

**WHOLENESS AND HEALING IN COMMUNITY:
TOWARD UNDERSTANDING EFFECTIVE AFRICAN
CHURCH INTERVENTIONS FOLLOWING COMMUNITY
VIOLENCE**

by

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**Submitted in fulfillment for the degree of Philosophiae Doctor
(PhD) to the Faculty of Theology of the University of Pretoria,
Pretoria, South Africa.**

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June 2002



ABSTRACT

Wholeness and Healing In Community is a study that seeks to understand what are the effective interventions, which the African church has made and is able to make in bringing healing to a community gripped by violent conflict. In this study it is assumed that the church is an existent and potentially effective institution with infrastructure that stretches from the smallest community to an international web. In the midst of Africa's social, political, and economic turmoil there lie both causes and consequences, which are the brokenness of body and mind, emotions and choices. This woundedness, which is both individual and collective, needs to be made whole or the next generations are likely to continue a cycle of violence, hate and mistrust. The biblical concept of shalom is developed and used as the vision toward which interventions must attempt to move. The qualitative methodology and process of this work sought to not only study church interventions but to assist in the transformation of church leader thinking about their role.

This study has three primary strands: 1) the individual background and experiences of the researcher who has spent nearly thirty years in the midst of conflict on the African continent, 2) a literature review that surveys literature from several disciplines and, 3) a field research. The field research consisted in the filming (or securing already made films) of nine situations in which there was a claim made that community healing had either occurred or had been assisted through a specific set of interventions. The film from these nine situations in five countries (eight in Africa) were then edited into nine 15-30 minute film documentaries which were screened in their entirety to four different focus groups of African church leaders for their evaluation and reflection. Their evaluations are reported and evaluated in this study. In order to comprehend the study and its findings, it is strongly recommended that the films be viewed even though they are summarized here in written form.

A list of effective interventions is the outcome of this study. This is perhaps the most comprehensive listing of holistic healing interventions. A potential use for this catalogue is suggested. It is recommended for church leaders as well as Non Governmental Organizations, which seek to work in situations of violence on the African continent.

Dedication

Special thanks must be given to those who have helped make this study a reality. First to my wife Debbie who encouraged me to begin. She was joined by my colleagues at the Nairobi Evangelical Graduate School of Theology, all of whom encouraged me to keep on. To my promoter Dons Kritzinger and to friend Paul Heidebrecht go a special thanks for their special role in reading, critiquing and encouraging the completion.

But none of the research would have meaning without many on the continent of Africa who have entered my life and given me perspectives that could only come from people who have become culturally closer to me, and have shown me the hope of triumph in and through Christ.

It is to that hope of redemption made sure in the work of the Redeemer that this research is dedicated.

Karl Dortzbach

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1. CHAPTER ONE: BACKGROUND

In 1994, Jose Chipenda, General Secretary of the All Africa Conference of Churches, said:

“The eyes of Africa today are filled with tears. On the one hand, we look with joy at the wonderful display of democracy and peace in South Africa, but on the other hand, my dear African brothers, we are overwhelmed with anguish at the massacres and senseless violence in Rwanda, where we believe suffering on a magnitude the world has seldom seen is taking place in a situation where African countries and the international community appear both uncaring and impotent” (Jose Chipenda quoted in McCullum 1994: 65).

His words capture the angst of this study of joy and pain on the African continent. This study primarily looks at the aftermath of both the South African conflict with race, and the Great Lakes conflict of ethno-caste politics. It feels the joy of God's people reaching out to bind the brokenhearted, and the pain of recalcitrant churches. It pulses with the agony of continuing strife in nations, and the power of God's Kingdom that is “already, but not yet”.

This study is more than an encounter with people and pain. It is also a life journey in Africa with people in pain. I was introduced into the conflicts of the African continent in 1973, when my wife and I went to the then Eritrean province of Ethiopia. We lived through and worked in the famine of 1973-4, now recognized chiefly as a politically induced famine. We pled for food and treated and watched hundreds die. In 1974 the Eritrean Liberation Front entered the mission hospital where we worked and took hostage two nurses. Shortly after one was shot and the other pushed on a forced march and held for 26 days. As a young seminary student, I learned the process of hostage negotiation for my pregnant wife who was the one held hostage (Dortzbach 1975).

The life journey continued as I returned with my young family to Kenya in 1980 with a church mission agency. There I have often felt the pain of North American mission agencies making choices for Africa, leaving African leadership out of dialog, and of treating people as objects. In 1990 while working with the Christian health agency, MAP International, I assisted the Christian Health Association of Liberia to think through strategies for healing and reconciliation at that point in their civil wars. The pain and loss of those brothers, sisters, and children remain as scars on my soul. In 1994 Rwandese students entered my office in Nairobi and asked for assistance to reach their colleagues in ministry who were scattered in Rwanda, in Tanzanian and the Zairian camps. Three years of walking the road of pain with churches inside and outside Rwanda as they sought to

find and bring healing has brought this study to life.

The life journey, and this study, is not just about pain, it is also about joy. Joy is seeing wounded people live again, laughing and singing. Joy is watching pastors without financial or human support begin to minister the hope of Jesus Christ in the midst of urban slums. In one of the slum villages in Nairobi my son spent hours every week working with street boys while he was a high school student. My daughter helped a church begin a Sunday school ministry. Both were disciplined and encouraged by a pastor who might have led a much more economically prosperous congregation but sensed God's call on his life to bring transformation with the poor. Joy is meeting a pastor on his bicycle in the rain as he peddled to a distant camp to minister to angry and hopeless refugees. Joy is working with a team of Rwandese giving everything--time, money, security, and respect--to help their fellows find hope and healing in Jesus.

Those who have given of themselves in their journey gave to this researcher his Kinyarwanda name, Semahoro, The Father of Peace. Like many African names it is not a descriptor of accomplishments, but a challenge to be faithful to those who have gone before. In fulfillment of that challenge this study is to encourage and help those who labor to bring healing in a continent of pain. Those with whom I labored were linked into their communities—both their Rwandese community as well as local church fellowships in Kenya. They had come from a variety of church backgrounds—Roman Catholic, Anglican, Presbyterian, and Baptist. Though the church has often failed--whether a missionary-begun church, or an African Independent Church--there are many who labor faithfully. We want to see our communities of faith strengthened and become a part of the healing for wider communities. We long for and work for the healing of our lands and our nations. We long to see the Tree of Life with healing in its leaves, stream out life in a crystal river to the nations (Revelation 22:1-5).

1.1. An overview of this study

In the months between April and December 1994 there was much consternation in the Christian community about Rwanda, as there was about South Africa. The turmoil of peoples clashing along racial and tribal lines in these nations had very different implications. Apartheid in South Africa had been a long journey. Many calls for repentance and change had been issued both within the country and from outside, and those calls were starting to have an effect. Rwanda was different. Though its

history of violence was nearly as long as that of South Africa, the periods of engulfing violence in Rwanda that were not followed by much reflection or response by the church, had resulted in considerable confusion and ambiguity about the next step.

The Christian community spoke of the need for reconciliation. Ethnic and race violence had to end and reconciliation had to be pursued. That terminology was acceptable in South Africa. Liberation first, then reconciliation. Early focus on reconciliation was perhaps the primary reason why the term was acceptable. The sufferer—who was now victorious—was offering reconciliation. Not so in Rwanda. The victorious Rwandan Patriotic Front (RPF) had seen their people suffer. They had also created suffering. There was no interest in reconciliation with perpetrators of genocide; “justice” was their word.

The matter of reconciliation and justice must be seen from both perspectives. In April 1994 a group of Rwandese theology students who had been studying in Nairobi gathered in the offices of MAP International. They asked for assistance in helping their fellow clergymen to deal with the tragedy. Initial expressions by the Hutu present were reserved in wanting to use the language of reconciliation. Reconcile yes, but “justice must be done with the rebels who caused the mass panic”. Such was the view of those from the northern part of the country that had often felt the ravages of the RPF as it swooped down from its protected retreats in Uganda. True, many Tutsi were being killed, but it was “because of the Tutsi aggression”. Then it all changed, a few months later the “rebel RPF” became the government, and began to pursue the “murderers” who were all those who fled the country. They were not now ready to speak of reconciliation, but only of justice that had to be done to the violators of life. Now the Hutus began to speak clearly about the need for forgiveness.

The point is that reconciliation is often seen as a way in which those out of power gain power. Those in power must give it away. When power and control has been the central issue, it is not an easy thing to give away. For these reasons the idea of reconciliation was not acceptable terminology inside Rwanda (for the Tutsi) for several years. The response was usually, “But who is repenting? How can reconciliation happen without repentance?” Indeed *who* is repenting, and *who* must repent in order for forgiveness and reconciliation to be present? Can a nation repent? Can a race or an ethnic group, or harder yet a *class* repent? Is it enough for one person to repent, or must there be a

certain number? Abraham pursued that question with the Angel of the Lord in Genesis in order to attempt to save Sodom and Gomorrah (Genesis 18:23-33).

Christian organizations could not find a common term to use both with the Tutsi inside the country and the Hutu outside the country, so the terminology was changed. Everyone could agree that healing was needed. Hatred and revenge needed healing. Betrayal and bitterness needed healing. The intentional separation of the communities needed healing. Perhaps if there was healing, there might one day be reconciliation. In this sense then, reconciliation was commonly seen as an endpoint, not as a process. Healing spoke of a process. Healing became an acceptable term to all, for all could identify the commonality of loss and woundedness.

In South Africa the language of reconciliation is not only politically correct, but it almost pervades the conversations. Yet the number of integrated Dutch Reformed churches seems few indeed. The spirit among blacks seems triumphalistic; the spirit among whites may be hopeful or skeptical depending upon the speaker. The spirit of the colored seems disappointed (“in old South Africa we were not white enough, in new South Africa we are not black enough”). Reconciliation is not complete. Wounds afflicted upon people long years before still need healing. It is this healing which both leads to and completes true reconciliation that is the focus of our attention.

1.2. The Research Question

This study seeks to identify some steps forward in the healing process. It comes from the walk of personal involvement with Africa’s peoples, in struggling to know what *does* heal, what *does* reconcile. This is then a personal journey of many interconnected lives, the researcher’s life is but one of them. The personal journey is an underlying part of this study. Secondly, many people have written about these themes—repentance, forgiveness and reconciliation; healing and the congregation as a healing community; trauma, Post-Traumatic Stress Disorder (PTSD), and recovery. The writing has come from many fields of “people helpers”. What may be gleaned from this literature that bears on the struggles in this great continent? Understanding what has been said is the second stream of learning that is crucial to this study.

The church has often been more of a contributor to the problems of enforcing boundaries of race and ethnicity and culture. How can it help? Indeed even if a means of helping could be identified

would church leaders take up those means? Perhaps, if they were a part of discovery of solutions, they would be willing to try. The hope of this research is that it might be “transformational”. Transformational research would be research that is not just about transformation or change, but actually promotes and enables change to happen, because questions are raised which help community leaders to identify a way forward. The intention of this research is to work with community church leaders in identifying the interventions that are “do-able” by the church, and to discover together, rather than *for* these men and women who often wish to do more, but cannot see a way forward. This empirical observation is the third stream that contributes to this study.

In bringing these three streams of thought and action together, this study seeks to explore answers to the fundamental question:

What are the interventions that the church may offer in order to bring personal and community healing in violent conflict and trauma?

Conflict is not always violent. Violent conflict brings with it particular needs and problems in dealing with the results. The church is a community in itself, often called a community of faith, but it is also a community bearing witness and living out its faith in the larger context of a nation or even continent. Our concern then is with the *Missio Dei*, the mission of the church to those outside of its membership. This is the meaning of “its community”. The healing sought is not to be limited to the community of faith that meets in a particular assembly. It is a healing of the believers in a local assembly in such a way that they bear testimony to and reach outside themselves in order to bring that healing to others. An intervention may be any word or action done intentionally to bring about a step towards a closer relationship between estranged peoples. The reader should note that in this thesis the use of gender in articles and pronouns is intended to be inclusive of both male and female, although normally only one gender will be used to represent both. This is done for the economy of word and thought rather than to show significance.

The next three sections will give a brief synopsis of what subsequent chapters attempt to spell out in greater detail. Theological issues will be further developed in Chapter Two. Worldview and healing will be further developed in Chapter Three. We attempt a brief synopsis at this point to see how these three key aspects of our study come together.

1.2.1. World Views

“The kingdom of God, both as a gift and as a task, stands forth as the most comprehensive biblical expression for the goal of *Missio Dei*... Properly understood, the church is an instrument of the kingdom and an eschatological foretaste of it” (Scherer 1994:229). The Kingdom of God is not just a theological construct, it is seen living in Africa (Shaw 1999:20).

This study has its roots in the theology of the kingdom of God. The *Missio Dei* makes God the prime mover in mission, it is His purpose. His *telos* is the establishment of His kingdom in every people and in every place. His rule must be seen to extend over the waves of misery that now roll over the continent of Africa. When He says, "peace, be still" in Africa today--what happens? Indeed, does He yet still the raging waters? Has He command over our political environment?

The term used in the Bible for this peace that is to reign over the earth and its peoples is *shalom*. *Shalom* was basic to the Israelites as the People of God in the Old Testament (OT). Yet no reference or inclusion is made in the *Concise Dictionary of the Christian World Mission* of wholism, holism, or community, or *shalom* (Neill, Anderson & Goodwin 1970). This omission is perhaps indicative that the Christian world mission has been severely truncated. God's purpose seems not to be our purpose. We would evangelize or liberate; God would have us build community. These need not be in opposition to each other.

The worldview of the “west” is steeped in Cartesian dialectic of the body and the soul. It has divided between the body and the soul, between “word” and “deeds”. Newbigin reminds us,

“First, it is clear that to set word and deed, preaching and action, against each other is absurd. The central reality is neither word nor act, but the total life of a community enabled by the Spirit to live in Christ... Second, it is clear that action for justice and peace in the world is not something, which is secondary, marginal to the central task of evangelism. It belongs to the heart of the matter” (Newbigin 1989:137).

Mission, or missions (depending upon the theological tradition), has been rather preoccupied on the one hand with proclamation--whether in word or in power, and on the other hand with deed--or social action. We have tended to define discipleship as either a personal spiritual growth, or a collective movement toward some sociological or moral ideal.

On the one hand, “fundamentalism, which was essentially a movement of reaction against the main features of liberalism, as a true child of the Enlightenment, emphasized the individual” (Shenk 1993:68).

“...Evangelicals accept this discipline unhesitatingly, understanding it in purely privatistic, ‘spiritual’ and otherworldly terms. To be a disciple, they believe, is to cultivate an intensely personal relationship with Jesus Christ. This means prayer and meditation upon and systematic memorization of Scripture as well as the discipline of a morning Quiet Time... Others have a more activist concept of discipleship. For them being a disciple is participating wholeheartedly in a local church, a youth fellowship, or some other expression of Christian Koinonia... A major weakness of this profile of a disciple, helpful as it may be, is that it fails to capture the public dimensions of discipleship (Scott 1979:221).

On the other hand, “modernists”, “liberals”, or “ecumenicists” have accepted the idea of the corporate people of God whose spirituality is seen in their collective witness and testimony to God’s presence in the world. “...Three ideas defined and united the social gospel: ‘the immanence of God, the organic or solidaristic view of society, and the presence of the kingdom of heaven on earth’” (Shenk 1993:68). Evangelicals are preoccupied that holiness means to be “...‘separate from sin’. What kind of sin? Drunkenness, drug abuse, adultery... these are the kinds of personal sins the Bible unequivocally condemns, for they violate norms of social justice... But what about structural sin, institutionalized evil, system injustice” (Scott 1979:221). It is these sins that “ecumenicists” are wont to address. “Whereas the social gospel emphasized realization of the kingdom of God now, fundamentalists concentrated on the saving of souls’ for a future destiny” (Shenk 1993:68).

Somewhat ironically the distinctions that were so important in the West lost focus in Africa. The worldview in Africa easily absorbs both western views at the same time without a sense of contradiction. Because our evangelical heritage has focused on the personal aspects of discipleship, we have missed the collective and global aspects. We have fallen again into the first century belief that salvation is for me and mine, and the way to salvation is to follow me rather than to follow Christ. When Jesus called his disciples to follow, he did say, “I will make you fishers of men”. That was not to be the extent of their following activities, but the start. The idea was to bring men and women into shalom, into the community of peace and righteousness. That community was to impact the wider community outside the people of God. The idea of community is a part of how we see ourselves and how we see the kingdom of God. It is our worldview.

1.2.2. Theological issues

That there are theological issues involved in our worldview is self-evident. The nature of man of community, of salvation, of healing, and of reconciliation are all issues to be understood, interpreted, and applied to these settings of violence and conflict. For example, “black theologians do not see reconciliation as something happening between isolated individuals, but as a social and political event. Before reconciliation can become a reality, the structures of injustice in society need to be removed” (Kritzinger 1988:221).

In the worldview of black theology (or liberation theology) reconciliation, the healing of social fissure cannot be done with isolated individuals. It would seem self-evident that social fracture cannot be a mere reconciliation of some individuals. Kritzinger’s more debatable point is whether or not reconciliation is possible with the removal of the structures of injustice. In other words, can there be reconciliation without justice? Must the justice be full and equal and operating, or may it be in process, partial, and perhaps somewhat asymmetrical? Furthermore, does justice come simply because one set of structures for injustice are removed? Applying the question brings us to Rwanda and South Africa today. If Kritzinger’s black theology were correct, then the mere removal of the Hutu government that enacted genocide would be sufficient for reconciliation. The election of a black president would bring reconciliation to South Africa. Our experiences show this is not the case, however. No, it is not enough to simply remove structures of injustice. Just, merciful and humanizing structures must be erected and secured before reconciliation may be actualized. The Shalom of God in the Bible was about the creation of a rule of righteousness that would be just.

Kritzinger goes on and describes reconciliation as the reversal of alienation from whites, from land, cattle, labor etc. “The two notions, reconciliation and liberation, are in fact synonymous and inseparable, understood as the ‘fundamental, comprehensive transformation of all oppressive and exploitative structures’” (Kritzinger 1988:224). The transformation of oppressive structures is clearly more than just their removal. Furthermore defining “liberation” as the comprehensive *transformation* of all exploitation would be freedom in most any philosophical framework. Evangelicals might prefer to call that transformed liberation “redemption” or “salvation”, and they are less likely to believe that structural oppression is as bad as the liberation theologian would insist. Both, however, would agree that the individual must be free from the oppression of evil.

To the extent that liberation theology seeks transformation of all of life to be a reflection of God's intention for his kingdom on earth, then "healing" would be a major process toward that liberation

or transformation. Healing must not be seen as appeasing. For physical healing to occur, it is not infrequent that a cutting or surgical procedure is first necessary. The healing of cancer may require a chemotherapy that leaves the patient feeling even sicker than without the treatment. Liberation then, or transformation is not a movement from pain to pleasure, but it is movement from one pain to another pain to renewal. As to whether or not the pain is an individual or a collective pain, there is little difference between the two camps. One may bear the pain, and receive salvation as an individual, and that is expected to bring healing to the community. There is to the liberationist “the cause”, and to the evangelical “changed lives that will bring a changed nation”.

It is perhaps at this point that both paradigms break down. Neither has actually brought about the kind of transformation that might have been envisioned. For the evangelical it is an insufficient argument to think that lives are changed for an eternity, but not today. If changed lives bring changed nations, then how can so many Christians in so many nations of the continent watch (i.e. passively participate) in so much evil? For the Liberationist, it is insufficient to simply see that justice is brought when oppressive laws or leaders are removed. If the “cause” is effective, then why has independence in so many African states brought about a greater concentration of wealth in a fewer number of people (Mobutu, Moi etc.)? What is the healing that will change communities if not sacrificial comrades or evangelism crusades?

1.2.3. Healing

If agreement is hard to find concerning reconciliation, consensus is yet more difficult on the idea of healing. On the one hand an outsider may proclaim the healing; “You are very fit”, or “That family is dysfunctional”. On the other hand, healing is proclaimed from the inside, “Betty had her full healing, she went to be with Jesus”, or “I feel great today now that my ex-wife is no longer nagging me”. “The reason that subjective feeling and objective diagnosis can diverge from one another so much is that understandable explanations and comprehensible interpretations are by no means compelling” (Ramm? 1995:64).

Health professionals even in the west have long recognized that health is more than a healthy body. For this reason more and more talk has been heard of “holistic treatment”.

“Holistic medicine’ [is] little more than a visible partnership of doctor, nurse, psychiatrist and priest or pastor. While this is a belated recognition of the multi-dimensional aspects of healing, it is still related to the individual patient and has little if anything to offer to the community and the

society. It should not be confused with the emergence of a 'wholistic health practice' which is a mishmash of colourful characters from psychic healers to shamans offering a variety of 'alternative' therapies" (McGilvray 1983:271).

The church long ago awakened from the slumber of allowing "medicine" to have the last word in healing, especially in non-physical healing. From evangelists and healing crusades to the idea of congregations as healing communities, every theological perspective finds both the mandate and the means to provide healing. The question still nags us, "healed according to whom?" Is there healing because the evangelist says so, because the individual feels so, because the congregation has a part in a "healing team" (a model in Ramm 1995:263)? Or can we identify some signs; some markers or indicators as to what "healthy people" living in shalom might look like?

1.3. Need for this research

Volf's words "It may not be too much to claim that the future of our world will depend on how we deal with identity and difference" (1996:20) are probably most accurate if one considers the levels of violent conflict in the world today, and its consequences. For example, armed conflict is a known contributor to the spread of AIDS, which at least on the continent of Africa is already the leading cause of non-violent deaths (2.4 million died in 2000 in Africa alone). So it may be that AIDS has in part spread from the failure to rightly deal with "identity" (i.e. the intimate relationships legislated by God in Shalom), or the disease has spread from rape as acts of hate in ethnic conflict. Either way, the future of Africa does rest on how it deals with identity and difference.

Because of the urgency

This study comes first because the need is so urgent. Volf speaks of the tension that modern ideals bring to the brokenness of the world,

"Modernity is predicated on the belief that the fissures of the world can be repaired and that the world can be healed. It expects the creation of paradise at the end of history and denies the expulsion from it at the beginning of history. Placed into the fissures of the world in order to bridge the gap that the fissures create, the cross underscores that evil is irremediable" (Volf 1996:27).

That healing is not fully and finally possible until the return of Christ, is a deep assumption of this study. However, the inability to be fully repaired and healed does not abrogate the possibility of the cross bridging the gap. Healing, although not complete, is not only possible, but is a required role of the Christian and the church. In our world with such violent tears, we must reconsider our

role—African and expatriate, black and white—in responding, in offering, and in living the cross of Christ that bridges the gap.

Because of the imperative

God's imperative is that the church is to model and extend the reign and rule of Christ. It is a kingdom of Shalom.

Peace as shalom is more than only the absence of war. Formulated negatively, it includes the absence of alienation, material need, and oppression in society. Formulated positively, it indicates a state of comprehensive social harmony and material wellbeing in society. The Old Testament emphasizes that peace and justice are indissolubly linked to each other (e.g. Is. 32:1; Ps.72:3). It is also not possible to talk of peace in the absence of the true worship of, and obedience to God (Ex. 13,10,16). Shalom, finally, includes also harmony between humanity and nature, as well as harmony in nature itself (Is 11:6-9). The Old Testament thus teaches us that peace is multi-dimensional and comprehensive (Nürnberger 1989:121) (similar in De Villiers 1989).

Shalom-peace is the goal to which redemptive healing leads. It is not the absence of war, or of conflict. It is the personal, social, and material wholeness or the working together of all things, relationships, and individual gifts for the glory of God. This is the mandate in "...disciple the nations... teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age" (NIV, Mat 28:19,20).

It is in this task of shalom-peace that Marty reminds us of.

"...the world will not stop being scientific, secular, liberal, mindless of theology or church traditions, neglectful of or often hostile to the dimension of faith... Whether there is a hearing [of the people of faith] depends upon how the church meets the challenge--whether it has something to say and some visible things to do to promote the recognition that something revelatory is going on. This prospect would mean that healing and health are part of the story, the charter, and the promise of a faith born in the context of suffering and death, the suffering and death do not have the last word" (Marty 1994:231)

Obedying the imperative, the command of God, is the most important reason for this study.

Because of failure

Because of the imperative we are lead to ask how the church is doing in the task today. By some measurements the Church is enjoying its greatest period of numeric growth in history.

The view that twentieth century Africa is a massively Christian continent, a "spectacular success-story" in the twenty centuries of Christian mission, is foundational to Bediako's theological orientation. So important is this particular view of African Christianity in Bediako's thought that he prescribes that contemporary African theology must be done in such a way as to "relate more

fully [to both] the widespread African confidence in the Christian faith [and] to the actual and ongoing Christian responses to the experiences of Africans” (Maluleke 1997:214).

The “success” of Christianity is a reality that must figure heavily in understanding and in intervening on the continent. But we must admit that the church record is a mixed one. The fact that there was not more blood shed in Kenya during independence is probably attributable to the church leaders teaching and mobilizing for peace. But the church simply suffered for its faith in the independence of Uganda. Little blood was shed in the transition to black rule in South Africa, again probably because of the witness of Christians. But in the Sudan the number of bombing raids that the Khartoum government makes on the southern region witness to the impact of Christianity. The church surely has played a role in stemming violence in some countries, yet in others (Rwanda, Burundi, and even South Africa) it legitimized the governments that led to violence, and even participated in the violence. In many cases perpetrators of violence were congregants on Sunday and violators on Monday. Discipleship has been of only the most limited variety, it has been a form of pietism. “The kind of pietistic discipleship we have been questioning, exported from seventeenth-century Germany to North America and since then by evangelical missionaries to all parts of the world, has created Third World churches that are isolated from the mainstream of life in their own countries” (Scott 1979:35).

