

African Christianity and healing: Implications for pastoral care



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The rapid rise of Christianity in the developing world, and specifically in Africa, has asked renewed questions about pastoral theology and pastoral care. The African worldview, as a possible explanation for the increase in Christianity, is one of the most cited reasons for this growth. Pentecostalism and the Charismatic movement are referred to as 'new' Christianity. The new Christianity is influenced by the practices and characteristics of the African worldview. Wholistic healing derives from the African worldview perspective that reduces the dichotomy between spiritual and science, or spirit and body. This approach to healing, differs from the Western worldview that approaches healing from a biomedical perspective. The disparity in worldviews and subsequent different approaches to healing, are assessed against the backdrop of the implications for pastoral theology and pastoral care.

Contribution: The African worldview and 'new' Christianity contribute by engaging critically with the separation of the two worldviews, the narrow use of experience within the dialogical movement of theory and praxis, and the key concepts of pastoral theology such as illness and suffering, reconciliation, shepherding, and pastoring.

Keywords: healing; pastoral theology; pastoral care, culture, new Christianity.

Introduction

The resurgence of Christianity in different and new forms, that can be distinguished from the colonial and missionary formats on the African continent, has serious consequences for classical pastoral theology and pastoral care. Whether it is intercultural pastoral care (Lartey 2006), Western individualistic, rationalistic, emotional (Holifield 1983), relationality (Acolatse 2014) or *pueblo* [people] centred (Lartey 2006), the rapid migration of people impacts the processes and effectiveness of pastoral care. This assertion is also true for later approaches such as narrative pastoral care (Ganzevoort 1993). Notwithstanding the overlapping of pastoral theology and practical theology, the former will be used in broad terms as 'the theological reflection and underpinning that guided pastoral care directed towards ensuring the individual and corporate well-being and flourishing of the Christian "flock"' (eds. Woodward & Pattison 2000:1).

New forms of Christianity incorporate traditional measures for meaningful lives. Incorporations include habits, norms, beliefs and customs of people that are co-opted into Christianity. Such practices and ideas have an impact on the understanding of healing as an exclusively biomedical or a spiritual phenomenon. These seemingly unrelated perspectives and notions of healing, biomedical and spiritual, can be viewed as two different sicknesses, or at the very least, a dualism that requires diverse processes and approaches. The biomedical and spiritual approaches to healing can be divided into a Western worldview and an African worldview approach to sickness and illness. Both a Western worldview and an African worldview are contested notions that cannot be reduced to a narrow definition or one perspective. The use of worldview will refer to a cluster of practices that could be identified with a geographical, historical or traditional association. With regard to a Western worldview, I refer to the dominant view of what it means to be human in relation to independence, autonomy, reason and individuality. An African worldview refers to the meaning of humanity within a community – a tradition and common living that are characterised by rituals, symbols and relationality. Within the Western worldview, the body and spirit are separated whereas within African worldview, the two are inseparable. This is a significant differentiation within the context of pastoral care.

African Christianity with the emergence of the growth of Christianity on the African continent in different forms and practices, challenges the dichotomy of spiritual and biomedical approaches to sickness and illness. New forms of Christianity (African) is a limited and contested reference for

the growing religiosity that the African continent is experiencing. Within this research, so-called new Christianity is used as a reference to the resistant nature against the colonial and imperial forms of Christianity that misused Christianity, knowingly and unknowingly, to 'civilise' the African continent during the decades of colonialisation and imperialism. New Christianity refers to the blending of African rituals, symbols and traditions with the fundamentals and substances of Christianity. The implications of the new forms of Christianity for pastoral care informs a critical awareness of the theology of pastoral care and pastoral theology. The question that is investigated, pertains to the implications that the so-called new forms of Christianity, as informed by an African worldview, have for pastoral care.

