

**Towards a Model for Enhancing the Theology and Praxis of  
Divine Healing for the Paf.die.Gemeinde in Kirchberg,  
Switzerland**

**by**

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## **Declaration**

I, the undersigned, hereby declare that the work contained in this mini-thesis is my own original work and has not previously in its entirety or in part been submitted to any institution for a degree. To the best of my knowledge, all citations and references in the mini-thesis have been duly acknowledged.

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Kirchberg, Switzerland April 2017

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## **Abstract**

The purpose of the mini-thesis was to develop a biblically informed framework for practicing divine healing in the Paf.die.Gemeinde (Praise and Faith Church) in Kirchberg, Switzerland. Health is highly valued in the West. Many influences of various religions (Christians, Buddhists, and Esoteric culturists) have, by now, completely settled in the healthcare system and provide a wide range of opportunities for healing including alternative forms of healing.

In contrast to the above, the study found that in the church world with reference to the research locale, there appears to be the notion that the church is responsible for the salvation of the soul and that medicine is responsible to see to the health of the body. Nonetheless, in some sectors of the church new awakenings can be recognised and the subject of healing is becoming more prominent as the church seeks ways to respond to the secular views regarding alternative healing methods and traditional medical care, therapy and surgery.

The proposed study falls within the field of practical theology and the LIM model had the greatest potential to answer the research question. In order to get representative insight into the various theological views and practices in our region, several pastors from different denominations were interviewed. Several leaders and individuals of the Paf.die.Gemeinde were also evaluated through the use of a questionnaire. In order to understand the competing views in the church world regarding divine healing the three most dominant schools of thought were described and briefly analysed, namely, a) cessationism, b) continuism and c) open but cautious view.

The research concludes with a summary of a well-defined biblically informed framework and a statement of faith on healing which is consistent with the continuist perspective that guides the proposed practice on healing for Paf.die.Gemeinde. The final step outlines a ministry action plan for PaF.die.Gemeinde responding the main problem of the research.

## **Key words**

Divine Healing

Cessationist

Continuanist

Open but Cautious view

Development of Healing

Paf.die.Gemeinde (Praise and Faith)

Kirchberg

International Seminary of Theology and Leadership (ISTL)

Illness

Healing

Healing ministry

## Table Contents

<b>Chapter 1 Introduction and Overview to the Research .....</b>	<b>10</b>
1.1 Opening Remarks and Background.....	10
1.2 The Research Problem .....	12
1.2.1 Primary Research Question.....	12
1.2.2 Secondary Research Question.....	13
1.3 Research Design.....	13
1.4 Research Methodology.....	15
1.5 Delimitation.....	16
1.6 Research Ethics .....	17
1.7 Description of Terms.....	18
Chapter Conclusion .....	19
 <b>Chapter 2 The Prevailing Beliefs and Observable Practices concerning Divine Healing in Kirchberg .....</b>	 <b>20</b>
2.1 The Beliefs and Practice of Healing in German-Speaking Countries .....	20
2.1.1 The Views of German Speaking Theologians.....	20
2.1.2 The Factors Impacting Healing in German-Speaking Countries .....	22
2.1.2.1 The Rationalism Factor .....	23
2.1.2.2 The Medical Factors .....	24
2.1.2.3 The Theological Factors .....	24
2.1.2.4 The Ecclesiastical Factors .....	26
2.2 The Beliefs and Practice of Healing in Kirchberg .....	27
2.2.1 Observation 1: Views on Jesus' Healing Commission and its Application Today..	28
2.2.2 Observation 2: Views on the Current Practice of the Participating Churches .....	29

2.2.3 Observation 3: Views on Types and Layers of Healing.....	30
2.2.4 Observation 4: Views on the Theology and Role of Medicine .....	31
2.3 The Beliefs and Practice of Healing in the PaF.die.Gemeinde Church .....	31
2.3.1 Observation 1: Views on Jesus Healing Commission and its Application today ....	32
2.3.2 Observation 2: Views on the Current Practice of the Paf.die.Gemeinde .....	33
2.3.3 Observation 3: Views on Types and Layers of Healing.....	34
2.3.4 Observation 4: Views on the Theology and Role of Medicine .....	35
2.4 Experiences of Divine Healing at Paf.die.Gemeinde .....	35
2.4.1 Through Prayer and Faith.....	36
2.4.2 Through Forgiveness of Sins.....	36
2.4.3 By Word of Knowledge .....	36
2.4.4 Through Conventional Medicine .....	36
Chapter Conclusion .....	36

## **Chapter 3 Reflections on Three Schools of Thought on Divine Healing ..... 38**

3.1 Cessationism.....	38
3.2 Continuanist .....	39
3.2.1 German Holiness Movement.....	39
3.2.2 Healing Movement in the United States of America .....	39
3.2.3 Classical Pentecostalism .....	40
3.2.4 Charismatic Movement .....	41
3.2.5 Power Evangelism.....	41
3.3 The Open but Cautious View .....	42
3.4 Towards a Theology of Healing.....	42
3.4.1 Divine Healing is an Integral Part of the Gospel .....	43

3.4.2 Divine Healing is Provided in the Atonement .....	45
3.4.3 Divine Healing Is a Gift of God's Grace for All.....	46
3.4.4 Divine Healing will be Fully Realised When Christ Returns .....	48
3.5 The Debate Continues .....	49
Chapter Conclusion .....	50

## **Chapter 4 A Ministry Plan of Action for the Paf.die.Gemeinde..... 51**

4.1 Findings and Recommendations .....	51
4.1.1 Finding 1: The Paf.die.Gemeinde does not at present have a well-balanced theology on the subject of healing.....	51
4.1.2 Recommendation 1: Paf.die.Gemeinde should develop a well-balanced theology on the subject of healing.....	52
4.1.2.1 Divine Healing.....	52
4.1.2.2 Medical Healing .....	53
4.1.2.3 Alternative Healing .....	53
4.1.3 Finding 2: Paf.die.Gemeinde does not at present have a formal statement of faith on the subject of healing.....	54
4.1.4 Recommendation 2: Paf.die.Gemeinde should formulate a statement of faith on healing .....	55
4.1.5 Finding 3: Paf.die.Gemeinde does not preach and teach regularly enough on the subject of healing .....	56
4.1.6 Recommendation 3: Paf.die.Gemeinde should preach and teach regularly on the subject of healing .....	56
4.1.6.1 Sunday Worship Services.....	57
4.1.6.2 Homecell groups.....	57
4.1.6.3 Workshops and Seminars .....	58
4.1.7 Finding 4: The Paf.die.Gemeinde does not have an all-inclusive methodology in place in administering healing.....	58



4.1.8 Recommendation 4: Paf.die.Gemeinde should develop an all-inclusive methodology in place in administering healing .....	59
4.1.8.1 Any Christian could pray for healing and it was not restricted to a professional group .....	60
4.1.8.2 God uses certain people in a special way when it comes to healing .....	60
4.1.8.3 Create opportunities to minister to the sick .....	61
4.2 Overall observation and cause of action - Paf.die.Gemeinde should have a church leadership in place that is fully committed to recommendations 1 to 4 .....	61
Chapter Conclusion .....	62
<b>Chapter 5 Conclusion &amp; Summary .....</b>	<b>63</b>
5.1 Summary of the research .....	63
5.2 Restatement of the Main Research Problem .....	64
5.3 Research Methodology .....	64
5.4 Findings and Recommendations .....	64
5.5 Ministry Action Plan .....	65
5.6 Concluding Remarks .....	68
<b>Works cited .....</b>	<b>69</b>
<b>Appendix A: Semi-structured Interview with Several Pastors.....</b>	<b>78</b>
<b>Appendix B: Questionnaire for Paf.die.Gemeinde .....</b>	<b>80</b>
<b>Appendix C: Proposed Research Report .....</b>	<b>83</b>

# **Chapter 1**

## **Introduction and Overview to the Research**

### **1.1 Opening Remarks and Background**

Health has become highly valued in the West. There is a well-known saying: “A healthy person has many wishes, but the sick person has only one” (author unknown). There is a grain of truth in this statement. Most notably, German doctor and theologian, Manfred Lütz who points out that in the last few years’ health has more and more evolved into a kind of substitute for religion. He writes (2006:22), “These days, if there is one thing that is placed on the altar, worshipped and tied up with all kinds of arduous sin offerings, it is health. Our forefathers built cathedrals, we build hospitals.” Attached to this is the health industry that has grown almost immeasurably (Bittner 2007:15).

There is nothing that disrupts our normal life quite like an illness, whether it is we ourselves, who are sick, someone in the family or one of our friends. Illness and health are basic human issues. Even in Switzerland, people are increasingly realising that conventional medicine has its limitations and are seeking help from alternative medicine and techniques. Stamm (2014:1) in the Tagesanzeiger newspaper writes as follows,

“With the fashion for esotericism and the boom in alternative medicine, superstition is experiencing a new golden age and is now accepted as the opium of the people. Many people are overwhelmed by the rapid development of civilisation and complex reality: they feel like a stranger in their own environment and long for simple explanations and gentle healing methods”.

Switzerland has changed from being a mainly Christian country to being a religiously diverse one. At the beginning of the 21st century, Switzerland is a country of many religions. Christians, Jews, Muslims, Hindus, Buddhists, esoteric culturists, Scientologists and members of many other religions live in Switzerland, believe in their God or in supernatural powers, live out their rituals and worship activities, build new centres’, mosques and temples (Baumann and Stolz 2007:11). Every possible phenomenon of these very diverse religions has meanwhile totally invaded the healthcare system and all sorts of opportunities are offered to people to experience healing (Lütz 2005:30). The widespread silence of churches on this matter (especially in German-speaking countries) stands in strange contrast to this (Bittner 2007:15).

In this situation of widespread longing for healing, it is important to ask what the Bible has to say on this subject (Schmelzer 2013:15). Many theologians and churches give competing view on the subject of healing. Moreover, even amongst believing Christians there is a lot of controversy on the subject of divine healing. Conservative schools of thought believe healing only occurred at a certain time until the Acts of the Apostles or ceased by the end of the first or early second century. Charismatic schools of thought are of the view that God still heals today. Nevertheless, during the life and ministry of Jesus healing was an important sociological and physiological issue. Similarly, the early NT church placed a healthy emphasis on the topics relating to healing, miracles and signs and wonders (Kusch, Kuberski, and Scharfenberg 2009:11).

### **My Wife's healing**

During my studies at the International Seminary of Theology and Leadership (ISTL) I was confronted with the subject of healing by Daniel Hari (a well-known Swiss healing theologian for the lack of a better expression), both on a theoretical and practical level. Hari ran a healing stand “healing like Jesus” at various esoteric trade fairs. The students were challenged to talk to people and, if they so wished, to pray for the healing of respective individuals. At the same time, my wife was suffering from severe migraines (3-4 times a week). For one year, I started to pray regularly for her healing. Suddenly, at a certain point my wife was completely healed. She had no migraine attacks or headaches for almost a whole year. My studies at the ISTL and my wife's healing challenged my thinking and prompted a deep interest in the subject beyond my wife's healing and the challenge laid down by Hari.

### **Paf.die.Gemeinde (Praise and Faith Church)**

Paf.die.Gemeinde (Praise and Faith Church) is an independent evangelical church with 20-25 members. Attendance on a Sunday varies between 25-35 attendees including children. The church leadership realised that given the interest in healing in the broader society that the church did not have a comprehensive understanding on the role of divine healing in the local church. The passage in James 5:14-16 for many churches serve as the biblical foundation for the Sacrament or Practice of the Anointing of the Sick. This was known to the leadership team of Paf.die.Gemeinde but this practice was not performed.

The church leadership officially introduced “the prayer of the anointing of the sick” in our church eight years ago. I was given the task of introducing the practice and given the responsibility for it. In our church, prayers for the sick and anointing them with oil does not occur as intentionally

as we would like. Be that as it may, if people are ill, they can call on the church leadership to pray for healing. There are also occasions when prayers for healing are performed in small groups and worship services. Nonetheless, up to now our church has not formulated an official biblical theology and praxis for divine healing.

On the one hand, James 5 offers some insight into how the early NT church served the believers who suffered from a seemingly debilitating physical illness (Thomas 2010:317). James appears to assume that healing from physical infirmities is an expected and ongoing part of the community's life (324). On the other hand, it is obvious from reading through the synoptic gospels that: "The disciples were never just told to preach. The mission is always divided into at least two commands – preaching and healing (Matt 8:16, 10:7-8; Mk 6:12-13; 16:15-18; Lk 9:1). People should enter the kingdom of God through helpful, liberating deeds and the proclaimed word" (Bittner 2007:47). This idea was also espoused by the Lausanne Committee for Evangelism (1982:31-32): "The healing ministry of Christ and His Church is not optional. It is one of the ways people get from God the help they need so very much. God wants His people made whole, and people today still need the direct intervention of God for healing."

People long not only for healing from diseases, but are also seeking peace for their lives. The above mentioned brought into greater perspective the need that the Paf.die.Gemeinde ought to formulate a theology of healing and should take steps in enhancing her understanding of what a faithful biblical theology of healing ministry would look like for the local congregation.

Estimates from the Chinese church leadership suggest that at least half of the Christians today in rural areas have turned to the Christian faith because of experiences of healing (Währisch 1997:78). Well over half of the converted Muslims in the Middle East report unusual experiences such as dreams, visions and healings (Braun and Malich 1996:8-9). Given the absence of a theology of healing and the occasional practice of divine healing, lead me to work towards a formal theology and praxis for the Paf.die.Gemeinde on the subject of divine healing within the context of the surrounding culture and medical emphasis on health and well-being.

## **1.2 The Research Problem**

### **1.2.1 Primary Research Question**

Given the context of Kirchberg, Switzerland, and the current position and practice of the Paf.die.Gemeinde, the primary research question asks:

What are the characteristics of a biblically informed framework and praxis on the subject of divine healing?

### **1.2.2 Secondary Research Question**

1. What are the prevailing beliefs and observable practices on the subject of divine healing in churches in Kirchberg and its surrounding areas, and especially those of the Paf.die.Gemeinde?
2. What are the biblical justifications, if any, for divine healing?
3. How can the Paf.die.Gemeinde openly and effectively communicate and practice its beliefs on the subject of divine healing?

## **1.3 Research Design**

The proposed study falls within the field of practical theology. The basis of the research design was built around Cowan's (2000) Loyola Institute of Ministry (LIM) research model. The strength of the model is its simplicity and at the same time, this is its weakness (Smith 2013:96). Regardless of its weaknesses, all research models have them, the structure of the model seemingly offers an approach, which enables answers to the research questions and which are true to practice. The LIM model requires four steps. First, it identifies a real-life problem. Second, it presents the present situation of the problem by using literary and empirical methods. This involves describing the real situation and the history behind the situation. It seeks to discover the forces at work and thus why the situation is the way it is. Third, it analyses the Scriptures to identify the preferred scenario for that particular situation, as it should be. The last step climaxes in a recommendation on how to bring the "world as it is" to "the world as it should be" (Smith 2008:205-210, Smith 2013:92-95).

## **Chapter 1**

Chapter 1 articulates the research problem and spells out the purpose of the research. The chapter furthermore, explains the research design, methodology, limitations and delimitations, provides the research ethics, which guides the research and finally offers although briefly a few definitions of key terms.

## **Chapter 2**

Chapter 2 corresponds with the first component of the LIM model. It is a description and analysis of the present situation (Smith 2008:207). That is to describe the situation of divine healing in the churches in Kirchberg and its surrounding areas. I examined three key areas (1) the present

situation in the German speaking area (2) the current beliefs and practices in churches in Kirchberg and its surrounding areas and (3) the prevailing beliefs especially in the Paf.die.Gemeinde. Chapter 2 sought to answer the first of the three secondary questions. The first question asks: *What are the prevailing beliefs and observable practices on the subject of divine healing in churches in Kirchberg and its surrounding areas, and especially those of the Paf.die.Gemeinde?*

### **Chapter 3**

Chapter 3 deals with the second of the three secondary questions, *what are the biblical rationalisations, if any, for divine healing?* Paf.die.Gemeinde has tasked and authorised me to formulate and propose a biblical standpoint on divine healing for our church's ministry. This chapter reflected on the biblical and historical approaches to divine healing. Unfortunately, there are diverse and competing views in the church on the subject of divine healing. These views more often than not divide the church. The study analysed briefly, the three most dominant views, which are: cessationism, continuism and the open but cautious view. These schools of thought were explored, described, compared, and briefly analysed and a theology on the subject of healing was formulated.