Piety is a necessary stance before God to understand that it is grace alone that brings salvation. Unfortunately piety has become pietism. Pietism tends to focus on a grace of God that comes to a prepared heart and life--in other words to one whose works are worthy of grace. The focus inevitably then is personal rather than social transformation. The church becomes not the people of God but godly persons. The missionary mandate changes from bringing the peoples of the earth who bow before the King to drafting star players who receive the King's victory wreath. The success of the missionary task is in some measure a large collection of super-pietists who have left behind either cheering squads, scholarly think-tanks, or miracle-crusades that pour the oil of anointment on their own individual heads.

This study then is necessary because the missionary task has failed if it stops at the sense of triumphalism it finds in numeric growth.

Because of the reality

The fourth need for this study is because of the reality of our internationalized world. Missions is

not just a west-to east or north-to-south flow. Just as Coca-Cola long ago “internationalized” its product and leadership, so the church and its message of Shalom is not the propriety of “missionaries”. It is the international connections of economies, of products, of education, of politics and therefore of the gospel that places such an importance on understanding how the church fulfills its role.

Maluleke castigates white missionaries in their attempts to study African theology and practice, saying that whether in townships or in African Instituted Churches (AICs) it was “...not so much the AICs which were being studied, but it was 'our mission' as negatively mirrored in the separatist movement. It was the White missionary establishment talking about itself, to itself, and mainly for its own sake...” (Maluleke 1996:23). He intimates that the method is all-important. His tone is exclusivist, and is felt throughout the continent by the minority white who would attempt to understand thought and practice for the Kingdom's sake. In spite of his challenge the task of understanding does not belong to either white or black, north or south. It belongs to all.

The objection, however, that research is designed less to help the African church and more to substantiate the foreign missionary effort is a significant one. It is in that process of learning together, of walking together, and of working together for Shalom that this research finds its urgency.

Because of the complexity

Politicians can easily be blamed for the regional and national conflicts on the African continent. “Churches and Christians seldom think that 'the fault is on their side', thus there is seldom any sense of a need for public accounting let alone for deep introspection” (Maluleke 1998:326). This study creates a space for introspection among African church leaders, and with an international Christian community. But the introspection cannot be simply an ecclesiastical or a management affair, it must be more inclusive.

“Missiology is not simply informed by other scientific disciplines. It is by definition inclusive of the sciences. It is a discipline itself wherein theology; missionary experience; and the methods and insights of anthropology, sociology, psychology, communications, linguistics, demography, geography, and statistics are brought together for understanding and advancing the missionary enterprise” (Pocock 1996:10).

In its very complexity, then, this study is appropriately a missions study. It is done in the overlap of



disciplinary foci, yet its primary interest is how the kingdom of God primarily may be advanced. It is urgent in light of the continent's needs, in light of the mandate to live shalom, and in light of our failure to disciple each other in the global church of Christ, to study interventions that bring healing from a multi-disciplinary point of view.

1.4. Beneficiaries

The results of this study are relevant to three groups of people. It is for the professional "healing helper". Ultimately it is God who heals, but there are many whose life occupation it is to facilitate that healing in others. Healing helpers are found in many disciplines--Psychology, Sociology, Education and Theology. The psychology-helpers will find here a focus on what brings healing to individuals. They may not want to use the terminology of healing, but they will have an interest in how individuals deal with trauma. There are war widows; those who have lost body parts and functions, and refugees that have felt rejection and isolation from their country. But their lives go on, and in many cases they are trophies of love and help for others. In a continent where many countries have entire populations of traumatized people, and but a precious few professional counselors, psychologists and psychiatrists, what can be learned about helping people?

For the Sociologist-healer this study is about communities where people live and work and play in proximity to each other. In Rwanda and Burundi they have intermarried and share the same culture and language, yet they have killed each other not mainly with bullets but with brawn and machetes. How can people who have so betrayed each other ever trust again? How can communities again work together?

For the Educator-healer this study is about learning. Of the interventions presented here almost all incorporate some learning component. Western educational models assume knowledge fixes problems or at least points toward solutions. The church emphasizes *kerygma*--how does teaching and preaching impact the healing process? In countries where the "Christian" population is said to be at least 80% as in Rwanda, Burundi, Kenya, and South Africa, why did the *kerygma* at least not stop the pain? Did it contribute to brokenness? If it is part of the problem, can "teaching" really be a part of the answer?

For the theologian-healer, the missiologist in particular, this study is about reaching peoples for

Christ. It is about establishing shalom in the midst of Satan's strongholds. When mission churches "mature" and even demand control, what is the place of missions and the missionary? Do missionaries leave when there is violence? Do they join the struggle for power, or simply avoid power struggles? Or is there something else that can be done?

While this study cannot answer all those questions, it does touch on them. Like the ubiquitous fabrics in an African market, all these professional colors and threads are woven together in this study.

Secondly, this study is for helping agencies--those who design and fund programs of intervention. There are Christian agencies, church agencies (missions), non-government agencies, and government agencies. Everyone wants to help. Donors demand that aid-agencies do something in places of disaster. Governments--be they foreign or home--must do something or their very right to governance is challenged.

Some agencies are interested in the short-term primarily. For example, in 1994 many Christian aid agencies were strategizing in Nairobi about Rwanda. One large agency asked if there was anything they could do in a two-year period because, "Our donors are asking what we are doing there. We need to get in and get out". This study is not likely to help an agency that is only concerned about quick fixes. But most have a genuine interest in the long-term changes and impact of intervention. How are the children who are involved in a child-survival program impacted by caregivers who are traumatized? Can anything be done for the caregivers who are likely to have long-term impact? If money is to be given to a local church or denomination, what might be the kinds of interventions that will make a long-term impact in the country?

For the Government and non-government organizations who have been looking long and hard at "faith-based organizations" as useful infrastructures to increase impact and sustainability of their programs and projects, this study will guide them to ways in which the church may, or may not be an ideal partner. Local African governments, who culturally know that faith is not separate from life, may still question the role of a church that may have contributed to problems they seek to address. For those government leaders this study will be a guide to give models of churches that do have a contribution to make towards the answer.



Third, and most importantly, this study is for pastors and church workers. A typical African pastor has a salary that is sufficient to pay for the food he eats, but not for the education of his children. If he labors in an urban setting he probably has perhaps had a year or two of Bible School education beyond primary school. These are the ones who awake before the cock crows to care for their own families so that they can care for others. It is you who take from your own pantry and granary to feed the one crying in hunger. It is you who must design a program, and then recruit and train and inspire and oversee yet others to do the work of healing. The work of healing is not some distant chemistry dispensed from a plastic bottle. The work of healing comes from people who are connected with God and with others. The work of healing has occurred when the sense of defeat and despair is transformed into courage and hope.

2. CHAPTER TWO: BIBLICAL AND THEOLOGICAL CONSIDERATIONS

In the previous chapter we briefly introduced the theological issues that Liberation Theology and Evangelical Theology bring to the theme of wholeness and healing in community. We need now to simply focus on the Biblical terminology and theology that emanates from Scripture.

2.1.1. Biblical Terms for Health and Healing

To begin to comprehend the biblical understanding of health and healing it is imperative to first consider a brief lexical review of some of the terms and their usage. Following is a summary.

2.1.1.1. Health in the sense of not being physically sick

ὕγιαίνω; ὑγιής, ἑς, acc. ὑγιῆ; καλῶς ἔχω (an idiom, literally ‘to have well’): the state of being healthy, well (in contrast with sickness)--‘to be well, to be healthy.’ (Louw & Nida 1989)
καλῶς ἔχω: ἐπὶ ἀρρώστους χεῖρας ἐπιθήσουσιν καὶ καλῶς ἔξουσιν ‘they will place their hands on the sick and they will be well’ Mk 16.18 (Louw & Nida 1989).

In a number of languages health is expressed only in terms of strength, for ‘to be well’ is ‘to be strong’. In other languages, however, to be well or to be healthy is a negation of illness or sickness, so that in Mk 16.18 one may translate ‘they will place their hands on those who are sick and these people will become not sick’ (Louw & Nida 1989).

2.1.1.2. Healing in the sense of from a disease

ἰάομαι: ἦλθον ἀκοῦσαι αὐτοῦ καὶ ἰαθῆναι ἀπὸ τῶν νόσων αὐτῶν ‘they came to hear him and to be healed of their diseases’ Lk 6.18 (Louw & Nida 1989).

2.1.1.3. Different healing words for different kinds of sickness

διασώζω: ἐρωτῶν αὐτὸν ὅπως ἐλθὼν διασώσῃ τὸν δοῦλον αὐτοῦ ‘asked him to come and heal his servant’ Lk 7:3.

In a number of languages there are different terms for ‘healing’ depending upon the type of sickness or illness which is involved (Louw & Nida 1989).

2.1.1.4. Ceremonial healing

καθαρίζω: to heal a person of a disease which has caused ceremonial uncleanness--‘to heal and make ritually pure, to heal and to make ritually acceptable’. Similarly, εἰάν θέλῃς δύνασαι με

καθαρίσαι, 'if you want to, you can heal me and make me ritually clean' Mt 8:2. Since καθαρίζω implies two changes of state, (1) the healing of a disease and (2) the making of a person ritually pure or acceptable, it may be necessary in some languages, and particularly in certain contexts, to render καθαρίζω in a relatively explicit manner, namely, 'to heal and to make ritually acceptable' or '...ceremonially clean' (Louw & Nida 1989).

2.1.1.5. Physical healing

In *θεραπεύω* we find ἔδωκεν αὐτοῖς ἐξουσίαν θεραπεύειν πᾶσαν νόσον. 'He gave them authority...to heal every disease' Mt 10:1 (Louw & Nida 1989).

2.1.1.6. Restorative healing

In *ἀνορθώω*, f. ὠσω: aor. ἀνώρθωσα, we read the meanings: 1. To set up again, restore, rebuild, 2. To restore to health or well being, 3. To set straight again, set right, correct (Liddell & Scott 1992).

2.1.1.7. Healthy as in sound mind, opinions etc

In *ὕγαινω* [ῥ], f. ἄνω: aor. ὑγίᾱνα, Ion. ὑγίηνα, Pass., aor. ὑγιάνθην: (ὕγιής), we find he meanings 1. To be sound, healthy or in health, 2. To be sound of mind, 3. Of soundness in political or religious opinion. Similarly, *ὕγιειν* [ῥ], ἦ, and sometimes ὑγίειν, (ὕγιής) is: health, soundness of body (Louw & Nida 1989).

2.1.2. Healing roles

2.1.2.1. The redemption paradigm: Healing for another.

We may identify two streams of thought or paradigms in understanding healing. The first stream is both the theological and linguistic center of the Bible and of Christianity. Redemption. The Hebrew and Greek terms translated redeemer or redemption convey a similar direction of meaning. Consider two main Hebrew terms and their range of meanings: *padah* (פָּדָה AV - redeem 48, deliver 5, ransom 2, rescued 1, misc 3; 59) and *ga'al* (גָּאֵל AV - redeem 50, redeemer 18, kinsman 13, revenger 7, avenger 6, ransom 2, at all 2, deliver 1, kinsfolks 1, kinsman's part 1, purchase 1, stain 1, wise 1; 104) (Strong 1995).

Redemption here is something that is done for another to release or free them from negative or harmful consequences. The one who has been redeemed is the one who has been freed by the intervention of another. Implicit in the terms is the idea that a price must be paid as a part of the redemption. That is, it is not the release as in the turning of a key in a lock, but a release that comes from some individual sacrifice. It includes giving money, effort, privilege, or life itself to secure the increase of life and privilege of another. Jeremiah 31:11 says, “For the LORD will ransom Jacob and redeem them from the hand of those stronger than they”.

When this redemption is accomplished it brings about an effect. The effect is one that is holistic. It has a physical component, but also impacts the redeemed person’s emotions, social relationships, choices, and understandings. Isaiah 51:11 says, “The redeemed of the LORD will return. They will enter Zion with singing; everlasting joy will crown their heads. Gladness and joy will overtake them, and sorrow and sighing will flee away.”

The entire book of Ruth illustrates the idea of the “redeemer-kinsman” Boaz who gave himself for the redemption of Ruth. As גֹּאֵל he gave Ruth and Naomi not only extra grain, water and protection, but removed the social curse of singleness and childlessness as well as religious exclusion in making a Moabitess into one of the celebrated women of scripture. What Boaz the redeemer did was to act on the situation of Ruth, and healing occurred.

These terms (גֹּאֵל, פְּדָה) reveal the action of the redeemer. The object of redemption is perhaps best described by looking at the words for healing. Both *θεραπεία* *therapeia* (AV - household 2, healing 2; 4) and *θεραπεύω* *therapeuo* (AV - heal 38, cure 5, worship 1; 44)(Strong 1995) reveal the similar idea of something that is done for another. It is a service that restores health.

These words taken together reveal the same meaning as we found in Jeremiah 30. Redemptive healing requires one person acting on the situation or person of another. That action brings about the release of harm, disease, or relational breakdown.

2.1.2.2. The conduit paradigm: Bring healing to another

A second thought stream of healing that we find in the Bible comes from the term used in Jeremiah 30 verse 13, “There is no one to plead your cause, no remedy for your sore, no healing for you”. The English does not make obvious the meaning of the text. The word translated *healing* makes it clearer: הִלְפָה (AV - conduit 4, trench 3, watercourse 1, healing 1, cured 1, little rivers 1; 11)(Strong 1995). The healing, and hence the healer is like a pipe or conduit which simply moves the healing cure from one place and delivers it to another. Even in the verbal forms every meaning carries the idea of “coming or going”, i.e. movement and flow. While this word and its idea is not the most common one for the result of healing, it brings to light a sense of cause or instrumentality in healing

What is then the healing that is delivered? The Septuagint uses *ὠφέλεια* to translate הִלְפָה *ὠφέλεια*: *help, aid, succour, assistance*, further meanings are: *use, profit, advantage, benefit* (Liddell & Scott 1992). Other biblical terms for health reveal related aspects of the meaning, for example: אָרָם (AV- health 4, perfected 1, made up 1; 6); *ἰάομαι* (AV-heal 26, to free from errors and sins, to bring about (one’s) salvation 2; 28)(Liddell & Scott 1992).

In this same line of meaning is *σώζω sozo* to save, is translated by the verb to heal in the A.V. of Mark 5:23 and Luke 8:36 (R.V., to make whole; so A.V. frequently); the idea is that of saving from disease and its effects (Vine 1981). These all express that the nature of the healing is wholeness, forgiveness, and salvation that transcend the mere physical to include the metaphysical.

The breadth of healing is further seen in one of the main verbs for *heal* used in the Old Testament, אָרַם (AV - heal 57, physician 5, cure 1, repaired 1, misc. 3; 67)(Strong 1995). The range of meaning includes the healing by God as healer and physician of mankind, and the healing of hurts of nations involving restored favor, of individual distresses, of national hurts, and of personal distress (Liddell & Scott 1992). The completeness of God’s intention for healing is expressed in Psalm 103:2-6 “*Praise the LORD, O my soul, and forget not all his benefits, who forgives all your sins and heals all your diseases, who redeems your life from the pit and crowns you with love and compassion, who satisfies your desires with good things so that your youth is renewed like the eagle’s.*” (NIV)

In fact, the whole of Jeremiah 30 is set in the context of the idea of *shalom* (28:9, 29:7, 29:11 and 30:5). *Shalom* שָׁלוֹם, translated in the AV as: peace 175, well 14, peaceably 9, welfare 5, prosperity 4, did 3, safe 3, health 2, peaceable 2, misc 15 (Liddell & Scott 1992). All of the terms for healing

are rather summed up in the term *shalom*. Presently the fuller understanding of *shalom* will be considered. For now however, it is simply observed that the meaning of Jeremiah 30:13 is the sense of a “conduit of *shalom*”

The constellation of these terms indicate that healing is an act of God which is a renewal, a restoration of all aspects of mankind’s life. This healing comes through a channel. The channel may be an act of God, the Word of God, or the people of God who convey His Word and deeds.

2.1.2.3. The Good Samaritan Luke 10:29-35

Perhaps one of the clearest examples of the act of healing being like a conduit is found the account of the Good Samaritan, Luke 10:29-35. Though the priest and the Levite found it impossible to help what was either a dead or a dying man, the Samaritan did. The Samaritan bound his τραύματα (wounds) (Aland, Kurt *et al* 1983), gave his own oil, his own money, and put the man on his own mount. These were things that were redemptive in kind. But the Samaritan continued on to the inn and handed the man over to the innkeeper who was to continue the healing process. The Samaritan was at that point a conduit of healing. He had removed the man from a place of danger, from the edge of physical death, from the rejection that his “uncleanness” brought, from the inability to do anything for himself. But even in those actions the Samaritan had not actually been the source of healing for any of these things, he simply was the channel making healing possible. It is with interest that we note the Greek term for wound is the same as our English usage for not only physical wounds, but wounds of the heart, soul, mind, and social relationships.

What this text of the Good Samaritan does *not* use is a reference to εἰρήνη, peace (Liddell & Scott 1992) which is the Septuagint rendering for the Hebrew שָׁלוֹם *shalom*. Nor does it use any term that refers to the end point of the process which would be a “healing”. The point is that the text simply describes the process of care for trauma, and the understanding that the process will be facilitated or mediated. Since the immediate context is in the sense of “who is my neighbor?”, Jesus is clearly addressing the sense of social peace, of *shalom*, but his story is about the mediation of that end result, not the end result itself.

2.1.3. Health as Shalom

The text surrounding this account indicates that the parable was told to answer not only the question “who is my neighbor?” but also the question of “how must I inherit eternal life?” (Luke 10:25). The answer makes it clear that eternity is secured by loving a redemptive God enough to “transmit” that love to a neighbor “redemptively”. The answer: “‘Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind’; and, ‘Love your neighbor as yourself’” reveals a definition of health that this study proposes.

Health is the fullness of all aspects of mankind’s life: loving God with all our heart, soul, mind, strength, and loving our neighbor as ourselves. “Evangelicals” have tended to re-interpret the lawyer’s question to be “how may I be saved?”. “Modernists” have tended to re-interpret the question as “how may I live?” In the Lukan account the pericope preceding this story has to do with Jesus sending out the seventy-two disciples,

⁵ “When you enter a house, first say, ‘Peace to this house.’ ⁶ If a man of peace is there, your peace will rest on him; if not, it will return to you. ⁷ Stay in that house, eating and drinking whatever they give you, for the worker deserves his wages. Do not move around from house to house. ⁸ “When you enter a town and are welcomed, eat what is set before you. ⁹ Heal the sick who are there and tell them, ‘The kingdom of God is near you.’ (NIV, 1984)

The wider context then of the “love God” answer is Jesus sending his disciples to declare shalom (εἰρήνη) and demonstrate the Kingdom through healing (note that it is an assumption that makes one read into the text here, the idea that healing is a predominately physical healing. The actual word ἀσθενής simply means weakness) (Strong 1995). In this greater passage then, Jesus focuses on the deeper question of “what must I do to have shalom?” We do well to look at the terms used in his answer.

2.1.3.1. “What must I do to have shalom?”

Heart (καρδία) is the “the centre and seat of spiritual life, the fountain and seat of the thoughts, passions, desires, appetites, affections, purposes, endeavours” (Strong 1995), or simply the volition. *Soul* (ψυχή) is “the seat of the feelings, desires, affections, aversions ” (Strong 1995) or emotions. *Strength* (ἰσχύς) is “ability, force, strength, might”(Strong 1995) or all that is physical. *Mind* (διάνοια), “mind 9, understanding 3, imagination” (Strong 1995) is the understanding and cognition. *Neighbor* (πλησίον) is any “other man irrespective of race or religion with whom we live”(Strong 1995), and is the reflection of our social dimension.

Shalom, in its Hebrew meanings mirrors these categories: completeness (in number), safety, soundness (in body)[i.e. *physical*]; welfare, health, prosperity; peace, quiet, tranquility, contentment [i.e. *emotional*]; peace, friendship of human relationships [i.e. *social*] and with God especially in covenant relationship [i.e. *volitional*]; peace (from war) (Strong 1995).

The third line of the blessing in Num. 6:26 brings the blessing to a crescendo. The goal of God's blessing is summed up by the final word of the benediction, Hebrew *shalom* or "peace". *Shalom* refers to more than simply the absence of conflict. It encompasses all of God's good gifts of health, prosperity, well being, and salvation.... This richly worded blessing comes at the end of the section in chaps. 5-6 that is concerned about the holiness and well-being of the entire community. It highlights God's ultimate will for all the people as one of blessing and peace....God is blessing the community, and the people are obediently and eagerly following his commands.

The consequences of the blessings are fertility, tranquility, safety, success in battle (even with *shalom* one still had enemies!), and the abiding, beneficent presence of the God who in bringing the people out of Egypt broke their burdensome yokes of servitude and allowed the people to stand upright and free (vv. 11-13,14-33) (Mays 1988).

2.1.3.2. Shalom as salvation and peace

In the Septuagint, *shalom* is often rendered by *soputeuria*, salvation, e.g., Gen. 26:31; 41:16. Hence the "peace-offering" is called the "salvation offering" c.f. Luke 7:50; 8:48 (Vine 1981). Abe describes the breadth of salvation:

Salvation is used in the Old Testament (OT) to translate different Hebrew words among which are *ysw'h* and *ys'* from the stem which is *niph'al* and *hiph'il*. The *niph'il* has the sense of "to deliver". The root *ys'* has the fundamental meaning of "to be broad", "to become spacious", carrying the sense of deliverance. The most significant proper name derived from this root is *yhwsyw*. "Saviour" is the translation of the *hiph'il* participle of *ys'* (Judg. 3:9, 15. Isa. 19:20)...Thus in all the Judeo-Christian theology and the traditional religions of Africa, salvation of both the soul and the body is their ultimate goal pursued vigorously in every practical religious expression. Thus salvation in these religious contexts is total: deliverance from the clutches and consequences of sin (spiritual) and from eco-political and social injustices and agony (physical). (Abe 1996:3)

The idea of the biblical notion of salvation being so all-inclusive is perhaps the reason why the application of the idea in the church seems so diverse. It becomes like a smorgasbord of ideas from which one theological tradition chooses according to its preference and another according to its taste. "Modernism" has tended to choose an emphasis on the socio-political ramifications, and "Fundamentalism" the eternal. Although there may be a different emphasis at different times, the biblical idea is lost if the full range of understanding is not maintained.

Salvation as peace is found both in the OT and NT. In Judges 6:24 Gideon built an altar to the LORD there and said: *The LORD is Peace*. In 2 Thess. 3:16, the title “the Lord of peace” is best understood as referring to the Lord Jesus. In Acts 7:26, “would have set them at one” is, literally, ‘was reconciling them (conative imperfect tense, expressing an earnest effort) into peace.’ (Vine 1981).

The Greek renders *Shalom* “salvation”, but it also renders it “peace”:

“*Shalom* is translated “peace” in the R.V. It describes (a) harmonious relationships between men, Matt. 10:34; Rom. 14:19; (b) between nations, Luke 14:32; Acts 12:20; Rev. 6:4; (c) friendliness, Acts 15:33; 1 Cor. 16:11; Heb. 11:31; (d) freedom from molestation Luke 11:21; 19:42; Acts 9:31 (R.V., ‘peace,’ A.V., ‘rest’); 16:36; (e) order, in the State, Acts 24:2 (R.V., ‘peace,’ A.V., ‘quietness’); in the churches, 1 Cor. 14:33; (f) the harmonised relationships between God and man, accomplished through the gospel, Acts 10:36; Eph. 2:17; (g) the sense of rest and contentment consequent thereon, Matt. 10:13; Mark 5:34; Luke 1:79; 2:29; John 14:27; Rom. 1:7; 3:17; 8:6; in certain passages this idea is not distinguishable from the last, Rom. 5:1” (New Bible Dictionary 1962).

The Greek word for ‘peace’ normally means simply the absence of war or conflict. In the NT, however, the word also acquires much of the range of *shalom* and some new, specifically Christian understandings. Throughout the various OT uses of peace as material well-being, righteousness, and as having its source in God, the emphasis tends to be relational: peace exists between people or between people and God. The idea of peace as individual spiritual peace with God or internal peace of mind is not an OT notion (Achte-meier, ed 1985).

Whether as “salvation” or as “peace” or as “shalom” the idea seems to remain the same: a relationship between God and his people that is reflected in relationships between people that bring God’s righteous reign over all areas of human and natural life.

2.1.3.3. A Biblical and Theological definition of healing

In conclusion then, there are two streams of meaning for health in Scripture. In the first healing is **done for** another. In the second, healing is **brought to** another. In both cases healing is something that happens as a result of a mediating role. In neither case is healing something one person **does to** another. In both cases the healing itself is something that **God does to** a person or group of persons. In both cases the healing may have a physical or emotional or another focus, but it always points to a fuller, holistic renewing that is realized only in the work of a Savior who brings *shalom*. This

would imply that while we may and must offer the God who heals to those broken in life, we cannot ourselves make the brokenness of life be healed.

The construction or model of health used in this inquiry is based on the five key elements that arise from the terms in Luke 10 and its related interpretation. *Healing is the renewal, or restoration of all aspects of mankind's life: loving God with all our heart, soul, mind, strength, and loving our neighbor as ourselves.* It is recognized that due to the breadth of meanings it is not possible to construct a precise "five-pointed" definition from the linguistic use. The definition utilized is therefore a definition representative of the fullness of the biblical terminology and useful for helping to organize the observations of health and shalom that are found in African societies.

