DOI: https://dx.doi.org/10.4314/gjrt.v15i1.5

FAITH HEALING: ASSESSING THE GHANAIAN PENTECOSTAL AND CHARISMATIC VIEW THROUGH THE LENS OF JOHN 11

Samora Harry Ayivor

Abstract: *In many African Pentecostal and Charismatic contexts, particularly in Ghana, faith is often viewed as the central requirement for experiencing divine healing and miracles. As a result, when individuals do not receive healing, they are frequently blamed for lacking sufficient faith, which leads to stigma, emotional trauma, and feelings of spiritual inadequacy. This article critiques this prevailing blame theology among faith healers by exploring its roots in the teachings of Traditional African religion and African Independent Churches. The study uses a phenomenological approach to explore faith healing among Ghanaian Pentecostals and Charismatics. Drawing on the compassionate model of Jesus depicted in John 11, the study argues for a shift from a blame-oriented approach to a pastoral model that encourages faith without condemning those who struggle with it. It emphasizes that while faith can facilitate healing, divine sovereignty ultimately determines the outcomes of miraculous interventions. The article concludes by proposing a more balanced theology of healing that affirms human faith while recognising God's supreme will, aiming to promote spiritual, emotional, and social well-being within Ghanaian Pentecostal and Charismatic churches.*

Key Words: Charismatics, Faith, God's Sovereignty, Healing, Miracles, Pentecostals.

Introduction[1]

Faith healing was a central theological and practical emphasis within the early classical Pentecostal movement.[2] It is defined as "the belief that sick people can be cured using the power of prayer

[1] This research has been supported by: Charles University Research Centre Program No. UNCE/24/SSH/019 and Nadační fond Věry Třebické-Řivnáčové/Věra Třebická-Řivnáčová Foundation

[2] Donald W. Dayton, *Theological Roots of Pentecostalism* (Metuchen, NJ – London: The Scarecrow Press, 1987), 22.

and religious belief or the process of trying to cure people like this."[3] It entails restoring health through activating or exercising faith, rather than biomedical interventions.[4] Similarly, Ayivor defines faith healing as harnessing God's power to effect healing in an individual's life through religious beliefs and practises, excluding the use of medicine or natural remedies.[5] This perspective is closely aligned with pneumatological interpretations of healing, in which the Holy Spirit is seen as the agent of divine restoration. For instance, Ampate describes faith healing as "restoring the health of a person using the power of the Holy Spirit."[6] Amevenku further elaborates on this view, underscoring divine intervention as the sole source of healing, independent of medical or herbal treatment. According to him, faith healing involves confronting illness through God's power alone, without recourse to orthodox or traditional medicine.[7] Although faith healing and divine healing are often used interchangeably in theological discourse, Anderson notes a distinct terminological preference among Pentecostals for the phrase "faith healing."[8] This choice reflects a theological emphasis on the believer's active faith engagement as the conduit for divine power.

[3] *Cambridge Dictionary*; https://dictionary.cambridge.org/dictionary/english/faith-healing. (See https://www.encyclopedia.com/philosophy-and-religion/ other-religious-beliefs-and-general-terms/religion-general/ faith-healing [Accessed: 04/03/2024]

[4] Vijayaprasad Gopichandran, "Faith Healing and Faith in Healing," *Indian J Med Ethics* 12, no. 4 (2015): 238-40. See, S. Barrett, "Some Thoughts about Faith Healing" *Quack Watch*, December 27, 2009; https://quackwatch. Org/related/faith/ [Accessed on April 5, 2020]; Andrew Village, "Dimensions of Belief about Miraculous Healing," *Mental Health Religion Culture* 8 (2005): 97-107.

[5] Samora H. Ayivor, "Metamorphosis of Healing: Medicine, Divine Healing and Divine Health, the Place of Faith and the Word among African Pentecostals and Charismatics," *Transformation* 42, no. 2 (2025): 1-15.

[6] K.B. Ampate, "Healing and Deliverance in Pentecostal and Charismatic Christianity in Ghana," *All Nations University Journal of Applied Thought* 6, no. 1 (2018): 268–281.

[7] F.M. Amevenku, "Faith Healing in Ghanaian Christianity: An Examination of Attitudes and Practises Based on an Exegesis of James 5:13-18," *Trinity Journal of Church and Theology* 18, no. 4 (2015): 87–101.

[8] Allan Anderson, "Pentecostal Approaches to Faith and Healing," *International Review of Mission* 91(2009): 523-534; DOI: 10.1111/j.1758-6631.2002.tb00365.x

Wimber and Springer emphasized that healing in Pentecostal contexts is conceived holistically.[9] This holistic orientation encompasses physical, mental, emotional, and spiritual well-being.[10] Mbachirin extends this framework by including environmental, social, and economic dimensions, arguing that Pentecostal healing addresses the totality of human existence.[11]

Within Pentecostal and Charismatic theology, faith is conceptualized not merely as a cognitive or abstract belief but as a tangible force that actualizes spiritual realities in the physical world.[12] The operationalization of faith is typically manifested through activities such as prayer, confession, and other religious expressions. Ghanaian Pentecostal and Charismatic theology parallels African American Pentecostal traditions, particularly in understanding faith as material and evidential in character.[13] As Bowler observes, in African American Pentecostalism, "faith is measured in the wallet, in one's personal finances, and in the body, in one's personal health, making material reality the measure of the success of immaterial faith."[14]

In this theological system, verbal confession plays a central role.[15] Faith is closely tied to the spoken word, with believers encouraged to engage in "positive confession" to activate divine power.[16] Bowler underscores this by stating that "faith is inextricably bound to the spoken word."[17] The theological underpinning of this practise is drawn from teachings such as those of Kenneth Hagin, who asserted that Scripture teaches, "you shall have what you say."[18]

[9] J. Wimber and K. Springer, *Power Healing* (New York: Harper Collins, 1991).
[10] Prince Peprah, et al., "Religion and Health: Exploration of Attitudes and Health Perceptions of Faith Healing Users in Urban Ghana," *BMC Public Health* 18, no. 1358 (2018): 1-12. https://doi.org/10.1186/s12889-018-6277-9.
[11] Abraham Mbachirin, "Pentecostalism and African Tradition Religion on Healing In "Nigeria: A Comparative Analysis of the Belief, Methods and Approaches," *Jalingo Journal of Christian Religious Studies* 7 (2020):196-209.
[12] Cate Bowler, "Blessed Bodies: Prosperity as Healing within the African American Faith Movement," in *Global Pentecostal and Charismatic Healing*, ed. C.G. Brown (New York: Oxford University Press, 2013), 81-105.
[13] Miroslav Volf, "Materiality of Salvation: An Investigation in the Soteriologies of Liberation and Pentecostal Theologies," *Journal of Ecumenical Studies* 26, no. 3 (1989): 447-467.
[14] Bowler, "Blessed Bodies," 88-90.
[15] Bowler, "Blessed Bodies," 88-90.
[16] Ayivor, "Metamorphosis of Healing," 4.
[17] Bowler, "Blessed Bodies," 88.
[18] Bowler, "Blessed Bodies," 88.

