschel, Brueggemann, Goldingay and Moore. The reason Martin endorsed the views of the said scholars is that they most closely represent his perception of biblical prophecy. Secondly, they have defined prophecy in ways that cut across the Pentecostal sermons. Nevertheless, Martin (2016) warns that regardless of the uniqueness of each biblical prophet, but their various modes of prophesy is manifested in scripture as well as in church history. Academics will continue to research on core meaning of prophesy by elaborating on the common characteristics of biblical (and post-biblical) prophesy.

Thus prophesy as indicated is another factor that contributes towards the rapid growth of mega-churches. In Wikipedia, prophecy had been described as a prediction of future made under divine inspiration. In support of this view, Anderson (1991:52) maintains that “African type churches prophesy of a personal and predictive nature frequently appears”. However, Sundkler in Anderson (1991) maintains that both Zionist prophesying and their healing practices emanated from the belief in witchcraft.

Spencer (in Dube et al, 2011) describes a prophet as someone who receives and speaks forth a message from God. A prophet can both foretell as did Agabus (Acts 11:27-28, 21:10-1) or fore-tell in the manner of Silas and Judas (Acts 15:32). In contrast to people who speak in an angelic language, prophets use their minds. Thus, Dube et al. (2011) argue that the phenomenon of prophesy in Israel was extremely diverse in its various manifestations. Diverse non-prophetic figures are described in a way that attributes prophetic functions to them.

Daneel (in Anderson, 1991:52) states that many prophecies are made on behalf of the sick. In a social –psychological sense, whatever else it may be, prophecy is a religious experience. It is within this context and through the use of theoretical taxonomy developed by sociologist Rodney Stark that prophetic charisma will be explored (Paloma: 2016).

However, “congregants believed to follow a more prophetic stance are often keenly aware of social problems such as poverty and unemployment and make a concerted effort to address these type of problems in practical, tangible ways” (Barnes, 2004: 205). In support of this view, Goldingay (2001:28) in (Martin: 2016) argues that prophetic ministry is not limited to biblical period but continues in today’s church. He points to Joel 2:28-29 as evidence that the responsibility of prophecy will be a feature depicting a full life that is anticipated for the ‘set aside’ God’s people. In addition to this view, Quayesi-Amakye (2011) points out that while new testament teaching aims to suggest that every Christians

may engage in prophesying, Griffiths (1986) insists that there are people who seem to be recognized to occupy the definitive office of prophet.

According to Moore in Martin (2016) Old Testament prophet accomplishes the complicated and connected responsibility of 'messenger', 'minstrel' and 'mentor'. In view of the above, "healing quite often took place in the context of prophecy (Amanze 1998:178). The message of the Hebrew prophets was mainly a call to return to 'Yahew' to attain healing and salvation. A typical example in this aspect is about Naaman, the Syrian Commander, who suffered from leprosy and was healed by Prophet Elisha (2 Kings 5:14). Quayesi-Amakye (2011) adds that through the prophets Yahweh manifested his will and demands known to Israel as his covenant people. In addition, Quayesi-Amakye (2011) further argues that due to their unique position in God's relationship with his people, a culture of consultation with the prophet emerged for the purpose of knowing God's mind and will.

Jesus Christ, in the New Testament had employed various means to heal various kinds of illness or diseases. Due to his action and healing ministry, Jesus has always been perceived as the saviour, redeemer and healer (Amanze, 1998). This view was upheld throughout ages since the era of Jesus disciples. They however believed in Jesus prophetic and healing practices. Thus, Sundkler (in Amanze: 1998) points out that a prophet can have other leadership talents but above all he must be a healer. This view is typical and practiced in mega-churches as most of the preachers, pastors, apostles and prophets, exercise prophecy and healing simultaneously. These churches (mega-churches) claim that their prophetic activities are based on the prophetic nature of the Bible and that their prophets operate under the power of the Holy Spirit who calls them to that holy office to be God's mouthpiece (Amanze 1998).

Having analysed different scholars on prophetic views, Martin (2016) affirms that the claim of prophetic inspiration, nonetheless, open the door to a number of abusive practices. What Martin pointed out is very critical and it takes us back to 21<sup>st</sup> century whereby some churches in particular 'mega-churches' claimed to be prophetic church. In view of this, various churches across the country took part in the jubilee 2000 debt campaign, whereby some bogus prophet called for the cancellation of debt from developing countries.

On the basis of the said prophetic claims, "the church can do this by raising their voices, working collectively, sharing common value of love and justice and campaign to challenge the policies which lock people in poverty" (Carey 2011: 34, 40). However, it is by this perspective that according to Moyo (2013) a biblical analysis nowadays is raven with

controversy around interpreting not only prophesy but the entire Bible in a way that reflects critically on contemporary matters.

As drawn from the ZCC practices, a prophet in a number of mega-churches, employ the diagnosis of ailments methods as part of healing practices. “This is part of process and method of detecting the cause of the diseases, problems, troubles, misfortune, etc. Normally the healer, who is in most instances the prophet, begins the whole divination by reading a scriptural passage for the purpose. Thereafter, the Prophet begins prophesying to discover from God, the cause of the problem which has befallen his patients and clients” (Amanze 1998: 178). In this matter, Truter (2007) argues that these prophets “over and over again mix the Christian Holy Spirit with ancestral spirit which falls within the realm of indigenous (traditional) healing.

The controversial practices of healing in prophetic ministry are due to be challenged by both government and public entities. According to Masondo (2014) prophets are able to operate outside the realm of everyday routine. Their powers are able to defy rationality and logic. On the basis of this view, in Sowetan (November 22, 2016: 5) Zoe Mahopo reported that a Limpopo church leader, prophet of doom (Lethebo Rabalogo) sprayed a pesticide onto the face of his followers claims he was guided by the spirit of God. Similarly, strange acts by other pastors are part of dialogue today. Mangena (in focus-the business of the church; (2014: 6) argues that most of these preachers are seen to be as more of profit as prophecies. Nigeria’s TB Joshua, Chis Okotie, Matthew Ashimolowo and Chris Oyankhilome live like rock stars and pull large congregations. In South Africa, some pastors have been known to make people eat grass, hair, snakes and drink petrol, all in the name of Jesus. In response to this contravention, the Commission for the Promotion and Protection of the Rights of Cultural, Religious, and Linguistic Rights Communities (2016) released a statement condemning such controversial prophetic healing practices. The commission “find this practice alarming and extremely concerning, and want to make it very clear that it is unsafe to spray and Doom or any aerosol onto people’s face” (Tiger Brands statement on Sowetan 2015, Nov. 22: 5). In respond to this reactionary statement, Prophet Rabalago argues that none of his flock had been injured by the Doom. He further argues that he has also used fire and petrol to ‘heal’ congregants.

Rabothata further claims “I am a man, I cannot heal”. “The individual in question is said to be endowed with ‘supernatural, superhuman or exceptional powers’...by accepting or believing in the leader’s extraordinary qualities, the followers legitimize his claim to their

obedience” (Dow (1969) in Masondo, 2014: 6). Masondo’s (2014)) view is that prophets are gifted people with a message that would help transform people’s lives. However, prophets are not the final authority but mere conduits for the message of God. In contrast, people appear to be abused in the name of prophetic healing. In support of this view, Jean Comaroff (in Masondo, 2014: 7) describes prophets’ activities as “practices and religiosity providing a response at a cultural and symbolic level to the brutal attack on Africans and their culture”. Apart from the said prophetic healing practices, “these prophets have resorted to a peculiar media blitz”, (Gundani, 2001: 136) to demonstrate the prophet of profit notion within the church arena.

Subsequently, one of the theologians, Martin Luther had theological input on this perspective of prophecy which was accorded by DeWaay (2006) who states that the restoration of prophecy for every believer was important to both Luther and Calvin. Thus, “in his interpretation of John 16: 13 Luther distinguished two kinds of prophecy. The first kind concerns the secular reign and temporal things and can be found mainly in Old Testament. The second kind of prophecy concerns the kingdom of Christ, its essence, flourishing or thriving and the church. According to Martin Luther, “this spirit of prophecy still remains within Christendom, yet however not to the same extent as with the apostles”, thus indicating that prophecy is not restricted to biblical times. On the other hand he considers the element of immediacy found in the biblical prophets has receded in post-biblical times” (Foller, 2016).

However, the Reformation opinion was that prophecy was the teaching of the ‘word’ and declaration of the terms of gospel. There is a notion that people are anointed and all have the commanding teaching of Christ and his apostle on the basis of that, those people may prophesy. Analysing the Luther’s view, “besides differentiating between secular and spiritual prophecy Luther also distinguished between prophecy as prediction of future things and prophecy as interpretation of scriptures from which preaching arises” (WA 16,110, 24-32) (Foller, 2016).

On the basis of the Luther’s theological viewpoint, and in contrast, “today many are confused about the meaning of the term “prophecy” as it was used in the 1<sup>st</sup> century church, and what, if anything, it is in the church today. Some assume that prophecy was spontaneous ecstatic utterances caused by the Holy Spirit. Some who hold this view, believe that utterances have ceased” (De Waay, 2006: 1).

### 2.9.3 Anointing oil for healing

According to Duck (2013) the churches have often neglected liturgies of healing. Healing was central to Jesus' ministry. The Duck's question was related to the church not taking apostolic mission of proclaiming God's kingdom serious, while neglecting in liturgy the mission of caring for those who are sick or in pain (Duck, 2013) Dei and Osei-Bonsu (2015) cited Moince, (2006) who argues that the word "sick" means to be feeble, weak. However, Mounce (in Dei and Osei-Bonsu, 2015) further points out that the word "sick" equally refers to physical weakness and of spiritual dimness.

In order to demonstrate care and help one's from illness, spiritual weakness, physical weakness, it needs to be borne in mind that, the history of ritual of anointing of the sick with oil was considered as a vehicle for the churches' care for the sick. This belief system implies that for Christians, anointing is significant because in biblical eras oil was usually used as a healing tool. However, when oil was used by the early Christian for anointing purposes it was merely a symbolic reminder to God's healing power. In this perspective, a review had also looked at hermeneutical approach in order to contextualize the use of oil for healing purposes in African context.

However, there is ample evidence of use of oil conjunction with touch and prayers for healing through most of the millennium of Christianity (Larson-Miller, 2007). According to El-Murr, Jean (in Meyendorff: 2009) there are insufficient evidence to suggest that the anointing of the sick seems to have originated as a domestic rite and it was not a Christian invention. El-Murr, Jean findings suggest that it was the custom of the Greco-Roman world, which is rich with olive and it was used by non-Jews and Jews alike. Henderson (2002) adds that some churches use regular oil and perfumed oil (chrism) in some of their liturgies, for example, anointing of the sick. "The Protestant Reformers encouraged prayer for the sick. While at first, both Luther and Calvin dismissed healing as a Christian practice, Luther later observed a physical cure through prayer and wrote a service of healing" (Duck, 2013: 233).

Yet, Weisenbeck (2011) contests that ritual prayer and action by their very nature involves an encounter with God's presence in faith and culture, according to '*pastoral care of the sick*'. Thus on the basis of health care ministry, Weisenbeck (2011) further points out that there are three aspect of celebrating the anointing of the sick. First, the prayer of faith by

which the community asks for God's help for the sick, second, laying on of hands indicating the person is the recipient of prayer of faith, and third, the anointing with oil on the forehead and hands signifying healing. Duck (2013: 233) states that "in the fourth-century Cappadocia, Basil and Gregory of Nyssa spoke of healing through prayer and anointing the sick has continued in some orthodox churches throughout history. In the western church, orders of healing were developed, yet seldom practiced, after the fourth century. In fifth-century Rome, Pope Innocent emphasized the bishop's blessing of oil and indicated that laity could anoint. Augustine in North Africa, who at first dismissed the power of healing in his time, later witnessed an amazing cure that changed his mind".

Accordingly, "for Christians, anointing is significant because it is closely tied to who Christ is. Christos is the Greek word for the Hebrew messiah. Both words mean "anointed one". Jesus is Christ who is anointed by God, that is, he is the perfect embodiment of God's purpose and mission (Seaman, 2015). On the basis of the said theological viewpoint, Duck (2013: 233) points out that after the second Vatican council, the Roman Church recovered a broader theology and rite of healing, with the name "Sacrament of Anointing" or "Sacrament of Healing the Sick" which is part of the larger complex of rites associated with pastoral care of the sick. According to Weisenbeck (2011: 82) "the sacramental action of anointing with oil and prayer over an individual is an efficacious action for the sick person. Prayer of intercession or petition accompanies this ritual action. The sick person is united to the passion of Christ for one's own good and that of the whole church".

On the basis of the aforesaid viewpoint, El-Murr, Jean (2009: 5, cited in Meyendorff) affirms that the prayers over the oil were performed at the church by the bishop or presbyter and then oil was taken home, kept in the "medicine cabinet" and used as needed. However, Meyendorff observed from the writings of Athanasius and John Chrysostom the emphasis on the role of the clergy to anoint and visit the sick. On this view, Weisenbeck (2011: 84) argues "there is no prohibition to other members of Christ's body offering prayers on behalf of the sick, and even laying hands on them or using oil". Seaman (2015) adds that the oils are all used for spiritual health of disciples so that as Christians journey deeper into faith, they might be healed from sin and live within and according to the loving, healing, and prophetic presence of Christ, whose name we bear and anointed.

In support of this viewpoint, Larson-Miller (2005: 3) argues that what was "a constant throughout the church's history has been the awareness and care of the sick as the

concern of the whole church. The variables have been how the care was made manifest, with what physical outward sign the healing of God was expressed.” “Thus, the healing implied by this rite is a cosmic event in which all things are set back into proper perspective. In this perspective, the rite of anointing accomplishes a holistic healing around the sick” (El-Murr, Jean, 2009: 9, cited in Meyendorff).

Thus, anointing with oil was commonly applied throughout the biblical era and for different purposes. On one occasion Jesus commissioned his disciples and as a results, they went on ‘anointing many sick people with oil and healed them’ (Mark 6:13). Subsequently, most of the mega-churches employ this method of anointing of oil on the sick, as based on biblical scriptures. In the light of this, James 5: 14-16 provides, the view to care for the sick as the scripture suggests that:

“14. Is any among you sick? Let him call for the elders of the Church, and let them pray over him, anointing him with oil in the name of the Lord.

15. And the prayer of faith will save the sick, and the Lord will raise him up, and if he has committed sins, he will be forgiven.

16. Confess your trespasses to one another, and pray for one another, that you may be healed. The effected, fervent prayer of a righteous man avails much.”

James 5: 14-16 (NKJV)

Considering hermeneutical context of these scriptures, Theologian Edward Irving has provided another view on the meaning of James 5: 14-16. He takes the text to mean a description of “supernatural endowment that is lost but could be regained. For this reason, Irvin suggest a return to apostolic faith and practice would re-introduce this gift into Christian community. Current traits of Irving’s understanding of James 5:14-16 seems to be underlining motivation for the current surge of ‘faith healing’ ministry in Christendom. Unfortunately, Irving does not indicate how present-day Christians may initiate the move to return to the apostolic order (Dei and Osei-Bonsu, 2015: 003-005). Thus, Dei and Osei-Bonsu employ the word ‘*aleiphantes*’ which is a Greek word to mean anoint. Dei and Osei-Bonsu further argue that the use of the term ‘*aleiphantes*’ with the instrumental case ‘*elaio*’ (oil) in Mark 6:13 and here would seem to indicate that James stress both the symbolic value of oil, probably olive oil, and the worth of prayer (p. 004). Thus, based on this hermeneutical interpretation and analysis of James 5: 14-16, Dei and Osei-Bonsu are of the view that “the healing of the spiritually weak is the sole of discretion of God. This point would be appreciated when one thinks of the cause of the weakness. In such situation, it is only God who can uplift or raise the individual again”.

However, in conclusion, Dei and Osei-Bonsu (2015:005) point out five (5) major implications for the present-day Christian (especially in Africa) involved in healing ministry. These are: the sick refers basically to those who are spiritually weak or lack spiritual strength; or leaders of faith community and not to some special class of individuals in the same community who possess the gift of healing or some special powers for caring for the sick; the use of oil would suggest a symbolic use of it as a means of refreshing the spiritual weak.

Similarly, in his literature on the Theology of Rite of Anointing, Meyendorff in El-Murr (2009: 8) argues and asserts that the anointing rite has much to articulate about the Christian viewpoint of sickness. The rite denotes not only to physical and spiritual ailment, but also to evil. The purpose of the rite is not physical healing only, but spiritual healing as well so that a sick person can return back to the community and the church, which is the expression of the kingdom on the universe. In this perspective, the rite of anointing undertakes a complete healing. In other words, the anointing of oil itself on the sick person has no healing power. Healing takes place by the power of the Holy Spirit (Acts 10:38) of whom oil is a demonstration (Zechariah 4: 4-6). In this perspective, Weisenbeck (2011) supports this view by concluding that there is no prevention to other members of Christ's body who are praying on behalf of the ill-health people, and laying hands on them and applying of oil. Lord, Christ is present in the midst of those who gather together in his name (Matthews 18: 20).

## **2.9.4 The use of water for healing**

Another ubiquitous practice is the use of holy water and this use of water is predominately used by mega-churches today for healing purposes. Phume (2016:17-19) argues that from the Genesis account to our era, water conveys the same component of life that was saturated to it by God's Spirit. Water is related with life and general human advancement in all cultures and development. Phume (2016) further points out that in the old testament clerics played a part of principal medical officers amid the Israelites. In Leviticus 14 God provides Moses with an order on how priest should utilize nature to heal illnesses. In one occasion, the prophet offered the army leader an instruction to go wash-down in Jordan seven times, and thy body shall come again to thee and thou shalt be clean (2 Kings 5.10).

Pokhilko (2001-2017) also indicated that the healing power of water as indicated in the story of the prophet Elisha and Naam the Syrian (2 Kings 5:1-14) and also in old testament law, is of the utmost significant in situation. However, Christian practice stresses that the water receives grace and power only through the manifestation of the Holy Spirit (Basil the Great, De Spiritu Sancto, 15). On the basis of this theological aspect, Larchet ( 2002) points out that water transfers the healing energies of God by virtue of the Holy Spirit, whom the priest ask Christ to send down during the ceremonial blessing of the water, especially during the feast of Theophany.

One of the Orthodox theologians Tertullian in Roberts (2001: 3) thus adds that water, in virtue of the original opportunity of their origin, do, attain the sacramental influence of sanctification, for the spirit immediately appears from heaven, and rest over the water. They imbibe at the same time the power of blessing. Thus, water in Christian perspective, has an even wider application. Water transfers a number of signs: life, cleansing and purification as well as healing. From this perspective water seems to be exclusive earthly element capable of connecting a being with God (Pokhilko, 2001-2017:3-4). The aforesaid views are in line with Lockhart (2000) who states: “In early Christianity, there were many stories about holy water. Aphrates cured one of the emperor’s horses by making it drink water blessed with the sign of the cross. Pope Leo IV ordered all priests to bless water every Sunday, and sprinkle the worshipers with it. Holy water was believed to have amazing curative virtues”.

In addition to its prime role as the birthplace of certain life forms, the Bible also presents water as a therapeutic element. All medical experts are in agreement that water is the most important thing we will ever use in and on our bodies (Phume, 2016). In support of the said viewpoint, Pokhilko (2001-2017: 1) indicates that “for thousands of years water has been among the main religious symbols”. On the basis of this view, Dr Lincoln Graham in Phume (2016: 30) remarks:

*“If the medical profession is ever called upon to answer in High Court for its sin of Omission, one of the first questions it will be to meet will be, “why have you, for almost twenty centuries, neglected to use water as a therapeutic agent?”*

Anderson (1993) observes that in the Zion Christian Church (ZCC) the use of ‘holy water’ is one of the central practices in the church. Members receive water which has been

prayed over by a minister or prophet. This water is then taken home and sprinkled as a ritual of purification or protection, or it is drunk or washed in for healing purposes. Anderson further remarks that the use of water is especially prominent in the Saint John Apostolic Faith Mission, where it appears to be the main healing symbol used.