2.1.3.4. Reconciliation and Shalom

As a part of Shalom, reconciliation is the healing of relationships. II Corinthians 5:17-20 is one of the more informative texts:

"Three elements are central to this passage: God reconciled the world through Jesus Christ; in Christ he gave to the Church the word of reconciliation; and he entrusted the Church with the ministry of reconciliation.. Reconciliation does not mean the harmonisation of conflicts in a way in which a sober analysis of the basic roots of conflict is avoided...Reconciliation does not mean an integration of conflicting groups at the expense of the historical truth....Reconciliation does not mean a kind of unity which uses the means of economic and political dependency....Real reconciliation includes the self-determination of those who were in the position of dependency. So the third clarification which is needed says: there will be no reconciliation without self-determination" (Huber 1991:19-20).

Huber is focusing on human reconciliation, as he applies his definition exclusions. If the foundational meaning of reconciliation with God is considered, then the question is raised, "to what extent is our reconciliation with God *not* dependency?" Certainly man is dependent upon God for all of life and certainly for reconciliation. The reconciliation God gives in Christ however, is one that gives new life and new freedom--freedom to choose that being "dead in sin" can never give. In this sense then God's forgiveness of man creates a new self-determination. "Of course, God's reconciliation brings about a complete change. God himself creates man anew. He justifies the ungodly (Rm. 4:5; cf.5:8), he reconciles his enemies to himself (Rm. 5:10). Neither is a human being agent of this change, nor is a person's conversion precondition for the justification or reconciliation" (Breytenbach 1990:67).

2.1.3.5. Reconciliation and Propitiation



“Propitiation is a means of placating or pacifying displeasure due to an offence; hence an atoning action directed toward God, in the process of effecting man's salvation....The primary meaning of the LXX *exilaskesthai* is to "propitiate", while its secondary meaning is "to Expiate" i.e. to make complete or satisfactory amends for any wrong, crime or sin” (Abe 1996:3). The gospel is about the propitiation to God of human sins by the atonement of Christ. However, the issue of propitiation and expiation in regard to people forgiving people is probably the difficult passageway for reconciliation. It is the focus of reparations in South Africa. Behind it was the issue concerning submissions to the TRC—was contrition or some demonstration of remorse needed? The need for propitiation was the issue in Rwanda in the response both to trials inside and outside the country--the guilt had to be paid for.

Abe continues on, “To facilitate national unity, harmony, stability, peace and tranquility, all political, social and economic errors and wrongs must be righted. All offences must be [atoned] by means of offering appropriate appeasement in the process of governance.” (Abe 1996:10). The question is overwhelming. What would it take to 'propitiate' the evil perpetrated by race, or ethnicity, or caste or economic oppression in Africa? This study does not attempt to identify the answers to that key question. If Abe is correct, and experience as well as a reading of the Bible would say he is, then for forgiveness to be granted, some propitiation must be made. In order for reconciliation to be accomplished, there must be some sense of what is adequate for an offended party to grant forgiveness and begin to reconcile. The question in traditional African culture had an answer. The council of elders could determine what the propitiating sacrifice would be. If the spirits were angry, then the seer or priest would be called upon to declare the necessary propitiation. In Christianity there is a clear propitiation, that of the sacrifice of Christ which was not only for the atonement of man's sin against God but also against his fellow man.

Reconciliation between man and God required a price to be paid, but the price was paid by the offended, God himself. The struggle to apply this to contemporary situations is seen in the following response by Breytenbach to Itumeleng Mosala and Bill Domeris.

When Domeris says that "the verb *sunallasso* is...a better description for the Christian activity in South Africa than other verbs like *katallasso*", he overlooks that in the *Corpus Hellenisticum* both *di-* and *katallasso* ktl. are mainly used to refer to the making of a peace treaty or to the reconciliation of individuals, kings, cities, and nations which waged war against another. Apart from Cassius Dio and a few other instances, *sunallasso* normally denotes the making of a commercial or judicial agreement. It is unfortunate that Domeris has decided to introduce the notion of a "legal sense". When one scrutinizes the contexts where the Greek words *di-* and

katallasso ktl. are used, there are no signs that the expressions entail a legal notion and it cannot be proved that the Christian doctrine of reconciliation originated from the Greek legal system. Accordingly, the use of katallasso in 1 Cor 7:11 has nothing to do with a "strict legal sense". Apart from denoting the peace between enemies, katallage very often denotes the reconciliation between alienated couples, or like diallasso in Mt 5:24, the reconciliation of people living in animosity towards one another. (Breytenbach 1990:67)

Breytenbach's debate over the precise use of the terms and their meanings used in the OT and NT for reconciliation, mostly lead us to the conclusion that the terminology variation supports the idea of three types of relationships-- manipulative, contractual, and fellowship. These types of relationships are considered in chapter 3.5

The "shalom community" in the OT had a means of understanding what actions were community breaking, and what were the consequences of that covenant-breaking.

The violation of community is displayed in the selling of Joseph into Egypt "And Rueben answered them, 'Did I not tell you not to sin (chata) against the lad? But you would not listen. So now there comes a reckoning for his blood'" (Gen. 42:22) Again the disrupting of community interdependence is spoken against as a violation of sexual relations with a neighbor's wife (Deut. 22:24). ...Even the failure to pay the poor workman on the day his wages are due is a failure to remain in the necessary community relation with the poor man and considered a sin to Israel (Deut. 24:15). Failure to behave generously in the seventh year of release, or forgiving of debts, would be an act of stinginess and counted as a sin (Deut 15:9-11). All of these sins are acts whereby a man fails to maintain the covenant or community between men where life must be lived in a tolerable face-to-face relationship. Behind such living in society stands the creator of Israel's community against whom man sins when he violates his neighbor. (Reyburn 1978:104)

In Gen 39:9 "Had Joseph lain with the wife of his master in Egypt as she invited him to do, he would have violated the covenant relation between himself and his master. Therefore he can say, 'How then can I do this great wickedness, and sin against God?" (Reyburn 1978:105). We normally think of Joseph's personal purity as the main reason for refusing Potiphar's wife. In a covenantal-sin paradigm he refuses because it would primarily break his relationship with his master.

In nations today where there is neither a collective agreement to use tradition of culture nor the tradition of the Bible, then there is no clear atoning sacrifice. There is no basis upon which all offended parties may be satisfied. However, the pattern of both traditional culture as well as Christianity would suggest that representatives of the whole community are the ones responsible to determine the sufficient sacrifice. This amounts to a type of social contract and suggests the need for some form of process and ritual to bring closure to division and animosity in order for healing and reconciliation to begin.

3. CHAPTER THREE, RULERS FOR HEALING: LITERATURE REVIEW; MEANINGS, DEFINITIONS, AND MEASUREMENTS

3.1. Introduction

“Why, we ask, should the Church be concerned about cultures? Our answer was and is: we are concerned about cultures so that the church may be as perfect a channel of Grace as possible, as worthy an instrument in the hands of god as possible, as good, wise, and faithful a servant as is humanly possible” (Luzbetak 1988:397). Luzbetak's *summum bonum* for doing missiological anthropology is precisely the reason for this study.

Moila calls us to break a definition of culture into the three components of material, cognitive, and normative cultures. Material culture would include the objects that are used and handled daily, cognitive culture the body of societies shared thoughts and normative culture the rules of conduct (Moila 1987:6). While this division may work for many parts of life, it makes health and healing difficult to place into one or another category. On the other hand, it may force us to ask whether health and healing is simply a cultural phenomenon? If so, then we would have to make it cognitive, or normative. But clearly health is more than something to think about or create expectations about. Doubtless also is the fact that what is perceived as illness and health does change between cultures. While a thorn in the foot will hurt in any culture and will be removed, it is far more difficult to say that embarrassing a wife--or a husband--has the same kind of hurt in every culture. While failing an examination may be sufficient reason to bring humiliation and even suicide in an oriental culture--in an African culture an examination may be intentionally failed precisely to avoid seeming to be outstanding. (This researcher has a "son" who chose to fail an exam so that he would not "have" to be prefect of the class--he had been prefect for two years and suffered the social consequences.) Is failure then a sign of health or a sign of sickness in social relationships?

If we look at this question from the reverse side, it becomes “is sickness and separation simply a cultural phenomenon?” This is a cultural-political question. “Politics is a multidimensional phenomenon involving conflict, representation, and dialogue. It is the process through which different groups articulate their demands and compete for public resources. It is a process of give and take with winners and losers. It concerns perceptions about the rights and privileges of various groups” (Thompson & Rudolph 1996:7). In Africa at least, when cultural differences become politicized, then there is often a rapid descent into ethno-territorial violence. On the personal level

we simply find a schoolboy not doing his best on an exam so that he does not stand out among other schoolboys. It does not seem so sick or so problematic. But on the macro-level the jealousy of one group over the success of another group may set off levels of ethnic conflict that bring horrific levels of pain and suffering.

Healing, or transforming a culture of mistrust, fear, and suspicion will require a "revision of meaning" of identity, or value of another group of people. "A change or series of changes in a culture may be labeled 'transformational' if it/they involve a radical (though usually slow) revision of the meaning conveyed via the cultural form(s) involved" (Kraft 1980:345). What then are the forces that bring about that revision of meaning? Religion is often seen as one force that influences meaning for individuals and cultures.

For some, religion is: "The capacity of the human to transcend the biological through the construction of objective, morally binding, all embracing universe of meaning" (Berger, & Luckmann 1991). This view however seems to simply pit religion as the non-biological change agent against biological forces. It fails to integrate the living of life with the meaning of life.

On the other hand for some the power of the Kingdom of God is primarily seen in relief from pain and disability (Smedes 1987:27). The view that spectacular relief from pain or disability is somehow a greater manifestation of the power of God than is a life of selfless love has become so wide in evangelical circles particularly in Africa, that it becomes not a cure but an anesthetic to social disease, injustice, and poverty. It simply waits for God to do the spectacular as if He would not have us engage in "ordinary" acts that would bring personal and community healing

If we are to be integrated, holistic we must affirm, "...the whole experience of healing, of whatever sort, is part of a divine purpose. God alone heals through whatever resource is appropriate to that particular illness or disease. That surely must be our 'Christian starting point'" (Wright 1985:11). The issue is how Christians and pastors can better fulfill their role as healers in every culture. If we were to take a "hands off, God will do it" attitude toward all of our roles, then a sermon would not need to be prepared, the hope of the gospel would not need to be shared, and by all means any issue of justice would be best ignored. Using either the primal goodness of culture, or the primal transformative power of God as a reason to be uninvolved in the healing process is simply not an option for biblical holism.

3.2. Cosmology

An expanded understanding of culture will make it clearer why a model of "holism" which is too brief will also be too limited to serve well. Culture, in its most simple terms, is a society's design for living (Luzbetak 1988:139). In a more sophisticated sense it is, "(1) a plan (2) consisting of a set of norms, standards, and associated notions and beliefs (3) for coping with the various demands of life, (4) shared by a social group, (5) learned by the individual from the society, and (6) organized into a dynamic (7) system of control" (Luzbetak 1988:156).

Cosmology and culture are integrally linked. We cannot hope to have the gospel impact a culture if it does not address its cosmology. Nor can the gospel address a cosmology without a clear understanding of what culture values are operative. For example, Ramm takes Ayurvedic ideas about the nature of health and humanity, and shows that Christianity is not alone in much of its basic worldview.

"Life is a unity of body, mind, spirit and the senses...A soul is a living being, a biological and functional personality. A mind, incorporeal but cognizant, is the seat of awareness. The breath of life is the vital force that animates the human being's essence...Health is more than the absence of disease. It is a dynamic equilibrium between the universe and the person. Disturbing this balance causes ill health. To be healthy, a person needs an equilibrium of enzymes, proper function of body fluids, tissues, and metabolic substances, and happiness of spirit, mind, senses and body" (Ramm 1995:84).

The idea of a dynamic equilibrium is certainly not the focal cosmological idea of the west. Western cosmology is founded on Descartes' absolute dichotomy of "the 'res cogitans', meaning Mind or Spirit (what the French more economically call 'esprit') and the 'res extensa', the domain of Matter and Nature. Completely different methods of investigation were appropriate to these separate modes of existence. From Descartes' influence, different methods of inquiry have been assumed to be appropriate for each component part of life (Maclean 1986:168, Allen 1991:11). Cartesian philosophy has become the cosmology of modernity. It creates the philosophical foundation for dualism that is so tenaciously held in the scientific era.

Descartes however did not just identify a bifurcation between body spirit, he also bifurcated the individual and the community, so that today the consequence of an 'I think therefore I am' philosophy is usually a loss of community. "Wherever individualism reigns supreme, community is easily sacrificed for personal preferences"(Elmer 1993:25). In the seventeenth century, a noteworthy change occurred in the dichotomy between the individual and society. There were two

markedly different notions of "the individual" alongside each other, largely linked to two different movements: Puritanism and science. The individualism of Puritanism was for human fellowship. The individualism of science fostered an atomistic view of society. A mixture of these two influences was the basis for Jeffersonian democracy in the U.S., thus the individualized emphasis on human rights. In this mixture, accompanied by the secularization of the state, the Christian teleological frame of reference (priesthood of all believers and fellowship) was no longer a motivational factor. "Social contract" replaced the religious basis of human solidarity" (Pillay 1998:86).

The enlightenment agenda, as well as the mixing of the two schools of thought in regard to society shaped the modern mission movement in several ways:

“First, it led to the Westernization of the church...Many missionaries accepted the superiority of Western civilization.... Second, missions exported the Enlightenment split between supernatural and natural realities.... Third, the supernatural/natural split contributed to the secularization of nature.... Many Western Christians turned to religion to deal with eternal matters such as creation, sin, and salvation, and to science to explain the events of everyday life. Diseases were attributed to germs, personality disorders to psychological distortions. Missionaries brought the gospel and planted churches. They also established schools and hospitals. Too often these were seen as based on science (Hiebert 1996:188,9).

3.2.1. African Cosmology

Modern African church leaders have been educated in the maxims of the Enlightenment. It should not be a surprise if they have adopted in part or in whole its theories of worldview. Traditionally and historically however, the idea that the human body conforms to a cosmic pattern is “...a common theme in pre-scientific cosmologies, where the spinal axis is often explicitly regarded as an analogue of the *axis mundi*, the vertical channel joining the three cosmic domains of Heaven, Earth, and Underworld.” This is played out in different ways in various African cosmologies, for example, “It is claimed that the Yoruba cosmology is similar to the Qaballistic "Tree of Life", the Congo concept of "subtle bodies", and cosmology forwarded by Mbiti (Maclean 1986:212).

African philosophers and scholars speak of a lack of the “cartesian dichotomy”, and as they do, they reflect on the traditional views, not the ones learned through western schools and missions. “In Africa, there is no division and/or differentiation between the animate and inanimate, between spirit and matter, between living and non-living, dead and living, physical and metaphysical, secular and sacred, the body and spirit, etc. Most Africans generally believe that everything (humans included) is in constant relationship with one another and with the invisible world” (Berinyuu 1988:5).

African Traditional Religions (ATR) and New Age theology (predominately Eastern, not Western) are much alike in that both seek to make an identity between the creature and the Creator. For the New Ager that identity is one of absorption, which is somehow even more than total immanence. For the ATR the identity is one of emergence, which is also more than total immanence. “Much extravagant holistic language refers to the self as God because of the connectedness of everything. Biblical language consistently stresses the partiality of creaturehood; we are not god, not God; God alone is God, and God alone perfects wholeness and fullness” (Marty 1994:229). A traditional African view would see the spirit of a man joining the spirit world after death--emerging from the temporal to the eternal. The difference for the Bible and for Christianity is that God is both immanent and transcendent: that is best described by speaking of man as an analog of God. Man is like but not identical, he is united with Christ but there is not unification. Our death is not to join God and be unified with Him but to be united with Him in eternal perfect worship.

Within the cosmology of traditional Africa lie concepts that are very different from western ones. For example, the very term for God used in the Kinyarwanda bible (*imaana*) was similar to the Judeo-Christian concept of God. “Nevertheless, the pre-colonial image of *imaana* was not associated with ideas about judgment, punishment, or election. Instead, *imaana* was linked to ideas concerning destiny and fertility. Liquids were especially favored vehicles of *imaana*...included water...blood, semen, saliva, milk, honey, and beer” (Taylor 1992:28). “This association and idea of “flow” and “blockage” found in gift-giving, fluids (sexual, milk, blood, etc) explain either the continuation of life and relationships or the stoppage of life and relationships. Symbolism often related to cattle and Tutsi elitism” (Taylor 1992:206). The idea of fluids relating to God may seem far away from the understanding of conflict and healing. But when put into the form of analogies, it begins to clarify an understanding of health and healing and its relation to the individual and society that comes from this core idea of connecting God and man through some form of emergence:

Health: Body::flow: social relations,
Poison: body::blocking beings: society,
Blockage: body::calamity: society,
Sin: individual::unproductive members: society (Taylor 1992:212)

So, even though Mulemfo does not write from a Rwandan perspective, he articulates a similar connection: “The African understanding of the world is that God is the source of everything. The success of the community depends on its respect for the interactions between God (Supreme Being,

Creator), the ancestors (living-dead, mediators), the living community, and its environment (animals, plants, etc)” (Mulemfo 1996:132).

Of course the idea of God being the source, and all of life flowing from and to Him is a traditional view. On the other hand mission schools and projects taught and believed a different view of the world. John S. Pobee identifies the two distinct realms in which many Africans live today as the new world of modern technology and the old world of traditional values (Berends 1993:275). But we have already mentioned that politics mixes with cultures, so it is not just Cartesian philosophy but also capitalism and Marxism: “K. Marx describes the human being as a social being determined by economic circumstances. Man's problem is alienation from his fellow humans because of capitalism. His therapy or soteriology is a socialist utopia in which capitalism is rejected” (van der Walt 1997:23).

3.2.2. Cosmology and Healing

Somehow in attempting to understand healing interventions in modern violent conflict, we must remember that we are not dealing with one Africa—it is neither modern nor traditional, it is neither capitalist nor Marxist, but a combination. Our cosmological view of man will influence our view of bringing healing or wholeness to that man. Our view will influence our description of the problem, our diagnosis of the problem, and our treatment, or healing of the problem.

The Cartesian dichotomy of body vs. spirit is so deeply rooted, so descriptively true of not just western beliefs, but global beliefs, that it would seem there are basically only two world-views or cosmologies from which to choose.

We should not rush to the premise that modern Christians have two world-views to choose between. The one world-view represents a naturalistic, god-evacuated world in which all things that happen are locked into a cause-effect nexus that is energized only by natural forces; the other is presented as a supernaturalistic, spirit-populated world in which most things that happen are brought about whimsically and arbitrarily, by spirits who cause good and bad things to happen. Surely our options are not exhausted by the rationalistic, godless paradigm and the irrational, supernaturalistic paradigm (Smedes 1987:43).

Paul Tournier seems to echo this view when he says, “it is neither the body which controls the mind, nor the mind which controls the body, rather both are at once the expression of an invisible reality of a spiritual order--the person” (Tournier 1964:102). But the biblical worldview is not a

blend of the Western and primal worldviews. Rather, the biblical worldview is a third way (Bradshaw 1993:3).

An example of this lack of clarity in African world-view and healing comes from this research. In the process of explaining the worksheet used for the analysis of the videos, a level of discomfort seemed to be expressed by some of the participant/analysts because the conceptual framework they were being asked to use. The response sheet did not have a "spiritual" category. When it was explained that all the categories were spiritual--either good or bad, and that they were to identify the goodness or the badness, the healing or the hurt--then no one seemed uncomfortable. The framework is in fact, closer to a traditional concept for health, but the felt need for a "spiritual" category is closer to a western concept of man.

“Within the framework of traditional concepts of healing, health is synonymous with balance (harmony), while illness is associated with imbalance (disharmony)...illness is viewed [for billions of people who have no access to western "medicine"] not solely as a specific organic disorder, but rather as a disturbance of the physical, mental, and emotional system of balances within the individual or his community under the influence of a socio-cultural environment, nature, a spiritual world, the cosmos, or universe, and divine principles (Tapia 1994:15).

The nature of healing is caught up in a world-view, but so is also the understanding about the healer. In Morocco, for example, "warrior saints" continue to exert influence from their graves, disseminating blessings themselves and through their descendants of whom some may also become saints. Every saint is regarded as a helper in cases of specific illnesses in his own area by virtue of the "divine power" he possesses (Tapia 1994:77). While it may seem like a very pagan notion, the Catholic Church practice is very similar as is the protestant notion that divine healing is specially bestowed upon certain people (only living people qualify in Protestantism) who have a particular "divine gift of power".

We need at this point to be reminded that this study attempts to be qualitative in its inquiry. This means we must strive for an emic perspective, a holistic perspective, and an interactive process of inquiry. If then we are to elicit meaning, experience, or perception from the participants's point of view (Morse 1992:1), we will have to somehow walk a line that listens to the notions of healing from an African perspective. Of course since there is not a single African voice we will have to attempt to listen to a harmony of voices.

3.2.3. Cosmology and Healing in Africa



Mosala's cry for reconciliation reveals much about healing in a worldview. "Black people want to be reconciled to the land, to their labour--which is alienated in the form of industries and technological items and commodities that now confront them as external hostile forces; they want to be reconciled with their history and culture--past and present; they want to be reconciled with their religious traditions and institutions" (Mosala 1987:25).

Reconciliation is perhaps the key word that summarizes the issues of cosmology and healing. "Reconciliation can only be grasped as involving 'all things, whether on earth or in heaven, by making peace through the blood of his cross' (Col 1:20) (Schreiter 1998:18). As we think of the consequences of violent conflict, and holism, we see that reconciliation must be holistic. Western value systems make it a "low-context" culture, which tends to view the world in analytic, linear, logical terms that allow them to be hard on problems but soft on people. The high-context cultures of Africa perceive the world "in synthetic, spiral logic that links the conflict event and its impact, issues, actors, content, and context" (Augsburger 1992:91). Reconciliation and healing then are about issues as well as people: the past as well as the future; actions as well as intentions, and physical reality as well as emotional realities.

3.2.4. What is Holism?

Holism is a word derived from the Greek *holos*, meaning "whole, complete" (Luzbetak 1988:24). Whether we spell it holism, or wholism, the meaning remains the same. Since the word has been co-opted in recent years by new-age philosophy there is confusion in some minds as to whether the use of the term implies a certain philosophy. For example, holism is often understood to be a system of health that uses herbs, "bio-rhythms", and such to bring "equilibrium" to the human being. "The holistic or naturalistic system is believed by many native Americans and Asians in the U.S. It relies on balance in nature, using acupuncture, herbs etc for healing" (Flaaten 1996). In this study the use of the term does not imply an eastern worldview philosophy. The term is used broadly in anthropology, cosmology, theology, philosophy, psychology, biology, medicine, and sociology. The term is so widely used that it is necessary to clarify what it does mean.

In missions, development projects are seen to be a holistic expression of the gospel, but often it is simply the juxtaposition of another element. The church program therefore suffers because in attempting to deal with the whole person, it ends up so focusing upon one aspect or need and that aspect becomes the driving center of the program. For example, should an AIDS program have a

family component, a youth component etc. or should there be a family life program that deals with AIDS, violence, identity etc? “Because man is reduced to a one-dimensional creature instead of a multi-dimensional one, he is treated in the same way. Development is accordingly reduced to economic development. Total human development (educational, social, psychological, cultural, physical etc.) is not part of the development program. Medical care is limited to the part of the "machine" (body) which is not functioning well” (van der Walt 1997:21).

Reductionism is a way of keeping man a unity, but at the expense of making his diversity amalgamated into one essence. It forces the question: “What is the relationship between that part of creation which s/he considers to be divine, more real and basic and the rich diversity of the rest of creation? The most common solution is to 'reduce' the other parts/aspects of creation to the one which is regarded as the most important and therefore absolutised” (van der Walt 1997:20).

We want neither to bifurcate, nor amalgamate in our view of man. The Bible does look at man from different angles, but because his relationship to God encompasses his whole existence, the Scriptural perspectives on man are always totality perspectives, holistic views of man (van der Walt 1997:10). The difference between holism and division would be that a holistic model focuses on the "center" of the totality of man who has multiple dimensions. The attempt to "distill" the core essences and focus on those would be the division of man--usually and ultimately into segmented and dualistic or trichotomistic ingredients.

One approach modifies the trichotomist view of man in the sense that it uses three designators that in fact include facets of holism:

“...the Bible speaks about body, soul, and spirit (1Thessalonians 5:23). The Bible is not a dictionary. It does not "define" these terms; in fact, it often uses them interchangeably...The body is the physical area of life...The mind is the intellectual area of life...the affect is our feelings, emotions, attitudes and intuitions...I use the word soul to embrace both the mind and the affect.” (Fountain 1999:64)...Our nature as persons comes from God, bears his image, and is therefore good. This nature includes our creativity, our social or relational nature, and our need and capacity to communicate with others, our intellect, reason, and ability to figure things out, our imagination, our emotions and intuition, our joy and appreciation of beauty, our sexuality... (Fountain 1999:66)

Holism does not include the spiritual, it is recognizing that every aspect of man created in God's image is spiritual. The spiritual pervades all that man is. “Man does not [have]spirit. He [is] spirit. His spiritual nature is his whole nature, and it carries two equally important corollaries; first that

spirit means man in his true unity and integrity; and second, that his wholeness and integrity are derivative from God as Spirit” (Hiltner 1968:159).