Thus, believers are exhorted not only to believe God's promises but also to confess them verbally to access the power inherent in God's word. This doctrine has developed into what has been termed the "wealth and health" gospel or the "prosperity gospel."[19] It has attracted substantial critique, with scholars and theologians such as Neumann characterizing it as doctrinally problematic or heretical.[20] Within Ghanaian Pentecostal theology, there is a prevailing belief that individuals with greater faith are more likely to receive healing promptly, while those perceived to lack faith may not. Consequently, when healing or miracles fail to manifest, responsibility is frequently ascribed to the supplicant rather than the minister or spiritual leader. However, Amevenku challenges this notion by invoking the theology of Apostle James on faith healing. According to Amevenku, James' epistle teaches that effective prayer for healing requires mutual faith; the faith of the one offering the prayer and that of the one receiving it are essential for divine intervention.[21]

This perspective, which emphasizes personal faith as a prerequisite for healing, has had significant pastoral and psychological implications. Many supplicants, when healing is not realized, experience emotional distress, feelings of inadequacy, humiliation, and, in some cases, trauma.[22] These negative experiences can contribute to the development of an inferiority complex, with some individuals choosing to withdraw from religious communities altogether.[23] Onyinah asserts that while Scripture encourages supplicants to exercise faith, faith is not the sole determinant for healing outcomes.

[19] Mika Vähäkangas, "The Prosperity Gospel in the African Diaspora," *Exchange* 44, no. 4 (2015): 353–80; doi:10.1163/1572543X-12341372. See, M. Ron, "Pentecostal Profits: The Prosperity Gospel in the Global South" (Master's thesis, University of Lethbridge, 2013), 18–19; Kolapo cations of some shifts in Nigeria's Pentecostal movement. Femi J. Kolapo, "Political Ramification of some Shifts in Nigeria's Pentecostal Movement," in A. Afolayan, O. Yacob-Haliso and T. Falola (eds.), *Pentecostalism and Politics in Africa, African Histories and Modernities* (Berlin: Springer, 2018), 249.

[20] Terris H. Neumann, "Cultic Origins of the Word-Faith Theology within the Charismatic Movement," *Pneuma* 12, no. 1 (1990): 32-55.

[21] Amevenku, "Faith Healing," 87-101.

[22] O. Onyinah "God's Grace, Healing and Suffering," *International Review of Mission* 95 (2009): 123-125.

[23] Onyinah, "God's Grace," 124.

This study examines the Pentecostal and Charismatic doctrines of faith healing within the Ghanaian context. It posits that many of these beliefs are rooted in African Traditional Religion (ATR) and African Initiated Churches (AICs) theological frameworks. It further offers a critical analysis of the Gospel of John, particularly Jesus' posture toward faith healing and his engagement with those who sought healing. The focus will be on John 11:30-52, a passage selected for its thematic relevance to prevailing healing practises and beliefs among Ghanaian Pentecostal and Charismatic communities. The study adopts phenomenological and ethnomethodological approaches to provide insight into how individuals construct meaning from their experiences of healing and faith, free from external theoretical impositions.[24] These methodologies are particularly useful in illuminating the lived religious experiences of supplicants and ministers alike.[25] The structure of the paper is as follows: first, it explores conceptions of faith healing within African Traditional Religion; second, it considers similar practises within African Initiated Churches; third, it investigates the beliefs and practises among Pentecostal and Charismatic Christians in Ghana. This is followed by an examination of the Johannine account of Jesus' attitude toward faith and healing, especially as illustrated in John 11:30-52. The implications of John chapter 11 for the Ghanaian faith healing context will be discussed. The study concludes with a synthesis of findings and theological reflections on the implications of the Ghanaian faith healing context in light of the Gospel of John.

Faith Healing among African Traditional Religion Adherents

In the Ghanaian context, traditional African healers are key practitioners of faith healing, offering therapeutic interventions through prayer and religious beliefs. Within African Traditional Religion (ATR), these healers include priests, priestesses, diviners, and traditional medicine practitioners.[26] Their healing methods are fundamentally spiritual, involving communication with metaphysical

[24] Mary Warnock, *Existentialism* (London: Oxford University Press, 1970).
[25] Horace B. English and A. C. English, *A Comprehensive Dictionary of Psychological and Psychoanalytic Terms* (London: Longman, 1958).
[26] P. White, "The Concept of Diseases and Health in African Traditional Religion in Ghana." *HTS* 71, no. 3 (2015); http://dx.doi.org/10.4102/HTS.V71I3.2762. See, S.B. Akakpo, "The State

entities such as God, deities, ancestors, and, at times, malevolent spirits.[27]

While it is widely believed that God is the ultimate source of healing, divine power is accessed through intermediaries, gods, spirits, and herbal remedies, with the assistance of ritual specialists such as priests or diviners. The healing process typically involves ritual acts including prayer, sacrifices, libation pouring, chanting, drumming, singing, and dancing. Supplicants are often questioned about their belief in the healing powers of the gods, and their trust is considered essential to the efficacy of the healing ritual. Healers may also recommend behavioural modifications, including the avoidance of specific foods and drinks, or the use of herbal medications and ointments, depending on the nature of the ailment.[28]