Pastoral care is also broad and diverse in both scope and function. Pastoral care takes on different forms in various contexts such as professional care in North America, specialised care in Western Europe, part of ministry within Africa and community-oriented care in South America. Within pastoral care is also pastoral counselling and pastoral theology. Notwithstanding the difference and divergence within the field of pastoral care, this investigation will broadly take the encompassing four forms approach of Van Arkel which Magezi (2016) intelligently summarises as:

Mutual care is the first level of care and it is concerned with supporting and sustaining individuals by the community of believers. Pastoral care is the second level and it specialises in building up the community of believers through dialogical caring action. Pastoral counselling is the third level of care. It includes some kind of contract or agreement over affixed time and space. It functions on entry level where other professions such as psychology counselling function. Pastoral therapy, which is the fourth level of care, uses long-term reconstructive therapeutic methods to heal deep, chronic problems. (p. 2)

African Christianity and healing

The growth of religion, and in particular Christianity, is a significant anthropological and religious phenomenon, especially in light of the steady and continuous decline of religion in the West, which traditionally has been the heart of Christianity. The phenomenon of the growth of religion in Africa has been explained by sociologists, anthropologists and theologians in divergent ways. For some it has to do with the lack of scientific approaches to material aspects such as poverty and illnesses, while others ascribe the growth to a shift of power from Europe to Africa. Ngong (2017) gives a different explanation for this shift. Instead of the non-scientific approach to certain contemporary and material issues or the shift of power, it is the role of religion for the quest towards wholeness that makes religion meaningful and relevant within the post-globalisation and postmodern age. The kind of Christianity that accompanied colonisers is expressed, experienced and expounded through the lens of local rituals, habits, symbols, structures and practices. This is referred to by many as a 'new Christianity' (Ngong 2017:25). The emergence of Christianity as a dominant religious force in Africa is attributed to the reduction of the dichotomy

between biological (body) and spiritual (soul) into a whole. On the other hand, with the decline of Christianity in the West, the biomedical approach to healing has eclipsed the spiritual in the West so that spiritual phenomena found in Pentecostal and Charismatic healing processes are made redundant. The latter can be understood in the context of secularisation and modernisation. This refers, among others, to the processes that led to the decline of religious practices and use of religious symbols, rejecting of God as a spiritual phenomenon and the separation of the soul from the body.

Ngong (2017) gives three reasons for the growth of religion in Africa. Firstly, African leadership has emerged with the decrease of colonialism. With the demise of colonialism and the rise of African leaders, religion has become prominent because of the status and influence of local leaders and their religious affiliations and support. Secondly, growth in religion is tantamount to the attention given to socio-economic issues such as poverty. Although the approach to social challenges such as poverty is not scientific or modern, the social phenomena take a central role in the practices and interpretation of religion. This assertion of the role of social phenomena needs critical assessment. The third reason why an African worldview is of particular significance, is because of its broad scope and differentiation from the Western perspective of religion. Ngong (2017) states:

This is a holistic worldview in which distinction is hardly made between the sacred and the secular, and so there is no distinction among the religious, the political, the social, the economic. etc., as it appears to be the case in contemporary Western thought. (p. 26)

The African worldview is both diverse and distinguishable. Different scholars, including African scholarship, define and describe African worldview differently. Here one can compare and contrast the views of Mbiti (1970) of an absolute community, and Tutu (2004) of a relative community. Within philosophy, the view of Gyekye (1997) of a moderate community, differs from the generally accepted philosophical notion among African scholars such as Tempels (1959), of the absolute community dominance over the individual. However, African worldview is a consistent means of distinction from Western cosmology, personhood and religion. Of particular concern for this research is the differentiation of healing perceptions, causes of healing and processes of healing in European and African worldviews. European healing traditions have progressed gradually towards evidence-based biomedicine within a modernistic and postmodernist age. This tradition is characterised by scientific, experiential, contemporary medicine and a bodily material approach to sickness and illness. On the other hand, dominant African approaches to healing include traditional medicine, spiritual dimensions and a religious orientation.

The African worldview continues to make contributions to the interaction between religion and healing. The emergence of new forms of healing and interdisciplinary approaches to healing must be seen against the backdrop of the rapid expansion of religion in Africa, Asia and Latin America as

well as the renewed interest in religion in Europe. In light of the renewed interest in religion for change and healing, and with the broadening of the healing processes, the African worldview needs closer scrutiny.