### **Chapter 4**

Chapter 4 deals with the third key question, *how can the Paf.die.Gemeinde openly, effectively communicate, and practice its beliefs on the subject of divine healing?* In this chapter, the findings and recommendations of the study are presented to the Paf.die.Gemeinde. This takes into consideration the discoveries and results in chapters 2 and 3.

### **Chapter 5**

The main research problem is revisited, the findings are recapped and the recommendations are reviewed in order to propose a ministry action plan. The findings of the research are presented with the hope of it informing the beliefs, communication and healing practices of the Paf.die.Gemeinde. An overarching aim of the research is to encourage the Paf.die.Gemeinde to take a clear and decisive path as it relates to their theology of healing. The church at large has a responsibility to minister to the sick regardless of its theological position. All churches are to be compassionate, caring communities and this extends to the sick and sickly. There is thus the charge to integrate the sick into the Christian community and to strengthen their relationship with God.

## 1.4 Research Methodology

In addition to the LIM model, in my attempt to ascertain the prevailing beliefs of the churches in Kirchberg and its surrounding areas, I opted to draw on the characteristics of the qualitative research strategy,<sup>1</sup> using a combination of a literature review, semi-structured interviews, and a written questionnaire. These are complimentary to the LIM model.

The literature review or secondary research as a form of desktop inquiry directs both the initial and concluding stages of the research. I made use of existing resources, such as the Bible, systematic and biblical theology textbooks, academic articles, and position papers, Bible commentaries, occasional papers, and church publications.

In order to gain insight into the practices and various theological views (theological traditions) in our region, several interviews were conducted. Five pastors from five different local churches and denominations were interviewed to establish their theology and ministerial practice of divine healing. The interviews are intended to give qualitative insight into the state of “divine healing ministry” in our area. The sample was within a 7-10 kilometre radius and provided ease of access. Furthermore, I was and am acquainted with the participant pastors. These pastors in essence serve as the theologians in residence in their respective churches. They are responsible to teach and practice (given their position) on the subject of healing in their respective congregations. They were purposively selected in order to provide the necessary information for the overall objective of the study (Dawson 2002; Maree 2007).

The leaders (including the church leadership) of Paf.die.Gemeinde (10-12 persons) were requested to complete a questionnaire in order to understand and evaluate on the one hand the theological orientation in Paf.die.Gemeinde in terms of healing, and on the other hand why the situation is how it is, at present. The church in question does not belong to any denomination, it is an independent evangelical church, having some form, although an unofficial belief system and practice relating to divine healing. It has no set doctrine nor practice on divine healing and it is unclear as to which position, literature or church denominational practice would be most informative and consistent with the Bible. In an attempt to gain greater insight into the notion of

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<sup>1</sup> In my understanding, qualitative research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations regarding a particular subject, theme, or topic, which includes an empirical component. I am aware of different researchers using the term qualitative research differently and bring various criteria to bear in justifying what is required in constituting qualitative research.

divine healing, as already mentioned, I was assigned to look into this matter with the hope that an official theology, communication strategy, and practice could be formed.

Qualitative content analysis according to Mayring (2003) was used to evaluate the data obtained. Mayring (2003:44) uses three basic methods: Summary, explication and structuring. Since the goal is to reduce the text material to a level that preserves the essential elements (material sampling), the summary method is being chosen for this research paper. The remaining text should represent a manageable, but true reflection of the basic material. The summary content analysis allows the objective of the study to be clarified. In this section, the results gathered from interviews will be illustrated in order to clarify the diversity of the theological schools of thought in terms of healing and their practice. The views of those interviewed are summarised and paraphrased. Very little, if any direct quotations will be provided to allow for a better flow of thought.

## **1.5 Delimitation**

*Firstly*, the research was limited to Kirchberg and its surrounding areas. *Secondly*, although the study is aimed at the Paf.die.Gemeinde, the practice of other churches in the surrounding areas served as a core and informative component of the research. These were limited to five different churches as it was impractical to include a greater sample size. *Thirdly*, the subject on divine healing brings together various fields and subjects related mainly to systematic and or biblical theology and impacts on categories such as creation, anthropology, Christology, pneumatology, demonology, ecclesiology, and eschatology. These features and categories were considered but I focused on healing from a practical, pastoral, and local church perspective as it relates to the belief, communication, and practice of divine healing of the Paf.die.Gemeinde. *Fourthly*, given the study in question is a mini-thesis, a detailed or more expansive survey, or sampling of divine healing was not feasible. The research draws on selective and representational literature and empirical findings to undergird the study. Lastly, specific, controversial topics have generally been left out of this study. For example, topics as “the boom of alternative medicine and the church” or “the Christian faith and medicine” could not be the focus of this paper because they would detract from the key issues of the research. All these limitations were imposed to keep the study at a manageable size. The research, however, makes a brief reference to alternative medicine and medical assisted healing later in the study in its attempt to communicate a wide-ranging view as it pertains to the subject of healing.



## **1.6 Research Ethics**

Research ethics deals with the ethical bases of research and the area of conflict between research interests and compliance with generally valid norms and values. Questions related to research ethics are an intrinsic component of the empirical research practice and are posed during all phases of the research process. From the selection of subjects (or research partners) and the setting of aims, through the research design, access to the field and the methods used to collect and analyse data, up to the questions of the publication and use of research findings (Unger, Narimani and M'Bayo 2014:16).

The principles of research ethics (Unger et al. 2014:19-20) contained in the Code of Ethics require, amongst other things, that researchers strive after “academic integrity and objectivity”, and should publish their research findings “without misleadingly excluding important findings”. The researcher should anticipate any “unfavourable consequences” as a result of how he carries out his research for the people or groups involved. He should avoid causing harm and be aware that the way he acts can have a negative influence on future “access to the study population”. The right to freely decide on participation and the personality rights of the people studied must be respected. The principle of “consent” guarantees that participation in research projects is voluntary and takes place on the basis that “the most detailed information possible” is provided concerning the aims and methods of the study.

In this study, participation was voluntary. The participants were informed of the aims and methods of the study. The personal data was treated confidentially, empathetically, while taking into consideration the special vulnerability of the participants (Schweizerischen Akademie der Medizinischen Wissenschaften (SAMW) 2009:67). Furthermore, I guaranteed that the personal information was for the exclusive use of the study, and anonymity, as far as was reasonable, was assured. Every effort was made to present the findings in such a way that the participants could not to be identified. The consistent anonymisation of the data, the safe storage of the questionnaires (in written form) and of the interviews (in hardcopy and digitally recorded form) are important and were complied with in terms of the research ethics. Constant attentiveness was given to data interpretation and analyses in order for the research findings to represent the voices of the participants studied and not the researcher's interpretation thereof (SAMW 2009:67).

## **1.7 Description of Terms**

### **Divine healing**

Divine healing is the manifestation of a supernatural act of God in which He restores a physical, emotional or spiritual problem in response to prayer. God is the source of divine healing without alternative or medical assistance.

### **Cessationist**

They believe that the gift(s) of healing (1 Corinthians 12:9) as modelled by Jesus and the early NT church ceased along with the sign gift of tongues.

### **Continuanist**

They believe that all the gifts of the Spirit are operative today. Continuanists are of the view that there is a consistent pervasive, and altogether positive presence throughout the New Testament (NT) and church history of all spiritual gifts.

### **Open but Cautious view**

The position of “open but cautious or discerning” means that all the gifts of the Holy Spirit are operative today. However, the sign gifts (miracles, healings and the gift of faith) are less evident today and God is still “the LORD who heals” (Exodus 15:26). He has not lost His ability to heal and is still willing to heal. Divine healing may come through traditional medicine or through direct intervention by God in response to prayer.

### **Paf.die.Gemeinde (Praise and Faith)**

Since 2000 “Paf.die.Gemeinde” has existed as an independent Evangelical Church.

### **Kirchberg**

Kirchberg situated in Bern in the northeast of Switzerland has a population estimated to be around six thousand and reflects the multi-religious nature of the Swiss nation (Statistischer Atlas der Schweiz 2015:2063-2064).

### **International Seminary of Theology and Leadership (ISTL)**

ISTL is an innovative and visionary training centre for theology and (prospective) leaders. ISTL is a vocational school for pastoral ministry, church planting, evangelisation, and leadership.

### **Illness**

The term “illness” means a state of being unhealthy, weak, and infirm. The person is suffering from an illness or weakness, i.e. mental and/or physical discomfort, because bodily organs are not working and/or the mental, psychological processes are not working, as they should.

### **Healing**

The word “heal” is understood in German to mean to cure, to get well, and to recover. Healing means the re-attainment of health. “Complete healing” is the restoration of the normal initial state. Healing will involve body and mind, soul and spirit, as well as relationships and community, ethics and justice. To be healed, finally, is to be complete. It is a restoration to wholeness. The Greek “soteria” itself is a word meaning to cure, to heal, to redeem from a state of spiritual bondage or sin (Gaiser 2010:243).

### **Healing ministry**

The term “healing ministry” is a broad term. As used in this study it includes the mandate that is intended for the church. The healing of people has long been considered part of the pastoral-diaconal role of the church. For many traditional churches, the healing ministry is based on the bible, sacraments and prayer. Others prioritise the anointing of the sick, the laying on of hands, or the offering of healing events. The term is deliberately used for this wide variation in practice.

## **Chapter Conclusion**

This chapter outlines the envisaged research, identifies the research problem, formulates the primary and secondary research questions and proposes to establish, elucidate and enrich the theology of healing of the Paf.die.Gemeinde. Paf.die.Gemeinde being a non-denominational evangelical church at present has an operative theology of healing but no clear position on the subject or its praxis. The envisaged research hopes to aid Paf.die.Gemeinde in communicating a biblical theology of healing that will communicate its view or doctrine and provide guidelines for its practice. Having surveyed various models, the LIM model has been adopted as it possesses the greatest potential in the mind of the researcher to ensure that the research questions are answered. The next chapter describes the prevailing beliefs and observable practices with respect to divine healing in churches in Kirchberg and its surrounding areas and especially the views and practises of the Paf.die.Gemeinde.

## **Chapter 2**

### **The Prevailing Beliefs and Observable Practices concerning Divine Healing in Kirchberg**

#### **Chapter Introduction**

The previous chapter proposes to establish, elucidate, and possibly enrich the theology of healing of the Paf.die.Gemeinde. The research hopes to aid Paf.die.Gemeinde in conveying a biblical theology of healing that will express its view or doctrine and provide guidelines for its practice. This chapter deals with the first research sub-question relating to the prevailing beliefs and observable practices with respect to divine healing in a) German speaking countries, b) Kirchberg and its surroundings, and c) those of the participating churches and especially those in the Paf.die.Gemeinde.

#### **2.1 The Beliefs and Practice of Healing in German-Speaking Countries**

##### **2.1.1 The Views of German Speaking Theologians**

In his article Grundmann (2005) begins with a brief orientation on the consideration of the subject of healing from a German speaking theological perspective. His summary of new theological literature aims at enabling his own critical assessment of the situation in German-speaking countries as well as providing general information.

He concludes that the subject of healing has been neglected up to the recent past although healing is an explicit biblical, in particular a New Testament topos. Healing in his view, though debatable is still only a minor component of established theology. However, there have been repeatedly individual theologians in German speaking countries who think progressively around theological concepts including the subject of healing. For example Paul Tillich (1966:317ff) and Adolf Köberle (1960:203-215) addressed the topic from the Protestant Church and Bernhard Häring (1984) and Eugen Biser (1975:102-139) from the Roman Catholic Church perspective. According to Popkes (2014:142) the subject of healing is only discussed peripherally even in the area of systematic-theological or practical-theological fields of discourse.

The situation is different in the English-speaking countries (Grau 1999:15). In the plural, religious landscape of North America, the subject of healing plays a significant role. Even the “mainstream” Churches could not evade the subject. A number of Churches offered special

“services” for the ill with healing prayers (Eibach 2004:2). The Anglican Church officially institutionalised the “Ministry of Healing” at an early stage, which spawned comprehensive healing literature (Grundmann 2005:5). Since the nineties, there has been a deluge of works on the subject of Jesus as (miracle) healer, New Testament healing stories and Paul as miracle worker. Admittedly, most were published in the English language.

Independent of American experiences Bittner (2007:74-75) found several new approaches in Germany and in Switzerland. He reported on works by Father Bernard Martin (1954), Dorothee Hoch (1954) and Heinz Doeber (1960). The works focused on showing that healing of the sick proves to be a basic function of the church and should lead to a practice that is incorporated in normal church work. He (Bittner) furthermore reasons, these works were not included in scientific theological discourses nor were they developed in church practice. These authors were simply not heard.

In March 2001, the Fribourg University in Switzerland hosted an interdisciplinary symposium posing the question “Does faith help” related to healing as the crossover point between theology and medicine (Fuchs and Kobler-Fumasoli 2002). The symposium contained contributions from theologians and physicians, who tried to build a bridge between these two disciplines.

Trummer (in Fuchs and Kobler-Fumasoli 2002:58), observed the following in his environment: “Public interest in the subject of healing has increased dramatically in the past few years for diverse reasons and causes. Biblical science has overcome their ingrained restraint in questions of miracles and has matured to address topics relating to Biblical healing-miracles. However, in practice there is little evidence of this.” His observations appear to be an indictment on the church for not practicing what it seemingly believes.

In contrast to the situation in German speaking countries, the subject of “healing through the power of the Holy Spirit” is alive in numerous churches throughout the world. The Pentecostal-Charismatic movement in particular have adopted faith healing or praying for the sick to various degrees. They can attribute their globally increased growth not least to the integration of the subject of “healing” in their religious life and their theology, especially in countries, in which the provision of conventional medicine is not affordable for a considerable proportion of the population (Eibach 2004:1).

Brown’s studies (2011) make a strong case that divine healing is the single most important category for understanding the global expansion of Pentecostal-Charismatic Christianity. His observation is (2011:14): “less than half of the Brazilian Pentecostals studied by Chesnut

(1997:82) claimed to have received divine healing. Barnes and Starr (2005:124-125) attribute the dramatic growth of Latino Pentecostalism primarily to its emphasis on divine healing. Bergunder (2008:165), in his study of South Indian Pentecostals, notes that healing and exorcism represent primary contact points for winning church members. Kim's (in Chesnut 1997:42) work on Korea similarly illustrates how divine healing is often the most significant growth factor for Presbyterians as well as for denominational Pentecostals. Csordas (1997: chapter 1) extends this insight to encompass the global spread of the Charismatic Catholic renewal."

Today the charismatic movement has reached wide circles both in the Free Churches as well as in the Evangelical and Catholic Churches in German-speaking areas (Bittner 2007:75-76). For the Charismatic Movement, healing and preaching is a basic element of the church. According to Jakob and Laepple (2014:15) the task of healing the sick and preaching the Word of God is a NT mandate (Matt 8:16, 10:7-8; Mk 6:12-13; 16:15-18; Lk 9:1, Mk 16:15-17; John 14:12). The charismatic awakening was viewed as a feature of an individual movement, with the result that the healing of the ill was not neglected but integrated in the churches' practice. To date there is no anointing of the sick in the Evangelical Church in Germany. For a long time the church did not offer the opportunity of the sick to seek prayer for healing or support for the ill as characterised in the New Testament (Zimmerling 2002:163 and Popkes 2014:142).