Traditional healers in Ghana are generally categorized into three broad groups based on their approach to diagnosis and treatment. The first group comprises healers who adopt a magico-religious framework.[29] This group includes priests, priestesses, diviners, spiritualists, and other spiritual healers who attribute illness primarily to spiritual causes—emanating from God, gods, or ancestral spirits—and therefore believe that healing must be achieved through spiritual means alone.[30] Diviners in this group typically consult the spirit world to diagnose afflictions and prescribe appropriate ritual or symbolic remedies, which may be complemented by physical elements.[31] The second category includes healers who

---

of Practice of African Traditional Medicine among the Ewe of Ghana: Contemporary Challenges and Prospects," *E-Journal of Humanities, Arts and Social Sciences* 3 (2022): 442; https://doi.org/10.38159/ehass.20223102; E.D. Essien, "Healing and Transcendence in African Religion." *International Review of Missions,* 102 (2013): 236–248; https://doi.org/10.1111/irom.12027

[27] E. Obinna, "Life is a Superior to Wealth?: Indigenous Healers in an African Community, Amariri, Nigeria," in *African Traditions in the Study of Religion in Africa*, ed. E. Obinna (New York: Routledge, 2012), 137–139; See G. Kgwatalala, "Health Seeking Behaviour among the people of African Gospel Church in Gaborone, Botswana." (Thesis submitted to the Department of Missiology, University of South African, 2006), https://uir.unisa.ac.za/bitstream/handle/10500/1555/ 02chapter2.pdf?sequence=2; Essien, "Healing," 237.

[28] Essien, "Healing," 237-248.

[29] P. Mondal and A. Das, "Health, Illness, and Healing: An Overview in Medical Anthropology," *Am J Ethnomed* 9 (2022): 69.

[30] White, "Diseases," 1-7; P. Osakwe, *African Traditional Religion and Western Interventions*, (Enugu: Desmond Publications, 1987), 77; Essien, "Healing," 244.

[31] K. B. Barimah, "Traditional Healers In Ghana: So Near to the People, Yet so Far Away From Basic Health Care System," *Tang Humanitas Medicine*, 6, no. 2 (2016): 1; See J. Amzat and A.

primarily use phytotherapy and other natural substances, often within a framework that incorporates empirical observations and "scientific" methodologies.[32] This group consists of herbalists, traditional birth attendants, circumcisers, and bone setters, who emphasise the medicinal value of herbs. While acknowledging spiritual dimensions of illness, they focus more heavily on physical interventions and remedies.[33] The third category represents a syncretic approach, combining spiritual and herbal methodologies.[34] Healers in this group utilize spiritual diagnoses and herbal prescriptions, reflecting a dual understanding of disease causality as physical and spiritual. These healers maintain that while healing ultimately comes from spiritual sources, herbal agents can serve as conduits for divine power.[35]

Importantly, when healing is not achieved, traditional belief systems do not attribute failure to the gods or spirits, whose power is considered infallible. Instead, responsibility is often shifted to human error—either on the part of the supplicant or, less frequently, the practitioner. Such dynamics can leave the afflicted feeling anxious, depressed, or stigmatized, particularly when their faith or ritual compliance is perceived to be inadequate. Similar epistemological frameworks are found in many African Initiated Churches, which blend ATR elements with Christian theology, further reinforcing these perspectives on illness and healing.

Faith Healing among African Independent Churches (AICs)

African Initiated Churches (AICs) emerged primarily as a response to the limitations of mission churches, particularly in addressing

A. Abdullahi, "Roles of Traditional Healers in the Fight against HIV/AIDS," *Ethno Med.* 2 (2008): 153-159.

[32] B. Miller, *Cultural Anthropology*, 8th ed. (New Delhi, PHI Learning, 2011); A. Petryna, L. Andrew and K. Arthur (eds.), *Global Pharmaceuticals: Ethics, Markets, Practices* (Durham - London: Duke University Press, 2007), 418–420.

[33] I. Idowu, *African Traditional Religion: A Definition* (London: SCM Press. 1976), 49; S. Pyne, "Implications for the Use of Indigenous Arts in the Therapeutic Practices of Traditional Priests and Priestesses of Asante Ghana" (Doctoral Thesis, Kwame Nkrumah University of Science and Technology, 2009).

[34] M. E. Addy, *Putting Science into the Art of Healing with Herbs* (Accra: Ghana University Press, 2003).

[35] Idowu, *African Traditional Religions*, 49.

the spiritual needs of African converts.[36] These churches, often founded by individuals who separated from mission churches in pursuit of a more spiritually vibrant and culturally resonant form of Christianity, are referred to by various names depending on their regional contexts: African Initiated Churches, African Independent Churches, or African Indigenous Churches. While these terminological distinctions point to nuanced differences, they broadly represent churches initiated and governed by Africans, with distinct theological and liturgical expressions. Allan Anderson has observed the complexity of generalizing AICs due to their diversity. He has suggested that these churches may be understood as "African Pentecostals," noting their emphasis on the work of the Holy Spirit.[37] However, this classification remains contested. In the Ghanaian context, for instance, AICs are typically categorized as "Spiritual Churches" (*gborgborme tortsiwo* in Ewe and *sumsum sore* in Akan).[38] They are distinguished from classical Pentecostal churches by their limited emphasis on manifestations of the Holy Spirit. Unlike Pentecostal churches in Ghana, which actively encourage and expect various spiritual manifestations, AICs generally do not seek or prioritize such experiences.[39] Thus, the blanket classification of AICs as Pentecostal may not adequately reflect the theological and liturgical particularities found within the Ghanaian expression of these movements.

