Towards a strategy for enhancing the healing ministry at Moreletapark Church from a wholistic healing perspective with special reference to fearfulness

By

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A mini-thesis submitted in partial fulfilment of the requirements for the degree of

Master of Theology

in

Integrated Theology

at the South African Theological Seminary

August 2015

Supervisor: Rev. Vernon Light

The opinion expressed in this thesis is those of the author and does not necessarily reflect the views of the South African Theological Seminary or the supervisor(s) of the research.

I hereby declare that the work contained in this thesis is my own work and has not previously in its entirety or in part been submitted to any academic institution for degree purposes.

ACKNOWLEDGEMENTS

I thank God the Father, Jesus Christ and Holy Spirit for the opportunity to engage in this process of seeking the healing of the whole person for people with fear (anxiety) and to compile this master's degree for His purpose.

I thank my husband, Ras and my children: NC, Ruline, Kobus and Hein and my grandchildren: Juvan and Eloïze for having patience and understanding with me while studying and writing this thesis.

I thank SATS for the introduction of this integrated master's degree that has broadened my understanding and increased my knowledge of the Bible, increased my faith in Jesus Christ, and made me more aware of the inspiration of the Holy Spirit in writing every assignment and in compiling this mini-thesis. Thank you to my supervisor, Rev. Vernon Light, for all the good advice and hard work in aiding me to finish this project.

I thank all my friends and family who motivated and prayed for me and especially, Elizma for her unwavering support to accomplish this dream.

ABSTRACT

Keywords

Health, wholeness, anxiety, stress, fear of God, spirit of fear, body/soul/spirit, chronic disease, chronic pain, autoimmune disease, spirit of power, spirit of love, spirit of a sound mind, freedom, bondage, brokenness, trauma, church mandate, church clinic, counseling.

Abstract

Today we see that one of the Church's foremost missions is its most neglected: the caring ministry of healing (cf. Luke 9:1–4[1]) (Allen n.d.). According to Grudem (1994:867), the church has three main purposes: (i) ministry to God: worship; (ii) ministry to believers: nurture; and (iii) ministry to the world: evangelism and mercy. This all (see also 3 John:2) indicates that God desires physical, mental, psychological, social and spiritual wholeness. The Bible claims that the fear of God contributes to the restoration of wholeness in spirit, soul and body. Therefore, the fear of man and circumstances would undermine wholeness in spirit, soul and body. Strydom is of the opinion that fear, anxiety and stress are the origin of many diseases (2013:178–181). Anxiety disorders have surpassed depression and alcoholism as the number one mental health problem in America (Anderson and Miller 1999:14).

The World Health Organization has declared that chronic diseases cannot be cured anymore – only managed (Nolte, Knai and McKee 2008:1). Underwood emphasizes that the church needs to get involved with people suffering chronic pain because any chronic condition does not only effect the person's physical body but is also accompanied by emotional and spiritual suffering too (2006:1-2). Westberg confirms this with his experience at the Wholistic Health Center in Illinois operating as a Church Clinic where many patients actually get healed because of the combined intervention of the medical and pastoral

[1] All scripture in this mini thesis is taken from the NKJV Bible unless otherwise stated.

counseling practises (1979:78-81). This confirms Strydoms findings that chronic diseases can also have a spiritual origin that needs to be addressed firstly before physical healing can take place (2013:325-326).

With this background in mind, the purpose of this mini-thesis is to demonstrate that the church has a mandate to fulfil in terms of seeking the healing of the whole person. It is in a sense an urgent call to the church of today to constructively get involved in the process of this comprehensive healing by taking hands with health care professionals. The thesis describes and interprets the present counselling practice of Care Focus at Moreletapark Church with special reference to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective. It then presents the biblical and theological foundations of counselling for spiritual healing. Finally, it develops a communicative strategic plan for enhancing the counseling and caring ministry of Care Focus at Moreletapark Church with special reference to wholistic healing. From now on the Moreletapark Church will be referred to as Moreletapark.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

My family and I have been members of Moreletapark for the last nine years. This Church was established on the principles of being Bible based, Holy Spirit inspired and Prayer dependent. This mega church has a strong Caring Ministry and covers all cases that require counseling and practical ministry. Many of the pains, discomforts and distresses that people need help with are caused by fear, stress, anxiety, overwork, the tyranny of new communication technologies, and pressure to travel. We live in a day and age where the pace at which we live seems to go faster each year and expectancies mount (McCance, Huether, Brasher and Rote 2010:336), causing an increase of these negative emotions and pressures.

In the past decade it has become apparent that the interaction between social, psychological, biological, behavioural and spiritual factors are intrinsic to the surfacing and retaining of many diseases. The 20th and 21st Centuries have witnessed an epidemiological shift in disease from the epidemic infectious diseases to a steady rise in chronic non-communicable diseases. These chronic conditions are mostly associated with changes in lifestyle and are mainly the consequence of accumulative exposure to chronic disease risk factors over a person's lifetime. Modern medicine may be able to control or manage these diseases, but not cure them (Nolte, Knai and McKee 2008:1). Globally the medical world is looking for new health-care models to aid in this emerging challenge in health care. New models are on the rise with an integrated approach where physicians and community organisations are joining hands to facilitate care from preventative interventions to end of life care (Nolte *et al* 2008:8). It is now realised that within this type of society, driven by external factors and internal turmoil (often connected to anxiety/fear), disturbance of homeostasis in the body and mind of a person (or body, soul and spirit from a Christian understanding) forms the main cause for disease. According to De la Porte, reporting on the World Health

Organization's report in 1998 that health care professionals follow the medical model that primarily focusses on medicine and surgery, gave prominence to the fact that health care professionals in general give little or no attention to beliefs and failth in the healing process of their patients. He further stipulates that this reductionistic view of patients being only material body does not well serve the healing profession of medicine or the patient (2013:4).

This emphasizes the fact even more that an integrated approach from health care professionals and biblical counsellors working as a team is needed to ensure healing of the whole person. Wagner supports the working in teams towards healing as patients reap the benefits of more eyes and ears, the insights of different bodies of knowledge as well as a wider range of skills that works together towards the healing of especially, chronic disease (Wagner 2000:1).

It was this background that led me to embark on a study that would involve exploring this need, with special reference to mind and bodily healing from a spiritual perspective (especially the healing of fearfulness) and its place in healing of the whole person.

Finally this meant developing a strategic plan to enhance the caring and counselling ministry at Moreletapark that operates through its Care Focus section.

1.2 OBJECTIVES

Primary objective

The primary objective of this study is to develop a strategy for enhancing the healing ministry at Moreletapark, functioning in its Care Focus (Counseling and Caring Ministry), with special reference to the spiritual healing of people from a wholistic healing perspective suffering from fearfulness. The objective thus included relating this spiritual healing to the healing of the whole person, i.e. including the healing of the physical body. Fearfulness sometimes has obvious causes and sometimes hidden causes. Anxiety tends to be the term used to cover mostly the latter situation.

Secondary objectives

1. To describe and interpret the present counselling practice of Care Focus at Moreletapark with special reference to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective.
2. To present the biblical and theological foundations of counseling for the spiritual healing of fearful Christians from a wholistic healing perspective.
3. To develop a communicative strategy for enhancing the counselling and caring ministries of Care Focus at Moreletapark with special reference to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective.

1.3 PRESUPPOSITIONS AND DELIMITATIONS OF THE STUDY

This mini-thesis works on the presupposition that there is growing evidence pointing to the cause of illness and disease not just being from a physical origin. Reference will be made in this thesis to the growing case for a definite connection between the physical (the body) and the mind[2]. This means that a

[2]This mini-thesis will view the mind as being part of the immaterial part of the human makeup. Joubert's article (2014:60–78) makes a strong case for the view that people's consciousness and minds are not merely brain functioning. Some of the arguments flow from certain biblical passages that are briefly studied, and others are of a more philosophical nature. This view is a dualistic one: material and immaterial parts to our being are distinct though related. The thinking part of our being, our sense of self-consciousness and self-identity, our conscience, our awareness of others and God and a possibility of a relationship with Him and others, and our wills are all located in and constitute the immaterial part of us.

According to Joubert, the great mystery lies in how God designed the immaterial part of us to relate to the material (physical) side, including the brain. He reports that this link will no doubt receive increasing attention in the scientific world and prompt a growing theological response from theology scholars. He states that according to the Bible and certain incidents in history that an evil spirit can indwell a person and take over his/her mind and vocal organs and perform its actions through the body of the possessed person. He then asks if this is the kind of relationship between our immaterial part and our material part?

He notes that modern science is making some headway in understanding something of the functioning of our body parts and systems, including the brain. He concludes from a biblical-scientific view, that the mind influences the health of our bodies. He writes that both the Bible and modern research now agree that achieving a healthy mind can be a goal that we should pursue in order to ensure a positive impact on our physical health. He reports that science also seems to be providing some evidence that an unhealthy and sick body can affect the

disturbed and unsound mind can have negative effects on physical health. Therefore, the healing of the mind is important for wholistic healing. This mini-thesis also assumes that fear operates in the mind, meaning its healing is achieved largely through appropriate thinking and beliefs that facilitate a healthy mind. It is taken that this in turn leads to healing of the negative physical effects of fear.

This thesis also accepts that the human make-up is more complex than just body and mind. It builds on the biblical view that there is also a spiritual dimension. There are now the traditional religious views and also various secular views on the spiritual dimension, but with the latter not necessarily implying a religious element. Christians believe that there is a side to them that needs to be in relationship with God in obedience to His will to live a truly happy, fulfilled and healthy life. Christians would argue that the growing interest in spirituality (secular and religious) is because people are recognising that without recognition of transcendence and a higher purpose for living, life suffers from a serious deficit of meaning, direction and value.

This thesis argues from a theistic position, specifically the Christian one, with its perspective on our human makeup. The immaterial part of our humanity in the Bible is described in words like heart, inner person, mind, soul and spirit. This thesis builds on the position of the tripartite view of our ontology, namely that we are spirit, soul and body that are distinct but interrelated. In this thesis the mind is viewed as part of the soul and the soul is seen as influenced by the spirit and the body. Specifically, Cronjé's (2013:1–60min.) understanding of the tripartite configuration will be my assumption (see fig.1).

The biblical teaching that humans are made in the image of God, implies that life can only be lived in fullness if: (a) the mind is controlled by God's Word (the Bible for evangelical Christians), and (b) the spirit (the part of us designed to be in relationship with God) is alive and in fellowship with God through being united to Christ through faith in His life, death and resurrection. Fullness

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mind negatively and this in turn leads to further physical deterioration. This is also a biblical concept.

of life can be prevented by the negative side of fear, according to the Bible - especially fear caused by unbelief or lack of faith in a loving and sovereign God. This mini-thesis therefore presupposes that living in perpetual fear, i.e. a state of fearfulness, would be expected to undermine mental and consequently emotional and physical health.

Clearly the road to health is taking appropriate care of the whole person, which has led to the concept of wholistic health. This thesis, because of its tripartite position, sees wholistic health as including healing of the spirit, soul and body.

It has also already been indicated that this study is focused only on Care Focus (see footnote 8) at Moreletapark. This thesis is thus not primarily focussed on spirituality in healthcare in a public setting (hospitals and consulting rooms), but rather on physical healing as a result from the partnership of spiritual interventions by biblical counsellors and pastors in the church environment and the health care professionals in the medical environment. This entails a process where (i) biblical counselors and pastors get informed on medical issues that are sometimes related to spiritual issues and (ii) health care professionals gets informed on counseling and pastoral strategies that are sometimes related to medical issues. Finally, it is also focused on how fearfulness is experienced and handled, particularly in the cases of chronic diseases and chronic pain diseases, and how to bring healing to this emotion that develop into pathology.

1.4 DEFINITION OF KEY TERMS

Body: The body represents the physical part of one's being – the outer man. This part was formed from the dust of the earth when Adam was created and now prenatally develops post conception, from three physical layers of the early embryo: ectomorph, mesomorph and endomorph (Cronjé 2013:1–60 min.; Nee 1977:317 and Anderson; Zuehlke and Zuehlke 2000:1569–1563[3]).

[3] Anderson N *et al.* 2000, *Christ-Centered Therapy,* is a kindle book and therefore the high page numbers. All high page numbers in this thesis are with reference to kindle books.

Soul: The soul is the part from where man expresses him/herself; the soul can think, feel and act and comprises the mind (thoughts), emotions and the will (Cronjé 2013:1–60 min.; Nee 1977:317–318; Anderson *et al* 2000:1563).

Spirit: The spirit (human spirit) represents the spiritual part of one's being – the inner man; the spirit communicates with God through prayer, has a conscience and acts from an intuitive perspective (Cronjé 2013:1–60min; Nee 197:308–317; and Anderson *et al.* 2000:1569).

Healing: To make sound or whole; to restore to health; to overcome an undesirable condition; to patch up a breach or division; to restore to original purity or integrity and to return to a sound state (Merriam-Webster Dictionary 2014).

Wholeness: Free of wound or injury – unhurt; fully recovered from wound or injury – restored; mentally and emotionally sound – constituting an undivided unit and the entirety of a person's nature (Merriam-Webster Dictionary 2014).

Wholistic/holistic: Wholistic refers to the whole of a person – thus the entire structure or make-up, which includes spirit, soul and body in the case of a human being (Schoonover-Schoffner 2014:133). So wholistic healing would include healing in all of these three areas.

I am aware that not all academic institutions agree on the meanings of holistic and wholistic, that some might see the two words as synonyms, and that holistic is the preferred term in medical circles. I will be using the words wholistic and holistic but with slightly different, though overlapping, meanings. I use the term holistic in this thesis as focusing more on the integration of multiple means to achieve a comprehensive physical healing (healing of body). The term wholistic would indicate a multiple integrated nature of the human being (interlinking of spirit, soul and body) where each part needs healing for total healing of the person to take place.

Psychoneuroimmunology (PNI): This is the study of the interaction of consciousness (psycho), brain and spinal cord (neuro), and the body's defence against external infection and abnormal cell division (immunology). PNI assumes that all immune related diseases are the result of the

interrelationship between psychosocial, emotional, genetic, neurologic, endocrine and immune systems (McCance *et al* 2010:339).

Pneumapsychosomatology (PPS): Is a pioneering field of study that encompasses spirituality, theology, science, medicine, psychology and psychiatry. PPS is a new integrative approach to health beyond disease management. The aim is towards healing, prevention and eradication of disease through the above understanding of the areas of spirit, soul and body and their interconnections (Be in Health, Inc. 2013–2014).

In PPS the three entities of the human being are understood as follows:

The *spirit*:

Through our spirit the Christian can relate to God

- as our loving Father and thus enjoy communion with Him;
- as our righteousness making possible justification and righteous living through the substitutionary work of the Lord Jesus Christ; and this is related to our conscience bringing a clear conscience when we believe in Christ and as a Christian when we confess our sins; and
- through the Holy Spirit who provides an intuition and assurance of our sonship and God's many blessings to the glory of God (Cronje 2013:1-60min.; Nee 1977: 308–377).

The *soul*:

- Through the soul we generate thoughts, experience emotions and exercise the will (Cronje 2013:1-60min.; Nee 1977: 317–318).

The *body*:

- It has three distinctive parts, namely the ectoderm[4], mesoderm[5] and endoderm[6].

[4] The ectoderm refers to the epidermis (outer skin) and nervous tissue (brain and spinal column).

[5] The mesoderm refers to most of your organ systems, including your skeletal, muscular, urogenital systems, connective tissue and some glands.

The spirit, soul and body are interlinked and therefore linked to the root causes of disease according to PPS in the following way (as explained in fig.1)[7]:

- Communion (with God the Father) –Thoughts – Ectoderm
- Conscience (Jesus Christ) –Will – Mesoderm
- Intuition (Holy Spirit) – Emotions – Endoderm (Cronjé 2013:1–60min.).

The following chart captures the PPS understanding:

Fig. 1 The trilogy of the human being explained (Cronjé 2013:1–60min.)

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[6] The endoderm refers to your innermost tissues and organs, i.e. the inner epithelial lining of the following multiple systems: respiratory tract; urinary system; auditory system; and endocrine glands and organs. The endocrine system is the collection of glands that produce hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep and mood, among other things.

[7] The left arms of the Y's are related: 'communion' refers to communion with God the Father and influences our thoughts and then our ectoderm. For the Christian, being rooted in God's love and thus loving others will prevent fear (1 John 4:18). When this loving relationship with God is disturbed, especially by inappropriate thoughts, fear is strengthened and in our body fear presents itself mostly in the ectoderm (skin diseases). The right arms of the Y's are related: 'conscience' is related to our relationship to Jesus Christ, which affects our will and then our mesoderm. When the conscience is cleansed through receiving the gifts of forgiveness of sin and righteousness through Christ's righteousness and death we are brought into a right standing with God, which brings peace. If we choose through our will to stay in sin this mostly presents itself in the mesoderm (muscle diseases). Finally, we have the lower arms in the figure that are related: intuition, emotions and endoderm. Intuition refers to the work of the Holy Spirit that brings the honour of adoption and sonship in God's family, which affects the emotions positively. When this relationship with God is lacking the emotions can be negatively affected and lead to problems in the endoderm (digestive and endocrine diseases). (Cronjé 2013:1–60 min.) Later in the thesis the PPS position gives further clarity and its arguments are more clearly presented.

Disease: A condition of the living (human/animal/plant) or of one of its parts that impairs normal functioning. Signs and symptoms are distinguishable, a harmful development (Merriam-Webster Dictionary 2014).

Disease therefore refers to an identified illness. So, when the word illness is used, it means an unidentified disease. A chronic disease is a disease for which there is no permanent cure and therefore only the symptoms are treated (Nolte, Knai and McKee 2008:1).

Stress: Constraining force or influence; a state of mental tension or worry or anxiety (Merriam-Webster Dictionary 2014).

Fear: A strong emotion caused by the anticipation of danger; an anxious concern, and also a profound reverence and awe towards God (Merriam-Webster Dictionary 2014). Fearfulness will be used to describe a more permanent attitude of fear.

