Van den Bosch, D¹
University of the Free State

Spirit and healing in Africa: Some possibilities for a reformed pneumatological perspective

ABSTRACT

The current state of Reformed pneumatology is an open invitation to explore the largely undeveloped relationship between the Holy Spirit and healing. Within the African context there are multiple prominent ideas about health and healing present, and these health ideas can be viewed as constituents of a hermeneutical key in theological reflection on healing. The various health discourses in the African context provide at least three parameters of healing as African hermeneutical category: relationality, suffering, and power. When related to Spirit-centred theology, these dimensions of healing bring about new possibilities for a Reformed pneumatological perspective.

1. INTRODUCTION

There is a great demand for healing in the African context. This need for healing is not different to other parts of the world, but the African quest for healing can be characterized as being heavily influenced by religious communities and churches. All over Africa, faith communities play an important role in the search for healing and wholeness. Their involvement can be explained by the fact that therapeutics in the African context is not confined to the medical practitioner in the hospital (cf. Patterson 1981:28; Ranger 1981:267; Ekechi 1993:298; Bate 1995:15; Good 2004:10; Kabonga-Mbaya 2006:188; Kalu 2008:263; Rasmussen 2008:11). However, churches founded by missionaries seem not to succeed in addressing the healing needs of believers. One of the explanations of this omission of the mainline tradition is the historical background of the missionaries themselves: under the influence of scientific medical discoveries in nineteenth century Europe, theology and biomedicine grew apart and became two clearly separated disciplines. In embracing modern medicine and supporting its expansion, mainline churches gave up their particular view on human existence. They internalized the biomedical perspective on healing and treatment, and went along with the clear division between body, mind and soul.

This dichotomy between faith and science existed for a long time, but now a growing awareness of the need for an interdisciplinary approach in health and healing issues can be noted. The assumed superiority of biomedicine is no longer taken for granted. Mainline Protestant churches have realized that responding to health issues is part and parcel of their mission, and subsequently theological reflections on faith and healing are forming a new discourse on healing (cf. Møgedal & Bergh 1994; Grundmann 2001; Pobee 2001; Cochrane 2006b; Kiser e.a. 2006; Horsfjord 2007). In a sense, mainline Protestant theology is in the process of coming to terms with its blind spot, and is looking for ways to formulate why and how church and theology should be involved in ministries of health and healing (again).

This article is an exploration of how Reformed theology in the African context could generate

¹ Research Fellow, Department Dogmatology, Faculty of Theology, University of the Free State, Bloemfontein.
theological insights on health and healing. This exploration follows a course that differs from most other theological reflections on healing in Africa, because of the centrality of the Holy Spirit in relation to health and healing. Most of the theological reflections on healing in Africa tend to have a missio-ecclesiological (‘the church as healing site’) or Christological (‘Christ as the great physician’) focus. Both perspectives have their own strengths: a missio-ecclesiological approach highlights the responsibility and mission of the church to be involved in healing processes, while a Christological focus emphasizes the biblical and soteriological notion of healing. A Christ-centred approach to healing matches actually very well with African perceptions of health and healing (cf. Stinton 2004:90ff). Yet both perspectives also have their shortcomings: reflections on the church as community of healing tend to focus mainly on what role the church should play in health care and on how the church can reclaim its healing ministry at the cost of focusing on the articulation of theological argumentations for the churches’ practices of health and healing. A Christological approach on the other hand does provide a firm theological foundation, but it runs the risk of a one-sided perception of healing and of the God who heals.

An approach with a pneumatological emphasis can be seen as an alternative course of the same quest for a theological framework of health and healing. A focus on the Holy Spirit, in addition to the Christological and ecclesiological accents, has the potential to restore the balance in thinking about healing within a Trinitarian framework. Simultaneously, starting with the Spirit in reflecting on healing will warrant the contextuality of theologies of healing. Specific attention for the Holy Spirit allows space for the concrete, particular and contextual healing experiences of believers, and it challenges theology to relate these experiences with the triune God in a meaningful way. Van der Kooi (2006:21) sees a clear link between the contemporary quest for human experiences of God’s presence in society and the revived attention for the Holy Spirit in church and theology: the Holy Spirit represents God’s presence in the lives of believers. Through the Spirit people are able to experience in a tangible way that God is at work in their lives. Finally, probing the link between the Holy Spirit and healing is in line with Scripture where healing is viewed as charisma of the Spirit (1 Corinthians 12).