A central motivation for forming AICs was the need to address spiritual deficiencies perceived in the mission churches, particularly regarding fervent prayer, healing, and deliverance.[40] These churches responded to the existential concerns of their members by providing spiritual solutions that were absent in the more formalized and liturgically rigid structures of the mission denominations.[41] Many individuals migrated from mission churches to AICs

[36] A. K. Opoku, "Traditional Religious Beliefs and Spiritual Churches in Ghana: A Preliminary Statement," *Research Review* 4, no. 2 (1968): 47–60.
[37] Anderson, *Pentecostal Approaches*, 523-525.
[38] Opoku Onyinah, "Matthew Speaks To Ghanaian Healing Situations," *Journal of Pentecostal Theology* 10, 1 (2001): 121-125; https://doi.org/10.1177/096673690101000107
[39] J. Kwabena Asamoah-Gyadu, *African Charismatics Current Developments within Independent Indigenous* Pentecostalism in Ghana (Boston - Leiden: Brill, 2005).
[40] Opoku, "Traditional," 53.
[41] C. Omenyo, *Pentecost Outside Pentecostalism: A Study of the Development of Charismatic Renewal in the Mainline Churches in Ghana* (Zoetermeer: Boeken Centrum Publishing House,

due to a perceived lack of spiritual vitality and an inadequate response to local spiritual realities.[42]

Furthermore, non-Christians found the worship atmosphere in AICs more culturally familiar and emotionally engaging, characterized by drumming, dancing, singing, and clapping.[43] Nonetheless, some internal differences exist. For example, the Kimbanguist Church prohibits all forms of dancing, viewing them as sinful. In alignment with traditional African religious cosmologies, leaders of AICs often interpret illness as having spiritual causes.[44] Consequently, healing is approached from a spiritual perspective regardless of the biomedical diagnosis.[45] Some founders of AICs attribute sickness directly to sin, reinforcing the practise of confession as a prerequisite for healing.[46] The underlying theological rationale here is that sickness can result from moral or spiritual failings; thus, repentance is viewed as an integral part of the healing process. Healing rituals typically involve prayer, fasting, and the use of sacramental symbols believed to mediate the power of the Holy Spirit.[47] Although leaders of AICs affirm that God is the ultimate source of healing, they emphasize that faith is necessary for receiving divine intervention.[48] Within the Aladura tradition, for example, healing practises include belief in God, faith in Jesus Christ as Lord and Savior, positive confession of divine promises, repentance from sin, renunciation of ancestral covenants, and persistent prayer.[49] These practises highlight the moral and spiritual dimensions that underpin the healing theology of AICs. Importantly,

2006), 75; A. Atiemo, *The Rise of Charismatic Movement in the Mainline Churches* (Accra: Asempa Publishers, 1993),16.

[42] N. A. Kpobi, *Mission in Ghana: The Ecumenical Heritage* (Accra: Asempa Publications, 2008), 96; E. K. Sarbah, "Migration from Historic Mission Churches to Pentecostal Churches in Ghana" (PhD thesis, Submitted to the Department of Science of Religion and Missiology, University of Pretoria, 2020).

[43] Opoku, "Traditional," 53.

[44] Opoku, "Traditional," 54.

[45] Opoku, "Traditional," 53-54.

[46] U. R. Onunwa, "Healing Ministry in the Traditional Religion," in *Studies in Igbo Traditional Religion*, ed. U. R. Onunwa and Anambra Uruowulu-Obosi (Uruowulu-Obosi: Pacific Publishers, 1990); C. O. Oshun, "The Christ Apostolic Church of Nigeria" (PhD Thesis, Faculty of Theology, University of Exeter, 1981).

[47] J. Da Silva, "African Independent Churches Origin and Development," *Anthropos* 88, no. 4 (1993): 393-402.

[48] C. O. Oshun, "Healing Practices among Aladura Pentecostals: An Intercultural Study," *Missionalia* 28, no. 2-3 (2000): 246.

[49] Oshun, "Healing," 247.

members are often prohibited from seeking healing through Western biomedical systems or traditional faith healers, reflecting a strong exclusivist stance on the source of legitimate healing.[50]

In these churches, the effectiveness of healing is believed to depend not only on the faith of the spiritual leader but also on the supplicant's own faith and moral standing. As Oshun has argued, spiritual leaders are understood to possess divine endowments that enable them to heal, underscoring the perceived charismatic authority these leaders hold within their communities.[51] Despite criticisms directed at some of their theological or ritual practises, AICs continue to attract individuals seeking healing, particularly in cases where biomedical approaches have proven ineffective.[52] Their appeal lies in their ability to offer a holistic approach to healing that resonates with the lived realities of their adherents. It is also worth noting that elements of AIC theology and practise may have influenced the development of Pentecostalism in Ghana.[53] Some Pentecostal and Charismatic leaders have historical and theological roots in AICs, suggesting a degree of continuity and mutual influence between the two traditions.[54] The following section will examine the faith healing beliefs and practises of Pentecostal and Charismatic churches in Ghana, situating them within this broader religious landscape.

Faith Healing among Pentecostals and Charismatics

Pentecostal and Charismatic churches represent a distinct strand of Christianity characterized by a strong emphasis on the presence, personality, and power of the Holy Spirit. Central to their theology is the experience of salvation and the transformative work of the Spirit in the believer's life. This transformation is evidenced through the demonstration of spiritual gifts, which include healing, miracles, prophecy, speaking in tongues, and faith (1 Cor 12:4-

[50] Da Silva, "African Independent Churches," 396.
[51] Oshun, "Healing," 258.
[52] Da Silva, "African Independent Churches," 400.
[53] Omenyo, *Pentecost Outside Pentecostalism*, 58-60.
[54] Atiemo, *Rise of Charismatic Movement*, 16-20.

11).[55] These manifestations are not restricted to pastors or designated leaders; they are believed to be available to all who have undergone a spiritual rebirth, or what is commonly called 'born again.' Consequently, it is taught that every believer is endowed with at least one spiritual gift and has the potential to exercise the power of the Holy Spirit in their Christian journey. The belief that "the Holy Spirit distributes spiritual gifts to each member of the body of Christ according to His will" (1 Cor. 12:4, 11) is a core doctrinal position intentionally emphasized in Pentecostal and Charismatic preaching and teaching. Believers are encouraged to utilize their spiritual authority, which is understood to be received through Christ and activated by the Holy Spirit.[56] Several healing methods are practiced within this broader pneumatological framework, including biomedical healing, herbal medicine, and faith-based or divine healing. This paper, however, focuses specifically on the latter, which remains one of the most prominent and distinctive expressions of Pentecostal and Charismatic spirituality.[57]

Certain Pentecostal and Charismatic denominations in Ghana adopt a strict faith-based approach to healing, often rejecting biomedical interventions altogether.[58] In these contexts, believers are taught to rely solely on prayer and other spiritual rituals, such as fasting, applying anointing oil, using holy water, and seed sowing, instead of seeking medical treatment.[59] As Allan Anderson notes, adherents who reject medical treatment do so "because of their faith in God's healing power," which is believed to operate directly and independently of human intervention.[60] For example, the 'First Century Gospel Church' in James Town, Accra, and the 'Christ