This is supported by Larchet (2002: 94) who argues that the prevalent practices of the use of water for healing is based on the view that celebrant will pray for the water and adds the following prayer: “Give to all those who touch it, are anointed with it and taste of it, sanctification, purification and health”. This idea is also highlighted by Phume (2016) when he suggests that the contemporary church should transform its attitude towards water. Water is not only a source of life also a special benediction with many uses, some of which are religious and ritualistic. Phume (2016) further postulates that water functions as a symbol of blessings of God towards humankind. On the basis of that the church should give special credit.

### **2.9.5 Exorcism as a healing practice**

According to Parsons (2005: 5) exorcism does not exist in a vacuum, however, Parson describe exorcism as the spiritual healing practices of casting out demons or other spiritual aspects from people, as it is believed that people have been possessed by certain type of evil spirits like demons. In support of the said perspective, Doherty (2012: 12) quotes the teachings of the Catholic Church that “exorcism is directed as the expulsion of demons or to the liberation from demonic possession through the spiritual authority which Jesus entrusted to his church”. Based on the said phenomenal practice, exorcism has become one of the typology of healing and a vital activity in mega-churches. This practice is now considered to be part of liturgical practices by selected mega-church as is important and offered as healing ministry. However, exorcism form part of ritual healing as associated with African traditional religion. Whoever, Parsons (2005: 25) argues that demons and exorcism originated from a complex network of beliefs associated with Satanism and its core of theodicy and these include inter alia exorcism. Thus, exorcism form part of Jesus healing ministry as Jesus instructs his disciples that they must, “Cure the sick, raise the dead, cleanse the lepers and cast out demons” (Mat. 10: 7-8).

## 2.9.6 Healing by use of symbolic objects

The use of symbolic objects like fetishes as ‘tools of faith’ in mega-churches has become the lifestyle of the most Christians today. Fetishes are consecrated objects used as a means to enable an awakening into whole self, and are used in prayer or employed for protection and healing. Anderson (1993:73) states that in Pentecostal mission and independent churches, healing by use of symbolic object is not usually found. Anderson further remarks:

*“We have seen that one of the main differences between Pentecostal and most indigenous Pentecostal – type churches is the use of symbolic objects in healing. Many Pentecostals reject their use as unscriptural and smacking of a return to the heathen past. The symbolic objects are seen to resemble traditional charms given by diviners to ward off trouble” (1993: 75).*

Anderson (1993) further indicates that for members in most indigenous churches the use of symbols is one of the central and most important features of their church life. Daneel (1974: 232) in Anderson (1993: 75) has pointed out that these symbols do ‘show direct parallels’ with traditional healing procedures. However, the healing rituals in the use of fetishes are in connection with healing of various illnesses that are mostly typical African connected. In contrast, “in the eyes of the missionaries, new converts needed to cut themselves from the past in a symbolic manner-by destroying the fetishes, which the Christians associated with evil spirits and old beliefs” (Oak, 2010:99).

## 2.9.7 Medical healing model

Healing through medical process is also vital for the ill-health person to regain a comprehensive health status. According to Kirmayer (2004: 34) “the great diversity of system of medicine is reflected in a comparable diversity of models and metaphors for healing. Healing involves a basic logic of transformation from sickness to wellness that is enacted through culturally salient metaphorical actions. Common healing practices include: the use of medicine that are drunk, smoked, injected or otherwise taken into the body. That may involve the afflicted individual or the healer alone, interaction between patient and healer”. It is apparent to integrate traditional practices, spiritual and new emerging healing models in order to have remarkable outcomes within community. Thus, this view is supported by Williams, Guenther and Arnott (2011: 11) who states that medicinal plants are often an important component. Ceremonies and other healing

modalities are typically even important, and most often there is a mix of healing methods, even in the most traditional healing modalities. It has been determined that “in rural South Africa, over 60% of the population seek health advice and treatment from traditional healers before visiting a medical doctor” (African Medical and Research Foundation 2010 cited in Williams et al, 2011: 15).

In this perspective, Anderson (1993) remarks that all African Pentecostals in the early years of this century used to be opposed to use of medical doctors and their medicine; this position has significantly changed today, so that people are free to consult medical practitioners when necessary, especially when obvious physical disorders were encountered. The said viewpoint is supported by Kirmayer (2004) who argues that biomedicine defines physiological parameters and aspects of healthy functioning independent of the person’s experience or global state being; it is thus possible for a treatment to work even though the person continues to be ill. Kirmayer (2004) further postulates that the understanding of illness and healing within biomedicine tends to be narrowly conceived in terms of physiological process and does not always attend to powerful psychological, social, moral and political dimensions of medical interventions. On the basis of the aforesaid viewpoints, “medicine is traditionally considered a healing profession, but it has neither an operational definition of healing nor explanation of its mechanisms beyond the physical process related to curing. In the process, cure, not care, became the primary purpose of medicine, and the physician’s role became “curer of disease” rather than “healer of the sick” (Egnew: 2005:1).

## **2.10 SOCIO-ECONOMIC BENEFIT FROM HEALING**

An available literature review suggests that the majority of church leaders in mega-churches exercise typology of healing practices for both personal gain and glory or economic benefit. DIFAM (1990: 33|34|35|36) reports that “the theology of health, healing and wholeness challenges those who live by the norms of selfish materialism, unjustly and mercilessly using economic and political power to maintain affluent life styles and theology to justify them”. However, most of such church leaders perform healing rituals with intent to achieve riches or wealth. For people who seek healing, are instructed to pay a certain amount so that they can receive healing from the religious leader concern. This practice is also supported by Williams et al. (2011:22) who state that “from a pragmatic perspective benefit from healing as is understood in the Aboriginal context, accrue not only to those who are healed but to broader community. The economic benefit of the above are seldom

articulated (probably because that is not what healing centres are designed to achieve)". Bate in Cochrane (2001: 78) cited Brown who mentioned that a large part of records of the church in South Africa were concern with money, and an ill disposed and superficial critic of it could write it off as commercial enterprise. Bate further described money in a context of cultural practices. However, scripturally, money is often portrayed in a negative light especially in the New Testament, it illustrates that "the love of money is the root of all evil" (1 Tim 6: 10).

## **2.11 THE MODES OF ABUSE DURING HEALING PRACTICES**

The mode of abuse from various mega-churches is based on what is called "opportunistic spiritual abuse". This spiritual abuse system is derived from the opportunistic church leadership. According to Nelson (2015: 6) "opportunism is the practice of being driven primarily by self-interest with little regard given to how one's action impacts others. It needs to be mentioned that most of the mega-church leaders take an advantage of disgruntled members due to their health and social related situation". In this instance, healing practice is utilized as a tool to abuse such disgruntled people. Nelson (2015: 4) further refers opportunistic leaders of the church as people who "are usually so narcissistic or so focused on some great thing they are doing for God that they don't notice the wounds they are inflicting on their followers".

Thus, "spiritual abuse can occur when a leader uses his or her spiritual position to control or dominate another person. It often involves overriding the feeling and opinions of other, without regard to what will result in the other person's state of living, emotions or spiritual well-being" (Nelson 2015: 2). Given the above discussions about the spiritual abuse in mega-churches, most of the abusers, are respected religious leaders whose strategy is to seek self-glory at the expense of disgruntled members. Shorter (1997:547, in Chitando: 2013) supports this point by remarking that congregants are encouraged to contribute money to the church or their clergyman in order to acquire power for either their prosperity or healing. This has led most of the congregants in mega-churches to be positive minded as Nelson (2015: 5) point out that they "dream up large goals-sometimes big, hairy audacious goals and ask god to bless them. Fulfilment of those goals would bring validation, self-worth and justification for their very existence".

In the light of the aforesaid practices, in CRL Rights Commission preliminary report (2016) suggests that, the recent controversial news reports and media and articles in the media

about pastors instructing their congregants to eat grass and snakes, to allegedly drink petrol or to part with considerable sums of money in order to be guaranteed a miracle or blessing has left a large portion of society questioning whether religion has become a commercial institution or commodity for enriching few. On the basis of the said religious state affairs, the Commission for the Promotion and Protection of the Rights of Culture, Religious and Linguistic Communities (CRL Rights Commission) decided to undertake an investigative study to investigate and further determine issues surrounding the commercialization of religion and traditional healing. The CRL Rights Commission further establish views on societal thinking that marks some members of society vulnerable and naive on the observations expressed and actions during religious ceremonies. The commission also investigated various miraculous claims as made by religious leaders and traditional healers regarding the powers to heal and make miracles (CRL Rights Commission: 2016: 3-4).

Thus, the interpretation of this practice is that instead of the leader being there for the flock, the flock are there for the well-being of the leaders (Nelson, 2015: 5). Lief Moi one of the three founding pastors of Mars Hill Church, acknowledged this fact and pointed out that 'I want to make it clear that neither myself nor any other leaders of MH Mars his as far as I know made decisions that we did not believe were for the glory of God and the best for the church' (Nelson 2015: 2). The above view, implies that spiritual abuse is a phenomenon that is been used by most of mega-church leaders to enrich themselves under the auspices of serving God and for this reason it has theological implications. CRL Commission reports reveals the vulnerable people are being charged for receiving the proclaimed healing miracles. The other aspect that raised question of abuse is practices, which called for attention of the CRL Rights Commission reported, which include activities conducted by some religious leaders such as a pastor that fed live rats and snakes to his congregants and even made some of them drink petrol (CRL Rights Commission report, 2016:6-7).

On the basis of the aforesaid views, according to DIFAM report, "people are lonely, empty and feel alienated because of the growing individualism and materialism, not only from well developed countries but also from lesser developed countries to which these values have been exported. The church is challenged to attack the issues of individualism and materialism in study groups and to build healing communities".

## 2.12 CONCLUSION

Literature review indicated that there are various factors that contributed to the emergence and the rapid growth of the mega-churches globally. One of the factors is the conceptualisation of healing practices into the context of Africanism. In the light of this viewpoint, the application of indigenous knowledge system and African cultural practices in mega-church has also played a crucial role to the development of such churches. Current healing practices which are African based continue to attract people from different cultural and social background to attribute towards the sustainability of mega-churches. Chapter two has shown that Africanism and indigenous knowledge system play a vital role in healing practices. In the light of the above aspects on healing practices in chapter two, the forthcoming chapter three will specifically focus on research methodology. The purpose of this chapter is to map out how research on current healing practices by selected mega-churches was conducted. The subsequent chapter, is therefore all about research design and methods.

## **CHAPTER 3**

### **Research Methodology**

#### **3.1 INTRODUCTION**

Chapter 2 presented literature review. This chapter will present the research design and methodology of the study. Details about the research design, sampling procedure and sample employed, data collection instruments employed, and the data analysis strategy are all discussed underneath. Ethical matters related to the study were also considered and discussed.

#### **3.2 RESEARCH SITE**

Vhembe District municipality formed the area of the study. This study was conducted in both selected mega-churches and mainline churches under Vhembe District of Limpopo Province. The district of Vhembe is comprised of four local municipalities, namely Makhado, Thulamela, Musina, and LIM 234. This study was conducted within two municipalities namely: Makhado and Thulamela municipalities.

#### **3.3 RESEARCH AIMS AND OBJECTIVES**

For consistency, the aim and the objectives of this study are repeated in this chapter:

The aim of the study is to investigate current healing practices based on selected mega-churches of the Vhembe District of Limpopo Province.

In order to achieve the aims of the study, the following objectives were formulated:

- To investigate how members of the mega-churches understand issues surrounding healing and health in a holistic approach;
- To find out how the understanding of healing practices in mega-churches affect the members.
- To establish the teachings and theology of healing in the mega-churches' contribution to the health status of the members including their socio-economic aspects.

## **3.4 RESEARCH DESIGN**

For this study, the researcher have adopted the the Interpretative Phenomenological Analysis (IPA) approach falling within the qualitative research method to investigate the current healing practices on selected mega-churches in the Vhembe district of the Limpopo Province. A research design is a strategic framework for action that serves as a bridge between research questions and execution or implementation of the research (Blanche, Durrheim and Painter, 2011: 34). Whereas, Welman and Kruger refer to it as being ‘the plan used by researcher to obtain research participants and collect data’ (2002: 46). The researcher has chosen this approach due to the fact that it provided him an opportunity to examine and analyse individuals’ personal experiences with regard to current healing practices on his/her mega-church.

### **3.4.1 Contextual**

Contextual studies focus on specific events in naturalistic setting. Naturalistic settings are uncontrolled real-life situations sometimes referred to as field settings (Burns & Grove, 2001). Mouton (1998:122) states that in contextual study the phenomenon is studied for intrinsic and immediate contextual significance. De Vos (2005) points out that it is believed that human behaviour is influenced in many ways by environment or setting in which it occurs. Due to the nature of the study, individual interviews were conducted in a venue convenient for the participants. The study was contextual in the sense that the researcher took into consideration the participants’ cultural background, ethnicity and physical environment.

### **3.4.2 Exploratory**

The aim of exploratory design is to establish facts, gather new data and determine whether there are interesting patterns in the data. The method is typical when a researcher examines a new interest or when the subject of the study is relatively new (Babbie & Mouton, 2001). In this study the researcher selected the exploratory approach to gain knowledge, determine new thoughts and further gain experience with regard to current healing practices on mega-churches in Vhembe District.

### **3.4.3 Phenomenological**

The participants in phenomenological study were selected due to the experiences they (participants) enquired and the ability to demonstrate their experiences. Phenomenological approach, according to Smith and Osbon (2007: 53) “involves detail examination of participant’s life-world, it attempts to explore personal experience and is concerned with an individual’s personal perception”. In phenomenology bracketing and intuition are included. Krueger (1994:115) adds that “during bracketing, the researcher suspends or sets aside what is known about the experiences being studied, thereby excluding preconceived ideas”.

## **3.5 RESEARCH METHOD**

The researcher used qualitative approach for the study. Leady and Omrod (2010) states that research methodology refers to the general approach the researcher uses to carry out research project. The objective of the qualitative method was to investigate and analyse current healing practices based on selected mega-churches in the Vhembe District. A qualitative approach was chosen as a methodology for this study because, with this approach the researcher was able to emphasize an understanding and analyse current healing practices under study.

## **3.6 POPULATION**

In this study, population consisted of male and female congregants of all races, age from 18 years old upwards and leadership (Pastors, Prophets, Apostle, Bishops) of both mega-churches and mainline churches in the Vhembe District of Limpopo Province. According to Polit and Hungler (1999:37) “population are an aggregate or totality of all the objects, subjects or members that conform to the set of specifications”. Population is referred to as entire group of people that meet a designated set of criteria (De Vos, 2005; Burns & Grove, 2001). Both Thulamela and Makhado Municipalities have more than 20 mega-churches that represented the population.

The targeted population is the entire population or set of individuals in which the researcher is interested and wishes to use generalize the results of the study (De Vos, 2005). In this study the targeted population consisted of male and female congregants of

all races, age from 18 years old upwards and leadership (Pastors, Prophets, Apostle, Bishops) of both mega-churches and mainline churches in the Vhembe District of Limpopo Province. An accessible population is that portion or part of the target population to which the researcher has reasonable access. The population was accessible to the researcher as a pool of participants for the study (Burns & Grove, 2005:341; Polit & Beck, 2006:511). In this study the accessible population consisted of those participants whom the researcher identified and where approached to form part of interviews sessions.

### **3.6.1 The eligibility criteria**

The criteria selected to include participants in the study were as follows:

- Members of either mega-church or mainline churches.
- The participants were identified by the researcher on the period of data collection.
- The participant were 18 years and above.

According to Polit and Hungler (1999:278) “the criteria specify the characteristics that people in the population must possess in order to be included in the study”.

## **3.7 SAMPLE AND SAMPLING PROCEDURES**

### **3.7.1 Sample**

Sample is defined by Polit, Berk and Hungler (2001: 234) as “a proportion of a population”. The sample of this study comprised of 52 members or congregants from both the mega-churches and mainline churches. This includes church leadership like pastors, apostles and prophets. Furthermore, the samples was selected from the entire population of said churches and were both males and females of the age from 18 years old and upwards who were members of both the mega-churches and mainline churches in the Vhembe District of Limpopo. The sample was comprised of 17 members from mega-churches and five participants from the mainline churches. These were two church leaders and 15 members or congregants from three mega-churches, three members and two priests from the two mainline churches within the two municipalities, namely, Makhado and Thulamela.

### **3.7.2 Sampling procedure**

In this study, the sampling was non-probable and purposive. Polit and Beck (2012) state that non-probability sampling is used when the entire population cannot be used, non-randomly selected and for understanding opinion of subsets of the population. According

to Creswell (2014: 189) “the idea behind qualitative research is to purposefully select participants or sites (or documents or visual material) that will best help the researcher understand the problem and the research question”. However, Parahoo (1997: 232) expand the view by stating that purposive sampling as “a method of sampling where the researcher deliberately chooses who to include in the study based on their ability to provide necessary data”. The researcher, selected participants who attended the church services of both the mega-churches and mainline churches to contribute and provide the data for the study.

In this study, the researcher sampled five participants from each mega-church to represent the population. Hallow and Wheeler (2002) point out that sample size does not influence the prominence of quality of the study and there are no guidelines in determining sample size in qualitative research. Therefore the participants for this study were drawn from various groups and were males and females of different age groups from 18 years-old upwards. Participants were recruited by the time researcher personally visited the church in question and after having given a permission to collect the data for the study by the church leadership or owners, the researcher himself approached the members and proposed them to participate in the research.

### **3.7.3 Inclusion criteria**

Participants in this study were recruited to participate based on the following criteria, that:

- Participants were members or participants in the church service of mega-church wherein healing practices and rituals are considered.
- Participants were of the age from 18 years of age and older and were able to provide verbatim consent.
- Participants were also members from mainline churches in the Vhembe district.
- Participant experience, perceive and knowledge on healing practices in one way or another including African traditional healing practices or system.
- Participants were the church leader, pastor, prophet or apostle of mega-church and also priests and members from mainline churches in the Vhembe District.
- Has information regarding how healing in mega-churches is executed.
- Views of participants regarding the implication of current healing practices by mega-churches.

Participants were selected very cautiously to manage the variations of data from different participants and enabled the outcomes of the study to be valid. This research is both heuristic and epistemological, since it aims at analysing current healing practices on selected mega-churches.

### **3.7.4 Sample size**

The universal rule of the thumb is to always utilize the larger sample possible. The larger sample the more representative it is going to be, smaller sample procedure less accurate results because they are likely to be less representative of the population (LoBiondo-Wood & Haber, 1998: 262-264). In this study a convenience sample of 52 respondents has been obtained, from the congregants or members of both mega-churches and mainline churches of the Vhembe District of Limpopo Province. The total sample size of 22 participants was categorized as follows: seventeen (17) were members of mega-church including church leaders and five (5) were members from the mainline churches including church leadership.

### **3.7.5 Instruments for data collection**

The tools that were used to collect the data for this study were both participatory observations and interviews.

## **3.8 DATA COLLECTION METHODS**

The researcher have employed the following instruments to collect data namely: observation and interviews and these were administered by the researcher. Extensive field visits were undertaken at selected mega-churches and mainline churches within Vhembe District particularly in both Makhado and Thulamela Municipalities. The researcher visited three (3) mega-churches and two (2) mainline churches for the purpose of both observation and selection of participants for the interviews. Semi-structured interviews were conducted on key issues related to current healing practices conducted in the churches. The researcher ensured that he introduced himself to the leadership of the church. This approach made it easier for the researcher to observe the service of the mega-churches and to collect data through notetaking and tape recordings of interviews as well as photo taking of the proceedings.

Welman and Kruger (2002: 189) suggest that “in the case of participant observation, the eventual analysis of the information obtained from unstructured interviews (focused groups) is based on interviewer’s records. The interviewer may take notes of the participants’ responses with the view to writing a more complete report afterwards. As an alternative, a tape recording may be made with a view to transcribing it later”. The semi-

structured interviews schedule (included as annexure D of this dissertation) comprised the following categories:

- **Category A:** Questions related to congregants' or members of mega-churches in relation to current healing practices.
- **Category B:** Questions related to Church leadership experience in relation to executing healing during Church services.
- **Category C:** Questions related to mainline Church leadership and members in relation to their understanding about current healing practices in mega-churches.