Taking into consideration the contentions from German speaking theologians it appears as if the subject of divine healing in German-speaking areas is a story of neglect if contrasted with the global trend, especially in Pentecostal-Charismatic type of churches. However, the literature also points to new awakenings that are forthcoming and are recognisable and appears to be consistent with the global spread of Pentecostal-Charismatic movement. Even though the particular situations are presented disconcertingly and there is no common denominator in their diversity. In addition, there have been new pockets of positive approaches in the past 30 years in German speaking countries which possesses the potential to bring about positive dialogue between theology and medicine, and faith and healing (Jakob and Laepple 2014:81).

### **2.1.2 The Factors Impacting Healing in German-Speaking Countries**

This chapter deals with the question; why is the situation the way it is? Clark and Johnson (2012:92) outlines several fundamental and influencing factors why a number of Christians in German speaking countries do not believe that certain gifts of healing are intended for today's church. In this section four factors in German-speaking countries are discussed, namely: (1) rationalism, (2) medicinal, (3) theological and (4) ecclesiastical factors.

### **2.1.2.1 The Rationalism Factor**

An influential factor was the scientific rationalisation of the late seventeenth and eighteenth centuries. Fuchs and Kobler-Fumasoli (2002:74) describes the development in the following way:

“The thinking consciousness of modern humanity has been trained gradually since the Greek culture period, it was then steered to high acumen with medieval scholasticism (in medieval times with the scientific way of thinking) during the development of Europe (the Renaissance) and has since led to the development of modern science and technology, which shapes the 19th and 20th century civilisation like nothing else and in particular has created unique possibilities in modern medicine through the successive application of this way of thinking.”

The point in the above quotation highlights the development of rationalisation and the contribution it made in the advancement in medicine and technology. However, in the view of Bohm (1998:174) and Jakob (2005:1) up to the start of the Middle Ages, medicine and theology remained closely linked. René Descartes in the 17th century was instrumental in the development of modern science, which also brought about the evaluation of empirical data. At the beginning of modern times, the link between medicine and theology were loosened. The emergence of modern science resulted in medicine becoming emancipated from its association to God and it developed more and more to be a hard science, a scientific discipline, as an independent “technology”, which did not include religious aspects in its approach (Jakob 2008:4).

It is a conviction of modern thinking that all material changes in the body have to be traced back to a material cause (Eibach 2004:13). During the Enlightenment, medicine became an explicit natural science. Humans were considered a threefold being consisting of soul, spirit and body and medicine was viewed as dealing with the area, which can be measured and ascertainable on a rational level through intellect (Jakob 2005:1). As God and experience of God cannot be ascertained through experimental methods, theology was eliminated from the area of sciences, and in relation to medicine as well (Fuchs and Kobler-Fumasoli 2002:1). As earlier mooted, medicine was responsible for health in the sense of physical well-being, while theology (in Europe) concentrated on spiritual salvation, spiritual well-being (Jakob 2007:16).

#### **2.1.2.2 The Medical Factors**

The breakthrough in the medical field abetted the credibility of medicine for many people, and great progress was made in many areas (Jakob 2007:7). Previously incurable and deadly illnesses could now be treated and sometimes eliminated. In the case of accidents that previously caused severe harm or ended in fatality, medicine enabled many to recover. Life expectancy in western countries increased considerably in the 20th and 21st centuries (Vaupel and Kistowski 2005:586). For these breakthroughs, human beings including Christians are grateful.

Despite rapid advances and benefits that medical field brings, suffering has not diminished – even in the economically wealthier countries. Without wanting to demean or distract from development in the medicinal field to a status of a “high-performance medicine” as a non-beneficial advancement, the medical field and medicine have many benefits and correspondingly they have limitations (Jakob 2007:7). We are still in the dark about many symptoms, and there are still diseases we do not know how to cure. There are more and more people suffering from chronic illnesses that cannot be healed, and our highly mechanised western healthcare system has become almost unaffordable. Although it may well be possible to slow the ageing process, it cannot be stopped. Death cannot be prevented, but merely stalled (BewegungPlus 2016:12). Then there are also non-physical related illnesses, which require a different form of therapy. Nonetheless, medical developments along with rationalisation have reduced, if it has not totally marginalised, the influence of theology in the medical field.

#### **2.1.2.3 The Theological Factors**

The desire for healing was one of the largest religious quest movements in Germany towards the end of the 20th century. This quest movement is largely settled away from the historical large churches and leaves behind a remaining German Protestant theology and church in a familiar position, that is, a church not concerned with the articulation of a well-defined theology of healing (Grau 1999:15). Thomas and Karle (2009) state that the aim of its association is to help overcome theological voicelessness relating to elementary questions concerning of religion and illness, salvation and healing (2009:11). Above all, they want to promote the discussion in Protestant circles.

The new Protestant theology in the German-speaking area had conclusively dismissed the subject of healing from theology and left it exclusively to the world of medicine (Eibach 2004:13 and Körtner 2005:1273-1290). A characteristic feature of this is the statement from the leading ethicist of new Protestantism in the 19th century, Richard Rothe (1869:§916), who wrote in his



ethic: “It is our duty, to ensure that health is restored, and namely in the orderly way expressly shown in the moral community, i.e. using medical aid.” From this perspective, it is understandable that no one had the idea of going to a pastor and relying on prayer to which God responds (Eibach 2004:14). This manner of thinking led the church to reduce its area of competence uniquely to matters relating to salvation, spiritual matters of the soul. The “disposal” of the bodily dimension of a human being paved the way for theology to develop into a purely humanistic or social scientific discipline, which is limited to its argumentative conclusiveness (Fuchs and Kobler-Fumasoli 2002:99). The separation of body and soul has become part of our Western way of thinking and has become a matter of course. Christ in many ways has become increasingly more a “doctor of the soul“, who brings eternal salvation. Commonly referred to as Evangelical Gnosticism (Miller 2004; cf. Cope 2006).

There are other theological factors why the subject of healing has been dismissed from the new Protestant theology. Most reformers rejected the sacrament of healing of the sick, with some believing that the gift of healing only applied during the time of the apostles (Klibengajtis 2008:47). As such the reformers laid the foundations to a theology, which is known today as dispensationalism and or cessationism, which teaches that there are no longer miracles today (Schmelzer 2013:82). Dispensationalism and or cessationism ideology is a belief system with a historical progression, as revealed in the Bible, consisting of a series of stages in God's self-revelation and plan of salvation. In the course of this progressive self-revelation, God in his sovereign will decided to end (to cease) miracles after the period or dispensation of the apostles (Reed 2012:470). During the course of church history, other schools of thought held firmly that a miracle(s) including healing is a gift and act of God, which is still applicable today.

Johann Salomo Semler (1725-1794) suggested that the Bible be treated as any other book (Lohse 1997:191). This step seemingly marked the birth of the historical-critical method. Semler (1777:15) differentiates between the Holy Script and God's Word, i.e. the Holy Script is understood in that God's words are only contained “here and there” in the pages of the Bible not throughout. Whereas, God's Word is a reference to the Holy Bible and views it as God's inspired message to humankind. According to Sierszyn (2010:25-27) the biblical history of salvation gets completely lost and is replaced by the picture of a religious human history. In his view, the Bible was no longer read as the Word of God, but as a book by people. The instructions, explanations, and miraculous stories in the Bible were questioned and no longer interpreted literally (Schmelzer 2013:84).

The emancipation of the German theologians from the supernatural reached its peak in the 20<sup>th</sup> century. Bultmann (Dembowski 2004:55) says that the writers of the New Testament spoke of Jesus from a mythical worldview. According to Schmelzer (2013:85) the German theologians' conception of the world was replaced by the scientific method. Miracles and the supernatural turned out to be non-historic and would have long since been disregarded as a myth. However, myth does not mean that truth is not conveyed through the story, but that the historical event never took place. There was no necessity to explain it in a natural way (Clark and Johnson 2012:101). According to Bultmann (Ritter and Albrecht 2007:53-54) the belief in miracles belonged to a past era, which has irrevocably passed. The attempt to stick with a reality of miracles under today's conditions would be, according to him, not only a betrayal of intellect but would endanger the substance of faith.

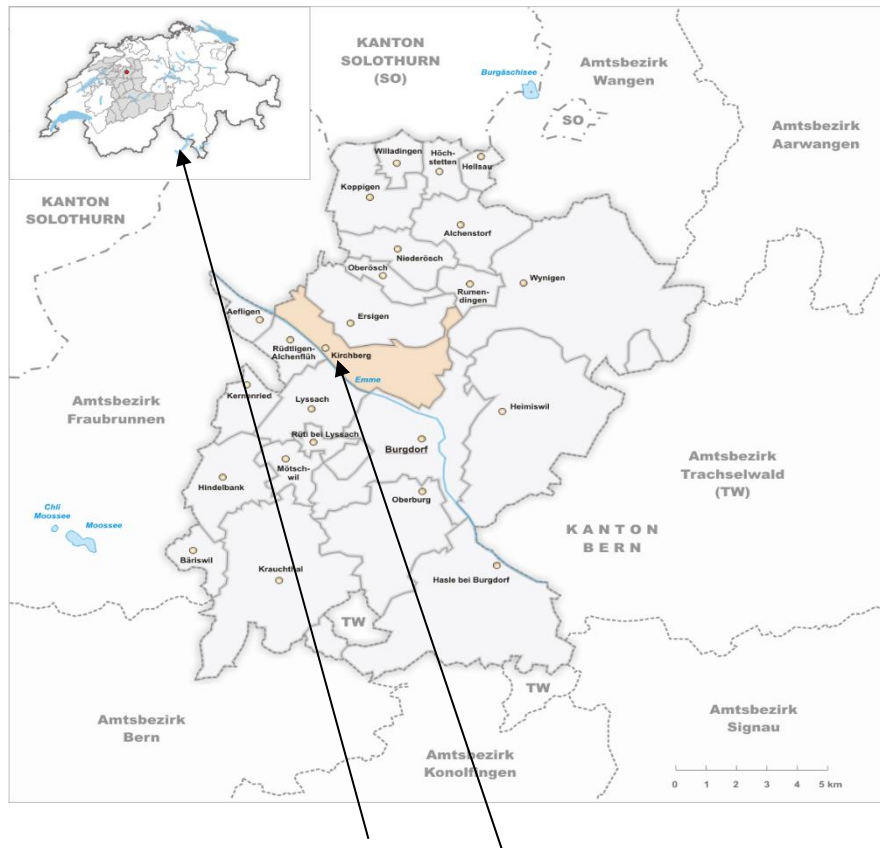
#### **2.1.2.4 The Ecclesiastical Factors**

Because of the theological and doctrinal influences, it came about that there were no longer prayers for the sick in many churches, nor were special services held for the sick. A later consequence of this modern separation of salvation from healing is the increasing separation of faith and deaconry, from church and deaconry, even from belief and spiritual welfare (Eibach 2004:15). Today the charismatic movement and its doctrine on healing, both in the Free Churches and in the Evangelical and Catholic churches seemingly receive a high level of acceptance. However, the charismatic movement and its doctrine on healing was in turn restricted because it was viewed as a feature of a single movement and not a mandate of the universal church. That resulted in the healing of the sick not being regarded as a commission for the church (Bittner 2007:75-76). Furthermore, explicit canonical proclamations on the subject of healing were only seldom formed in the sector of the Evangelical Reformed Church (Popkes 2014:142).

As already pointed out earlier churches worldwide who display an interest in Christian revival or renewal movements, churches with a Charismatic-Pentecostal image of piety or where the connection between salvation and healing is a key priority are growing most rapidly (Dietrich 2008:441). Could it be their rapid growth is because they seek to be obedient, embrace and model the preaching and healing ministry of Jesus, and the early NT church? In addition, healing liturgies do also play a role in Orthodox Churches, the Anglican tradition, and Catholicism, geographically in North America, Africa and Asia (Krauss 2010:188). Where gospel related healing is considered, even though it appears as if the actual practice of healing is lacking.

## 2.2 The Beliefs and Practice of Healing in Kirchberg

Kirchberg situated in State of Bern in the northeast of Switzerland with a population estimated to be around six thousand (Statistischer Atlas der Schweiz 2015:2063-2064) and as already alluded reflects the multi-religious nature of the Swiss nation.



**Figure 1:** Map of Switzerland, Kirchberg

The two major church groupings in Switzerland are Catholicism and Protestantism. Their percentage varies significantly in the different States. In the State of Bern, according to the “Bundesamt für Statistik” (2015), 52.1% are Evangelic-Reformed, 15.8% are Roman-Catholic, 18.5% are non-denominational, 6.8% from other Christian denominations and 6.8% from other religious communities. As more than half of the population in Kirchberg is characterised by Protestantism, I purposely sought reasons why many people do not believe in healing and miracles in a mainly Protestant context. Below is a tabulation of the religious population as indicated above.

**Table 1:** Religious Population

Church Type	Percentage Switzerland	Percentage Kirchberg and its surroundings (State of Bern)
<b>Evangelic-Reformed</b>	24.9%	52.1%
<b>Roman-Catholic</b>	37.3%	15.8%
<b>Non-denominational</b>	23.9%	18.5%
<b>Other Christian denominations</b>	5.8%	6.8%
<b>Other religious communities</b>	8.1%	6.8%

The Evangelical Free Churches in Switzerland only account for 2-4% of the population (Baumann and Stolz 2007:134). However, the church services of Evangelical Free Churches note more visitors than the Evangelical Reformed Churches, with 20 times more members (Stolz, Chaves, Monnot and Suchet 2011:24).

Five interviews (Appendix A) were conducted to examine the different theological views regarding healing and the practice of divine healing in the different churches in Kirchberg and its surroundings. To cover as great a variety of different views as possible, the pastors were from different denominations or schools of thought. Why pastors, in the research locale, pastors are considered the theologians in residence in their respective churches and also serve as representatives of their respective church's doctrine.

### **2.2.1 Observation 1: Views on Jesus' Healing Commission and its Application Today**

**Respondent 1:** The respondent explained that they believe in God's supernatural intervention in healing ailments and diseases. However, the message and activities of the church is centred on the more important or fundamental teachings of salvation, forgiveness of sins and on the rehabilitation of changing people. Healing is judged as being supportive of the message, but is hardly used in practice.

**Respondent 2:** The two-fold mandate belong together and should be strengthened. Nonetheless, the mandate of the church is much broader than preaching and healing and involves other important aspects to the gospel, these include, justice, caring for the poor, and defending the orphan and widow.

**Respondent 3:** Preaching is ultra-important and healing should be a natural consequence (without the need for additional prayer). The respondent reported that healing requires the gift of healing (1 Cor 12:4-11). Only those who have this gift or who are commanded to lead the church in the capacity of an elder should pray for the sick. As body of Christ we are aware that we are mandated to fulfil the healing order.

**Respondent 4:** This respondent pointed out that the ministry of Jesus cannot be transferred par for par, that the primary focus is not healing alone, rather an encounter with Jesus, and that the task does not apply to all Christians, as Jesus and the first apostles were unique in many ways.

**Respondent 5:** The order for healing is given to every Christian. God wants to show his power in the form of healing. The church is summoned to the place where God guides us to help and pray for the sick.

### **2.2.2 Observation 2: Views on the Current Practice of the Participating Churches**

Each of the participants from the Churches knows some type of healing practice, although they might not necessarily use it. Three main types of healing service were mentioned: (1) the supplication for the ill according to James 5, (2) the prayer offered (sometimes also healing prayers) during or after the church services and (3) when people are supported by dialogues of spiritual welfare (counselling) or mentoring, healing prayers are spoken.

**Respondent 1:** The respondent mentioned that it is not common for members to seek and for leaders to pray for healing. Prayers for healing are not used in the services. Occasionally in prayer groups, there is a special prayer for the sick, this is very rare. The usual context in which healing takes place is in counselling.

**Respondent 2:** The respondent related that during a service a word of knowledge might be brought resulting in an opportunity for people with illnesses to come forward for prayer. The church offers healing services. Recently, an email service was set-up for specific requests for healing. Various guidelines are provided to ensure that the privacy of the person writing is not placed at risk.

**Respondent 4:** The respondent reported that his church offers a “healing room” once a month where special prayers are offered for unique situations that require a divine intervention. Two people (prayers) are present at the same time for the sake of accountability.