This article aims at exploring the relation between the Holy Spirit and healing in the African context from a Reformed perspective. This implies that healing is the lens through which contemporary (Reformed) pneumatological approaches and insights will be looked at. In this article healing functions as African hermeneutical category: what healing could be is determined by ideas and beliefs that are prominent in the various health discourses existing in the African context. By retrieving healing as African hermeneutical category and applying it within the discourse of pneumatology, the connection between the Holy Spirit and healing might bring about new perspectives in Reformed theology in the African context.

2. CONTEMPORARY PNEUMATOLOGICAL APPROACHES AND HEALING

The pneumatological renaissance of the last decades can be regarded as a crucial development in theology for it requires other disciplines of theology to open up and to explore new perspectives on the relationship between God and his creation. “(T)he challenge given to theology in its reflection on the Holy Spirit is to retrieve concrete, particular aspects of the pneumatological tradition.” (Kärkkäinen 2002:14)

And that is exactly what is being done in contemporary publications on the doctrine of the Holy Spirit (cf. Jensen 2008). They acknowledge and demonstrate that pneumatological reflection can only be meaningful when it links up with personal and particular experiences of the Holy Spirit in a specific context. The emphasis in pneumatology has shifted from abstract doctrinal lines of thinking to spiritual needs and concrete experiences of the Spirit. Theological reflection
on the doctrine of the Spirit is sharpened by contextual understandings of the Spirit that lead to new constructions of pneumatology. These (re)new(ed) perspectives on the doctrine and the work of the Holy Spirit can only be considered gain for theology and church.

But there is still more to be gained, because the notion of healing is still a blank spot in Reformed pneumatological reflection. Contemporary (Reformed) publications have largely neglected the notion of healing in the various pneumatological constructions despite the fact that the search for healing and wholeness provides the paramount encounter between theology and concrete daily life of believers (cf. Van der Kooi 2006:107). The pursuit of healing and restoration is a universal concern, and this quest for wholeness seems to become more pressing. “Perhaps now more than ever before, our times carry the marks of the brokenness of humanity and of creation as a whole”. (Møgedal & Bergh 1994:257) Constructing contextual theologies of health and healing are imperative if human experiences of illness and healing are to be understood and addressed existentially (cf. Wind 1995:149).

The only Reformed pneumatology that has taken the aspect of healing into consideration is Moltmann’s pneumatology in “The Spirit of Life” (1992). Moltmann characterizes healing as charisma or gift of the Spirit. This charisma is determined by one’s being, because the way one is and comes before God, equate one’s gift to be used and lived out in the perspective of the coming Kingdom. One’s calling thus embraces one’s being, and the physical and social existence of the believer is brought under the reign of God. When Moltmann moves from explaining charismata or the charismatic experiences in life to healing experiences, he seems to shift from charisma as being to charisma as experiencing, from charisma as something that needs to be lived out to something that can only be received. Although charismata are defined by Moltmann as the way a human being is, healing as charisma does not emanate from the human being; it is not a gift bestowed upon the human being in order for the human being to use it, but it rather is something that the Spirit does while the human being is the recipient. “In every grave illness ‘we fight for our lives’. In every healing we feel that ‘we have been restored to life’.” (190) We notice a shift from ‘fighting’ as an active form to ‘having been restored’ as a passive expression of the verb. The implication is that healing as charisma can be experienced by the work of the Spirit, but somehow the human being is not involved in the act of healing in the sense of putting his/her charisma in practice. The question is: if healing is fully and completely a divine activity, then what is left for the human being as his/her charisma? What can be said about the active participation of the human being in the healing process?

We might say that contemporary pneumatology in general (cf. Welker 1994; Cooke 2004; Rogers 2005; Van der Kooi 2006; Welker 2006; Borgman 2008; Jensen 2008), and Moltmann’s thinking on healing and the Spirit specifically, address the notion of healing insufficiently. The current state of pneumatology implies that the largely undeveloped relation between the Holy Spirit and healing invites new possibilities to be explored in Reformed pneumatology.

3. HEALING AS AFRICAN HERMENEUTICAL CATEGORY

One of these possibilities is to focus on specific healing perceptions in the African context and to relate these African ideas on healing to the pneumatological discourse. In this article healing is used as a concept or category to disclose new perspectives and possibilities for Reformed theology in the African context.