1.5 RESEARCH DESIGN AND METHODS

1.5.1 Research design

Don Browning's design in his Strategic Practical Theology was the model used for the research design (1991, chap.3). It contains a four-step approach. Browning's vision of theology equates with Smith's Integrative Approach to Theology (Smith 2012:77–80).

The four steps that Browning (Browning 1991:55–56) proposes are as follows:

1. How do we understand the concrete situation in which we must act?
2. What should our praxis be in this concrete situation?
3. How do we critically defend the norms of our praxis in this concrete situation?
4. What means, strategies and rhetoric should we use in this concrete situation?

The following structure gives the chapter titles and explains the content of each chapter.

1	Introduction	This chapter introduces the research by providing the background, objectives, design, methods and structure.
2	Current counselling praxis at Moreletapark with special reference to fearfulness and wholistic healing.	This chapter answers Browning's first question: Interpret the present counselling praxis of Moreletapark's Care Focus with respect to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective.
3	A Biblical, Theological and Scientific approach to counselling with special reference to fearfulness and wholistic healing.	This chapter answers Browning's second and third questions: Develop and defend a biblical and theological vision of what the counselling praxis should look like at Moreletapark's Care Focus with respect to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective.
4	A communicative strategic plan for Moreletapark in order to enhance their wholistic healing ministry - with special reference to fearfulness and wholistic healing.	This chapter covers answering Browning's fourth question: Formulate a strategic and communicative plan to enhance the counselling praxis of Moreletapark's Care Focus with respect to the spiritual healing of people suffering from fearfulness from a wholistic healing perspective.
5	Conclusion	This chapter concludes the research by reviewing the objectives, design, methods and findings.

1.5.2 Research methods

Chapter 2 uses both literary (relevant scholarly articles, internet resources and relevant books) and empirical research (interview and interpretation of data). Data on the approach and success in Moreletapark's Care Focus with reference to people suffering from fearfulness is analysed. Furthermore, data gathered on two women suffering from Fibromyalgia is presented and analysed. One of the women is a member of Moreletapark who has used the services of Care Focus in its early years and the other a member of another congregation. These case studies present the role that fearfulness plays in a chronic pain disease and the importance of a spiritual approach to the healing of this emotion. It also indicates to what extent the counselling they received has overcome their fearfulness and in turn contributed to the healing of the whole person.

This chapter also presents a brief record of what is known as wholistic healing through an integrated approach in the medical field. Pneumapsychosomatology and psychoneuroimmunology provide an understanding of what is meant by wholistic healing (healing of the whole person), including spiritual healing. This material supports the growing belief that there can be a connection between physical illness and mental and spiritual illness. This means for instance that malfunctioning in the spiritual and mental areas can contribute to malfunctioning in the physical area. Consequently, this highlights the importance of healing in the mental and spiritual areas if physical healing is to be sustained.

Chapter 3 commences with a biblical focus on 2 Timothy 1:7 and issues in Timothy's life and ministry to show how fear could have played a role in causing his physical and emotional health problems. The theme of fearfulness is then explored from a broader biblical perspective and its probable negative impact on wholeness. Some perspectives from church history add an additional reflection on fear and its potential to contribute to ill health.

The early sections of chapter 3 provide the basis and standard for reflecting on and critiquing the results of chapter 2 and correlating chapters 2 and 3. This results in a theory of improved action for Care Focus of Moreletapark to

better contribute to spiritual healing in the context of an understanding of wholistic healing through an integrative intervention. The chapter ends with a brief defence of the new praxis, though much in the chapter demonstrates that the praxis is defensible.

Chapter 4 proposes a strategy to successfully improve, promote, and market a healing praxis for Moreletapark, especially its Care Focus section, with a wholistic focus.

1.6 CONCLUSION

The general goal of this thesis is to determine a faithful praxis of spiritual healing for people with fearfulness in the counselling and caring section (Care Focus) of Moreletapark (a Church setting) in a wholistic healing context. Answering the questions in the four steps of Browning's model of research guides this process. This thesis culminates in a strategic plan for this church to enhance the scope and effectiveness of its counselling praxis for people suffering from fearfulness and this in collaboration with Christian health care professionals to facilitate wholistic healing.

CHAPTER 2

CURRENT COUNSELING PRAXIS AT MORELETAPARK WITH SPECIAL REFERENCE TO FEARFULNESS AND WHOLISTIC HEALING

2.1 INTRODUCTION

This chapter is concerned with answering the first step in Browning's strategic practical theology: How do we understand the concrete situation in which we must act? The concrete situation is the Care Focus at Moreletapark, with special reference to its approach to healing of fearfulness, especially when linked with chronic pain diseases in the context of a wholistic healing understanding.

This chapter commences with the method of research and is followed by creating an understanding of the place of Care Focus within Moreletapark. It is necessary to present the church's history and note how certain visions and prophetic words spoken over this church have played a key role in shaping its ministry, especially regarding healing. The presentation of the operation and effects of Care Focus in the context of the church's overall structure will then be explained.

The significance of Care Focus is further explored through a case study of a woman with a chronic pain syndrome, Fibromyalgia, where fearfulness was a major factor and who used the services of Care Focus. A case study of another woman from another church with the same profile (including the disease: Fibromyalgia) is also analysed to provide a better understanding of the role of fearfulness in such a situation and how it was approached in her case. The supplementary case study was only added to complement and possibly support the information from Case study 1. It is understood that dogmatic conclusions cannot result from this limited number of case studies. But due to the extensive nature of case study research, more were not possible for this mini-thesis. The nature of the operation of fearfulness

requires intensive and indepth study, so though there are only two case studies, the role of fearfulness in chronic diseases emerges clearly in these studies (see below under 2.2).

Finally, the results of the case studies are discussed and interpreted in order to observe general categories and concepts with the purpose of arriving at a theory to better understand the role of fearfulness in cases of chronic pain syndromes and chronic diseases. From the case studies a spiritual approach to the healing of fearfulness emerges and also that this healing contributes to the healing of the whole person.

2.2 METHOD OF RESEARCH

To isolate fearfulness and to understand its consequences, I decided to use the case study method (inductive – theory building) because it allows attention to detailed workings of relationships and social processes within a social setting. It enables gathering data in context and being sensitive to interpersonal relationships to precipitate better questioning and understanding. The case study method helps to delve deeper into the intricacies of a situation and can be compared to different but related situations and thereby lead to a more comprehensive theory to account for these situations. The new information can vindicate or improve the status quo. According to Descombe, there is logic to using one case study instead of the more superficial method of the questionnaire. The case study reveals insights that can bring out wider implications for others (2014:1567).

Therefore, though studying one setting in depth and showcasing the particulars does not permit reckless generalizing of the results, it has value in better understanding a particular situation (Descombe 2003:1555–1625) and leading to a plausible explanatory theory and therefore opening the door to a richer understanding of the situation and ways of improving it.

One aspect of the specific case study chosen for this mini-thesis is to describe the ethology of Fibromyalgia, a chronic pain syndrome disease, and all the treatment approaches and results, including the experience of a woman from Moreletapark (case study 1) in the Care Focus setting.

The qualitative research process used in this mini-thesis, according to Denscombe (2014:5655–5688), has three distinctive goals, which I followed. The first goal describes the data collected with its relevance for this study, the second explains the data, and the third goal interprets the data. He futher describes a five stage process to accomplish these three goals which I will elaborate on later. This information is important to the final chapter of this research which is focused on contributing to the process of deriving an action plan to improve the healing ministry of Care Focus at Moreletapark in cooperation with the medical profession as required through a wholistic approach.

The inductive case study method chosen (that builds a new theory), helps facilitate a better understanding of how to achieve the end-result of experiencing complete healing (of body and mind, or of spirit, soul and body in Christian terms) through the integration of theological reflection, pastoral ministry and like-minded medical professionals' intervention in the treatment and management of the disease in one wholistic healing-coordinated process.

The method of data collection used was a semi-structured interview (see Appendix A) dealing with the interviewees' diseases and the history of attempts at healing both medically and spiritually, and also the work, mandate and underlying philosophy and theology of the Care Focus at Moreletapark in the case of the woman who had used the Care Focus services.

As mentioned earlier, I followed Denscombe's (2014:5759.) stages approach: data collection, where the text from the Interviewee is transcribed and catalogued; then the process of initial exploration of the data to identify obvious recurrent themes or issues and where field notes or memos were added to this process; and finally the analysis of the data by coding and grouping it into categories of themes and then into concepts and finally a new theory.

2.3 HISTORY AND OPERATION VISION OF MORELETAPARK

The history of Moreletapark is a miracle journey of God's intervention and provision and phenomenal growth. The church started in 1985 in a school hall

of Constantia Park Primary School with a congregation of 1200 people and one pastor. The situation at the moment (2015) is a congregation of more than 17000 people in a mega church that seats about 7000 people, accommodates 15 pastors and is built on 18 hectares of ground in the city of Pretoria. The congregation has been a dynamic instrument in God's arsenal, having received its vision for its ministry from God's word in Ezekiel 37: That the water, symbolising the Holy Spirit, must flow out deeper and wider to others in their direct community and also globally to bring changes in the world. God has truly blessed this congregation and it seeks in turn to be a blessing to many.

Moreletapark has a Dutch Reformed background and its members are mostly from the Afrikaans speaking community. Moreleta has a service for people speaking African languages and has also recently started an English service as well. The church is now 30 years old and located in the east of Pretoria in South Africa. Its mission statement is: "Jesus everything in everybody". The church has three anchoring beliefs: the Bible is the true Word of God; the Church believes in the work of the Holy Spirit; and finally in the power of prayer that is crucial to the foundation and growth of this church. It has a strong outward missionary focus with 50% of the gross income spent outside the church.

The work in the congregation is divided into eight different focus areas[8]. Care Focus, is where this thesis will attempt to make a positive impact. There have

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[8]Firstly, the *Congregation Focus* which includes the adults in the congregation, women and men's ministries, the senior men and women, and the youth.

Secondly, the *Community Focus* which helps where there is hunger, poverty and urgent need. All its outreach projects and programmes fall under this focus.

Thirdly, there is the *World Focus*, which takes the gospel to unreached places. The missionary projects, mobilisation, training and outreach nationally and internationally belong here. The MPA (Moreleta Park Association) which has a ministry to reach out to pastors interdenominational who have gone through pain in their congregations or who are stuck in a rut in their ministry belongs under this focus.

Fourthly, the church has the *Care Focus*, which gives spiritual and emotional support. It includes the Christian Social Workers' Council, and is involved in caring for the sick. It also includes Abba Care, which is the spiritual 911 team that tends to immediate spiritual and emotional needs after services and conferences. The Care Focus accommodates the Christian Social Workers who deal with trauma, work loss, serious family issues, sickness and personal loss.

been many prophetic words spoken to this church at different times in its history, but one in particular has contributed to the motivation for this thesis:

> Moreletapark will be instrumental not only in spiritual healing, but also in physical healing (Mal. 4:2, Isa. 60:1–5, Isa. 61:2). This Church is built to be a light to the nations" (Bosman 2006: 62).

Care Focus accommodates between 50–75 counsellors, mostly volunteer workers, to serve the congregation, communities around the church, and sometimes people from faraway places in South Africa. A diploma course in Biblical counselling, accredited by North West University, was introduced at this church to train counsellors and further research is underway to expand the training of the Biblical counsellor to an accredited degree course.

Care Focus sees more than 4000 clients per year covering counselling relevant to the following problems and areas: trauma, marriage problems, relational problems, emotional pain through loss, neglect or rejection, grief, inner healing (childhood trauma, adultery, abuse), preparation for marriage, deliverance, and gives support during sickness or when a diagnosis of serious illness is received. Many of these pains and discomforts for which people come to receive help or consolation for are caused by fearfulness/anxiety and stress.

The approach at Care Focus of Moreletapark, as an emotional support and care centre for people with fearfulness, is generally to find the source of this fearfulness and help remove it through a study of the Word of God where it speaks about fearfulness and ways to counter it. The client is usually helped to see the bigger picture from an objective viewpoint; is empowered to engage

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Fifthly, there is the *Training Focus*, which administrates all courses, Bible school, training and media library.

Sixthly, the *Main Focus*, which includes prayer, congregational services in auditoriums, praise and worship, translation services, funerals, marriages, baptisms, discipleship and evangelization.

Seventhly, the church has the *Management Focus* that covers finances, hospitality (2serveU), human resources, pastor management, projects, products, publications, facilities and technical support.

Finally and eighthly, there is the *Pastors Focus.* The pastors gladly share their teachings and stories on a blog. All teachings and services are videoed and are available for purchase.

with the situation from the perspective that God is in control of our lives; and is encouraged to choose the life that is desired and make the right choices to ensure a loving and peaceful lifestyle.

All situations do not fit into this simplistic picture frame. Each context is individually contemplated and prayed over to find the godly solution to day-to-day problems. The focus is on spiritual and emotional support and the physical is seldom addressed other than a healing service only once a term. There is unfortunately insufficient data to assess the success rate of Care Focus's approach quantitatively, but people generally walk out of the counselling offices with new hope and vigour for their lives. The Care Focus has also tripled in growth the last few years, which can be used as an indication of its success.

The women in case study 1 of this thesis is an active member of Moreletapark and had experiences with Care Focus in the early stages of her disease development and in the early stages of the existance of Care Focus. She reported that the main focus was on her emotional pain and not her physical pain.

Data was also gathered from another case study of a woman with similar problems and physical conditions as a result of similar traumas and served as a complemenatry case study. The data gathered from these two case studies present the life of two women battling with a chronic pain disease, Fibromyalgia. These case studies also present the role that fearfulness plays in a chronic pain disease and the importance of a spiritual approach to the healing of anxiety and the resultant positive impact on the disease. In other words, they show to what extent the counselling they have received helped or failed to help in their struggle with anxiety that manifested physically in a disease and what the outcome was when there was no counselling.

This study was prompted by the need for an integrated approach between health care providers and biblical counsellors in a church setting to ensure they work as a team in the process of seeking healing of the whole person. The emphasis in wholistic healing is on all the dimensions of the human being (spirit, soul and body from a Christian

understanding of human ontology). My biokinetic training as a Biokineticist and many years in private practice together with my own life experiences and ministry at Moreletapark, especially in the Care Focus department, caused me to question whether Care Focus contributed significantly to wholistic healing, especially for people with a fearfulness component that presented in chronic diseases and chronic pain diseases. Furthermore, my observation has led me to question whether the healing of spirit, soul and body is sufficiently understood and coordinated in general by Moreletapark.

It is appropriate at this point to give further information on the understanding of the reason for the concept of wholistic healing. Wholistic healing through an integrated approach in the medical field, as in Psychoneuroimmunology, works on the view that our mind and body form an integrated system where they have a direct effect on each other. Our thoughts have an influence on our emotions, i.e., our thoughts through their influence on brain function influence our emotions. Thoughts can also be generated by the nervous system feedback to the brain through the five senses (vision, auditory, olfactory, gastromic and kinaesthetic) (Leaf C 2013:45). Beck agrees with Dr Leaf, but adds that our thoughts have the ability to activate our genes to trigger pathology and influence our immunity (which is explained by the science of psychoneuroimmunology) (2007:67–73). Furthermore, the different brain functions through hormonal communication have an influence on our nervous system. Stressors can elicit the stress response through the reaction of the nervous- and endocrine systems on triggers that enter the body through thoughts and subsequent emotions. This is seen by symptomatic reactions in the body that impact the immune system in a positive or negative way (McCance *et al* 2010:339).

Pneumapsychosomatology was developed in 1997 by the organization: “Be in Health” at a conference in Malaysia in collaboration with medical doctors, psychologists and pastors who attended this conference. It incorporates the dimension of the spirit as well. It has become apparent that every dimension of the human being is impacted through our responses to the lives we live and the circumstances we have to face in the journey of life. Therefore lifestyle changes may play a pivoting role in the healing of spirit, soul and body.

2.4 WHOLISTIC HEALING AND HOLISTIC APPROACHES IN CURRENT LITERATURE

Life events that lead to loss, rejection or trauma are in most cases the roots of fearfulness and stress. Health professionals and researchers are increasingly giving attention to wholistic healing and holistic approaches. Of particular interest is the discovery that many immune-related conditions and chronic diseases are associated with the continuous exposure to stress (fear and anxiety).

I showcase here some of the most prominent leaders and models in this field of wholistic healing in the medical- and pastoral care fields. Firstly, Dr. André de la Porte with the Hospivision's approach to spirituality and healthcare where [w]holistic people-centered approaches take center stage (De la Porte 2013:1-17). This endevour was born from a crisis experienced in health care in South Africa. Dr. De la Porte reported in his article on Spirituality and Healthcare on the valuable contributions of spirituality and spiritual and pastoral work of Faith Based Communities (FBC) and Faith Based Organizations (FBO) to [w]holistic people-centered healthcare. (2013:2).

Secondly, Dr. Daniël J Louw from the University of Stellenbosch has developed Promissiotherapy, that in essence uses the character of Christian hope to instill meaning in suffering. This describes a new state of being where pastoral care regards man pneumatologically, and thus presupposses a vibrant interaction between faith and personality where the affective (emotions and feelings), the cognitive (reason and mind) and will (volition and motives) play a decisive role (2000:245-253).

Thirdly, Dr. Neil Anderson *et al* in 'Christ-centered Therapy' distinguish between the mind and the brain as the immaterial and material elements of the human being that needs to be integrated in a wholeness approach to let go of the lies in one's life and to take up the truths of God's Word for complete healing (2000, Chap.4). This thesis focussed on the Anderson *et al* model of integrating the material and immaterial part of humanity to faciliate healing in body, soul and spirit within aspecific church counseling context.

Other wholistic approaches will be disussed on page 68-75 under the heading: Current medical approaches and models, refering to South Africa and the International world.

2.5 FIBROMYALGIA SYNDROME (FMS) AND CURRENT TREATMENT

Fibromyalgia is the medical condition that the two case studies in this mini-thesis suffered from. In order to better appreciate the data in the case studies, medical information on Fibromyalgia is provided.