**Respondent 5:** Our church has an open practice or approach when it comes to the physical aspect of healing. Our church leadership encourages the church members to make use of the prayer for the sick according to James 5.

### **2.2.3 Observation 3: Views on Types and Layers of Healing**

The respondents also spoke about different types and layers to healing. They mentioned healing in the Bible takes different forms and shapes. They present an image of Jesus as healer of body, spirit, soul, mind and society. It was interesting and important for the respondents to consider the person in totality, since the healing of the (whole) person is the practical outworking of God's salvation.

All respondents reported on physical healings being experienced in their church to various degrees. Practical possibilities include medical healing, counselling and mental health services, and prayer for divine healing. The respondents described spiritual apostasy as a spiritual disease and through faith, repentance and surrender can recover spiritual health. God also brings emotional healing to individuals both Christians and unbelievers when grief, sadness and trauma are experienced and when psychological abuse is inflicted.

All the respondents highlighted the social dimension as being important in healing dialogue. They ironically pointed to three examples in the narratives of suffering and healing in the gospel of Mark and how it highlights the social dimension in the stories of Jesus' healing. First, there is Peter's mother-in-law, unable to exercise her role as host in entertaining the guests (1:29-31). Second, there is the leper isolated from society and from religious participation (1:40-45). Third and last, there is the paralytic, unable to walk and dependent upon his bearers (2:1-12). Healings, they mused, if and when they take place, integrates or reintegrates people into fully-fledged participants in their respective communities and societies.

For the respondents, healing of the whole person has a definitive place in the local church. The congregation they concluded, should function as a healing community and they admitted that this is not always the case. A healing community is a caring community as it turns in solidarity towards sick, lonely, handicapped, oppressed, and marginalized individuals and to those with social problems. Healing also occurs when the experience of a supporting community network and prayer makes it possible for a medically incurable and terminally ill person to make peace

with his illness and his fellow men and God. Here, healing takes place in a far deeper sense, although a cure in the medical or physical sense does not take place.

#### **2.2.4 Observation 4: Views on the Theology and Role of Medicine**

None of the respondents had a negative view on the role of medicine. Based on their replies, they viewed medicine from a theological perspective positively. In their understanding, doctors, psychiatrists, psychologists and therapists basically all have a share in the biblical mission of healing, even if they do not justify their activities based on Christian values (Bewegungplus 2016:18). Many hospitals for the care of the sick and elderly were built by Christian initiative. Up to today, these institutions have been very beneficial in the areas of health and well-being (Jakob 2013:3).

From the perspective of the respondents, doctors have learned through empirical research, what kind of drugs help nature to do her job. The doctor cannot heal; he only prescribes medication, surgically removes diseased tissue, inserts prostheses and metal parts, and then finally sutures the wound. These sentiments echo the words of popular commentator, William Barclay (1966:29), who quotes a famous doctor stating, “I bandage the wounds; but God heals them”. In the 16th Century, Paracelsus, the famous physician, taught that, “The doctor is a servant of nature, and God is the master of that nature. The righteous doctor receives his gifts from God”. This quotation reflects the views of the participants. It is a fact that a physician named Luke wrote a Gospel and the book of the Acts. In the Bible, doctors and medicine are repeatedly mentioned in a neutral or positive context (Kotsch 2007:10). And this was the disposition and propensity of the respondents.

### **2.3 The Beliefs and Practice of Healing in the PaF.die.Gemeinde Church**

Last year (2016) the church leadership of PaF.die.Gemeinde decided that we should re-strategize the mission of the church with the assistance of an external church coach. To this aim, a team of leaders was formed which meets on a monthly basis to develop the mission of the church. As our church finds itself in a transition year, the survey was restricted to this team. Thus, the views of the leaders were surveyed and probed. Eleven surveys were submitted and ten people completed the survey. This roughly amount to 50% of the church membership. Based on the questionnaire (Appendix B) it was possible to appraise the theological focus and practice with regards to healing in our church.

**Table 2:** Overview of the surveyed persons

Surveyed Person	Position	Years	Qualification
Responded a	Church leadership	15	MA Special Education
Responded b	Elder	15	BA of Science in Chemistry
Responded c	Elder	14	BA of Science in Agriculture
Responded d	Elder	10	Individual Psychological Counsellor
Responded e	Leader	7	Special Education (MA)
Responded f	Leader	7	MA Special Education
Responded g	Leader	7	MA in Theology
Responded h	Leader	7	MA in German Linguistics
Responded i	Leader	10	Hospital Nurse
Responded j	Leader	1	Precision Mechanics

### 2.3.1 Observation 1: Views on Jesus Healing Commission and its Application today

All the participants from Paf.die.Gemeinde believe that the healing commission of Jesus is applicable today. Even though the church does not have a statement of belief on healing as found in many other churches and denominations. Their reading of the Scriptures and their conscientious interpretation leads them to understand that the divine healing is bestowed upon the body of Christ and is available today. They of the view that those who believe that the “gifts of the Spirit” comprising the gifts of healing have ceased and belonged to the era of Jesus and



the apostles up until the late first or early second century are “irresponsible in their hermeneutic and theology”.

To summarise, the respondents’ answers to the questionnaire revealed the following convictions:

1. All Christians should pray for the sick not just leaders.
2. Signs and miracles should help the person to come to faith.
3. There is no special healing gift required to be able to pray for the sick.

The participants of the Paf.die.Gemeinde have an optimistic view on divine healing. They of the view that divine healing is part and parcel of God’s redeeming work for his church today and that as a church (universal) it should be part of the ministry practice of the church.

At the same time, I observed that the church leaders do not seem to be agreeable to the beliefs and practices of many independent, “extreme”, or “neo-Pentecostals-Charismatics” who preach a “health and wealth gospel”.

### **2.3.2 Observation 2: Views on the Current Practice of the Paf.die.Gemeinde**

The church leadership of Paf.die.Gemeinde officially introduced several years ago “the prayer for the sick” in the church. If people are ill, they can call on the leadership to pray for healing. The prayer for healing does not occur automatically or spontaneously as part of the main church services. From time to time prayers for healing are performed privately and in small groups. The belief, theological conviction, and practice of the Paf.die.Gemeinde leadership are thus amenable to Pentecostal-Charismatic orientations.

#### **A. Healing Prayers for the Sick who are Professing Christians**

In the case of their own illnesses, the participants use the following steps:

1. Initially they pray for healing for themselves.
2. They go to the doctor seeking medical help.
3. They seek help of a healing ministry (including seeking the prayer of a fellow leader(s) in the church, which is mainly done privately)

My experience as the person responsible for healing prayer at Paf.die.Gemeinde is that believers and guests rarely use the “services” available to them. Partly because the communication and theological conviction emanating from the leadership is not spontaneous. The approach to pray

for the sick does not seem to be a core belief and practice. It almost appears as a ministry that could be classified as a by-product.

### **B. Healing Prayers for the Sick who are Non-Christians**

The most striking observation is that the prayers for the sick, who are non-Christians are no longer used by all. The frequency is reduced to “rarely”. The restraint attached to praying for the healing of non-Christians does not stem from their optimistic theological conviction as documented in their summarised statements earlier.

The reasons mentioned as to why prayers are not made frequently for non-Christians are the following:

1. Fear of men.
2. How do I respond when God does not heal?
3. What will others (believers and non-believers) think of me?

This indicates that although the leaders of Paf.die.Gemeinde have an optimistic view of divine healing their theological beliefs and healing practice are somewhat incongruent. They seemingly possess unanswered theological questions, which seem to influence their healing practice. There also appears to be a difference in how they approach the practice of healing in relation to the status of the person as outlined above.

Overall, the leaders of Paf.die.Gemeinde are of the opinion that the healing ministry offered by the church in Kirchberg is scarcely known to ill persons seeking support in the church and those in the surroundings with reference to the prayer for the sick, which was introduced several years ago.

### **2.3.3 Observation 3: Views on Types and Layers of Healing**

My observation of Paf.die.Gemeinde is, that similar to the views expressed by the participating churches the leaders also believe there are other forms and types of healing. In its desire to preach a holistic gospel they understand that people suffer from other forms of hurt, pain, sadness and distress that require “soul healing” which includes intellectual, psychological, emotional and spiritual healing.

They felt that Jesus’ ministry and that of the early NT church focused quite strongly on physical healing as a sign of confirming the gospel message as a demonstration of God’s love and power to humankind. They were of the view that this ministry is greatly neglected in many churches for various reasons. They also suggested that in first world countries including Kirchberg, where

western philosophy, agnosticism, esoteric practices and atheism are flourishing the manifest presence of God, affirming his redemptive work in the world is much needed.

They continued that there was something special about divine physical healing in biblical times. In their view, healing is both a sign pointing to, and a manifestation of the power of the gospel as part of the in-breaking of the kingdom of God. They stated that the church is the agent of the mandate that Christ has given to preach and heal. This is the assigned task to spread the good news through evangelism and mission. What is more, they believe that carrying out God's restorative power is made tangible with healing signs and wonders forming part of its ministry tools without necessarily abusing the "gifts of healing" available to today's church.

#### **2.3.4 Observation 4: Views on the Theology and Role of Medicine**

Paf.die.Gemeinde believes medicine plays a role in God's plans for the healing of the sick. They do not express a hard line on the use of medicine or appropriating medical health care systems. According to the respondents, medical care and divine healing are not mutually exclusive. They did not reveal a cynicism regarding medicine or the health care-system. For the respondents there is no conflict between divine and medical healing.

They opined, divine healing is a special gift God bestows upon the church in general and certain individuals in particular where He heals without medical intervention or care. This healing is wrought by faith in the realised atoning work of Jesus Christ. They believe Jesus (God) is the Great Physician and due to his all-powerful and sovereign nature, is capable and does heal without medical assistance. This view is seen as part of God's redemptive saving grace.

Medical assisted healing is healing which God oversees and allows. Due to the make-up of the human body, the influence of the environment and scientific (medical-related) principles, which are under the authority of God, he allows humans to create medical treatment, provide corrective surgery and medical care. In both instances, healing is ultimately a product of God's all knowing, sovereign, all-powerful governance of the universe.

#### **2.4 Experiences of Divine Healing at Paf.die.Gemeinde**

A number of our leaders had experienced physical healing at some point. Ten healings were documented. They were healed of the following complaints: Fever, lumbago, migraine, burning red eyes, chronic rash above the eye, chronic bladder infection, headaches, and skin cancer. Participants who have experienced healing were asked how the healing happened and how they experienced it.

#### **2.4.1 Through Prayer and Faith**

Six of the healings were spontaneous and four supported by a long period of sustained prayer. The prayers of faith either offered by the afflicted or by other believers, were addressed to a sovereign God. Faith here seemingly had its origin in the deep existential realisation that everything comes from God. The petitioner placed all his/her trust in God's work, which includes physical healing. For the petitioner, healings were the desired objective, in the knowledge that God is sovereign.

#### **2.4.2 Through Forgiveness of Sins**

In two cases of healing, God healed individuals when they asked God for forgiveness from sin. Pearson (2004:62) says, "There is often a connection, a cause-and-effect relationship, between sin and sickness, between repentance and health." These two cases show a connection between sin and sickness of some sort.

#### **2.4.3 By Word of Knowledge**

During a healing service, one respondent received a word of knowledge, and from that point, he was free from complaints. Herrmann (2001:117), who holds healing services in Germany, wrote, "The word of knowledge is a powerful point of contact for the belief of the sick people concerned. Belief is activated by the word of knowledge." The majority of the cases of healing reported in his book (2001:118) were a direct healing consequence of the spoken word of knowledge. The experience of the respondent seems to echo the claims of Herrmann.

#### **2.4.4 Through Conventional Medicine**

The one respondent underwent surgical intervention, which prevented the cancer from spreading. Medical advances, it is generally believed, not only improve the quality of life of patients, but also greatly increase chances of cure and survival.

### **Chapter Conclusion**

In the German-speaking areas, the subject of healing proves from a theological perspective, to be a story generally of neglect. Although there is a small interest in understanding and limited practice of divine healing, new awakenings can be recognised. The diverse influencing factors as highlighted in this chapter shape the population in Kirchberg. Furthermore, with an adherence of over 50%, Evangelical Reformed type churches (the most prominent in the area) hold a conservative view. Subsequently, people separate medicine and religion.

In some sectors of the church there seems to be an optimistic outlook. In these churches, the subject of healing is present and praying for healing is practiced in different forms. However, they only make up 2-4% of the Swiss population. They strive in terms of their response to have a holistic view i.e. the individual consists of body, soul and spirit and healing must affect all these areas<sup>2</sup>. They do not consider medicine to be in opposition to divine healing and they work together with doctors, psychologists, and counsellors. There is particularly a close cooperation with therapists and psychiatrists in the case of mental illnesses.

The next chapter develops the biblical basis for and a call for the Paf.die.Gemeinde to understand and respond appropriately to a responsible biblical-theological view on healing. In other words, what does the Bible teach on the topic and how should the church in general and specifically the Paf.die.Gemeinde respond to the teaching of the sacred text. The focus is on the healing ministry of Jesus and the early NT church.

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<sup>2</sup> No attempt is made to defend or promote a trichotomous view of humans. Nor to compare or contrast it with a dichotomous view.

## **Chapter 3**

### **Reflections on Three Schools of Thought on Divine Healing**

#### **Chapter Introduction**

The previous chapter demonstrated insight into the views of German-speaking theologians in the area on the subject of healing, the practical and theological views of participating churches, and the viewpoint(s) of the Paf.die.Gemeinde on the subject were also explored and described.

This chapter deals with the second research sub-question: What are the biblical explanations or descriptions for divine healing that could be considered as normative?" The first part in this chapter will describe an overview of the three most dominant schools of thought on divine healing: cessationism, the continuantist and the open but cautious view. The second part will explore and articulate a theology of divine healing by focusing on the ministry of Jesus and the early NT church.

#### **3.1 Cessationism**

Cessationism comes from the word "cease". Cessationist usually believe the gifts of the Holy Spirit, such as tongues, the interpretation of tongues, prophecy, word of knowledge and healing, ceased being practiced at some point in church history (Lofquist 2012:7). Cessationist believe that the end of the apostolic age and the completion of the New Testament writings brought about a cessation of the miracles associated with that age (Smith 2001:39).

Cessationism is not a new development of the anti-charismatic movement. It has been evident throughout church history. From a historical perspective, all reformers rejected the gift of healing at some level in their theological thought form. They believed that the gifts of healing were only for the apostles (Klibengajtis 2008:47). The Geneva Reformer John Calvin (2008:827) wrote in his "Institutes of the Christian Religion", "Has that gracious gift of healing stopped, as well as the other miracles that the Lord wanted to let happen for a while. It has now nothing to do with us". Luther experienced miracles in his later years. Nevertheless, he has never changed his theology, so that both - rejection and experience of miracles - stand next to each other in his work (Schmelzer 2013:81). Historically speaking, evangelical Christians (from Martin Luther to Jonathan Edwards to Charles Spurgeon) have held to a cessationist position (Busenitz 2012:11). Contemporary cessationist include names like Walter J Chantry (1976), John MacArthur (1992) Richard L Mayhue (1992), Robert L Thomas (1999), and Peter Beyerhaus (1996). These are respected men in the evangelical church and they are convinced theologically that the power and

revelatory gifts ceased and was unique to the NT and apostolic era. Nonetheless, these conclusions are not convincing and leave much to be desired. Unfortunately, due to the inherent constraints of the mini-thesis, it is beyond the scope of the mini-thesis to appraise this theological position in a comprehensive manner.

## **3.2 Continuanist**

Continuationism comes from the word “continue” and is the view that the miraculous gifts continue, are normative, have not ceased, and are available to the church and believers today (Boyd and Eddy 2009:238). These gifts are to be used responsibly under the guidance of the Holy Spirit and the authority of the Scriptures. The continuantist view has received more attention with the birth of Pentecostalism (Busenitz 2017:116). Historians divide the Pentecostal-Charismatic movement into three main categories called “waves”, which are presented in this helpful summary: the first wave, classical Pentecostalism, the second wave, the Charismatic movement and finally, the third wave, power evangelism group (Zarley 2015:31). The continuantist view includes normally the Assemblies of God, Church of God, Apostolic Faith Churches, most Bible-based charismatic, Pentecostal groups and conservative continuantist (Driscoll 2013:107-108).