Other attempts at identifying various facets of existence identify as many as fifteen different discrete aspects that help differentiate the differences in creation between plants, animals, and mankind (van der Walt 1997:18). Were we to use such a model to understand brokenness and healing, it would more cumbersome than clarifying.

3.3. Models of holism

We seek a model of holism that will serve to look at the question of what interventions bring healing. By seeking to be emic, we are saying “that our model should as much as possible be able to help us better to understand the local culture as an insider does, and at times it should even bring to light some aspects of the local culture than an insider takes for granted and normally does not verbalize and is sometimes not even aware of” (Luzbetak 1988:138). This investigation strives to begin with an emic perspective, then when an etic description can be identified, it is expected that a stronger and clearer "emiology" will emerge.

As we move to identify a model that is helpful for understanding healing in the context of medicine, theology and anthropology, we do well to begin with a simple definition. A model is a particular perspective from which the real world is being examined and described. A good model must meet several criteria:

“Good models will always be (1) useful, (2) open, (3) fitting, and (4) stimulating. By useful we mean that good models are well suited for organizing a body of knowledge.... By open we mean that good models recognize their limitations... By fitting we mean that good models are logical, consistent, and "neat." ... By stimulating we mean that good models have a capacity to arouse the imagination and thus to contribute to further and deeper understanding.” (Luzbetak 1988:136)...five additional requirements for a good missiologically oriented model...our understanding of culture must as much as possible (1) be holistic, (2) be emic, (3) be able to deal with change, (4) represent the community's identity, and (5) be composite (Luzbetak 1988:138).

The model of holism that will be used here should fit those criteria not just because the criteria are good, but also because they are necessary for the investigation that lies beyond the model. A basic model that has been used effectively to understand African healing is that of covenant (Long 2000). The covenant, as a term to embrace and be the theological foundation for wholeness has more depth than most scholars have yet given it.

“The concept 'covenant' could be used as a comprehensive expression of salvation. The covenant means that God created the earth as a place where men are to share in his divine fellowship and his joy, and serve him in love. He will care for them as their God; they will glorify him as his people. The blessings of the covenant are therefore comprehensive pertaining also to a happy earthly life--which includes health (DeVilliers, Konig et al 1986:81).

3.3.1. Toward an African holistic health model

Moila attempts to demonstrate a model of holism in Africa: “The Pedi medical system is holistic because Pedi religion is realized in the everyday life. Thus health and religion are inseparable and the people expect both practical religion and spiritualized healing. The Western separation of religion and medicine does not appeal to them” (Moila 1987:81).

Holism is here "demonstrated" by simple interrelating health and religion. However, two parts do not make a whole, unless those are the only two parts. If culture is co-extensive with religion in Pedi society, then religion is a very big part of the whole. Even if however it were true that culture and religion are co-extensive, it is not true that "culture" will cover even the most basic parts of holism. This is so, for example, because culture is always both static and dynamic. One must ask how much a culture can change before it is no longer the "old" but has become "new"? The forces of change (or the forces resisting change) are the very essence of what makes something "holistic". The fact that Pedi culture has and does change is evidence that something does not fit the "whole". Either the "whole" has to incorporate the new, or the "whole" rejects the new. If there is sufficient interest in the "new" then there will eventually be a breaking of the old (culture customs) and the creation of a new culture or sub-culture.

We cannot therefore base an understanding of "holism" on the simple juxtaposition of health and religion (or culture). Even though that juxtaposition is a larger piece of reality than physical health or spiritual belief by itself, it still is not the whole of life. Placing a tea bag next to a cup of water is more than hot water, but it still does not make tea. In reality the holism seen in Africa is not really very complete. It only more closely amalgamates the body and spirit.

“In traditional Africa man was also seen as a dichotomous being, consisting of a body and a soul. The body is the visible side of man, subject to growth but also to disease and death. The invisible spirit lives inside the body, but is also capable of leaving it temporarily during dreams and permanently upon death...Immortality of the spirit following death is, however, not seen as eternal immortality. Immortality depends on how long the ancestors or "living dead" will be remembered by the living.” (van der Walt 1997:13)

One of the struggles with identifying what is both a biblical model of holism and one that is culturally relevant is illustrated by anthropologist McQuilkin, who wrote of a conversation he had with a lead anthropologist of an evangelical mission.

"What do you think," I asked, "should be required of all people in every tribe and culture?"

He responded immediately, "Those teachings which are culturally universal".

"For example?"

"Well.." He hesitated. "I'm not altogether sure."

"Something like forbidding murder?" I suggested.

"Why, yes" he said, "that would be a cultural universal"

"I am surprised to hear that," I replied. "I would have thought that killing and perhaps even eating the victim, would be a virtue in some societies."

"Well, I guess you're right." (McQuilkin 1996:179,180)

3.3.2. Toward an understanding of holistic health

Subsequently a more precise understanding of health and healing will be considered. What is relevant at this point is to understand that the concept of health must fit a model of holism that is appropriate for an African worldview. DeVilliers and Konig name various forms of healing as medical, psychosomatic, psychiatric, spiritual, natural and faith healing. All these forms of healing are understood as a condition of wholeness, goodness, and rightness that God intends for creation (DeVilliers, Konig et al 1986:79). Although this definition is not fully a holistic model of health, at least recognizes that healing may have different origins and deal with different aspects of humanness. The philosophy and understanding of holism and health continues to change among practitioners and in various societies. "The agenda [of health, of modernity] has shifted from self-realization to self-transcendence, from the rugged individual to the individual-in-community" (Luscombe 1991:34). The post-modern era in the west is shifting its paradigm. The dualism of Descartes is too severe, bringing a desire for something more whole.

Many have sought to push the understanding of health and healing into a more comprehensive understanding. The basic concept used in this study, uses core elements of the following models:

1. "Alongside the medicine, pharmacy, exercise, research and economic interests that address physical illness, people see, as they have always sought, some resources for dealing with the mental, moral [this study substitutes volitional for 'moral'], spiritual, intellectual, experiential, and affective concerns related to health and healing" (Marty 1994:231).
2. "Once we affirm our wholeness and address each person holistically (physically, spiritually, mentally, socially, and emotionally) we can reaffirm our place in a ministry of health and wholeness" (Miller 1992:217).

Earlier, in Chapter Two we considered the biblical terminology for health and we have already seen that in the Gospels “Jesus healed both soul and body without making sharp distinctions between the two, the same Greek word (sozo) being used to describe both kinds of healing” (Droege 1995:120). The construct of health and healing found here is simply a recognition that there is no need to redefine health and healing, it has been done.

3.3.3. Shalom

Although we have already considered biblical terminology for the concept of Shalom, we pause here to understand how it has been seen and understood by those attempting to apply it to life. Shalom, as “the advent of the justice of God”, (duToit 1999:1). Communicates the sense of “human welfare, health, and well-being, in both spiritual and material aspects. Shalom is a way of life that characterizes the covenant relationship between God and his people” (Bradshaw 1993:16). “It is the best description of what the reign of God will be like: a place of safety, justice, and truth; a place of trust, inclusion, and love; a place of joy, happiness, and well-being” (Schreiter 1998:53). Long adds the exercise of dominion as central to the covenants of shalom (Long 2000:40).

John Steward in his video series “Biblical Holism” says that the Lordship of Christ is complete when there is a relationship between God and his people, and when those people exercise proper stewardship over creation that is under the ownership of God Himself (Steward 1988). This model of shalom and health is the conceptual foundational of this study and the videos that were created. Following is the text used to introduce each film so that it could be analyzed in a holistic manner:

Understanding Shalom

Shalom occurs when people who are in a right relationship with God and each other, enjoy and share together the resources of the earth in ways that show Christ is Lord of all creation.

The history of God's redemption in Christ starts with God's activity in dealing with the effects of sin. God's redemption in Christ is first about the relationship between God and His people. Redemption is also about God's ownership and renewal of the whole world, or earth. God gives the world to His people so that they will be stewards of it. When the redemption triangle is seen, we can understand what Lordship means.

This structure can help us better understand not only God's activity in redemption, but also man's response to that redemption. Lets look again. We start with God.

Shalom occurs when people who are in a right relationship with God and each other enjoy and share together the resources of the earth in ways that show Christ is Lord of all creation.

God loved His people with a redeeming love. Because of that love we are able to love God and others. Love is an action that controls our emotions. Love is an action that controls our social relationships. Love is an action that controls the choices we make in how we use our physical energy and resources

Through the Bible, all creation helps us understand who God is and who we are in Christ. It is the Holy Spirit who works in every aspect of mankind to bring a response of faith in God's redeeming love...emotional, social, volitional, physical, and mental.

To understand how God's people, the church, can bring redemptive healing to those who have felt the consequences of sin, we will use these categories (emotional, social, volitional, physical, mental.)

In the following sections of this chapter we seek to more fully explore the meaning, application and implications of shalom to wholeness and healing.

3.4. Understanding healing

3.4.1. Health definitions

The etiology of the English word health takes us to a cultural meaning that looks more African than western. The word health, itself, comes from an Anglo-Saxon root-*hal* (McGilvray 1983:2), which means whole and gives us the adjectives whole, hale and holy as well as healthy (Wilkinson 1980:3). "The way people see health is profoundly symptomatic of what they make of life and of what life is making of them. We cannot therefore separate our attitude to health from our attitude to life" (McGilvray 1983:XII).

Life is health and health is life. This is a shared conviction not only from the Anglo-Saxon days but also in nearly every worldview.

"In primitive religions, many rites were initiated to protect men from disease. Since a knowledge of nature's laws was fragmentary it was assumed that her influence on the person and on the tribe alternated between anger and beneficence. It was therefore necessary to placate the gods which control nature's moods and so insure their beneficence. This became a priestly and, often, a regal function. It is not surprising that a person equipped with such powers, or at least the ability to persuade others that he possesses them, should hold a position of authority in the community and in the nation. (McGilvray 1983:2)

But modernity sought a different way to control health. It was not by a priestly function but by a scientific function. Science begins with definitions. The World Health Organization (WHO) defines health as "Not merely the absence of disease and infirmity but complete physical, mental and social well being" (1948, 1955 etc) (Gilbert, Selikow, & Walker 1996:19)(Larson 1991:4). Since a great number of health and development projects have been undertaken since this definition was coined in 1948, the wonder is why it has not more impacted health (or sickness) care.

"The institute of Medicine defined health as a 'state of well-being and the capability to function in the face of changing circumstances'...The report describes a "field model" of health that rests on



nine components including the social environment, physical environment, genetic endowment, individual response (behavior and biology), health care, disease, health and function, well-being and prosperity” (Gunderson 1997:6).

An African definition of health is (defined by Kofi Appiah-Kubi) “the well-being of mind, body and spirit; living in harmony with one's neighbour, the environment and oneself and in all levels of reality--physical, social, spiritual, natural and supernatural” (Berinyuu 1988:31). In many non-Western societies, all these aspects of life are part of the definition of 'health' (Gilbert, Selikow, & Walker 1996:62).

Hiltner summarizes values of biblical health that are demonstrably more of a non-western understanding.

1. Health is a condition of the individual person
2. We use health as referring only analogously to conditions at the social or cosmic levels.
3. We begin with soma and pride ourselves on growing attention to psyche
4. Health is something everybody wants as well as needs. Although relatively free functioning (or restoration of functioning) of either soma or psyche or both are seen as positive values, they are not viewed as ends in themselves, as if that context were sufficient.
4. Whatever health of psyche or soma may mean, they are regarded as equally necessary aspects of the same reality.
5. The Bible does not recommend any instrumentalities, even faith, for the purpose of maintaining health or effecting healing.
6. The highest value is cosmic wholeness (or its restoration), in which the salvatory process enables us to participate both now and hereafter...there is no biblical warrant for taking 'health' in an individualistic, focally somatic sense which has no context beyond relatively free functioning and escalating it to the top of the scale of values (Hiltner 1968:162).

The assumptions of western man may be almost the exact opposite of biblical values

1. Health is simply the absence of impairment of function
2. Health is the positive capacity to engage in and enjoy functions.
3. Health is the capacity of the whole human organism to adapt itself to constantly changing external and internal environment.
4. Health is viewed as the condition, which results from a combination of appropriate human relatedness and appropriate energy investment.
5. Health is seen as the top of the hierarchy of all human values.
6. Health is the organism's contributing optimally to the community or collectivity.
7. Health is the organisms 'enabling' or base value needed in some degree for all other values to rest upon (Hiltner 1968:164).

The question raised earlier of who defines health is pointed here. Is health a self-perception or an outside observation? Is a person healthy who perceives himself to be healthy, but has practices that

lead to sickness? For example, elderly people tend to rate their health higher than physicians would (Larson 1991:5). On the other hand, is a person sick who has good quality of life, is content and happy, but has indicators of disease? This question of who defines health is most urgent in understanding the healing interventions that follow violent conflict. If a population perceives that there is not a problem, that “people are healed” of the trauma, it may be either self-deception or a re-definition of health and illness. This brings us into the arena of public health.

Collier's Encyclopedia defines public health as "the study and application of activities whose purpose is the prevention of disease and the improvement of human health and efficiency". Public health is but a slice of international health: “The field of international health refers not only to the diseases of poverty and childhood and reproductive health, but also to the activities of international organizations and aid agencies, the consequences of voluntary or forced migration, and methodological developments” (Jansen 1999:381). We see that the understanding of health and international health has expanded, but still focuses on the physical elements, perhaps because it is still disease-oriented and not health oriented. “The bio-medical model essentially keeps health in the biological context while the psycho-social-environmental model puts it in the social context. As such it offers a broader perspective, or a "macroscopic" view” (Gilbert, Selikow, & Walker 1996:5).

In the Declaration of Alma Ata (1978) the conference stated that primary health care is the key to attaining the target of "Health for All by the Year 2000" (Jansen 1999:382). This conference catalyzed a number of missionary medical practitioners to begin a similar refocus in missionary health. The tri-annual conference on missionary medicine sponsored by MAP International became a key factor in reshaping the paradigm of missionary medicine from curative to preventive. Unfortunately even though the international and public health paradigm shifted, it never shifted the understanding of what health is. Organizations like MAP International continued to simply ship medicines into areas of violent conflict (e.g. Rwanda in 1994-6, Congo 1994-1998, Sudan 1999-2001 etc.), but could not see that reconciliation was a basic health issue.

“That different professions would not only have their own definition and treat the symptoms according to the definition is not surprising. It arises out of our specialization and focus of understanding. What is lacking is an integrative focus. The definitions of health are determined to a great extent by where they come from, or who was asked to provide them. They differ along

professional lines, by culture, gender as well as age characteristics” (Gilbert, Selikow, & Walker 1996:7).

“The faith-and-health movement reflects an idea underlying much contemporary health science...the movement is instead about prevention and connection. It is not defined by what we can do by ourselves but by what we must do together” (Gunderson 1997:xiv). This sums up the shift from health as "what can be done for you" to "what you can do for yourself" to "what we can do together", but it is has yet to change the way we respond to violent conflict as a key issue in health for Africa.

After much time and many reports, the church-healing professionals can only observe that “Healing practice normally consists of two components: the medicinal and the ritual” (Christian Medical Commission 1990:12). Philosophers have at least pointed to a more complete definition of health: “True health is the strength to live, the strength to suffer, and the strength to die. Health is not a condition of my body it is the power of my soul to cope with varying conditions of that body” (Moltmann 1983:142). When we consider the outcome of violent conflict we look into the face of suffering: “In the triumphal aftermath of World War II and the euphoria of an expanding economy, what missionary would have written on the pain of God? Who among us worked at integrating this characteristic into his message, let alone into his life? Yet this is precisely what Japanese theologian Kazoh Kitamori did in his volume *Theology of the Pain of God*? (McQuilkin 1996:35). Perhaps it is not a surprise that it required a Japanese scholar to rethink the issue of health and sickness after World War II.

Religious professionals seem easily to be revisionists of health definitions. In the last few decades of triumphalistic theology and practice, health has become “a continuous and victorious encounter with the powers that deny the existence and goodness of God. It is a participation in an invasion of the realm of evil, in which final victory lies beyond death, but the power of that victory is known now in the gift of the life-giving Spirit” (McGivray 1983:13). On the other hand theological liberationists provide an opposite idea: “A Christian ministry of healing is therefore intimately involved with the whole process of human liberation. It is equally intimately involved with the socio-cultural world-view of people” (Saayman 1992:41).

As the western revisionism reflects the values of growth and expansion, so its understanding of health takes on an evangelistic pitch: “‘Health for all in the course of a single generation is a realistic goal’ (WHO definition) was a statement sounding similar to the missionary slogan of the past century: ‘the evangelization of the world in this generation’”(Jansen 1999:382).

Perhaps the most unhelpful revision of the health ideas comes in this observation: “The World Health Organisation states that the spiritual aspect of human life is concerned ‘with meaning and purpose and for those nearing the end of life, this is commonly associated with a need for forgiveness, reconciliation, and affirmation of worth’” (Porter, Alder, & Abraham, 1999:138). If we must wait for the end of life for reconciliation and affirmation of worth to be important, then we surely have lived our lives without shalom.

3.4.2. Medicine and health

Five words offer a set of criteria for beginning to understand the current urban health crisis: availability, adequacy, accessibility, affordability, and accountability (Miller, & Burggrabe 1992:208) (Meyers 1992). All five words show that the health crisis perceived in the US has to do with the delivery of a “health system” which supposedly provides health. Others have attempted to relate medicine in a more holistic way. The WCC study report gives us a chart entitled “rooted in the source of our being”. It shows three aspects of health and healing and wholeness. Each aspect in turn has three parts. In wholeness there is spiritual nurturing, community building and caring for creation. In health there is loving God and neighbor, acting justly and walking humbly with God. In healing there is empowering, forgiving and reconciling and curing and caring (Christian Medical Commission 1990:38). In this model the medical aspect belongs to “curing and caring” which is balanced by empowering and forgiving.

Five basic approaches to defining health by the medical profession still beg an approach that is well suited to understanding what collective health is in a violent environment. In other words, these basic approaches to health are all functions of individual health. They are: (1) the medical model, (2) the holistic model, (3) the wellness model, (4) the environmental model, and (5) the eclectic model (Larson 1991:2). Advocates for wellness education, an alternative to the medical model which is not meant to replace it, but to complement it, identify four areas for education: nutrition, physical awareness, stress control, and self-responsibility (Flynn 1980:351). In none of those areas do we find a natural place to cover the issues of violent conflict in the community. “The

combination of the mind/body dualism and the doctrine of specific etiology have helped to shape the five principal features of contemporary medical practice: the emphasis on (1) curing, (2) individuals of (3) episodic bouts of (4) organic disorder in a (5) clinical environment” (Gilbert, Selikow, & Walker, 1996:24). We must finally recognize that contemporary medicine has a piece to place in the health and healing puzzle. It is an important piece but it is in the end only one piece.

Perhaps if the nature of disease were understood differently, then the fuller nature of the healing might also be better understood. “Africans have different traditional classifications of disease. These fall roughly into three categories: “natural” diseases or injuries that have no spiritual significance, “natural” diseases that have spiritual causes, and diseases that have only a spiritual cause” (Long 2000:119). Because western medicine only deals with “natural” disease, there is no medicine for social, economic or justice maladies. If we think of sickness as that which medicine can cure, and health as the result of medicines, then we end up with a world in which all sickness either has a curative bottle, or the vial is being worked on. For Africa, this is only the small part of the problem.

Jansen develops a line of contemporary thinking that is important for understanding the present drive of missionary--and short-term international medical practitioners. “The Christian tradition views health as a gift of God that humans must respect as responsible stewards.... In the 1960s several consultations held in different parts of the world emphasized the dialectic relationship between health and salvation.... The international health profession challenges us to fulfill a Christian ministry, rather than the mere delivery of a health package to other continents” (Jansen 1999:387). It is clear that holism is more than simply a physical intervention. Clearly the challenge is to be ministering and not just “doctoring”. But Jansen still continues the idea that health is something passed from one who “has it” to one who “does not”. He continues to make health a commodity!

3.4.3. Problems within the Christian community

Bosch claims there is a rather widespread agreement among Christians about the six basic tenets of Christianity (the incarnation of Christ, his death on the cross, his resurrection on the third day, his ascension, the outpouring of his Spirit at Pentecost, and his second coming, or parousia) (DeVilliers, Konig *et al* 1986:1). However we still tend to focus on one or another aspect of theology That theological predisposition will influence our definitions of healing--both individual

and collective healing. As we proceed to identify problems in the Christian community we do well to heed the call to careful dialog, “to listen and to learn, and a willingness not to dodge issues” to which Bosch calls us. (DeVilliers, Konig, et al 1986:8). We will look only in a cursory way at a series of theological perspectives that lead to errant, or at least unhelpful and incomplete views of health and healing.

3.4.4. Problems in understanding healing

“Andrew Murray alleged that there was healing in the atonement in the same way as forgiveness of sin, because Jesus not only bore our sins in his body but also our sickness” (Hannes Jonker quoted in DeVilliers, Konig, et al 1986:143). While this brings a wealth of theology to healing, it also tends to make both atonement and healing individual acts. Healing becomes a separate result of the atonement (salvation is the first result).

The struggle between two extreme views of redemption perhaps comes from the over simplification of salvation that both views make. For the pietist, salvation is wholly other in the sense of being out of this world. For the "evolutionist" or "liberal" it is wholly within, in the sense of belonging completely to this world (Moila 1987:19). Does salvation only wait for an Armageddon battle? Is it assured to evolve over time from within us? Considering that the gospel was well entrenched in Rwanda for over 100 years before the 1994 massacres, one wonders whether either view of salvation makes any historic sense.

The widespread views of "signs and wonders" theology as THE healing intervention sometimes creates the impression that the only part of the church that is concerned with healing are those who are advocates of certain Charismatic forms of spirituality. Smedes takes issue with this idea, but then seems to question the mandate for healing at all:

“‘Signs and wonders’ have a specific connotation. There is a categorical uniqueness about them; they have a narrow, though radically important function within a narrow, though redemptively crucial history. They signal not just anything that surprises and awes us, but God's decisive actions for the salvation of the world. They are signals that the kingdom is drawing near. They are harbingers of the advent of Christ (Smedes 1987:27). Jesus--according to the most ancient Greek texts--gives no mandate to undertake a healing ministry. He does tell his disciples to teach all nations and to baptize in his name (Matt28:19,20). He does speak of repentance and forgiveness being preached to all nations (Luke 24:47)... But he does not reinvest his disciples with a commission to do miraculous healing and resuscitation (Smedes 1987:30).

We have seen already that different values between in the cultural foundations of Western

Christianity and Animist Africa create different visions of life and health. “In the West the key values, for example, are power, change, progression, and individual interests. While the core values in the case of Africa would be adjustment, interrelationship, tradition and group coherence” (van der Walt 1997:30). The question for the church may be, “whose values are the “biblical” values?” One of the real problems in the Christian community is to decide what is the Christian community. That is, just how far does it extend? It would appear that Berinyuu is ready to accommodate anything, or syncretize everything—which simply illustrates the African issues of interrelationship and group coherence.

“The Christian diviner caring for the sick in Africa cannot and should not dismiss causes or allegations of witchery as pagan and suspicious. The witchery phenomenon is an important part of African cosmology and reality, it is a more frequent concern of those sick and hence should be an integral part of Christian pastoral care to the sick...the Christian diviner may, in the process of exploring with the sick, invite the family of the alleged witch...whatever goes on in the ministry of healing is only the reactment or application of what Christ, the first ancestor, accomplished and commanded His followers to do likewise (Berinyuu 1988:99).

A series of problems have grown up around missionary medicine. The earliest problem may be seen in the purpose. The primary aim of medical missions was not so much health as personal salvation. “The scope of medical missions in the past century [i.e. 19th] was primarily determined by their aim to touch as many people as possible with the gospel. Most of the missionary societies viewed their medical work as a practical form of evangelization and believed that the healing ministry was a “softening up” process for the gospel” (Jansen 1999:378).

Ekechi describes the way in which epidemics in Nigeria, and “western medicine” eroded local confidence in traditional healing measures. Hidden from people’s view however was a practice that very nearly paralleled their own belief system, it was the “magic” of the Catholic medical fathers.

As we apply body lotions on the patient, we also dip three times in a row a hen's feather into a bottle of baptismal water. And, without showing that you are doing so, you at that point apply that which is the best of the medicines. Then you give to the child one of the names of your friends. So we name them Clement, Emile, Leopold, etc., etc. In a very low tone we pronounce the sacramental words, “I baptize you in the name of the Father, Son, and the Holy Spirit.” That is the way we open the gate of heaven to a little angel; and that is the way we let him into heaven (Ekechi 1993:295).

Hospitals soon enough stopped being evangelism centers and turned into political bargaining chips. Reporting on the relationship of the church hospitals and medical projects to the church in India, 1968 we read what could have been written in 1998 as well. “Administrative relationships between

the church and its hospitals were generally bad. Medical Committees were catering far more to the exigencies of church politics and power structures than to securing the disinterested expertise, which these complicated institutions such as hospitals required” (McGilvray 1983:39). At the heart seems to be the fact that when the church's role as a healing body becomes institutionalized, it dies. It lives when the body is expressing its healing powers through individuals.

“The overriding commitment to their culture serves churches worst in situation of conflict. Churches, the presumed agents of reconciliation, are at best impotent and at worst accomplices in the strife” (Volf 1996:36). Attempting to be innocent in a violent and abusive society is impossible. There is no primal innocence because we enter a struggle in a point in history when it has already been going on. Even before we know to choose, we inherit the bias and position of those who love us. Volf again puts it: “The closer we get, however, the more the line between the guilty and the innocent blurs and we see an intractable maze of small and large hatreds, dishonesties, manipulations, and brutalities, each reinforcing the other” (Volf 1996:81).