### 3.8.1 Observation

As indicated supra, the researcher visited four (4) mega-churches in Vhembe district municipality with an aim to observe the healing practices during the church services of mega-churches. Appointments were made prior the day of the visit with the leadership of such churches and the leadership of those churches granted the researcher's request to conduct the research on subject matter. The purpose of employing this tool was to observe the healing practices, to gain knowledge on the teachings and theology around healing practices and further to identify and sample the real participants for the study. Furthermore, audiotapes, and notes taking were employed for the purpose of data analysis and interpretation. An overview of experience on current healing practices by mega-churches was obtained and observation was done throughout the study.

### 3.8.2 Face-to-face interviews

Interview sessions were conducted with leadership and congregational members of the mega-churches and mainline churches as per sample. The interviews were conducted face-to-face on individuals using semi-structured questions. In Appendix D the first seven questions are provided in order to give an overview of some of the questions that were asked during face-to-face interview with participants.

Thus, participants were informed of ethical principles prior interviews and were further asked to fill free to respond on questions regarding healing practices in their churches or church services. In some instances tape recordings were administered during interviews with the participants' consents. The purpose of conducting face-to-face interview with participants is, according to Kvale (in de Vos et al, 2005: 287) "the conversation conducted

to understand the world from the participant's point of view, unfold the meaning of people experience and uncover their world they live in prior to scientific explanation".

The interviews were conducted by the researcher himself and were audiotaped or voice recorded during interviews. Each participant was allowed to utilize the language of their own choice and most of them resorted to their home language.. The interview is scheduled to take more or less ten minutes on each participant to ensure there is able time to deliberate. The interviews were set in an atmosphere that allowed the participants to be free to share their experiences, perceptions and information on current healing practices of mega-churches in Vhembe District in Limpopo Province. Each participant was considered as primary data source. Dates, time and places for interviews were scheduled according to the participants' preferences. Some participants proposed to be interviewed promptly whereas others preferred scheduled appointments. Some participants opted to be interviewed at their homes, outdoor places and very few participants proposed to be interviewed at their workplaces. The interviews were conducted over the period of six months from February 2017 to June 2017.

Through interviews the researcher was able to gain an in-depth knowledge and understanding of participants' experience on the research subject. The findings and analysis of data is introspective of the viewpoints of the participants. However, in this study, the total numbers of participants were twenty two (22) congregants including Church leadership from both the mega-churches and mainline churches that were drawn from the aforesaid churches to represent the entire population were interviewed.

### **3.9 TRUSTWORTHINESS**

The researcher applied model of Lincoln and Guba (in De Vos, 2005) for ensuring trustworthiness, namely, credibility, dependability, transferability and conformability.

#### **3.9.1 Credibility**

Credibility refers to whether the researcher has established confidence in the truth of the findings from the participants (De Vos, 2005). Credibility was ensured by checking the accuracy of understanding and analysing current healing practices on mega- The use of their home language promoted credibility as participants were able to express themselves clearly. Field notes and tape recordings were preserved and further decoded to check, verify and allocate themes and sub-themes.

### **3.9.2 Dependability**

Dependability on the other hand, relates to the consistency and replication of the study, whether the findings are consistent and whether the inquiries can be replicated with the same subjects in a similar context (Emmelin, 2004 in Ramakuela-Mashamba, 2012). During data collection (observation) field notes were taken to determine the weakness of the participants. The use of multiple data collection tools promotes dependability as the findings are triangulated,

### **3.9.3 Transferability**

Transferability refers to the degree to which findings can be applied in other context and settings within groups. It includes the ability to generalize the findings to larger populations (De Vos, 2005). Transferability was confirmed through the IPA of the research design. A personal demographic of individual participants was done during the one-on-one interview session.

### **3.9.4 Conformability**

Conformability refers to the degree to which the findings are functional solely of the basis of the participants as well as the research and not of other biases, motivations and perspectives. Conformability also refers to whether the findings of the study can be confirmed by others (Creswell, 2003). For this study field notes, tape recordings were preserved to ensure that interpretations, conclusions and recommendations can be traced to those in case there is that need. Private coder was involved to ensure conformability during data capturing.

## **3.10 DATA ANALYSIS**

The purpose of data analysis is to reduce, organize and provide structure to, and elicit meaning from research data (Polit & Beck, 2010:463). The researcher employed IPA approach to analyse the data “as it offers an adaptable and accessible approach to phenomenological research intended to give a complete and in-depth account that privileges the individual” (Smith, 2007 in Rannditsheni: 2015: 49). During this process, observation record, tape recordings, jotted down notes and photos documents were reviewed with the purpose of mining useful information; analyse and interpret the data with intention to facilitate conclusions. The researcher analysed the data and further classified

themes and sub-themes by employing Tesh's open coding data analysis approach in Creswell (2003:12). The independent coder with experience in qualitative research was engaged to assist in identifying the themes and sub-themes for this study.

As indicated above, that data was analysed by employing Interpretative Phenomenal Analysis approach. This implies that the data was analysed through the information provided by the participants and not from what covered by theoretical framework. The researcher approached the data without preconceived idea or employing theoretical framework that guided the study. Tesch (1990: 119) postulates that interpretative qualitative researcher rarely used the theoretical framework to construct an organizing system. However, qualitative method was employed as the methodology to achieve an understanding of the problem under review as the nature of the study is more complex and sensitive. Thus, in this study theoretical framework as indicated by Tesch (1990) will not be employed on data analysis to avoid pre-empting the findings of the study. After the data reduction, the emerging themes will be deliberated and sustained by the literature review. It should be borne in mind that the data collected was presented in a narrative format that embraces the description and analysis of data. The findings of the study were contextualized and ultimately discussed in accordance with IPA approach.

### **3.10.1 Process of analysis**

The researcher transcribed the recorded interviews verbatim and the transcripts of each interview were made available. The recorded interviews were transliterated within 24 hour of post-collection. The researcher executed this rapid transcripts process to familiarize himself with the data..

The six steps approach that guided the data analysis were:

- familiarization and immersion,
- Inducing themes,
- Coding,
- Elaborating,
- Interpretation and
- Checking

(Blanche, Durrheim & Painter, 2011: 322-328).

### **3.10.2 Familiarization and immersion**

The researcher gathered all data materials and immersed himself on them. Field notes, interview transcripts were transcribed. Transcripts were read several times in order for the researcher to understand the context thereof and further to determine the type of interpretation and what are not to be included in the data for the study.

### **3.10.3 Inducing themes**

The researcher applied what the participants said rather than applying abstracts from theoretical framework to interpret the data. The advice of Blanche et al. (2011:323) was “first, try using the language of your interviews or informants, rather than abstract theoretical language, to label your categories. Second, try to move beyond merely summarizing content. Third, try to find an optimal complexity. Finally, do not lose focus on what your study is about”. By following the said advice, themes surfaced naturally from the data and they were aligned with the research questions.

### **3.10.4 Coding**

The researcher coded the themes through the help of a professional person, thus, by marking different sections and sentence using different highlighters. Blanche et al. (2011:324) further remarks that “this entails marking different sections of the data as being instance of, or relevant to, one or more of your themes. Blanche et al. further point out that you might code a phrase, a line, a sentence, or a paragraph, identifying these textual ‘bits’ by virtue of their containing material that pertains to the themes under considerations”.

### **3.10.5 Elaborating**

After having immersed into transcripts, the researcher observed the material in an undeviating arrangement. What the induction of themes and coding achieved is to break up this sequence, so that events or remarks that were far away from another are now brought closer together (Blanche et al. 2011: 326). Blanche et al. further narrates that at this stage, one is likely to find that there are all sort of ways in which extracts that one grouped together under a single theme actually differ, or that there are all kinds of sub-issues and theme that come to light.

### **3.10.6 Interpretation and checking**

As a principal instrument of analysis, the researcher at this stage created the interpretation by involving other stakeholders and discussing the subject on current healing practices as he (researcher) reflected on his personal experience.

### **3.11 CONCLUSION**

Chapter three focuses on research study design and methodology adopted to collect data for this study. This Chapter describes how the study was piloted, demonstrates the process used to select the participants; the strategy employed to collect the data and further illustrates how data was analysed. A qualitative research method was utilised. The aim of this Chapter is to collect knowledge and experience from the participants relevant to current healing practices in their churches. The researcher considered professional and legal aspects in the study and as principles of ethics were discussed. The following Chapter describes the findings of the study.

## CHAPTER 4

### DATA PRESENTATION, ANALYSIS AND INTERPRETATION

#### 4.1 INTRODUCTION

This chapter presents the findings of the study. The presentation will focus on analysis of the data followed by a discussion of the research findings. The findings narrate to the research questions that directed the study. Qualitative method is adopted as it is suitable for determining typologies of healing practices in mega-churches. Data was analysed to identify, describe and explore healing in the context of current healing practices by selected mega-churches in Vhembe District in Limpopo Province.

The researcher transcribed data from voice recorder and translated them into transcripts were analysed for the interpretation of data. The languages through which this study was analysed is Tshivenda and Sotho which are the home-languages of the participants. Gibson and Brown (2001:1) define this process as “being able to say something through engagement with data and using it to reflect not just on the particular setting being explored, but ideally, to create some generalization or at least ‘generally interesting’ findings or idea that can be taken forward in the contexts”. The researcher used this process throughout as it gives the research findings direction and further inform for further investigation on subject matter and data collection. The analysis and interpretations of qualitative results are discussed based on the findings of both the observations and face-to-face interviews. The researcher includes citations from the participants that provides their opinions on the topic at hand..

In this chapter, the researcher described the process followed in the analysis of the data, presented the main themes that emerged from the data. The researcher further presented a broad analysis and interpretation of the findings. Thus, the themes and sub-themes were outlined in this chapter. Those developed from the researcher’s analysis of the multiple data and are therefore a reflection of the viewpoints shared by the participants from the interview. Seven data sets (collected from 22 participants in the study) were analysed through face to face interviews and observational data.

## 4.2 BIOPGRAPHIC PROFILE OF PARTICIPANTS

Participants were also asked to provide the researcher with biographic data. Table 4.1 illustrates the biographic profile of the participants from mega-churches and mainline churches in Vhembe District of Limpopo Province.

**Table 4.1 Biographic profile of the participants**

Participants	Sex		Personal status				Employed
	F	M	M	S	D	W	
A = 18-19	3	1	0	4	0	0	0
B = 20-30	5	2	1	3	1	1	0
C = 31-40	2	2	2	2	1	1	1
D = 41-55	3	1	1	1	1	1	1
E = 55-75	2	1	1	1	0	0	1
Total	15	07	05	11	03	03	03

Table 4.1 above indicates that out of 22 participants only seven were employed and 15 unemployed. Five (5) participants were married, 11 were single and seven divorcees and nine widowed. Nine participants had matric qualifications and out of this 22 only four participants had professional qualifications.

## 4.3 DATA ANALYSIS

### 4.3.1 Data analysis procedure

The data collected from the qualitative research is presented as obtained from participant's semi-structured interviews. This is followed by the analysis and interpretation of the data in accordance with an IPA approach. The identified developments were also presented as discussed in accordance with research objective. The results deduced from the data contributed to the development of an analysis of current healing practices carried out in the selected mega-churches in the Vhembe District of Limpopo Province. The conclusion and recommendations in chapter five emanated from the data analysis and interpretation. Hence, the emphasis is on the analysis and the interpretation of the qualitative data for this study.

### **4.3.2 Coding from interviews**

Interviews were conducted with 22 participants from both mega-church and mainline churches and were voice recorded. After having collected the data through semi-structured interviews, the researcher started with analysing the data. The researcher followed Creswell approach of analysing the data whereby “the first phase in the analysis of the recording was a preliminary exploratory analysis, inductively scanning and combing the data” (Creswell, 2005: 237) for the researcher to advance the wisdom in the data. Each and every notions and feelings and emotions about the data were documented.

The researcher started with coding procedure from primary viewpoint of the participants from initial sitting. Then he proceeded with various analysing perspectives from participants from the recorded interviews. During this process, all peculiarities were scrutinized carefully in order to cluster together those faults on the basis of word order and length of sentences. The researcher marked and coded all statements uttered by the participants. The participants’ utterances were thoroughly studied for the researcher to determine whether any main theme or sub-theme emerged during the process of coding. The researcher compared the answered collected from each participant during interview sessions, to contrast overall perceptions and beliefs regarding current healing practices on mega-churches. Then, the researcher coded the data by labelling and segmenting the text in order to determine the themes and the sub-themes. Some themes and sub-themes became evident during the process and were discussed in length in section 4.3. The researcher captured the evidence in a table format, as indicated in Table 4.1 and the contents of the said evidence were discussed under numbered table (Section 4.3).

### **4.3.3 Coding of observations**

The coding of the recordings was then succeeded by the analysis further analysis of field notes the researcher compiled during the observation periods. The notes expressed the experience acquired by the participants during the study periods.

The main aim of the observation was to observe the manner in which mega-churches in the Vhembe District execute their healing practices during the church services. It noteworthy to indicate that the data collected during observational period provided recurring themes which validated those that emerged from the interviews. This information is provided and discussed in section 4.3 of this chapter. During an analysis process, the researcher further determined the cogency of the research questions..

## 4.4 DATA ANALYSIS AND PRESENTATION

The presentation of data is organised logically starting with responses from interviews and then proceeding with that deduced from observations.

### 4.4.1 Presentation of data from Interviews

Seven themes emerged from one-on-one interviews data analysis as shown in the table 4.2 below.

**Table 4.2 Themes and sub-themes**

Themes	Sub-themes
4.4.1.1 Participants' understanding of the concept 'healing'	<ul style="list-style-type: none"> <li>• Participants' meaning of healing.</li> <li>• Participants' experience of current healing practices.</li> </ul>
4.4.1.2 Holistic healing aspects	<ul style="list-style-type: none"> <li>• Social aspects</li> <li>• Spiritual aspects</li> <li>• Economic aspects</li> </ul>
4.4.1.3 Participants' expression of ill-health and beliefs of current healing practices.	<ul style="list-style-type: none"> <li>• Negative, positive and neutral feelings about current healing practices.</li> <li>• Lack of knowledge and information on health and healing.</li> <li>• Cultural context surrounding current healing practices.</li> </ul>
4.4.1.4 Healing faith tools	<ul style="list-style-type: none"> <li>• Water</li> <li>• Anointed oil</li> <li>• Bangles and stickers</li> </ul>
4.4.1.5 Perception and attitude on modern medical healers and traditional healers.	<ul style="list-style-type: none"> <li>• Perceptions and attitudes towards modern medical healers.</li> <li>• Perceptions and attitudes towards traditional healers and healing practices.</li> </ul>
4.4.1.6 Abuse and manipulation system	<ul style="list-style-type: none"> <li>• Spiritual power abuse</li> <li>• Economic abuse</li> </ul>
4.4.1.7 The implications of current healing practices.	<ul style="list-style-type: none"> <li>• Medical problems</li> <li>• Lack of self-reliance</li> </ul>

The above, Table 4.2 presents a major table showing themes and sub-themes. Each theme and sub-theme presented in this chapter captured the participants' discourse and is

verbatim and is supported by literature review. As the researcher focused on the research questioned, he ensured that they don't compromise the reliability of the data analysed. The themes are subjectively interpreted, therefore other researchers might have deduce a different interpretation as well as themes. The cohesive attributes of the themes may depend on the context under which they are analysed. Most of the participants were the Tshivenda speaking people. Furthermore, the verbatim extraction of the participants' responses also impacts the interrelation across the themes. It should be noted that in presenting excerpts some few changes were implemented in order to advance readability. Participants were allocated numerically from one to seven .

The above seven themes emanated from undeviating questions asked during the face to face interviews conducted to examine current healing practices carried out in selected mega-churches within the Vhembe District. Excerpts from interviews are argued and correlated with available literature review. The researcher used bolded italic-type writing on actual words of the responded.

#### **4.4.1.1 Theme 1: Participants' understanding of the concept 'healing'**

The first theme that emerged from data analysis was Participants' understanding of the concept 'healing'. The theme was divided into two subthemes namely: Participants' understanding of the meaning of healing and participants' experience of current healing practices in mega-churches. Healing is a constant theme running across religious streams. In this study Afrocentric theory was used as framework of reference. The majority of participants in this study were Afro-Christian and as a result they interpret healing in the context of Afrocentric view. Most of the participants understand and uphold the views that healing is culturally centred. However, participants had different opinions about the concept 'healing', which are briefly discussed under subthemes.

##### **4.4.1.1.1 Participants meaning of healing**

Participants meaning of healing emerged as the first sub-theme. In this study it was determined that majority of participants attached the meaning of healing with miracles and God power performing miracles through his servants. Majority of participants understand that healing is God power manifestation towards his people. This view was also remarked by Paunds (2012: 1) who states that "in the Old Testament the LORD God (Yahweh) alone was the source of all healing. In every aspect of life man relied solely on the LORD God".

Some of the participants generalized healing in the context of Africanism. One of the participants commented and said:

*“I understand that healing is God works as He (God) wanted to reveal his power to his people. Our ancestors had been healing people in accordance with their tradition and culture. So, today, in order to see God’s Glory, God uses his servants like Major Prophet X. Major Prophet X is gifted, he has been anointed by God, his approach of healing is not different from what the Africans do to heal people”.*  
(Participant 1)

Most of the participants from mainline churches share the same views with members of the mega-churches on the meaning of healing, that God is the healer. They also understand that healing is God’s work. Mainline church participants emphasized the different individual expression on healing in mega-church. Most of them argue that there is no person today who has power to heal however, healing is a cultural matter.

*“Muthu u tea u zwi divha zwaure phodzo I bva kha lushaka lone lune, ina maitele uya nga lushaka lwonolo. A huna muthu namusi a re na maanda a u fhodza”.* In English *“a person has to know that healing is from a particular nation, it has its own practices in accordance with nationality itself. There is no person who has power to heal”.* (Participant 3)

One on the mainline church participant states:

*“What is happening to these newly established churches (mega-churches) are magic related. They are self-made miracles to make money”.* (Participant 2)

From this basic understanding of content of healing, one of the mainline church members holds the view and remarked thus:

*“God is the one who heals. What is happening today is not healing. There is no such of healing, people are being deceived. Where have you seen a person born disabled who use a wheel chair and all of a sudden that particular person start claiming to be healed and he stood and walk? Healing ended by Jesus Christ on earth”.* (Participants 3)

In this study most of the participants understand ‘healing’ as a process of healing individuals and community. It is about getting well so that the victims could regain their selflessness and recover such that they could be able to contribute into community

holistically. This perspective was also remarked by Loxterkamp (2013) in Qiao, Nie, Tucker, Rennie and Li, (2015) who observed that healing a patient means transforming the link between the patient and his/her community which has been destroyed by illness. Another participant defined healing thus:

*“You see it differs with individuals, when we talk of ‘healing’ we refer to individuals who are now seen to be disables of contributing whatever to the community, but healing turn one status and get well at the end the person is capable of contributing something to his community. Healing is all about recovering holistically. My grandmother also could heal, she had a knowledge of which tree could be provided to me so that I could get well”. (Participant 3)*

Another participant shared his views that:

*“Healing according to me is what the nation or family members perform according to their rituals in order to assist a person concern to recover from his or her problems, it might be tribulations or sicknesses. The family has its own way to perform such rituals as they are advised by their ancestors what they are supposed to do”. (Participant 2)*

When analysing the above mentioned meaning of healing as viewed by different participants from the mainline church and mega-church, the said viewpoints are in line with Indigenous Knowledge interpretation of healing as argued by Constantine, Meyers and Kindaichi (2004: 111, in Kandemiri and Smit, N/Y: 263) who defined indigenous healing as “helping beliefs and strategies that originate within a culture or society and that are designed to treating members of a given cultural group”.