Fibromyalgia is a chronic pain disorder. It involves disordered central afferent processing, which means that there is an altered way of processing pain present in the brain. This processing includes neuroplasticity changes in the brain's ability to process external stimuli. Hyperalgesia (increased pain sensitivity) is thus higher in people with Fibromyalgia and research has shown that a disrupted brain signal for reward and punishment may be one of the contributing factors (NFMCPA:1). The causes, symptoms and healing modalities are elaborated on in Appendix B (section B).

The link between (i) autoimmune disease and chronic pain diseases (like Fibromyalgia) and (ii) anxiety and stress seems to be direct and related to the way a person thinks and reacts towards one's circumstances. The emotion of fearfulness is the fruit of toxic thoughts in the mind. The outcome of fearfulness leads to stress related disorders repeatedly – the most prominent sickness of our time. Fearfulness is the spiritual force that triggers about 1400 harmful physical and chemical responses in our bodies and has the ability to activate more than 30 different hormones and neurotransmitters that can have a detrimental effect on our bodies (Strydom 2013:178, Beck 2007:67–73).

A short explanation on the ethnology of the conditions of the two women is also provided in the case studies. Here it will be noted that not only Fibromyalgia, but also lifestyle seems to be the element that links the two case studies. These two women were both leading a stressful lifestyle and their healing featured in the management of their lifestyles amongst other interventions.

Healing of the whole person, as argued earlier clearly requires an integrated approach that is directed to all the dimensions of the human being – thus the need for intervention from medical professionals, especially christians, and pastors and biblical counsellors to attempt to find the origin of the disease. Sadly, frequently a non-wholistic approach to healing has meant only treating the obvious bodily symptoms.

This thesis will attempt to explore the possibility that when the human spirit comes into alignment with God's Word (scripture), the soul (which includes the mind) will follow suit resulting in the body manifesting as healthy or at least substantially healthier.

2.6 THE RESULTS OF THE CASE STUDIES

The discussion of the results of the case studies is conducted from the perspective of the underlying themes that emerged from this process. Semi-structured questions were compiled to gather data for the case studies. (See Appendix A for the interview questions). The case histories are presented at first in order to provide the background from which the themes or categories were derived. As required, both women consented to the use of this data for the mini-thesis. To protect the privacy of the two women a *nom de plume* for each was chosen. The client in case study one is from Moreletapark and will be called Susan. The other client in the second case study will be called Anne. Both of these women were interviewed in the privacy and comfort of their own homes. They live in the East of Pretoria, but are, as noted above, in different congregations, are about the same age, married with children, Afrikaans speaking, and have the same socio-economic status. I have known both these women for quite some time on an acquaintance basis.

2.6.1 The case histories

Case study 1: Susan

As I entered the estate where the middle-aged Susan lives, I saw a well-established community with medium to big houses in a secure area. Her house was one of the more affluent houses in the area and when I entered her home I found it was neatly furnished with quality furniture. She is a lively

person who seems to have a welcoming nature. I knew her from church, but had never spent time with her on her own. Susan is married and has a teenage daughter in secondary school. She is very easy to talk to and very open about her personal life.

Susan shared about her molestation as a child and juvenile onset of rheumatoid arthritis in her puberty years. She commented on her father and his adulterous relationships and the effect it had on their family and on her mother. Susan also experienced a romantic disappointment at university and then married someone who would be able to care for her and keep her secure. Susan battled to fall pregnant and went for hormonal treatments for 11 years. She conceived and now has a lovely teenage daughter.

Susan received counselling from FAMSA for the molestation years after the events. She had back surgery at 35 years of age and battled with a pulmonary disease for quite some time. She still battles with migraines and regards it as stress related. She is unaware that there is a possible link between her emotional problems and the physical illnesses and disease she is experiencing.

She is taking several kinds of medication and uses different asthma pumps on a regular basis. She goes for physical therapy when she can tolerate touch. Susan experienced that Care Focus at Moreletapark helped her with her emotional issues but were not able to help with her chronic pain problems.

Recent traumas range from continuous interpersonal relationship problems of her father, who was recently diagnosed with Alzheimer's and her relocating him to an Alzheimer's care centre to protect her mother after another event of adultery. Another trauma is about her sister's reaction to the relocation of their father. She disregarded Susan's existence and refused to be contacted at all. Susan and her husband are under tremendous stress about their different families battling with personal problems that they need to sort out on a continuous basis. Susan's father has since died of Alzheimer's.

Susan is a support system for many, e.g., her mother and her friends with problems and can easily suffer from a type of burnout and subsequently have

to withdraw from society to recover first. She was recently diagnosed with Fibromyalgia.

Susan battles with anxiety, and although she has a deep relationship with Jesus Christ and prays before eventful situations, she still gets these anxiety attacks but does not relate it to unresolved fears she experiences. She is actively involved in the church as a prayer partner in one of the ministries.

Case study 2: Anne

The security estate where Anne lives is quite spacious and the styles of houses are very diverse. Anne also lives in one of the more affluent houses in this estate. Her house is very stylishly furnished and she has a distinctive taste for interior decorating. Anne is an amiable person and led me to a place where we could talk without disturbance. She was excited to share her story and freely discussed the interview questions.

Anne experienced rejection from an early age. Her parents got divorced when she was only 18 months old and her stepfather and mother, because of their work commitments and their being very driven in their careers, neglected Anne on a continuous basis. She felt pressurised to perform in sports and academics to get their attention. She has always been a very anxious child and this escalated before sporting events or exams.

She battled with back spasms that worsened after a scooter accident in her senior secondary school years. A trusted uncle also unexpectedly molested her in this time period. Her physical conditions just deteriorated after this event and ranged from a heart condition: mitral-valve prolapse to severe pain and back spasms in such a way that it forced her to stop her studies and rest for six months in order to recover.

Anne got married and it was during her second baby's birth, which was planned as a Caesarean but unexpectedly developed after being in labour for quite a long time to a failed spinal Caesarean and eventually to a general anaesthetic Caesarean, that all her trauma culminated into a mental, emotional and physical setback.

She entered into a period of trial and error with interventions and medications. At a certain time period she was on 18 different types of medication and received different pain therapy interventions too - even sleep therapy. Nothing seemed to bring any long-term results and left her hopeless and battling with brain fog as well. Her husband, church and small group (Christian Care group) started to pray for her, anointed her with oil and laid hands on her. She realized that she still battled with unforgiveness and bitterness and had to repent of that. She also realised that fear, guilt and shame played a triggering and sustenance role in keeping her sick. She started to identify the triggers of her emotions and began to walk in faith and nurtured her spirit with the Word of God. She listened to the Word of God played on her iPod at night and also listened to audio CDs from Arthur Burke that blessed her spirit.

Anne also realized that she had to stop her performance issues and feedback she needed from people and to change her lifestyle to make more time for God and to be at rest in Him, so that she can hand over the control of her life to Him.

Anne experienced complete physical healing, but unfortunately after a few years the symptoms returned. It seemed to be triggered by events that cause fear, guilt and shame surface again which is a typical indication of unresolved trauma and an overactive autonomic nervous system that stays on alert inspite of the circumstances.

2.6.2. The results catalogued thematically and discussed

2.6.2.1 Disease progression

Case study 1: Susan

Susan's disease first presented itself in her early puberty years with a condition diagnosed as rheumatoid arthritis. She received medicine and also injections from time to time. The rejection exacerbated from her failed romantic relationship, parental issues and the subsequent inability to get pregnant after her marriage, culminated into a stress response in her body that eventually developed into Fibromyalgia.

She had neck spasms and headaches on a regular basis. When she was 35 years old she underwent back surgery and received a fusion of the L4/L5 joint. She also complained about pain under her right scapula that did not seem to subside. It even influenced her choice of clothes to wear.

Later on she developed a pulmonary (lung) disease that required daily treatments. Currently, she still suffers from general bodily pain and with acute pain in her neck and lower spine. The area around her right scapula is excruciatingly painful, even to touch.

She still battles with negative emotions related to her traumas (molestations, rejections, battle to fall pregnant) and her unresolved issues with her sister. This triggers deep emotions of guilt and shame.

Case study 2: Anne

Anne's disease has presented itself with back spasms since she was small. In her own words, she has connected it with her being an anxious child.

Emotionally she was always seeking approval and tried to gain it through performance, which increased anxiety, especially when she needed to perform well at school in her exams and on the sports field.

The scooter accident at 17 years of age increased the prevalence of the back spasms. After her molestation she actually became very ill and experienced something like burnout and was put on bed rest for six months.

Later when she got married and experienced the trauma during her second childbirth, it triggered the chronic pain syndrome, Fibromyalgia. She then had general bodily pain; accompanied with tiredness and emotions of fear, guilt and shame. She was on many different kinds of medication.

Discussion

(i) The role of the Fathers in their lives

In both these cases the women had a father who did not appear to provide love and protection to their daughters.

Susan's father had a problem with faithfulness and did not play the father role in their household. Susan actually took over the father role to protect her mother against him in later years.

Anne's father, on the other hand, left her and her mother when she was still a baby. Later her mother got married again and her stepfather was very unreasonable towards her. She said she always blamed her mother for not protecting her from her stepfather.

(ii) Molestation

These women were both molested as young girls, albeit at different ages. It made a big impression on them and seems to have influenced their self-esteem, their emotions and their general view about men.

They were both disappointed by people they were supposed to trust. It seems that these girls were both left in the care of a family member who supposedly could be trusted but they molested them.

2.6.2.2 Character (self) formation as result of the disease

Case study 1: Susan:

Susan says that she does not care what other people say about her anymore, but is anxious about people criticising her child. She seems to be a woman that is at peace with herself and focuses more on her friends' problems and the things she has to do for her own family.

One can say she has learned to cope with her disease, although still debilitating her but not claiming all her attention any longer.

Case study 2: Anne

Anne is experiencing freedom from the physical symptoms she had to endure in her disease, but is still not totally free from fearfulness, guilt and shame that formed part of her life for a long time.

Discussion

Both these women are at a stage in their lives that they can clearly see the pattern of destruction that their diseases have brought about. Susan still experiments with different methods that bring relief, but is continuously postponing applying it in her life.

She is eager to find a more permanent solution and has lately adopted a method to stop her destructive thoughts when they become eminent in her mind and to choose new uplifting thoughts to counteract the destructive ones.

Anne is at a turning point in her life and wants to live her life without the devastation of this disease. She wants to make up for the years lost with her children and her husband.

She is now more knowledgeable about the disease and applies the spiritual tools she has learnt with much success.

Anne is fortunate to have the support of her husband, her cell group friends and her church that all support her in her endeavour. Anne approaches her situation joyfully and she shares freely with everyone who battles with fear, stress and anxiety, how to get better.

Both these women had a character building experience in the struggle with this disease.

2.6.2.3 Triggering event

Case study 1: Susan

The triggering event in Susan's case was most probably the on-going molestation by the trusted family member.

The severity of the disease amplified with other traumas later in her life: the onset of her arthritis, her romantic disappointment and her battle to fall pregnant.

The disease was sustained by negative thoughts, anxiety and negative feedback from people and by the rejection she experienced from her sister.

Case study 2: Anne

The triggering event in Anne's life was the rejection she felt from both her parents as a child that caused her to adopt a lifestyle of performance for acceptance.

Discussion

The experiences of these two women demonstrate what an important role loving, caring and protective family relationships play in a child's life. Children are by nature vulnerable and in the absence of the above should be loved and protected by the rest of society.

2.6.2.4 Disease intensifying behaviour

Case study 1: Susan

Susan is aware that a family crisis in general will increase the load her already straining body will have to sustain. However, she always finds the strength to stand up and handle whatever family crisis comes along. Her husband is capable and proactive and takes the lead in most of these situations; but sometimes she has to take care of it herself.

Susan tends to take on more than she can handle and although she has much to give to people through her life experiences, she tends to become exhausted to the extent that she has to withdraw from society in order to recover at times.

Case study 2: Anne

Anne has realised that she wants to do more than she can cope with. She is always ready to help and serve. People enjoy her company and her need for acceptance tends to lead to her over commitment at times. Anne has learnt to read the danger signs spiritually when this happens and then she proactively stops and takes time out before fatigue sets it.

Discussion

Both of these women are very talented and have much to offer to help others. They also like to sort things out and to resolve problems around them. It

seems that Susan still finds it difficult to pace herself, but is lately learning how to deal with a busy schedule.

Anne on the other hand seems to have the ability to identify a problem early on and not to overcommit.

2.6.2.5 Symptomatic flow of the disease

Case study 1: Susan

Susan's physical symptoms seemed to have escalated from juvenile arthritis to back surgery as a young adult and then to a pulmonary (lung) disease in her adult life. Fibromyalgia, that was recently diagnosed, has left her with bodily discomforts on a daily basis.

Case study 2: Anne

Anne's disease escalated from regular back spasms to eventually general bodily pain and chronic fatigue to such an extent that she could not look after her family and household anymore.

Discussion

The disease in these women progressed over a period of time. Susan's disease had an early but slow onset and then culminated in a serious pulmonary disease and the diagnoses of Fibromyalgia. She also turned to God for help, but she does not have the same support system that Anne has. This is mainly because she still seems to be the support for so many others while not finding others to support her. In Anne's case it escalated above her ability to be in control. She collapsed and then sought help in the right places.

2.6.2.6 The influence of fearfulness, anxiety and stress

Case study 1: Susan

Although Susan does not experience any fearfulness at the moment. She was a frightened young girl with high levels of anxiety for many years after her molestations. The fact that fear still plays a role in her condition is evidenced by her still becoming anxious when faced with a situation where people treat some of her family members unjustly.

Case study 2: Anne

Anne says that physical symptoms of the disease reappear when fear, stress and anxiety dictate her behaviour again. When she experiences fear she seems to automatically go into performance mode. It can be an indication that she wants to be in control and not letting God take control of her life.

Discussion

Both of these women reported that high levels of fearfulness and anxiety seems to be an indicator to what extend they walk in God's power or their own.

2.6.2.7 Effects of therapeutical interventions

Case study 1: Susan

Susan received trauma counselling from FAMSA (Family Counselling organization in South Africa) to help her forgive the family member that molested her while living in another town in South Africa. She also saw a non-Christian psychologist, but as the modus operandi seems to differ from her Christian values, she stopped receiving this psychological intervention. I asked her if she had ever gone to Moreletapark's Care Focus for counselling and her answer was:

> I was part of the Care Focus myself and therefor realized that I must find help to cope with my negative emotions but they can do nothing for my physical pain.

She continued to say:

> I do not have the emotional and physical strength to work through everything again; but I know that somewhere my emotions must catch up with my spiritual life.

I went on to ask her what she thought the Care Focus can do for one's emotions or physical disease and she answered:

> When I was there I was the ear that listened to these people who came for counselling. I could not change their physical symptoms though.

Apart from some counselling, she also takes several kinds of medication: 18 cortisone tablets daily and ten puffs from asthma pumps morning, noon and night. She gained a lot of weight and her skin became very thin. When she was officially diagnosed with Fibromyalgia syndrome (FMS), she received further medication for her migraines and medication for muscle stimulation that also alleviated her depression. She received injections to strengthen her immunity, which has been deficient since childhood.

Case study 2: Anne

As a child Anne received back massages from her mother to ease her muscle spasms. This brought temporary relief. Then, after her second child's birth when she was diagnosed with Fibromyalgia, she had to take about 18 tablets per day. Later she was hospitalized and received 600 injections over a period of three days for pain relieve that did not alter her pain situation at all.

Further treatment consisted of sleep therapy for 21 days at Denmar Clinic - this happened twice. It actually left her with temporary memory loss, brain fog and a slurred speech for quite some time.

After the failure of the medical interventions mentioned, she gradually weaned herself off all her medication. She then focussed on soul- and spiritual interventions. These interventions included (i) altering of her own beliefs towards healing (that she is worthy) and to receive it from God; (ii) prayer therapy and laying on of hands by her small group from her church; (iii) anointment with oil by her husband, and (iv) listening to the Word of God on CD's with blessings for her spirit (refer to footnote 4) by Arthur Burke. According to Anne she also started exercising every day for about 30–45 minutes to keep her body strong and her mood elevated. The exercise seems to give her a positive self-concept and confirmation on what she is able to do physically.

Discussion

Many kinds of general therapeutical interventions are available: allopathic medicine, body therapies, behavioural therapies and spiritual therapies. In the

case of Fibromyalgia there are reportedly only limited kinds of therapies that positively alleviates pain and discomfort and those are listed below.

The therapies that these two women incorporated are put in bold:

(i) Body therapy:

Exercise therapy, **physical therapy (massages, muscle-release therapy), and medicine consisting of sedative medication and anti-depressants** for the present time**.**

(ii) Soul therapy:

Cognitive-behavioural therapy done by a **Christian psychologist** has definite advantages. This is because it aids in the changing of thinking patterns and to consciously make each thought obedient to Jesus Christ. It also helps to change destructive thinking that is specifically linked the altering in pain perception in FMS patients (Anderson *et al* 2000:3980).

Both Susan and Anne had negative encounters with psychologists that did not have a Christian worldview from where they directed their therapy. Both women seem to have had regular negative thought patterns and old destructive habits of thinking.

(iii) Spiritual therapy:

Prayer therapy / oil anointing / laying on of hands (Anne). Anne also listened to spiritual CDs on her iPod while sleeping at night. These were CD's with blessings for her spirit and to those with readings from the Bible. These types of therapies reportedly, made the biggest impact on her wounded spirit.

2.6.2.8 Influence of inner peace and no unresolved issues

Case study 1: Susan

Susan says that her relationship with her sister is still an unresolved issue. In her own words she says:

> I am still very cross with my sister and I would really like to sit around a table and state my case in order to explain why I put our father in this

> medical institution. And I want to understand why she broke all communication with me ever since, because it broke my heart…

She also has other unresolved issues in her life:

> There are other family members that have a negative impact on my husband and I and we always need to sort out everyone else's problems. It upsets my husband tremendously when we have to face the family again in the midst of all the dilemmas that surround them.

Susan has since our first interview started to make some changes to her thinking habits in order to create more inner peace. She has learned to stop a destructive thought and to direct it towards God and trust Him to bring the preferred outcome and to stop trying to resolve all issues by herself.