Yet another problem is that while Christianity should create a new identity, it seems not able to do so. “At the very core of Christian identity lies an all-encompassing change of loyalty, from a given culture with its god to the God of all cultures. A response to a call from that God entails rearrangement of a whole network of allegiances. As the call of Jesus first disciples illustrates, "the nets" (economy) and "the father" (family) must be left behind (Mark 1:16-20). Departure is part and parcel of Christian identity” (Volf 1996:40).

3.4.5. African traditional healing

John Mbiti gives a very helpful list of what he considers to be the main elements of the traditional African approach to healing. These are (1) treatment, (2) prevention, (3) protection against agents of evil, (4) purification, (5) ensuring success, (6) retribution, (7) exorcism, and (8) eradication of witchcraft. In this list Mbiti left out one important aspect of African traditional healing, that of diagnosis (referenced from *So Sende Ich Euch*, Otto Waack et al. eds., Stuttgart, Germany: *Evangelische Missionsverlag* in Berends 1993:277). Berends condenses Mbiti's list of eight elements into four. Though the main function of each is focused on individual healing, it is clear that in application each element is connected to the community. “African traditional medicine is diagnostic, curative, preventative, and causative” (Berends 1993:280).

Mbiti's essential ingredients may be borne out even today. For example, in using the "Transformations" video, it was assumed that the viewers would be able to discern that no evidence of healing or transformation was actually given. The only intervention that the video mentioned was the exorcism of witchcraft. This in itself seemed to be an adequate demonstration of healing for many observers. Determining the beliefs and practices of African traditional healing may be of less value to us in this study than the understanding that Africa today believes in and practices all health-systems. It is perhaps because no one of the systems has been seen to be adequate for life.

African health beliefs fit three categories, they may be summarized as: magico-religious, the holistic or naturalistic system, and the scientific or biomedical (Flaaten 1996). African cosmology sees the significance of social causes for illness (Maclean 1986:47), does it also see the significance of social healing, or is it only the symbolic, representational individual that suffers? This cosmology recognizes that an individual or individuals may give illness by a curse, but is it just an individual who suffers, or may the curse give corporate illness also?

African health is about power. So the power of Christ is simply seen as greater--more of the same. The 'Christian' healer wields a bigger stick than the traditional healer. Perhaps Simon's desire for Peter's power is still the root living today. An example of this is in some of the Zionist bishops and prophets are not merely giving new names to old powers but also are asserting the far greater power of an independent and merciful God that may be invoked in the name of Christ. Christ in such circumstances does not just fit into an existing cosmology any more than he can just abolish it (Maclean 1986:165).

There is an undeniable growth of the "signs and wonders" phenomenon in Africa today. We must ask two questions of it: 1) is it of God? 2) Is it helpful for the healing of the continent?

The fact that someone does "signs and wonders" is not a self-evident indicator that God is healingly at work. In fact, the wonder-worker may be working against God. We remember the magicians of Pharaoh who matched wonder with wonder in their contest with Moses. And we recall the caveat of Moses that a prophet could come and do "a sign or a wonder" in order to seduce the people away from their cajoling to love God and walk in his commandments (Deut 13:1-5). And we recall that Jesus himself warned of false Christs who would "show great signs and wonders" that could lead the elect astray (Matt. 24:24). And, as all readers of the apostle Paul know, he predicted that the anti-Christ would come on stage with spectacular "signs and wonders" (2 Thess. 2:9)(Smedes 1987:28).

AIDS is a particular disease that exemplifies the African view of health and healing as well as what must be done to bring healing. The fear of death from AIDS is less the primary concern than is the balance that has been disturbed. Therefore AIDS is not simply a disease which has to be conquered, but is symptomatic of a contemporary idol of death which has to be vanquished so that the community can be restored. This is so because it is not illnesses that are healed, but people, or to put it in different words, it is not the physical illness (which is but a symptom) that that has to be healed, but the broken relationships among people (which is the real illness) (Saayman 1992:53).

3.4.6. Miracle vs. Natural

For some, healing is a wholly natural phenomenon. The healer has but to cooperate with the natural forces of healing within the body. Mk 5, the healing of the woman with the issue of blood presents an opportunity for those looking at psychological factors of healing to find a biblical place for healing that is of both body and psyche (Sayward 1993). Both the body and psyche healing can be interpreted simply as a wonderfully natural experience. Hope is of course a vital ingredient in the natural process: "Hope is the psychological ingredient to health or wholeness. It is hope that is the mobilizer of the healing forces of the body, mind and spirit...thus Christ's question "do you want to get well?" implies that healing involves psychological motivation, hope" (Allen 1991).

The healing of memories is a type of healing that could be seen simply as the outcome of restored hope. The healing of memory seems to be when there is some "sense" in it--either by way of understanding the death circumstances, or the placing of the death into larger and more meaningful circumstances. For a Christian the sense of my story fitting into HIS STORY can be a healing point. The Truth and Reconciliation Commission focused a great deal upon ritual and symbolic closure and a dominant understanding is that:

Remembering in itself, is not necessarily a directly redemptive and liberating practice, and is only one of many possible routes to symbolic closure for survivors...the so-called symbolical acts of reparation such as reburials and material acts of reparation such as payments both...play an important role in processes of opening space for bereavement, addressing trauma and ritualizing symbolic closure. They acknowledge and recognize the individual's suffering and place it within a new officially sanctioned history of trauma (Hamber 1999:4).

But the questions remain, is healing miraculous? Is it normative? Is living in power with cancer more or less of a sign of the kingdom than having the disease gone. Is the skillful removal of cancer and recovery more or less of a sign of the kingdom than being anointed with olive oil and prayed

for? Allen says: "Healing is both a sign and a manifestation of the "kingdom power" of God, working through Jesus, to bring his new order into existence.... As a manifestation of the kingdom, Christ's healing shows that in the kingdom we are freed from the oppressive reign of sin, Satan and suffering, and come under the liberating, healing reign of God" (Allen 1991:7).

For some, healing ministries of the "miraculous" variety are the defining method in community transformation and church growth. "Gilbert Olson attributes the success in church growth of the Assemblies of God in Sierra Leone to the fact that when they urge people to break with the medicines and charms of the past, they compensate for this by emphasizing the healing power God gives to the church" (Berends 1993:277).

Shenk and Stutzman while defending the power-confrontation model of "transformation" in missions, give an argument that possibly invalidates the very model. They say: "The Holy Spirit confronts through love-power rather than force-power. Force never changes the inner spirit of a person, but love does transform the person" (Shenk and Stutzman). In other words, if healing and transformation are to bring genuine shalom, it will not be by power confrontations in the heavenlies, but by those that demonstrate changed wills and behavior of individuals and groups (i.e. church) of changed people.

Historical situations abound that illustrate healing as a miraculous intervention of God. "Ambrose Pare, the great sixteenth century French surgeon, put it in a nutshell: 'I dressed the wound and God healed it'" (DeVilliers, Konig et al 1986:189). In 1843 Blumhardt, a Lutheran pastor, prayed for a dying girl in the village of Mollingen. The movement that followed showed that healing was considered primarily miraculous based on the "prayers of faith" of the one healed. Thereby both miraculous and healing were consigned to be the property of single individuals whose healing could be nurtured in a community of faith but the healing itself did not affect the community. Sickness and disease was personal, not collective. One might well see the origin of a kind of modern hospital care as having arisen from this healing phenomenon. In time Blumhardt

...established a faith home (which eventually accommodated over one hundred fifty invalids at a time) was the center of his healing operations. Here the sick were instructed in the biblical message of healing within a faith-building atmosphere so as to enable them to obtain spiritual power over their sickness. So successful was the faith home concept that R Kelso Carter reported in 1887 that over thirty such healing centers operated in America (DeVilliers, Konig, et al 1986:62).

On the other hand there are numerous examples in past and recent history that demonstrate a more sensational side of “miracle healing”. One such example is Emmanuel Milingo, Roman Catholic Archbishop of Lusaka in 1969-1982, and who was compelled to resign by Rome because of his practices in healing. His style was heavily influenced by that of the American Pentecostals, and was outspoken against scientific and systematic theology.

"Milingo can well be compared with a number of famous healers in twentieth century Africa--men like Simon Kimbangu and Isaiah Shembe--who link together Christianity and African tradition.... His frequent focus is healing from possession or barrenness. He uses a physical touch (especially of the right hand to the affected body part) following the establishment of a personal relationship, suggesting the person sleeps (hypnotic suggestion inferred by some) (Maclean 1986:147ff).

A second example is that of The Zion Christian Church. Bishop Mutendi in Zimbabwe shares a similarity with the traditional healer, *nganga* in regard to the diagnosis of disease in that both find the cause of illness in the "disturbed communal society" and the relationship of the spirits to the issues of social custom. The difference is that the "Christian" healer treats by casting out the spirit (evil) and the "traditional" healer treats by complying with the spirit's desires (Maclean 1986:164).

Several principles have been identified in the Bible that help to understand the use of "Spirit" and "spirits", especially as we view the question of “Spirit healing”: 1). There is a very real spirit world that affects the lives of men and women. 2). There are both evil and good spirits at war with one another. 3). Spirits can cause illness, bad events, and death. 4). Good spirits are not involved in healing. 5). Men and women are instructed very clearly to avoid diviners and mediums in the search for healing, though we should not be surprised if they are effective in some instances. 6). Only God is to be worshiped. 7). Ancestral (human) spirits may exist but do not act as intermediaries to God (Long 2000:34).

Having identified “spirit principles” in the Bible, Long gives a most helpful answer to the problem of dividing between miraculous and ordinary healing:

As long as we conceptually divide God’s work into the miraculous and ordinary, the natural and supernatural, we are fated to place spiritual and physical health ministries into two distinctive categories and struggle to define their relationship to one another... If we define health and healing ministry as an expression of God's character and power in his created order, we escape the trap of that definition. All healing becomes divine healing (Long 2000:188).

The distinction between miracle and natural in healing is indeed a non-existent one. Attempting to make one has created a divide between the church and society, between men and women of faith.

“The three legs of effective health and healing ministry in Africa--revelation, traditional wisdom, and science--represent three distinctive paths to knowledge, all relate to the created order, and are all expressions of God's power to heal and sustain health” (Long 2000:188).

3.4.7. Healing or wholeness?

Fountain is probably one of the few writers who begins with a simple and helpful distinction between disease and illness, curing and healing. “A disease is a particular condition that upsets the well-functioning equilibrium of a person. Illness on the other hand has to do with the person. Illness is all the uncomfortable, disturbing things that happen to and within a person when a disease is present...curing has to do with disease. Healing has to do with illness” (Fountain 1999:38).

The vocabulary that is used in the Bible to express healing opens a window to understanding what healing is about. “*apolelusai*, Luke 13:12 means ‘loosed’; *anosthao*, Luke 13:13 ‘made straight’; *hugaiainonta* in Luke 7:10 is ‘whole’” (Lambourne 1963:97). Fountain adds his comment on another key term: “The Hebrew word “Yeshua” and the Greek word “Sotera” mean both savior and healer...This means that healing is a part of salvation...The full meaning of salvation is to be made whole, to be saved from sin, sorrow, and sickness” (Fountain 1999:21). Healing then is not just a part of salvation; it is integral in salvation. Salvation is integral in healing. Christian healing is “simply the difference made by Jesus when he meets us at our point of need” (Lawrence 1996:12). This kind of healing then, is about wholeness more than cure.

The language used by the church concerning healing is notably difficult to understand. For example is “faith-healing” about holism or about cure? At least one view is that, “Faith healing is a form of auto-suggestion.... The healing agent in faith healing is faith itself” (Lawrence 1996:19). Others speak about the importance of healing but never make it clear if they speak of wholeness or cure or both (Wilkinson 1980:10). “Anthropologists usually categorize religious healing within the framework of cultural healing as opposed to medical curing” (Bate 1995:101). Some psychological views simply make healing symbolic, for example: “Transactional analysis is one way of using symbols, it necessitates identifying first a ‘healing myth’” (Dow 1986:56). If healing requires a symbolic “myth” base, then there is little room for truth. At issue is: “who defines the Truth?” One’s cosmology defines it, making all other cosmologies “myth” based. If we follow the traditional African pathway that healing is about “restored balance” to society, we would have at best a static balance which “has no answer to the problem of human guilt or death, nor to the anxiety and the

threat of meaninglessness” (McGilvray 1983:13).

DeVilliers and Konig use the terminology of “hard” and “soft” to describe healing:

“By a 'hard' healing I mean the healing of someone who is obviously sick--visibly deformed, paralyzed or mutilated.... A 'soft' healing on the other hand, refers to the healing of an invisible condition--usually an internal condition like backache, or at any rate something that is difficult to investigate...soft healings are far more common in faith healing than hard healings...this distinction did not exist in Jesus' ministry or that of the early church. Jesus healed everyone, from a woman with a fever to a man with a withered hand.... (DeVilliers, Konig, et al 1986:88, 89).

It would seem that “hard” means physical cure and “soft” means non-material wholeness. But then we are left wondering where social justice, renewed understanding, emotional fullness and balance, wise choices and spiritual renewal fit in. Pentecostals see three kinds of healing: (a) physical healing (b) inner healing which pertains to the healing of emotions or memories, and (c) in extreme cases--treatment at mental institutions (DeVilliers, Konig, et al 1986:135). Again we have no place to understand things like transformation of structural evil. Further, if we followed these distinctions when dealing with violence we would come to the obvious conclusion that modernity has no treatment for the disease of violence. It can't be treated as a physical ailment, nor is it just an inner healing that will change it, nor will we bring healing in a mental institution. Violent conflict has no drug, no operation, no therapy, and no miracle.

God continues to be in the business of healing--not only personal healing but also corporate healing, not only of the body but also of the whole person. He uses not only physical elements, but also all the elements that He used in making mankind. The distinction here between healing and curing draws attention to the distinction between cause and disease. Biomedicine typically treats disease to bring a cure. Traditional healing seeks to heal or remedy a deeper cause. Salvation as both prevention and remedy helps to frame the traditional African understanding of the question of health and wholeness.

“Salvation in non-dogmatic African traditional religion refers to preventive as well as remedial strategies in relation to one's prospects of attaining ancestorhood...salvation can, and does, take the form of courage to face the harshness of the reality of mortality” (Kwenda 1999:2).

In this traditional sense then wholeness includes a participation in community. Such inclusion is vital to our understanding of wholeness, and at least for the Christian it is not a matter of “attaining ancestorhood” but a matter of being “...made whole to be joined to a group chosen to accomplish a

particular task for God. The healed become by the very act of healing part of the healing community” (DeVilliers, Konig et al 1986:219).

Perhaps the idea of brokenness best describes the sickness, disease, and unwholeness of man in all his aspects. We see mankind like a pot that is broken into many pieces. Healing would then be the coming together of the broken pieces” (van der Walt 1997:14). An understanding of healing must include sickness and pain and suffering. Health is the way in which a person-in-community deals with those things that remind us that we do still live in the darkness of a kingdom not yet fully set right. The fact that we can live with those difficulties in joy, in hope, and in power shows that the Kingdom of God is with us, indeed in us. “The journey toward wholeness includes pain and suffering... Health is a relative, rather than an absolute, condition” (Luscombe 1991:66). Healing is simply a step on the journey to wholeness.

Truly, suffering, rather than ease, may be the result of healing. “Jesus, for the first and only time in his life healed the battle wound of an armed man; not for his ally but for one of his enemies (John 18:10-11). In choosing this path for himself, Jesus consigned his followers to suffering even as he bought their salvation. The spiritual gift of healing was not given to deliver all those in the church from suffering. Healing, in fact, presumes suffering (Long 2000:76).

The journey to wholeness in the midst of suffering and pain is another way to describe the Biblical drama of salvation:

The first act is the creation of the world as God intended it to be. The creation stories provide us with the norm of health....The second act in the biblical drama is the story of brokenness, beginning with Adam and Eve and continuing throughout history and affecting everything that God has made. The third act is the mending of creation, the restoration to wholeness, the climax of which is the ministry, death, and resurrection of Jesus. The last act is the realization of salvation (wholeness partially now and completely in the eschaton) (Droege 1995:119).

3.4.8. Personal healing

Our discussion to this point has implied what we want now to state and show more clearly: healing has tended to focus on the physical (mostly medical) and the individual forms of moving from “disease” to “ease” (an observation made often in the teaching of Dr Roy Schaeffer who labored to change the understanding of health care in eastern Africa for at least three decades).

We have lost the communal element of the cross, “in western Christianity, the power of the cross to create a new race deeply concerned with peace, love, justice and communal harmony has largely

been replaced by the emphasis on the cross as a means to personal salvation” (Shenk 1983:160). It is not just social issues that have become lost, but the very nature of pastoral care has shifted. “Because our primary models of pastoral care have been borrowed from therapeutic models, pastoral care has been narrowly defined as pastoral counseling and has emphasized an individual approach” (Gill-Austern 1995:234).

The classic "faith-healing" service caters to the individual malady, draws from the faith of the individual, and is enhanced by the faith of other individuals. Following is a service format suggested by Rev. A.O. Akwaowo, "Church Ministers and Ministries", Calabar Nigeria: Truth and Life Church International:

How to Conduct a Healing Service, whether the Minister has gifts of healing or not, healing service is a faith service.

1. Begin with faith songs.
2. Prayer and Worship
3. Prayer of confession, James 5:16
4. Choose a faith text, because faith comes by hearing, and hearing the word of God (faith). Be positive, and let the believers know that healing has been accomplished by the finished work of Jesus Christ. Let them claim this.
5. Prayer of Salvation.
6. Prayer of deliverance and healing, either by authority, laying of hands, or using any other contact point.
7. If time permits, call for a testimony to confirm the power of God and drive faith into others (Maclean 1986:186).

Christian psychology gives a clear definition of psychological healing that sets it in a purely individualistic setting: “Healing as a new way of seeing, a new way of feeling, and a new way of living. With this definition it is, then, the goal of the therapist, friend, spouse, or parent to help the individual work toward grasping this sense of newness” (Hicks 1993:162).

Christian psychologist Larry Crabb recommends a healing service for someone who has lost a close family member. It focuses on the individual who is grieving, but includes the larger supporting community of faith. The "service" is a home fellowship where those present share remembering the goodness and difficulties of the deceased. Prayer and blessing of the left one(s) and other joyful activities are part of the evening (Crabb 1997:136).

If we have a helpful understanding that healing is about wholeness, and that individual wholeness must be in a corporate setting, then the church should clearly provide a rich source of healing. It is

“the corporate life of the people of God which is a compassionate, sympathetic fellowship of a sharing of the burdens and the joys of life. We know that the healing of bodies apart from life in this fellowship is as incomplete as launching ships in dry harbours, or sowing seeds on stony soil” (McGilvray 1983:16). It is certainly in this healing context that “The uncovering of deep, underlying emotions and traumatic experiences can take place in trusting interpersonal contexts in which the sharing of pain, reduction of anxiety, and emotional release are normative and expected as a manifestation of God's influence” (Matton & Wells 1995:183).

A key part of the community richness is the creating of opportunity to deal with individual needs and pains. For example, personal healing includes forgiveness, and must be a part of a community healing. “We forgive persons, not institutions. We forgive persons for what they do, not for what they are. We forgive persons for what they do to seriously wound us. We forgive persons for what they do to wrong us when they wound us”(Smedes 1996:21). Giving and receiving forgiveness has an important healing function, which is illustrated by some (Meiring 1999:46), and debated by others (Adams 1977:33).

God's forgiveness offers more than human forgiveness,

“Forgiveness involves even more than the healing of our relationships. Scripture also presents evidence for a link between forgiveness and health. David spoke of his ‘bones wasting away’...until he finally received God's forgiveness....Forgiveness is an unmerited gift through the sacrificial atonement accomplished by Jesus Christ. It is God's offer of health and wholeness” (Benner & Harvey 1996:28).

Forgiveness, as a key part of healing relationships requires a declaration. To declare forgiveness is to both agree that an offense has been made, and that a decision has also been made to forgive. In that sense forgiveness becomes a promise of intended future action. “...when God forgives, he goes on record. He says so. He declares, "I will not remember your sins" (Is. 43:25; see also Jer. 31:34)... Forgiveness is not a feeling; forgiveness is a promise!” (Adams 1994:111, 112).

Receiving God's forgiveness may be God's gift; God's declaration to us, but it does have a consequence. Redemption causes us to be a conduit of grace to others.

Inscribed on the very heart of God' grace is the rule that we can be its recipients only if we do not resist being made into its agents; what happens to us must be done by us. Having been embraced by God, we must make space for others in ourselves and invite them in--even our enemies (Volf 1996:129).

Making space for others in our lives is an aspect of healing that is uniquely a connecting link from the healing of an individual to the healing of community and relationships. “Forgiveness is not an act--it is a process. It is not a single transaction--it is a series of steps: restoring the attitude of love...releasing the painful past...reconstructing the relationship...reopening the future...reaffirming the relationship” (Augsburger 1988:44).

The healing of relational pain through forgiveness requires being holistic. “Forgiving is a remedy for pain, but not for anybody else's pain, just our own. But no pain is really our pain until we own it...we appropriate it, we acknowledge it, we name it, we evaluate it, we take responsibility for it” (Smedes 1996:133). In the process of owning pain then appropriating it means recognizing that it is truly present in our lives--if not materially then at least that it has a physical implication. When we acknowledge pain we are dealing with it emotionally. When we name the pain we are usually putting it into its social context of relationships. When we evaluate pain we understand it. When we take responsibility we are making a choice. In dealing with pain--in this sense emotional, or social pain, we must heal it holistically

This process of forgiveness then, which begins with God’s forgiveness and moves through human forgiveness, is the reality of shalom. “The turning outwards, away from self, to God and to a concern for others, is both conversion, and healing. It is also wholeness. The disjointedness, the alienation, the being at odds with other people and oneself is the very opposite of health” (Lederach 1986:20).

Forgiveness—whether from God or from humans—requires confession which is basic to personal as well as to corporate healing. Whether confession must precede or if it may follow forgiveness is debated in both the films “Healing Hearts” and “the St James Massacre”. The question here is not the order but how can appropriate confession be promoted when it is in a public context?

Confession should be as public as the commission of the act...confession should be shared where it is a help to another, not a hurt or a hindrance...confession should not be so intimate, so revealing, so painful that it will wound or scar the person to whom it is confessed. True confession has two sides. Confession with only a negative side is a counterfeit. It's the admit-your-failures-and-get-them-off-your-chest variety. But true confession has a positive side, too. It is a confession of dependence and allegiance to God, the great Guilt-remover (Augsburger 1988:71).

Public confession may then contribute communal healing. But what is “communal healing”?

3.4.9. Communal Healing

If, as we have seen, healing and salvation are inseparable in shalom, then we must again pick up the thread of African Traditional Religion's views of community: "In the traditional context religion cannot be a purely personal affair; the relation to the sacred is, first of all, a communal one. Ritual specialists, priests, prophets diviners, and kings are the servants of the community and their role is to mediate the sacred to the people" (Ray 1976:17). These roles are vital in traditional Africa because it is a common belief that sickness comes from curse. The curse could be no more than making decisions against advice; "Among the patrilineal Tallensi a son who pursues his own ends against his father's wishes often ends in failure and sickness. He must then seek his father's forgiveness and blessing in order that he may be restored to a healthy role in his family relations" (Reyburn 1978:108). Sickness that came from covenant unfaithfulness was a common belief in the Bible, because covenant unfaithfulness was cursed. Sickness that comes from broken relationships is evidenced by medical science today (e.g. ulcers and other stress-related syndromes).

Surely there is individual sickness and health, but is communal sickness and health a function of the individual, or individual health more a function of the communal? While the Cartesian emphasis would seem to say that physical illness must be a function of the individual, except as individuals make contact and spread disease, the explanation falls short of our reality. We have devised terms to explain behavior and conditions that do not fit the individual biological theory. We may say someone is "love-sick", or a series of illnesses coupled with erratic decisions may be explained as "going through a difficult time in marriage". While no doctor is likely to make a diagnosis of "marriage-itis", the wise doctor does explore at least psycho-social factors.

At the heart of individual and community brokenness or wholeness is the matter of identity. Identity is the bridge that links the individual to the community. This is especially important in understanding the healing that occurs in a situation of violent conflict, for violent conflict in Africa mostly arises from identity issues.

"The theocentrism of the Hebrews, however, gave them a transcendence in community and a security of identity that is not a part of the anthropocentric theology of African tradition. The person in community is at the center of the African worldview. God is relevant only so far as he relates to 'this life, this existence, and its concerns and cares'" (Bediako quoted in Long 2000:103).

At issue here is the difference between being an individual in community, or a community that is

defined by the essence of the individuals vs. community that is the collection of individuals. The first characterizes a traditional African community, the second a religious community, and the third a western community. We will consider briefly each of these types of communities and how healing might be seen in them.

The African community “is 'the whole community' of living and dead.... Ancestors are, for the African, simply symbols for the principle of authority and filial piety is the experiential basis for ancestor cults...I found, however, a thousand other outlets for reciprocity between living and dead. There were elaborate funeral ceremonies, mourning rites, inheritance...”(Shorter 1975:124). An interesting question might be “is there really any difference between an African and a western relationship to the dead today?” Both have elaborate funeral rites, maintain the gravesite, visit it, have pictures in prominent places, speak often of the traditions of the ancestor etc. May it not be that in today's Africa we simply see a much closer parallel between the living and the dead, so that the issue is one of respect, even veneration, of the ideals, the values, and the actions of the deceased?