[55] J. Kwabena Asamoah-Gyadu, *Contemporary Pentecostal Christianity: Interpretations from an African context* (Oxford: Regnum International - Akropong-Akuapem: Regnum Africa, 2013), 80–81.
[56] Asamoah-Gyadu, *Contemporary Pentecostal Christianity*, 12.
[57] L. Togarasei, et. al. "Christian Medical Mission from the Perspective of Batswana Faith Healers." *International Bulletin of Mission Research* 45, no. 2 (2021): 145-156; https://doi.org/ 10.1177/ 2396939320951567.
[58] Anderson, "Pentecostal Approaches," 523-525.
[59] F. Nkomazana and A. Tabalaka, "Aspects of Healing Practices and Methods among Pentecostals in Botswana, Part 1," *Boleswa Journal of Theology, Religion & Philosophy* 2, no. 3 (2009): 137–159; Seed sowing is an amount of money given to the pastor/preacher to open the door to the blessing (miracle/healing) they seek from God. Asamoah-Gyadu, *Contemporary Pentecostal Christianity*, 80-81 calls it "transactional giving," like the prophetic offering in the Old Testament.
[60] Anderson, "Pentecostal Approaches," 523-525.

Apostolic Faith Church' in Ho prohibit their members from using medicine or undergoing vaccinations as part of their healing practise.[61] Another widespread form of faith healing among Pentecostals and Charismatics is prophetic healing[62]. In this method, the pastor or prophet combines revelatory gifts such as visions or words of knowledge with a word of command, typically directed against a perceived source of illness or demonic oppression. The illness is believed to be divinely revealed to the minister, who then utters a word of command in the name of Jesus for the sickness or malevolent spirit to depart. In Ghana, charismatic figures such as Pastor Eastwood Anaba and Prophet Atsu Manasseh are widely recognized for their prophetic healing ministries.[63]

A further notable method is positive confession.[64] In this practise, supplicants are provided with specific Biblical texts that proclaim divine promises regarding health and healing. They are encouraged to confess these verses regularly and in faith, trusting that God's healing power will eventually manifest, regardless of the ongoing physical symptoms.[65] Examples of these confessions include: "Let the weak say I am strong; therefore, I am strong," "I am healed and cannot be sick," "Sickness is not my portion; my portion is divine health in Christ," "I claim my healing in Christ right now," and "There is no sickness in Christ; therefore, sickness cannot dwell in my body."[66] A critical dimension of this method is the elevation of faith as the principal catalyst for healing, sometimes even above the will or grace of God.[67] In such contexts, faith becomes a "manipulating force" through which believers are taught to access divine power.[68] As Bowler observes, "The strength of faith is measured by results," which implies that those who receive healing are

[61] K. Quashigah, "Religion and the Secular State in Ghana," in *Religion and the Secular State*, ed. Javier Martinez-Torron and W. Cole Durham Jr. (Madrid: International Centre for Law and Religion Studies XVIII, Complutense Universidad de Madrid, 2015): 331–340.
[62] Ayivor, "Metamorphosis of Healing," 1-15.
[63] Ayivor, "Metamorphosis of Healing," 1-15.
[64] Ayivor, "Metamorphosis of Healing," 1-15.
[65] Neumann, "Cultic Origins," 32-55; Dayton, *Theological Root*.
[66] Ayivor, "Metamorphosis of Healing," 4.
[67] Anderson, *Pentecostal Approaches,* 529.
[68] Bowler, "Blessed Bodies," 88-90; Anderson, *Pentecostal Approaches,* 529.

viewed as possessing greater faith, while those who do not are often seen as lacking it.[69] This interpretation can have deleterious effects on supplicants, fostering feelings of spiritual inadequacy or inferiority when healing does not occur.[70] Conversely, pastors and prophets who are perceived to perform healings are celebrated as spiritually powerful and are often called "big men or women of God."[71] Their reputations are elevated within ecclesiastical and social circles, reinforcing hierarchical structures within the Pentecostal and Charismatic communities.

Another method of faith healing commonly practised is proxy healing.[72] In this approach, the minister intercedes for the supplicant from a distance, typically through broadcast media such as television or radio. The power of the Holy Spirit is believed to transcend physical barriers, enabling supplicants to receive healing while connected to the broadcast from their homes.[73] Participants in these media-based healing services are often instructed to engage in symbolic acts of faith, referred to in Akan as *akwankyerɛ* or "spiritual direction."[74] De Witte notes that such acts may include touching a television or radio set, drinking a glass of water, or performing other prophetic instructions to demonstrate faith.[75] These actions are believed to serve as tangible expressions of belief that activate divine intervention.

These various expressions of faith healing reflect a robust and dynamic theology of divine intervention that permeates Ghanaian Pentecostal and Charismatic practise. While offering spiritual and emotional support for many believers, these practises also raise critical theological and pastoral questions, particularly regarding

[69] Bowler, "Blessed Bodies," 88-90.
[70] Onyinah, "God's Grace," 124.
[71] Asonzeh Ukah, *Sacred Surplus and Pentecostal Too-Muchness. The Salvation Economy of African Megachurches* (Leiden: Brill, 2020), 332.
[72] Ayivor, "Metamorphosis of Healing," 1-15.
[73] M. De Witte, "Accra's Sounds and Sacred Spaces," *International Journal of Urban and Regional Research* 32, no. 2 (2008): 690–709.
[74] J. Foskett and E. Lartey, *Spirituality and Culture in Pastoral Care and Counselling: Voices from Different Context* (Fairwater: Cardiff Academic Press, 2004), 125–129.
[75] M. De Witte, "Electric Touch Machine Miracle: Body, Technology, and the (Dis)authentication of the Pentecostal Supernatural," in *Deus in Machina Religion, Technology, and the Things in Between*, ed. Jeremy Stolow (New York: Fordham University Press, 2013), 61-82.

the relationship between faith, healing outcomes, and individual responsibility.