It is not so much the emphasis on the spiritual dimension of healing, which the dominant European approaches to healing neglect, that makes African worldview universally appropriate for healing, but the interconnectedness of the spiritual world with the visible world. This interconnectedness is not a new phenomenon, but its impact on the African continent with regard to mainline churches is growing significantly. Supernaturalistic aspects such as demonic powers, spirits and witches are not relegated to relative cultural beliefs, but are considered serious spiritual elements alongside sacraments, spiritual capital and prayer (Ngong 2017:29). It is not only the contextual relevance that the supernaturalistic experiences are given within the rapidly growing practices, but the embeddedness of these experiences that is changing the religious landscape within Africa. The visible and the invisible world are connected in a continuum. Both matter and spiritual are meaningful within processes of healing and the analysis of sickness and illness. The dichotomy of the West is disappearing within the new Christianity. Notwithstanding that pastoral care within the West is an established academic sub-discipline, the dominance of psychotherapy makes it distinctive from the more inclusive and broad approach that is establishing itself within African scholarship and practice. Magezi (2016) rightly asserts that the shorter documented history of pastoral care within African scholarship does not make pastoral care within African academic landscape less scientific. On the contrary, Magezi (2016) points out that the African scholarship is at the:

[C]utting-edge scholarship in the discipline can be noted. For instance, African scholars' contributions to the publication by the Society for Intercultural Pastoral Care and Counselling based on Contributions in International Seminars (1988–2008) and Pastoral Care and Counselling Today Manuscript (1991). (p. 2)

Witchcraft, for example, is not reduced to illusions or the producer of fake imaginary, but it is regarded as a spiritual force that is counterproductive to the well-being of the possessed. Within the African worldview's quest for wholistic healing, witchcraft is a serious and primary part of the healing process. Witchcraft, regarded as a spiritual force within the new Christianity, can be effectively dealt with through spiritual means, and should not be discarded as within the Western scientific biomedicine. In the same way, the material, bodily and psychological harm done by witchcraft cannot be ignored. Here feminist approaches to healing criticise the physical, sexual and emotional exploitation of women by the predominantly male religious leaders in the exorcism of witchcraft. As Boyo et al. (2021) rightly observe:

The intersection between African traditional healing practices and faith healing also remains unclear. The lack of clarity perhaps stems from the colonial times, when the authorities imposed a Western worldview on the people of Africa without

an attempt to determine the validity of the African worldview on issues such as traditional African healing and traditional African religion or spirituality, which in most cases cannot neatly be separated. (p. 135)

New Christianity in conjunction with the African worldview must be critically viewed, so that its relevance and effectiveness is valued universally as an intelligible contribution to the human quest for wholistic healing, and a comprehensive approach to change and transformation of sicknesses and illnesses.

Two critical points can be mentioned as a starting point to enhance the contribution of African Christianity to healing. Firstly, the African worldview does not place spirit and science in a hierarchy in terms of healing. Many segments of African religion (including Christianity) refute the scientific healing approaches as Western, and replace it with a supernatural approach that places the spirit above the biomedical dimension of sickness and illness. This is a power relations issue that replaces one as dominant over the other. While this hierarchical approach of healing has contributed to the growth of Christianity, it does not necessarily prove the effectiveness of this new Christianity practice for healing. Ngong (2017) rightly concludes that:

[T]o simply draw attention to the fact of the expansion of Christianity in Africa without equally stressing the helpful role that faith plays in societal and individual life – as those who simply baptize the African supernaturalistic worldview tend to do – does not seem to be in line with the African view of religion as critical to the quest for human well-being. (p. 31)

The new Christianity takes seriously the African worldview when the spiritual, the psychosocial and biomedical are formed in a continuous whole within the context of healing. Rejection of dichotomisation is as relevant as the refuting of hierarchy. Spiritual and scientific methods of healing are mutually beneficial tools for healing processes and approaches. With regard to witchcraft, within the African worldview, religion takes seriously that witchcraft is neither a comprehensive, nor the only explanation for illness and sickness. It is a phenomenon that must be taken seriously as a social practice with spiritual implications that must be critically dealt within the healing process.