She reported that this brought great relief externally that helped her to focus away from the negative thinking (triggered from her circumstances) and to focus on God internally which brought a sense of peace to her.

Case study 2: Anne

Anne said she does not have total inner peace yet and she explained it like this:

> It is like peeling an onion. Every day I let go of things that are still holding me back and God shows me to let go of bitterness, jealousy and pride.

Discussion

It is very evident that these women do not yet have inner peace about their circumstances. They still experience emotional turmoil about things that happened to them and they seem to be very wary not to falling back into old ways of thinking. It seems that this type of destructive thinking causes the pain perceptual changes and hyperalgesia to set in again (NFMCPA 2014:1).

2.6.2.9 Relationship with Jesus Christ

Case study 1: Susan

Susan says that God is her only Source of relieve. She confirms that she has stopped asking questions and just accepts what comes her way. She experiences this in the following way:

> We are the waves of the ocean and we need to humble ourselves time and again before God. Just like the wave breaks on the sand we need to be broken and purified before God and then to be taken back to Him like the waves are taken back into the ocean.

According to Susan she sometimes feels like giving up, but her biblical responsibility to care for her mother keeps her going. Her mother can sometimes come to stay with her for three months on end.

Case study 2: Anne

Anne said she could never come up with a reason for God to love her. It is only in the last six months that she started to comprehend that His love is unconditional. This consoled her and experienced it as very functional in her healing process.

She also became more aware of the voice of the Holy Spirit when speaking to her about her busy programme and to live a life devoid of fear. This can only be achieved by relying on God alone and by resting in his providential care.

She says:

> When I get too busy I hear His voice prompting me to cancel my appointments and again move into a place of peace and contentment, being more intimately connected to Him.

Discussion

Susan and Anne still seem to be directed by a world perspective (mostly soul: voice in their heads) of their situation, but they are beginning to learn to be guided by a godly perspective (mostly spirit: voice in their hearts) of their situation.

Although Susan has a strong relationship with Jesus Christ, she still seems to be standing under condemnation and not in righteousness and the full

acceptance that she received from Jesus Christ. She intercedes for her family members going through difficult times, but she still experiences anxiety, which could be an indicator that she still battles with unresolved trauma in her life.

2.6.2.10 Influence of a place of worship and support groups

Case study 1: Susan

Susan is active in her church with one of the ministries - she is a prayer partner. She plays a prophetic role when God reveals things to her, especially for the situation for which she is praying[9]. She also attends a very active Bible study group. Susan seems to have little personal support; but is still very active in giving support to others in need.

Case study 2: Anne

Anne belongs to a church and is part of an active cell group. The members are mentors to her. She also has two close friends who regularly pray for the total restoration of her health. Her husband is caring and looks out for her by making her aware when her program is too busy.

Discussion

Susan is giving more than she receives. Anne on the other hand relies heavily on others and God for her healing. She does not seem to be able to sustain the process of healing on her own. Anne might need to listen to God more, especially from Scripture, and to live according to His precepts. She needs to take this spiritual healing from God herself so that she does not succumb to, or stay in, fearfulness. She needs to give her fears to God as soon as they appear and before they trigger other negative reactions in her body.

2.7 LESSONS FROM THE CASE HISTORIES

The results of the interviews of the two women and the discussion in the previous section can be summarised in five concepts. Each concept provides a basis for developing helpful interventions for Care Focus at Moreleta for

[9] Susan has the ability to see visions about a certain situation and God reveals to her an appropriate intervention. She always seeks Biblical confirmation for these visions.

similar cases to Anne and Susan. These all relate to chronic pain syndromes, autoimmune diseases and chronic diseases.

2.7.1 Category 1: The relationship of trauma to disease

One of the symptoms when children grow up without the nurturing, caring and protection from parents is that they become very hard on themselves and sometimes on the people around them. They actually learn to fight for themselves to cope with this lacking in their lives. Cloiter *et al* confirm this in their study on PTSD in childhood and adult settings reporting on the decline in emotional growth and impairment in interpersonal behavioural skills (2009:2). The fighting can be visible on the outside or it can become an internal turmoil on the inside where the physiology of the person becomes disrupted and distorted and eventually burnout sets in. Burn out is the result of the endocrine system that fails to keep up with the internal fight and eventually disease sets in (McCance *et al.* 2010:347–348).

In the two case studies the trauma of molestation and rejection most probably played a significant role in the onset of disease and the unresolved and untreated trauma could have sustained the compromising effect on their physical bodies.

2.7.2 Category 2: The relationship of thoughts and habits to disease

The alignment of one's thought patterns to God's Word can in most cases positively affect one's wholeness status. Both women have a problem with controlling their thoughts and thinking patterns. Most of their thoughts are rooted in fear of people and circumstances and thus dictate their way of thinking. As the Bible teaches (Rom. 12:2), our thoughts need to be renewed daily by God. Leaf elaborates on that by saying that new thinking patterns need to be installed from God's Word too (2013:25). Only those thoughts that strengthen our spirit, soul and body should be entertained in our minds and those that are destructive which condemn us, and subsequently keep us in poor health, should be cast aside (Leaf 2013:22). Leaf emphasises that it is

necessary for people to rewire their brains through constructive thought patterns to ensure optimal health (2013:39; Col.3:15).

It seems to be common that thoughts rooted in fearfulness, can cause people to have performance issues like one of these women in the case studies. Susan tends to give attention to many other things at hand and deals with the disease later.

Both of these women are in the process of beginning to understand what sustains their illness and what behavioural changes they need to make to facilitate their healing. This is mostly a humbling experience for them because for such a long time they have shifted the blame for the illness to supposed circumstances beyond their control instead of taking responsibility for the healing.

2.7.3 Category 3: The relationship of lifestyle choices to disease

According to Strydom, a stress free lifestyle is one of the most important choices to make to assist the healing process. She reports that a very busy lifestyle can have negative influences on the life of someone struggling with disease (2013:180).

It is evident from the case studies that the choice to live in a high stress environment causes one to utilise one's body beyond its design. God created the human being to cope with all life situations and to bring homeostasis to all internal processes. Therefore, as seen in these case studies, in continuous stressful situations the body does not recovery sufficiently between stressors and can be strained to the point that it fails.

Physiologically speaking, our endocrine system seems to be a very delicate system. When it is operated correctly within the guidelines of its design, it can sustain us (McCance *et al.* 2010:347). But when we stretch our bodies to fulfil others' expectations of us, we are in trouble. God created the earth in six days and on the seventh day He rested. He sets the pattern for us (Heb. 4:9–11). We need sufficient rest and to be at rest in Him. We need to let God sustain and cultivate an intimate relationship with Him and to let Him control our lives.

Strydom argues further that the second important choice to make that seems to have a very positive effect on our health is to choose faith continuously instead of letting fear control our behaviour (2013:180). Faith is a relentless belief in things we hope for and therefore when hopelessness sets in we have lost our faith. Anne can recognise fear very clearly when it is triggered in her life. She does not link anxiety to fear and therefor fails to recognise the negative effect this may have on her body.

According to Anderson and Miller (1999:99), our anxiety comes from our own fears. That is why the resting in Jesus Christ brings deep peace into our lives that contribute to the restoration of our wholeness. To be a Christian does not make us immune to fear, but fear on the other hand does not have the power to rule our lives.

2.7.4 Category 4: The importance of therapeutical interventions

Body therapies that seem to bring relief consist of the following: physiotherapy and medication: anti-depressants (for chronic times) and sedative medication. Both of these types of medications help the body to repair when being more relaxed or asleep and it seems to slow down the brain processes that interfere with the pain perception in Fibromyalgia. Sleep seems to facilitate healing naturally because it gives the body a chance to recover in order to bring all processes back to homeostasis again (McCance *et al.* 2010:502–508 and Strydom 2013:205–212). Pain medication and anti-inflammatories do not seem to help with Fibromyalgia since Fibromyalgia is not an inflammatory disease (NFMCPA 2014:1).

Both of these women were using some of these therapies regularly and Anne eventually could reduce her medication substantially. Changes to chronic medication are not advisable without the guidance of a health professional (Strydom 2013:83).

Secondly, exercise therapy, apart from releasing endorphins naturally, also ensures a good posture and muscle strength to face life's challenges. Anne

exercises between 30–45 minutes at least three times a week and is reaping the benefits thereof. Susan does not have time for exercise.

One also needs to eat for sustained energy and the practice of relaxation techniques seems to aid in this process. Regular relaxing massages can be beneficial too.

Soul therapies are relevant to our thoughts, emotions and our behaviour. Our thinking seems to influence our emotions and causes the resultant behaviour (Leaf 2013:21; Strydom 2013:178-181). Both women in the case studies were lacking constructive thinking in terms of taking every thought captive and making it obedient to Jesus Christ (2 Cor. 10:5). They actually became victims of their own thinking. Constructive thinking has the ability to alter one's health in terms of improving one's immunity and decreases hyperalgesia (increased pain perception in the brain) in chronic pain patients (NFMPA:1). Cognitive behaviour therapy has profound positive results when presented from a Christian point of view. It ia unfortunate that both women in the case studies had negative experiences in this regard.

The following spiritual therapies had a positive effect on Anne: prayer therapy, anointing with oil, laying on of hands, blessing the spirit, and listening to the Word of God. According to Strydom, these therapies usually help clients to align their spirit with God's spirit and to release fear, guilt and shame that seem to keep them trapped in their negative pain cycles. In these therapies the Holy Spirit releases God's power and healing is fostered during these spiritual interventions. She emphasizes that we need to have faith in our healing too (Strydom 2013:123-129). One just needs to do the natural thing so that God can perform the supernatural (Batterson 2014:14).

2.7.5 Category 5: The relationship with Jesus Christ and a place of worship

When we are at rest in God's presence daily and hear from his heart regularly He carries our burdens. Both women know this, but did not always follow it relentlessly. They both have a good relationship with Jesus Christ. However, they still resort too easily to tackling difficult situations in their own strength.

Healing is mostly sustained by a relationship with Jesus Christ and not only through the constant prayers of others praying on one's behalf.

Belonging to a Christian church, a support group, and small group (interest group or cell group) that can impact one's life seems to be vitally important when battling any chronic - or terminal condition. Susan's case study supports the notion that we need to be able to receive from others and from God too and not only give of one all the time.

2.8 CONCLUSION

The results from the case studies were categorised into ten main themes that were representative of the outcomes from the open-ended questionnaires and contained the following: disease progression; character formation; triggering event; disease intensifying behaviour; symptomatic flow of the disease; influence of fearfulness, anxiety and stress; effects of therapeutical interventions; influence of inner peace; relationship with Jesus Christ; and finally the influence of place of worship and support groups. These themes were delineated to five concepts of relationship: of trauma and disease; of thoughts and habits to disease; of lifestyle choices and disease; of the importance of therapeutical interventions and finally the relationship with Jesus Christ and a place of worship.

These five concepts were reduced to a theory that seems to present the root of the problem in these case studies: ***When the emotion of fear has become a spiritual battle and is presented pathologically in the body by disease or chronic pain because of unresolved trauma which is stored in the mind, it results in habitual lifestyle choices and actions to prevent its exposure. This fear driven behaviour is influencing primarily a person's relationship with Jesus Christ (from a Christian perspective) and those of other people because of a lack of complete trust and has the ability to keep the body sick in spite of any medication or intervention.***

This theory aids us in understanding the healing of the whole person by treating spirit, soul and body simultaneously. This theory can be confidently

applied within the Church's context, and in particular at Moreletapark's Care Focus.

This chapter has pointed to various forms of fear being a most likely major catalyst to physical illnesses. Leaf (2013:26) states that human beings were wired for love; and fear, other than in short bursts when faced with real danger and needing to act quickly, is a learned process that can be 'unlearned'. It is clear from the circumstantial evidence in the case studies that fear can originate from one's life experiences and unresolved trauma and that the resultant stress can destroy one's wholeness status in spirit, soul and body. This means one's joy and peace are undermined. Fear clearly needs to be addressed if wholistic healing is to be sustained. Healing of soul and spirit is, therefore, an important part of physical healing and to be unaware of the advantages of this kind of healing, or to neglect it, is to undermine all other physical healing attempts in the body. According to Anderson, fear erodes our faith and plunders our hope and in the end also steals our freedom in such a way that we become prisoners of our own unbelief (Anderson 1977, Chapt.1).

Susan is an example of someone with recurring bouts of emotional pain with limited success in relieving physical pain. She agrees that she needs to sort out her emotions, because it keeps her trapped. Unfortunately, she is unaware of the fact that dealing with her emotions most probably will relieve the physical symptoms. These unresolved emotions, coming from a broken spirit, has in most cases proof to have the ability to keep one's body sick (Wright 2010: 65-68; Strydom 2013: 325-329).

It needs to finally be noted that since only two case studies were conducted, that the theory drawn from an analysis and interpretation of the results needs to be tentatively held until the results of many more similar case studies have been undertaken.

CHAPTER 3

A BIBLICAL, THEOLOGICAL AND SCIENTIFIC APPROACH TO COUNSELLING WITH SPECIAL REFERENCE TO FEARFULNESS AND WHOLISTIC HEALING

3.1 INTRODUCTION

As stated in chapter 1, the design for this thesis is Browning's four steps in his strategic practical theology that involves providing answers to four questions. This chapter deals with the second two questions: What should be our praxis in this concrete situation? How do we critically defend the norms of our praxis in this concrete situation? The praxis that this chapter seeks to determine is a **counseling approach to fearfulness** that takes into account biblical, theological and scientific perspectives. This approach is then worked into a praxis for Care Focus at Moreletapark.

Stress can be the outcome of an unhealthy lifestyle. It can also result from one living in unhappy or dangerous circumstances. In this situation, anxiety can build up and stress about one's physical status is experienced (Strydom 2013:178–185). This stress then leads to more fear and more stress. Eventually fearfulness (timidity) sets in and become a way of life, as noted by the case studies. This vicious circle and the resultant negative physical feedback can only be eliminated by the intervention of both the medical profession and the Church community in the form of pastoral care, biblical counselling and connecting people to fellow Christians (Crabb 1997:109). It has been noted that stress with its losing struggle to cope adequately and its partner fear have the same physiological responses (McCance *et al.* 2006:336–337, Strydom 2013:178–187 and Wright 2010:15).

Nowadays people display illnesses and diseases resulting from a modern stressful lifestyle and other stressful contexts when reaching out for help either medically or spiritually. When the symptoms are treated and healed without the root of the problem resolved, the symptoms just

reappear again after some time or the exposure to another stressful event. This leads to another round of medical treatment and spiritual therapy. This type of cycle keeps getting repeated. **On the other hand, if the medical health professional and the pastor or biblical counsellor were aware of the root cause of this kind of disease, they would appreciate the need to collaborate with one another in order to facilitate healing of the whole person from the disease more effectively (Strydom 2013:108).**

This chapter is concerned with exploring ways of why and how fearfulness, resultant from a stressful living, operates and how to overcome it in today's hectic world where performance and success permeate one's lifestyle.

3.2 BRIEF RESTATEMENT OF PRINCIPLES STATED OR IMPLICIT IN THE RESULTS OF THE CASE STUDIES

Four principles can be educted from the themes and concepts that emerged from the results from chapter 2.

3.2.1 Fear progressively deteriorates health

Fearfulness caused by the two women's circumstances and unresolved trauma progressively deteriorated their health. Anxiety actually develops from stressful living conditions and becomes visible in the experience of fear and this culminates in depression (McCance *et al.* 2010:658–662). Only when the Christian fully grasps that God is in control, can one's thinking habits and behavioural patterns change and a peaceful state of mind be retained on an ongoing basis.

3.2.2 Roots of disease need to be dealt with

No matter how much we pray or break bondages, the problem will remain or will return if the root problem is not eliminated. Fear, guilt and shame give it the legal right to come back, stay and be destructive. Fearfulness actually needs the comprehension of the Father's love to be overcome (John 3:16, 1 John 4:18 and Prov. 4:6–8). A person's guilty feelings need the understanding of the completed work of Jesus to bring one into a state of righteousness that overcomes any guilt forever. When the guilt is gone the shame feelings can

finally be taken away by the Holy Spirit and replaced with the honour of being a child of God; and this reinstates a humble spirit that is deprived of pride (Cronjé 2013; Rom. 8:12–16; Prov. 29:22–25).

3.2.3 The new identity in Christ needs to be demonstrated

Since Christ justifies the Christian at conversion, one is called not to work for salvation, but to work out the implications of the salvation provided by grace alone (Phil. 2:12). We thus need to live from our new identity in Christ (Anderson *et al.* 2000:1663–1664). The doctrine of sanctification makes this explicit: here the process is God's work in us to do His will by giving us His power to accomplish it. The Triune God is at work in us in this process of sanctification: the Father by equipping us to do His will; Jesus by being the perfect example for us to follow; and the Holy Spirit by working in us the fruit of the Spirit. The important point to notice is that sanctification affects the whole person: (i) body: we need to present our bodies as a living sacrifice that is holy and acceptable to God; (ii) soul: we need to transform our mind to know God's will and then our emotions will portray more love, joy, peace and patience as fruit of the Holy Spirit becomes evident in us; and (iii) spirit: our conscience needs to be cleansed of all defilement to be able to glorify God (Grudem 1994:747–757).

A good example can be found in one of the case studies. For many years the sin of unforgiveness played a major role in Susan's illness by influencing her health negatively. The reason was that she could only forgive once the person who betrayed her trust had died. This was a distortion of God's image in her which should have enabled her to forgive as Christ had forgiven her. Underwood emphasizes this by saying that chronic pain can frequently alter people's beliefs about themselves. When their image changes, their image of God changes too. It can also happen that chronic pain can become the identity of a person and they thus may loose sight of the dimensions of identity that actually transcends pain and suffering (2006:6-8).

Fontaine (1999:773) notes that God created us in His image and sees this as having fundamental implications for our personality and our healing. The process of healing is viewed as a process of restoring the marred image of

God within us; a process that leads to becoming more like Jesus. God's image in us is distorted when we allow fear, shame guilt, anger, unforgiveness and bitterness to operate freely in our lives and this eventually leads to illness and disease.