In the religious Jewish community several tendencies are seen that blur the distinction of individual and collective woundedness and healing.

There are some clinical phenomena that seem to exist only among holocaust survivors; 'transposition' (the tendency of children to live out the persecution of their parents, 'enmeshment' (the tendency of parents to see children as leading the lives they did not lead, and of children to heroize or victimize the parents), and 'mission'(developing a positive Jewish communal identity, speaking publicly about the holocaust, assuming the social role of 'holocaust survivor,' attending public commemorations, being active in human rights issues) (Blumenthal 1992:210).

In Christian religious communities cosmic health must include individual health, but it is more than just the summation of individuals. Perhaps it would be better to think of it as being the synergy of individuals.

“But the Bible is deliberately from cosmic health, also clearly interested in the health of the person and therefore had, inferentially, no objection to calling 'health' something which is primarily related to individual welfare--so long only as, in the larger context...and so long as salvation is not thought of as a kind of summation of all the individual healths. (Hiltner 1968:164)

In the New Testament, personal calamities were dealt with in the context of the wider community, people were expected to call in the elders, who would anoint and pray over the sick, were encouraged to confess their sins to one another, so that broken relationships might be healed and

harmony be restored within the new covenant community (James 5:14-16), and the Lord's Supper provided a special opportunity for the healing of relationships and the prevention of sickness" (Berends 1993:283, Mulemfo 1996:138).

By contrast, contemporary "Biblical practice" in western communities has to be warned:

"Watch out for religious manifestations of the humanistic scourge of individualism... Beware of allowances made for individual worshippers to do their own thing during corporate worship, as if they were having their private devotions but together, in the same location... Note the evangelical emphasis on having a "personal relationship with Christ" and the lack of equivalent popular terminology about cultivating a corporate relationship with Christ as his body... Resist current pressures to replace community values with "family values" (Bilezikian 1997:175,6).

The warnings are relevant for Africa that has often adopted western worship styles and influences. The cataclysm in Rwanda happened a week after a major crusade in Kigali in which people had "worshipped together". We have a sobering reminder that to simply be in physical proximity to others--even to know their names and occupations, children and businesses--is no guarantee of community. Such proximity may be no more than the formula for the success of genocide.

In each of these communities, the issues of relationship are primary in determining whether or not there is shalom—or community healing. Brokenness always means relational brokenness in some measure. Bate identifies both positive and the negative side of the "coping-healing" style of healing done by the Pentecostal tradition. On the one hand it does recognize and lift up the divine image in man--true humanity. On the other hand it seems unable to move people who have experience this affirmation to affirm others in any other way than the same in-group healing they have experienced.

When the society is perceived as dehumanizing, this can also be interpreted as sickness and the remedial response to it on the social level, through political social and economic involvement, can be interpreted as healing. Such a perspective raises the point whether other Coping-healing churches involve themselves in this type of healing. A major question...is whether Pentecostalism leads to social involvement or social withdrawal...When a society is dehumanizing then the experience of having one's humanity affirmed is clearly necessary merely for survival...However the question is whether the so healed are prepared to go into the world in order to heal what is broken within it (Bate 1995:129).

At least in theory all theological varieties of Christianity recognize that the evidence of a whole community is reconciliation. But,

There is no agreed upon definition of reconciliation in human societies...The Christian understanding of reconciliation has had many different meanings...the classic location for a

Protestant theology of reconciliation, it is Romans 5:6-11. The Catholic emphasis would be slightly different, focusing on the love of God poured out upon us as a result of the reconciliation God has effected in Christ (2 Corinthians 5:17-20) (Schreiter 1998:14).

In both traditions there is the ever-present necessity to avoid "cheap forgiveness" in which "talking about forgiveness in a world of violence must recognize that there is often an almost unbearable tension between the need to call for justice and the conviction that healing and wholeness of life require that we do not hate our enemies" (Kassmann 1998:42).

What does forgiveness and reconciliation look like in a communal situation? It is forgiveness in which restitution cannot be demanded; certainly any revenge is excluded. "Forgiveness is the boundary between exclusion and embrace. It heals the wounds that the power-acts of exclusion have inflicted and breaks down the dividing wall of hostility" (Volf 1996:125). In forgiveness, I embrace one who has been "other" but now becomes in some sense "one" with me. Volf describes the "embrace" of those who were once enemies: "The four structural elements in the movement of embrace are opening the arms, waiting, closing the arms, and opening them again. For embrace to happen, all four must be there and they must follow one another on an unbroken timeline" (Volf 1996:141). In the healing of embrace, both the physical act and the volitional choice are focused in the four elements. At no time is there suppression of self or of the other. Both are free, both choose, both depart from their "own" to embrace "another".

The healing of community often comes in stages

The first phase...the genesis phase. In this phase, the shifts in relations of power in a conflicted society are getting under way...The second is the transformation phase. This is the actual beginning of the transition. It is usually marked by some event that takes on major symbolic significance as a turning point...The third phase is the readjustment phase. After the excitement of the transformation phase, the reconstruction of society begins...On the one hand, there is a struggle to hold onto and consolidate the changes that have taken place...but nonetheless, steps have to be taken to implement elements of the vision of the future (sometimes there are competing visions) that had emerged in the transition phase as the new ideal society (Schreiter 1998:8).

The focus of many church programs is on the multiplication of congregations, or the spiritual growth of their congregation. These are good goals, but they may miss the greater goal. The greater goal is that God intends the renewal of the whole world. Congregations are a means for that greater purpose, not the purpose itself (Gunderson 1997:1). The power to bring people into meaningful relationships in the context of God's love is at the root of all congregational strength (Gunderson 1997:28).

Before a rally where Tom Skinner and Pat Morley met to set off "Mission Mississippi", a ministry to help heal racial wounds headed by Lee Paris, Morley confessed that he did not have many close black acquaintances. Paris asked "How can you love your neighbor if you don't even know him?" (Maxwell 1994:25).

3.5. Understanding Community

3.5.1. Biblical Community

At its most basic level community requires knowing each other. But Paris's question implies something far deeper than just knowing someone's name. Community and the individual for the Christian can only have sensibility in the OT idea of covenant. This covenantal idea of relationship is clearly present in African society. The fact that the "Christianizing western" movement of Africa is losing its communal senses is a sad testimony to the fact that Christians—missionaries and nationals-- have not taught or lived covenantally. Reyburn gives a full summary of the significance of covenant in understanding community:

Sin in the life of ancient Israel cannot be understood apart from the notion of the covenant relation. This does not mean an isolated relation between Yahweh and an individual but an interdependent relation of men who must live together. The term community in its sociological sense expresses this idea well. Any form of behavior which threatens the natural carrying on of life in the community is considered a sinful deed. Yahweh is the creator of life and giver of community. Any offense which breaks this community is therefore also an offense against Yahweh. Man dwells in a community or covenant relation with man on the horizontal plane and with God on the vertical, but this community is a totality and not two levels of living divorced from each other. It is in his total community relation that one sins against his fellow man and therefore against his God (Reyburn 1978:104).

The theological idea of "federalism" reveals a core theme in Scripture:

There is throughout the Old Testament a steady insistence that families, villages, cities, and nations are under a kind of group contract with God. The action of the individual, more especially if he be acting as a group leader or representative whether as patriarch, father,

king, priest, or prophet, carries with it possibilities of blessing or punishment for the whole group (Lambourne 1963:25).

It was on the basis of this federal representation that Paul bases his argument in Romans 5 that Adam's sin was counted against all mankind and Christ's obedience was counted as righteousness. The messianic ministry of Jesus was about more than personal salvation, it was to restore individuals to community. Jesus offers healing to those estranged from human community (women, Samaritans, gentiles, demoniacs, lepers etc. "Through his healing acts, Jesus announces that God wills to restore to the human family and to the fellowship of the table, which anticipates the eschatological reign of God, those marginalized by sickness" (Carroll 1995:138). The "fellowship of the table" is finally about a community that so lives in a way that brings praise to God (Bilezikian 1997:58).

Community should be the Christian starting point for mission. From that starting point we find the meaning of personal life (Newbign 1989:128). But the community of worship and praise, the community that has given meaning to personal life, is not an end in itself. Jesus entered history and left a book. He also left a community to live out that book. Newbign suggests a gnostic sort of community where truth was truth-in-community. "What he did was to prepare a community chosen to be the bearer of the secret of the kingdom." (Newbign 1989:133). But Jesus was the Word from the beginning, and left his Word with His people, even giving His Spirit to make it possible to understand the Word, the Word made flesh.

Bilezikian describes a similar kind of "in-group" community as a starting point for evangelism:

Except for pioneer missionary efforts, biblically defined evangelism is always congregation-based. It presupposes a congregation comprised of dedicated and servant-minded laypeople, who have intentionally become a cohesive and highly motivated community complete with small groups and ministry teams (Bilezikian 1997:148).

The idea of tightly knit in-groups of people that act like clones is somewhat the picture here. An identity of "sameness" is an important aspect that binds a community (McMillan 1996:320). On the other hand the qualities of intentionality, of motivation and purpose, of a free flow between small and large groups, these are qualities that would bind any community--ecclesiastical or other wise. They are not qualities that necessarily keep people out, (though they could) but may invite outsiders in.

Pillay puts some realism into what could be a rather romantic notion of Biblical community,

...Christian claims about authentic community have increasingly become merely symbolic. Community is experienced as an absence. The idea is familiar but the manifestation is rare...Along with the praiseworthy ideas of individual autonomy, progress, and democracy have come rank individualism bordering on narcissism, self-adulation, and moral licentiousness (Pillay 1998:87).

In the US at least, it would seem that individualism does not merely *border* on narcissism, self-adulation and moral licentiousness, it has become that. The US is perhaps the arch-type of individual libertarianism (Newbrough 1995:14).

A basic element in Biblical community then, is self-giving rather than self-fulfilling. The “self-fulfillment” principle brings destructive effects into community (Bilezikian 1997:62).

3.5.2. African Community

The idea of person and community as presented in the New Testament may be very close to an African understanding (Berinyuu 1988:25). Consequently, the notion of salvation is fundamentally different in Africa from the west, perhaps less because of its theology than because of its anthropology. "Salvation is not something that happens to an individual but to a whole community of beings who have different problems and interact across ontological boundaries...Saved for immortality in community. The key is connectedness" (Kwenda 1999:11). The idea of community salvation is seen in the account of the Samaritan woman, who introduced the Messiah to her community and it became transformed.

A wonderful example of a saving community, perhaps unusual, comes from Rwanda. A 'common Christian' sheltered a Tutsi in her home for his protection during the 1994 decimation. She considered family to be the family of those who belonged as she did to the household of faith, and believed that a common humanity was the basis for community rather than position or a mark on an identity card. She told him,

“What would be the testimony I would give if you went out of my house to save my skin, and you were killed in front of my compound. If it is the Lord's will for you to be killed, let the killers come and find you yourselves instead of you going out. If then they decide to kill me for having kept you, I'm ready to go with you to death and we will go to heaven together” (Rutayisire 1998:44).

The depth of this commitment demonstrates that faith is a "sense of belonging", not something to have or to just agree about (Gunderson 1997:24).

Missions and early church development tended to miss a significant part of community structure and its force for making the gospel relevant. It perhaps seemed unimportant, but Mulemfo shows the significance of the palaver. “The community has all the power in that it chooses its leaders...the leaders are considered as facilitators and servants within the community. They do not make the traditional law on their own but they work together with the whole community...This fundamental dimension of the traditional Manianga palaver was lacking in the practice of the church” (Mulemfo 1996:138). Perhaps because this dimension was missing, conflict has sometimes raged out of control, pushing violence to new levels and making positions seem unassailable.

Conflict tends to be a kind of inspection light that causes relational fractures to be seen. For example, “...intergroup conflict induces an increase of group solidarity, more intense personal identification of members with their own group, and an exaggerated possessiveness of each group's assets” (Glidewell, & Kelley et al 1998:73). In-group solidarity may be unhealthy. It may embrace violence against those that are in the out-group. The question then becomes what is the nature of the in-group and the inter-group conflict? Take for example “Christians” as a group. When Christians are persecuted--it causes them to be bound together--say against an Islamic government as in Sudan. On the other hand when Christians begin to conflict with themselves it may become an “in-group” conflict say, against Rome, against the Catholic Church or against “Liberalism” or “Fundamentalism”. On the other hand if the church (Christians now defined generally but with different sub-groups of denominations) has the government's “blessing” of land or cars, they may lose their sense of spiritual identity and calling to proclaim justice and mercy. Witness here the church during Hitler's Germany, or the church in Liberia, or the church in Rwanda, or the church in Kenya.

This kind of government favor may in fact produce a very unhealthy community. Assimilation is what God warned the Israelites about, and remains perhaps the surest way for Christianity to be eliminated by the world today. Volf describes the interplay between groups that may bring exclusion and conflict: “Exclusion may be accomplished either by elimination (Bosnia and Rwanda) or by assimilation, ‘you can survive, even thrive among us, if you become like us; you can keep your life, if you give up your identity.’ ...A third form of exclusion is abandonment” (Volf 1996:75). Persecution--elimination--tends to create martyrs and makes the oppressed more visible (blacks and coloreds in South Africa). Assimilation on the other hand simply eliminates the

identity. Abandonment might be demonstrated by lack of a sense of community that “Christianity” has in the western world today. The church there perhaps has both abandoned its own community and its society. In turn it has been abandoned.

3.5.3. Elements of Community

Even as the church should be a community within a community, even so the church in a nation should but be a part of a global community of churches: “A church identifying with a nation is a church which has gone astray and must be called back to its true identity by the community of churches” (Kassmann 1998:42). History has repeatedly shown the unfortunate results of a church identifying with the state--theologically justifying nationalism. Nationalism is a disease in the church that creates ethnocentrism. In recent history we witness Germany and the third Reich, Rwanda and the church support of a government that called for genocide, South Africa and the church justification of Apartheid, and the inability in time for some churches to clearly name it as sin. Additionally there are the many countries that demonstrate the "special treatment" of some denominations which support the government. It is not until we come to embrace a sense of the international church, the global body of Christ that we come to true Christian community.

The idea of a global body of Christ must still be tied to more local “communities”. How would we define “community”? Community as defined by community psychology is: “The perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or doing for others what one expects from them, the feeling that one is part of a larger dependable and stable structure” (Royal & Rossi 1996:395).

We might perhaps identify various levels of community starting at the most local level and moving toward an international level (Dune 1986:52). What needs to be identified are the elements of genuine community, of authentic fellowship. “Authentic fellowship is where individualism and selfishness are transcended and where human creativity is set loose. It is in the creative act of loving, and act of self-transcendence, that human beings find themselves” (Pillay 1998:88). Authentic fellowship then is a fellowship of self-participating individuals who make a community. It is not merely a conglomeration of individuals brought together by common needs or merely a collective herd. Authentic community nurtures human freedom. That freedom moves a biblical, covenantal community towards a shared purpose or ministry (Bilezikian 1997:84). Shared purpose however is not just egalitarianism. (It is perhaps the motive of egalitarianism that moves Bilizekian

into isegesis as he describes Acts 21:9-12 as the necessary and sufficient model for community. Acts 4:32 does describe a unity of vision, but not an egalitarian view of ministry functions.)

Gunderson looks at the factors in congregations as a religious community and helps us see that in fact they form a web of interdependencies, “We enter and leave in others' care. In between we find ourselves suspended in webs of dependence that we name uncle, father, child, friend, colleague, wife, believer, member, disciple, deacon, follower” (Gunderson 1997:8). These interdependencies cannot be reduced to a social phenomenon nor made simply a spiritual exercise, nor can it ignore the social and physical factors (Gunderson 1997:18,19), but we can see that there must be accompaniment through the processes of life, as well as participation in those events of life. It requires intentionality, perseverance, and sacrifice (Bilezikian 1997:129). Interdependencies bring about influence, integration, and fulfillment of needs, shared emotional connection (McMillan and Chavis 1986:9).

Mutual responsibility is a theme that comes in this description of community in good times in Rwanda:

He explained that the whooping we'd heard was a conventional distress signal and that it carried an obligation. "You hear it, you do it, too. And you come running," he said. "No choice. You must. If you ignored this crying, you would have questions to answer. This is how Rwandans live in the hills...The people are living separately together," he said. "So there is responsibility. I cry, you cry. You cry, I cry. We all come running, and the one that stays quiet, the one that stays home, must explain. Is he in league with the criminals? Is he a coward? And what would he expect when he cried? This is simple. This is normal. This is community" (Gourevitch 1998:34).

A healing community has a particular focus beyond just that of a community: “I see a healing community as a group of people who place connecting at the exact center of their purpose and passion--not evangelism, not teaching, not preaching, not missions, not music, not social action, not numerical growth--but connecting: connecting with God (worship), others (loving service) and ourselves (personal wholeness). All else is either a route to or a result of connecting” (Crabb 1997:206). Crabb also says that communities heal when they focus on “releasing what's good” (Crabb 1997:38). Connecting and "releasing" for Crabb is talking and listening. Talking and listening focuses on one of the essential elements of community, communication.

In summary, the idea of community is best seen in light of our definition of shalom: *Shalom occurs when people who are in a right relationship with God and each other enjoy and share together the*



resources of the earth in ways that show Christ is Lord of all creation. This is a community with shared values and communication (social); shared vision and sense of purpose (mental); caring, trust, respect and recognition (emotional); teamwork and participation (volitional); and incorporation of diversity (physical) (characteristics from Royal & Rossi 1996:415, categories given by author).

3.5.4. Relationships in Community

Brummer suggests that reconciliation looks and happens differently depending on the type of relationship that is to be repaired.

In theory we could distinguish three basic types of relationship between people: manipulative relations, contractual relations, and fellowship...All three types of relationship can go wrong in various ways and then stand in need of repair.

In a manipulative relation the passive partner becomes an object. Since there is only one agent in this relationship, there is only one agent who can be responsible for bringing about what has to be done...

In a contractual agreement of rights and duties...the relation breaks down when one of us fails in his or her duty....three ways in which this sort of broken relation between us could be repaired...try as yet to do for me that to which I am entitled, or, if this is not longer possible, you could perform some other equivalent service for me...If you cannot or will not give me satisfaction, I could restore the balance by punishing you, i.e. I could withhold from you the services to which you would have been entitled if you had fulfilled your duties toward me (Brummer 1999:47).

The contractual relationship is common in business and trade. Relationships of fellowship are the ones that are the ideal for Christianity. They are however not the reality of socio-political relationships.

Relations of fellowship are those in which two persons identify with each other by each treating the other's interest as his own. In serving these interests as his own, he loves the other as himself...Such a breach in our relationship can only be healed if you refuse to be resentful...you have to consider the breach in our relationship a greater evil than the injury I have caused you" (Brummer 1999:47).

Broken fellowship can only be restored by penitence and forgiveness; broken agreements of rights and duties are restored by satisfaction or by punishment or by condemnation. We have here the dilemma of Africa. On the one hand shalom, the desired state of affairs from both a biblical and an African perspective, requires healed relationships. However, the conditions in which Africa lives today are not traditional, they are contemporary. Contemporary relationships are contractual. The TRC in South Africa offered a process that does not fulfill the conditions for restoring either fellowship or contract. In fact, if there were a social "contract" in existence it would be that of the

Afrikaans sense of covenant, which did not include blacks or Englishmen. South Africa then, would seem to be in a state where it appears no one can be satisfied.

The great lakes region is no less a quandary. Hutus would like to have forgiveness granted, but there seems no way to provide penitence that is sufficient for the ruling Tutsi. Historically many of the Tutsi seem to operate on a sense of social contract that would have them in power. This would be a manipulative relationship that would hold them solely responsible for the process of reconciliation. To avoid those high demands, the present government would want to point to the manipulative relationship of the former Hutu government that puts the onus of healing on the Hutu. Neither side is willing to take the responsibility for their historical part of a manipulative relationship, nor identify what would be necessary and sufficient to restore either a contractual or a fellowship relationship.

Perhaps what is similar between the two regions is the fact that there is little or no space given to identify and work out what would be necessary and sufficient terms for reconciliation. In the church there not only should be this space but it is the most natural place for the process to begin. Something--a commitment of some sort to Christ and biblical teachings--hold church bodies in a fellowship relationship. Furthermore because a commitment to biblical teachings brings a commitment to respond to the world outside the boundary of the church, a contract with God is implied. We have an obligation to pursue reconciliation. Churches all affirm it. The Kairos document put it in writing. The remaining question is what to do, and how to do it in order to fulfill conditions both necessary and sufficient for reconciliation.

Much of the debate about forgiveness and reconciliation in Africa proceeds on the basis of the assumption that we are dealing with fellowship relationships. Therefore the question of if a Hutu must confess before the Tutsi can forgive, or if a white must confess before a black can forgive. And so the question comes, "Is confession enough?" Do we not need contrition? After contrition do we not need compensation? Every additional question seems to make it ever harder to reach reconciliation. Brummer again sheds light on the matter, "Your forgiveness can only be effective in restoring our broken fellowship, on condition that I am sincerely penitent.... Although my penitence is in this sense a necessary condition for your forgiveness, it is not a sufficient condition. My penitence can neither cause nor earn your forgiveness" (Brummer 1999:48,9). Indeed if we are seeking local, close fellowship reconciliation we have one set of standards. If we seek national

reconciliation we may need to revert to the terms for forgiveness of a manipulative relationship. All types of relationships and their reconciliation must finally come to the question of what is both necessary and sufficient?

3.6. Measurements for healing

3.6.1. The difficulty of measurement

We have suggested that healing is a step on the journey to wholeness. There must then, be some way of measuring such a step, or steps. The starting point might be to use a medical model for measuring health, "...the degree of health, in a nation or in each individual, can be approximated by the seriousness of disease within that entity" (Larson 1991:3). Morbidity descriptions dominate the measurements of the medical model of health. If we were making tea, and used this approach to determining what good tea tastes like, we would simply describe the growing, picking, drying, storing and processing problems that are encountered in bringing tea to the market. It would hardly be a satisfactory way of describing good tasting tea.

So because it is difficult to measure even physical health directly, indirect measures have been used (Larson 1991:11). Most of the indirect measures of biomedical health have been to measure "inputs" like the doctor-population ratio rather than the "outputs" like healthy individuals or a healthy population. The identification of "indicators" to understand a "healthy population" has been a useful methodology in medicine (Larson 1991:12). A compilation of those indicators forms an index, but such has the limitation that it is useful for a certain definition of health, a certain population and its cultural values, and a certain use rather than being widely applicable. If we developed an index we would have to answer the question of why we were developing it (Larson 1991:12). The purpose of a health index is central to this study. We are seeking in this study of healing interventions not so much to educate the public, or to provide a clinical diagnostic /prescriptive grid, but to provide a tool for faith community leaders to plan and implement programs that lead to healing the wounds of conflict.

Since our understanding of health for this study is one of wholeness that incorporates multiple aspects of human existence, it would be necessary to have multiple indices. A table of indices would perhaps allow a complex model to be used over time (Larson 1991:25). The indicators in any index we may find would likely be of use mostly in 'northern' contexts. To be helpful for this study it must focus on Africa. Therefore the inclusion of socio-medical variables like the number of

hospital beds or physicians is not going to be helpful for this study. If one wanted to measure the physical variables, it would be more useful to enumerate the number of pit latrines, or the percentage of use of those latrines, or the presence of hand-washing facilities, or the number of days in a month/year where malaria symptoms were experienced.

Because a holistic cosmology requires a holistic approach to health, it is imperative, especially in Africa where so much is determined in social constructs, that an evaluative measure be identified which at least meets the standards for the WHO definition of social health. Already there is a high standard:

Objective evaluation of social wellbeing is much more difficult than evaluation of the physical and mental health of a population. Nevertheless, the requirements for planning health protection and social assistance and for evaluating the results of the work of the social services demand that we should:

- (1) Define the links between human health (of individuals and the community), social situation, and social wellbeing;
- (2) Establish methods for determining the social care needs of a population in connection with its health status;
- (3) Determine the links between the work of the health and the social welfare services;
- (4) Establish methods of measurement used to develop social care programmes and to evaluate the fulfillment of such programmes (Holland 1979:36).

We encounter several problems in trying to build on the ground that WHO has leveled. For example, "mental health" defined by WHO is basically a function of social capacity, and it does not give us adequate ground to understand the emotional components of being whole: "WHO Expert Committee on Mental health...implies the capacity in an individual to form harmonious relations with others and to participate in or contribute constructively to changes in his social and physical environment" (Holland 1979:35).

Further problems have already arisen from those attempting to develop a model for measurement, like Wolinsky and Zusman who developed a model for measuring the WHO definition (Wolinsky, and Zusman 1980:607-621). But the problem with many of these measures is that they are not adequately validated (Larson 1991:30). Standardization of measurements plagues any effort to measure health outside a measurement or indicator acceptable within one particular field. Standardization itself must be completed on a set of people that have commonality. We do not have that for Africa.

The African “balance” idea which has been used in conflict resolution offers a kind of measurement: “The basic principle of conflict resolution reflects the principle of equilibrium which underlies all feeling about the healthy social organism: Maintain the status quo at all costs; don't humble or shame others, but protect your rights” (Elmer 1993:54). Maintaining social balance, giving honor, and avoiding shame are key measures of a healing environment for shame cultures. But it is not a sufficient measurement of wholeness to determine when equilibrium is not maintained, nor is it necessarily true that status quo is healthy and whole.