The rationale behind healing as an African hermeneutical category is that ‘health’ (and therefore ‘healing’) is contextual: it is entrenched in particular socio-cultural traditions that vary from place to place. Health ideas can only be articulated meaningfully, and health practices can only be experienced as relevant, when the patient, the relatives, and the medical practitioner...
share the same, culturally particular health tradition. Within every socio-cultural context there are multiple and different health traditions, codes and practices present, and this plurality of health discourses also exists in the African context. When considering the context of Southern Africa, one can discern the health discourse of African cults of affliction, the discourse of missionary medicine, the discourse of HIV/AIDS (biomedicine), and the discourse of spiritual or church-based healing. These health discourses are the most influential health paradigms in Southern Africa influencing people’s ideas and beliefs about health and healing (cf. Cochrane 2006b:13).

The contextual character of health implies that people develop their constructions of what health is (or should be) by combining their experiences and explanations with available models and systems. Looking for elements that are meaningful in their specific life situation, people usually create a mixture out of the various health options. Research on health issues and treatment in Africa has disclosed that it is not uncommon for Africans (but not only Africans) to access multiple health systems or discourses simultaneously or sequentially (Vaughan 1991:206; Bate 1995:185; Jansen 2001:85; Good 2004:33; Cochrane 2006b:12ff; Rasmussen 2008:12). Sometimes these blends are complementary, sometimes they may seem to carry contradictions and theoretically incoherent elements. Yet they are produced on the basis of their pragmatic and functional response to specific health situations. Perceived needs prompt people to turn to those therapeutics that are available, accessible, and congruent with their health worlds, without experiencing the various therapeutics as incompatible.

It is essential to take into consideration the plurality and hybridity in health ideas (and therefore also in health seeking practices) when reflecting on health and healing theologically. Therefore, when using healing as a hermeneutical key, the pluralism and ‘the promiscuity’ (Cochrane 2006b:12) of healing perceptions and practices cannot be ignored. The fusion of the many health concepts might be overwhelming, but it is possible to discern basic or dominant ideas in the amalgamation of health theories in one specific context. This article explores three of those fundamental health ideas: ‘relationships’, ‘suffering’ and ‘power’. The selection of these parameters of ‘healing’ is based on their vivid prominence in the various African health discourses.

4. SPIRIT AND HEALING IN THE AFRICAN CONTEXT

The three constituents of healing in the African context will be described briefly, and thereafter related to Spirit-centred theological reflection.

4.1 Healing and Relationships

Healing as African hermeneutical category includes the notion of cultivating and sustaining relationships. An extensive and well-balanced network of relationships forms the core of one’s well-being. Healing in the African context requires a continuous search for balance, a continuous process of restoring the damage that has distorted the social tissue of health. Healing is a relational matter since it depends on the ability of a person to balance his/her connections with the surroundings. These relationships include the ties with the spiritual realm, and they imply that although the human being is responsible for creating favourable conditions for his/her health or healing, he/she is never able to fully control his/her health or healing. There is always a kind of dynamism beyond the power of the human being that needs to be taken into consideration.

Regarding relationships, throughout the history of Christianity the Holy Spirit has been characterized as the One who inspires and steers us into a relationship with God. Whether the
reflections on the Spirit are determined by philosophical categories like matter, person or force (cf. Shults & Hollingsworth 2008), the generic articulation of the presence of the Spirit refers to the activity of engaging and transforming the human being in participating with God. The Holy Spirit is ultimately the principle of the universal possibility of an engagement with the God of biblical revelation (cf. Rücker 1985:214). The Spirit of God reveals God’s active presence in our midst, and provides the possibility to experience this divine existence in a personal and meaningful way. We are brought in touch with God and we are made to feel alive or hopeful again. In that sense, the relationship with God also implies a continuous search for balance by means of conversion and transformation. Turning back to God is the same as turning away from powers, structures and habits that obstruct and undermine the relationship with God. By the work of the Spirit we are able to renew our bond with life under the dominion of God.

Our reflections on and experiences of the Spirit prompt us to create space to retrieve healing as something that has to do with the Spirit who sustains the covenant that God has initiated with his creation. This relationship with God constitutes the framework for thinking about healing, wholeness and fullness of human life. We could also say that the bond between God and mankind generates healing, and without this bond there would be no healing. Without this bond there would be no tangible redemption or deliverance that can be experienced in the soul or the human body in a very direct way. Without this bond we would not be able to perceive and experience the works of the Spirit as reminders of God’s reign, as hopeful signs, as provisional, not yet fulfilled redemption that is always pointing towards the already, fulfilled and ultimate redemption awaiting us.