John's View on Jesus' Attitude Towards Faith Healing (John 11)

The pericope of John 11:30-52 is situated between two significant narrative moments: Jesus' self-revelation as the promised Messiah to the Jewish audience in John 10 and his triumphal entry into Jerusalem in John 12, which initiates His passion. Within this framework, the Gospel of John presents Jesus' healing ministry as deeply characterized by sympathy, empathy, and compassion. These attributes serve as core motivations for His miracles and acts of healing. This is poignantly illustrated in John 11:33-35, where Jesus is visibly moved by the grief of Mary and the others mourning Lazarus, culminating in the profound verse, "Jesus wept." Such emotional engagement aligns with the broader theological assertion in Heb. 4:15, that Jesus Christ can "sympathize with our weaknesses."[76]

The Johannine account suggests that healing and miracles frequently involve the cooperation of human action with divine initiative. This concept is evident in John 11:39 and 11:44, where the removal of the stone from Lazarus' tomb and unbinding his grave clothes necessitate human participation. Divine power is thus seen as being activated or facilitated through human obedience to Jesus' instructions. This pattern is consistent with broader biblical motifs in which divine miracles are performed through individuals who act on God's directives. For instance, the ministries of Elijah and Elisha are replete with instances where miracles were contingent upon obedience to prophetic instruction. Similarly, in John 2:1-11, the miracle at Cana required the cooperation of servants who filled the jars with water. In John 6:1-11, the disciples assisted Jesus in distributing the multiplied loaves and fish to the multitude.

Furthermore, the Gospel of John underscores the pivotal role of faith in relation to healing and miracles. In John 11, the theme of

[76] J. Woolmer, *Healing and Deliverance* (London: Monarch Books, 1999), 81–83; Onyinah, "Matthew," 135.

belief is especially prominent, occurring multiple times in connection with the revelation of God's glory (cf. John 11:14, 25, 26, 40). In verse 40, Jesus asserts: "Did I not tell you that if you believe, you will see the glory of God?" Faith, therefore, functions as a conduit through which divine glory is perceived and experienced. Nevertheless, John's Gospel also presents a nuanced understanding of faith. While belief enhances receptivity to divine acts, it is not always presented as a necessary precondition for healing or miracles.

In several instances, Jesus performs miracles without any explicit expression of faith from the recipients or their representatives.[77] For example, in John 4:49-54, the healing of the royal official's son is granted before the official fully expresses belief. Similarly, in 5:1-9 and 6:1-12, miracles occur in contexts where faith is not explicitly mentioned or demonstrated.

These accounts suggest that faith often correlates with healing and miracles, but it is not an absolute requirement. As the Gospel narrative unfolds, faith is sometimes the result, rather than the precondition, of Jesus' miraculous interventions.[78] Dickinson affirms this perspective, observing that, "even though there is a reference to one occasion where Jesus could not do mighty works in his hometown, there is no other reference where someone's failure to be healed or receive a miracle is attributed to their lack of faith, in nature or degree."[79] In the Johannine context, the miracles of Jesus serve a dual purpose: they address immediate human needs and simultaneously function as signs intended to elicit or deepen faith in him as the Messiah (John 4:48; 5:36; 10:25, 37–38; 14:11; 11:42). The strategic placement of these signs in the narrative underscores Jesus' identity and mission, revealing the inbreaking of God's kingdom through his person and work.[80]

[77] Onyinah, "Matthew," 133.
[78] Onyinah, "Matthew," 133.
[79] R. Dickinson, *Does God Heal Today: Pastoral Principles and Practices of Faith-Healing* (Carlisle: Paternoster Press, 1995), 14.
[80] C. Blomberg, "Healing," in *Jesus and the Gospels*, ed. J. Green, S. McKnight and I. Marshall (Leicester: InterVarsity Press, 2013), 301; Michael L. Brown, *Israel's Divine Healer* (Grand Rapids: Zondervan, 1995), 215-16; Robert H. Gundry, *Matthew: A Commentary on His Literary and Theological Art* (Grand Rapids, MI: Eerdmans, 1982), 176-77.

Even Jesus' opponents acknowledged the impact of his healing ministry on public belief. In John 11:47-48, the chief priests and Pharisees express concern that "if we let him go on like this, everyone will believe in him." This acknowledgment, albeit negative in tone, underscores the persuasive power of Jesus' miracles. Nevertheless, not all responses to his miracles were positive. As John 11:46-53 indicates, some witnesses reported Jesus' actions to the authorities, prompting further opposition and ultimately contributing to the plot against His life.

John also emphasizes the centrality of prayer in Jesus' healing ministry. In John 11:41-43, Jesus prays before calling Lazarus from the tomb, publicly affirming His dependence on the Father. This moment reflects the intimacy of Jesus' relationship with God and the divine origin of his miraculous works. Jesus' prayer explicitly acknowledges that he always receives answers from the Father, glorifies God, and reinforces his identity as the sent One (John 12:49-50; 14:10-11). These passages collectively emphasize that healing and miracles occur by divine will alone, reinforcing the sovereignty of God in the exercise of divine power.

In conclusion, the Gospel of John presents Jesus' healing ministry as a multifaceted expression of divine compassion, power, and purpose. While faith often facilitates the experience of healing and reveals the glory of God, it is not invariably required for divine intervention. Rather, Jesus' miracles indicate his Messianic identity and the establishment of God's kingdom. The Johannine emphasis on faith, divine sovereignty, human cooperation, and prayer offers a rich theological framework for understanding faith healing, proving particularly relevant in contextualizing healing practises within Ghanaian Christians.