In this study indeed most of the participants portrayed a common traditional understanding of the concept “healing”. On literature review, the researcher pointed out that “healing” is a phenomenon that cannot be discussed without examining sickness and health that appears to be compelling circumstances to both spiritual and physical well-being of human-beings. It should be borne in mind that African spirituality defines an African as a holistic person. Epistemologically, healing can be understood as both cultural and spiritual practices that is been exercised by spiritual healers. This determination was also viewed by Gundani (2001) who argued that healing become a central ministry of many African Churches. This viewpoint has been affirmed by another participant who says:

*“According to me there is nothing new in this concept ‘healing’ since it has been in existence since the creation. We read in OT about God who heals the nation of the Israelites so that they can be well, politically, economically and socially so. To me healing is a spiritual practices which embrace spiritual rituals to be performed by spiritual healers. It is a practice that is based on culture and tradition based on particular nation”. (Participant 5)*

Other studies, like that of Mugabi (1999) describe the concept of healing as a notion to be interpreted in a broader sense of inclusiveness, as not limited only to physical and ailments but of oppression, jobless, and sort of conflict in one’s life. Truter (2007:56) on this point argues that “African traditional healing is...intertwined with cultural and religious beliefs and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual and social aspects of individuals, families and communities”. Such expression implies that healing is not only a Christian ritual practices but a cultural and religious phenomenon that therefore spiritual healers need to execute their services in that regard in order to address holistic aspects of both individuals and community.

#### **4.4.1.1.2 Participants’ experience of current healing practices**

The second sub-theme that emerged from the first theme, namely: “participants’ understanding of the concept ‘healing’” was “participants’ experience of current healing practices”. The study outcomes revealed that spiritual aspects, physical aspects and socio economic aspects are the main contributing aspects and experience on current healing practices in mega-church. The said aspects are also the challenges experienced by some members in both mainline churches and mega-churches. The researcher observed that, after church services of the mainline churches on Sunday, some members from mainline churches would go out to join the mega-church services for healing purposes. A participant who is a mainline spiritual leader says:

*“My experience in this matter of current healing practices especially as performed by mega-churches is very strange. People have got their personal problems now they think somebody has power to solve them. In our church there are members who go to such churches for miracles but they come back without any changes. I know of Mr X who is a disable since he was born, he had a disability in his left leg. This member of mine confined to me that he once went to Church B for healing miracles in Makhado and nothing changed. He was told to come for one on one*

*miracles consultations and he did so. Money was paid but nothing happened. Till today he still is experiencing disability on his left leg". On the basis of what I see, hear as a spiritual leader, there is no healing taking place to our people. Those who claims to have power to heal are just doing that to make money from the vulnerable and the poor people". (Participant 4)*

Another participant from mainline churches who experienced healing from mega-church shared his views and said:

*"Mmm you will not believe what I am going to tell you. I was very ill, this body was full of swore. I tried to consult with medical practitioners but I could not get better. I came to a state where I thought of consulting with traditional healer, and during the process one of my friends advised me to go the Prophet B from Zimbabwe who has a church here at Madodoga. I am a member of X church (Church name is mainline church), on Sunday I went to that church (mega-church). I saw the power of the prophet. The prophet called upon the sick and I also were there. As he was praying for the sick" (Participant 7)*

The probing question was "did you leave your church since you believe that you have been healed by the prophet from church X. The participant responded as follows:

*"Mmm, you know myself and the family are (mentioned name of the church). Even though they do not pray for the members problems, I would not leave the church. But I use to go to prophet B church". (Participant 5)*

The findings revealed that the majority of participants indicated that since they joined the churches of healing, prophecy and miracles (mega-churches) they never got well in their health status. Most of them indicated that they are told that is done for their health, meaning they are healed but nothing has changed. Most of the participants indicated that they went to healing and prophetic services around Vhembe District because they are sick but at the end of the service they felt nothing has changed. Majority of them were elderly people, ladies from age 20 to 55. One of the participant aged 35 years expressed the following sentiments:

*"I started having a pain last year at my left side of my back. I went several times to healing services but nothing has changed. The pastor will tell me that I am healed but when I arrived home I will experience a severe pain at the very same place. What annoy me is that the prophet will tell us that we can even stop prescription*

*since we are healed by the anointed one, but one can feel nothing has happened instead the pain will go severe. This people, prophets from abroad are playing with us". (Participant 1)*

Some spiritual healer (prophet, pastor or apostle) described their healing ministry as powerful and the healing seekers complement it. Another participant expressed the said views as follows:

*"One has to understand that this does not just come at its own, I mean power to heal. The Holy Spirit speaks with me what to do and how to do it. At one time the Holy Spirit will talk to me that during church service I should lay hands on the sick. This process determines a very strong relationship between me and the healing seeker I mean the sick persons. When I touch them I feel there is a bond between me and them. My imagination tells me that what I feel also the clients do. When the power of God moves from me, also to the client is moving. I am telling you, I am performing miracles. God is working through me. Multitude of people flock to be healed and I am doing it. People come and go from my Church happy, physically, spiritually and emotionally. I only touch a sick person where I feel it is write to do so. Many clients came and give testimonies that they were ill, sick and after having prayed for them in particular by laying hands on them they were well they are healed or recovered. (Category C, Participant 1)*

In support of the aforesaid remarks, "healings were clearly demonstration of God's power in Jesus Christ, which could literally flow from Him (Mark 5:30, Luke 6:19). Jesus' healings represented to the world the absolute power that God had given Him over the world" (The miracle of healing, 2017:12). This viewpoint further point out that healing is not a display of uprightness, nor is it a test of spirituality but a demonstration of God power to humanity.

#### **4.4.1.2 Theme 2: Participants' views on healing aspects**

The second theme that emerged from data analysis was participants' views on healing aspects. The relationship between healing and salvation is very complex. The numerous healings as performed by Jesus Christ was a demonstration of holistic salvation. It is likely to understand that God would perform miracles of healing as a sign to redeem his people holistically.

On the basis of the above perspective, the second theme focused on participants' views on healing aspects and was divided into three sub-themes namely:

- participants' views on social aspects,
- participants' views on spiritual aspects and
- participants' views on economic related aspects.

#### 4.4.1.2.1 Social aspects

Social aspects emerged from the second theme as the first sub-theme. In this study, it was found that majority of participants attached various understanding of the role of the church in their social life. They believe that the church must address their social needs. The study has shown that the majority of church goers believe that the church address their social needs through prophetic healing and miracles. According to participants' views, social problems form part of ill-health as this affects individuals and community as a whole and therefore addressing such needs is part of healing praxis. In support of the above-mentioned viewpoint; Hendriks and Erasmus (in Cochrane, 2001) remark that a church must have a balance between preaching values (orthodoxy) and living virtues (orthopraxy). This remark makes it clear that the church must be strategic in addressing the human problems holistically in such a way that it includes social aspects.

In order to analyse this social aspect into healing perspective, another participant in one of the mega-church at Ha-Madodoga village, Makhado Municipality corroborated this notion and said:

*“Eee, this church has made me good, I had a problem and since I went to this church I feel my problems have been solved. I joined this church on October 2016 while it had a crusade. The Apostle preached that day and I felt that God had heard my prayers. In life things were not going according to my wish. I was always worried that I was unemployed and how I was to support my children. Apostle prayed for me and I only spend a month and after that I was employed by municipality. This was the result of the prayer by the Apostle. My problems have been solved. I was just a thing due to my social problems but today I am a better person because of what “papa” did for me. His prayers changed my situation. I believed him when one Sunday he preached that “your current situation will never be the same” (Participant 7)*

The study further determined that poverty related status of individuals are the influential factors for decisions that drive them to the mega-churches. They believe that the move will uplift their standard of living and redeem them from poverty. In addition to this viewpoint, Rao et al. and Tsao et al. (in Qiao, Nie, Tucker, Rennie & Li, 2015) postulate that social support can condense the impact of stress experience, facilitate medication adherence among HIV patients, advance their quality of life, and assist them to access more resources needed to resolve financial problems. The challenge that one meets in life also contribute to his or her social and psychological well-being. Three categories related to the participants' experience were determination as they deliberated on the subject. This what they said:

*"I heard of the prophet who performs miracles and I believe that my life status will change. What I anticipate is that the prophet will pray for me so that I get a job. Unemployment affects my social lifestyle. U sa shuma zwi a stresser. I always worry of not working and this status affects my health. By attending this church (mega-church) I will change my situation. As the prophet like to say "ones situation will never be the same as long as we come to his services. I know God of Prophet X will respond positively to my cry". (Participant 3)*

*"Mmmm, hey (participant started crying) she nodded her head. I was a prostitute before coming to this church. And out of prostitution I was making money for my living and also my three children. The first day I attended the service of Prophet X, the prophet located me in the mist of multitude and I was delivered. So since I was delivered I took that prophet will perform miracles so that I can get a job. I had no choice, prostitution was the only career that I believed will sustain my life, even though I knew that it was not good. I thank God of Prophet X who delivered me from the demon of prostitution. As I am talking I rely mostly to SASA payment. But one day God of Prophet X will answer my prayer". (Participant 5)*

The narrative above indicated that the majority of participants narratively revealed factors that attract people to join mega-churches are related to belief system that miracles and healing are taking place in those churches and are they go there to receive the revered healing and miracles. The perceptions however suggest that they believe that attending miracles and healing services in those mega-churches will change their social lifestyle. Chitando and Biri (2016, 75) state that the emphasis on healing and deliverance is one major factor that pulls large crowd to the expanding Pentecostal movement. This viewpoint

was also expressed by Abogunrin (in Adetunji, 2010:2) who makes similar observation by stating that “people appear in their thousands in churches and crusade grounds (both Christians and non-Christians), not seriously seeking after Christ or spiritual food, but for miracles. Healing miracles have actually become the ‘real thing’ or the most current issue in African Christianity today”. Some participants expressed that even though they are Christian, they are Africans by nature. When they come across difficulties in social life, as African they have to consult with African traditional healers. This viewpoint was also supported by Kleinman (in Qiao, Nie, Tucker, Rennie and Li, 2015) who pointed out that social relationship, healing practices, and the meaning of healing are embedded in particular social and cultural setting. The majority of participants revealed challenges that people in in black societies experience and what they believe is needed urgently to combat the atrocities:

*“In one of the delivering service the prophet articulated that my social life was due to the fact that I did not consider my ancestors. He told me to go back and conduct traditional rituals. My bother I did not believe what I was told. But due to my social life which seemed to be miserable I had to go and talk to my family to perform such traditional rituals. I am telling you a week after this practice, my things started going well. I was ill and today I am well after having did what the prophet told me. Before I have been asking myself is this the man of God telling me this or what. But the situation propelled me to do as I was told by the man of God. (The participant started crying and sobbing) You know my brother my life has changed. I am no longer ill as I was suffering. Doctors tried to diagnose my illness but they failed. By only performing traditional ritual I found myself well and my social things are really going well”. (Participant 2)*

From above articulation, the researcher apprehends that “there are a lot of different approaches and ways of intervention which can be taken to promote societal healing. By learning from one another, there is possibility to create more effective and cost-efficient solution. Hearing stories like these teaches us how contextual based healing is” (Nkurunziza, 2017: 2). The mega-churches should also consider and determine the role of social relationship in the general healing process, as chronic illnesses like HIV is a crucial issue to individuals and community as a whole. Literature review determined that “there is an increase reflection and analysis on difference between biomedical and social dimensions of HIV, and calling for the response to HIV should engage with the everyday lives of people and be integrated into their social relations and social practices” (Kippax

and Stephenson, 2012 in Qiao et al, 2015: 3). To address this social aspect based on healing perspective, major three trails have been determined by Qiao et al (2015) namely: social support, social integration, and social norms. Kleinman (in Qiao (2015) adds that healing practices, and the meaning of healing are embedded in particular social and cultural settings. This viewpoint was also argued by David (2008) that grounding healing in indigenous culture is another important aspect which distinguishes indigenous healing from another forms of social and emotional wellbeing. “The Vhavenda people believe that no misfortune in life just occurs by itself. They believe that certain misfortunes are caused by witchcraft (vhuloi). This is the act through which the witch (muloi) is said to have bewitched somebody to become sick, miscarry, become deformed, die and so on” (Mashau: 2016: 4). Thus, this implies that when healing is combined with social aspects which embrace cultural elements is all about promoting holistic healing to people. Healing in this perspective is holistic in a sense that it inclusive as it forms an integral part of social needs.

After having scrutinized the content in which social aspects and perspectives were presented by both the participants and other researchers’, the researcher identified some possible reasons that pull people to mega-churches. These reasons are tabulated in Table 4.3 below.

**Table 4.3 Summary of Social aspects and their reasons for members to attend mega-church services.**

Categories	Reasons
Social factors	<ul style="list-style-type: none"> <li data-bbox="512 1391 1347 1480">- Poverty: participants believed the pastor or prophet will erase poverty from them.</li> <li data-bbox="512 1554 1358 1697">- Unemployment: participants believed that pastors or prophets will pray for them and be employed in the near future.</li> <li data-bbox="512 1771 1353 1861">- Prophets, Apostles or pastors promise members immediate breakthrough and acquirement of prosperity.</li> <li data-bbox="512 1935 1378 2024">- Family related problems: are part of ill-health that needed healing session and church leadership promise turn</li> </ul>

	around solution to social aspects.
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The above-mentioned social aspects features in Table 4.3 seems to collaborate closely to the point made by Chitando (2013:191) who remarks the viewpoints of Dete (2009) thus “the influx of new membership to Pentecostal church has continued to swell due to the fact that many people have through Pentecostalism had their physical and spiritual problems supposedly solved and have also claimed to discover the root cause of general curses. On this background, there is a notion from most of the participants that by attending to mega-church healing services, the individual social problems will be immediately attended to and resolved. This notion as indicated on Table 4.3 brings forth type of misunderstanding of healing by some of participants. Thus, the misunderstanding resulted from the spiritual healers’ sweeping promise to heal all ailments in life.

#### 4.4.1.2.2 Spiritual aspects

The spiritual aspects sub-theme was particularly interpreted across the participants’ viewpoints. Majority of participants indicated that mega-church do heal them spiritually. The preaching’s that members receive from mega-church inspire them spiritually and further develop a trust and knowledge towards the word of God. Most of participants alluded that this spiritual “healing” play vital role in spiritual life of an individuals. Participants, in this regards acknowledge the complex role dynamics which occur within spiritual traits. According to David (2008:2) “healing is a spiritual process that includes recovery from addiction, therapeutic change and cultural renewal”. The following excerpt demonstrates participants’ spiritual emotions on healing phenomenon:

*“I watched Pastor B from the TV channels several times and I saw people get healed. I am a member of church C (mainline church) but immediately I heard of the all night prayer by Pastor B, I told myself that even I am suffering from this disease and though is winter I am going to attend the all night prayer. I have faith that the God of Pastor B will heal me. The lady is powerful. She prayed for me and I believe I am healed and the medication that I use to consume will be consumed no more from today onwards. I am healed I am certain”. (Youth participant 6)*

The said view was also remarked by another participant who expressed his views as follows:

*“Hai, hai no, no, what I have seen was magic performed by that lady, Pastor B”. How can people vomit such kind of things, this indicates that the lady performs magic, she has magical power and people are unable to see this. There is nothing like miracles here, she just want to make money. That is why people were told not to go without buying anointed oils and anointed water and other fetishes of protection. I brought my brother here who is disabled and as you see he is going away with his disability, I am disappointed”. (Participant 4)*

Another participant indicated the following:

*“Is long that I have been sick, I went and consulted the medical doctors for the past nine months, I was medically treated and the doctors told me that they diagnosed from me a cancer that is incurable. For the past nine months I have been in pain and nothing is promising that I can get well. So due to this situation, I have heard of this young prophet that he is helping God’s people by praying and healing them, so as a result of the witness that I heard from different people, I took a decision that I come to this church to acquire healing from the man of God, the Prophet of God” (Participant 5).*

In substantiation of the above view, another participant expressed the following:

*“I am a member of mainline church and I love it so much. The problem is that in their service they do not consider praying for the sick. My daughter has been ill for the past two months, I reported this to my pastor but I can’t remember the day he made a prayer for my ill daughter. One of my friends told me of this church at this village (Kutama area) that people are experiencing miracles and indeed I have seen people prayed for the following Sunday came to the front and give a testimony that they have been ill now they are well as healed by man of God, Prophet X. This practice (healing) is good to us who have problems in the family and as a result I have brought my daughter who is ill to be prayed for, indeed the Prophet X prayed for her and when I asked her, how she feels, she indicated that she has been healed” (Participant 7).*

The aforesaid views were also remarked by AIRawi et al. (2011) that spiritual healing practices also include the recitation of specific prayer over rosary beads.

In this regard, almost majority of participants indicated that to get healed is a matter of faith and believe in the “prophet as a man of God”. This was also remarked by Maxwell, 2006 in Chitando, 2013) that the founders of the churches, are called by different titles ranging from Man of God, Prophet, Spiritual Father or Apostle. Some even expressed the same view that if one does undermines the man of God that person will not get healed. This expression was articulated as thus:

*“You know what, this prophet is a man of God I do believe in him. I know that some other people undermine the man of God and talk bad about him. For me he has been anointed to help us. I have been ill and the man of God prayed for me and here today I am healed. To those who are not healed is because they undermine him that is why they cannot be healed, belief and you will be healed. Here am I as you see me” (Participant 4).*

#### **4.4.1.2.3 Economic aspects**

Economic aspects also emerged as sub-theme. The study determined that the problem of unemployment and poverty to the majority of South Africans created uncertainty to existing belief systems. The study has found that most of the participants are suffering economically and they needed healing on that area. It is against this aspect that Mushonga (2013 in Chitando, 2013) points out that Pentecostal prophet justified the use of miracles by proclaiming to people that their prophetic activities were out of goodwill. Most of the mega-church in their teachings and preaching emphasizes that any member in the service who has financial problem shall be delivered from such problem, however, to mega-church leadership, deliverance from economic dilemma forms part of healing.

*“I prophesy that today, this afternoon, there will be financial breakthrough to some of you. The debts that you have will be cancelled in the name of Jesus”. For those who owe you I command the Angle from above to remind them that they should come and pay their dues to you”. (Category C Prophet preaching in one of mega-churches participant 2)*

Another participant expressed the following:

*“My health has deteriorated due to debts that I have. I don’t sleep due to economic stress. So I have come to this church so that the prophet can pray for me so that I can be delivered out of this situation. During preaching the prophet made*

*mentioned that some people have spirit of stagnation and set-back and that spirit need to be cut off. As the prophet was preaching I realized that I am the one who is in that situation. He prayed for me and I believe that my situation of finance will change and I will be well. (Female participant 7)*

Most of the participants who are under poverty status have believed that the pastor or prophet will erase poverty from them. Healing ministry must be contextual, it should address able to address economic related aspects.