In the context of God’s covenant and the already substantial (yet preliminary) salvation that we can experience, the Spirit continues to sustain and develop the bond between God and his creation. The Spirit lays bare the disruptions that withhold creation from being as it was supposed to be. The Spirit is able to cast light on and magnify what we try to hide and understate. Being within reach of the Spirit, we are challenged to sustain our relationship with God and to be drawn into transformation, into responding to the perceptible forms of redemption in our daily life. This aligning of our spirit with the Spirit of God has many forms. Usually they are called the charismata of the Spirit: the gifts of the Spirit to enable believers to be fruitful for the common good. The community, the network of relationships in which the human being exists, needs the constructive power of the Spirit, for the community is constantly in need of healing. Whether we think of a local, national, or global community, or whether we think of a secular or a faith based community, as long as there is distortion and disparity in the social nexus, then there is need for healing and restoration. This search for healing is endless: it entails a constant balancing of the relationships in whole creation which is constantly threatened by powers and forces that disturb the fellowship within creation and with the Creator. In sharing his gifts, the Spirit does not leave creation without engagement. Being within reach of the Spirit implies receiving the responsibility to partake in the healing process of ourselves, of our fellow human beings, of our environment.

4.2 Healing and Suffering
An African proverb says “The one who does not suffer, is not a man”, implying that in the African context suffering is “the most faithful companion of daily life” (Nkemnkia 1999:113). Suffering is viewed and experienced as affliction in its broadest meaning: it can exist as illness, unemployment, financial setback, spirit possession, and everything else that is a hindrance for one’s well-being and prosperity. (cf. Ellis & Ter Haar 2004; Jenkins 2006) Suffering is almost always given a religious interpretation, which induces the belief that there is a cause for every suffering even though this cause is not always clear and obvious. Suffering is viewed as intervention by a
spiritual or divine entity, and in that sense meaning is attached to suffering: it points to the need for change, for re-establishing relationships.

This thinking about suffering as manifestation of disbalance is present in most African health discourses. The health discourse in African cults of affliction, for example, links suffering closely with negligence of the group code which can invoke the anger of ancestor spirits (cf. Mbiti 1969:169; Ellis & Ter Haar 2004:51; Nürnberger 2007:25). In the health discourse of missionary medicine, for example, suffering is linked with individual sin (cf. Vaughan 1991:66; Butchart 1998:79). Both health discourses have constructed particular therapeutic ways that can eradicate the suffering, but only when the spiritual or divine realm is involved. The notion of suffering and its meaning in relation to the spiritual or divine realm should then also be included in our hermeneutical key.

In Scripture we can discern different categories of suffering: suffering that results from sin, suffering that is generic and has to do with the transitory condition of creation, suffering that is caused or allowed by God for a specific purpose (e.g. Hiob, Paul), and suffering that comes with following Christ. Theological reflection on suffering usually focuses on the vulnerability of creation, and its socio-economic aspects. The suffering of God’s creation is addressed in various theological approaches like for example liberation theology, feminist theology, ecology theology, etc. The voices in these various approaches let us hear that suffering and brokenness in its many forms must be refused because they are obstructing creation to be in accordance with God’s vision. In the same way, the concept of suffering is used here to refer to those aspects of our experience of creation that deny God’s good intention with creation. Though suffering must indeed be rejected because of its opposition to God’s plan, our hermeneutical key brings into attention that it is also important to recognize that there can be meaning in suffering. Various health discourses in the African context embrace these two constituents of suffering: the meaning of suffering in that it discloses the need for restoration, and the evoking of the will to bring suffering to an end.

The Holy Spirit embodies both these approaches to suffering. First of all, the Spirit of God makes us realize that creation does not correspond with the way it was supposed to be. Suffering, interpreted as everything that is opposite to ‘life to the full’, means that there is need for restoration, for healing, for re-establishing broken or missing relationships. In the groaning of his Spirit, God uncovers the negative space between our empirical reality and creation that has life in abundance. The critical presence of the Spirit reveals that God rejects suffering, pain, affliction, illness, oppression, and everything that is obstructing and undermining life, and that He has other plans for his creation. So creation needs to be restored and healed. In that sense, in the light of the Spirit suffering always denotes the incompetence of creation to live up to its potential. In the same vein, suffering points to the need for healing and transformation since restoration will bring creation closer to its potential.