A second important critical consideration for the new Christianity, is the shallowness with which social issues such as poverty and the poor are considered. New Christianity, and in particular Pentecostalism and Neo-Pentecostalism, uses a distorted interpretation of certain theological notions, for example 'deliverance'. This is well illustrated by the consistent use of words in testimonies, such as Ngong (2017) indicates:

[P]rogress, prosperity, breakthrough, success, achievement, destiny, favour, dominion, blessing, excellence, plenty open doors, elevation, promotion, increase, fullness, triumph, finances' and the absence of words such as 'closed doors, poverty, sickness, setback, hunger, joblessness, disadvantage, misfortune, stagnation, negativities, sadness.¹ (pp. 32–33)

1. Ngong (2017:83) borrows these words from Gifford (2005).

Such a vocabulary also limits the analysis of poverty and the poor to individuals, and the subsequent solution is also individualistic. Structural and procedural poverty and causes of poverty are not addressed, and the few individuals who testify to wealth and health are by far in the minority. Ngong (2017) contends that there is a trend in countries such as Nigeria and Cameroon where Christianity is growing in alignment with unimaginable escalation of corruption and exploitation. The growing individualistic approach to poverty and the poor has also contributed to other social trends, such as migration to Europe and within the African continent (Ngong 2017:35).

Christianity on the African continent within its new form is also in need of self-criticism. Unless the practices, beliefs, theories and approaches of Christianity are self-reflective, critically assessed and open to scrutiny, it will make the same mistakes of colonialism's disregard for the traditions, beliefs, experiences and practices of Africans. Supernaturalistic experiences, actions and perceptions must be viewed as spiritual experiences with physical and mental consequences. Unless a wholistic approach to healing is undergirded with a rational (practical reason) logic, healing will be one dimensional and limited.

The growth of religion, and in particular Christianity, on the African continent is regarded by many as a shift of religious power from Europe. The shift needs to be analysed in conjunction with the African worldview for the new Christianity to have universal relevance. Healing as a diverse and sometimes contrasted phenomenon within the scientific, biomedical approach and the spiritual approach that is widely situated within the European worldview and the African worldview, will be addressed.

Healing as wholistic

Healing as wholistic does not deny that the individual is restored after a process of therapy, counselling or a biomedical process. It also does not deny that healing can be an individual experience. Healing, whether biological, psychosocial or spiritual is also communal. Individual healing includes the restoring of relationships, incorporation into community, and interaction with the environment and with others. Good health, according to White (2015:2), includes, 'the viewing of an individual as a collective member of the community; as such, good health would also include good relations with ancestors and the community'.

Faith healing is as much part of healing as biomedical healing. In a recent survey by researchers from Daystar University in Nairobi, the results show an overwhelming practice and a further significant percentage of the population believe in faith healing. According to Boyo et al. (2021), the conclusion of the study is as follows:

Of all respondents, 86.0 percent believe that faith healing actually takes place. Given the percentage of African Christians who practice faith healing (73.2 percent), it means that another 12.8 percent have not practiced faith healing but nevertheless still believe in it. These facts support the overall conclusion

that African Christians overwhelmingly accept faith healing. (p. 143)

In 2017, several researchers at different universities, including the University of KwaZulu-Natal, conducted research to 'explore mechanisms through which medical pluralism contributes bottlenecks along the HIV care cascade' (Moshabela et al. 2017:1). These obstructions to good and appropriate care are because of the lack of cooperation between the plurality of care. Among the findings was the need for integrated and organised medical pluralism. Medical pluralism refers to the diversified medical illnesses that demands a diverse of treatments. If these diverse forms of treatment are not coordinated and integrated, then prolonged care of patients with human immunodeficiency virus or acquired immunodeficiency syndrome (HIV/AIDS) results in unnecessary long-term suffering. According to Moshabela et al. (2017):

There is therefore a need for biomedical systems and providers to recognise and acknowledge the role and importance of context, including sociocultural and spiritual beliefs, practices and traditions, and the management of PLHIV [*people living with HIV*] within the health-worlds. (p. 4)