#### **4.4.1.3 Theme 3 ‘Participants’ expression of ill-health and beliefs of current healing practices’**

The third theme emerged as ‘Participants’ expression of ill-health and beliefs of current healing practices’. This theme was divided into three sub-themes namely: Negative, positive and neutral, lack of knowledge on healing and cultural context on healing practices. Majority of participants lack knowledge and information about health and healing. Participants’ views on cultural beliefs and myths surrounding current healing practices by mega-churches are phenomenal. The sub-themes are explained as follows:

##### **4.4.1.3.1 Negative feelings about current healing practices**

Negative feelings about current healing emerged as sub-theme from theme three. Most of the mainline church members’ displayed negativity towards current healing practices as performed in mega-churches. They associated the practice with magic and that the practices are related to ancestral powers. They even questioned the nationality of the pastors and prophets executing such practices. One of the mega-church participants remarks thus:

*“You, know what we need not to be fooled, there is nothing like healing in those churches, what is happening is magic. In fact I do not understand why this type of magical healings and miracles are being performed only by pastors and prophets from outside the country. If you can check properly, you’ll find that these are people from Nigeria, Mozambique and Zimbabwe” (Participant 1, Category B).*

Another participant expressed the following:

*“Pastor, even though you are a pastor we are by birth Africans and we cannot escape from cultural practices. There is nothing new with what is happening. Those*

*people whom you call them prophets and are healers are not different from the traditional healers around our villages and community. This people are the Inyangas or their forefathers were or are the traditional healers from where they come from. Today they come here to claim they have been called God to heal us. They are lying they are here to make money from us the South Africans. How can a person pray for an HIV person and that person get completely healed? Pastor show me one then I will show you a boy who was diagnosed HIV and five months ago was told he is healed and recovered. I am telling you that can you see that person you will see that these people play with our health. The boy is dying because he was told to abstain from treatment and he stopped taking treatments and he has relapsed” (Participant 3).*

In substantiation another participant expressed the following:

*“Haa- vhone a huna zwithu zwo nonga hezwo, vhathu vha khou ita madammbi hafha fhethu vha tshiri vha a fhodza. Zwino vhavha ndi misi vhathu vha tshi litsha mishonga ye vha newa nga madokotela vha tenda uri vho rabelelwa vho fhola. Havha vha Porofita vha khou nanisa vhuhota kha lushaka. Ndo pfa na MEC a tshi khou cmpleina uri vhathu vha khou litshiswa medication nga vha fundzi. Hezwi zwine vhafundzi vha khou ita vha tshi litshisa vhathu medication is not good. Vhathu vha khou fa zwi songo fanela” (Participant 4). Tshivenda phrase meaning, there is nothing like that, people are performing miracles claiming to be healers of people. What is painful is when they advise people to discontinue with their medication or prescriptions that where prescribed by their Doctors, members’ belief they have been prayed for and are healed. One day I heard that MEC complaining that there are pastors who advise patients or people to stop their medication, this is not good. People are dying unnecessary”. (Participant 4)*

The said viewpoints have been supported by Agbiji and Landman (2014) who described healing in the context of cultural phenomenal. Thus, the said viewpoints suggests that healing cannot be discussed in the absence of religions and cannot be separated from core of African culture, values and ritual practices. In the very same viewpoint, Agbiji and Landman (2014: 233) point out that there is increase retaliation by Africans that their culture certainly possesses important knowledge for confronting disease and other related problems (Desai et al. 2012, 2005, 2010) such as ‘healing’. The notion of ‘healing’ brought

a common understanding between religion and culture and this is followed by the ideas of wholeness and wellbeing.

#### **4.4.1.3.2 Sub-theme: Positive feelings about current healing practices**

Positive feelings also emerged as sub-theme. Majority indicated that they attended the all night prayer service because they heard of Pastor C miraculous power. On the basis of the rumours, they wanted to experience miracles as performed by Pastor C. Others indicated that they were ill, so by attending such services they had faith that Pastor C will heal them, since she has a healing gift. However others claimed that they came in the services suffering from diseases and after Pastor C had prayed for them they believed to be healed and freed from related distressing situations.

*“Mmm, you know what, that Pastor C is dynamic. I just heard about her before that she is powerful as in her services, people are healed. I came in the service to witness if indeed people are spiritually freed and from what I have seen, indeed people were healed, others who were demonic possessed were also freed. When the Pastor started shouting “fire, fire of the Holy Ghost” me too I felt something moving in my body, I felt the power of God in me and really the God of Pastor B is able to perform miracles”. (Participant 3)*

*“I watched Pastor B from the TV channels several times and I saw people get healed. I am a member of Church C (mainline Church) but immediately I heard of the all night prayer by Pastor B, I told myself that even I am suffering from this disease and though is winter I am going to attend to all night prayer. I have faith that the God of Pastor B will heal me. The lady is powerful. She prayed for me and I believe I am healed and the medication that I use to consume will be consumed no more from today onwards. I am healed I a certain”. ( Participant 22)*

*“Hai, hai no, no, what I have seen was magic performed by that lady, Pastor B”. How can people vomit such kind of things, this indicates that the lady performs magic, she has magical power and people are unable to see this. There is nothing like miracles here, she just want to make money. That is why people were told not to go without buying anointed oils and anointed water and other fetishes of protection. I brought my brother here who is a disable and as you see he is going away with his disability, I am disappointed”. (Participant 6)*

The 'healing' experiences of those participants who attended services of healing are profound and very unique depending on individual's perceptions. The above participants' outlook reflected the same meaning of viewpoints that regard healing as a very dynamic spiritual phenomena. Other scholars articulated that (Schlemmer, 2008: 31) "people did not need another church but they needed healing, comfort, reassurance, to repent from their sin, and they could not find these things in mainstream churches". (*Participant 7*)

#### **4.4.1.3.3 Subtheme: Prayer a source of healing**

Prayer as a source of healing also emerged a sub-theme of the third theme. According to participants, prayer is vital instrument for healing practice. This study discovered that the majority of participants believe that prophets, pastors and apostles (Spiritual healers) in mega-churches are able to communicate with God and he responds by anointing them for healing execution. Some participants view prayer as a source of connection between man and God. The said viewpoint was remarked by another participant who states as follows:

*"haa, ee, vhalwa mufumakazi (Pastor C) vha a rabela, vha dinea tshifhinga tsha u rabela. Ndi ngadzwo nga tshifhinga tsha u rabelela vhalwadze hu tshi itea madebe. Vhalwadze vha a fhola, madimoni a a pandelwa. Hedzwi zwothe ndi maanda a thabelo". Tshivenda phrase meaning "haa, ee, that lady (Pastor C) can pray, she gives her time for prayer. That is why by the time she prays for the sick people miracles happen. The sick people get healed, demons are castaway" (Participant 1)*

One of the participants criticized the manner in which mainline churches conduct their prayers. She argues that miracles would be impossible to take place in mainline churches because their Priest does not pray but read prayers and repeat them every Sunday. The argument was supported by one participant who remarked as follows:

*"In churches like C (named the church) do not have time to pray as individuals. Pastors will read the prayer from the book. How can miracles take place in such churches?" (Participant 4)*

#### **4.4.1.4 Theme 4: Healing faith tools**

The fourth theme that emerged from data analysis was healing faith tools. The fourth theme is divided into three sub-themes namely; water, anointed oil, bangles and stickers. The theme "healing faith tools" emerged in response to the question: "What is your view about the use of fetishes for healing purposes?". The studies found that majority of

participants in mega-church have a perception that using of healing faith tools is both scripturally and culturally grounded. Based on this perspective, most of the participants made reference with Jesus ministry that Jesus Christ applied healing faith tools like mud to execute healing to the blind. Participants expressed their view on the use of healing faith tools within the context of African indigenous healing practices. In support of this perspective, Anderson (1993) asserted that in the past, healing by use of symbolic object is not usually found in the charismatic churches. In contrast Anderson further points that the symbolic objects are seen to resemble traditional charms given to the society for healing purposes.

#### **4.4.1.4.1 The use of water**

The first sub-theme that emerged from the fourth theme was the use of water. The majority of participant stated that they buy water from their prophet because they believe the water is blessed one and that it would fight illness in their life. They believe that the water has been prayed for by the man of God and as a result it has power to heal and to shield one from acquiring misfortunes. This was articulated by one of the participants thus:

*“The water that we buy from the church has been anointed by the man of God. So we use the water for different reasons. I bought this water because my sister is ill. I have seen from television most of people testifying that they have used the anointed water when they are ill and indeed they are healed. Mmm! so I too I have a believe on this holy water that since my sister is ill immediately she applies the water, the sickness will go in the name of the God of Prophet X. I really belief that there is power in this water and those who use it get healed. So I too I am going to use it for my sister and I am telling you she is going to be well. (Participant 1)*

The aforesaid viewpoint is in line with Lockhart (2000) who pointed out that in early Christianity, there were many stories about holy water. In the said perspective, Lockhart further avers that Aphrates cured one of the emperor’s horses by making it drink water blessed with the sign of the cross. Pope Leo IV ordered all priests to bless water every Sunday, and sprinkle the worshipers with it. Holy water was believed to have amazing curative virtues. Anderson (1993) adds that in the ZCC the use of ‘holy water’ is one of the central practices in the church. Members receive water which has been prayed over by a minister or prophet. This water is then taken home and sprinkled as a ritual of purification

or protection, or it is drunk or they wash their bodies in it for healing purposes. In substantiation, another participant shared her views about holy water and states:

*“Is long that my child is ill and I heard several people testifying that they have used anointed oil and it in deed helped them in various aspects including healing and protected them from demonic attacks. So I am buying it for my child. He has been using medications but it does not work. I believe this anointed oil and water will heal my suffering child”. (Participant 5)*

In addition, some participants have negative perception regarding the use of anointed water for healing. They pointed out that the selling of water is business related and has nothing to do with assisting the sick. The following sentiments were expressed:

*“Our people should stop to be deceived; those who are selling water for healing are doing that for the sake of making money are in business. What annoy me is that most of the water is being sold by the prophets from abroad like Nigeria and Zimbabwe. I really do not understand this and I do not believe in such water. Miracles were done and ended by Jesus. What is happening today is money making schemes”. (Participant 6)*

#### **4.4.1.4.2 The use of anointed oil**

The second sub-theme that emerged from the fourth theme was the use of anointed oil. Majority of participants indicated that fetish like anointing oil is the protection from demonic attacks sickness alike. They pointed out that most of the people are attacked by demons, various illness of some kind due to lack of spiritual protections. For them, anointing oil, one of the spiritual equipment's from the anointed man of God to protect one from any spiritual attacks as indicated above.

*“Pastor, things are happening in this earth. People are witched and attacked by devil. This anointing oil is for protection from attacks like demons and illness of different kinds. I believe that by using this oil no demon will ever attack me. By using this oil no sickness will ever attack me. I am protected. (Participant 7)*

According to Weisenbeck (2011: 82) “the sacramental action of anointing with oil and prayer over an individual is an efficacious action for the sick person. Prayer of intercession or petition accompanies this ritual action. The sick person is united to the passion of Christ for one's own good and that of the whole church.

This study further revealed that due to some people being socially frustrated, they need something to heal and address their social problems. As indicated above, majority of people have a believe that demonic attacks hinder them from achieving social prospects in their lives and therefore there is a need for the use of fetishes like anointed oils to assist them to attack and defeat such attacks. They also believe that this would enable them to be socially healed and prosper.

#### **4.4.1.4.3 The use of bangles**

The third sub-theme that arose from the fourth theme was the use of the bangles. Majority of participants indicated that those bangle fetishes are for individual protection from various aspects of life including sickness, witchcrafts, bad lucks and other negative life aspects that might emerge. The participants expressed the following:

*“They are for protection and they also bring healing to a person.” (Participant 3)*

Some participants were clear and indicated that the use of fetish-like bangles is not different from using indigenous traditional bangles for protections from societal life. Another participant expressed the following:

*“If you recall and is still happening, our African people believe in having something on the body for protection, so this is not new thing it has been happening. We knew this from our ancestors they use to put bangles and other related fetish around their body for protections”. (Participant 2)*

They further argue that Christians in the Vhembe district should consider the fact that they are Africans and they cannot escape from African culture and tradition. Thus it is clear belief that current healing practices in some mega-churches are intricately connected with indigenous African healing practices. Another participant expressed the following:

*“This bangles are not different from the once we use in the past before we were born again. I used to put a copper bangle and according to our culture and belief system that bangle was to protect me from witches and bad lucks. Do not underestimate the power of the bangles; there is a spiritual powers in them. Like this one I bought it after the service of healing from Prophet H and I belief that it will work out my problems that I use to experience socially, physically and spiritually. I heard that these bangles have special power and the prophet had prayed for them. (Participant 5)*

The above findings were collaborated by Anderson (1993) who indicated that congregants in most indigenous churches use symbols as their central and most important features of their church life. Daneel (1974) in Anderson (1993) has pointed out that these symbols do 'show direct parallels' with traditional healing methods. Based on the above attribution, it can be concluded that healing rituals in the use of fetishes is in line with typical African healing practices..

In the light of the above viewpoints, few participants had negative views regarding the use of faith healing tools. Their arguments is that pastors, prophets and apostles in some newly established churches or mega-churches are after money and they benefit from selling fetishes like water, anointed oils and bangles. They further argued that these churches stole this (faith healing tools) practices from ZCC churches.

A famous member of one of the mainline churches asserted:

*"This new churches are business focused. What they do in those churches is not about God. Look now they take people back to their cultures. After the church service people have to buy water, oil and bangles. If you ask, what are those bangles and water for the person will tell you are for protections and others will tell you are for healing. These practices have been there and it is the practices in particular for the Zion Christian Churches. I grew knowing that this church belief in fetishes and of cause their healing practices are culturally based. Now, today these churches stole the healing practices of the ZCC. (Participant 6)*

Another prophet (spiritual healer) stated that the Holy Spirit is the one who reveals to him what to use in order to assist His (God) people to be healed. He expressed the following:

*"Is not about selling holy water, anointed oil or bangles; that is not the issue. The spirit of God speaks to me what to do in order to save his people. People are being attacked by devil and demons in all aspects of life. So we have to use every amour to fight such spiritual elements. Already most of people who bought and used those fetishes like water, oil and bangles gave a testimony that they are experiencing the power of them and power of God in them". (Participant 3)*

The said articulation confirms what majority of participant pointed out about the use of fetishes that they are instrumental element for protection members from demonic attacks. They argued that most of the people are attacked by demons, various illnesses due to lack of spiritual protections. For them, anointing oil, anointing water and bangles are some kind

of spiritual equipment that protects people from any spiritual attacks. The above viewpoint was supported by one of the Apostles of mega-church C who argued the following:

*“People are socially sick, so they needed something to heal their social problems. As I indicated, demonic attacks hinder God’ people from achieving social prospects in lives and as a results the use of fetishes assist them also to attack and defeat such attacks so that they can prosper socially”. (Participant 7)*

Some participant had totally condemned the use of fetishes as they argued that is demonic. The said understanding is in contrast with the viewpoint and the findings of Solomon and Wane (2005: 55) who argued that “it is our responsibility to know, understand, and respect the healing power of the “performed knowledge” used by traditional teachers, elders, ceremonialist, and traditional healers” (Chamerlain, 2003). In substantiate to the said perspective, Solomon and Wane further argued that achieved knowledge; narrate to indigenous approach of healing.

#### **4.4.1.5 Theme 5: Perception and attitude towards modern medical healers, traditional healers and healing practices**

The fifth theme that emerged from the data analysis was the perception and attitude on modern healers, traditional healers and healing practices. The fifth theme in this study is divided into three subthemes namely, modern medical healers perception, traditional healers and healing perception and attitude and referral healing strategy. There is mixed understanding and perception regarding the utilization of both modern and traditional healers. This study revealed that participants’ attitude is however bias and reflects both negative and positive thinking with regard to healing practices for traditional and modern healers. Participants’ attitude on the subject is presented here-under:

##### **4.4.1.5.1 Subtheme: perception and attitude towards modern medical healers.**

The first sub-theme that emerged from the fifth theme was’ perception and attitude towards modern medical healers’. The first subtheme illustrates that there are different medical understanding on current healing practices by selected mega-churches. According to Anderson (1986) in Mashamba, (2010) there is currently strong element of magical powers and quackery in faith healing, and that this has led to medical practitioners discrediting faith healing. Some participants are of the views that utilization of medical

practitioners and medication is a symbol of lack of faith, to them faith healing is sufficient for one to be well or recover from any illness as God is the healer. In collaboration the participant expressed the following:

*“Ok, you know what; faith is something that you receive whatever from God. When a prophet has prayed for me; I must believe that I am healed I have recovered. Now going to consult with doctors outside there is a lack of faith. Christians must have faith to God. Through our Saviour Jesus Christ we a healed and God is using our pastor, Prophet X, to pray for us. There is no need to go to the doctor”. (Participant 3)*

The participants in this study were asked if they prefer the service of the medical practitioners. The general response suggests that current healing practices are perceived as an answer to other related medical problems. A patient suffering from a chronic illness such as HIV or cancer is afraid of dying and therefore they deviate from their faith and subject themselves unto Western (medical) healers. When a patient is informed that he has an incurable illness, he may become more stressed and believe that nothing will be done for her, from there she will opt alternative treatment instead of submitting to medical prescriptions. Another participant expressed this opinion:

*“Of cause, doctors are there to assist us in some other illnesses. I do not see any problem with using doctors to cure us. Just tell me pastor, here is a person is diagnosed with HIV, you want to tell me that as a church we must just pray for him or her without him taking prescription, it does not work like that. Doctors are very much important to heal some other complicated illnesses. (Participant 4)*

The above findings was also remarked by Anderson, 1986 in (Mashamba:2010) who stated that the truth is that many diseases that cannot be cured can be effectively controlled by medical practitioners, and many people do not seem to appreciate this. A lot of people are not aware that medical practitioners do not only treat diseases they can cure. However, Anderson (1986) in (Mashamba: 2010) acknowledges that healing through prayer works, and reports that there are many cases on records where people have been helped or have been cured from incurable diseases. Medicine should be acknowledged and accepted by any human beings to fight the plug of illness within the community regardless of its discoverer.

#### 4.4.1.5.2 Subtheme: Perception and attitude towards traditional healers and healing practices

The second sub-theme that emerged from the fifth theme was ‘perception and attitude towards traditional healers and healing practices’. In the second sub-theme the participants were also asked if they would consider the service of the traditional healer. Majority of participants demonstrated negative perception and attitude towards traditional healers. Some mega-churches in Vhembe District forbid their congregants to make use of traditional services and medicine as they advise members to solely depend upon the power of God and to attend their miracle and healing services rather than going to get help from *inyangas*. In this study majority of participants further demonstrated being ill informed and negative attitude towards traditional healers. Those participants are not aware that even traditional healers can play a vital role in healing perspective. Another participant expressed the following:

*“If you are a child of God, if you say you are a new creation and still go to the inyangas by night, just know that you deceive yourself. You are still far from salvation. Brothers and sisters a child of God refrains himself or herself from going to an Inyangas. You cannot serve two masters at the same time. Some of you here you still believe in the Inyangas and that is wrong and bad. Inyangas got their powers from evil spirits so you as a child of God you cannot go to the Inyangas when you are sick for medical help. Come to me I am anointed to heal and to perform any type of miracles I will assist you. Stop going to the inyangas, those are witches. Stop using their traditional medicine” (Participant 6).*

Other participant commented thus:

*“Nne ndo tshidzwa, ndi itani nga dzi nyanga, a dzinntshumeli. Wanga mutakalo u zwandani zwa mudzimu... translated to Tshivenda as I myself I am served, I have nothing to do with inyangas. In fact even though my parents were used to the services of the inyangas, I could not see any of the goodness out of it. I have nothing to do with them” (Participant 7).*

To expand on the aforesaid discussion, majority of participants from mega-church had less experience and a misguided opinion on African traditional healing. This negative view of traditional healers was also shared by Meisser (2004) cited by Mashamba (2010:122) that

traditional healing is viewed by many as dangerous or even fatal, that traditional healers fail to acknowledge the limits of their skills and competency. However, Clark (2005) in Mashamba reiterated this perception when he reports that all Kilimanjaro churches openly condemn traditional medicine as naturally sinful. Share (2013) in Chitando (2013: 143) has different opinion as he postulates that “a traditional healer in Ghana claims to have helped over 1700 pastors across Africa to acquire power to perform miracles”.

Although the use of traditional healers was criticized by majority of participants, few participants are of the view that the use of traditional healers is of the outmost important to Africans. They pointed out that there are some illness that they know cannot be healed through prayers or by use of western medicine. Example was made of a man who suffer an illness that is caused by having sex with a lady who aborted. They indicated that if a man still wants life he has to go and consult the traditional healers ‘inyangas’ for treatment. They further indicated that they knew of man and boys who were the victims of circumstances and died after having ignored the service of the traditional healers in this aspect. The above statement was consistent with observation made by Matsheta and Mulaudzi (2008) cited in (Mashamba, 2010) who pointed out that traditional healers treat people who suffer from a wide variety of different physical and psychological diseases and are able to interpret health and well-being in terms of traditional worldview. This viewpoint implies that persons who consider traditional healers services are mostly Afro-Christians and those who consult with them appears to be content with their services.