Simultaneously with disclosing the meaning of suffering as the need or necessity for restoration, the Spirit comes into action aiming at reconciliation of life. “The Spirit produces complete human beings.” (Comblin 1989:70) God does not want suffering, although in the human condition suffering is unavoidable. In the Spirit, creation is able to experience that God is rejecting suffering by overcoming it. However, the shift from the broken, suffering life to healed life is a process that does not move in a direct line. The cross stands in between the two conditions of creation. The cross event turns upside down every human perception of reality, and deconstructs every man made structure that subjects creation to anthropological perspective only. Through the cross, the epitome of suffering, God does not allow his creation to be separated from Him: in the suffering He is with his creation. “... (T)he story of the suffering of the messianic Son of God is the story of the suffering of God’s Spirit too. But the Spirit does
not suffer in the same way, for he is Jesus’ strength in suffering, and is even the ‘indestructible life’ in whose power Jesus can give himself vicariously ‘for many.’” (Moltmann 1992:64) The Spirit is God’s indwelling in Jesus in his suffering on the cross. Just as the Spirit is the One who was involved with Jesus in the suffering on the cross, the ultimate way of obedience to God’s good intention for his creation, so is the Spirit of the crucified One also involved with us in our suffering. The Spirit in his empathy embodies the tension of the ‘already’ and the ‘not yet’. The ultimate victory over suffering is still to come, but has been procured in the suffering and the resurrection of Christ. The presence of the Spirit reveals what has been gained for creation through Christ. In that sense, the compassionate presence and the healing works of the Spirit are reminders of God’s reign, signs full of hope, and indicators of life in abundance.

4.3 Healing and Power

It would be in line with African thinking about health and power when one would hold on to the notion of power as the most important element in overcoming suffering. Power, or vital force, is the first principle of life that is exactly the opposite of weakness and illness. Every living person possesses this vital force since power is the basis of life. The human being is continuously in need of power in order to exist and to overcome suffering, and to become who she/he must be. Being healthy and living a prosperous life then implies cultivating and extending one’s vital force. To lack the vital force is to become weak, to lose quality of life, and to experience misfortune. “To Africans, our life, our very existence is inextricably tied up with our power. To live is to have power; to be sick or to die is to have less of it.” (Anderson 1990:67) So every person is in need of power, which makes power a relational principle that is actively present in all encounters and relationships of human beings. “The African as a powerful force must himself interact with other powers and have power in order to survive.” (Anderson 1990:70) The difficulty of grasping the concept of power from a conventional perspective (that is, from a perspective that views power as ultimate, visible, and totalising) is that power as a reality in the African context is temporary and dynamic at the same time. “We should see power as the shifting potential that is available to individuals as well as to societies to be used to enhance human existence.” (Bongmba 2004:126) The negotiating and manipulating of power for the sake of life and protection is an ongoing process, whereby the spiritual or divine realm is consulted because power is derived from power: living human beings receive their life force from a divine source.

In African health discourses, like for example those of African religion (or cults of affliction) and of African-initiated churches, power or vital force is such a prominent issue that it basically can be viewed as synonymous to health. The link between health and power in African health discourses therefore requires the notion of power to be incorporated in our hermeneutical key.

In Christian theological discourse we can also discern a link between healing and power, but in a different way compared to African perceptions on health and vital force. God’s power is not so much the exact opposite of weakness and vulnerability, but of everything that is threatening and suppressing his creation. The power of God is not revealed in that He saves despite the cross, the epitome of suffering and weakness, but in that He becomes weak on the cross. According to Rücker (1985:210) this concept of a God who suffers and surrenders himself has difficulties finding access to and being accepted by African thinking about power. Mbiti (1973:402) conveys the same idea by describing the opinion of an African Christian who explains that Jesus is his Saviour, “not so much because of the cross but because he is linked up with the God who, by virtue of his almightiness, can and does rescue or save the needy”. Bongmba, in his reflection on the concept of power in Africa from a theological perspective, emphasizes that we should not let go of the notion of God’s suffering: “One must insist that no conception of divine power is complete if it ignores the reality that God is a suffering God.” (2004:108) So the only way to
describe God's power is by referring to his weakness, his suffering. The Spirit of God embodies this redefinition of power. The Spirit of the crucified One detonates our horizon that is determined by ideas about power leading to suppression and injustice in creation. Our frame of thinking about power is deconstructed by the cross, and by the work of the Spirit we are confronted with a new paradigm of power: in and through his weakness God has assumed power over his creation. The Holy Spirit as mediator between creation and Creator inaugurates the awareness that redemption and re-creation can only be established by means of the cross, and by means of overthrowing status quo assumptions about power.