The correlation between beliefs and healing also influences the understanding of the causes and preferred healing process. Persons who believe that illness and suffering is a spiritual or mythic cause will resort to a faith-oriented healing process, while those who believe that suffering and illness is a biological decay will resort to a medical healing process. The following response by a participant in the research project (Moshabela et al. 2017) demonstrates the effect of belief on understanding sickness and healing:

[W]e have those who believe that they Christians, we can be prayed for. When we are sick we only pray. Then we have another category which believes that if they are sick then someone is wishing them bad and they visit a traditional healer. Then the bigger percentage has realised that when they are sick, they must visit a (health) facility. (Male, PLHIV, on ART [*antiretroviral therapy*], Kenya). (p. 3)

White (2015) lists the following as diagnostic tools of diseases in African Traditional Religions. The tools are divided into the establishing of physical or organic causes and the spiritual or mystical cause of illnesses. The former involves interviews with the person and the family to find out the history of the disease and the scientific medical record of the person. This might include the possibility to refer the person to a medical practitioner after the diagnosis. The latter involves consultation with diviners, ancestors and other deities. In Ghana, as indicated by White (2015), the process of consultation with the diviners involves:

[T]he use of cowry shells, throwing the bones on strips of leather or flat pieces of wood. The divining bones are not strictly all bones but comprise shells, money, seeds, dice, domino-pike objects or even dominos themselves, and other objects that have been appointed by the sangoma and the spirit to represent certain polarities ... the ones represent all the forces that affect any human being anywhere, whatever their culture. (p. 4)

White (2015:3) quotes Croucamp (2013) to explain the difference between the physical and the spiritual diagnostic tools:

Divination is a technology that is used to deliberately initiate a process of accessing and collecting information, through the use of randomly arranged symbols and then, using the brain's capacity for analogical thinking, making associations that are ordinarily inaccessible. It is therefore a transpersonal field of information to gain healing knowledge. (p. 4)

Both diagnostic tools and processes are rational and should not be viewed as irrational. Whereas the physical biological causes are determined by instrumental reason, the use of symbols stands in the non-rational tradition which has a long history within both European and African worldviews. The non-rational or symbolic use of meaning making is part of the lived experience of African communities, and has been taken up by religions to complement the pastoral care processes of Christianity. This is widely identified in the Pentecostal movement across the African continent.

Healing is not restricted to the spiritual or biomedical within the African worldview. The everyday social and cultural embeddedness of healing within African communities contributes towards wholistic healing. Within Africa, healing is not equal to the Cartesian bifurcation or duality of body and soul. In contrast, African ontology and worldview have an inclusive notion of healing beyond normative healing descriptions and practices. Conventional medical practitioners, traditional healers, biomedical procedures that are associated with hospitals, medical equipment and medicine as well as symbols and rituals used by sangomas and diviners, form a complementary and not an either/or notion of healing.

These culturally constructed and religious oriented perceptions of health have been acknowledged by the World Health Organization (WHO). Traditional health orientations in various countries have been documented as an addition to normative health practices. The WHO defines health as: 'a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity'. According to White (2015), the WHO has also recognised some:

African traditional health care systems and in 1978 some of these systems were formally accepted in the Alma Ata Declaration as significant health resources to combat illnesses and diseases. (p. 6)

The WHO defines health as much more than biological or physical well-being, but it relates to a position or a being of a person.

Implications of wholistic healing for pastoral (care) theology

Healing is the process, procedure and method towards an improved state or position of a person within a community. Healing is a wholistic movement from suffering and illness to a state of well-being and meaning that includes both physical and spiritual restoration. It is within this process

that religion's role can be contested. Pastoral theology, in particular, needs critical engagement in light of the traditional and conventional healing procedures within the European and African worldviews.

Ilo (ed. 2017) proposes a biosocial approach and a biosocial theology to understand the causes and healing of sickness. This approach seeks to incorporate all spheres of life into an integrated whole. Healing and sickness are understood as an interconnection of the spiritual, material, social, political as well as the medical, biological and economical. By incorporating these facets, healing is much more than either spiritual or psychosocial, but in the African context, social phenomena such as poverty are as much part of the cause of illness as they are part of healing. This approach is also multidisciplinary, as it draws from different disciplines to both interpret illness and contribute to the healing process (ed. Ilo 2017:57).