We could attempt to use an old standard like Maslow's hierarchy of needs, but good anthropologists criticize even that:

Maslow's hierarchy of human needs has been widely cited uncritically in evangelical circles. It assumes a linear progression--from felt need for food, to shelter, psychological well-being, social belonging, and finally spiritual meaning. If we follow this in missions, we will spend all our time on low level needs and never get to conversion. Moreover, it treats spiritual life as a desirable but not ultimately important need. We need to use a systems approach to human needs and recognize that immediate needs may be doors leading us to deal with the ultimate spiritual needs of people (Hiebert 1996:198).

It may be long overdue to challenge Maslow's hierarchy in light of biblical truth and understanding. On the other hand there are problems with Hiebert's suggested "systems approach". His kind of "systems approach" may be simply a rationalization for the accusation of some that "social programs" are "bait" on the gospel "hook". By 1983 there were already surveys of church-related medical programs in order to measure their effectiveness in meeting the health needs. The result was that, “There were no ready-made criteria for this latter exercise and this account will attempt to describe the continuing search for them” (McGilvray 1983:XV).

In light of the fact that clear measurements have been elusive in the past and comprehensive measurements still are lacking, this study does not expect to identify a standardized set of measurements or indicators that measure wholeness in community. We would desire that there was one. Lacking such we will simply define a helping, or healing intervention as one that moves people individually and collectively along an "indicator line". The “indicator line” will be no more than a compilation of indicators. There are many types of indicators.

3.6.2. Types of measurements

In attempting to understand the types of indicators we might assemble we have first to recognize the impact of different health belief systems:

There are different categories of health belief. They may be summarized as: magico-religious, a system believed by many blacks and Christians in the U.S. It relies on holy words and holy actions for health. Many native Americans and Asians in the U.S believe the holistic or naturalistic system. It relies on balance in nature, using acupuncture, herbs etc for healing. The scientific or biomedical model believes that all events have a cause and effect. Health is the absence of symptoms. The body functions mechanically (Flaaten 1996).

We may then expect that each system would have different ways of measuring health and healing. Probably the biomedical definition of health as the absence of symptoms could equally fit the other systems of health. The symptoms would differ--one perhaps measuring the blood pressure while the other considers a negative circumstance or lack of faith. "One may be perfectly healthy, by the medical model, but not happy and not with high quality of life. How are happiness and quality of life measured in a valid and reliable way? If they can be measured accurately, should they be included in the definition of health, or are they separate concepts?" (Larson 1991:5).

Quality of life certainly is vital as a measurement. Convenient and useable questionnaires have been developed with multiple areas of life considered. But these typically do not include direct questions dealing with emotions or choices or mental growth (Greenley, Greenberg & Brown 1997:251). Other studies have attempted to evaluate multiple scales used for senior citizens in the United States (Steiner et al 1996:54). Fava indicates "research on quality of life is totally neglecting this crucial area [antecedents of illness], which would lend itself to preventive efforts" (Fava 1990:72). It is preventive efforts as well as remedial interventions that we would like to identify. Witmer and Sweeney give an excellent model upon which theories and measurements could be built for understanding the quality of life (Witmer & Sweeney 1992:142). If only we might have such a model adjusted for Africa, it could be of great help in this one area.

Other types of measurements must also be considered. For example, when we come to community wholeness we would logically use an indicator like communication—an element already identified (Chp. 3.5.3). It is an indicator that would measure a sense of community cohesion, and frequency would be seen as a positive vector or force in the indicator (Glidewell, Kelley et al 1998:67). But the simple frequency of communication is insufficient to measure health. It may be hurting communication--communication of fear, of anger, of defense, of domination. On the other hand,

without communication then there is little possibility of healing. So communication must be frequent and positive.

Another type of measurement might be to measure “community response to certain perceived need”. Glidewell and Kelley have observed this response as a leadership function, “Community leadership begins when citizens grow concerned about some threats to the well-being of the community, or some promises for the enhancement of that well-being, or usually both” (Glidewell, Kelley et al 1998:62). The community should be the first to measure community health. Concern or action by leaders is one of the signs of response. Another kind of response-measurement would be to see if there are groups—churches for example—that start to break away from old traditions or practices that have been wounding. Massie, a US white Anglican priest who has studied South Africa, went to visit there before the general elections and looked for this kind of response-measurement, “[I discovered very few] congregations who had broken free from segregated ecclesial traditions and were now modeling, in microcosm, the just, inclusive, and reconciled community toward which South Africans are striving” (Massie 1993).

Bate attempts to integrate measurements that are useful from both western and African views of healing and health. “Western and African theories of illness can be incorporated within a single model where a graph with two axes is set up in which the X-axis represents disease and the Y-axis the involvement of mystical factors in illness and health” (Bate 1995:149). While the graph analogy is helpful, it probably stills allows a Cartesian dichotomy to persist between aspects of wholeness that should not be separated or pitted against each other.

3.6.3. Measurements

Many measurements might be used to identify some level of community wholeness. We have already mentioned some (communication, community responses, and the undefined “Quality of Life”). We will simply now descriptively list a series of indicators found in literature:

Diagnosis of problems. The ability or actions of diagnosis is in any event one measurement of healing. The traditional African view of healing would require a diagnosis in any event. “Stripped of its distracting medical connotations, diagnosis is problem definition and this is a fundamental part of any approach to counseling” (Benner & Harvey 1996:16).

Organization and mobilization. In evaluating a community's wholeness, Glidewell says: "There are now four Task Forces... Youth and education, economic and housing development, public safety, and health care" (Glidewell 1998:63).

Palaver as a refined type of African community communication:

"Palaver, a traditional meeting or gathering of the kinship group or the whole community, where talks and discussions are held, as means of reconciliation (solving conflicts and differences, setting aside transgressions); organizing happy or sad events (e.g. marriages or funerals); or the healing of some social diseases, with the goal of rebuilding or re-establishing order, security and protection in the community" (Mulemfo 1996:133).

Restitution is difficult enough in simple and individual breakdowns in relationships. It is not to be surprised that in a country context restitution would be even more difficult. Brews, in his review of "The Cost of Reconciliation in South Africa" points out how even those who would want to do well still find an "easier way" of dealing with restitution.

Neither the "horizontalizing" of personal relationships advocated by Nurnberger (pp 118ff and 210 [The cost of Reconciliation in South Africa]), nor Tooke's restitution by the encouragement of black "upward mobilization" (128), adequately recognize the depth of the alienation of black people in south Africa (Brews 1990:72).

It would be nice if we could use "horizontalizing" of relationships or "upward mobilization" as indicators of success of healing in South Africa. They are probably useful indicators, but are probably indicators simply of change, not necessarily of healing. It would perhaps make them more indicators of healing if we added a sense of intentionality--identifying blacks and whites who developed friendships and a sense of collegiality, or white businesses that intentionally brought in and trained blacks on higher levels because of a desire to right the wrongs of the past. In this sense then we probably do have a valid measurement of healing.

An indicator of emotional healing would be a *regaining of a sense of self*, and an ability to accept the loss in a sense of being replaced by something else. "The first response to the experience of emotional hurt is a sense of loss. It is common for this loss to be covered by anger so quickly that most people are unaware that it is a part of their response to hurt. Emotional wounds always leave us with some diminished sense of self" (Benner & Harvey 1996:59)(Hay 1998:114).

The use of *story telling* as a healing intervention will be looked at in the next chapter. Here it is necessary to recognize certain measurements of this process. Are good and bad stories told? In

those tellings, does the teller identify their own responsibility and failure or only that of others?

What are the positive memories and stories that are recalled of the "enemy"?

Forgiveness and the Healing of Family" ...is a multifaceted act or process.... First, "turning", that is a turning toward oneself to acknowledge not only one's own role in the family's damaged relationships, but also one's own sense of being damaged or even abandoned by the family. Second, "facing", that is, facing reciprocal indebtedness. This refers to hearing the other's story, either through the imagination if the person is not available, or through actual listening if contact can be made. Third, "reclaiming", which is identifying and owning past and present resources in the relationship. It involves the acceptance of one's legacy by acknowledging what one has given and received in the history of the family (Benner & Harvey 1996:78).

What is here spoken of concerning the healing of family is equally applicable to groups and community.

Forgiveness is not only an intervention, it is a measurement of healing. Has there been forgiveness? In what context? Was forgiveness received? By whom and for whom? "Forgiveness breaks the power of the remembered past and transcends the claims of the affirmed justice and so makes the spiral of vengeance grind to a halt. This is the social import of forgiveness" (Volf 1996:121).

Is there an increase of justice? The presence and growth of justice can and needs to be measured. Volf says "There can be no justice without the will to embrace. It is however, equally true that there can be no genuine and lasting embrace without justice" (Volf 1996:216).

A shared world-view. One way to measure the sense of community healing is to identify the purposes or reasons for meaning that people in that society have. The extent to which there is meaning and purpose outside the individual good or ease is perhaps a measurement of the extent to which there is wholeness and shalom. "The realization of a sense of purpose and meaning in life provides the catalyst for the release of healing power and consequently the healing of the person. Healing is a 'release from meaninglessness'" (Bate 1995:142).

Measurements of operative healing factors that Bate lists would be helpful, but difficult:

Factors operating in illness causation: Organic, Cultural, Emotional, Identity, Contextual

Types of mediation: psycho-medical, Anthropological, Sociological, Philosophical, and Theological

Factors operating in the Healing Process: Cultural, Emotional, Persuasion, Identity, Success, Contextual, Other (Bate 1995:202-205).

Bate's typology of the causes of illness and factors in healing are most helpful in enabling a deeper reflection about what brings sickness or healing. His charts attempt to show many correlations between the types of mediation and the factors in healing. They are useful to create "goals" for certain interventions. For example in the correlation of the sociological mediation success factors, he mentions the goals to "help group feel good and pure in an impure society" and "healing as search for stability in instability". While these correlations are useful, they stop short of being instructional in the actual creation of mediating events. For example, they do not answer the question of what would "help a group feel good and pure in an impure society", or what would create an "identity change in accepting cultural myth and new healthy (saved) lifestyle". These are certainly well identified needs for societies like those in South Africa or Rwanda. What is yet missing is the way to meet the need.

Finding Purpose in our pain: Giving meaning to the meaningless (Hicks 1993:90). Understanding how our story of pain fits into God's story of redemption for us or for others is an important predictor of healing.

Fifteen essential elements within the healing process are listed in a 1988 study done for UNISA. The study substantiated what it posited rather than find or prove the elements. But the findings are none-the-less informative (parenthetical grouping is this author's summary):

Relationship, Trust, Authority, words (social)
Hope, Openness, Expectancy, inner peace (emotional)
Immediacy, Personal responsibility, specificity (volitional)
Meaning, Integration (mental)
Touch, symbols (physical) (Matthews 1998:66ff).

The above is at best a summary of potential measurements. Each intervention chosen should properly be accompanied with appropriate measures as well. We turn now to identify some of the interventions mentioned in literature.

3.7. Interventions

A healing intervention is defined in this study as any action or interaction intended to promote wholeness in individuals living in community.

3.7.1. Qualities of Interventions

Unfortunately a great deal of simplistic thinking and acting exists in the area of pastoral counseling. Maslow's hierarchy of human need has already been seen as a helpful but overrated tool. Wicks seems to say the obvious and leaves us hanging when it comes to the more difficult issues of healing.

In my perspective the human person is viewed as an incarnate subject, created in the image and likeness of God, with a hierarchy of basic needs, among these needs are physical needs, psychological needs and spiritual needs. As a rule physical needs are fulfilled through physical means, e.g. hunger is satisfied through nourishment; psychological needs are fulfilled through psychological means, e.g. the need for social intercommunion and affirmations is met through receiving human love...etc (Wicks 1985:61).

Surely physical needs will be met with some physical interventions etc. But such thinking fails to see the interweaving of needs and interventions, the synergy that brokenness or healing brings when the various facets of life are interwoven. *The interweaving of interventions* and their intended outcomes is illustrated helpfully in the following chart that Long has provided. The way in which he suggests it be used also demonstrates the interwoven character of these interventions:

3.7.2. Table : Units of Intervention in Biblically Holistic Health and healing ministry

Units of intervention	Sequence of intervention		
	Primary prevention and promotion	Treatment and secondary prevention	Rehabilitation and restoration
Relationship to Self (Individual)			
Hygiene and personal care			
Care-giving			
Risk behaviors			
Identity, worth, and efficacy			
Relationship to Others (Community)			
Family			
Community (Church)			
Population groups			
Government and regulatory agencies			
Relationship to the Environment			
Patterns of exposure to harm			
Economic structures and employment			
Cultural practices, values, and beliefs			

(Long 2000:193)

When we think of *interventions as steps along a process* toward healing then we are more likely to find both multiple kinds of interventions, as well as interventions that help in different areas of human need. Process rather than defined acts are more likely to be helpful in a non-western culture (Bradshaw 1993:152).

Prevention is a necessary part of shalom. *Healing interventions must be both preventive as well as restorative.* This is particularly true in dealing with violence, “The first question is how we overcome a deep historical pattern of relying on violence to bring about social change. The second question is how a society can heal entrenched divisions” (Pillay 1998:80).

Interventions that seek to promote holism must themselves be holistic. For example counseling must be holistic. Benner and Harvey suggest that in the short-term model, three primary areas must be

dealt with are the affective (emotional), the cognitive (mental), and the behavioral (volitional) (Benner & Harvey 1996:11). The basic values and ethics of the church must be seen in how empowerment, justice, and caring are lived out (Mogedal 1983:271).

All healing of sin against another human must involve some form of *recognizing the humanity of the broken and offended* (Hay 1998:90). This humanization is especially necessary in reconciliation, and is seen in Schreiter's steps toward reconciliation: "The four steps are accompaniment, hospitality (create an environment, restore safety), make connections (ending the isolation), and commissioning (new purpose)" (Schreiter 1998:94).

Some qualities of interventions are best recognized by what would happen if they are not present—a sort of *sine qua non*. For example a truthful confession may be a healing intervention, but not necessarily, "Truthful confession will only be life-giving if we can trust that others are more interested in forgiveness, reconciliation, and restorative justice than in retribution" (VanZanten-Gallagher 1998:24). In turn, for reconciliation to happen there must be justice and restitution (Frost 1998:126).

We might say then that an *intervention that brings reconciliation must be restorative, justice-promoting, and restitution-oriented*.

In summary we can say that the qualities of *interventions must be applications of holistic principles*. "Six implied principles which might be useful to others [are]...intentionality, articulation, commitment, embodiment, friendship and spirituality" (Massie 1993:28). Of the principles that Massie suggests, most fall in the lines of the model of holism suggested in this study. Articulation has to do with understanding, the mental sphere. Friendship has to do with both the social and emotional spheres. Intentionality and commitment have to do with the volitional sphere, and embodiment with the physical sphere. All are spiritual, for good or for bad.

3.7.3. Qualities that the Church must promote

Glasser suggests that churches are a major social reality and must be equipped to meet the needs of their neighbors, or there is little hope to effect major social change. He gives characteristics of churches that have a ministry of healing for addictive and physical problems as: informality of

worship, acceptance, non-materialistic approach to ministry, and a non-programmatic approach to meeting needs (Glasser 1993:28-31).

Qualities that are natural parts of any church setting are intentional parts of a ministry of healing in a Roman Catholic perspective. They include sacrament, teaching (or power), community, and worship (Bate 1995:273). These qualities (or elements here) are used in various ways for different types of sickness. “Dimensions of the Healing Ministry: physical sickness, emotional sickness, social sickness, spiritual sickness, demonic sickness” (Bate 1995:278-9). In identifying various dimensions of sickness, Bate also suggests what would be interventions for each. So, for example, his sacramental interventions to deal with demonic sickness is exorcism, holy water and the crucifix. His interventions for physical sickness (which may be diagnosed as having organic, psychological, social, cultural and spiritual factors) includes the same kinds of interventions: casting out and binding sickness and anointing. We may respect the value of the qualities that the church may bring, but also wonder when it becomes a little like medics on the American frontier who used snake oil as a cure for anything, as long as it is done with the correct ceremony.

Liturgy and preaching are the weekly tools of the church. Many liturgical acts that promote healing have been cited:

[C]ongregation as a healing place providing: praying for the sick, confession and forgiveness, laying on of hands, anointing with oil, holy communion, using creative healing liturgies, supporting those who are committed to the healing task, training healers, using the charismatic gifts, creating a caring community, promoting a health teaching place, being an advocate for justice, peace and integrity of creation, cooperating in healing including with: family, health professionals, traditional and alternative healers, other agencies and communities, other faith groups (Christian Medical Commission 1990:31ff).

Berends suggests that “A Christian healing ministry in Africa must try to meet the same needs as were being met in the traditional healing services (Berends 1993:285). The question is, “is today’s Africa still traditional?” If not then do we, must we, meet the same needs? Long suggests that “spiritual truth in Africa is incarnated in symbol and ritual...” (Long 2000:158), and that “words hold the power of life and death and of health and sickness...blessings, magic, written words, preaching, prayer, exorcism.” (Long 2000:163). Therefore he suggests it is culturally appropriate to use physical symbols in Christian liturgy to touch all aspects of wholeness in the “table of Health and Healing” (Long 2000:221).

Berinyuu (Berinyuu 1988:119) draws together many elements that he maintains must be included in African healing, and the elements all have a powerful parallel in the Lord's supper. There is the sacrifice, the physical act of eating, the social significance of eating together, the importance of eating in remembrance of a 'departed ancestor', the absorbing of guilt, and cleansing. In the paradigm of this research all five elements are touched upon: meaning (mental), emotional (drawing close to God and each other), physical (eating the meal), volitional (called to remember), social (eating together).

The name, 'the Lord's Supper', focuses on the act of eating, the celebration, and the banquet meal. It is seen as a continuation of the feeding of the five thousand or echoing the same theological significance of the wedding at Cana....The disciples are called upon to remember Jesus' sacrifice for them. His death was a sacrifice to absorb guilt, to draw humanity close to God and to each other (Berinyuu 1988:119).

Some of the qualities that the church provides in its interventions are simply the manner in which an intervention is given. For example, the laying on of hands is necessary, because "in African culture there is hardly any treatment that is not followed by the laying on of hands. It does not mean that the hands have some power to heal" (Berinyuu 1988:271). Other examples are "confession, sharing of food (a way to signal their inclusion in the community, even if only for a period of time), cleansing, formal covenants, compensation (or reparations)" (Long 2000:126). These may all be either interventions in themselves or the manner in which other interventions are delivered. All of these share the idea of a public and collective intervention that "aim at restoring wholeness and well-being to an individual or to a community of faith" (Evans 1995:161).

In its liturgy, preaching and activities, the church has often either been an aggressor for social change, or has discouraged Christians from seeking social change. Volf suggests that neither is the correct path. "Theologians should concentrate less on social arrangements and more on fostering the kind of social agents capable of envisioning and creating just, truthful, and peaceful societies and on shaping a cultural climate in which such agents will thrive" (Volf 1996:21). We meet here with the basic quality of any healing intervention that the church does best—*it employs a human agent in the context of Divine action.*

3.7.4. Qualities needed for forgiveness

In situations of conflict it is most important to understand that forgiveness is basic to the healing of relationships. It has already been cited as a measurement of healing, but forgiveness is also an

intervention. As an intervention, what would be its requisite qualities? “Forgiveness is a process which involves four components or stations: insight, understanding, giving the opportunity for compensation, overt acts of forgiveness” (Hargrave 1994).

When viewed as a process with these components, the issue of when forgiveness occurs is much less significant than is often averred. “God is not interested in forgiveness as an end in itself, or as a therapeutic technique that benefits the one doing the forgiving. He wants reconciliation to take place, and that can only be brought about by repentance” (Adams 1994:33). Even here, as a “forgiveness” process, the focus is upon the desired end result of reconciliation. But it is not just process that turns forgiveness into reconciliation. It may be a “space” created by suffering: “The suffering love of Christ must shape, determine and dictate our attitude to violence--rather than violence determining the limits and boundaries of our practice of love. The suffering love of Christ creates a space for forgiveness and redemption” (Goldman 1991:23).

Violence creates suffering. Repentance requires recognition of that suffering. Reparation is a way in which that suffering may be recognized through a process of giving or receiving.

Material reparations and compensation serve the same psychological ends as symbolic acts. They are both attempts to ritually create symbolic closure...to this end genuine reparation and the process of healing, we assert, does not occur through the delivery of the object (e.g. a pension, a monument etc) but through the process that takes place around the object (Hamber 1999:11).

After large-scale political violence we should expect the unsatisfied demands of survivors. Truth commissions are only the beginning of a set of linked processes leading to symbolic closure for individuals (Hamber 1999:5). The church has the opportunity to provide several of those links to healing.

Massie rightly speaks about the embodiment of reconciliation. “Reconciliation must be embodied, because unless it is lived out it does not actually exist. Reconciliation must also lead to friendship between real, live persons....and the process must be spiritual...” (Massie 1993:28). All of the interventions that might be made are or have a spiritual aspect. The real question however is not how to make the process "spiritual", since it already is, but how to make it practical or non-ethereal. For shalom to be actualized, there must often be the facilitation by someone or some process. We will call that the “animator”.

3.7.5. Animator roles

Hiltner gives us a warning against entering blithely into this discussion of health promotion:

As to what can be done preventively by congregations, I find myself at this stage a little alarmed at the apparent romanticism in viewing the congregation as a "community of healing". It is and must be a 'community involved in salvation, concerned with its own mutual relationships and with the need of all men everywhere...But this seems to me quite different from trying to cash in on the popularity of health in the modern sense, and then subtly shifting the definition over to the different method of the Bible (Hiltner 1968:174).

It does not seem a far-fetched romantic idea however to identify the fact that the church as a community has a healing role. Even an agnostic sociologist would value an increase in community responsibility (Lambourne 1963:10). It is at the local congregational level that people care for each other, that is where they live and work and interact (Mogedal 1983:276). The worship of the church should be healing—if the congregation has understood the brokenness of their lives (Miller 1992:217).

In the African community multiple "Animator" roles exist: "the traditional healer often involves the family in the process of diagnosis...They also provide explanations and treatment for feelings of guilt, shame or anger, by trying to resolve interpersonal problems" (Gilbert, Selikow & Walker 1996:50). The church is in a natural position to assume this diagnostic role in the healing of individuals and communities. It may include a "medical practitioner" as well as family, church and community leaders and those who are able to discern steps of failure and steps of healing. Other roles in the African community include, "the role of herbalist, healer-specialist, magician, priest-healer, philosopher and historian or great teacher, but may operate as well within the confines of the worldly socio-cultural realm" (Tapia 1994:16). Although Tapia also suggests that the idea of one person having a special power of prayer is not compatible with the New Testament, he does recognize that praying for the sick is an integral part of all religions and cultures (Tapia 1994:40).

The phenomenon of "Christian" healing crusades would seem to say the opposite of Tapia's assertion. The fact that healing crusades are so immensely popular, and the fact that the same "healers" continue their trade year after year (Reinhold Bonke, Mauris Cirillo etc. who make yearly circuits in Africa) deserves a second look. In our day of "power evangelism" the large healing crusade may be simply soothing the cultural desires of the crowds, if Tapia is correct. The following observations may be made: 1. Prayers for the sick are integral parts of all religions and cultures *particularly* in Africa. 2. Culturally a "healer" is expected to have greater powers than others. (And

they demand a higher price for their powers!) 3. Because some form of Christianity is culturally popular, a “minister” who prays for the sick and seems to get results is worth going to.

Well before the more modern phenomenon of “healing crusades”, at a medical conference in Legon, Ghana, April 1967, it was concluded that a therapeutic team that would incorporate the medical profession as well as members of the local congregation best did healing (McGilvray 1983:20). This conclusion raises the questions of why such healing teams were not widely implemented on the continent, and if the growth of the healing crusade phenomenon was not in part a response to a cultural “felt need” which had not been met in the “scientized” western medicine that was offered. This team approach was an indicator of the importance of multiple roles in healing interventions. In the next sections we will look at the kinds of interventions that move toward shalom. We will now consider the animator’s roles in each of the perspectives of emotional, social, volitional, mental, and physical interventions.

The healing animator of individual emotional needs is probably best seen as that of counselor. The role of short-term counseling has already been cited; it showed the importance of holistic perspectives. The role of the church in assisting community healing has also been noted; it showed the place of worship, liturgy, and teaching. Other roles are those of encouraging, mentoring, and empowering (Berk 1997:372f). Prevention is a role that both the physical health and the psychological health field speak about. Creating a healthy emotional environment for prevention should be a conscious role for the church.

Primary prevention in psychology refers to activities that reduce the incidence of new disorders or problems in the population...three broad areas of intervention strategy can be discerned: (1) strengthening key protective factors within individuals, such as coping skills, self-esteem, knowledge or values (ie in public health terms, “host inoculation”); (2) enhancing supportive emotional and tangible resources for persons undergoing major life stress; and (3) systemic efforts to change organizational or community environments to reduce risk factors and stressors (Matton & Wells, 1995:178).

The animator roles in the social aspects of healing and wholeness begin with the leadership. For the church this means seeking unity of the Christian community (Hetsen & Holmes-Siedle 1983:17). Leadership is the relationship of interdependence between a person and a collection of people. It is part of what enables any intervention to happen in a church or in a community. In this sense church leaders are *the* healing animators (Glidewell, Kelley et al 1998:61).

In the reconciliation healing process there are many roles for the church. Schreiter offers three—message giving, ritual performing and community (Schreiter 1998:127). But Volf moves deeper than the mere forms as he analyzes what happens when “space” is created in the human spirit for others when Christians pull back from their “people”. “The distance from my own culture that results from being born by the spirit creates a fissure in me through which others can come in. The Spirit unlatches the doors of my heart saying: ‘You are not only you; others belong to you too’” (Volf 1996:51). The church should be a place where this space is created because of a new identity in Christ. This space allows for peoples to be different, and yet bound together by intentionally transcending their differences because of a greater unity in Christ. This is what Mutunga calls the new “wa Kwetu” or the new “family” (Mutunga 1997:48).