### **3.2.1 German Holiness Movement**

How did it happen that the subsequent Pentecostal doctrine consciously integrated the healing of the sick in their community work? The German Holiness Movement one of the forerunners of Pentecostalism sees the start of its history in English Methodism and in the American Holiness Movement. A direct effect of the Holiness Movement was the new interest in faith healing (Doebert 1960), which ultimately led to an international healing movement. The basis of this healing movement within the Holiness Movement was the belief that as a result of perfect holiness or entire sanctification diseases could come to a standstill because the disease is a result of a sinful life. Since the apostolic gifts are still available today, Christians are encouraged to seek healing by prayer and the laying on of hands on the sick. However, the main impetus to the worldwide healing movement in the late 19th century came from Germany and ironically Switzerland. Precursors and pioneers were Johann Christoph Blumhardt (1805-1880), Dorothea Trudel (1813-1863) and Samuel Zeller (1834-1912) (Holthaus 2005:334-340).

### **3.2.2 Healing Movement in the United States of America**

Ethan O. Allen (1813-1902) is considered the founder and pioneer of the healing movement in the United States of America (USA) (Chappell 1988:8-9). As a typical representative of the

Holiness Movement, he associated the conviction of perfect holiness with the concerns of healing the sick. Better known than Allen was the Boston physician Charles Cullis (1833 to 1892). He stressed not only the healing of the soul but also the body. Cullis through his life's work became the father of the sick healing movement in the USA. Nonetheless, the most famous and controversial healing evangelist of the USA was John Alexander Dowie (1847-1907), who should not be forgotten around the turn of the twentieth (20<sup>th</sup>) century. He rejected any use of doctors and medicines and was certain that divine healing must happen instantaneously (Holthaus 2005:350).

Within the global healing movement, there were extreme and moderate views. Later Pentecostalism consciously accepted the doctrine of the healing of the sick from the Holiness Movement (Holthaus 2005:353). Both Charles Parham and William Seymour as well as Aimee Semple McPherson took on those beliefs and made them an integral part of the emerging Pentecostal Movement (Hardesty 2003:101-108).

### **3.2.3 Classical Pentecostalism**

The first wave refers to the traditional or classical Pentecostal movement. It has its roots in the sixties and seventies of the 19th century in the American Holiness Movement. The “Holiness Movement” was a revival of American Methodism. Especially under the influence of Charles G. Finney, Dwight L. Moody and Reuben A. Torrey many believers stretched out for the experience of a spiritual baptism and that of heart cleansing (Sullivan 1986:165). In general, the beginning of the Pentecostal movement dates to the revival, which started on Saturday, April 14, 1906 in the “Azusa Street Mission” Los Angeles and rapidly expressed itself as a New Pentecost (Anderson 2004:33).

Classical Pentecostalism emphasised the baptism in the Holy Spirit with tongues as the physical initial evidence. The doctrine of baptism of the Spirit and spiritual gifts is characteristic of the Pentecostals with a special emphasis on tongues (Hiller 2009:20). Pentecostalism matured and settled doctrinally to hold the following doctrines: “(1) baptism in the Holy Spirit is an empowering experience subsequent to conversion and should be sought by Christians today, and (2) when baptism in the Holy Spirit occurs, people will speak in tongues as a sign that they have received this experience; (3) all the gifts of the Holy Spirit mentioned in the New Testament are intended for today” (Grudem 1996:11). This view as outlined above is prominent in many Pentecostal type churches today.



### **3.2.4 Charismatic Movement**

The second wave is also known as the “Charismatic Movement”. There is debate over the date of its beginning. However, frequently, pastor Dennis Bennett of the Episcopal Church in Van Nuys, California, states the 03 of April 1960 relating to the baptism of the Spirit and the realisation of all the gifts of the Spirit not only tongues, as the beginning of the “Charismatic Movement”. He considered the Charismatic Movement as a distinct movement at least in the United States. In the “second wave”, the special baptism with the Holy Spirit and speaking in tongues are no longer as crucial as in classical Pentecostalism (Bühne 1989:98). More important, however, was the form of worship through praise and adoration with a strong emotional component and the exercise of certain charisms, especially the healing of the sick, exorcism and the struggle with spiritual forces and prophecy (Hocken 1999:404). The charismatic renewal began to have an impact on mainline Protestant and Roman Catholic churches. There is no representative charismatic denomination in the United States today, but the most prominent charismatic representative was probably Pat Robertson founder of Regent University and the Christian Broadcasting Network (Grudem 1996:11) and a South African David Du Plessis, nicknamed Mr Pentecost.

### **3.2.5 Power Evangelism**

The *Third Wave* also known as “Power Evangelism” or “The Signs and Wonders Movement” began in the 1980s and essentially refers to the influence of Pentecostalism within Evangelicalism (Hiller 2009:23). Historically, the key figures in this movement would include the late Peter Wagner, John Wimber, and the Vineyard Church (Lofquist 2012:7). Third Wavers encourage the equipping of all believers to use New Testament spiritual gifts today and say that the proclamation of the gospel should ordinarily be accompanied by signs, wonders, and miracles according to the New Testament pattern. They generally teach that baptism in the Holy Spirit happens to all Christians at conversion, analogous to Reform theology and that subsequent experiences are better called “filling” or “empowerings” with the Holy Spirit. Though they believe the gift of tongues exists today, they do not emphasize it to the extent that classical Pentecostals do” (Grudem 1996:12). Donald Gee, Hugh Jeter, Robert Menzies, Vernon Purdy, Jack Hayford and John Wimber are of this persuasion (Wright 2002:283-286). Third Wavers and Classical Pentecostals are in agreement that the gift of miracles, the gifts of healings and the gift of faith are important in divine healing (Anderson 2004:211).

### 3.3 The Open but Cautious View

The open but cautions position represents the broad middle ground of evangelicals who do not fall in one of the above mentioned camps. “These people have not been convinced by the cessationist arguments that relegate certain gifts to the first century or apostolic era, but they are also not really convinced by the doctrine or practice of those who emphasize such gifts today either. They are open to the possibility of miraculous gifts today, but they are concerned about the possibility of abuses that they have seen in groups that practice these gifts” (Grudem 1996:11-12). They do not want to “put God in a box” and are therefore “open” to God granting miraculous gifts, but are “cautious” because of the abuses (Gilley 2012:30).

**Table 3: An Overview of the Healing Ministry**

School of Thought	Origin	Protagonist	Beliefs
<b>Classical Pentecostals (First Wavers)</b>	Late eighteen to early nineteen hundreds (1890 – 1906)	Charles Parham, William Seymour, Aimee Semple McPherson	Believe speaking in tongues is the initial physical evidence of being baptised in the Holy Spirit. Spirit baptism is necessary for ministry.
<b>Charismatics (Second Wavers)</b>	Late nineteen fifties (1950s)	David J. du Plessis, Pat Robertson	Believe charismatic gifts (1 Cor 12:1-11) are central for ministry today in the church.  Focus more on worship; Spirit baptism is not crucial.
<b>Signs and Wonders Movement (Third Wavers)</b>	Around nineteen sixties to the early eighties (1960-1980).	Peter Wagner, John Wimber , Jack Hayford	Soteriologically influenced by the Reformers. Believe charismatic gifts are central for ministry today, all believers are equipped with spiritual gifts.
<b>Open but Cautious</b>	Around late twentieth century	Wayne Grudem, Robert L Saucy	Believe charismatic gifts still exist, but they should not be emphasized.

### 3.4 Towards a Theology of Healing

Having read various articles, books, commentaries and exegetical papers on the subject of healing over the last two-four years, the position paper of the Assemblies of God General Presbytery

(AGGP) appears to be the most biblically consistent document. Drawing strongly but not exclusively on this document below I outline a theology of healing.

### 3.4.1 Divine Healing is an Integral Part of the Gospel

“The ministry of both Jesus and the apostles gives evidence that divine healing was integral to the proclamation of the gospel message” (AGGP 2010:1). Scholars agree healing miracles were a significant part of Jesus’ ministry. Joel Green (2007:758) counts eighteen (18) healings and four (4) healing summaries in Mark, nineteen (19) and four (4) in Matthew, twenty (20) and three (3) in Luke. John has four (4) healing signs, including his climactic one: raising dead Lazarus to life.

**Table 4:** Healings and Healing Summaries in the Gospel

Book	Healing Event(s)	Healing Summary
<b>Matthew</b>	20	3
<b>Mark</b>	19	4
<b>Luke</b>	18	4
<b>John</b>	4	1

The purpose or reason behind these healing narratives served as a witness to Jesus as God incarnated, the promised Messiah and Saviour of the world (Jn 10:37-38). From the beginning of his Gospel, Luke’s message is, that in Jesus including his miracles, God is fulfilling his promise to bring salvation to his people (Twelftree 1999:2541). The mandating of the mission to heal is most clear in Matthew 10. The mission given in this text is to establishing a continuity between the deeds of Jesus and those of his closest disciples (Bate 2001:71). Following Jesus' example, the disciples are to proclaim that God's reign has drawn near (Mt 10:7; 3:2; 4:17) not only with words but also with acts of healing (Ulrich 2007:78).

John 14:12-14 highlights the fact that the gift of divine healing, miracles, signs and wonders were not limited to Him. Jesus himself said you will perform these gifts and that they will be greater quantitatively not qualitatively. Jesus would continue his work even more strongly. “The “works” in verse 12 are clearly intended to include the miracles of Jesus, so the greater works would naturally include the miracles of the followers of Jesus” (Twelftree 1999:3542). The New English Translation (NET), in the first part of verse 12 reads, “the person”, this shows that Jesus has

general followers in view, not only the apostles, NT or first century believers. Nowhere did Jesus teach that the gifts will cease. The opposite seems true; they will continue (AGGP 2010:2).

A number of theologians, for example Bittner (2007:51), Levine (2006:147), Krentz (2004:28), Bailey (2003:189), Hardmeier (2009:222), have shown that the Great Commission was initially given or introduced to the disciples in Matthew 10, where Jesus sends them out to preach and to heal the sick. Initially, this commission was given in relation to Israel, but was later revealed to include all nations. Matthew 28 should be read against this backdrop of Matthew 10 they argue. In other words, the Great Commission is expanded in Matthew 28. Bittner (2007:51) writes the following to conclude this argument: “For the exegesis of Matthew 28, this means that the content of the mission from Matthew 10 must also be taken into account. Matthew 28 does not mention all elements of the mission.” This (Matthew 10 – initial commission) would then give credence to the longer version of the gospel of Mark.

The commission in Matthew and Mark is summarised by Bosworth (2000:666) in the following way: “Jesus present attitude is revealed by the fact that healing is a part of the Gospel that Christ commanded to be preached: (1) to “all the world” (Mk 16:15), (2) to all nations (Mt 28:19), (3) to every creature (Mk 16:15) (4) throughout “always, even unto the end of the world (Mt 28:20). This commission is followed by the promise, “they shall lay hands on the sick, and they shall recover” (Mk 16:18). Although many scholars debate and reject the longer ending of Mark, the ministry of Jesus and his teaching in John 14, his commands in Matthew 10 and 28 underscore his vision and mission for the church throughout all the ages as it relates to healing, signs and wonders.

Furthermore, “divine healing continued to be an integral part of the gospel through the ministry of the apostles and the early NT church” (AGGP 2010:2 and Cooper-White 2011:44). In Luke 9:2, 10:9, we see Jesus sent out the original disciples, which he also appointed as twelve apostles and the seventy-two to preach and to heal the sick. “Luke 10 serves as a prototype of the early church’s mission in Acts, in which healing, deliverance and proclamation of the kingdom continues” (Swartley 2012:69). What Jesus began to do during his earthly ministry, he continues to do through the church (Ac 1:1-8). This is the work of the Holy Spirit in the Church (Ajayi and Oke 2013:156). The Book of Acts record acts of healing by the apostles that flowed in continuity from both Christ's example and his direct commission (Cooper-White 2011:44). It is also noticeable that other believers were used by God to perform healings and miracles. Stephen and Phillip the deacons were used by God to preach the gospel and heal the sick (Ac 7, 8:5-7). In

Acts 9:12-18, the Bible narrates how God used a disciple, an ordinary believer by the name of Ananias to bring healing to Saul. Who arguably went on to become the greatest missionary of all time.

In the epistles, we also see the provision of spiritual gifts being emphasised (1 Cor 12:4-11). Gifts of healing, miracles, and miraculous signs are explicitly mentioned in the text. The purpose of these gifts is to build up the body of Christ and also to witness to an unbelieving world about the saving and tangible presence of God (Deere 1995:58). These purposes are still in effect today.

The book of James is an important text relating to the topic of healing (Warrington 2004:346). The guidelines in James 5:13-18 provide a path to wholeness and healing in their fullest sense: a potential harmony of the physical, emotional, mental and spiritual aspects of a person (Duncan 1988:57). James named the healing of disease, the restoration of strength, and the forgiveness of sins as the effect of this procedure (Kusch et al. 2009:30).

### **3.4.2 Divine Healing is Provided in the Atonement**

The primary purpose of atonement in the Old Testament was purification from sin (Lv 16:30). Bokovay (1991:28) explains the Day of Atonement in Leviticus “was one on which the sins of the people were dealt with, a day when transgression, iniquity, and sin were covered so that the people of God could stand before Him and know that they were accepted by Him.” As an example of the above concept the AGGP (2010:4) explains: “The Law of Moses required that when the men of Israel were numbered, they were each to give a half shekel atonement offering for their redemption and to prevent a plague from coming upon them (Ex 30:11–16). Atonement thus provided cleansing from sin and its consequences, including sickness and disease”. A close reading of the Old Testament Law reveals that atonement also brought release from the penalty and consequences of sin. Through the cross event, the atonement God brought about restoration, blessing and favour (Bosworth 2000:490).

Thus, it has always been God’s intention to restore humankind spiritually and physically and too ultimately one-day eradicate the consequences of the fall (Seybold and Mueller 1981:67). In the Old Testament God revealed himself as the Great Physician, the Lord who heals (Exodus 15:26; Psalm 103:3). No sickness, not even death, is beyond his capability to overcome (Hill 2008:154). The Old Testament makes God's point of view about illnesses clear: it is something that He wanted to remove from the midst of his people (Gore 2014:81). “The Old Testament writers thus

underlined the fact that God can indeed heal his people in every aspect of their life” (Hill 2008:156).

With the arrival of Jesus, God incarnate, we read in Hebrews 4:14-15 that Jesus sympathises with our weaknesses and shortcomings, and also identifies himself with human plight in situations of testing and pressure (Hagner 2002:2107). In order to overcome these weaknesses as well as the human sin he made an atonement, a sacrifice with his life underscoring God’s nature to heal and save (Oyemomi 2013:118). Jesus was the ultimate atonement for redemption and restoration (Bosworth 2000:67). Jesus thus made a full atonement for the whole person (Moo 1988:202 and Allen 2001:48-49).

In a similar vein, the (ultimate and full) atonement of Jesus like in the sacrifices in the Old Testament was to provide reconciliation and overcome the consequences of sin. Redemption and restoration are thus the pillars of the words and works of Jesus (AGGP 2010:3-4). Although a particular sickness might not be the direct result of personal sin in the life of a believer or person, we understand the presence of sickness and disease is a result or consequence of original sin (Hill 2008:157). As a result, sin is viewed as part of the works of the devil, which Jesus came to destroy (1 John 3:8) and it is thus seen as part and parcel of the work of the Atonement (Brown 2011:10).