The biosocial theological approach to sickness and illness does not exclude one worldview over another, but there is an interactionist movement between different worldviews. The scientific, evidence-based worldview of Europe is acknowledged for its known facts of illness and sickness, and forms part of the wholistic approach to illness. The link between the healing notions of different worldviews is 'substantial rather than instrumental' (ed. Ilo 2017:18). This implies that one worldview is not subsumed within the other, but that different worldviews are interdependently connected to each other. Faith healing from the perspective of an African worldview is not an addition to medical scientific intervention, but it is *in pari passu* with the Western worldview. The African worldview challenges the dichotomy that still dominates pastoral theology and pastoral care. McClure (2014) concludes after her historical development of pastoral care that:

In the 80 years since Boisen's key writings, pastoral caregivers have come to understand their task as bringing together many resources to understand a situation or a person's predicament, including psychology, sociology, and theology theory. Contemporary pastoral caregivers typically are willing to draw on a broad range of ideas to attend more effectively ... Spiritual health is understood as awareness of the divine presence in one's life and thus is possible when one is suffering or even dying. (pp. 272–273)

The African worldview also questions the exclusivity of those who challenge the dichotomy of body and soul from a Western scientific view. Although McClure (2014:277) supports the spiritual dimension of health and even uses health and wholeness interchangeably, pastoral care, according to her, is spiritual accompaniment. The role of other science is to inform the pastoral caregiver. An African worldview contributes to critical analysis that causes separation as a result of the domination of the spiritual dimension at the expense of the scientific. Pastoral care and pastoral theology need to keep the creative tension between the body and the soul in a continuum.

Pastoral care from a theological approach to sickness and healing that takes seriously the African worldview as a fundamental lens to look through, assumes a wholistic approach to sickness and to healing. The limitations of scientific approaches to healing such as the neglect of spiritual dimensions of sickness, the social impact on the vulnerable, and the short-term aid oriented and missionary type healing efforts can be challenged by this broad all-encompassing theological approach. The role of poverty, environmental crisis, neo-capitalist effects on poor countries and the devalue of natural resources become critical factors within the diagnosis procedure and the healing processes. The notions of healing are not only expanded and broadened, but also deepened, resulting in more long-term healing (ed. Ilo 2017:59).

Experience has taken a central role in pastoral care. Feminist, womanist and liberationist approaches to pastoral care have challenged conventional pastoral care as a theory laden discipline. Theory has been placed with experience in the pastoral cycle. Since the 1980s with the steady increase of high impact publications by women, scholars from the developing world and voices from the marginalised and oppressed, issues such as structures, policies, separation of communities, gender discrimination, sexual orientation, and physical and mental disabilities have become the foci of pastoral care (McClure 2014:276).

Experience in light of an African worldview presupposes that African bodies are not disease prone, vulnerable to epidemics and weaker than those from other continents. Structural domination and violence, intentional exploitation and cultural suppression are some of the experiences that pastoral care identifies as unhealthy social and political practices. In this sense, pastoral care is not only personal, but the personal is intertwined with the communal and the structural. This poses serious questions of the abstract and absolute autonomous nature of the individual. The person within the African worldview is more a body with lived experience than people who are defined through the degree of independence from outside forces such as tradition. Experience has produced valuable knowledge for the formulation of theory and the practice of pastoral care. Liberation theology and Basic Christian Community are typical processes through which the experiences of small groups are a basis for reflection and practice of care, both on a personal and a communal level (Lartey 2006:69). Without oversimplifying the theory-practice debates that have been widely explored in the work of Browning (1991), and to a much lesser extent, Klaasen (2018), knowledge develops within praxis, and according to Miller-McLemore (ed. 2014:5–6), 'Practice escapes or surpasses theory in everyday life in two important ways: it *eludes* theory and *trumps* theory' [author's italics].