The said view was also grounded by Chitango (2007) cited in (Mashamba, 2010) who asserted that the majority of people in the sub-Saharan Africa consult with traditional healers first before going to medical practitioners and faith healers. Participants (few) in this study made mentioned that even though are Christians and do attend healing and miracles church services, they still do consult with their traditional healer for particular illnesses. There are illnesses that cannot be treated by general practitioners; they need traditional healers’ expertise. Another participant articulated thus:

*“My daughter nearly died after having diagnosed with ‘gokhonya’ by her grand-mother. Mmm! I did not believe that there is illness of such. Hei! Yaa! I nearly lost my child. I was told to take the child to the nearby traditional healer, due to lack of knowledge I refused. After a week so, my child health status started deteriorate and I realized that things are now getting bad. When I informed the grand-mother about the child situation she told me “I told you long ago about the health of this child and*

*you did not want to listen to me". She then pleaded "even though I did not go to school please take my advice and let's take this child to Vho- Mmbengwa (suedo-name) that old lady will assist her. We then took the child to that inyangas for treatment. On our arrival I handed over the child to the old lady and she screamed "hei do you want to lose the child. This child is hot and why did you keep her for so long with this problem of 'ngokhonya' vhathu a no ngo lunga" she started mixing her traditional medications and treated my child. After an hour my child was well and healthy again". (Participant 3)*

Another participant expressed the following:

*"Huna malwadze a koniwaho nga nanga dza sialala. Ufana na mutendi o wela a saya kha vhorine ri a divha u do fa. Havha vhathu vha a kona na hone ndi kale vha tshiilafha. Ane athina problem navho as long as vhailafha". There are those illness that need traditional healers' expertise. This is like a Christian (owela) who is infected by severe sexual transmitted disease, should he fail to consult with traditional healers that person will definitely die. This people (traditional healers) are capable and is long that were healing people. I for one I do not have any problems with them as long as they can cure people". (Participant 2)*

Even though majority of participants reject the value and the availability of traditional healing practices and their practices are often misunderstood by western practitioners, but they do fall under the African traditional healers' competencies. In support of this viewpoint, Levers (2006) remarked that the context for African traditional healing bargains such system of indigenous knowledge and the reality that many Africans continue to seek health care from traditional healers. The above mentioned experience makes one to conclude that traditional healers are well accepted and utilized mostly by the Afro-Christians in the Vhembe District. Though criticised by most of the Afro-Christian church leaders, traditional healing practices will continue play vital role in curing complex illnesses that appear to be complex to some general practitioner and some faith healers. So, on the basis of the above viewpoints, the researcher concludes that there is high level of ignorance on indigenous medical knowledge system and that traditional healers are also competent practitioners on other aspects of illness. Ignoring such healing praxis and models would disadvantage some of the Vhembe community members to experience healing holistically. It was discovered that some Christians use the services of the traditional healers to redress health and societal problems.

The aforesaid perspective was also remarked by Nyanto (2015) who argues that in traditional cosmology, indigenous remedial and religiosity are an essential part of people. The centrality of healing and religiosity has existed since time immemorial to solve issues arising from the intersections of members of families, clans and societies. Nyanto (2015) further states that in African society, illnesses and calamities are considered to be spiritual experience. Hence, religious rituals and medicine are used to cure, heal, protect and ensure people's health. Other interesting aspect is that some participants indicated that the choice remains with the person concerned. Some people criticize the indigenous healing system and prefer to praise the modern practices and still go unanimously to perform their cultural rituals for healing purposes.

#### **4.4.1.5.3 Sub-theme: Referral healing strategy**

The third sub-theme that emerged from the fifth theme was 'referral healing strategy'. In this the third sub-theme some of the participants pointed out that they had sound knowledge that some illness/ sickness need medical treatment and therefore referral is important. To those who suffer from chronic illnesses, they expect that the faith healer (Prophet, Apostle or the pastor) should refer the member to medical practitioner for further medical treatments. There is a need for referral, since particular illness and its treatments follow some pattern some kind. This perspective is influenced by belief system and experience between the healer and the patient. However, most of the participants express their concern about pastors, prophets or apostles who do not consider referring their members to medical practitioners as indicated in the excerpt below:

*"I know of some members in our congregation who suffer from chronic illnesses like HIV. Yoo; who are positive. For me I expect that our prophet should consider referring such patients to medical practitioners for medical assistant. Yes, I know our prophet is gifted with healing gift, but the situation the way it is, needed those members who are very ill to be referred to the doctors. I am not saying I doubt the prayers rendered by our prophet. Mmm' I have seen some people prayed for and they recover. But now they are some people who really will see that indeed this person is very ill and needed medical treatment. For such people I say I prefer them to be referred"* (Participant 4).

Another participant expressed the following:

*“I am suffering from back pain, I went to Church A and C with the hope that after the pastor or the prophet have prayed for me I will get well I will be healed and I realized that nothing has changed. The pain is increasing and is severe. Last month, June 2017 I visited my doctor for this pain. The medical diagnosis indicates that I have the nerve on my back that needs operation. So to me referral is important because there are some illnesses, sickness that need medical attention like what I have experienced. Referral is vital and should be considered by the spiritual healers”. (Participant 6)*

Some participants stated that they do not support referral approach. For them, the pastor, prophet or apostle are “Man of God” and they have a gift for healing using faith and they believe that they should continue praying for the sick at all the times. Prophets or apostles should not be threatened by chronic illnesses and refer the sick to the doctors. This perspective was captured thus:

*“This ‘man of God’ is gifted with the anointing of healing. He should just continue doing what he has been called for, praying for the sick. The ‘man of God’ should not be discouraged by those who are very ill, I believe that as he continues praying for them they will get healed. I for one do not support the ideology that man of God should refer some sick people to the doctors (Participants 5)”*

Some of the preachers instead of referring the sick members for medical treatment, they preach against using doctors for health related problems and the following were expressed:

*“You’ll find the whole believer trusting on Doctors, this afternoon the God that I pray, says come to me I will give you rest. Ladies and gentlemen stop running after doctors, today I am going to pray you’re your sicknesses. The tablets you use to drink you will drink no more. The doctor you use to consult you will consult no more. Today is your day to regain your health...” (Participant 2)*

Some of the reasons were outlined by participants to consider referral approach that:

Some illnesses need medical diagnoses before treatment. Referral helps in treatment of sickness before it becomes severe or incurable. From the said perspective, participants views are that biomedical also plays a vital role in providing ‘holistic’ healing to an individual in particular a patient, in order for him or her to regain his or her wellbeing. Another participant expressed the following:

*“I do not doubt that God heals, and I do not doubt the power of prayer, but remember there are some sicknesses that need special attention. Pastors or prophets are incompetent in diagnosing what causes the sickness before they become severe. So referral is not a sin. Some illnesses need agent attention and you will find a pastor or a prophet upholding the view that he could heal all illnesses there is no such let us be fair” (Participant 1).*

Indigenous knowledge and cause of sickness is imperative. Another participant expressed the following:

*“You cannot just pray and say you are healed to a person. A healer need to know what cause the sickness then will know what to do and how to do it. Some sickness has personality origins and at times the treatment will be traditionally based. Refer this person to the traditional healers or his or her ancestors” (Participant 3)*

Some sicknesses are not medical related but spiritual and that needs referral for pastoral counselling. This view was also articulated by participant who stated:

*“Some people are not sick. The problem is that our pastors enjoy laying hand on the sick people without having probed first what might be troubling the person. As I indicated other people need pastoral counselling so that they can get a cure from their problems. Remember some people are ill due to social problems and such kind of ailments need counselling” (Participant 1).*

#### **4.4.1.6 Theme 6: Abuse and manipulation system**

The sixth theme that emerged from the data analysis was abuse and manipulation system. The theme is divided into two subthemes namely spiritual power abuse and economic abuse. The existing situation as also indicated in literature review which suggests that there are some elements of abuse taking place in some emerging mega-churches. Thus, manipulation and the abuse of members are related to the abuse of spiritual privileges and power. This concern was also remarked by Davis (2013) who pointed out that acts of abuse by spiritual leaders is about taking an advantage, with elements of manipulating and misusing the spiritual gifts. Thus, in this study, some elements related to the abuse of members through healing practices were collected as evidence and are briefly discussed under the following subthemes.

#### 4.4.1.6.1 Subtheme: Spiritual power abuse

In the first sub-theme few participants raised a concern about abuse and manipulation of the members in mega-churches. Some of them narrated that during healing prayers, were called to the forefront, just because of their vulnerability caused by not being well physically, they joined in to be prayed for. They explained that to their surprise, as the prophet lay hands on them while praying, they were pushed down to the floor.

*“I went for healing prayer and when the prophet lay hands on me, he push me back and I fell on the floor”. (Participant 2)*

One of the participants indicated that he resisted and did not fall. The prophet who was executing prayer to them became angry and started to say that he (participants) was demon possessed. The participant expressed the following:

*“I was pushed to the back but I resisted and did not fall”. (Participant 4)*

They indicated that this type of act amounted to manipulation and abuse by the prophet whom people call “the man of God”. The following was expressed by some congregants:

Few of the female participants expressed sexual abuse situation during healing prayers. They indicated that the manner in which apostles and prophet treated them during healing sessions was very abusive. They pointed out that the apostles or prophet touched them on the chest as well as on their breasts and they took time to remove their hands from them. Another participant states:

*“Hey, mmm, I do not like the way prayer is conducted. Mmm, the Apostle will put his hands on my chest and at time he touches my breast I feel very annoyed because is not good for me. Why putting his hands on my chest?”(Participant 5)*

Another participant pointed out that the action by the prophet amount to abuse of the members.

*“No, no, what is been done in the church by this prophet is abusive. (Participant 7)*

The participants’ feeling is that the act is not good, hence, such touching in some cases resulted in sexual abuse. These participants share similar sentiments with Asamoah-Gyadu (in Taylor, 2014, 8), who asserted that a number of leaders of mega-size denominations have been victims of their own achievement as most of them fall into difficult emotional and moral problem.

Two males participants made mentioned that what worries them is when the pastor instructs the person to abstain from medical medicine. They indicated that three months ago the Apostles claimed to have received a message from above that those who were under medical treatments should stop taking their medication. They further stated that being diabetic patients, the apostles instructed them to abandoned their medications. One of the participants' states:

*"I did not even last for two days, my health situation deteriorated and I ended admitted in hospital at Polokwane Private Hospital". (Participant 5)*

The other one indicated that after stopping medication he become weaker, he quickly reverted back to taking his medication to control the situation.

*"I started feeling week and I decided to take my medication as prescribed by my Doctor" (Participant 7)*

The said participants' are of the view that the instruction by the Apostle was abuse of spiritual power and manipulation of the vulnerable. They further stated that indeed they are in need of healing but the manner in which it is done in some mega-churches is abusive. Other prophets and spiritual healers demand a certain amount from the healing service attendees. To substantiate the typical exploitation of members in some mega-churches, Barker (2016) points out that most people understand the term child abuse, sexual as well as and emotional abuse but one could not comprehend the view that there is also what is called spiritual exploitation. Barker's view on spiritual exploitation is referred to the misuse of power and privileges. Abuse in this regard, is all about taking advantage as well as manipulating and exploiting others by misuse of spiritual gifts. According to Davis, (2013: 38) in spiritual abuse there is a component of faith contamination and is embraced by religious statutes.

#### **4.4.1.6.2 Subtheme: Economic abuse**

Economic abuse also emerged as the second sub-theme. The said sub-theme on economic abuse focused on people flocking to mega-churches as healing seeker, and that healing is commercialized in one way or the other. Another identified motive for the leader either a prophet, apostle or a priest is the desire for money. Some participants mentioned that today people are opening new churches as a business to acquire money from people. They pointed out that these churches are mostly established by people or foreigners in

particular from Nigeria and Zimbabwe. These are people who claim that they have a gift of the Holy Spirit to heal and prophesy. In some other mega-churches to consult with a prophet or apostle, one has to pay a certain amount so that he or she can be prayed for. Underneath are the examples of statements from participants in the study regarding how people are preyed on in the form of prayer and healed. Another participant states the following:

*“I have attended several churches of this nature “healing church for Bazalane”. It was difficult for me to be prophesied so that I can know what really troubles me. As you see me now I am sick, I do not work, things are tough in life. Due to the circumstances, I have visited five of these mega-churches around here (Vhembe District). I even visited this Church X in Pretoria. I have observed and concluded that indeed if one does not have money, will never get any miracles from the Prophet. As you see me now, I get my income from SASSA. For me to be prayed for, I had to wait for two months so that I can get money to go and pay R900.00 to this Church X so that I can meet with the prophet at one-on-one consultation. Due to the multitude of people, I failed to meet with the prophet and as I am talking my money is gone. I also visited the one at Elim-Mpheni village whereby I also paid R300.00 to be prayed for and receive healing. What I have experience is that these newly emerging churches with prophets are just here to make money. (Participant 5).*

Another participant expressed the following:

*“Pastor “shango lo ima nga milezhe” people are really making money out of the word of God. In my village there is a young boy at the age of 26 years, this boy is a school dropout, he did not complete his matric. As I am telling you now, he is making money out of praying for the sick and prophetic healing. When he preaches, he promise people that he has a prophetic healing gift. After having prayed for the sick, he will tell the congregants to plant a seed in a form of money and the congregant will contribute a lot for the day. He sells holy water and holy oil in a very small containers”. (Participant 6).*

*“I have visited one of the greatest prophet in Nigeria and he prayed for me. On his way to touch me, I felt the power of Holy Spirit moving upon me. He then touched me and I believe he had imparted me with the power of healing. Since the prophet has prayed for me, I can now open a church like other ‘man of God’ who are making*

*money. The salary that I get cannot fulfil my needs but the healing will attract people and I will make a lot of money". (Participant 3).*

#### **4.4.1.7 Theme 7: The implications of current healing practices**

The seventh theme that emerged from data analysis was the implication of current healing practices. This theme in this study is divided into three sub-themes namely, the impartation of healing gift, medical related problems and lack of self-reliance. A central point in this study was to analyse current healing practices on mega-churches of Vhembe District of Limpopo Province. Thus the researcher's objective was to comprehend participants' experience on current healing practices in mega-churches around the said municipal district.

A particular negative impact was determined on lack of personal responsibility and determination. Although the main objective of the study was based on analysis of current healing practices, some participants demonstrated disappointments after having realized that they are not healed. Some of these effects were psychological whereas some were spiritual and medical related. Thus, as indicated above, this theme is divided into three subthemes as discussed underneath.

##### **4.4.1.7.1 Sub-theme: Impartation for healing gift**

Impartation for healing gift emerged as a first sub-theme during the analysis of the seventh main theme. The participants in this study revealed that most of them had visited well known prophets countrywide for impartation so that they could receive the power for healing. Most of them pointed out that they have been imparted by the foreign prophets and some indicated that they realized that they have a gift of healing after having attended the healing church services. Another participant expressed the following:

*"I went and attended a service of impartation in Pretoria. Apostle X prayed for me and during that time of prayer I felt the power of the Holy Spirit on me. He imparted me with the power of healing. Today I have opened my church and is flourishing people are coming in number. The sick are healed as miracles are taking place"*  
*(Participant 2)*

#### 4.4.1.7.2 Sub-theme: Medical problems

Medical problem also emerged as the second sub-theme during an analysis of seventh theme. Few participants revealed that after a prayer of laying on of hands by the apostle or prophet were told that were healed. The prophet further advised the participants to go back to their medical practitioners for re-examination and testing. This notion led to some of the patients to relapse after having abandoned their prescriptions. One of the participants narrated her story thus:

*“The prophet told me that I am healed and as a result I should stop taking my medications. After three days my health started deteriorate I quickly went for medical consultation. I do not dispute that pastors or prophets can heal but they should not play with our health and faith”. (Participant 1)*

The said participant experience was also remarked by Theron (1999) who points out that various honest and sincere Christians, who are prayed for, are not immediately healed from their sickness as were assured by faith healers.

#### 4.4.1.7.3 Sub-theme: Lack of self-reliance

Lack of self-reliance also emerged and became the third sub-theme. It is evident from the data that most of the members of the mega-church rely mostly to their prophets or apostle. The findings of this study determined that people entrusted their faith not to God but onto their spiritual leaders mentioned above. Most of them seem to have lost of self-reliance and as a result they cannot do anything by their own in the absence of their spiritual leaders. The following excerpts bears testimony to this:

*“I only do what my prophet say I must do. I really belief in him. He prayed for my daughter who is very ill. The process appear to be delaying, but I will wait until she is well. There is no need to run around with doctors whereas the man of God has prayed. Miracles will take place soon, I know. I told my daughter that we should wait, and we are waiting for God power to move.*

### 4.5 RESULTS AND OBSERVATIONS

Observation had been also adopted by the researcher as one of the tools to collect the data for the study. The purpose of observation was to investigate the proceedings of current healing practices in the services of mega-churches in the Vhembe district. During

analysis the researcher used the coding system to identify the emerging themes for observational data. The six mega-churches were coded as church A, B, and C. The following are the themes based on the researchers' analysis of the observation. The undermentioned, both positive and negative codes emerged as the main contributing factors to current healing practices on selected mega-churches in this study:

- Healing a strategy to attract people to mega-church
- The theology and the teachings of mega-churches
- Implications and the impact for current healing practices in mega-churches
- Measures employed to address abuse of healing in mega-churches

#### **4.5.1 'Healing' a strategy to attract people to mega-church**

This study has revealed that mega-churches in Vhembe District attract and grow rapidly due to its strategies as indicated underneath:

- Mega-churches advertise healing services and prophetic healing ministry on newspaper, television and advertisement boards. Their advertisements call attention to the miracles and prophetic healing to be performed on the service of the day. In most instances, the advertisements further promise the attendees that they would meet with prophet from abroad referring to prophets from either Nigeria or Zimbabwe.
- Mega-churches further promise and claim extreme power of healing and prophetic healing ministry. The adverts further promise that the highly anointed man of God is anointed to deal with all forms of ailments including HIV, cancer, barrenness, bad debts and etc.

In the light of the aforesaid adverts and promises, the healing practices thereof become a basis of controversy due to lack of systematic evidence. During data collection period, the researcher had observed that most of the people were after miracles and healing in churches A, B and C. The astonishing influence is that even prominent, educated people are found to have joined mega-churches for healing and prophetic purposes and they adhere to the instructions of either and apostle, prophet or the pastor.

The searcher further observed that most of mega-churches healing services in Vhembe District are of similar in nature and practices. The researcher found that in most mega-church services, church leadership namely: Pastors, Prophets or Apostles were not part of the worship services. After sometimes or an hour has lapsed the Pastor or Prophet would enter the church service arena, escorted by body guards named 'team of protocol' to the forefront (Church A and C). Thus, the researcher noted that four of mega-church leaders

namely the prophets were of foreign nationality (Church B and C). Three of them were from Zimbabwe and one was noted to be of Nigerian nationality. Another three church leadership were South African hence they claimed to have visited the major prophets in Nigeria for impartations.

The program director will then call upon the pastor or the prophet to the podium and the Prophet or Pastor will start preaching. During the process of preaching, the Pastor or Prophet will haphazardly declare a prophetic message. Most of them deviate from the message that they had read from the bible and start to say: *“I am hearing God speaking”* after that, he will shout and ask the congregants, *“should I prophesy”* and the congregation will also shout *“prophesy the man of God”* (Church A, B, and C). From here on, the Pastor or Prophet will start moving around the pew, pointing some members telling them about their ill-health or problems. While doing that, the congregants shout on saying *“prophesy the man of God”* and the Pastor or Prophet would go on providing the congregants with healing prophesy.

What is strange is that in five mega-churches (Church A, B, and C) that the researcher visited, the researcher has observed also that the prophet or the pastor would tell a member in question about his sickness or private related matters in public domain without considering pastoral ethical principle of private and confidentiality. In all five mega-church that execute healing practices, their services are videotaped to be televised on special channels in the near future.

After prophesy, members who were nominated would be called to the fore and the prophet will lay hands on the sick for them to receive healing. The strategy used during praying for the sick was very unusual. The Pastor or the Prophet just tap the sick on the forehead and declared that it was “done”. Others will lay hand on the congregants and pray for them. In four mega-churches (Church A and C), the researcher observed congregants falling with their back immediately being tapped from the forehead or around the chest by the Pastor or the Prophet. In some instance other congregants started manifesting with demons. This manifestation makes the pastor or the prophet to start exorcising the demons against the members whom the demons manifested. In church A, B, and C) the researcher further, noted and observed the characteristic of ecstatic practices during the process of prophetic healing. What captured the researcher was the manifestation on mega-church members that is accompanied by act of crying, laughing, some roar like lion, others would bark like dogs while other members were crawling like snakes.