### **3.4.3 Divine Healing Is a Gift of God’s Grace for All**

Just as salvation is by grace through faith (Eph 2:8) so are all God’s blessings and gifts ours by his grace, or unmerited favour (AGGP 2010:4). The Lordship of God in Jesus brings salvation, with its healing power to all sorts of people and all sorts of needs. “Salvation” is the great inclusive word of the gospel, gathering into itself all the redemptive acts and processes: as justification, redemption, grace, propitiation, imputation, forgiveness, sanctification, and glorification (Bosworth 2000:754). As Moltmann (1990:108) puts it “Healings and salvation are related to one another in such a way that the healings are signs, this side of death, of God’s power of resurrection [...], while salvation is the fulfilment of these prefigured real promises in the raising of the dead to eternal life.”

The fundamental meaning of Jesus’ mighty deeds of healing (and exorcism) is this: God wills human wholeness, in its physical, psychological, and social dimensions (Carroll 1995:137). It is God’s will to heal (Brown 2011:10, Schmelzer 2013:35). God is love and therefore he wants the best for human beings. Jesus was the expression of the Father’s will. His life was both a revelation and a manifestation of the unchanging love and will of God (Bosworth 2000:530).

Many have asked over the years why does God not heal everybody at all times when prayed for. This is a legitimate question but also a question with no clear answer. Schmelzer (2013: 169-195) is committed to biblical truth as a basis for a balanced theology. In practice there are those who are miraculously and at times instantly healed. Yet others live with an ailment or disease for the rest of their lives without being healed. "The God-factor is something we always have on the radar, but we are also willing to bear the pain of people in their suffering" (Schmelzer 2013:192). This balanced theology leaves the pressure where it belongs: in the mystery. On the one hand, God wants to heal and has created the basic conditions for its occurrence and on the other hand, sickness or death are part of the reality of life in a fallen world. Our lives ultimately depend on God's grace (Hill 2008:178). God has amply demonstrated his desire to heal us in what his word says and in what Jesus did. Although there may be exceptions, we should not centre our theology on the exceptions but in the dominant teaching of Scripture (Pearson 2004:54). Our responsibility is to pray for the sick and God will do the healing. When God does not heal, we need to rest assured in him knowing best. Paul prayed three-times, meaning constantly, concerning the thorn in his flesh. Yet, God did not heal or deliver him. Paul went on to state, weaknesses, difficulties, trouble time and the like are to be borne in the body for the sake of Christ (2 Cor 12:8-10). We rest assured in God's willingness to heal and his Sovereignty when and who to heal.

Nowhere in the Old or New Testament did people demand healing. Rather, people approached prophets and Jesus acted compassionately towards them. Healing was not viewed as a right (Schmelzer 2013:35). We are to understand it as a gracious gift bestowed upon an individual (AGGP 2010:4).

Divine healing is a combination though not always of God's Sovereignty to act and "human" faith. God in the atonement as previously discussed has made provision for healing. Faith begins where the will of God is known (Bosworth 2000:1032). Believing faith is to trust the all wise, all loving, and all-powerful God to act according to his will (AGGP 2010:5). However, even a person without initial faith in Jesus (Lk 8:26-39; Jn 5:1-15) is able to experience healing (Twelftree 1999:5067). God also heals directly without medical assistance but also indirectly through the help of medical assistance (Pearson 2004:7). At times healing takes place instantaneously and at other times the healing is progressive or after prolonged prayer (Atkinson 1993:31).

### **3.4.4 Divine Healing will be Fully Realised When Christ Returns**

The church is currently living in an era between the first and second coming of Christ. With his first coming Christ as Lord and Saviour of the world through his life, ministry, death and resurrection, provided the atoning sacrifice for sin and its negative consequences. The kingdom of God is essentially a future kingdom, but one that we can experience now. Although the best is yet to come, we are not just being consoled with the afterlife (Schmelzer 2013:180). The kingdom of God is visible in this world; it shows up in signs and miracles, but remains unfinished in this world. It would be more correct to present the Kingdom of God as something that is already open to us, as it exists, to some extent, parallel to our world (Schmelzer 2013:182). Ladd (1959:22) describes the conflicting theological priorities of the kingdom of God as follows: (1) some passages of Scripture refer to the Kingdom of God as God's reign, (2) some passages refer to God's Kingdom as the realm into which we may now enter to experience the blessings of His reign, (3) still other passages refer to a future realm, which comes only with the return of our Lord Jesus Christ into which we shall enter and experience the fullness of His reign. The Kingdom of God only arrived in an inaugural form, but has not yet fully been consummated or realised, and will not be until Christ's second coming (Allen 2004:ch 2).

The Bible teaches that the full restoration or redemption of the body will only come when Jesus ushers in the fullness of his eternal kingdom with his second coming (Rom 8:23; 1 Cor 15:42-44; 51-54). "Yet our physical natures are fragile. Our "outer nature" is wasting away (2 Cor. 4:16), but as we share in the power of Christ's resurrection [...] this "perishable nature" will put on the "imperishable" (1 Cor. 15:53), and we shall be "further clothed" (2 Cor. 5:4) with "spiritual bodies" (Atkinson 1993:40). As long as this temporal tension is part of our salvation, as Beker (1994:17) says, "Christians live existentially in the tension of the present uncompleted existence in solidarity with an unredeemed creation."

Paul in 1 Corinthians 6:19 states that our body is the temple of the Holy Spirit and we need to take care of it. As long as a person walks on the earth the body remains subject to decay as a consequence of the fall and in a world where sin still operates (AGGP 2010:6). Healing is also available to the aged, but the part that is healed usually continues to age like the rest of the body (Bosworth 2000:457). We do not yet have the eternal redemption of the body.

The promise of divine healing is not an escape from suffering for the sake of Christ in this world (AGGP 2010:6). Hebrews 5:8; 1 Peter 2:19, 21; 4:12-14.19 teaches suffering is to be expected and we are to endure during times of suffering like Jesus did (Warrington 2006:157). In addition,



divine healing should not be viewed as a substitute that allows us to be negligent both physically and mentally. We should ensure we take care of our bodies.

### **3.5 The Debate Continues**

For many within the Christian tradition, the debate regarding the cessation and continuation of the sign gifts and in particular, divine healings is an ongoing debate. Many continue to be receptive to and yet again many question the relevancy and normalcy of divine healing. Those who argue against the continuantist perspective are of the view that those who conclude that the sign gifts and divine healing are continuous believe that what underscores continuantism is a presupposition that is being read into the various texts dealing with divine healing.

As was shown in this chapter, although there are three dominant views on the reality and biblical possibility on divine healing. And although I am perceptive of the genuineness with which the cessationist and open but cautious view put forward their views. The biblical component, the descriptions and limited exegetical study demonstrate that the continuantist view depicted in this chapter, results from responsible hermeneutics and deserves much more credit than to be considered a presupposition.

Apart from those who argue that the sign gifts have ceased there are also those who are open but cautious. They are open because of the mystery involved in divine healing and cautious because the susceptibility to the abuse and misuse of these gifts. Smith (2006:5) reasons

“The Corinthian church so misunderstood and misused spiritual gifts that the apostle Paul had to spend three long chapters correcting their abuses (see 1 Cor 12-14). The striking thing about his response to their excesses is that he never once discouraged them from seeking to be used by God in spiritual gifts. Although they had seriously abused some gifts, he never took the view that “abstinence is the safest solution.” On the contrary, he encouraged them to continue to desire spiritual gifts, just to be sure to understand how to use them in an orderly way so as to honour the Lord”.

Smith’s view seems to be consistent with the trajectory of this chapter in affirming the continuantist perspective. If the (Wesleyan) quadrilateral mode of theological enquiry is

considered, that is, Scripture, sanctified reasoning, traditioning and experience, the continuantist perspective provides a conscientious argument. Even so, the debate will continue beyond this mini-thesis and the topic will continue to be deliberated on in the worldwide church.

## **Chapter Conclusion**

This chapter, describes the preferred scenario and articulated a theology of divine healing. An overview of the three most dominant schools of thought on divine healing not faith healing was described, namely cessationism, the continuantist and open but cautious view. The chapter also communicated the four leading points of a theology of divine healing which depicts a continuantist viewpoint. Several scriptures were surveyed giving evidence that the continuantist viewpoint seems to be the one most consistent with the biblical text. Those who claim healing ceased at some point in time lacks critical evidence. The ministry of both Jesus and the apostles gives evidence that divine healing was integral to the proclamation of the gospel message. The review of other pertinent scriptures also painted a picture of the holistic nature of the gospel. “God’s kingdom which was wrought by Christ through his healing ministry affects beings holistically, by curing their physical, moral-spiritual, psycho-emotional, societal and ecological dimension” (Nyamiti 2006:142).

Healing is essentially provided in the atonement sacrifice of Christ. There remain some philosophical questions as to why God does not heal everyone who sincerely request him to heal them. However, healing must always be understood as the provision of a gift and no demand could be made to a Sovereign God to heal purely based on human request or demand. God has amply demonstrated his desire to heal us in what his Word says and in what Jesus did. Although healing is available, many have experienced divine (instantaneous), and medical assisted healing, however, it only serves as a foretaste of what is to come in eternity.

The next chapter, the practical solutions along with a tactical and operational plan are presented for the Paf.die.Gemeinde. The chapter will create a synergy between some of the most pertinent points in chapters 2 and 3 towards its development of a theology of healing for the church under discussion.

## **Chapter 4**

### **A Ministry Plan of Action for the Paf.die.Gemeinde**

#### **Chapter Introduction**

In Chapter 3, the three most dominant schools of thought regarding healing are presented. In the second part of the chapter, the biblical principles of divine healing were conceptualised on the basis of the “continuanist” point of view, which appears to be the most convincing. The healing ministry of Jesus and the apostles’ gives the certainty that healing is part of the Gospel and that God wants to provide holistic healing.

In this chapter, the third secondary research sub-question is answered: “How can the Paf.die.Gemeinde openly and effectively communicate and practice its beliefs on the subject of divine healing.” Using the findings from Chapters 2 and 3, in Chapter 4 recommendations are formulated in detail for Paf.die.Gemeinde and are weighted as result of the research.

#### **4.1 Findings and Recommendations**

##### **4.1.1 Finding 1: The Paf.die.Gemeinde does not at present have a well-balanced theology on the subject of healing**

In the founding years of Paf.die.Gemeinde the church did not have a clear position on the subject of divine healing. Unfortunately up to this day, the church still does not have a clear position. At one time all three schools of thought were present in the church. This amalgamation of views was to be expected as the church brought together people from various church backgrounds. At some stage the church leadership felt a desire to understand the topic of healing better and the need to explore the subject from other theological traditions. This brought them into conversation with Pentecostal-Charismatic theology. Naturally, they had concerns around the extreme views in certain pockets of PC-theology. At the same time, the leadership did not see cessationism as the answer to their dilemma in promoting a biblical view on the subject of divine healing. They were not persuaded according to the cessationist viewpoint, as it raises more questions instead of providing a convincing and persuasive viewpoint based on the scriptures they select for their perspective. Nonetheless, the continuantist perspective gained more prominence in the church and prayer for the sick was later introduced, but the position of the church was not communicated clearly.

#### **4.1.2 Recommendation 1: Paf.die.Gemeinde should develop a well-balanced theology on the subject of healing**

In order to address these competing viewpoints and to remove the tension fields and avoid cases of extremism it is recommended that the Paf.die.Gemeinde develop a well-balanced theology based on biblical truth. Focusing on divine healing will not be at the detriment of the other core doctrines. As Fernando (1998) puts it, divine healing and signs and wonders should never become our primary ministry even if certain individuals are gifted in this area. Divine healing points to the Divine Healer and his desire to have a relationship with each and every person. Divine healing reveals a compassionate, caring and personal God and these attributes of God must reflect in the theology of Paf.die.Gemeinde. The church universal and the Paf.die.Gemeinde in particular are to be pursuant of a more comprehensive theology. A balanced theology is the basis for a healthy healing ministry (Hill 2008:193). It is further recommended that the theology of healing for the Paf.die.Gemeinde cover three noticeable sub-topics, namely, medicine, alternative and divine healing from a biblical perspective.

##### **4.1.2.1 Divine Healing**

In chapter three, my outline of a theology of healing from a continuantist view includes the recommendation from Moore (2008) for a well-balanced theology. Firstly, Jesus ministry of healing announces the arrival of a more powerful Kingdom of God (Hill 2007:166). Jesus, the Messianic King has brought about the Kingdom of God. A Kingdom characterised by miraculous healing (Mt 11:5 and 12:28) as part of the loving character of God. Secondly, redemption finds its centre in the cross of Jesus Christ. The fundamental principle of divine healing rests on Jesus' atoning sacrifice. Thirdly, there are the healing promises of God. God is willing to heal and has given to the church the authority to heal in Jesus name. Moore (2008:15) concludes: "Putting these three things together, we accept the small question marks which remain in our practice of the healing gifts, but press forward in faith that our experience of healing will increase as we move further along from Pentecost to the Parousia."

Referring to the above-mentioned theology of healing the thesis by Schmelzer (2013:169-195) could be of assistance in providing a deeper basis for Paf.die.Gemeinde in arriving at a well-balanced theology. He suggests that any theology of healing must consider belief or faith, the Kingdom of God and mercy. The belief that God wants to heal is necessary if one is to expect healing at all. However, not everything can be explained based on the first pillar, belief. Those affected may often have to cope with failure. In order to counteract this tension, it is therefore

helpful to know that the Kingdom of God has current and future aspects and should rest in the Sovereignty of God. To that end, Paf.die.Gemeinde must find a compassionate way to deal with sick people who have not been healed neither by prayer nor by medicine.

#### **4.1.2.2 Medical Healing**

Medicine has a share in the biblical healing mission. Gaiser (2010:247) writes that, “God’s healing often occurs through the normal created order, as, for example, through physicians and medications.” In the Bible, medicine is not criticised (Fischer-Homberger 1977:14-15); instead, it gives positive examples of therapies at the time, such as wounds being pressed, cleaned (disinfected) and dressed (Is 1:6, Lk 10:34). All of the participant churches viewed the role of medicine positively. God has served the needs of humans by creating a highly diverse plant kingdom, which is full of effective medicinal ingredients. However, just as with chemically produced medicines, a certain degree of caution needs to be exercised when using herbal remedies (Bewegungplus 2016:16). The breakthrough in medicine abetted the credibility of medicine for many people, and great progress was made in many areas (Jakob 2007:7). Life expectancy in western countries has increased considerably in the 20th and 21st centuries (Raaij 2016:77). The same could be said of what is happening in other parts of the world.

#### **4.1.2.3 Alternative Healing**

Because of the negative impacts of contemporary medicine, the number of Swiss people seeking medical treatment via alternative means is rising constantly (Bewegungplus 2016:16). The emphasis has long since moved away from collecting tried and tested homespun remedies, and a quite different set of ideological methodological principles are now at play (Pfeifer 2008:1). The cures and treatment practices, which are emerging, are frequently controversial with regard to efficacy and also serve as a vehicle for other views of life. The influence of these must not be underestimated (Bewegungplus 2016:16). One of the pastors interviewed mentioned that esoteric practices are increasingly being offered by churches of his denomination. There is a greater need than ever for the wisdom to apply methods and means, which have their basis in nature without resorting to esoteric sources. The evaluation method developed by Anderson and Jacobson (2012) provides a tool for the differentiation of alternative practices. (1) Historic background – what is the nature of the historic background of the method? (2) Religious basis – what sort of religious conviction does the method represent? (3) Biblical holism – does the method address the whole person? (4) Science – how can the method be reconciled with the laws of nature? (5) Spiritual evaluation – does the method contain a spiritual dimension? These five areas serve as a

practical guide to recognise God's guidance in the alternative healing and medicine decision-making process.

With regard to the utilisation of medical services, alternative medicine treatments, and even extreme Christianity offerings are not always feasible or useful. The fundamental approach is to affirm a holistic consideration of the person in terms of all aspects of life. This should, however, be based on the word of God and the image of man developed therein (Pfeifer 2008:38).

#### **4.1.3 Finding 2: Paf.die.Gemeinde does not at present have a formal statement of faith on the subject of healing**

In summary, the following was concluded from the leaders of Paf.die.Gemeinde. They believe that the healing commission still applies today. They are basically convinced that all Christians should pray for the sick and are optimistic, that God wants to heal through them. They are convinced that should someone not be healed, this has nothing to do with a deficit in faith.