Fontaine, therefore, states that there are two exciting adventures in life: to let God work in our lives to restore His image in us and to give God permission to work through us in order to help restore God's image in other people (1999:773–827). Beck (2007:69) and Fontaine (1999:799) conclude that healing can only take place when a person's identity is completely restored in Christ-likeness. This aligns again with the vision of Moreleta: "Jesus everything in every body"

3.2.4 Relational peacefulness fosters healing

Lastly, peace has a healing effect on illnesses and diseases. Peace is the absence of fear, anxiety and stress. When we are at peace with God, with others and ourselves we are healthy, but when there is a break in anyone of these relationships we become ill (Strydom 2013:44–58). Unresolved issues are signs of broken relationships. To be closely connected to people who really care for you, like close friends or a support group or a church body and also a small group within the church, have positive healing benefits. Dr Larry Crabb, who has been a psychologist for many years, came to the conclusion that people need to connect with fellow likeminded Christians more than they need counselling.

He also suggests that caring, intelligent people with much less training than is required to become a professional counsellor can achieve equal and sometimes better results when their efforts are carried out as part of a healthy united community. He emphasizes that healing through talking does not only belong to professionals, but resides in ordinary Christians too (1997:123).

3.3 FURTHER INSIGHTS FROM THE BIBLE, CHURCH HISTORY AND SCIENCE ON THE RELATIONSHIP BETWEEN FEARFULNESS AND DISEASE

3.3.1 Biblical insights on the relationship of fear and disease

The Apostle Paul had regular talks with accompanying exhortations with Timothy about his life and his way of approaching his ministry in Ephesus. Timothy's situation demonstrated some of the same fear-inducing circumstances that one battles with today. In considering 2 Timothy 1:5–7, it can be noted that the fear Timothy experienced in Ephesus was related to certain people and their false teachings as well as the circumstances under which he had to bring the Word of God to the Church. His fear presented in timidity (cowardice) and the resulting stressful situation apparently resulted in illness (cf. 1 Tim 5:23).

The fear that Timothy experienced at Ephesus seems to have come from ignorance of the fact that God does not give believers a spirit of fear, but rather of love, power and a sound mind (2 Tim 1:7). Fear or cowardice as in Timothy's case and the increased stress it brought about has the ability to corrode the content and goal of our faith that leads to a place of hopelessness and bondage to fear (Anderson and Miller 1999:25026). MacArthur (1995:2,3) and Colbert (2003:101) agree with Anderson that fear has a direct correlation with a lack of faith and understanding of the Christian gospel. **It thus becomes evident that healing and wholeness need the teaching and pastoral care of the Church (Luke 9:1–4, Nolte *et al.* 2008:8).**

Solomon reports that fearing the Lord can bring health to one's bones (Prov. 3:7–8). A pathophysiological explanation by McCance is that when we fear people or circumstances (linked with relying on our own ability to overcome a situation), the body excretes increased amounts of adrenaline in response to this trigger of fear. This over-secretion of adrenaline tends to acidify the blood of the body and in return the blood extracts magnesium from the muscles and calcium from the bones to alkaline the blood again. A strong body, as explained in Proverbs, needs strong muscles and bones characterised by an alkaline body without an over secretion of stress hormones due to the fear being experienced (2010:336–337). Bengel explains that fear starts in the mind. And this implies that our fears are sometimes merely the way we think

about circumstances and people that seem to threaten us. This again can be the fruit of a lack of knowledge, wisdom and faith (2010:40–41).

Faith in God and his Word and the accompanying work of the Holy Spirit can overcome fear within us (Grudem 1994:638–639). MacArthur (1995:2,3) explains that when we move in God's power we are equipped for His work. The apostle Paul expended much effort to exhorting Timothy on this and it should fill us with courage rather than cowardice to meet the challenges in our own lives.

It has been noted already that understanding, experiencing and displaying God's love to others are crucial to overcome fear (cf. 2 Tim. 1:7). When we acknowledge the fact that the love we receive from God is *"Agape"* love – a selfless kind of love that actually promotes the one being loved above the self – we can operate from this fruit of the Spirit. This will ensure that our successes will not breed pride and our failures will not breed bitterness or hopelessness. Our walk in the Spirit will demonstrate this kind of love in our lives (Gal. 5:22,25; Blue Letter Bible 1996–2014; Henry 2010:289194–289214).

To walk in the Spirit means to cultivate a solid character and understanding. This is the sound mind that exercises discipline that enables us to fulfil God's will and overcome fear (cf. 2 Tim 1:7). This portrays a person with self-control and moderation (Blue Letter Bible 1996–2014) – one who has a quietness of mind. In this way one has the ability to think with integrity and uprightness in action. This way of reacting to one's circumstances will ensure wholesomeness in one's thought life and the ability to move from a place of wholeness when addressing the problem at hand (Bengel 2010:40–41, Henry 2010:2899194–289214).

Fear, stress and anxiety have, according to Dr Strydom (2013:178), Dr Wright (2010:175) and Dr Cronjé (2013), a direct influence on the manifestation of disease in one's life, as was probably the case in the life of Timothy (1 Tim. 5:23). These entities also have a causative and a sustaining negative impact on our health in spirit, soul and body. Treatment in this situation requires a wholistic approach that treats spirit, soul and body, i.e., the healing of the

whole person (Anderson and Miller 1999:161 and Strydom 2013:178). Diseases that are caused or sustained by fear, stress and anxiety have a detrimental effect on the whole person, because it keeps the person in an unhealthy status in one or other dimension (spirit, soul or body) all the time. Peterson (2005:300) says that a Christian's life is a Jesus-resurrected life that can only be accomplished by the Holy Spirit. Colbert (2003:101) confirms that faith is the ultimate cure for fear, especially if it originates from the affirmation that God is in control of all things and works all things together for those who love Him and who are called according to His purpose (Rom. 8:28). This can foster healing of the whole person.

Lioy (2014:2,3) demonstrates in his article about spiritual care in a medical setting, how the calling and mandate of the Church can affect the healing of the whole person. In the early church, according to Lioy, in his report on what Harrison said, there were many diseases that plagued the people - also in Jesus' time. He also comments on Davids, who claimed that in Old Testament times people chose treatments that were available from their pagan neighbours (Ex.15:26). Israel and the New Testament Church were exposed to a selection of healing modalities from potions and magic spells to sacred inscriptions. People in the first century were also exposed to a hodgepodge of so called physicians who received their training in a variety of the healing arts from the Greek and Roman traditions. Dodson in her book, "The Story of Medicine" (2013:56–70), confirms this and adds that many early physicians were educated in medicine by following their mentors and learning on the job. Lioy further explains according to Graham, that Jesus had a specific concern with the healing of the physical and also the moral and mental illnesses of people (Lioy 2014:2,3).

In ancient times it was the custom to believe that disease was linked to sin and was therefore seen as punishment for it (cf. John 9:1–3). It became evident, though, from the book of Job that ailments are not necessarily caused by iniquity. Christ's heart for mankind is to be healthy, living in wholeness coming from a sanctified life (John 3:17). Lioy completes this discussion with a report from Harrison that in the International Standard Bible Encyclopaedia article on disease and the mind-set of the Hebrew people that

they assumed that there is a unity that exists between a human being's physical and metaphysical entities. This is a confirmation of and support for the theoretical foundation for modern psychosomatic medical investigations (Lioy 2014:6). Psychoneuro-immunology and the new pneumapsychosomatology of "*Be in Health"* also affirm this (Cronjé 2013:1–60min.).

3.3.2 Church history on the relationship between fearfulness and disease

3.3.2.1 Healing as a spiritual issue

The early church leaders in their experience with sickness acknowledged that misdeeds and weaknesses were prevalent in human situations. In some cases where there was no direct or obvious cause of a disease, spiritual caregivers guided such patients through repentance of sin to receive their healing (Menno Simons cited in Lioy 2014:7). There were definite advantages to bringing in spiritual caregivers much earlier into the treatment so body and spirit could be treated at the same time (Donne cited in Lioy 2014:7). **In summary, the early church leaders saw a place for both medical and pastoral care in the treatment of the afflicted. Their collective wisdom and efforts to promote maximum healing within all the dimensions of the patient need noting.** The early church leaders who performed classical pastoral care acknowledged that disease not only affected the body of the person but also his self-esteem, hope, understanding and his faith (Oden cited in Lioy 2014: 6,7). Sickness, whether mild or more serious, provides the caregiver with a special opportunity to also provide spiritual care (Burnet cited in Lioy 2014:6, 7).

3.3.2.2 Development of medicine and its relationship with Christianity

Dobson (2013:57) reports that there were several medical schools in antiquity as well as in the medieval Islamic world. Formal medical education in the Christian West began in the "Middle Ages" with the school of Salerno in Italy. Lioy documented that Amundsen and Fergren reported that during the early Middle Ages monasteries in the Latin West as well as in the Byzantine East

‘became the place of refuge for sick people, the poor and the persecuted’. These monasteries practised holistic treatment in their nature of care (Davids cited in Lioy 2014:5–6).

The parable of the Good Samaritan characterised the behaviour of the Christian physician particularly in the “Middle Ages” (Jonselm cited in Lioy 2014:7). This reinforced the selfless character of the Christian doctor to care for the sick and needy frequently at own cost.

3.3.2.3 Contemporary healing practices

In our modern era there are still various different groups of healers, from doctors and nurses trained in western medicine to practitioners of traditional, alternative and complementary medicine (Dobson 2014:57). This era has dramatically changed since 1968. The medical community gradually came to realize that illnesses need multidimensional treatment demonstrating the vast resources for wellness. The World Council of Churches (WCC) published a report by the Christian Medical Commission (CMC) on health and wholeness and the church’s role in healing and reconfirmed it in 1975. Their initial understanding of wholeness, health and healing produced a recurrent thread that the health of a person is not primarily a medical issue. They pleaded with churches to become aware that the causes of disease in the world are also social, economic and spiritual and therefore treatment also needs to extend beyond the bio-medical.

According to CMC, one can often link injustice, peace violation, and breakdown in the integrity of creation, and spiritual ignorance with a disease. **Medical science is beginning to affirm that beliefs and feelings are powerful areas in helping people to cure from a disease.** It acknowledges that unresolved guilt, resentment and meaninglessness have a detrimental effect on a person’s immune system, while loving and caring relationships in a community setting are some of the strongest factors in restoring immunity. Crabb also confirms these causative factors in the decline of the immune system (Crabb 1997:647; The Christian Medical Commission 1991:1).

Dr Emilio Castro (WCC General Secretary) motivates churches to acknowledge the fact that **healing ministries should look at the whole person when caring for the diseased and find the roots of disease as revealed by the Triune God.** God's gift according to him is life and that life in abundance (John 10:10). We have received a free will to choose this life in abundance and that means to choose health as well. Castro says that health is a state of wellbeing not only of an individual but also of a whole society. Health is achieved when the physical, mental, spiritual, economic, political and social arenas are in harmony and where we are in harmony with self, each other, creation and God.

The CMC states that Jesus' concept of health, healing and wholeness was to heal the broken hearted, to proclaim liberty to the captives, to set people free from bondages, and to comfort those who mourn (Isa. 61:1–3). It proclaims that disharmony in relationships leads to alienation, separation, brokenness and sin – a total lack of wellness that presents itself in disease. It was clear according to this report that healing and wholeness can only be reached when life is restored in the context of our relationships within the community. According to the CMC a true community is not closed – it cuts across class, status and power structures – it is in other words a living organism (The Christian Medical Commission 1991: ii).

It is clear that people in ministry can also find themselves under very stressful/fearful circumstances like Timothy. A classic example is Mother Theresa from Calcutta. In a published book, "Come be my Light", correspondences with her spiritual directors highlighted a 40-year struggle with faith, doubts and a sense of abandonment by God and her anguish of being continuously confronted with disease and poverty. (Dura-Vila 2009: 543–545). This is a phenomenal example that proves that not all signs of depression and anxiety can be treated with medication or with medication only, but also need prayer and compassionate care by a community of believers (Crabb 1997:619 and Strydom 2013:314-317).

The danger in Christian ministry is that one can begin to operate from a fear perspective that if sustained long enough can lead to depression and a

burnout prognosis in the end. The fear of the Lord is commanded in Scripture and is the only fear that should characterise Christians throughout their Christian lives. This healthy fear rooted in a sound biblical understanding of God's attributes and accompanied by faith in this glorious God, will overcome the other destructive fears. When we walk in fear of the Lord, according to Peterson, based on truth, the truth will set us free and will ignite us to live our passion in order to fulfil our God given assignments here on earth (2005:40–44). God and His Word are thus our Source of life. As John MacArthur says, the Bible contains God's mind and will for our lives (2005:59058–59059, 2 Tim. 3:16,17) and to obey God is the only way to restore wholeness. His Word is final (Ps. 199:89) and His Word never returns empty handed back to Him (Isa. 55:11). Faith in God, that overcomes destructive fear, comes by hearing and hearing through the Word of Christ (Rom. 10:17).

All of this leads us to the conclusion that fear; stress and anxiety have a direct influence on wholeness in spirit, soul and body.

The role of the church in the healing process therefore has moved to the foreground, and a new strategy is needed to promote collaboration between the medical health professionals and the community of the church to promote wholistic health.

3.3.3 Scientific insights on the relationship between fearfulness and disease

3.3.3.1 Fearfulness and disease

It is important to understand that fearfulness is a result of continous stress which escalates to become anxiety and eventually manifests as fearfulness (Anderson and Miller 1999:73). Burton reports that fear can become a controlling factor in a person's life and one's focus should be on ways to keep safe rather than focusing on the perceived threats thus creating unnecessary levels of fear (2010:113–114). Kierkegaard, on the other hand, argues that fear can become a sickness unto death, but not in the sense of really dying but dying while still living. To be a person that is actually dead to life itself implies a death in one's soul (thoughts, emotions and will) because of one's

loss in interest in the present life that seems to be unfulfilling and futile. This is when fear has become a form of despair – an internal sickness for which there is no chemical treatment (Kierkegaard 1974:146–157).

Recently, Dr Larry Crabb confirmed this in his book “Connecting”, where he talks about the disconnected soul to explain that beneath what our culture calls psychological disorders is a soul crying out for what only a Christian community can provide (1997:175–181). When we have a disconnected soul it means that it has been ultimately disconnected from God. **It, therefore, is only when our relationship with God is restored in a Christian community where fellowship between the members and mutual loving ministry are strong that wholistic healing can begin.** This is where the humble and wise learn to shepherd those on the path behind them (Crabb 1997:191–193).

There needs to be a change of heart (spirit) that according to Strydom is the only intervention that will restore the soul and heal the person in all dimensions: spirit, soul and body (2013:72).

There are certain diseases that contain a very strong fear component. Including but not limited to the following: High blood pressure, thyroid diseases, gastro-intestinal tract diseases, autoimmune diseases, allergies (Wright 2010:190–201), cancer, cardio-vascular disease, HIV and AIDS (Colbert 2003:103–116).

Prolonged fear is now considered by certain doctors to precipitate and sustain these diseases, e.g., doctors Colbert (2003:11) and Wright (2010:84–97) are convinced that continuous fear experiences can have deadly consequences.

Dr Leaf, who is similarly persuaded, states that fears find their origin in one’s thoughts and perceptions about the unseen or not yet experienced worlds (2013:33–36). Thus fear has its origin in the way we think about something as well as the attitude we hold about something or someone. Fear (physical or fictional) will create a stress response that will increase the flow of the stress hormones: Adrenaline and Cortisol to flush the bloodstream in preparation for

the action that needs to take place (fight the enemy or take flight for your life). (Lundy-Ekman 2013:172).

Fontaine quotes from Prov. 4:20–23 where God tells us to listen to His words and to remember them in our hearts, because they will give life and health to anyone who understands them. He finally urges us to be very careful about how we think, because our lives are shaped by our thoughts (1999:1008–1009).

3.3.3.2 Fearfulness as a consequence of trauma

Exposure to sustained, repeated or multiple traumas, especially as a child, has been found to result in a complex presentation of several groups of symptoms including post traumatic symptoms as well as other symptoms of which anxiousness is one (Kessler 2000:4-6; Cloiter *et al* 2009:7). Developmental research has thus demonstrated that childhood abuse and other childhood adverse happening, like neglect and emotional abuse, result in impairement in emotional growth and associated skills in effective interpersonal behaviour (Cloiter *et al* 2009:1-2). Post-traumatic stress disorder can be avoided through proper counselling post trauma within the prescribed period.

D'Andrea *et al* confirm the findings of Kessler(2000) and Cloiter(2009) *et al* that trauma sets the stage for ongoing psycological and physical disfunctions. They further state that exposure to early life adversities (physical or sexual abuse or neglect) increase the possibility of negative outcomes through the chronical stimulation process of the stress response systems. They (Kessler(2000) and Cloiter *et al* (2009)) further report on a studies done by Anda *et al* (2006) and Felitti *et al* (1998) on adverse childhood experiences where more than 16 000 adults with health insurance were tested and the results demonstrated that childhood traumas account for negative health outcomes with multiple diagnoses that ranges from psychiatric (depression, anxiety, substance abuse) to physical (diabetes, heart disease and cancer).

This study further reports on the mechanism of how trauma affects health. It seems that the physical consequences of trauma occur when PTSD (post

traumatic stress disorder) manifests as depression and anxiety – the individual is sensitized to multiple reminders that continiously reactivates stress and in other cases it is suppresssed but physical disease still manifests. The reason is that the individual has learnt to cope with the distress or that the stress experienced is below the individual's awareness threshold (D'Andrea *et al* 2011:378-382).

In conclusion, when one experiences fearfulness, bitterness, unforgiveness or resentment as a result of the traumatic event, the process of healing can be elongated or healing is not fully achieved (Tran 2012:313–315 and Wright 2008:62–63). Unresolved or untreated trauma can thus precipitate disease in spirit, soul and body (Strydom 2013:454–458).

3.3.3.3 The physiology of fearfulness

Fear or stress originates from our inner and outer interaction with our world through sensory stimulation from what one sees, hears, smells, tastes and feels (kinaesthetically) (Anderson 2000:1562-1563).