A number of participants claimed that unusual acts are signed of the presence and the power of the Holy Spirit in the church service. One of the participants expressed his feelings as follows:

*“When Holly Spirit works, one would be surprised as unusual things will be happening. In this church I have seen the power of God, people delivered and healed. What you see in this church is evidence that people are demon possessed and they need deliverance. This man of God is anointed as you saw it”.* (Participant in Church B)

The researcher further witnessed that Ass the prophet or the Apostle moves around, most of the congregants were dramatically falling from the chairs, others weeping, others jumping and shouting *“I receive, I receive”* and they further shouted *“prophesy man of God”* or *“go deeper man of God”*. In support of the said practices, Chitando and Biri (2016) point out that the men of God are charged with the mission of eliminating all forms of suffering and empowering the people of God to experience health and well-being. Such practices are grounded and argued on the viewpoint that in the post-Pentecostal church, the Apostles did many signs and wonders among the people (the signs of a true apostle, 2 Cor.12:12; Rom. 15:19), and the sick and those afflicted with unclean spirits were healed (Act 2:43; 3:6; 5:12-16). In contrast Mwale & Chita (2016) indicate that what has changed is its application, justification and how current healing is executed. Nevertheless, mega-churches as known as Pentecostal churches from their beginning at the turn of the century in the Holiness movements and Welsh revival of 1904, have always include the ‘ministry of divine healing’ as part of their teaching.

Another observation was done the time the researcher attended an all-night prayer at ministry A at Makwarela stadium next to Thohoyandou. The service started at 19h00 on Friday, March, 2017 and ended the following morning on Saturday, March 2017. The attendance was good. People arrived at the stadium with number of buses, taxis and private cars whereas others came barefoot. The researcher had established that the attendees were from various placed townships local villages and some were from Malamulele, Giyani and Makhado and Musina Municipalities. The stadium was full in capacity. The attendance comprised of male and female of mixed ages. As indicated above, the service started with worship songs led by the worship team and it took an hour before Pastor B ascended the stage. After an hour a female pastor came in escorted by her bodyguards and she ascended the stage. One of the escorts was carrying the bible for

the Pastor and he placed it on the podium. Pastor B, started preaching the word of God. In the middle of the preaching, some people, ladies and men of the mixed ages, started shouting and screaming, running around, others were vomiting things (items). Due to these unusual characters, Pastor B, started to deviate from her message and started casting out demons. As she was exorcising such demons, others revealed how they bewitch the attendee and at times they even link such witchcraft with other members of the family of the attendee.

Abogunrin in Adetunji (2010) makes similar observation by stating that people appear in their thousands in churches and crusade grounds (both Christians and non-Christians), not really looking for Christ or spiritual food, but for healing and miracles. Healing has actually become the real thing or the most current issue in African Christianity today. It was at this all-night prayer whereby the researcher further witnessed strange happenings such as blend of spiritual power taking place. As some people were falling and other rolling on the ground, Pastor B claimed that, the night was a night of bliss. Pastor B could proclaim prophetic healing to some attendees. Attendees were also promised that their current situation will never be the same as long as they have come to “this service” (expressed by Pastor B). As she pronounced healing to the attendees, she would wiggle her right hand towards the attendees or congregation and shouted ‘fire, fire, fire of the Holy Ghost’. After having said ‘fire’ the immediate reaction follows as other congregants fell at their back, others started crying, others would jump as others attempted to run away while others claimed to be burnished with fire.

After the observational phase, which is phase one, the researcher went to phase two and consult with participants whom the researcher identified during a given healing church services. Subsequently, the researcher further went out to interview some of participants to determine how they understand current healing practices in their churches (mega-churches).

The researcher had also visited one of the emerging mega-church at one of the villages of Nzhelele under Makhado Municipality. The church in question is led by the church leader with the title of Apostle. This leader alleges that he is the survivor of Nigerian Church tragedy that took place on September 2005 in Nigeria whereby a number of South African lost their lives while visiting the great Nigerian Prophet Church for prophetic and healing purposes. In other words, the Apostle (A) is one of the people who survived the collapse of the Nigeria Church in the year. Apostle A emerged after the collapse with a resounding

testimony. During face-to-face interview with Apostle A, he claims that he preaches the word of God and all people who come to his church go back to their homes or houses healed from different illness and problems.

*“World had arrived at a point where people needed to hear pastors preaching message of hope, healing the nation and love, not condemnations”. (Participant in Church B)*

However, Apostle A preaching emphasizes that God is the healer and a provider of wealth to the believers. At this point, he claims that some church members said that they were healed from HIV and AIDS after he had laid hands on them for prayer. He claims (Apostle) to have a gift to heal all kinds of sicknesses, from cancer, asthma, leprosy and eye problems including HIV and AIDS. People flock to his ministry for healing and people indeed are healed. He further claimed to have been imparted the power of healing by his ‘spiritual father’ in Nigeria. This claim is in line with what Share in (Chitando: 2013) remarked that some pastors were helped by a traditional healer to acquire power in order to perform miracles.

#### **4.6 THE THEOLOGY AND TEACHING OF THE MEGA-CHURCHES**

The mega-church theology is however grounded on prophetic, healing and social experience and influences. The teachings thereof are grounded on individual needs as scriptural based. From the said viewpoint, healing and prophecy are the major instruments used by mega-churches to attract people in particular the Afro-Christians community. Thus, the mega-church theology and the teachings is mostly based on God who heals all ailments including HIV, cancer and other related chronic illness through prophets and Apostles. Their emphasis is that faith is the core instrument to receive healing from heavenly Father. Researcher had learnt that the prophet or preacher would read from the scriptures that are related to healing and prophecy to ground the healing service.

In the light of the above theological and biblical interpretation, mega-churches in Vhembe district employ typologies of healing prophetic healing to address its members on different angles of spiritual and social life. It is vital to point out that the biblical teachings by mega-churches in Vhembe District emphasized the gospel of prosperity, healings and typology of prophesy. As indicated above, their emphasis during preaching or teaching is that people need deliverance to be freed from all kinds of sicknesses, evil spirits and poverty.

Their hermeneutical interpretation is that, a person is ill in three aspects of life and that are spiritual, social and physical. On the basis of this viewpoint, the mega-church spiritual leadership (Pastors, prophets and apostles) teaches and promise any participant or congregants in their church service a deliverance from any type of sickness, poverty and also deliverance from financial constraints. On the basis of the aforesaid theological and biblical teachings that aim at self-enrichment, the teaching about repentance from sins or spiritual salvation appears to be minimal. After such teachings or sermons about prosperity, healing and deliverance from spiritual attacks, a number of participants would flock to fore to be prayed for by the prophet or pastor in question.

## **4.7 IMPLICATIONS FOR CURRENT HEALING PRACTICES IN MEGA-CHURCHES**

A number of issues surfaced from literature, hence were also emerged during observations and (face to face) interviews. The issue of integrating western and African healing practices is relatively a dialogue.

Most of the Pastors, Prophets, and Apostle advertised on posters that they can heal any person who suffers from any kind of illness. The posters and media advertisements appeal to all who suffer from physical sickness, psychological problem, financial problems or any manner of illness to come to the service in question in order to receive his or her healing, deliverance or miracle of some kind. Majority of participants stated that some were prayed for and not healed.

### **4.7.1 Salvation for sale**

The teachings, theological application and healing practices for mega-churches are very complex in the sense that are beneficial and are also materialistic based. In most cases; mega-church leadership claim to be able to treat patients who are tormented by any manner of sickness including chronic illness and barrenness. There is more than meet the eye in the advertisements on healing. Healing processes are utilised as instrument for economic and patients are told that if they want to get healed, they have to book for the so-called one-to-one consultation with the prophet or the pastor or the Apostle. The patient would be told how much to pay in order to be prayed for by the church leader. During a face to face interview, some participants from different mega-churches confide that in order to see or meet with the Prophet or Apostle for healing miracle in their church, they have to pay not less than R5000.00. However, this study determined that around

Makhado town, another prophet from Zimbabwe charges R300.00 per private face-to-face prophetic prayer session.

Apart from prayer that the patient receive from healing services, they are also told to buy litres of water, oil and other related fetishes for healing purposes. In three mega-churches that I visited, I observed and learnt that 5 litres of water cost R150.00 to the patient. A small size of oil container cost R100.00 to the patient. Fetishes with pastor's image are R50.00 per sticker. This is in collaboration with the findings of Chitando (2013) in his study as he postulated that prophets sell fetishes like cloths to their congregants who utilized them as healing and protective charms. In support of what Chitando (2013) postulated, some participants that I had managed to interview claimed that they believe that most of the members who buy such items and water have faith that there is a special power of healing miracle in those items. Some of the said participants further confide that they too bought the holy water and they have experienced healing miracles since the use of such water. DIFAM report (1990: 36,37) points out that "the church is challenged to attack the issues of individualism and materialism ... and to build healing communities, not only among themselves but also outside their congregations, taking always the preferential options to serve the least of our brothers and sisters". The report further questioned how can those of us whose wholeness has been impaired by individualism learn from them so that our healing community can be restored?

#### **4.8 THE IMPACT OF CURRENT HEALING PRACTICES IN MEGA-CHURCHES**

Current healing practices in mega-churches have elements of negative impact on members, families and community. Prophets and pastors that claim to be anointed to perform miracles and healing the sick discourage members from taking medications as per prescriptions from their medical practitioners. The believers in some mega-churches are empowered through fetishes to overcome all odds and misfortunes of life.

Most of these mega-church members are not Christocentric rather they are prophet-centric. They believe much on prophetic gift and healing. Besides these, some members still value their African traditional practices in relation to healing even after they have been converted into Christian religion.

In one of the mega-church that the researcher visited around Makhado municipality, a lady was prophesied to be HIV and the pastor prayed for her. After the prayer for healing the

pastor proclaimed that the sick will recover but she must go on taking the doctors medication as prescribed. In other mega-church, the researcher observed that the prophet or pastor would pray for the sick, other sick people had medical sockets around their waist. It was further observed that during the process, the pastor or prophet had to unclip and remove the medical socket from the sick person as the healer claimed that the sick is instantly healed.

At Nzhelele village was a lady who was a victim of car accident and she took years and months under the care of Intensive Care Unit. Due to the said incident, the lady was totally disabled, she took years without moving the body and her speech was lost (impaired). The medical practitioners and specialist attempted to assist her medically and as she was taking medical treatment, she became a bit well. She even learnt to walk and her speech was developing well. It happened that the family read and was told of the prophet who is highly anointed and claim to heal all ailments of sufferings from people. The lady was carried to the tent service and during the prayer for the sick; she was taken to the fore by the family members. During the process of praying for the sick, the prophet laid hands on her and she was then told or forced to stand-up by faith and walk by faith. The sick and disabled lady attempted to comply with instruction of the pastor, she stood up and then she excruciatingly fell on the floor and her condition worsened. The whole medical treatment which was administered on her has since lapsed because of the fall.

The impact is also seen and experienced on the family of the victim of a sick person who is prophesied or delivered to have been bewitched by one of the family members. This type of prophesy promotes animosities within the family. On the basis of the said unprofessionalism by the prophet, one of the participants made mentioned that he once fought with the whole family after having prayed for by the prophet who revealed that her sickness is caused by his aunt who bewitched her while still young. Participant in quest indicated that their relationship has so far collapsed and is sour.

The impact is also surface when members of the community protest against the practices of healing on the church leadership in question who abused the young lady sexually so.

The impact of healing practices is also perpetuated by the wide gap between police and community members including church participants (individuals).

#### **4.8.1 MEASURES EMPLOYED TO ADDRESS ABUES OF HEALING IN MEGA-CHURCHES**

There are various methods implemented by different government entities, and communities to address and reduce abuse system prevalent within some mega-church utilised to abuse members of communities and church congregants through healing practices.

Thus, it needs to be pointed out that some of the methods failed to curb and reduce such healing abuse practices. The CRL Rights Commission has launched an investigative strategy to probe on exploitation of vulnerable people by mega-church leadership.

A national call is underway to prevent church leaders from abusive church practices such as making congregants drink petrol, eat snakes, feed members with grass, lock people in the deep freezer and driving vehicle over people.

#### **4.9 CONCLUSION**

In this chapter, research paradigm, data analysis strategy, including procedures, data credibility aspects, outcomes of the study, and discussion of the study have been presented. Findings from this study have been found to be consistent. Furthermore, demographic data based on the subject matter have been explored. The research design for this study was based on the philosophy of Interpretative Phenomenal Analysis to interpret and analyse qualitative data. In the next chapter, the implications of the findings on current healing practices by some mega-churches will be deliberated upon. The limitation of this study will also be presented.

## CHAPTER 5

# OVERVIEW AND SUMMARY OF THE STUDY FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

### 5.1 OVERVIEW OF THE STUDY

The main purpose of this study was to investigate and analyse current healing practices based on selected mega-churches in Vhembe District of Limpopo Province. This chapter will provide an assessment of researcher's work contribution with personal perception and analysis. Results will be deduced in light of aforementioned research findings in the field of current healing practices on selected mega-churches in Vhembe District of Limpopo Province. Recommendations for further study will be discussed. This chapter will further outline a summary and discussions of outcomes with conclusion in association to the field literature, limitations and recommendations for further studies and implementations.

The chapters were outlined as follows:

**Chapter 1:** This chapter covered orientation of the study, background of the study, statement of problem, purpose of the study, research questions, and the definition of the study, data collecting procedures, data analysis and interpretation.

**Chapter 2:** This chapter focused on literature review on study of current healing practices based on selected mega-churches and African traditional religion. The review further undertook a study based on theoretical framework in order to reflect on aspects of healing practices from both scholars and the world point of views.

**Chapter 3:** On chapter three, the study discussed the empirical research aspects including research design and methodology whereby qualitative research designs were applied.

**Chapter 4:** This chapter focused on data analysis and interpretation of the findings.

**Chapter 5:** Chapter five focused on conclusions, outline limitations of the study, summary and recommendations for further research.

## **5.2 SUMMARY OF RESEARCH FINDINGS**

### **5.2.1 Main findings based on interviews and observation.**

The researcher's findings demonstrate mixed findings that embrace indigenous healing practices in the selected mega-churches in Vhembe District of Limpopo Province. Major findings were discussed as categorized in this study as follows:

#### **5.2.1.1 Healing as the main instrument to attract members to join mega-church.**

Healing is the main practice in most of mega-churches as is accompanied by both wonders and miracles. The study determined that 'healing' in some mega-churches in Vhembe District is a cultural phenomenon. On the basis of the said practice, most of mega-church healers (Apostle, Prophets or Pastors) claim to possess powers to heal all illness.

Healing as a phenomena, commands a massive volume of influence on people across the continent, countrywide, the province of Limpopo as well as Vhembe District Municipality the district under scrutiny in this research. However, current healing practices are phenomenal practices in most of the mega-churches of the Vhembe District of Limpopo Provinces. The concept of healing is purported to respond towards contextual needs of people in order to advance their spiritual, social and physical aspects. This provides a notion that the practice should be holistic in nature as it is not only aiming at healing people from physical conditions, but rather point at solving individuals related problems that affect their daily lives and wellbeing. Thus, the study found that both healing and exorcism are the centre of rituals in the mega-church services of Vhembe District.

On the basis of the said findings, the researcher determined that miracles, healing, exorcism and prophetic practices are the main elements that attract people to join mega-churches in the Vhembe District. Most of the people are really after healing, miracles and prophecy. The researcher further observed that during healing services, the sick people are heard and claimed to be healed. Those who suffer from chronic illnesses, like cancer, HIV and Aids, spinal cord problems and other related diseases claim to be completely healed with no validations from medical practitioners. Such practices are in contrary to how Jesus Christ approach healing to community. After having performed healing to an

individual, Jesus would refer the patient to the experts for validation and the said referral was vital to proof and declare that indeed a person is healed.

Prophetic healing, miracles and physical healings are basically valued in mega-churches than preaching the Word of God. Spiritual leadership of the mainline churches have criticized these current healing practices by mega-churches and portrayed them as untrue and detrimental to society.

The researcher further found that prophetic healing has become a theme in mega-church to address the challenges experienced by individuals in various aspects of spiritual and social dimensions. Thus, prophetic healing practices promote division and hostility between people and this is created by the prophetic utterances by prophets and apostles that deem to be harmful.

Majority of people attending to this healing services in mega-churches live under poverty datum line, are unemployed, and some of them depend on SASSA grants. Thus, prophetic practices and rituals are purported to address both physical and social problems of the congregants, hence the vulnerable members are abused and suffer social and psychological repercussions.

### **5.2.1.2 Healing as a liturgical phenomenon in mega-church**

The study further reveals that healing practices as a cultural phenomenon in mega-churches, embrace mostly prophecy and casting out demons from individuals so-called healers. Promises of instant prosperity, to readdress social and economic problems, healing the sick and disabled people, and economic promotion of prophetic healing ministry are the main attraction that web congregants to these practises. The above-mentioned practices have become an integral part of church services as it forms part of liturgical order in most mega-churches in Vhembe District. The researcher observed that methods of healing in these churches include inter alia, laying on of hands, healing from distance, healing through the word fronting with calling the name Jesus and exorcism of the demons.

### **5.2.1.3 Controversy around current healing practices**

The study has determined that current healing practices provided a fame status to the healers in mega-churches as they are classified with different titles ranging from Man of God, Prophets, Apostles and others are even called Papa.

As indicated above, majority of the participants were found to have joined the mega-churches around Vhembe District because they had spiritual, socio-economic and physical problems. Participants in healing services that were diagnosed with chronic diseases by their medical practitioners are proclaimed to be healed and as a results are ordered to discontinue with their medical treatments by their spiritual healers. Thus, the relevancies of such orders and practices appear to be a challenge to the department of Health and Social Development as there are no validation processes taking place from the medical practitioners.

The study also found that some of the prophets, apostles and pastors seem to take an advantage of the healing seekers particularly those who appear to be vulnerable spiritually, physically and psychologically by promising them instant healings and deliverance to them. For members who do not recover they suffer spiritually and are psychologically tormented. The claim contradict with the excerpt from other participants who pointed out that they have been healed whereas they too were in healing services for sometimes but nothing happened to them. Consequently they start to question the claim of instant healing of the sick people by some prophets and apostles.

Current healing practices inspired a number of people towards living a life committed to the healing ministries. Most of them spend most of their times in healing church services. Healing advertisements are placed on notice and billboards inviting people for healing miracles services and the study found that the culprits for exploitations are mostly the unemployed youth, young women and elderly people. Such situation has led to some chronic illness patients to lapse from their medical treatment and ultimately complicating their medical status.

### **5.2.1.4 Belief system around current healing practices**

The manner, in which people attend to mega-church healing services in Vhembe district, is evident that majority believe in the existence of witchcraft and ailments and that some of these ailments are caused and attributed to supernatural forces.

In view of the above findings, miraculous healing and belief system among the mega-church members can be pronounced by several diverse but interrelated dimensions: members believe more on miraculous and prophetic church leaders namely prophets, pastors, apostles, they also believe on exclusive belief system, and healing practices that are performed exclusively by those leaders. There is a notion that demons are believed to be causing misfortunes, disasters and sicknesses to some members. Based on the said viewpoint, this study has found that the concept of healing as practised in mega-church covers the following areas, namely; exorcism, physical, spiritual and healing from poverty.

Pastors, apostles, and prophets who are imparted with the gift of healing and prophetic and miracle practices, are highly honoured and enjoy special status as well as respect. Majority of mega-church leadership are found to have visited well known Nigerian prophets either in Pretoria or Nigeria for impartation.

The said mega-church leadership have built up a notion that Prophet X or Z of Nigerian nationality is their “spiritual fathers”. It needs to be mentioned that these association of the mega-church leadership with the said prophets in Nigeria has placed the leadership into an advantage stage, since members of the church perceive them as most highly anointed for healing gift. Today, such leadership claims to be the solution of all problems including health related issues which are the cure of cancer, HIV/AIDS etc. These claims and beliefs draw multitude of people to mega-church for healing and miracles.

The researcher has observed and upheld that mega-church leadership argues that healing practices and prophetic healing are both rooted from scriptures (1 Corinthians 12:9, 30, Matthews 8:1) and are phenomenal in their services. Their argument is that they are trying to close the gap of healing and prophesy as left and ignored by the mainline churches like: Lutheran Church, Anglican, Presbyterian Churches and others.