Paf.die.Gemeinde has a statement of faith (in church documents), but the subject of healing is missing. The study found that the leaders of the church possess unanswered theological questions on the subject of healing. The difficulty in the subject of healing is that a conscientious analysis challenges one to deal with the whole repertoire of conventional theology. The church leadership apparently did not face the subject head on. The topic was too delicate and laborious to be addressed.

Nevertheless, divine healings were experienced in Paf.die.Gemeinde as summarised by the leaders in Chapter 2. It is conspicuous that these were not based on any (official) healing theology, and neither did any healing seminars take place to offer a pattern via which the theory and practice of a healing service could be learned. Everything tended to be subjected to a living process of growth based on the "learning by doing" principle. During this period, the church leadership became aware that a solid biblical foundation is needed in this thematic area, I was then tasked to research and propose a theology of healing based on sound Bible interpretation principles for our church's ministry.

All the circumstances mitigate that the Paf.die.Gemeinde should formulate a statement of faith on healing. This is imperative, as the theology of the church ought to drive the practice of the church. Those who are clear about what they believe are also in a position to talk about and practice it freely (Schweyer 2013:17-18).

#### **4.1.4 Recommendation 2: Paf.die.Gemeinde should formulate a statement of faith on healing**

A health statement of faith summarizes the church's position on key doctrinal subjects. The statement of faith gives members the opportunity to intelligently provide information about the subject of healing. The statement tries only to give a short overview and content summary of the Bible, and it is valuable because of its brevity in particular (Gerlach 2002:35). It enables clarity, and avoids people to get carried away with small matters, insignificance and endless discussions. It helps members strengthen and formulate their faith in relation to healing, and provides an orientation aid to find out the essential information in terms of divine healing (Schweyer 2013:17-19).

The statement will enable fellowship and unity within Paf.die.Gemeinde. It is intended to express individual and also collective identity (Gossmann 2013:14). The statement is important, because it describes its identity and allows it to be recognised from the outside (Gerlach 2002:33). It will protect the teaching of Paf.die.Gemeinde against subjective interpretations of Scripture in relation to divine, medically and alternative healing methods. It establishes doctrinal essentials in relation to God's healing directives (McCartney 2015:1). The statement will also help in delimiting unhealthy doctrine (Gerlach 2002:33). A health statement of faith on healing will therefore summarise the church's position on a key doctrinal subject.

In chapter three, I pointed out that from my perspective the school of thought which presents the clearest and most accurate hermeneutic and theology on divine healing is the continuantist (including Classical Pentecostals, Charismatics and 3rd Wavers). This school of thought believes that the supernatural gifts of the Holy Spirit taught in the Bible have not ceased and continue to be manifested in this current age. This school of thought reasons that divine healing is an integral part of the gospel, divine healing is provided in the atonement, divine healing is a gift of God's grace for all and divine healing will be fully realised when Christ returns. Due consideration was given to the other schools of thought but they seemingly did not present a compelling and convincing and more importantly, a view consistent with the teaching and practice of Jesus and that of the early NT church.

The following statement of faith on divine healing from the continuantist perspective is recommended for Paf.die.Gemeinde.

## **Statement**

Paf.die.Gemeinde believes in the biblical foundation of divine healing and encourages their people to seek and offer the prayer of faith for the healing of the sick (Mk 16:18, 1 Co 12:9, Ja 5:13-18). It also believes in medical and alternative healing methods as long as it is consistent with the Bible (Is 1:6, 1 Ti 5:23) and wherein God is acknowledged as the ultimate healer (Ps 103:3).

### **4.1.5 Finding 3: Paf.die.Gemeinde does not preach and teach regularly enough on the subject of healing**

As I have already mentioned, the healing prayer according to James 5 was introduced effectively several years ago within Paf.die.Gemeinde. The offer to receive a prayer for healing (with the church leadership) was used fairly actively. My experience as a leader in our church shows, however, that the prayer of healing according to James 5 has declined considerably in recent years. Over the past few years, the topic of healing has hardly been preached and taught in church services. I cannot remember when last I heard or preached a sermon on divine healing. However, as a church, we concede there were competing topics, challenges, and problems requiring the church leadership attention. The seeming silence of our church could be a reason that the theology and practice of healing is not of great concern to the leadership and the church.

In the interviews with the different pastors, it was established that the churches found themselves in different stages. The spectrum ranged from “our church is in its infancy when it comes to the topic of healing” to “healing takes place in all departments of the church.” What stood out was that the churches who dealt with the topic of healing the most, seemingly offered a more comprehensive theological and practical healing ministry (for both Christians and non-Christians). These churches preached on the subject of healing and also organised seminars (with guest speakers), covered the subject in their magazine(s), and seem to be discussing biblical principles on the topic of “healing and health” in detail (BewegungPlus 2016:1-51).

### **4.1.6 Recommendation 3: Paf.die.Gemeinde should preach and teach regularly on the subject of healing**

As mentioned in Chapter 3, the healing mandate is clearest in Matthew 10. The healing mission of Jesus is already described in the early days of his work (Mt 4:23), where teaching, preaching and healing, are three activities describing the work of Jesus (Whitehead 1998:13). These aspects are emphasised, in a condensed manner, in the following chapters of the gospel of Matthew. The teaching and preaching of Jesus is unfolded in the Sermon on the Mount (Matthew 5:1-7:28),



and the healings by Jesus are reported in Matthew 8 and 9 (Popkes 2014:63-64). “Not only are the miracle chapters of 8 and 9 linked back to the teaching in chapters 5-7, but along with the Great Sermon on the Mount, the miracle stories prepare for the call and sending out of the disciples in chapter 10” (Twelfetree 1999:1448). The study by Whitehead (1998:58) underpins the relevance of teaching and preaching in relation to a healing ministry. He (ibid) articulates that preaching and teaching serves as tool to influence the church.

It is recommended that the Paf.die.Gemeinde intentionally incorporate preaching and teaching on the subject of healing in its pulpit and related ministries. I am of the opinion that Paf.die.Gemeinde has the following three opportunities to use teaching and preaching as a tool to positively influence the church on the subject.

#### **4.1.6.1 Sunday Worship Services**

The study of Whitehead (1998:58) suggests, “that a sermon series can have a positive impact on the attitude of a church.” This sermon series could see the church leadership preach on the subject. Another possibility would be asking external speakers to represent the continuantist perspective, which is deemed the most consistent with the biblical text (see chapters 2 & 3). It will definitely take more than one sermon to move people to action. The following example could give an idea on a series outline on healing:

**Part 1:** God created everything Good / Consequence to original sin (Gen 1-3, Ex 15:23-26).

**Part 2:** God as Healer in the Old Testament (Ex 15:26, Is 53:4-5)

**Part 3:** The Priority of Healing in Jesus’ Ministry (Mt 4:23-25, Mt 10:1.8)

**Part 4:** The Prominence of Healing in the Lives of the Apostles (Ac 3:1-10, 5:12-16)

**Part 5:** The Promise of Healing in the Ministry of the early NT church (1. Co 12, Jas 5:13-18)

**Part 6:** The Personal Call for Healing in the Life of the Believer (Mk 16:17-20)

**Part 7:** The Holistic Healing Ministry of Jesus (Mt 8:1-4)

#### **4.1.6.2 Homecell groups**

The home cell groups meet weekly, in the evenings, in different places. The Sunday sermon series could be discussed and if there are certain things that need clarification than the members have the liberty to ask questions. The homecell leaders will be trained on the subject and the perspective of the church. Only those in full agreement with the position of the church will be allowed to facilitate these sessions. The church will present a unified position and perspective.

Participants could read and discuss selective Bible-based books on the subject of healing or do systematic Bible studies. Working in particular through the synoptic gospels and the Book of Acts would also bring them in contact with the healing ministry of Jesus and the early NT church. They could also listen to DVD or CD's with workbooks or look to other materials approved by the leadership on the subject of healing.

#### **4.1.6.3 Workshops and Seminars**

Jesus spent three years carefully training His closest followers for the work they would do. The training in the church should be open to all but perhaps more geared towards those who have a call to serve in the healing ministry. The church should include not only theoretical instructions, but also practical training in ministering to the sick (visitation, visiting the ill in their homes or hospitals). In the ministry phase, different theological and practical questions emerge (Pearson 2004:224), which must be answered.

In comparison to a sermon, participants in a seminar are more actively involved, and are expected to collaborate. The seminar event enables the participants to acquire well-founded, expert knowledge (Lienhard 2015:11). Direct contact with the seminar leaders (external) also gives the participants the opportunity to clarify ambiguous, complex, theological, and practical issues, via either the seminar leader or in-group discussions.

While the theory part of a seminar is greater than the practical part, it is mostly the reverse in a workshop. A workshop is a course in which the participants themselves discuss certain topics and in which practical exercises are carried out (Wedekind and Harries 2005:19).

#### **4.1.7 Finding 4: The Paf.die.Gemeinde does not have an all-inclusive methodology in place in administering healing**

As mentioned above, Paf.die.Gemeinde had no (official) healing theology; instead, the whole concept developed mainly by following the pattern of "learning by doing." Chapter 2 shows that the leaders are afraid of praying for healing for non-Christians with the result that there appears a difference in how they approach the practice of healing in relation to the status of the person.

There are several approaches to the subject of healing today, namely, conventional medicine, alternative, complementary and esoteric healing and the churches healing ministry. An increasing number of people are longing for the spiritual dimension of healing (Jakob and Laepple 2014:81),

which rebounds on Christianity and science seeking fulfilment in various ways in non-European, non-Christian, and pre-Christian cultures (Fuchs and Kobler-Fumasoli 2002:78).

The church's task is not to surrender the topic of healing to esoteric groups, Asian doctrines of salvation or health mania (Krauss 2010:188). Paf.die.Gemeinde cannot shy away from this challenge and as a contextual church; it should offer a clear biblical alternative with the emphasis that God is the ultimate healer. God wants to heal uniquely through prayer or using medical procedures and care or alternative methods consistent with biblical principles.

#### **4.1.8 Recommendation 4: Paf.die.Gemeinde should develop an all-inclusive methodology in place in administering healing**

Chapter 3 showed that the healing miracles were a significant part of Jesus' ministry. The Gospel writers record that Jesus healed all that came to Him. He healed many different types of diseases, used various methods of ministry, and performed miracles everywhere. Percy (1995:120-121) investigated the healings in the gospels and listed the types of people healed by Jesus: the mentally ill (and or demonised), the handicapped, lepers and other "untouchables", children and widows, unclean women, others judged to be ill through sin, people of other faiths or ideologies and multitudes of people. "Jesus' healings are not limited to a special group, there are no exclusions" (Swartley 2012:71).

Jesus healing mission was characteristically holistic. Orobator (2005:141) describes: "it involves physical cure, but also comprised a compassionate touch (Mt 8:1-4, Mk 1:29-31), a welcome embrace (Mk 10:13-16), comforting words (Mt 9:22.35-36, Mk 2:1-12), prayer (Mk 7:31-37; 9:14-29), challenging unjust social structures and religious prejudice (Lk 13:10-17) and dismantling the false association of sickness with sinfulness (Jn 9)."

The diversity and richness of Jesus healing ministry and that of the apostles highlight that there is not one single method of healing, but rather numerous ways and many types of healing (Ringma 2015: chapter 1). The church should walk in the mandate that Christ has given to her, to spread the whole gospel and demonstrate it practically by ministering healing where necessary (Allen 2001:54).

#### **4.1.8.1 Any Christian could pray for healing and it was not restricted to a professional group**

The gospels (Mt 10:1ff; Mk 6:7-13; Lk 9:1-6) do not only emphasise that Jesus performed healing acts himself, but that he also instructed his twelve apostles to heal the sick. Luke reported of a later sending of seventy-two disciples that has the purpose of enhancing Jesus' intentions with the sending out of helpers to broaden his own mission (Plessis 1998:358). Luke 10 serves as a prototype of the early church's mission in Acts (Swartley 2012:69). The church continued the healing ministry of Jesus using apparently the same methods and empowerment Jesus used (Shelton 2008:115). Like Jesus, the early Christians carried out this ministry in the power of the Spirit (Ac 3:6-7, 5:16, 9:33-34, 14:8-10, 28:8-9).

Even if the mission order at the end of Mark's gospel is possibly a late addition (Popkes 2014:59), it reflects the healing order to all believers and is consistent with other passages of scripture. Therefore, the supernatural does not just take place through the hands of pastors, evangelists, or other professionals (Schmelzer 2013:157). The general concept is that the believers "were empowered and mandated to heal the sick as they go out to preach the good news" (Olaniyan 2014:68).

#### **4.1.8.2 God uses certain people in a special way when it comes to healing**

In 1 Corinthians 12:28 God gave gifts to members of the church, one of which was the gifts of healings. One acknowledges that not all individuals will have "the gifts of healings", but that it will be present within the church body. The Bible does not speak of "a gift of healing" but of "gifts of healings". It is double plural (Pearson 2004:186). The other gifts listed in the 1 Corinthians 12 are all in the singular (Thomas 2010:801). The plural could mean that different illnesses require different gifts (Schmelzer 2013:156). "Some exercise an effective healing ministry to people with emotional distress, but not necessarily to people with physical problems. A person may have particular success in praying for asthma, but not for cancer" (Person 2004:186-187). Perhaps Schatzmann (1987:37) is closer to the mark in concluding "the gifts of healing are sovereignly bestowed upon some believers commensurate with the illnesses present, either in number or kind."

The verses in James 5:13-18 are important to the topic of healing and a task of the elders (Deichgräber 2002:71). It does not bind its instructions to the presence of gifts of healings (Scharfenberg et al. 2009:30 and Garleff 2004:305). Prayer is at the centre of administering

healing and it is important that the elders are people who effectively practice the prayer of faith (Kaiser 2003:132). James is the only text in the New Testament, which describes a procedure to be followed. The specific duties of the elders in these situations involve three elements: 1) offering prayer, 2) while anointing the sick person with oil, 3) in the name of the Lord (Thomas 2010:317). James 5 offers a small insight into how the early NT church(es) practiced healing ministry.

#### **4.1.8.3 Create opportunities to minister to the sick**

God can use any believer to pray for the sick and God equips Christians with different gifts in order to help sick people, and propagate healing and salvation. The ability to be an instrument in the hands of God as it pertains to healing is a grace that has been extended to those who believe in Jesus Christ (Olaniyan 2014:76). Church members at Paf.die.Gemeinde are to be challenged to accept the fact that all of them are qualified (some with the gifts of healings) to participate in establishing the healing mandate of the church. It is important to create opportunities to Christians who want to develop further in this ministry, in order to pray for sick people in the name of Jesus. The sick person should feel safe and well, and the person praying should be equipped in the basics of the task.

#### **4.2 Overall observation and cause of action - Paf.die.Gemeinde should have a church leadership in place that is fully committed to recommendations 1 to 4**

As Paf.die.Gemeinde are going through a transition period. From the beginning of this year (2017) our objectives and congregational structures, including the church leadership will change. A prerequisite to a successful continuance of the healing practice in our church is a commitment to recommendations 1-4 of the “new” church leadership. The church leadership should be able to illustrate and emphasise the subject of healing biblically, theologically and practically.

One of the key ingredients on the subject of healing is the leadership of the church (Stanger 1985:160). For a successful church-based healing practice in Paf.die.Gemeinde it is essential to have the full support of our “new” church leadership, because the theme of healing often causes confusion in the churches today (Whitehead 1998:36). Wagner (1988) underscored this in a humorous way when he entitled his book “How to have a healing ministry without making your church sick.” The new leadership must first understand - comprehensively its position on healing and demonstrate a deep sense of unity in relation to its healing practice i.e. “if the

clergy respond to sickness with immediate, believing prayer, they are saying that the church truly believes in healing...” (Pearson 2004:208). As we have seen in chapter three the church has a call to be an instrument to heal, if we are to follow the words and works of Jesus.