Implications of John 11 for the Ghanaian Faith Healing Context

Causes of illness

Within Ghanaian Pentecostal and Charismatic contexts, 'consultation,' where ministers inquire into the causes of illness or perceived demonic affliction, is a widely observed ritual.[81] This practise draws on indigenous African religious traditions, notably *abisa* among the Akan and *nutabiabia* among the Ewe, which involve spiritual discernment through divination to diagnose affliction.[82] In its Christian adaptation, consultation is a spiritual diagnosis that guides the intervention or prayer. While this diagnostic approach has become integral to mystical Christianity in Ghana, concerns have arisen over the ethical implications of public disclosures during such sessions.[83] Specifically, some Pentecostal and Charismatic ministers reveal sensitive personal information purportedly received through prophetic insight or "word of knowledge" without consideration for the emotional or psychological consequences.[84] These disclosures, often made in congregational settings, have been reported to cause emotional distress, stigmatization, and in extreme cases, contribute to psychological trauma or even death.[85] This is inconsistent with the model presented in the Gospel of John (John 9:1-11; 5:1-11; 11:11), where Jesus, though aware of the origins of individuals' conditions, consistently prioritized restoration over public exposition. Ethical, prophetic ministry necessitates a framework of discretion and pastoral sensitivity. The Apostle Paul's instruction in 1 Cor. 14:32, that "the spirits of prophets are subject to prophets" emphasizes self-regulation in exercising spiritual gifts. Thus, Ghanaian Pentecostal and Charismatic leaders are urged to embody a more measured and compassionate approach to healing ministry, ensuring that the dignity and confidentiality of individuals are preserved in religious practise.

[81] Francis Benyah, "Appropriation and Contestation of Akan Traditional Healing Approaches in the Healing of Mentally Ill Patients at Prayer Camps in Ghana," *Exchange* 53 (2024) 130-155.
[82] Benyah, "Appropriation," 130-155.
[83] Onyinah, "Matthew," 137.
[84] Onyinah, "Matthew," 137.
[85] Onyinah, "Matthew," 137.

Faith as a Prerequisite for Healing

In Ghanaian Pentecostal and Charismatic circles, the notion that faith is an essential precondition for experiencing healing or miracles remains a widely held theological and pastoral assumption.[86] The absence of such manifestations is frequently attributed to an individual's lack of faith.[87] This interpretative framework, however, warrants critical re-examination. The Gospel of John presents a more nuanced understanding of the relationship between faith and healing. While faith is sometimes highlighted as a contributing factor (John 11:25-44), it is not uniformly depicted as a prerequisite for the miraculous.

Jesus' interactions, particularly in healing narratives, reflect a broader theological dynamic wherein both the faith of the healer and the recipient may play a role (see James 5:14-16). The case of Lazarus illustrates that Jesus not only encouraged faith in Mary and Martha but also operated within a divine framework where God's power was central to the miracle. This suggests that faith, when present, functions cooperatively rather than unilaterally, and its absence does not necessarily negate the possibility of divine intervention.[88]

Moreover, there are several instances in the Johannine text and other synoptic accounts where Jesus performs miracles independently of any explicit faith from the recipients (John 5:1-9; Luke 7:11-17). These examples challenge rigid theological models that place the burden of outcomes solely on the individual seeking healing. Instead, they highlight the primacy of divine sovereignty in determining when and how healing occurs. Accordingly, pastoral approaches that attribute the failure of healing to insufficient faith risk fostering psychological distress and theological confusion. A more balanced and biblically informed perspective recognizes that while faith may facilitate healing, God's will govern the occurrence of the miraculous.

[86] Onyinah, "God's Grace," 124.
[87] Onyinah, "God's Grace," 124.
[88] Onyinah, "God's Grace," 123-125.

Self-glorification, Self-exaltation, and Self-acclamation

The Gospel of John consistently presents Jesus as a humble agent of divine action, attributing his works to God's will and power rather than personal capability (John 5:19-23, 30; 9:3; 11:4). This Christological model emphasizes divine mediation and humility in ministry. In contrast, a significant segment of Ghanaian Pentecostal and Charismatic preachers emphasizes personal spiritual authority, often drawing attention to themselves as "powerful men or women of God."[89] This self-ascription of power and the public perception of such individuals as highly anointed frequently overshadows the theocentric orientation modelled by Jesus. Parallel patterns can be observed within traditional African healing systems, where practitioners who demonstrate a high frequency of healing successes are viewed as possessing exceptional spiritual potency. This perception is similarly extended to Christian faith healers, whose apparent effectiveness in delivering miracles elevates their status and draws significant followings.[90]

The result is an emergent competition for spiritual prestige and public recognition among religious leaders, leading to a performative dimension in healing ministries prioritizing fame and perceived power.[91] This dynamic stands in tension with the Johannine portrayal of Jesus, who, despite his divine identity, consistently redirected acclaim to God and cultivated a dependency on divine will rather than personal charisma. The implications for contemporary Christian ministry in Ghana are significant: adopting a Christocentric model rooted in humility and divine dependence may counter the performative and competitive tendencies currently observed in some charismatic circles.

Prayer, Healing, and God's Will (God's Sovereignty)

The Gospel of John highlights two fundamental dimensions of Jesus' healing and miracle ministry: a commitment to prayer and a

[89] Ukah, "Sacred Surplus," 331.
[90] See J. Kwabena Asamoah-Gyadu, "Doing Greater Things: Mega Church as an African Phenomenon," in *A Moving Faith: Mega Churches Go South*, ed. J. D. James (London: Sage Publications, 2015), 43-61.
[91] Ukah, "Sacred Surplus," 331.

consistent alignment with the will of God. Jesus is depicted as acting only by divine instruction, explicitly stating that he does nothing on his own but only what he sees the Father doing (John 5:17, 19, 30; 12:49-50). In Lazarus's resurrection (John 11:42), Jesus demonstrates prayerful dependence and confident knowledge of divine approval, underscoring that his actions are rooted in God's will rather than independent initiative.

Hagin interprets 1 John 5:14-15 as affirming that believers' prayers are heard and answered when offered in accordance with God's will.[92] This theological insight has implications for Ghanaian Pentecostal and Charismatic ministry, particularly concerning healing and miracle practises. Rather than attributing the absence of healing outcomes solely to the lack of faith among recipients, ministers might consider the possibility that unanswered prayers reflect a disjunction from divine will or an absence of divine sanction.[93] This perspective invites a more introspective approach, where the focus shifts from assigning blame to cultivating spiritual discernment and effective intercession. Jesus' interaction with Martha and Mary (John 11:21-26, 42) exemplifies a pastoral model in which faith is encouraged through engagement with divine promises, rather than enforced through pressure or condemnation. Emulating this model could foster a more compassionate and theologically grounded healing ministry within the Ghanaian Pentecostal and Charismatic context.