African worldview and new Christianity contribute to the critique of theory as priority for pastoral theology. It does not limit the critique to the neglect of experience for the praxis-theory dialogue that the scholars and methods within classical pastoral care have highlighted. The result of

these critiques has been the production of knowledge. African worldview and new Christianity include particular experiences that are not limited to the visible world only, but extend to the invisible world. Experiences and subsequent relationships extend to the personal, communal and the ancestors. These interpretations of experience influence the theological notions of reconciliation, healing, pastoring, shepherding and well-being.

The shift of Christianity from Europe to the developing world, and in particular Africa, has been received with mixed reactions. Considering that the material and technological growth has not taken off in Africa as swiftly as Europe and that, parallel to this, the increase in Christianity through Pentecostal and Charismatic movements, the role of African worldview has come under scrutiny. The African worldview's influence on the rapid rise of new forms of Christianity can be regarded as an emerging approach to healing.

The wholistic approach to healing includes both the spiritual and biomedical. This tension of the body (biology) and soul (spiritual) or faith and science has taken divergent approaches within the broader Western pastoral care, and African pastoral care. Within Western pastoral care faith and science are separated in a dichotomy that has two separated processes of healing. This dichotomy has resulted in the escalation of secularism within the Western scientific modern worldview. In a tongue and cheek manner, Egnew (2005:255) refers to science and biomedical as primarily to do with 'cure and not care'. For Egnew, narrative opposes scientific healing of merely an eradication of vulnerability and disease. Narrative is a reorientation and redirecting of life in its wholeness. Narrative is an empowering process within which the person takes responsibility for making meaning within a given situation. Ganzevoort (2012:218–219) refers to this process as a symbolic landscape, whereas pastoral care places the story of the care receiver alongside other stories such as religious stories. Muller's social constructionist approach (2015:34) is another attempt to draw on tradition, history and contemporary experiences to co-create stories of healing and meaning making.

Within the context of pastoral care and the so-called new Christianity within the African continent, the gap between spiritual and biomedical has been significantly reduced. Whereas Western pastoral care separates the spiritual and the physical for the purpose of healing, African rituals, symbols, traditional healing processes and practices are taken seriously within pastoral care. Stories is a natural form of meaning making within African culture. The oral tradition of passing on knowledge is an active form of communication for healing, maturity, transitions and living a fulfilled life.

Life is fulfilled within community and not as isolated segments. Pastoral care implied the wholistic healing of a person to function within a community. Magezi (2016) rightly observes that:

The life of an individual is abundantly lived when it is shared and hidden in the life of his or her community. Illness and misfortune are associated with personal or group transgressions.

The illness and death of an individual is explained in terms of the result of an offence against the ancestors, violation of social taboos, an attack on deities and evil spirits, or the result of witchcraft. (p. 3)

The Christian community is a restorative space where the Christian narrative of Jesus Christ welcomes and incorporates the vulnerable and the broken persons. The re-enactment and retelling of the narrative of Jesus' birth, ministry, death and resurrection is open-ended and welcoming to all people.

Theologians such as Ganzevoort and Muller have attempted to add to the dominant scientific approach to healing through empirical scientific methods and dialogical methods of theory and praxis. This approach has been dominated within Western pastoral care, but a significant and growing scholarship is noticed within African academy. A wholistic approach to healing combines the spiritual and biomedical into a comprehensive whole. This approach engages critically with exclusive and dominant worldviews and keeps the two worldviews in an openness of mutuality. Scientific knowledge is used within a broad healing process. Experiences are not reduced to the visible, but the invisible is also regarded as actual and lived experiences. Experiences include personal, communal and ancestral interactions and relationships. Sickness and illness are also coupled with social phenomena such as poverty, relationships and rituals.