## **Chapter Conclusion**

In this chapter, four findings and four recommendations have been put forward for Paf.die.Gemeinde, in order to establish a balanced theology and practice regarding healing. A balanced theology will help the church to have a solid foundation, counteract “theological” tension, and handle so-called failure better. The statement of faith will create collective identity, community, and unity within the church, it protects the teaching of the church, and its identity will be depicted outwardly, allowing it to become identifiable. Paf.die.Gemeinde should use teaching and preaching as a tool to positively influence the church on the subject of healing and should develop an all-inclusive methodology in administering healing. In my opinion, the most important recommendation is to have a church leadership in place that is fully committed to the above-mentioned recommendations. In the next chapter, the entire study is summarised and an outlook recommended for further studies.

# **Chapter 5**

## **Conclusion & Summary**

### **Chapter Introduction**

The previous chapter presented findings and recommendations for the Paf.die.Gemeinde. Chapter 5 serves as the concluding chapter of the study. The chapter has five main components: (1) a summary of the research, (2) a restatement of the main research problem, (3) the research methodology, (4) a summary of the findings and recommendations, and (5) a ministry action plan.

### **5.1 Summary of the research**

This study was designed to develop a biblical framework, statement of faith and an informed praxis for practicing divine healing in the Paf.die.Gemeinde in Kirchberg, Switzerland. With health so highly prized in the West, various religions and ideologies have settled in the healthcare system; and are providing a wide range of opportunities for healing including alternative forms of healing. In contrast, the literature review shows that in the German-speaking countries including Kirchberg, Switzerland, the subject of healing has been neglected up to the recent past with the implication that medicine was solely regarded to be responsible for physical health. While theology on the other hand was considered to cover, the aspects related to spiritual health and salvation of the soul. However, in some sectors of the churches in Kirchberg and its surrounding area the following observations were made:

- (1) The participating churches have different views of Jesus' healing commission and its application today
- (2) Where healing is viewed positively, the prayer for the sick was mostly based on James 5
- (3) The research discovered that the participants understood healing holistically, they acknowledge there are different types and layers of healing
- (4) The research also noted the positive view of the role of medicine in God's plans including alternative medicine.

In order to understand the competing views regarding divine healing the three most dominant schools of thought were described and analysed: cessationism, continuantist and somewhere in between the open but cautious view. Several scriptures and the position paper of the Assemblies of God were surveyed in arguing that the continuantist viewpoint, which seems to be the one most consistent with the biblical text. This school of thought reasons that

1. divine healing is an integral part of the gospel, as demonstrated in the life and ministry of Jesus and the early NT church
2. divine healing is provided in the atonement
3. divine healing is a gift of God's grace for all and God remains Sovereign in the healing process and
4. divine healing will be fully realised when Christ returns

The above mentioned situated and positioned the research to develop the anticipated biblical framework as it related theology on the subject of healing and to design practical guidelines arising from the findings and recommendations of the research.

## **5.2 Restatement of the Main Research Problem**

The following statement (problem/question) summarise the main research problem:

Paf.die.Gemeinde consisting of various people and believers from different (church) backgrounds and in the midst of a growing need for healthcare at the time of writing did not have a well-defined biblically informed framework and statement of faith that guides practice on the subject of healing.

## **5.3 Research Methodology**

The proposed study falls within the field of practical theology and the LIM model was deemed to have the greatest and most unsophisticated potential to answer the research question. In order to get exemplary insight into the practices and various theological views in our region, a literature review was conducted and several pastors from different denominations were interviewed. A separate questionnaire was created in order to ascertain the viewpoint(s) of Paf.die.Gemeinde. In addition, in order to answer the main research and secondary research questions the study also used existing resources, in particular the Bible, systematic and biblical theology textbooks, academic articles, and position papers, Bible commentaries, occasional papers, and church publications.

## **5.4 Findings and Recommendations**

There are four components recommended in this study, which would help the Paf.die.Gemeinde in taking a biblically informed path regarding the topic of divine healing. The findings and recommendations can be summarized as follows:

**Finding 1:** The study confirmed that at the present the Paf.die.Gemeinde does not have a well-balanced theology on the subject of healing.



**Recommendation 1:** In its desire to be biblically faithful and relevant in the 21<sup>st</sup> century in Kirchberg and its surrounding areas, there is an urgent need for the Paf.die.Gemeinde to develop a well-balanced theology of healing in order to guide the local church in their belief and practice.

**Finding 2:** The study verified that the Paf.die.Gemeinde has a statement of faith, but the subject of healing is not addressed.

**Recommendation 2:** Paf.die.Gemeinde must formulate a statement of faith on healing. The statement should summarise the church's position on this key doctrinal subject and help members strengthen and express their faith in relation to divine healing and God's foresight in medically assisted and alternative medicine.

**Finding 3:** Paf.die.Gemeinde does not preach and teach regularly enough on the subject of healing resulting from Finding 1.

**Recommendation 3:** Subsequent to recommendations 1 and 2, the Paf.die.Gemeinde must preach and teach intentionally on the subject of healing in its pulpit and related ministries.

**Finding 4:** Following from findings 1-3 Paf.die.Gemeinde does not have an all-inclusive methodology in place in administering healing.

**Recommendation 4:** In light of findings 1-3 and recommendations 1-3, Paf.die.Gemeinde should develop an all-inclusive methodology challenging the church members to accept the fact that all of them are qualified to participate in establishing the healing mandate of the church. Taking into consideration that God has bestowed upon certain believers gift(s) of healings and those who are called to lead the church in the capacity of an elder ought to offer prayers for the sick according to James 5.

## **5.5 Ministry Action Plan**

Before I provide the Ministry Action Plan (MAP) a brief definition is in order. In Cowan's (2000) LIM model, the final step requires one to outline a MAP for responding to the main problem of the research. Smith's (2008:206–207) description of the last step is "to develop a feasible action plan that faithfully represents the will of God as interpreted in our faith tradition and provides a doable remedy to the problem". The MAP "must be realistic, contextual, and appropriate to the local situation. Furthermore, it must be correct in the light of principles derived from the research

of the interpretation section” (Vyhmeister 2008:177). It presents possible action steps to improve a workable solution that will change the situation.

The above-mentioned findings and recommendations have been put forward for Paf.die.Gemeinde to establish a good basis for a balanced theology and practice as it relates to the ministry of healing. For the implementation of these recommendations, several steps are described for Paf.die.Gemeinde by means of a MAP:

### **Step 1: Presentation of the findings of the research**

I will present the findings of the research which include the biblical framework and the statement of faith on healing conducted to the church leadership of Paf.die.Gemeinde and seek to allay all concerns on the subject of healing.

### **Step 2: The full commitment of the church leadership**

Enlisting the church leadership’s support is the first and a vital step to a successful continuance of the healing ministry for Paf.die.Gemeinde. It will be an impossible task to develop this ministry within the Paf.die.Gemeinde unless we have the full support of the church leadership. For a successful church-based healing practice in Paf.die.Gemeinde, it is essential to have a church leadership in place that is fully committed to recommendations 1-4. The church leadership must first demonstrate a deep sense of understanding and unity in relation to the theology and practice on healing proposed.

### **Step 3: Adoption of the biblical framework and statement of faith by the leadership**

Church leadership has to analyse summary versions of chapter 3 and 4 of this study which expounds a balanced theology as the bases for a healthy healing ministry. A research report will be designed to this end using Lategan 2010<sup>3</sup>. The theology of healing should cover three sub-topics, namely medicine, alternative and divine healing from a biblical perspective. The statement of faith on healing gives a short overview and content summary of the biblical perspective on healing. The church leadership must implement an informed framework and

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<sup>3</sup> “A research report is normally written for an internal or external CLIENT or CONSUMER and not for the purpose fulfilling an academic requirement. Its main purpose is to communicate the process and outcomes of the research project” (Muller in Lategan 2008:75). The writing of the document uses headings, sub-headings, graphs, tables, and illustrations. The writer also uses a down to earth and non-flowery manner of reporting. The length of the report is between 6000-8000 words.

document a statement of faith and a position paper (still to be designed) on healing for Paf.die.Gemeinde.

#### **Step 4: Informing the Congregation of the Church leadership's Newly Formed Position**

The church leadership must communicate clearly their position on healing based on the statement of faith. Explaining the various aspects of the statement in an attempt to unite and protect the congregation and allay all concerns.

#### **Step 5: Start Preaching and Teaching on the Subject of Healing**

The church leadership ought to start preaching and teaching on the topic of healing more readily. They must implement a preaching series that emphasize the importance of healing as portrayed by Jesus and the apostles', demonstrating from the Scriptures that divine healing was integral to the proclamation of the gospel message (see the example of sermon series in chapter 4) and that the same ministry is bestowed upon us although there are certain differences.

#### **Step 6: The Practice of Healing Supported by Workshops, Seminars and Homecells**

The church leadership should organize workshops or seminars with specialist visiting preachers and teachers. The training and support for the members must provide theologically based guidelines to those who practice the ministry of divine healing, teaching these practices in a culturally appropriate way. The members need to be prepared and trained for the challenges they will encounter once they are ministering to the ill.

The church leadership should organize, train and support the homecell group leaders for Bible studies on the subject of healing. Discipleship material that is specific on the topic of healing should be developed or materials should be purchased and evaluated which have a balanced theology on healing and which is consistent with the continuant perspective.

#### **Step 7: The use of Opportunities Presented to Administer Healing**

Paf.die.Gemeinde should enhance their methodology in administering healing. Members should know the various methods in administering healing (1) any Christian could pray for someone to receive healing (2) God uses certain people in special ways, with gifts of healings and the prayer of faith by the elders according to James 5 and (3) providing opportunities to minister to the sick, both inside and outside of the church, for example house and home visitations. Members should know that the church offers a clear and comprehensive theological and practical healing ministry for all people.

## **5.6 Concluding Remarks**

The research was motivated by a desire to respond to two challenges, namely, the development of the health-medical system in Kirchberg, Switzerland and more importantly the absence of a biblically informed and well balanced theology on the subject of healing in the Paf.die.Gemeinde. The research found that the continuant perspective appears to be biblically consistent with the biblical teachings and examples on the subject. After a literature study, interviews with several pastors from different denominations and a questionnaire completed by the leadership of the Paf.die.Gemeinde. The research established several themes emanating from the above. The research proceeded to make recommendations for the church in question and designed a Ministry Action Plan to aid it in implementing a biblically informed and well balanced theology and practice for healing consistent with the continuant perspective.

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## **Appendix A: Semi-structured Interview with Several Pastors**

- 1. In your church, do you have any type of healing ministry (prayer for the sick as in James 5, healing services, healing rooms, healing teams, etc.?)**

**If no:**

- a. What are the reasons for not having a healing ministry?
- b. Could you describe your theological view regarding healing/healing ministry? Is it needed? Is it consistent with the Bible?
- c. I am of the view that the call to heal from Jesus is a pattern for modern day followers. Do you agree or disagree with such a view. Please explain or motivate your answer?

If no: complete questions 9

- 2. I am of the view that the call to heal from Jesus is a pattern for modern day followers. Do you agree or disagree with such a view. Please explain or motivate your answer?**
- 3. How is healing ministry carried out? Please explain in what form the healing ministry in your church is practiced and what approach/procedure is applied.**
  - a. Ask about the sick person's condition: specific age? Church membership? Faith? Severity of the illness?
  - b. Are prayers offered for every disease?
  - c. Who takes part in the healing ministry? Who decides who is in the team?
- 4. Next, I am interested in the type of healing prayers/healing services (anointing of the sick). Please describe the exact procedure as precisely as possible**
  - a. Question on prayer and procedure, are there reasons it is arranged as it is?
  - b. Questions on anointing: what words? Who anoints and how?
  - c. Are there any preparations for the anointing of the sick?
  - d. How has the parish been made aware/prepared for the option of anointing the sick?
  - e. Are the results of healing checked? If yes, how? How many are healed or experience an improvement (number or in %)?
- 5. Is there any form of follow-up after anointing the sick?**
- 6. Do you collaborate with doctors, therapists, and psychologists?**

**7. Why do you offer prayers for healing (anointing of the sick)? Are you pursuing a goal? If so, which one?**

**8. Have you experienced people coming to faith due to healing?**

What do you think about this call: preach and heal (power evangelism?)

**9. During the church congress in Germany, a doctor asked those in church leadership: “Why do you leave discovering the healing dimension of spirituality to doctors and psychologists?**

a. What do you think about this? How do you understand this statement and how would you answer/respond to the doctor?

b. Do you find that the church is largely quiet or over cautious on the topic of healing? Why is this?

**10. In your opinion, how could the healing ministry in Kirchberg and the surrounding area be expanded?**

## Appendix B: Questionnaire for Paf.die.Gemeinde

- 1. Have you ever experienced physical healing?** ☐ Yes / ☐ No

If yes, please explain and try to answer the following questions:

What was the suffering/illness?

How did the healing occur?

How was the healing experienced/verified?

- 2. Do you privately pray for healing for ill people?** ☐ Yes / ☐ No

- 3. Do you pray with ill people for healing?** ☐ Yes / ☐ No

If no, go to question 5

If yes, what sort of ill people do you pray with? How often?

I pray with...	Yes	No	seldom	sometimes	often
People from the church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Christians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Christians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, friends and acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Do you believe someone experienced healing due to your prayers?** ☐ Yes / ☐ No

If yes:

What was the physical impact (instant or progressive healing)?

What was the emotional impact?

What was the spiritual significance?

If no, what could be the reason?

- 5. When I am sick, I make use of the following options. Which method do I choose?**

	Priority (1 = highest)
<input type="checkbox"/> I pray for healing	_____



<input type="checkbox"/> I go to the doctor	_____
<input type="checkbox"/> I make use of healing ministry/prayers for the sick	_____
<input type="checkbox"/> I make use of other options _____	
E.g. alternative medicine, Chinese medicine, naturopathy, spiritual healers etc.):	_____

**6. What are the reasons that hold you back from praying for healing for sick people?** (several options can be selected)

- ☐ Fear of men.
- ☐ What if God does not provide healing?
- ☐ Only applies to people with a special gift of healing.
- ☐ What will the other person think of me?
- ☐ Too little faith.
- ☐ Other: \_\_\_\_\_

**7. Have you had a bad experience with healing ministry?** ☐ Yes / ☐ No

If yes, please explain the incident and the negative effect it had on you.

**8. How do you respond to the following statements?**

	Agree	disagree	No answer
The command to heal is restricted to Jesus and the apostles			
God can heal			
God wants to heal			
God always wants to heal			
It is God's will for everybody to be healed			
God is ready to heal now			
God sends illness to teach us something			
God wants to use his power to heal			

Signs and miracles should help the people to believe			
All Christians should pray for the sick			
Illness is a part of God's plan			
You do not need a healing gift to pray for the sick			
Illness always has to do with personal sins			
God can heal but does not always choose to			
Faith helps healing			
If you are not healed you have too little faith			
God allows illness to teach us something			
Sickness is the result of living in a fallen world			
If there are prayers for healing, is medical help no longer required?			
Do you believe that God wishes to bring healing through you?			

**9. Is the healing ministry at our church known by ill people in the church and area/community?**

- ☐ Entirely unknown
- ☐ Not very well known
- ☐ Known
- ☐ Very well known

**10. Could you imagine helping out in a healing team?**

- ☐ Yes
- ☐ No
- ☐ I don't know

## Appendix C: Proposed Research Report

*based on Anton Muller's guidelines*

A research report can be structured as follows:

- ◆ Executive summary
- ◆ Introduction and summary of the brief received (in academic terms the aim[s] and objective[s])
- ◆ Research design and methodology
- ◆ Literature review
- ◆ Research instrumentation, fieldwork and data presentation
- ◆ Findings and discussions
- ◆ Conclusions and recommendations
- ◆ Relevant appendixes

**Length:** 6000 – 8000 words (if not less)

“A research report is normally written for an internal or external CLIENT or CONSUMER and not for the purpose fulfilling an academic requirement. Its main purpose is to communicate the process and outcomes of the research project” (Muller in Lategan 2008:75). The writing of the document uses headings, sub-headings, graphs, tables, and illustrations. The writer also uses a down to earth and non-flowery manner of reporting.