Dr Leaf (2013:260) explains this physiological process via the neuro-chemical pathways to our brain for interpretation and subsequent reaction as well as memory formation and emphasis. From this explanation together with the biblical understanding of the spiritual realm and Satan's methods of destruction and deception, one realises that all this can take place without any cognition of the situation at hand according to Penn-Lewis (1997:131–137).

Leaf does explain further that there is one section in the brain, called the Corpus Collosum, where our free will resides, from where we can take authority over the thoughts created by the interaction with external stimuli and internal interpretation (Leaf 2013:39–44). God gave us this free will so that we can choose life or death through the thoughts that we think and embrace. We are, therefore, vulnerable to being deceived by the enemy of this world. The best example is Eve in the Garden of Eden (Penn-Lewis 1997:87).

Deception usually operates from a fear perspective and this kind of fear is also associated with anxiety that steals our peace again (Anderson and Miller 1999:73).

3.3.3.4 The whole-person approach

It is, therefore, understandable that the whole person needs to be addressed when dealing with disease. These have to include both medical treatment and biblical counselling (Strydom 2013:107). As noted in the first chapter, Dr Cronjé from the Medical faculty of the University of Stellenbosch (2013:1–60min.), explains the intricacies of the three entities of a person from a medical and biblical perspective: the **body** consists of an ectomorph, mesomorph and an endomorph; the **soul** consists of thoughts, emotions and will; and the **spirit** consists of communion, intuition and conscience (Fig. 1 p.16). Dr Anderson (2000:1562–1563) explains that fear, anxiety and stress do not occur in a vacuum; and it is necessary to understand how the whole person reacts to these threats. He states that we are created with an outer part, the body that relates to the world via our senses. We also have an inner part, the spirit or the inner man, which relates to God.

Unlike in the animal kingdom, we also have the ability to think, feel and choose with our free will what to do and how to react through our souls (Anderson *et al.* 2000:1563). Anderson makes a clear distinction between the physical brain, which is part of the body, and the mind that is part of the soul (Anderson and Miller 1999:52–54; Grudem 1994:472). Dr Leaf agrees by exerting that it is always mind over matter and thus underlines what Dr Anderson means when he compares the brain to the hardware and the mind to the software of a computer (Anderson and Miller 1999:53–64 and Leaf 2013:25). So, when Romans 12:2 exhorts us to renew our minds on a daily basis, it actually has an effect on the neuroplasticity (malleability and adaptability) of our hard-core brain.

Cronjé's view is placed here because of its similarity to the view of Watchman Nee. Watchman Nee understood that our spirit, soul and body are knitted together and influence one another continuously. The spirit is attached to the soul and the soul is attached to the body and the spirit. What makes this so profound is that if we really understand that God gave us a free will to decide between life and death, blessing and curse, we would rather make choices that would sustain life and bring blessings than those that would cause death

or maintain curses. The free will (part of the soul) plays a major role here to guide the line of thinking. Our thinking can either be directed by the world we live in or by God Himself through our spirit (Cronje 2013; Nee 1977:271). Nee says that our soul (thoughts, emotions, and will) has to make the decision to listen to God through our spirit or to the world through our bodies that are connected through our senses to the world around us. Wholeness is therefore when the essential nature of man (spirit-soul-body) functions as a unit (p.309).

According to Cronjé, our spirit comprises three sections: conscience, intuition and communion (Cronjé 2013:1–60min.) Dr Cronjé further states that the body has been created in three sections when God knit us together in our mother's womb: ectomorph, mesomorph and endomorph. According to Cronjé, fear has a definite connection with our relationship with God, the Father. In John 3:16 the Father is portrayed as the One who ultimately loved us and when we understand this kind of love we will not fear (Cronjé 2013:1–60min.). The verse that emphasizes this is found in 1 John 4:18 – that in love there is no fear.

3.4 THE NEW PRAXIS FOR MORELETAPARK FOR ACHIEVING WHOLISTIC HEALING WITH SPECIAL REFERENCE TO FEARFULNESS

This chapter so far has provided additional motivation to view long-term fear as a major factor in chronic illnesses. Furthermore, it has provided support for fear being best countered from within a Christian understanding of our humanity and through Christian resources that include the Gospel, regular biblical teaching, pastoral care (including counselling), prayer, and the local church.

Additionally, the study has made a case for close collaboration between the medical profession and the church if wholeness is to be fostered. By wholeness, health in body, mind and spirit is meant. This approach to healing has a much greater chance of success, as it does not neglect the importance of health in the soul and spirit as well.

Due to the dynamic interlink between spirit, soul and body, each of these areas need spesific attention to promote and maintain long-lasting healing. In the light of this conclusion, the researcher now proceeds to work towards a model that will reflect this understanding at Moreletapark.

In the lead up towards the proposed model, two wholistic approaches in the medical world, healing approaches of other churches, and some consideration of Anderson's counselling model for wholistic healing will be discussed.

3.4.1 Current medical models

3.4.1.1 The bio-medical, bio-psycho-socio and bio-psycho-socio-spiritual

Susan was treated medically for the past 35 years and the model used was evidently the biomedical or possibly components of the bio-psycho-socio model that are generally used in medical circles. The bio-psycho-socio model only takes into consideration the current physiological symptoms, emotions and the social circumstances. This model and bio-medical model include the mind-body connection. However, they make no space for one's spirit to play a role in the healing process (Farlex 2012: under B). Cobb *et al* (2012) expands on this view of Farlex by saying that the medical profession stated that there was no clinical evidence that taking spirituality into account improved their treatment regime and that it was seen as a private matter to patients. They futher expanded their view by saying that people's spiritual views had significant effects on their lifestyle and decision making and that this in turn had clinical relevance. The new bio-psycho-socio-spiritual was initiated to accommodate spirituality in the broader sense of the word – thus making it applicable to all religions (Rivers 1995:59–60).

3.4.1.2 Integrated medicine and functional medicine models

Other new developments in medicine are integrated medicine and functional medicine. Both are biological models from a cellular level. Functional medicine has developed a new medical model for health care. Its main objective is to restore health and functionality rather than simply control signs and symptoms by understanding and improving the functional core of the

human being as the starting point. According to functional medical practitioners, scientific evidence indicates that impaired physiological processes, if not corrected, lead to significant clinical imbalances and can become the precursors to disease (Jones and Quinn 2010:6–10)

3.4.1.3 Shalom Health Care

The Christian Medical Council has developed Shalom Health Care, to exhort medical health professionals to seek God's Kingdom first within one's medical practice. It is Christ-centred and not disease- or patient-centred. This model of health care seeks to present the unchangeable person of Jesus Christ to each patient being treated. It endeavours to be a discipler (the person that disciples) of disciples (patients) that will in return do the same. It models grace and truth to all people. It seeks to give them the truth of their situation but also the grace of God to take care of it. Shalom needs to be established in all areas of life. People need to be shepherded from brokenness to wholeness through whole-person care.

In this model medical health care professionals also take hands with pastors and biblical counsellors to treat the whole person. There are four parts to Shalom Health Care: Sinfulness to Christ-likeness; fleshliness to Spirit-fullness; brokenness to restoration (wholeness); childishness to maturity. The spheres of operation are the inner man; the outer man; relational networks (community) and the environment. It is the body of Christ seeking the Kingdom of God together to promote integral health care to all people. According to Shalom Health Care, God's plan for this day and age is not to abolish human suffering, but to redeem it to bring blessing and healing out of evil and pain (Steyn 2015:1–45min).

3.4.2 Other church models

3.4.2.1 Models in the USA

There are models similar to Shalom Health Care described in scholarly articles and are operating in Springfield Ohio, Illinois and Chicago in the United States of America. One of these centers was initiated by Westberger. Westberger ellaborates in his article in the Journal of Pastoral Care how he

changed from being involved in a hospital chaplaincy to initiating a Wholistic Health Center at a neighbourhood church. This came from his involvement at the University of Chicago's weekly Religious-Medicine Case conference where student chaplains presented patients' cases and where other health care professionals, the resident physician, and patient's own pastors were present to discuss the case at hand. The impact of the spirituality of the patient was questioned time and again. While this refusal to accept that spirituality had any effect on their physical healing, Westberger and his chaplains tried to stay positive in this setting. Then one day they were confronted with a patient that had to have a partial stomach removal because of multiple ulcers. The patient was asked when this ailment started and the patient could pin-point it to a specific time when he had gone through the trauma of experiencing his only son being sentenced to jail.

Westburger clearly understood that the unresolved trauma that this man had to go through jeopodized his health tremendously; and he also realized that if he had been able to get involved in the process sooner this man could have talked about it and received specific counseling that would have had resulted in a significantly different outcome physically.

All these circumstances led Westburger to get involved in a neighbourhood church with very poor people. He learned from the nurse that the people there were the sickest she's ever experienced. There were also no physician in the entire community. They then put a doctor's office in the church and seminary students did some practical work there seeing the patients alongside with the doctor. This soon developed in the opening of the Wholistic Health Center called "Neighbourhood Clinic" where voluteer doctors, nurses and other lay people got involved. The center opened in 1969 and after about a year the patients began to understand the concept; and sometimes came to see the pastoral counselor first with their physical illnesses before seeing the doctor for the symptomatic treatment therafter. This model was soon implemented in middle class and upper class communities (Westberger 1979:81).

This model was also scrutinizes by researchers Hollinger and Tubesing in another setting in Springfield, Ohio. They (1979) conducted a study on health

and wholeness in reaction to the controversies in healthcare in the United States. This study tested a model designed to provide comprehensive ambulatory[10] care and related services in selected low, middle and upper class income areas. This Wholistic Health Centre (WHC) project was done as an action research model for providing preventative, whole-person healthcare at primary level. This project utilised a church-clinic concept, comprised of a primary healthcare centre located in churches that was staffed by physicians, nurses and counsellors practising with a team approach presenting ambulatory healthcare and preventative medicine.

The first of such centres opened in 1970 as free clinics in a low-income area in Springfield, Ohio. Two centres in Chicago in the middle to upper income suburbs have reached a self-supporting level. Medical volunteer staff and a funding from Kettering Foundation initiated the first church-clinic in Ohio in the low-income suburb of Springfield. They were initially open one afternoon a week and had soon to expand to three afternoons a week where about 30 patients were seen per day on an appointment basis. General practitioners, nurses and biblical counsellors placed a great emphasis on families and preventative care as well as the influence of social stress and emotional wellness on physical health, things that had been substantiated in medical research. All patients were seen by the physicians and biblical counsellors to meet the spiritual, emotional and physical needs of the patients. Their ultimate goal was to offer care for the whole person rather than disintegrated care. The church clinics expanded to provide differentiated services and to cope with the growing numbers. Dental services, eye clinic and legal aid were among the services added (Holinger and Tubesing 1979:203–205).

In addition to the above clinics, another one was located in the Union Church of Hinsdale in south-western Chicago with a congregation of 2 400 members in a community of approximately 16 000 residents with an average income of about $19 - $185 per month. Equipment was ordered; church rooms were

[10]Ambulatory care is medical care provided on an outpatient basis, including diagnosis, observation, treatment and rehabilitation services.

modified; patient-care procedures were designed; volunteer staff were trained, and a pastoral director, administrative secretary and part-time physician were hired. Ever since it has been called upon to perform comprehensive medical and counselling services the number of patients have been increasing at a steady pace. Many problems and challenges were handled and the process was optimised. One of the most valuable accomplishments was the partnership of these centres/clinics with a major university medical school (University of Illinois, Abraham Lincoln School of Medicine, Department of Preventative and Community Health) (Holinger and Tunesing 1979:205).

These developments have been most beneficial in these challenging times of needed resources in the current healthcare system. This has been especially so in health screening and educational programmes, care in the early stages of disease that has brought a turnaround, and attention to life stressors and general stress management. Paramedical professionals were also used. The results have shown that these clinics seem to fill the gap in enhancing healthy lifestyles and prevent and help to cure chronic diseases. What is most important is that these clinics did not function separately from established healthcare centres in the area, but in cooperation with them.

On a daily basis the clinics see patients for their first appointments termed ‘initial health planning conference’ which involves three members of the Wholeness Health Consulting team and the patient. The patient begins to play a contributing role and share the responsibility for his/her own health solution (Holinger and Tubesing 1979:207–207).

A consensus now exists regarding the necessity of new models of healthcare and the need for reorganising of present systems to reach under-served populations.

3.4.2.2 Models in South Africa

Dr André de la Porte, a lecturer in the Faculty of Theology at the University of Pretoria in South Africa, has proposed a new model. He is also the CEO of Hospi-Vision, an organisation providing spiritual and emotional care and counselling in public hospitals in SA. This model was presented in 2013 in the

following paper: “Spirituality and Health: Towards Holistic Person-centred Health Care in SA context”. This study focussed on spirituality in general.

He mentions that South Africa has a substantial burden of disease. This is not only from the high incidence of HIV and AIDS, but also from preventative conditions arising from poor sanitation, nutrition and other conditions of poverty, as well as a growing burden of non-communicable diseases resulting from a poor lifestyle.

The SA Government has a national strategic plan for HIV, STI’s and TB for 2012–2016 and recognises the important role of the faith-based sector and the networks it provides. Of the South African non-profit sector, faith-based organisations comprise 12%; the health sector is 11%; the social services sector is the biggest at 34%, and development and housing is 21%, according to the Department of Social Development (2011). (De la Porte 2013:1,4,7,11–13).

Magezi (cited in De la Porte 2013:13-14) reported that in SA a church, a clinic and a hospital must be considered as part of a community as the church can make an important contribution to the function and impact of these facilities. Magezi also pleads to the churches to reposition themselves to the centre of the communities to help with the provision of primary healthcare and preventative care, improving delivery and quality of healthcare, and improving patient participation and self-management of their diseases. Finally, faith-based organisations (FBOs) also provide a context for care, compassion and hope (2013:14–15).

3.4.3 The wholistic approach of Anderson, Zuehlke TE and Zuehlke JS in Christian counselling

In the book, “Christ Centred Therapy”, by Dr Neil Anderson *et al.*, they explain that a growing number of biblical scholars and therapists support a wholistic and integrative approach to the components of human nature. They say that to be physically alive one’s soul and spirit is in union with one’s body. Spiritual life, according to him, means that one’s spirit is in union with God. They

distinguish the brain structure as part of the physical body and the mind as part of the soul (Anderson *et al.* 2000:1840).

As with Anderson and Zuehlke, Leaf believes that mind controls matter (Anderson and Zuehlke 2000:1840, Leaf 2013:25). Our thoughts influence our bodily functioning showing how important it is to determine what happens in our minds. According to these authors there is a connection between the mind and the brain. It is important to remember that the brain came from the dust of the earth and will return there after death, but we will not be mindless when with the Lord after physical death.

Much of the brain's functions are autonomic and this includes excretions from glands (hormones) and the functioning of these different glands of the endocrine system in synchronicity with one another. As noted earlier thoughts are created via our five sensory organs to create memory, emotions and the resultant behaviour. Emotions are directly related to our thoughts and influence our behaviour.

Anderson, Zuehlke and Zuehlke (2000:1840), state that the brain is the receiver of information from the external or internal environment and the mind is the interpreter of this information. As reported earlier, the brain is like the hardware in a computer and the mind is like the loaded software and the action/output on the screen represents our resultant behaviour.

According to them (Anderson *et al* 2000:1840), when in the presence of the Wonderful Counsellor (Isa. 9:6), the God of all hope (Rom. 15:13), we (our minds) will also be transformed and our output (behaviour) will also be different.

If we have mental, emotional and (most probably) physical problems, does the problem lie with the hardware or the software? The biblical perspective clearly indicates that it is a software problem that is at fault.

Scripture emphasises this point that we need to renew our minds and when working closely with medical professionals one will be able to determine if prescribed medicine is needed for the body or if this is a soul or spirit problem. If it is a soul or spirit problem, no pills will bring the cure (Anderson *et al.*

2000:1862–1900). God's presence in our lives will therefore also affect our physical being. Romans 8:11 states this so clearly that:

> "He who raised Christ from the dead will also give life to your mortal bodies through His Spirit, who lives in you." (NKJV)

Anderson *et al.* 2000:1862–1900, explain in their model of counselling (see figure 2 p.75) that it is the mind (empowered by the Holy Spirit directing it to bear the Fruit of the Spirit) that regulates the brain, which in turn regulates all secretions from glands as well as muscular movements.

So, if what someone thinks or believes is not conformed to the truth, then what the person feels will not conform to reality either. It is clear from 2 Corinthians 10:5 that one needs to take every thought captive and to make it obedient to Jesus Christ in order to live with peace of mind that transcends all understanding (Phil. 4:7).

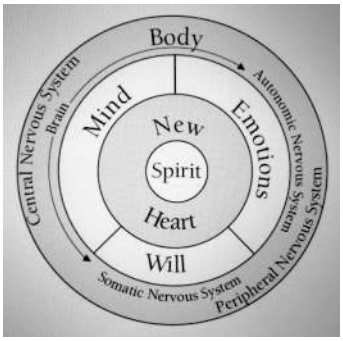

Fig 2. Anderson and Zuehlke's model of Christian counselling (Anderson, Zuehlke and Zuehlke 2000:1552–2030).

3.4.4 A proposed healing model for Moreletapark

Moreletapark's vision is to be a church from which the ministry of the Holy Spirit flows from the church into the community around the church and beyond to the world. This church operates with the vision that Jesus is everything in everybody, the Word of God is central, it is Holy Spirit inspired and prayer undergirds everything.

This places the church in a position to put into practice what the medical world is asking Christian communities to do: to get involved in the healing process

of chronic diseases (Nolte *et al.* 2008:1,8). As noted earlier, these diseases can only be medically managed. This is because they have their origin mainly in disruptions in relationships with God, with people, the person's self or the environment (Strydom 2013:44–58). The following are guidelines for a healing praxis at Moreletapark.

3.4.4.1 Trusted churchgoers need to be part of a healing ethos

Every churchgoer who needs healing is supposed to be counselled by someone he/she can trust and who is prepared to help facilitating his/her healing journey. Crabb proclaims that there are many regular churchgoers in every congregation performing a variety of spiritual activities and who have resources like their own life experiences and spiritual maturity.