The redefinition of power means that healing or re-creation says something about God as the One who is fully involved in his creation. God's weakness has revealed his power over all life with a specific purpose: to draw creation in the light of God's Kingdom, into God's glory. God's weakness, his power, and his re-creating activities all point towards the same end, and that is the glorification of God by his creation. So, healing brought into our life by the Spirit of God is always fully God-centred, referring to ultimate healing and therefore to God's glory. Just as the Spirit is the One who never draws the attention to Himself but is always referring to the Father or the Son (cf. Van der Kooi 2006:84f), so can we identify the work of the Spirit: they serve a purpose that is beyond the efficacy itself. Our healing experiences can be characterized as provisional for they make us look beyond the experience itself, and towards ultimate healing. Restoration of health is always temporary for after every healing a new illness can occur. The Spirit is the One who places this temporary healing in perspective: our healing experiences are pro-visional, and can only be seen as foretastes of the ultimate healing that is awaiting God's creation. The Holy Spirit brings to mind that healing eventually is not about human beings, but about glorifying God. Healing experiences in light of the Spirit make us look beyond ourselves, and towards the One who ultimately will have assumed complete power over his creation and will be reigning eternally.

5. CONCLUSIONS

The universal human quest for health and healing has reached the theological agenda. Unfortunately contemporary Reformed pneumatological constructions have not addressed or incorporated consistently notions of healing (yet). This article explored the possibility of articulating a link between the Holy Spirit and healing by applying healing as an African hermeneutical category in the pneumatological discourse. Out of the various discourses that generate health ideas and practices in the African context, three dominant health concepts were selected. ‘Relationships’, ‘suffering’ and ‘power’ functioned as the parameters of healing, and constituted the lens through which Spirit-centred theological exploration was done. The contours of a pneumatological construction in relation to healing are therefore determined by African health ideas and perceptions.

In the first place, the link between the Spirit of God and healing is supported by the notion of relationality. Healing as perceived in the African context is heavily determined by cultivating and sustaining relationships. One's well-being depends on one's relationships. The same thing can be said about the works of the Holy Spirit: the Spirit of God is aiming at cultivating and sustaining the bond between God the Creator and his creation. Without this relationship, there would be no healing for creation.

The link between the Holy Spirit and healing can also be established by focusing on the notion of suffering. In both the cults of affliction discourse and in the missionary medicine discourse, suffering and illnesses carry meaning because they indicate that there are deficiencies in the network of relationships of the suffering individual. Suffering points towards the spiritual and divine realm, so eradication of illness and suffering requires an approach with a religious
dimension. Discovering meaning in suffering provides the opportunity to acknowledge meaning in healing. These two dimensions of creation, brokenness and healing, are embodied by the Holy Spirit who always points to the cross. In between the two conditions of creation stands the cross: re-creation or healing cannot come into being unless through suffering and brokenness.

The aspect of power (in healing as African hermeneutical category), that confirms the link between Spirit and healing, evolves from this discontinuity-continuity aspect of the relation between God and creation. In the cults of affliction discourse, power is perceived as vital force, as the first principle of life that is exactly the opposite of weakness and illness. In Christian theological discourse, God's power is also exactly the opposite of everything that is threatening his creation, yet the only way to describe God's power is by describing his weakness, his suffering. The Spirit of God encompasses the redefinition of God's power: God's almighty power is revealed by the suffering on the cross. His Spirit deconstructs our natural, human frame of thinking, and offers a new way of perceiving what power is. Healing should be reflected along staurocentric lines, since God's weakness has revealed his power over all life. In his Spirit, power as vital force, as crucial part of every living creature, has been redefined as power that belongs to God. This redefinition also implies that healing as re-creation is first and foremost for the purpose of glorifying God. God's power is related to his creation, but in such a way that it serves his glorification and his good intentions with his creation.

In conclusion it seems that the use of healing in its various constituents as a hermeneutical category is a very promising way to explore new possibilities for an African Reformed pneumatology to address the believer's demand for healing.

BIBLIOGRAPHY


KEY WORDS
Holy Spirit
Healing
Relationality
Suffering
Power
Pneumatology

Rev D van den Bosch
Research Fellow, Dept Dogmatology, Faculty of Theology, University of the Free State, Bloemfontein
Justo Mwale Theological University College
P O Box 310199, Lusaka, Zambia.
boschheij@gmail.com

528 Deel 50 Nommers 1 & 2 September en Desember 2009