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References

- Acolatse, E.E., 2014, *For freedom or bondage: A critique of African pastoral practices*, Wm B. Eerdmans Publishing Co, Cambridge.
- Boyo, B., Bowen, M., Kariuki-Githinji, S. & Kombo, J., 2021, 'African Christianity and the intersection of faith, traditional, and biomedical healing', *International Bulletin of Mission Research* 45(2), 133–144. <https://doi.org/10.1177/2396939320961101>
- Browning, D.S., 1991, *A fundamental practical theology*, Fortress Press, Minneapolis, MN.
- Egnew, T.R., 2005, 'The meaning of healing: Transcending suffering', *Annals of Family Medicine* 3(3), 255–262. <https://doi.org/10.1370/afm.313>
- Ganzevoort, R.R., 1993, 'Investigating life-stories. Personal narrative in pastoral psychology', *Journal of Psychology and Theology* 21(4), 277–287. <https://doi.org/10.1177/009164719302100401>
- Ganzevoort, R.R., 2012, 'Narrative approaches', in B.J. Miller-McLemore (ed.), *The Wiley-Blackwell companion to practical theology*, pp. 214–223, Wiley-Blackwell, West Sussex.
- Gifford, P., 2005, 'A view of Ghana's New Christianity', in L. Sanneth & J. Carpenter (eds.), *The changing face of Christianity: Africa, the west and the world*, pp. 81–96, Oxford University Press, Oxford.
- Gyekye, K., 1997, *Tradition and Modernity: Philosophical reflections on the African experience*, Oxford University Press, New York.
- Heitink, G., 1999, *Practical theology: History, theory, action domains*, Studies in Practical Theology, Wm Eerdmans, Cambridge.
- Holifield, B., 1983, *A history of pastoral care in America: From salvation to self-realization*, Abingdon, Nashville, TN.
- Ilo, C.S. (ed.), 2017, *Wealth, health and hope in African Christian religion*, Lexington Books, London.
- Klaasen, J.S., 2018, 'Pastoral care in communities under transition: Interplay between care and culture', *In die Skriflig* 52(1), a2332. <https://doi.org/10.4102/ids.v52i1.2332>
- Lartey, E.Y., 2006, *Pastoral theology in an intercultural world*, Wipf & Stock, Eugene, OR.
- Magezi, V., 2016, 'Reflection on pastoral care in Africa: Towards discerning emerging pragmatic pastoral ministerial responses', *In die Skriflig* 50(1), a2130. <http://dx.doi.org/10.4102/ids.v50i1.2130>
- Mbiti, J.S., 1970, *African Religions and Philosophies*, Doubleday, Grand City, NY.
- McClure, B., 2014, 'Pastoral care', in B.J. Miller-McLemore (ed.), *The Wiley Blackwell companion to practical theology*, pp. 268–278, Blackwell Publishing, West Sussex.
- Miller-McLemore, B.J. (ed.), 2014, *The Wiley Blackwell companion to practical theology*, Blackwell Publishing, West Sussex.
- Moshabela, M., Bukenya, D., Darong, G. & Wamoyi, J., 2017, 'Traditional healers, faith healers and medical practitioners: The contribution of medical pluralism to bottlenecks along the cascade of care for HIV/AIDS in Eastern and Southern Africa', *Sexually Transmitted Infections* 93(3), 1–5. <https://doi.org/10.1136/sextrans-2016-052974>
- Muller, J., 2015, 'Intercultural exchange: A discovery of being different', in K. Federschmidt & D. Louw (eds.), *Intercultural and interreligious pastoral caregiving*, pp. 27–36, Books on Demand, Norderstedt.
- Ngong, D.T., 2017, 'In quest of wholeness: African Christians in the new Christianity', in C.S. Ilo (ed.), *Wealth, health and hope in African Christian religion*, pp. 25–44, Lexington Books, London.
- Tempels, P., 1959, *Bantu Philosophy*, Presence Africaine, Paris.
- Tutu, D.M., 2004, *God has a dream: A vision of hope for our time*, Random House, London.
- White, P., 2015, 'The concept of diseases and health care in African traditional religion in Ghana', *HTS Teologiese Studies/Theological Studies* 71(3), Art. #2762, 7 pages. <http://dx.doi.org/10.4102/hts.v71i3.2762>
- Woodward, J. & Pattison, S. (eds.), 2000. *The Blackwell reader in pastoral and practical theology*, Blackwell Publishers, Oxford.