These, if released and used appropriately, could powerfully heal the broken hearted, overcome the damage done by abusive backgrounds, encourage the depressed to move forward courageously, stimulate the lonely to reach out, revitalize discouraged teens and children with new vitality for their Christian living, and introduce hope into the lives of countless people who feel rejected, alone and useless (1997:85–176).

There is, therefore, a need, firstly, to call on churches, including Moreletapark, to begin mobilizing their congregations into spiritual healing communities to care for people in need of healing chronic diseases and chronic pain diseases. Often such care enables the recipients to cope with everyday life and difficult life situations. The second need is to change the mind-set of churchgoers that church is not only there to receive from God.

There is ultimately the need to give and receive from one another in the congregation too. Congregations need to function as a community of caring individuals working from one heart (the heart of Jesus) and one mind (the mind of Christ), showing the love of the Father to one another in the power and wisdom of the Spirit.

The congregation needs to be the hope for the hopeless, the love for the rejected, and a safe haven for the insecure and those in danger. In this context there will be encouragement and a journey into healing.

3.4.4.2 Small groups need to take hands with Care Focus

Moreletapark has a well-functioning small group system that is divided into care groups and interest groups. People who have received healing from the Care Focus are guided into one of these small groups.

These small communities provide further nurturing in the faith and equip the participants to be part of a healing community. This group system only needs small changes and training to ensure that the wholistic concept of healing can subsequently become a way of life within such a group.

There is also a group within Care Focus (Abba Care) which functions in the auditorium within the service times, mostly. Each member of this group has the sole purpose of reaching out in the surrounding area of the auditorium where they are resaponsible for and to be available for prayer after the service to anyone in need.

This is a fairly new operation and also needs to be expanded. This group is seen as the firelighters of the Spirit that operates during congregational worship services. Their main focus is just to connect with people who seem to be hurting, alone or in need of prayer at that moment.

The dream of Abba Care is to become redundant because the whole congregation has taken over this role of caring for one another. The work of this ministry is captured in Ephesians 4:15–16 where it states that the Church is designed to “grow and to build itself up in love as each part does its work.”

3.4.4.3 The establishment of a healing milieu within the church

At Moreletapark the different focus areas need to consider this new wholistic approach to ensure that healing can become an integral part of every conversation, service, outreach, prayer and small group. Many people outside the church come to a service because they are hurting. They should be healed or put on the road to spiritual healing just by being in this milieu of healing. If Moreletapark envisions Jesus as everything in everybody, then binding up the broken hearted, setting the captives free, and comforting those in mourning should run as a scarlet threat through everything that is performed.

3.4.4.4 A Suggested Model: Medical-Biblical-Integrated (MBI) healing model

The new praxis of healing needs to integrate Christian medical professionals and pastoral- and counselling services. This would mean biokineticists, dentists, dieticians, medical doctors, occupational therapist, physiotherapists, psychologists, social workers and others working alongside biblical counsellors and pastors should collaborate in the wholistic healing process.

3.5 DEFENCE OF THE NEW HEALING PRAXIS PROPOSED FOR MORELETAPARK

This chapter has confirmed from biblical-, theological- and medical perspectives that healing should not only be approached in terms of treating the obvious symptoms only. It has been demonstrated that humans are far more complex than just cells, organs and operational systems. It seems that the best way to explain human ontology, as said earlier, is that there is a material dimension as well as a non-material dimension that are interlinked. Furthermore, that health and healing are not only related to these dimensions, but also to the communities in which we live and work. All parties agree that the mind plays a crucial role in the restoration of health and alleviation of disease.

It was seen that fearfulness plays a key role in undermining health and it is to be eliminated as soon as possible to prevent any suffering from a chronic disease. Because this thesis is conducted from an evangelical perspective, it takes the Bible seriously.

It has demonstrated that fear can be more effectively tackled if approached from the tripartite view of humanity in the theistic belief system spelt out in the Bible.

Since the healing model proposed in this thesis, especially with reference to fearfulness, is intended for a church, and since its basic approach is supported by the widening support for wholistic healing in the medical and academic worlds, I believe the healing model proposed in this thesis is defendable for Moreletapark.

3.6 CONCLUSION

In this chapter the biblical and theological foundations of counselling for spiritual healing of fearfulness were discussed. Some further attention was given to other perspectives on the matter. This, together with the material in, and conclusion to, chapter 2, was woven into an integrated approach for facilitating wholistic healing at Moreletapark, with special focus on spiritual healing of fearfulness through the Care Focus, but not limited to this focus area or only to fearfulness. The next chapter will present a plan to achieve the proposed new healing praxis at Moreletapark that aims at wholistic, i.e. the healing of the body, soul and spirit, where the healing of the soul and spirit enhance the efforts at healing the body due to the interlinking relationships between body, soul and spirit.

CHAPTER 4

A COMMUNICATIVE STRATEGIC PLAN FOR MORELETAPARK CHURCH FOR ENHANCING THEIR WHOLISTIC HEALING MINISTRY WITH SPECIAL REFERENCE TO FEARFULNESS

4.1 INTRODUCTION

This chapter deals with the effective "communication and implementation of an action plan" (Smith 2014:19), the last step in Browning's strategic practical theology being followed in this thesis. In this chapter I discuss how to flesh out the proposed new healing praxis for Moreletapark into a workable model. The new approach is intended to enhance the healing ministry at this church through anchoring it firmly in the wholistic healing paradigm that seeks health in spirit, soul and body which is more effective in treating chronic diseases.

A strategic action plan implies a future goal to achieve (the vision), a method to reach the goal (the mission), and the game plan or way to take this journey (the values and specific steps). In this thesis journey so far, the goal, namely the desired praxis for achieving wholistic healing at Moreletapark, has been defined. Now the method and game plan to reach this goal need to be tackled. The method is primarily the work of Care Focus, but also through occasional healing services and the participation of all the members in the congregation. The game plan linked to this method covers more detail on equipping the members to participate in the new praxis, i.e. how to equip every member and the Care Focus ministry.

As already noted, the healing ministry at Moreletapark currently operates primarily in the Care Focus department. Care Focus, and all other areas of the church, are to be aligned with what Moreleta stands for. As mentioned above, the vision for this church comes from Ezekiel 37: the Spiritual water (the Holy Spirit) needs to flow deeper and wider from Moreletapark to the World.

Practically this means that in Care Focus the Holy Spirit is to guide every counselling session, prayer, visit of the sick and healing service. The *goal* is then that every member, pastor, counsellor, prayer warrior and visitor of the sick or afflicted will be an extension of God's healing hand through His Spirit." The *vision* is that Jesus is everything in everybody and therefor to follow in His footsteps and living His calling (Isa. 61:1-3) through walking out our own calling. Care Focus' stands therefore also for the following *values:* To be Bible-based, Spirit-lead, and Prayer dependent. Thus these three values need to be rooted in the centrality and all-sufficiency of Christ. This means that every aspect of the proposed enhanced praxis for spiritual healing at the church is to rely primarily on fullness in Christ, biblical teaching, prayer and seek the special empowerment of the Holy Spirit; it is a conscious looking to and dependence on the Holy Spirit to inspire, guide and effectively apply all ministry in Care Focus. It is the recognition that the Christian has the privilege of having God's aid through prayerful intercession in all ministerial work and that without it ministry would have serious limitations. It is looking to God to supernaturally work through the workers in Care Focus in a discipling fashion.

The chapter covers a strategy to foster the healing of the whole person at Moreletapark with special reference to Care Focus. It starts with how to prepare all members to be facilitators at some level of this healing journey. It Then moves on to critiquing the current Care Focus before recommending the more detailed and fine-tuned structures necessary for the new praxis in the Care Focus. The chapter ends with some attention to a communicative plan to sell the new praxis to the church management and every member.

4.2 PREPARINGSTRATEGY TO FOSTER HEALING OF THE WHOLE PERSON

Jesus' earthly life and death were not only to provide atonement for our sins. Isaiah 61:1–3 describes the wider orbit of his ministry:

> "To bring good news to the poor, bind up the broken-hearted, to proclaim liberty to the captives, to comfort those who mourn."(NKJV)

The New Testament elaborates on this calling showing that spiritual and physical healings are part of it. To grasp Jesus' life more fully we need to note that his life was marked by perfect fellowship with God, obedience to Him, grounding in the Scriptures, prayer, holiness, loving and passionate service to others, and wholistic health (spirit, soul and body). It was this kind of life that enabled Him to be a channel of wholistic health (Shalom Health) to others.

Jesus not only perfectly lived out his life calling, but also exhorted his disciples to continue His ministry (to be his body) in the world. In many areas of His life and vision He is to be our inspiration and model to be emulated. We are sent to continue His kingdom ministry focused primarily on and through the church, being His body. The members at Moreletapark therefore need to be discipled in Jesus' life – His teaching; His ethics; His godliness; His spirituality; His compassion; His ministry passion; mercy acts; and healing ministry. This includes equipping the congregation with the knowledge of wholistic healing and encouraging them to facilitate the spiritual and practical dimensions of the healing process (i) through one-on-one caring contacts/relationships in different contexts, (ii) in the various small groups, and (iii) in the bigger church environment – all as a way of life.

The training of the members in wholistic healing should firstly involve providing teaching on the role of the soul and spirit in fostering physical health. Here the tripartite understanding of our humanity from a biblical perspective will be discussed.

To achieve this broad approach to health and disease the expertise of a wide range of Christian medical health professionals will be needed: biokineticists, dentists, dieticians, optometrists, medical doctors, occupational therapists, physiotherapists, psychologists, psychiatrists and social workers.

Training in the operations of the soul (thoughts, emotions and will) and its capacity to foster health or disease is important. A key issue here understands that healing has to begin and be fostered through the sanctification of the heart and be demonstrated by appropriate beliefs and thoughts.

This means working towards discipling the mind to ensure that it counters thinking and ideas that undermine health and that it rather accumulates biblical knowledge and other sound knowledge on wholistic healing and health so as to be finally governed by them. This will entail teaching that when the brain functions according to its original design, (as God created it) the endocrine system will not be over stimulated to excrete hormones that will be counterproductive to the body, but will sustain homeostasis physiologically (Leaf 2013:24–30).

A second important component in the process of healing that needs to be taught to church members is to be at peace with God, with others and with oneself and with the natural environment (Strydom 2013:44–58).

This wide range of peace increases our joy, energy and creativity. Such peace from a biblical perspective starts when we are reconciled to God. This is the source of the other levels of peace.

Our peace with God entails surrendering our lives to Him and living them in full trust in the Father's love and care with Jesus' life being our inspiration and Christlikeness our goal.

The Hebrew word 'Shalom' encompasses this fourfold understanding of peace, but is also accompanied by wholeness: completeness, soundness and security (Bruckner 2012:58–60). Shalom therefore results from a choice that we need to make.

Finally, the members at Moreletapark need to be taught the importance of a healthy spirit (true spirituality) for wholistic health. Anderson *et al*. in their book, "Christ Centered Therapy" (2000:1576–1621), refer to Proverbs 27:19. Here Solomon states that just as water reflects a man's face, so a person's heart reflects who he/she really is.

God's redemptive gift includes a new heart and a new spirit (Ezek. 11:19–20). This is so that we might love, obey, serve and have deep fellowship with God.

The spiritual dimension in the wholistic health paradigm entails having a new capacity to appreciate God and to enter into a profound son/daughter

relationship with Him that fulfils His desire for us, which brings true meaning and purpose to our lives and a deep experience of peace.

The outcome should be praise of, and joy in, God. A healthy spirit influences the soul and the body towards wholeness.

4.3 THE SWOT ANALYSIS OF CARE FOCUS

A SWOT analysis is a strategic method to determine one's current position in terms of strengths, weaknesses, opportunities and threats. I use this tool to more fully assess the present situation at the Care Focus and what needs to be harnessed of the current situation and what changes and additions still need to be made in order to achieve the envisaged new praxis.

4.3.1 Strengths

This refers to things that are clear strengths in the Care Focus that are needed for the new praxis.

- Strong counselling abilities of trained Biblical counsellors
- Social workers with excellent experience and Bible based
- Psychologists with a biblical mind-set
- Pastors with a compassion for hurting people
- Counselling facility with a clientele of over 4000 clients per year

The above points are strengths because they point to the professionalism of the Care Focus. It has well-trained staff with an excellent work ethic.

The Care Focus needs little marketing because it is already very busy. It is clearly well known and appreciated.

4.3.2 Weaknesses

Weaknesses refer to things that are lacking or not working as effectively as they should. These would need to be put in place or overcome in order to accommodate the new praxis.

- The Care Focus battles to accommodate people to see a counsellor within 24 hours of calling in.

- There is a lack of enough permanent personnel/permanent volunteers.
- There is a shortage of administration personnel. At the moment it is taking anything from two days to weeks or in some rare cases, months to get people from their initial call to connection with an appropriate counsellor.
- There is no “personalised call centre” where telephone counselling and immediate needs are met throughout the week. There seems to be a great need for this.
- The workspace is restricted for the demand to attend adequately to the clients.
- All counsellors are not on the same page in terms of healing of the whole person and spiritual roots of chronic diseases.
- There is a lack of knowledge of diseases that need spiritual care rather than more medication.
- There are only a few psychologist and minimal other medical health professionals working in the Care Focus or linked to it.
- Biblical Counseling, Pastoral Counseling and Psychology are not clearly defined.
- The process from counselling to support group to small group is not stipulated and plotted.
- People are not completely healed in spirit, soul and body and come back every year with the same or similar emotional problems.
- There is only one healing service per school term.
- Visitations of the sick are mainly focussed on support and prayer for strength and endurance and are not necessarily linked with counselling or specifically referred for healing prayer to the Elders (pastors).
- Underutilisation of Abba Care. This group could also be used while waiting for a client to be assigned to a counsellor.
- There is no trauma unit with well-trained staff for emergencies.

- There is no touch unit, i.e., a biblical spa run by Christian therapists.[11] There is no exercise and nutrition unit (cardio-vascular exercises/stretching exercises/strengthening exercises).
- There are no session rooms for medical staff to get involved.

4.3.3 Opportunities

This refers to windows of opportunities that exist that can be utilised to expand the current service.

There are many health professionals in the church that would like to get involved in medical and lifestyle counselling (biokineticists, dentists, dieticians, optometrists, occupational therapists, medical doctors and physiotherapists)

- There is scope for hospital visitations to be more focussed on healing and can include sharing of information to aid in the healing process if needed.
- There is scope for coaching in hospital counselling by a trained counsellor that is available at the moment.
- Available prayer partners can be better utilised in each entity – this will strengthen Care Focus (counselling, visitations of the sick and healing services).
- There are already some support groups and more will strengthen the after care.
- Clients/patients can be integrated into already established small groups and with further possibilities to integrate into their gifting in the church with “Ontdek jou plek” (the gift identification course).
- Stress management training and training in the roots of disease for all counsellors to be able to help people with chronic disease and illnesses, especially lifestyle and medical counsellors, is available and just needs to be arranged.

[11] According to the mayo clinic, www.mayoclinic.org, studies have shown that massage demonstrated to be of benefit to reduce stress, muscle pain and tension. Some studies have also shown it to be helpful for: anxiety, digestive disorders, fibromyalgia, headaches, insomnia related to stress, myofascial pain syndrome, parenthesis and nerve pain, soft tissue strains or injuries, sports injuries and temporomandibular joint pain.

- Healing retreats for counsellors could be arranged so that the church keeps its counsellors from burnout and provides restoration when needed and the pastors in charge of the Care Focus have a gifting for this.
- Healing retreats for clients will enhance the healing process.
- Once a week case study discussions can improve treatment and timeously deal with compelling issues in the available conference room.

4.3.4 Threats

This refers to things that could actually cause the facility or operation to be closed down or to be viewed very negatively.

- Management will become a full time job. The pastor and other counsellors will then have less time for counselling which will undermine their counselling work.
- People are not helped in time and illnesses become chronic disease.
- Counsellors working outside their scope of expertise.
- Burn out of staff and counsellors.

It can be seen from the SWOT analysis that the Care Focus facility at Moreletapark plays an important role in the church and the community and even in South Africa with reference to spiritual healing, including the healing of fearfulness. But to become fully equipped to realise the new praxis the Care Focus would need to work on eliminating the definite weaknesses and threats and capitalise on the opportunities that are present in order to establish the new praxis.

4.4 THE NEW CARE FOCUS

Here I cover the organisational structures, operations and the roles of the staff of the Care Focus that are required to transform to the new praxis of wholistic healing.

The organisational aspects of the strategy will include present structures in the church, especially its Care Focus, but also modifications and additions.

Care Focus forms the pivoting point for the Church at large. It has always been said that the auditorium is the lounge of Moreletapark family getting together and in this parable the Care Focus is the entrance hall.

Due to the fact that Moreletapark is quite well known throughout SA, many people know about Care Focus too. So when they are confronted by earthly problems, i.e., trauma or relational issues, they visit Care Focus and often attend the church service. The growth of the Church is thus partly also through Care Focus.

This church has played an important role in the understanding and implementation of the Small Group System locally and globally. Due to the huge membership of the Church, it has many small churches (small groups) within which the body of Christ is cared for and nurtured.

The new strategy for Care Focus needs to be a process that culminates in those seeking help at Care Focus and then being introduced into a small group. The pathway from counseling to support group to small group should be a documented process. This healing process is partially dependant on a well-functioning small group system to be sustainable.

The sequence from phoning in to getting connected to a counsellor should happen within the first 24 hours after the phone call. Then a personal process plan needs to be designed which starts with counseling, progresses to support group and finally leads to joining a small group. There is a need for a “personalised call centre” type of approach to help people to get to the right place first.

The different entities of Care Focus (counseling, care for the sick, healing services and prayer group) need to take hands and talk to one another regularly. In order to align their approaches they have to work in collaboration so that the overall goal of wholistic healing, with special focus on spiritual healing, is fostered.

The following strategy is recommended to attain this goal. It details an appropriate structure for each of the entities of Focus Care. The areas that

are already functioning, although not in this format are in bold and those that would need to be introduced are in normal font.