Love and Compassion

As the Gospels portray, Jesus' healing and miracle ministry is consistently characterized by profound love and compassion.[94] Onyinah emphasizes that Jesus demonstrated a deep concern for addressing the needs of others, often to the extent of inconveniencing himself to provide relief and healing.[95] He further contends that since sickness will persist until the *parousia* (second coming of Christ), Jesus expects his followers to respond to human suffering

[92] Kennet Hagin, *The Will of God in Prayer* (Broken Arrow, OK: Faith Library Publications, Incorporated, 2003), 1-64.
[93] See, Onyinah, "God's Grace," 123-125.
[94] Woolmer, *Deliverance*, 81-83.
[95] Onyinah, "Matthew," 135.

with acts of kindness and compassion.[96] In the Ghanaian socio-religious context, illness is frequently interpreted not merely as a biological or physiological issue but as a manifestation of behavioural or spiritual disorder, with sin or disobedience often regarded as the underlying cause.[97] This perspective may lead to social stigma and a lack of empathetic response toward the sick, reinforcing marginalization and emotional distress among sufferers.[98] Contrary to this cultural interpretation, the healing narratives of Jesus, such as in Matt. 9:1-8, illustrate that he did not consistently link illness with personal sin, and instead extended grace and healing irrespective of perceived moral failings.[99]

This theological and ethical model has significant implications for contemporary Ghanaian Pentecostal and Charismatic practise. Emulating Jesus' compassionate engagement with the sick entails recognizing that not all afflictions result from spiritual transgression. It calls for a pastoral and theological approach rooted in love and self-sacrifice, even at personal cost. Scriptural imperatives such as 1 Pet. 4:8 and 2 Cor. 5:14 suggest that love should guide the Christian response to human frailty, transcending judgment and embodying the redemptive care exemplified in Jesus' ministry.

Salvation

In the Gospel of John, the healing and miracle narratives function as signs pointing to the salvific mission of Jesus Christ. These acts are not presented as ends but as means to reveal Jesus as the Messiah and elicit faith in him as the source of eternal life (John 11:21-27).[100] Jesus' conversation with Martha underscores this theological emphasis, linking the resurrection and the life he offers to belief in his messianic identity. Thus, Johannine theology situates healing

[96] Onyinah, "Matthew," 135.
[97] L.T. Adeoye, "Patterns of Psychiatric Care in Developing African Countries," in *Magic, Faith, and Healing*, ed. Ari Kiev (New York: The Free Press, 1964), 446; L. Magesa, *African Religion: The Moral Traditions of Abundant Life* (New York: Orbis Books. Maryknoll, 1997), 5, 149; N. Darko, "Ghanaian Indigenous Health Practices: The Use of Herbs" (Master's Thesis, Department of Sociology and Equity Studies in Education, University of Toronto, 2009), 77; Akakpo, "Practices," 439.
[98] See Onyinah, "God's Grace," 123-125.
[99] Onyinah, "Matthew," 136.
[100] See Chris Gousmett, "Miracles: Signs of the Kingdom Coming," September 16, 2016: http://www. freewebs. com/reformational/Miracles as signs of the kingdom. Pdf.

and miracles within the broader eschatological framework of salvation, rather than as mere demonstrations of power or mechanisms for social prestige. However, in the Ghanaian Pentecostal and Charismatic context, healing and miracle practises are frequently decoupled from this soteriological orientation.[101] While significant emphasis is placed on supernatural manifestations, there is often a lack of corresponding emphasis on faith in Christ as the foundation of eternal salvation. This divergence has contributed to commodifying healing practises, where some ministers charge fees for healing prayers or require monetary offerings as a precondition for spiritual services. Such practises risk transforming the healing ministry into a transactional enterprise, potentially exploiting vulnerable individuals seeking relief from suffering.

Although scriptural texts such as 1 Tim. 5:18 and Luke 10:7 affirm that those who labour in ministry deserve material support, the gospel of John positions salvation, rather than physical healing, as the ultimate purpose of Jesus' earthly mission (John 3:16-17). Therefore, theological and pastoral approaches to healing within the Ghanaian context should seek to realign with this Johannine paradigm, emphasizing that faith in Jesus Christ leads to temporal relief and, more importantly, eternal life.

Conclusion

This article has explored the relationship between faith, healing, and miracles within the context of Johannine theology, particularly emphasizing the interplay between divine sovereignty and human belief. While faith is frequently associated with the reception of healing and miracles, the Gospel of John suggests that it is not solely the faith of the supplicant but a mutual faith, shared between the minister and the one seeking healing, that plays a role in the process. This view aligns with the epistle of James, which underscores the necessity of communal faith in the context of healing (James 5:14-16). However, Johannine texts also demonstrate that faith is not the definitive condition for divine intervention. Healing

[101] See Francis Benyah, "Commodification of the Gospel and the Socio-Economics of Neo-Pentecostal/Charismatic Christianity In Ghana," *Legon Journal of Humanities* 29, no. 2 (2018): 128.

can occur in the presence or absence of explicit faith, as it ultimately depends on the will of God. Accordingly, failure to receive healing or a miracle should not be interpreted as a lack of faith, either by the minister or the supplicant. Rather, such outcomes underscore the sovereign prerogative of God in determining when and how healing occurs. Not every instance of prayer results in physical restoration, and theological reflections on healing must avoid simplistic cause-and-effect frameworks that assign blame. In Johannine theology, answered prayer is predicated on alignment with divine will (John 11:42; 1 John 5:14-15), highlighting the importance of spiritual discernment in pastoral praxis. Moreover, healing and miracles in the Gospel of John are not ends in themselves but serve a signifying function, pointing toward Jesus as the Messiah who grants eternal life.

These acts are expressions of divine compassion rather than tools for personal aggrandizement. In light of this, preachers and church leaders are encouraged to model their healing practises on the example of Christ, prioritizing theological integrity, humility, and the ultimate goal of leading people to salvation. The redemptive mission of Jesus, as depicted in the Fourth Gospel, centres not merely on alleviating physical suffering but on offering eternal life to those who believe in him. Consequently, healing and miracle ministries should be situated within this broader soteriological framework, emphasizing salvation over spectacle.

Samora Harry Ayivor

samoraayivor@gmail.com
Department of Practical Theology
Charles University
Czech Republic