#### **5.2.1.5 Mainline churches and theological gaps on healing practices**

The researcher discovered that the mainline churches like Lutheran Church, Anglican Church, Roman Catholic Church and others in Vhembe District have not yet generated a space in their liturgy to accommodate healing as one of the need of their congregants and this amount to spiritual ignorance. Based on the abovementioned findings, most of the members of mainline churches attend the services in their churches (mainline) and afterwards, they go out and attend mega-church services for or in attempt to search for healing.

The researcher further found that the teachings and theology in mega-churches embrace healing miracles and articulation of prophecy. However, one of the basic teaching in those churches is God uses his people to perform miracles including healing. This study established that theological training and education have no effect on the healing practices and this reflects the belief system of mega-church members and leadership as a whole. During data analysis the importance of pastoral counselling emerged as it has been ignored by mega-churches leadership.

In this study, the researcher also find that some members who are educated appears to have exclusive views about the source of healing, some educated people in mega-churches hold the view that God is the healer and that God empowered his servants to heal his people. Thus, education makes some people to be more uncertain of those who claim to have a healing power.

#### **5.2.1.6 IKS and application of healing praxis**

The outcomes of this study reveal a number of implications regarding integration of African traditional healing or Indigenous healing, biomedical and faith healing practices. There is a notion that most of African believers still depend on and belief seriously that the western method of healing is holy and religious. From the response on interviews conducted, majority of participants rejected the existence of African traditional healing models and as a result, they are of the views that African traditional healing practices should be completely discarded. During the analysis of the data of this study it has emerged that the western opinion has raised a conflict within Afro-Christians with regard to healing as a cultural phenomenon. Some of African people were found to have mixed perceptions and feelings regarding current healing practices in mega-church. The researcher determined that most of participants employ both Western and African methods of healings to regain recovery and wellbeing holistically. In support of this cultural approach, most of the participants and members of mega-churches in Vhembe District are Afro-Christians that report to their spiritual world and as a result they rely and put their faith more on fetishes like 'anointed oil, anointed water, bangles etc. for their personal protection. Majority of members hold the viewpoint that by applying such fetishes they are immune from various illness and misfortunes. It needs to be pointed out that the use of fetishes like wearing of bangles on the hands originated from Indigenous Knowledge System (IKS) as is all about employing the indigenous belief system, knowledge and practices from indigenous people to execute healing practices in the past for today. Some IKS practices of healing may be

easier to execute for the survival of individuals within the community and this will enable to close the gap for spiritual dimension.

The researcher also found that very few, Afro-Christians in Vhembe District still utilize indigenous healing theories to heal and cure some of the illnesses and ailments within their families and community. Mega-churches indirectly employ indigenous healing models that substitute African healing practices to Africans.

The researcher further found that some members who believe in current healing practices and prophetic healing are therefore associated with religious customs and African practices in general. This group is found to be on higher levels of religiosity.

The study has employed significant three streams of healing practices which are: spiritual healing praxis, African traditional healing praxis and biomedical healing praxis. Thus; these healing praxis are relevant to Afrocentric people since they offer an opportunity to individuals to have an alternative choice of healing typology.

The application of indigenous knowledge system plays an important role in making healing practices and its rituals within Vhembe district holistic and contributes to it being accepted by various nationalities. The approach addresses the discourses within indigenous knowledge and closes the gap of spiritual healing practices within African culture and further clear a dilemma of the Western healing approach within the Afrocentric people.

The study also found that healing has become a nascent mega-church industry, with healing pastors crisscrossing the South African borders in mega-events. It is sometimes referred to as champions of healing while South Africans become the victims of abuse and criminality. On the basis of this viewpoint, South African people in particular the Afro-Christians of Vhembe District are open to manipulation by emerging mega-church leadership. Special television channels installed for live healing services and testimonies proclaimed with intent to attract healing and miracles seekers.

#### **5.2.1.7 Theological aspects that attract members to mega-church**

The study has found that mega-churches in Vhembe district are winning members from mainline churches and other areas of social life due to their healing services. Most of pastors, prophets and apostles proclaim pragmatic gospel that attract members as they promise immediate healing, recovery from tribulations, benefits of prosperity to members.

In this perspective, they attempt to address the congregants' needs such as executing healing, promising congregants who are unemployed employments through prayer, casting demons that are alleged to hinder the progress and cause ill-health to people. Hence this mega-church approach appears to be more relevant and it attracts more of members from different spheres of life.

Healing strategy that is been employed by mega-church leadership appears to be responding to the African culture in a way that healing practices do meditate and responds to Afro-Christian needs. On the basis of the said perspective, the methodology of relative theology can be understood as faith reflecting on the motion of Afro-Christian within the Vhembe District.

Some participants indicated that some mega-church leadership in particular, Prophets and Apostles in Vhembe District forbid their congregants to make use of traditional and western medicine, however they advise their member to solely depend upon the power of God and to attend their miracle and healing services.

The study found that mega-churches' teachings and theologies are however socio-economic based. In most services they preach that a person has to plant a seed so that he or she could receive whatever a person is in need of from God including healing. Subsequently, for pastors, apostles or prophets of the mega-churches to offer prayer to the needy, they encourage what is called face to face consultation or one-on-one consultation, in which a person concern has to pay a fixed amount in order for him or her to receive prayer of healing, deliverance or prayer of prosperity.

This study further pointed out that any member who does not have a fixed amount to pay the pastor or the prophet, goes back home without having been prayed for or assisted. In other words, "salvation" has been commercialized on the basis of one-on-one consultation. These practices are done in terms of personal advancement in all spheres of life, in particular for socio-economic achievement.

#### **5.2.1.8 Healing for sale**

The study established that salvation in some mega-churches in Vhembe District is for sale. This was determined by the point that healing faith tools like bottles of anointed water, anointed oils, and faith bangles are for sale in some mega-churches. Findings revealed further that most of the members and attendees of mega-church healing services are

encouraged to buy such fetishes. Data collected through interviews indicates that majority of members are of the view and believe that those related faith tools have power to heal, to protect from whatever evils and to bring good determinations to a person or family in question. There is a notion by the church leadership of the mega-churches in Vhembe District that any people that utilize the tools of faith is immune from illness, tribulations, and other related ailments. Thus, this practice depicts and provides evidence that healing in some mega-churches is indeed for sale and the practice is against the holy scripture. Such practices were also criticized by other researchers that mega-churches look like shopping malls in their comprehensive range of consumer-driven ministerial offerings.

### **5.2.1.9 Abuse to members**

The findings of this study reveal that most of people in particular the vulnerable people or members are open up to be manipulated and exploitation in some mega-churches of the Vhembe District of Limpopo Province. Culprits have been found to be respected people within the spiritual community including but not limited to church leadership. Most of participants have disclosed their experience of abuse during church service in an unprecedented manner. It surfaced that in other instances, members are even forced to do what may be regarded as abusive, during healing sessions like pastor or prophet putting or laying their hands to the sick person, other members falling on the floor without the pastor or prophet concern that such falling of the members could lead to medical implications.

At one instance a lady fell in front of other congregants and found herself semi-naked. Some participants pointed out that they found such practices to be abusive and tantamount to a pastor who gave the congregants petrol to drink, instruct them to eat grass, snakes, and rats. Those who are not healed when prayed for by a prophet or apostle or pastor are accused of having no faith. At times others are told to be possessed by demonic spirits. It needs to be mentioned that such treatments and utterances tantamount to both psychological and spiritual abuse.

The question is raised about those who seems not healed during church healing service, do they remain ill because God has failed and unable to heal the sick of their calibre? Within the mega-churches there is a notion that support of some theologians who argue that failure to heal is due to lack of faith. In contrast, others would strongly deny the said viewpoint, but would still blame human rather than God for any failure to be heal. On the basis of the said findings, the results of this study indicate the prevalence and impact of

individual abuse during healing services of the mega-churches in the Vhembe District. The spiritual and physical exploitation of members in some mega-churches manifest in several forms and that raise a concern even from other spiritual and governmental entities. The prevention strategies to combat challenges in current healing practices have not yet taken a shape.

#### **5.2.1.10 Lack of ethical conduct**

There is a lack of both confidentiality and privacy in mega-churches since their healing ministry has no limitation during execution as some of their services are broadcasted for public opinions. In various instance it has been established that the pastor, apostle or the prophet will disclose the sickness of the member in public and such practices amount to abuse and breach of South African constitution that entrenched the “Right to Privacy”. Further, in terms of chapter five of the Constitution under human rights, health status of individual should be treated confidentially and should remain a private matter.

#### **5.2.1.11 Integration of the belief system**

The key challenge that faces both the mainline churches and mega-churches is how to integrate their Christian belief system with African culture and practices. There is no objection that the ministry of healing should be contextualized as a means of reformation, but the problem is the misunderstanding and rejection of African religious practices by most of the Christian communities. This perspective is in dialogue as to what constitute holistic healing to humanity if African tradition and indigenous knowledge system are undermined and excluded by the Afro-Christians within the context of African-Christian healing perspective. In order to recognize the arbitrating atmosphere of culture in Christian healing praxis the participants require the same technique of cultural exploration. This will include the framework where the praxis exists and the Christian community whose praxis is executed.

The study also find that fraudulent acts exist through healing practices and are on high rate and the poor and vulnerable people are at stake of abuse and manipulation. As a result, foreigners are besieging Vhembe district and claim to be prophets and apostles with special gift of healing and prophesy whereas their acts point out elements of criminality..

Some Prophets, Apostles and Pastors in some mega-churches appear to be misleading congregates in advising the congregants to disregard the medical prescriptions after

healing prayers. On the basis of the said complex decisions, healing is thus regarded as the activity to serve as a means to an end and not to regard other means to end the means.

The study also found that church leaders in mega-churches do not consider referral approach as other means to assist members to advance other means of healing. It should be borne in mind that some medical practitioners and other health practitioners does not only treat the illnesses that the patient presented with, but need to understand it holistically and thereafter prefer to refer a patient to other healing practitioners. Referral means the healers understand the limitation within their operational scope.

### **5.3 LIMITATION OF THE STUDY**

This study has limitations in a sense that was conducted within the Vhembe District of Limpopo Province amongst six selected mega-churches. This study has considered its aims and objectives. The data was collected from the members and leadership of both mega-churches and mainline churches. Therefore, the overview of the entire study discoveries is limited.

### **5.4 RECOMMENDATIONS OF THE STUDY**

- For mainline churches to endure as a sustainable church that can grow and remain relevant to the society they serve, it must give full recognition to faith healing in their liturgy and other pastoral activities. This will enable it to address the needs of its congregants or members. The emphasis on healing must be projected as that of preaching, teaching and administering sacraments in their services.
- The mega-churches in the Vhembe District should consider healing as a cultural phenomenal, such that the healers should be able to encourage its members to seek healing treatment even from both medical practitioners and indigenous healers if need be. It is further recommended that mega-church services in Vhembe District should be linked to the salvation of humanity in which medical and indigenous healing praxis have a role to play in healing an individual holistically. This implies that in order for mega-church to address healing from holistic perspective, the church should consider other semiotic domains of healing models namely: Western medical model; indigenous healing model; psychological model and the medieval model in order to strengthen their believe system on current healing practices and prophetic healing model.

- Pastoral care and counselling should be considered by mega-churches leadership as part of healing instruments and praxis.
- Mega-church leadership (pastors, prophets, and apostles) should also consider referral approach as a means to advance the healing process to their members.
- Taking abuse seriously requires professional interference, counselling for the victim as an entire person. On the basis of that, South African Council of Churches and other religious commissions should monitor the services of the churches and provide policy guidelines that will curb exploitations of the members exclusively.
- Most of the people have claimed to have been healed from various sickness including chronic diseases during healing prayer sessions in mega-churches, it is further recommended that claimants should go to medical practitioners for assessment and validation before they can discontinue with their medical treatments.

## **5.5 RECOMMENDATIONS FOR FURTHER STUDY**

This study has set a foundation by investigating and analysing current healing practices on selected mega-church in the Vhembe District of Limpopo Province for other researchers to carry out similar research in future, particularly on alleged abuse of congregants in other areas. The government could do so by commissioning a nationwide research team that could include South African Council of Churches and the CRL Rights Commission. This will qualify researchers to have a better viewpoint when arguing upon or against current healing practices and abuse of members thereof.

Further studies should also be conducted on how to engage Afro-Christians healers to consider and balance biomedical and indigenous healing models as part of their healing praxis instruments. This type of research should be supported by Medical Research Council, Health Professional Council of South Africa and the South African constitution and other health related entities. Thus, the study can also be conducted by including patients who complied with current healing practices in mega-churches and are not healed.

## **5.6 CONCLUSION**

Mixed findings with regard to healing suggest that healing in mega-church is a cultural phenomenon. The application and the use of tools of faith healing substantiate the viewpoint that healing is both a traditional and cultural practices. Thus, theological

teachings and approach that disregard African religious healing practices is misleading and is a concern to some theologians and church leadership as well as the African communities. Every member should be given respect, privacy and human dignity in line with the South African Constitution. Most people, particularly vulnerable people or mega-churches members have subjected themselves to be manipulated by their church leaders. Most of them are even forced to do what is perceived as abusive, during healing sessions.

From the literature review and the findings from participants, the researcher concludes that healing in Vhembe District is used as a means to address individual socio-economic aspects. This perspective is supported by the evidence that shows that fraudulent acts exist through healing practices and are escalating and continuing to exploit poor and vulnerable people. The practice of selling of 'faith healing tools' in some mega-churches; is evidence that salvation is commercialized. These practices are done for personal advancement of the church leaders.

The referral viewpoint of members to other healing entities is material. Some spiritual healers, church leaders and medical practitioners support that there are some of illnesses that need the attention of indigenous healers and other modern healing practices expertise. In this regard, the modern healing practitioners that embrace the Western medicine can learn most of healing praxis and how some illnesses are treated culturally from the African healers.

## CHAPTER 6

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## 7 Appendixes

### ANNEXURE A:

**To: University of Venda**  
**Research and Innovation**  
**Office of the Director**  
**Research Ethics Committee**

**From: Mabuza L.S**

**Student Number: 16023525**

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY IN VHEMBE DISTRICT OF  
THE LIMPOPO PROVINCE.**

The above matter has reference.

I am currently registered with University of Venda for Master Degree in African Studies. The research topic is entitled: An Analysis of Current Healing Practices based on Selected Mega-Churches in Vhembe District of the Limpopo Province.

The Supervisor for the said research study is Professor Masoga. M.A. and Co-Supervisor is Dr A.L Shokane.

Based on the aforesaid information, I hereby request for permission to conduct research study in the Vhembe District of the Limpopo Province and I am willing to comply with the policy of the Research Ethics as outlined by the University of Venda.

Regards

Rev. L.S Mabuza

## ANNEXURE B

**RESEARCH AND INNOVATION**

**OFFICE OF THE DIRECTOR**

**NAME OF RESEARCHER/INVESTIGATOR:**

**Rev LS Mabuza**

**Student No:**

**16023525**

**PROJECT TITLE: An analysis on current healing practices based on selected Mega-churches in Vhembe District of the Limpopo Province.**

**PROJECT NO: SHSS/16/AS/10/0102**

**SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS**

**NAME INSTITUTION & DEPARTMENT ROLE**

**Prof MA Masoga University of Venda Supervisor**

**Dr AL Shokane University of Venda Co- Supervisor**

**Rev LS Mabuza University of Venda Investigator - Student**

**ISSUED BY:**

**UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE**

**Date Considered: February 2017**

**Decision by Ethical Clearance Committee Granted**

**Signature of Chairperson of the Committee:**

**Name of the Chairperson of the Committee: Prof. G.E. Ekosse**

**UNIVERSITY OF VENDA**

**11**

**0**

**DIRECTOR**

**RESEARCH AND INNOVATION**

**2017 -02- 01**

**Private Bag XSOSO**

**Thohoyandou 0950**

**University of Venda**

**PRIVATE BAG X5050, THOHOYANDOU, 09501, LIMPOPO PROVINCD, SOUTH AFRICA**

**TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060**

*"A quality driven financially sustainable, rural-based Comprehensive University"*

## Annexure C:

### CONSENT LETTER

Date:.....

**Dear Research Participant**

#### CONSENT LETTER

I am Theology Student in the Department of African Studies at the University of Venda. I hereby inform you that, I am conducting a research study around the Vhembe community. The research forms part of the requirement for the student's Master's Degree in Theology. The University Higher Degrees Committee has approved the research. The University's ethics policy will be adhered to when conducting this research.

The proposed study is titled: An analysis of current healing practices based on selected mega-churches in the Vhembe District of Limpopo Province. It is hereby guaranteed that whatever information will be provided will be treated with confidentiality and anonymity.

The study will contribute scientific knowledge on theoretical guidelines healing practices.

The research is being supervised by Professor MA Masoga of the School of Human and Social Sciences, University of Venda, and his contact details are as follows: Email: [Alpheus.masoga@univen.ac.za](mailto:Alpheus.masoga@univen.ac.za) and the telephone number is (015) 962 8496.

Yours faithfully,

Rev L.S Mabuza

Master's candidate, University of Venda, Student no: 16023525

Tel: 079 1330 682, Email: [lmabuza@sacms.com](mailto:lmabuza@sacms.com)

Your participation is voluntary; you may decline to participate in this research without prejudice. If you are willing to participate, you may even withdraw at any time should you feel so without any repercussions. You are also free not to answer any question that you might feel do not seat well with you. Should you withdraw before the data is completed, kindly note that your data will be destroyed.

I have read and understand the aforesaid information and I was also issued with the copy of this form. I therefore give consent to participate in this research study.

**Participant's signature:** ..... **Date:** .....

**Investigator's signature:** ..... **Date:** .....

## Annexure D

### Interview Guide: Face-to-face interview

#### **An Analysis on current healing practices based on selected mega-churches of Vhembe District of Limpopo Province.**

As indicated from the review of the consent form, the general focus of this interview is based on your experience and views on current healing practices in your church. I am interested in hearing what is your viewpoints on current healing practices. In this interview, I will start by asking you general questions in particular your biographic information and from there I will ask questions to probe your experience regarding the aforesaid healing matters.

**Category A participants were asked to answer the following main questions as guided by the study:**

1. Would you mind telling me about yourself, your age, where you come from, your work, academic qualifications?
2. As a member of this church, may you please share with me your experience during church service in general (teaching that you acquire from the preacher).
3. What is your understanding of healing?
4. Just tell me what compelled you to go for healing prayer and what did you experience thereof?
5. Since you have been prayed for, do you prefer to consult with medical practitioners or traditional healers except that you attend this church service for healing purposes?
6. What is your view about Medical Practitioners and the utilization of medical treatments when one is sick as a Christian?
7. What do you say about African Traditional healers and those who use traditional medicine?
8. Some members are buying sort of fetishes like holy water, anointed oil, salts and candle lights, bangles, etc. what are those fetishes for?

**Category B participants were asked to answer the following main questions as guided by the study:**

1. May you please share with me, you are the spiritual leader of this church what prompted you to start this church and how old is the church?
2. Healing is a critical practices today in many churches, may you please tell me how do you execute healing to the members of your church and what is your experience thereof?

3. During prophetic session, you pointed some members as tell them about their ill-health problem and you even prayed for them. What is your view about Medical Practitioners and the utilization of medical treatments when one of your member is sick?
4. Some members are buying sort of fetishes, what are those fetishes for?
5. The practice in this church appears to be Zion Apostolic or ZCC related when coming to healing practices, what is your view in this aspect?

**Category C participants were asked to respond on the following three main questions:**

1. As a member of the mainline churches, how do your church view healing?
2. What is your view about current healing practices that is taking place in most of mega-churches in Vhembe district (especially newly established Pentecostal and charismatic churches)?
3. Do you believe that healing does exist, and what is your view on that?

Thanks very much, we have now come to the end of our interview session; I would like to thank you once more for having participated in this project of research. Once more I would like to reiterate that and assure you that the information that you provided will be treated with respect, confidentiality, anonymous and for this reason you are protected.