4.4.1 Counseling

Trained biblical counsellors, biblical psychologists and biblical social workers perform the counseling in a formal setting in the counseling offices; and also by Abba Care in an informal setting in the church auditorium.

Abba Care also do counseling at conferences presented at Moreleta in a coffee shop setting or designated space on an appointment basis.

- **Biblical counseling**
  - **Abba care**
  - **Biblical counsellors**
  - **Psychologists (pathology counseling)**
  - **Social Workers (family/community counseling)**
- Chapel for prayer
- Biblical Lifestyle Counseling
  - Exercise and nutrition counseling (biokineticists & dieticians)
  - Physical pain counseling (physiotherapists)
  - Touch unit
    - Biblical spa[12] therapists (Phase 2)
    - Gym, pool, biblical spa (Phase 2)
  - Session rooms
- Biblical medical counseling
  - Primary Care nurses (2)

[12] Biblical Spa refers to a therapeutical environment where the therapies presented are grounded in Christian values and -methods in contrast with most spas having an Eastern religion origin.

- GP's (3) with special interest in non-communicative diseases: Autoimmune and chronic pain illnesses, depression, anxiety/stress illnesses
- Dentists (2)
- Optometrists (1)

4.4.2 Care for the sick

This part of the ministry involves people who visit the sick and pray for them in their private or hospitalised setting.

- **Long term**
- **Short term**
- **Hospitalised**
  - **Hospitals**
  - Clinics
  - Step down (sub-acute hospital) clinics
- **Care** and counseling **for the dying**
- Counseling for the sick

4.4.3 Healing services

A healing service is presented in one of the smaller auditoriums by one of the pastors of the congregation.

- Once a month
- **Once a term**
- Follow up
- Allocations to a counsellor (biblical/lifestyle/medical) after prayer.

4.4.4 Prayer group for Care Focus

The Care Focus has a dedicated praying partner for

- **Each counsellor**
- **Ministry at large**
- **Healing services**

4.4.5 Journey advisors

A journey advisor is a person with counseling background and a basic knowledge of all the ministries of the church. This person facilitates the counselee's journey from counselling, to support group and finally to small group.

- How to be connected to a support group
- How to be connected to a small group
- Follow up appointments: one month/ six months/one year

It is evident that the skeleton of this model is already in place. It now needs muscles and then the ligaments and tendons to achieve the purposeful movement toward the full model.

The four entities in Care Focus (counseling, care for the sick, healing services, and prayer group) need to meet regularly to discuss cases, trends and new emerging needs. Journey advisors can be included on an ad hoc basis when needed.

4.5 THE ACTION PLAN

For the new praxis to become a reality there needs to be specific planning of how each aspect of the praxis is to be fully achieved. This will involve detailed steps on how each aspect is to be planned for and by whom and the deadlines and then implementing them. The costs of every phase need computing as well. The budget will determine the time frame of the respective elements of the praxis. The vision of the new praxis is bold and if accepted by the church could take more than a few years to realise. The main areas of the action plan to bring into existence the new praxis will now be as follows:

- Work towards training, and using trained, church members in the different counseling areas (biblical/lifestyle/medical) until a full complement is reached (i) of Biblical counsellors for people with emotional or relational problems, trauma or inner healing; (ii) of Lifestyle counsellors for people with chronic pain or chronic illnesses or lifestyle related problems; (iii) of Medical counsellors for terminal ill patients and to help with prescriptive medication, and (iv) of specific counsellors able to deal with depression or anxiety or chronic pain or

lifestyle diseases (e.g. diabetes and high blood pressure) or chronic pain syndromes and chronic disease.

- Design the entry and exit process of counseling and the monitoring of this process to ensure the client passes smoothly and without delays through the four stages: prompt handling of an emergency request or counselling need, introduction to a specific counsellor, journey through the counseling centre, and finally the connection to a support and/or small group with a follow-up process.

- Write training modules to teach the roots of disease, especially fearfulness, and also healing of the whole person to all counsellors (biblical/lifestyle/medical), visitors of the sick and pastors doing the healing services. The basics of this knowledge needs to be communicated to the membership (verbally and by hand-outs) so that the whole church takes on the mind-set that healing needs to be of spirit, soul and body and that we all aim for and promote wholistic healing and health.

- Budget for the following additions to the present Care Focus Unit: either add or build a new building to accommodate a Clinic for primary health care and care centre that includes: a touch unit (biblical spa), an exercise and nutrition unit (gym/pool), session rooms for health professionals, and a prayer chapel.

- Create a healing atmosphere in Care Focus offices with water fountain, plants and music because healing starts at the entering of the facility.

A key success factor in change management is the top leader's buy-in. Buy-in by the Care Focus' pastors and steering committee that oversees this ministry will be sought first. A second important step would be to expose the counsellors, particularly the leaders amongst them, to the new praxis and the underlying theory and literature it is based upon. Sufficient understanding and buy-in at this level is critical to move towards successful implementation. With sufficient support and buy-in from Care Focus and the counsellors, it would be

time to obtain the buy-in from the full board of pastors with a well-crafted motivation and action plan for implementation of the new praxis.

The next phase would be to develop all the detailed training and implementation plans as outlined above which are necessary to run the new praxis. The final phase would be the pastors informing the leadership of the congregation and also communicating the new praxis with the wider congregation of the church if necessary.

4.6 CONCLUSION

In this chapter a proposed strategic plan was designed to help Moreletapark, especially its Care Focus, approach healing and health from a wholistic perspective with a special focus on overcoming fearfulness (resultant from stress and anxiety). It demonstrated that since the skeleton of the plan was already in operation, only some adjustments of the current situation and additions were necessary.

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

This mini-thesis' overarching goal was to design a counselling strategy to enhance spiritual healing of people suffering from fearfulness at Moreletapark within a wholistic healing perspective. There were two main motivations for this thesis.

One motivation was the growing awareness by the World Health Organization that stress (anxiety/fearfulness) is a contributory causal factor of chronic disease which modern medicine can only manage and not cure. The concern within the medical healing industry of the ineffectiveness of medical treatment of chronic non-communicable diseases emerged in the late 20th century as a shift from epidemic infectious diseases. This was mostly associated with the deterioration in lifestyles of people as well as an increase in the demands and challenges of current socio-economic conditions.

Trusted medical models were ineffective to cure these non-communicable diseases and the need for a new healing modality was born. It was based on an integrated approach where physicians and other health care professionals join hands with community organizations, especially the church, to facilitate care from preventative interventions through to end-life care. These models have already been implemented in different places in the world. I am convinced that the Christian church has the greatest potential to deal with fearfulness linked to stress, the 'disease' of the modern age.

Another motivation for this mini-thesis was the history and growth journey of Moreletapark. There had been many prophetic words spoken to this Church at different times in its history that gave it its spiritual direction. One in particular challenged me to embark on this mini-thesis journey:

> Moreletapark will also be instrumental not only in spiritual healing but also in physical healing (Mal. 4:2, Isa. 60:1–5, Isa. 61:2). This Church is built to be a light to the nations" (Bosman 2006:62).

Moreleta has at its foundation a pioneering spirit. Throughout its history blazed a trail of innovative changes within the Dutch Reformed Church and therefore was well equipped to act on this prophecy.

This final chapter briefly reviews the objectives of this study, traces the argument of the thesis, and summarises the findings and their significance.

5.2 A REVIEW OF THE OBJECTIVES OF THE STUDY

The primary objective of this study was to formulate a critically and theologically informed strategic and communicative plan to ensure that the praxis of Moreletapark's Care Focus with respect to chronic illness, fear and the healing of the whole person are faithful to God and optimally relevant to the church's vision of ministry.

The secondary objectives were, firstly, to interpret the operative theology of the Care Focus section of Moreletapark with the respect to chronic illness, fear and the healing of the whole person. Secondly, to determine what faithful praxis with reference to chronic illness, fear and the healing of the whole person ought to look like for Care Focus at Moreletapark. And lastly to develop a strategic plan to strengthen and broaden the healing praxis of Care Focus at Moreletapark in relation to chronic illness, fear and the healing of the whole person.

The next section describes how the objectives were achieved through the thesis design and methods used.

5.3 THE MAIN ARGUMENT OF THE MINI-THESIS

To achieve the objectives, the research design for this study was built around the four steps of the Browning (1991:55–56) model that included answering the following four questions:

- How do we understand the concrete situation in which we must act?
- What should our praxis be in this concrete situation?
- How do we critically defend the norms of our praxis in this concrete situation?

- What means, strategies and rhetoric should we use in this concrete situation?

Qualitative research was conducted by means of two inductive case studies (for theory development) covering two Christian women of similar age and background with the same chronic pain disease. One of them had been through the Care Focus at the church. The point of real interest and relevance to this mini-thesis was the fact that for both case studies, in their prolonged treatment history, fearfulness was a key factor and that they had undergone spiritual therapy in addition to medical treatment as well. These case studies provided substantial insight into therapy aimed at the soul and spirit as understood from a biblical perspective and its effectiveness. The counseling approach and strategy in Care Focus were also noted and critiqued in terms of Dr Neil Anderson's method of biblical counseling centred on wholistic treatment (treatment of spirit, soul and body).

It has become evident from recent medical research that the treatment of disease is best approached from physical, mental, and spiritual perspectives. Further, attention was given to influence of sustained stress. Here the role of fear, guilt and shame linked to modern lifestyle with its expectations, challenges and uncertainties were noted. The growing evidence points to how continuous stress (anxiety/fearfulness) leads to many physical symptoms and plays a part in precipitating chronic disease. In most cases, stress results from repeated guilt or shame or fear (anxiety), and actual or perceived incapacity stemming from events like serious loss, neglect, rejection, relational conflict, trauma, financial burdens and debt, depression, unhappiness, dangerous circumstances, and pressure to be successful, respected and accepted in society. Relentless stress, as was observed in the two case studies, also weakens the immune system in our bodies making the fight against disease less effective.

The mind was seen to play a key role in augmenting the impact of stress in our fast-paced competitive lifestyles. It was shown that unchecked fear (anxiety) that is resultant of stress finds its origin in one's thoughts and the perceptions about the unseen and not yet experienced situations (Leaf

2013:33–36). Thus treatment aiming at renewing or changing the mind (mind-set) by spiritual and mental disciplines are essential in removing constant fear with its negative consequences on one's health (Beck 2007:65-89; Fontaine 1999:1008–1009).

The empirical research (open-ended questionnaire) provided a platform for clearer understanding of the challenges facing the Care Focus at the church with specific reference to the treatment of chronic diseases and the need for including spiritual therapy alongside medical treatment to counter fear (stress) that seems to be a key element in chronic diseases. Thus the first question in Browning's approach to practical theology was answered: *How do we understand the concrete situation in which we must act?* However, this empirical research also brought some insight relevant to the next question in Browning's model.

The next part of the mini-thesis answered the second and third questions in Browning's model: *What should our praxis be in this concrete situation? How do we critically defend the norms of our praxis in this concrete situation?* The normative text for deciding on the proposed praxis was given attention and was defended.

For Browning they are biblical studies, church history and history of Christian thought. He also includes systematic theology in the sense of fusing the horizons of vision implied in the normative Christian texts and the vision implicit in the contemporary practices (Browning 1991:51). The application of practical wisdom also plays a part in his practical theology model.

This study was conducted because fearfulness as a result from unresolved trauma has been flagged as a most likely culprit in facilitating chronic disease. Therefore the theme of fear was explored from a biblical perspective and its probable negative impact on wholeness and how fearfulness can be overcome. The book of Timothy and specific 2 Timothy 1:7 was studied exegetically, to showcase the life and ministry of Timothy in Ephesus and how fear and timidity could have played a causative role in his physical and emotional health problems and how he was advised to combat his fear (1 Tim.5:23). Some other biblical insights were touched on that point to the role

of continued fear undermining physical health and how to counter and remove fear. Furthermore, it was demonstrated that the Christian process of sanctification and a solid understanding of our identity and acceptance in Christ in a dynamic and caring church fellowship is a way to spiritual healing, especially in overcoming destructive sustained fear. A look at church history also revealed that the church came to realize that fear contributes to ill health. This study highlighted the fact that some churches and organisations have combined medical and spiritual healing to achieve better long term healing results. This chapter directly and indirectly defended the wholistic healing praxis, especially for chronic diseases.

Then the final question in Browning's model was answered: *What means, strategies and rhetoric should we use in this concrete situation?* The culminating praxis that emerged with reference to approaching treatment and healing at Moreletapark, and especially its Care Focus, is that the medical health professionals and the pastor or counsellor need to collaborate more closely in order to facilitate healing of the whole person. Such treatment stands a far better chance of getting to the root causes of disease and thus achieving permanent healing. This requires a wholistic approach to healing where spiritual healing, especially of fear, is most important. This ideally would mean that biokineticists, dentists, dieticians, medical doctors, physiotherapists, psychologists and others work together with biblical counsellors and pastors in a close-knit church based service to the patient. A model for achieving this in Care Focus at Moreletapark was developed, building on the present structures and focus areas, especially in Care Focus.

5.4 SUMMARY OF THE FINDINGS

An underlying motivation for this thesis was the realisation that there are chronic diseases that the medical profession as we know it today, has made it public that they cannot cure but only manage. Both the case studies demonstrated the life of two women that had to endure this process until they, especially Anne, found spiritual healing to be a key factor to physical healing. Spiritual healing as a starting point to physical healing for people with chronic diseases as means to address unresolved trauma and other issues in a

person's life has the ability to alleviate physical pain and disease and in some case even resolve the root problem of the precipitated the disease. The main finding of the thesis is that healing needs to be wholistic as clearly shown by the case studies. The body needs treatment, but so does the mind. When both areas are appropriately treated the chances of healing is much higher. For the Christian, healing of the mind was shown to entail spiritual healing resulting in a mind controlled by Christ. This involves restoration of the person to God, fellow humans, themselves and the natural environment. It requires dealing with fear, shame and guilt that is engendered through our lifestyles today in a broken and generally uncertain world. These areas were the mostly impaired ones in both case studies. This kind of healing is best achieved in a loving, interactive church community as was demostrated in Anne's case through growth in sanctification (restoring of the image of God lost through sin), and living in God's infinite love for his church. Reiterative intervention from both the Church and Health Profession is needed for wholistic healing (healing of spirit, soul and body in Christian terms).

This study revealed that the Church needs to grasp more clearly (i) the importance of having a wholistic understanding of health, and (ii) the church's role in achieving wholistic health. The case study of Susan clearly brought this to the fore in the early days of Care Focus at Moreleta. The study culminated in the development of a healing praxis model for Moreletapark that would ensure its care ministries and all church members would be appropriately and better equipped in understanding and facilitating wholistic health, with special reference to spiritual healing.

At a recent medical health care conference in India, Vellore, a Christian-medical way to treat patients, Shalom Health Care, was born to teach health professionals to do healthcare from a Kingdom perspective and to take up Jesus' call to care for both the physical and the spiritual needs of their patients. The time was never more appropriate for the Church to take hands with health professionals to restore the temples of God (God's people); to function with the aim of seeing God's Kingdom in full manifestation through the healing of spirit, soul and body; for Jesus within his people to reach out

through them in a mutual ministry facilitating healing of all entities of our humanity.

6. CONCLUSION

In our society today so many people suffer from fear and anxiety and stress in one or other form. The root cause of these conditions is a breakdown in our relationship with God, with people, with self and with nature. This has led amongst other things to fearfulness, unforgiveness, bitterness, shame, guilt and self-hatred. It seems that the origin of many chronic diseases can be traced back to unsolved relational problems. Medically these diseases can only be managed and it therefore places a strong burden on the Church to intervene.

Wholeness Health Care has the sole purpose to restore healthcare to its original calling, namely to heal people physically and spiritually like Jesus did. The world of healthcare is increasingly calling out to communities, especially the Church, to take hands with health professionals to restore wholeness from the brokenness in society and facilitate the coming of the Kingdom of God through the Jesus Christ who lives in every believer. This mini-thesis presents Moreletapark with a vision and blueprint, especially for its Care Focus to become a bridge builder between the church and the hospital in order to bring healing to the whole person to all who are seeking it; and also to promote the importance of wholistic healing for permanent or more successful healing; and to demonstrate that the Gospel is crucial to the healing of the many people spiritually lost and wracked with hurts, pain, loneliness, and unresolved traumas, fear and stress.

It must be admitted that this thesis did not interact with much research dealing with the connection of the mind, brain and disease, especially chronic disease. Due to the thesis being a mini-thesis and its use of Browning's four steps in practical theology, this additional research is lacking. Though evangelicals would always use the Bible and its relevant teaching as the base-rock for their understanding of reality, more attention to already conducted research and also future research in the area of the interrelationships between disease, the mind, mindsets, brain, genetics, and

cell memories (cf. organ transplants) of the body as a whole is important. This will be necessary to come to a better understanding of wholistic healing and the place of spiritual healing in achieving and sustaining healing in the body. More research is also needed into the designing of church clinics and church care centres that will help health professionals and pastoral counsellors to collaborate in seeking wholistic health for the crown of God's creation for His glory. Soli Deo Gloria!

APPENDIX A

Interview questionnaire

1. Tell me about your disease experience since it was first diagnosed.

2. How has your disease influenced your self-perception?

3. Explain the possibility that this disease and its progression could have been triggered by something/someone.

4. What did you learn about yourself through this disease?

5. What did you learn about the disease and how it is sustained?

6. What changed in the disease progression? Has it stabilized or did some secondary symptoms appear?

7. Has fear, stress and anxiety ever played a role in your disease's intensity?

8. Has fear, stress and anxiety been the trigger that ignited the onset of the disease?

9. Was this linked to trauma in your life?

10. What kind of help medically (medicine, therapy) and spiritual (counselling, prayer) did you receive during this time?

11. Do you have inner peace and no unresolved issues in your life at the moment?

12. In which way do you think your thoughts influence your emotions?

13. Has your relationship with Jesus Christ changed in this time of illness, and how?

14. Do you visit a place of worship and have regular support group attendances? (Cell group/support group/counselling)

15. What do you think should the role of the church be in the healing of chronic or autoimmune diseases in people?

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