Before any individual, or a group like the church or its leadership, can be an effective animator for healing, there must first be recognition that they must be healed, and cleansed of their own failures (Frost 1998:110). This recognition requires not just a liturgical moment, but also a deep sense of confession. That confession is the core to understanding and facilitating volitional change that must be present in healing (Allen 1991:34). At a church medical conference at Coonoor, India, 1967 there was a clear agreement that only a healed community could ever become a healing community (McGilvray 1983:18). However, if being a fully healed community is necessary for bringing healing to a community, it will never happen. We must expect and look for wounded healers.

Beyond emotional healing roles, there is the role of helping people to make choices. The choices people in community make enable them to cope with the stresses of life. This may be a most significant factor in providing protection for children and families (Matton & Wells 1995:180). The church and her message naturally embrace the family--parents and children, seminal and extended. Helping people make choices may be done in many settings (sermons, teaching, support groups etc), and covers many different kinds of choices that bring healing. For example one study of helping youth at risk in Baltimore MD showed a higher success rate for church support groups because there was encouragement for the support groups (their activities and their leadership) and positive peer influence (Matton & Wells 1995:181). Supporting through positive influence has been shown as a key role for the church in dealing with the AIDS crisis—it helps youth stay abstinent and adults stay faithful (Dortzbach, D 1999).

Healing is about more than soothing and calming. It is also about revealing and exposing. This is the cognitive or mental role of the animator. “A theology of reconstruction is a theology of the cross unmasking the hidden and ritualized violence inherent in society, thereby exorcising it and bringing peace and healing” (Pillay 1998:84). Simple New Covenant theology that is lived out is another theology-in-practice that helps people change (Crab 1997:10). Using theology to direct life is an obvious church role as it draws the parallel between the Eucharist or Holy Communion and healing—sacrifice and redemption—helps to make sense in the pain of life (McGilvray 1983:25).

Pastoral counseling is a focused role in “examining a particular problem or experience in the light of God’s will for and activity in the life of the individual seeking help and attempting to facilitate growth in and through that person’s present life situation” (Benner & Harvey 1996:9). When the life situation is one of violence and pain, then the role of a pastoral counselor is to facilitate moving through and beyond that pain. Often such pain is difficult to even express or make known. Helping people, and a community, understand and grow in pain requires the healing intervention of story telling. “Stories and proverbs accomplish several vital things: They maintain social values, assist a person who may be making an inappropriate choice to change their course, and it helps them understand the issues and consequences of present situations. Stories may give hope and courage” (Elmer 1993:98ff). Story telling often “...challenges its member churches to witness to the peace of Christ and not fall into the traps of identification with ethnic pride, national goals, wars...linking action and reflection...opening a perspective beyond conflict” (Kassmann 1998:83,84).

Yet another cognitive role of an animator is to help individuals and communities think through the future. Augsburgur gives an array of cognitive tools especially useful in reconciliation:

- The 3-D thought map: dreams, doubts, desires.
- The 3-R thought process: role-playing, reporting perspectives, reflect and report discoveries.
- The three-story universe: worst-case scenario, best-case scenario, likely case scenario (Augsburger 1992:60)

Finally there are multiple animator roles in facilitating the physical return to wholeness. “We can give the gift of ordinary concern and care. Any society that is deprived of these qualities will be sick at heart. If the churches can increase the level of practical loving, this is bound to have a healing impact on the community as a whole, as well as on individual sufferers within it” (Lawrence 1996:35). Ordinary care in this sense seems to be the provision of visitation, gifts of

food and helping services that demonstrate concern. The medical conference in India in 1967 mentioned above addressed the issue of why the church had lost its healing role. “They found themselves concluding that the church had somehow lost its capacity to heal partly because it had chosen to define this role too narrowly in terms of medical practice, addressed especially to those in sore need, and partly, because the church had lost its sense of corporateness and community through a pre-occupation with individual salvation” (McGilvray 1983:21). This becomes a poignant reminder that the animator role, especially of the church, must never lose its holistic balance. “Any approach that depends wholly upon a single set of understandings will be bound by the limitations of these understandings and cannot be holistic.... Christian physicians cannot practice biblically holistic health care alone; neither can pastors nor priests” (Long 2000:197).

3.7.6. Animator Roles of the Church in History

A cursory reflection on the history of the church indicates that there has always been a role or a ministry of the church in healing and promoting wholeness.

We find in Justin Martyr, for example, as well as in Irenaeus, that gifts of healing were acknowledged, even reporting resurrections of dead people. In the same vein, both Tertullian and Cyprian testified to the presence of the gift of prophecy, or visions, and the gifts of healing and exorcism in North Africa. Origen said that he himself had seen such performed by Christians in the power of the Holy Spirit” (Smedes 1987:36) .

The early apostolic and church father’s healings diminished, but it did not end the role of the church. “With the diminishing phenomenon of miraculous healing, the Church turned to the provision of facilities where the sick and the aged could be cared for in what we now call hospitals and hospices. The decree of Emperor Constantine in the year 335 withdrew official recognition from the Aesculapia that had served both as temples and as refuges for the sick. They were now replaced by hospitals founded by devout and wealthy Christians” (McGilvray 1983:2). When the early centuries of “miraculous healing” ended, hospitals began. All the healing was by 355AD seen as primarily a physical healing .

Early Church history indicates both the expectation of and the presence of supernatural healing. The unparalleled growth of Pentecostal churches today indicates perhaps a similar expectation. It is held that the miraculous healings which are done encourage people to believe in Christ. The similarity and contrast with earlier generations is helpful. “Church growth, said Tertullian, came from the blood of the martyrs, as well as from miraculous healings. Pagans could and did compete with

Christians' miracles; they could not compete with their readiness to die for their faith" (Smedes 1987:37). In terms of relative importance for the gospel in Africa, it is an unanswered question whether or not suffering has served the church more than instantaneous healing. Certainly there is a great deal more suffering on the continent than there is such acclaimed physical healing.

Through the middle ages and the enlightenment periods of history the church continued on as a healing agent. It offered healing services and expected God to do unusual things. It is fair however to see that the common understanding of healing was a physical one.

In modern times the need for a healing that is more than physical has become increasingly clear . Technology has been unable to bind the wounds of violence and division between people that have been brought closer together economically, politically, and geographically. The rise of Hitler in a strong Lutheran state church is one such illustration. It drove Bonhoeffer and other clerics to call the church to a deeper renewal itself, so that it could stand against evil. "Renewal requires more than confession of and repentance of guilt. But it does not require less. Writing in his Ethics, Bonhoeffer reflects on the guilt of the church in Germany, even the Confessing Church, and declares: The free confession of guilt is not something which can be done or left undone at will. It is the emergence of the form of Jesus Christ in the church. Either the Church must willingly undergo this transformation, or else she must cease to be the Church of Christ (de Gruchy 1979:217).

Following the war the scars of failure were deep upon many Germans. They needed to deal with those pains in order to restore wholeness, but the Nuremberg Trials probably had the opposite effect. Gerloff, a German theologian who was a child in Hitler's Germany, and whose father was in the Secret Service, reflects upon the impact of the human violence, and lack of national healing that occurred from the Nuremberg trials in her observations.

The Nuremberg Trials left a deep scar in German society, not so much because of the necessary justice done but because they somehow deprived the German people of the chance of sitting in judgment over themselves...They executed the perpetrators of horrendous crimes in the same way that the Nazis themselves had hanged their opponents in 1944 (Gerloff 1998:28).

Unhealed wounds have a tendency to continue infections. Unhealed wounds of the heart infect the next generation. Gerloff continues,

We believed that we could start afresh, with new hope, as ordinary people who indeed had heard, smelled, and tasted evil in the 'valley of death' but who had also been liberated and

brought into new life (Ezekiel 37)...Yet, as it turned out, fear, and the defensiveness and desire for revenge, which accompany fear, still persist. They are not purged from our hearts and minds...And so the marginalized and disadvantaged in modern Germany, 'foreigners', refugees and asylum-seekers, especially blacks, are once again victimised by racism and xenophobia. That nation, surprisingly, has never held an open debate about institutional racism nor created appropriate anti-discriminatory laws (Gerloff 1998:19).

Can a nation start fresh after a dark night in its soul? Is political liberation enough to liberate the heart? A deeper cleansing and healing is needed. "[The African Independent Churches] faith and spirituality have a different character from that of historical protestant churches; in addition, they utilize cleansing and healing rituals, and have a sense of the interdependence of life and of belonging to a wider community"(Gerloff 1998:25).The effectiveness of the TRC for some may have had deep connection to their belief in and need for cleansing rituals. Even in the OT the sacrificial system was a ritual cleansing. It not only pointed to the future (i.e. at least in evangelical protestant theology) but it actually accomplished a sense of cleansing for the person and community making sacrifice. What was that sense of cleansing? Theologically it comes from the recognition of the holiness of God, true guilt, and the hope of redemption. Perhaps the AICs have retained something lost in modern theology. The AICs continue to be the priests that offer this cleansing in some form on a regular basis. But the evangelical and the ecumenical churches have minimized a role that they might more usefully develop.

The Christian ministry of healing belongs primarily to the congregation as a whole... By its prayer, by the love with which it surrounds each person, by the practical acts which it offers for participation in Christ's mission, the congregation is the primary agent of healing. At the heart of this healing activity lies the ministry of the Word, Sacraments, and prayer (McGilvray 1983:14).

The congregation should be a primary agent of healing to individuals and to the wider community.

3.7.7. Kinds of interventions

In this final section we strive simply to review and note the variety of interventions that have been suggested in the literature of healing and wholeness. The interventions are organized according to the five areas of holism that this study is pursuing. This organization however does not—indeed cannot and should not—fracture the overlapping nature of the areas. Each area includes some interventions that seem to be, and may be identical to, those from another area. This simply reflects the interconnectedness of the interventions and the unity of human existence.

3.7.7.1. Emotional support



Augsburger identifies a three-component theory of emotions: bodily arousal, mind appraisal, and moral-cultural approval (Augsburger 1992:124). The components demonstrate that emotions overlap with physical, mental, social, and volitional (moral being volitional and cultural being social). Healing emotions, then, would require interventions of all the other aspects. Emotions are not just present, but involve the past, or the memory. Wholeness means bringing someone to the place of “taking responsibility for my own life, instead of being able to excuse myself on the grounds of 'what was done to me', and 'what I suffered as a child'” (Lederach 1986:28).

Mourning: “The dead must be mourned. People feel a religious need to visit the graves of their deceased and communicate with them. They need to locate their ‘presence’ somewhere” (Tlhagale 1996:8). Mourning is important for friends and estranged relationships as well as family: “...but recently we had been estranged. I felt Ginny’s presence vividly at her memorial service.... I could see what a beautiful and beloved community was gathered. How much more we share in common than what we don’t” (Wallis 1993:50).

Hospitality: “Hospitality asks for the creation of an empty space where the guest can find his own soul. Why is this a healing ministry? It is healing because it takes away the false illusion that wholeness can be given by one to another” (Nouwen 1979:92).

Presence: “The only cure for our feelings of alienation and abandonment is presence...divine presence” (Hicks 1993:168). Divine presence may often be enforced with human presence.

Scripture reading and Bible stories: The church’s answer both to abandonment and betrayal, has been to spend time in retelling the stories of God’s love, mercy, and care. Betrayal, or the sense of it, has been a widespread part of the woundedness of communities. It was at the center of the motivation for “necklacing”, it is at the core of the struggle to rebuild trust between Hutu and Tutsi. In the healing of the betrayal the Christian’s hope lies in a closer walk with Christ. The sense of abandonment by God has resulted from the question of “if God is with me, why have these bad things happened to me?” “Have you ever been deeply hurt? A person in whom you invested much has betrayed you? Go to Jesus! He knew what it was to be betrayed by his close friends, but he will never betray you...weep away your bitterness as you release your burdens to him” (Fernando 1991:59). “‘When I think of the things that have happened’, one matronly woman said with great dignity, ‘I just open the bible and pray Psalm 71’” (VanZanten-Gallagher 1998:23).

Public opportunity for transparency, vulnerability: “Unless you are willing to take risks, to be vulnerable, wholeness is impossible. The Ga, a tribe in Ghana has a proverb: ‘if you are reluctant to show your nakedness, you cannot be clean’ (Marty 1994:253). Transparency and vulnerability have their place in the process of healing.

Counseling: “Common to many therapeutic approaches are the use of cognitive restructuring (replacing maladaptive cognitions with more adaptive ones), emotional uncovering (identifying, working through, and releasing strong, underlying emotions such as pain, anxiety, anger), and replacing unproductive patterns of behavior with more productive ones” (Matton & Wells 1995:182). “What keeps people trapped in the memories of violence is precisely the dilemma of integrating the traumatic experience into their identity, on the one hand, and escaping its grasp, on the other” (Schreiter 1998:31).

Establish monuments and memorials:

“The absence experienced in traumatic events such as torture, point to why reconciliation is so difficult and efforts to achieve it are often not successful...that is why establishing a focus for grief is so important. That is why we establish memorial monuments for the dead...Reconciliation processes try to create new spaces that are safe for revisiting the experience of trauma.... We face the challenge of acknowledging what the past has done to us. And here we face the challenges of honoring what we have become because of the past” (Schreiter 1998:38).

Group palaver: “In many African societies, the group therapeutic palaver serves as the most important first step in diagnosis and treatment.... The healing process requires the establishment of hope, confidence, and the restoration of relationships between the patient and the clan” (Augsburger 1992:216).

Blessing: “In a way that remains partly a mystery, the power to bless incorporates all the damage and weaves it into a larger story of life, reclamation, metanoia--the reversal we could not purchase for ourselves” (Gunderson 1997:98). But what we say is sometimes different than what is heard. To the one who feels cast away, the blessing may be taken as a curse. Still, “The power to bless helps make it possible to move into the unknowable future, rather than settling back into the past...the heart of congregations is their capacity to be fellowships of blessing, forgiveness, and

encouragement. It is the power to evoke, not compel; to draw, not push” (Gunderson 1997:100-101).

Prayer: “Prayer does not arrange circumstances to our preferences. Sometimes it does the opposite.... It is not a way to align the universe with our needs or wishes. Rather, prayer opens us to alignment with patterns and flows that are larger” (Gunderson 1997:113).

Story Telling: “Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims... telling the story is a way of acknowledging the truth of the past... Story provides a bridge between the present and the past, and binds the story teller and the listeners to one another” (Hay 1998:129). “Where the first stage reveals the truth and memory of the past this second stage deals with its consequences in the present” (Hay 1998:131). Three levels or parts of story telling are remembering, engaging, and remedy. The second stage is basically to understand or to state the meaning of what happened.

Empathetic listening: “Survivors [of PTSD] were healthier, he found, if they managed to confide in someone about the event. Those who hadn't discussed their experiences developed more illnesses of various sorts--from headaches to lung disease” (Hicks 1993:85). [PTSD is an official diagnostic category in the American Diagnostic and Statistical manual and it is widely used to assess the casualties of war and disaster all over the world (Porter, Alder & Abraham, 1999:62).]

A support system: The emotional support system, whether a song or a cup of coffee and a hug seems to be essential in healing. “After the laying on of hands, I like to lead my congregation in a time of devotional prayer. This is the third key ingredient of a healing service.... Then we sing a good hymn of praise to end the service, and we make sure that there is no shortage of coffee and people to talk to afterward just in case there are those present who need to open their hearts” (Lawrence 1996:85).

Language choice and use: “In 1988 he [Naudé] was asked to give the benediction at the funeral of Johnny Makhatini, for many years head of the ANC's department of international affairs. Naudé said he wanted to pray for the day when Afrikaans would be seen by black South Africans as a language of blessing and not cursing and spoke therefore in his own language” (Frost 1998:62).

Teaching and preaching: A new vision of God gives hope and confidence. “Knowing and trusting a God who is with them, people need a transformed vision of God” (Myers 1991:93).

Three core processes that affect human emotion are: “...anxiety, shame, and guilt...all three process are present in all cultures; all three influence reconciliation dynamics; all three must be resolved in healing injuries between persons and groups” (Augsburger 1992:279). We must therefore consider healing interventions for each. The three are tightly bound up in forgiveness, although they may also be healed in other ways. Forgiveness enables the link between people, because it restores a sense of common identity and belonging. Forgiveness from God reminds the sinner that God is loving. Forgiveness from another person reminds us that they accept us in spite of the wrong we have committed. Three kinds of interventions that deal with these core process emotions are:

Faith celebrations:

The word atone, now commonly used in VA treatment programs, first appears in the Jewish Bible. The Jewish community celebrates as its most holy of days Yom Kippur, the Day of Atonement. What was this day? This was not a day when the community gathered together to find ‘self-forgiveness’, but is/was the day when the community came together to experience the forgiveness that could come only from God (Hicks 1993:120).

“...[W]hen God forgives, He goes on record. He says so forgiveness is not a feeling: forgiveness is a promise!” (Adams 1994:11). God's forgiveness is a pattern for ours (Eph 4:32). The comfort we receive is because God speaks His forgiveness to us.

Promotion of articulated forgiveness: “Forgiveness re-creates the relationship as it releases the anger, guilt and pain from the past” (Augsburger 1992:284).

Promotion of articulated confession: “Healing is facilitated faster and easier when the guilty party asks for forgiveness and we respond accordingly or when we have the opportunity to confront our abuser, and he responds by recognizing his wrong” (Hicks 1993:179).

Rebuking: Rebuking may be public or private. It is the articulation of offence and guilt so that it may be addressed. Rebuking may of course be done in different ways. The western way is direct. A shame culture may rebuke indirectly by mentioning the shame brought to someone through certain actions (Elmer 1993:69).

3.7.7.2. Social Support

Gunderson describes well the importance of the congregation both in its social role as well as in its role of influencing volitional change.

Learning from the physicists who increasingly describe phenomena as 'fields,' a congregation is a social field to which people find themselves drawn and sometimes held in relationship to others and to a sense of reverence and possibility--faith. The congregation is a field of influence, formed voluntarily, that enhances its capacity to shape behavior and nurture meaning" (Gunderson 1997:20).

The congregation works to build community, bridging the private experience of isolation so that it becomes public (Gunderson 1997:25) (Gill-Austern 1995:247). The real test of a Christian community is not simply the presence of inclusive feelings and concern for those within our community, but whether that circle of concern and support that energizes and strengthens in pain and suffering also extends to those outside the immediate circle (Gill-Austern 1995:248). We now consider the interventions that the church, especially in congregations, is particularly able to offer to bring shalom.

Action groups: "A group of about 20 concerned Latino mothers gathers on Fridays--typically one of the more violent nights of the week--at the Dolores Mission parish in Los Angeles to pray...The group, with bullets sometimes flying overhead, walk through their children's turf carrying signs that read 'We love you' and 'Don't Kill Each Other'" (Tapia 1994:46). "The Developing Communities Project (DCP) was formed to enhance the well-being of the citizens of the Greater Roseland Area on the South Side of Chicago. Currently, the specific goals of DCP are to facilitate housing and economic development, increase health-care options, increase affordable child care, and improve the quality of local public schools" (Glidewell, Kelley et al 1998:63).

Networking and training: "Among the Peacemaker Congregational goals--with a foundation of prayer and worship--are networking with other peacemaking groups escorting people threatened by violence, and training individuals in conflict mediation and nonviolence principles, many of which employ well researched psychological principles by behavior psychiatrists" (Tapia 1994:47).

Discipleship groups: Attitudinal and behavior change can be facilitated by a number of factors. These include the development of an organizational culture that is a common strategy in many churches. It focuses on the ideal of personal development in Jesus' image (e.g. loving, caring,

giving); extensive ongoing experiences of prayer-based sharing, guidance, and support in dyadic, small group and large group contexts; the "gut level" experience of God's love, forgiveness, support and caring; and meaningful roles and opportunities for contributory involvement in the setting (Matton & Wells 1995:183).

Creation and use of Liturgy: "Liturgy, when authentic, is a language of solidarity spoken in a real community. It is a language of laments and promises" (Wind 1995:155). "A community on the way to social reconciliation both accompanies and heals the individual and itself through the use of ritual moments. There needs to be a critical mass of reconciled individuals to make social reconciliation possible" (Hay 1998:133).

Creating social order through structure and leadership: God brought shalom to Israel through structure and rules. The security of constancy is a part of healing. "Following a leader who listens to God...People need to know that his Son and his word are the source of the practitioner's ability to work healing and wholeness" (Myers 1991:93).

Convening a community: We tend to think that the church can mandate behavior and action. What it has is only the power to convene. Out of that convening the congregation may be instructed, encouraged, supported, but not commanded. It is fundamentally a voluntary society, and especially in today's society, if it commands something a person does not like, they simply leave it for another that tells them what they do like. "The congregation does not now play the stereotypical role of setting forth and commanding allegiance to a set of behavioral norms. Some wish it did" (Gunderson 1997:40). "One way to stimulate an awareness of being one Christian community among others would be to create occasions for large numbers of basic communities to meet" (Hetsen & Holmes-Siedle 1983:38). The use of small Christian communities is an idea and implementation long used by the Catholics and Protestants alike.

Create active non-violent responses to evil: "There are three general responses to evil: (1) passivity, (2) violent opposition, and (3) the third way of militant nonviolence articulated by Jesus. Human evolution has conditioned us for only the first two of these responses: fight or flight" (Wink 1998:35).

Jesus Third Way

- Seize the moral initiative.



- Find a creative alternative to violence.
- Assert your own humanity and dignity as a person.
- Meet force with ridicule or humor.
- Break the cycle of humiliation.
- Refuse to submit or to accept the inferior position
- Expose the injustice of the system.
- Take control of the power dynamic.
- Shame the oppressor into repentance.
- Stand your ground.
- Force the Powers into decisions for which they are not prepared.
- Recognize your own power.
- Be willing to suffer rather than retaliate.
- Force the oppressor to see you in a new light.
- Deprive the oppressor of a situation where force is effective.
- Be willing to undergo the penalty of breaking unjust laws.
- Die to fear of the old order and its rules.
- Avoid flight and fight (Wink 1998:41).

Presence: Presence was an intervention that assists in the healing of emotions, but it is also the basic intervention in creating community.

Congregations build patterns of accompaniment in communities in five ways: 1. Includes the frail in community by creating relational systems beyond ties of blood and money, 2. ...Creates helping roles that make it easier for people to voluntarily engage those who may be outside of their normal range of vision, 3...Builds networks and helping systems through collaboration and through the creation of new organizations, 4...Infuses other community structures with healthy social expectations, 5...Makes otherwise invisible people visible to the community (Gunderson 1997:32-36).

Provide forums for diverse peoples to meet and mutually appreciate each other: “Because tribalism lays at the root of violence, the first step toward peace is to move closer toward those who are different from us in language, religion, wealth, education, color and nationality” (Gunderson 1997:43).

Political, structural involvement:

In South Africa, Peace and Shalom are shattered, not only by personal but also by social and structural sin...a strategy for responding to violence, which challeng[es] the church to confront political and law enforcement authorities, support victims, encourage negotiation, pray for social, economic and political transformation, co-ordinate strategy through a task force and convene a peace conference...(Cassidy 1995:100).

“Those who assert that a wall separates law and politics urge, in general, that judges should be oblivious to the social consequences of their decisions. It is a view that civilized jurisprudence--all law, not only international law--must reject. A preferable starting point is that law's highest purpose

is to serve societal ends” (Asmal, Asmal, & Roberts 1996:21). The starting point for Shalom is law that comes from God and seeks His highest purpose. Jesus asks, "is man made for the Sabbath or the Sabbath for man?" We have in his answer the juxtaposition of the importance of mankind with mankind's purpose both of which were given by God. Law (the Sabbath) was intended for the blessing of man. But it was not intended for man to abuse it for his own self-indulgent pleasure. So apartheid law (south Africa), or an ethnic advantage of law (Rwanda, Burundi) is neither to keep injustice in place, nor to create a new injustice.

Representational repentance: “We confessed and repented of the sins of ethnic selfishness, hatred, and bitterness inherited from our fathers. We confessed the failures of the Church in Rwanda, starting with the beginning until our own day. We pleaded for our religious and political leaders, we prayed for healing, restoration and reconciliation” (Rutayisire 1998:99).

Give community recognition: Social validation is when those in a society recognize the importance of, or acceptability of a given response. Perhaps one reason that ethnic or religious violence and hate continues from generation to generation and is so hard to change is because it is socially validated. Changing and forgiving on the other hand is not. “When the victim is already devalued (a woman, a child), she may find that the most traumatic events of her life take place outside the realm of socially validated reality” (Hay 1998:125).

Require theological education that prepares for reconciliation: “Theological and pastoral training for future ministers in the church in South Africa must address the issue of social reconciliation” (Hay 1998:159). This is necessary not just South Africa, but all of Africa, and the entire world as well!

Provide special worship/celebration programs: “...prepared programmes, based on the meaning of reconciliation and its dynamics...a number of seasons could be prepared on reconciliation for members of the Church to follow. The seasons could be patterned on the three major moves in reconciliation: remember, engage and remedy” (Hay 1998:159).

Create Church coalitions and cooperative efforts: The interconnection of congregations in witness, in finances, and in support is a healing intervention that is often felt but not mentioned. While physical resources (money) are often the cause of evil, when the church uses it to build community

it becomes a blessing. The apostle Paul modeled that, for preserving the unity and the partnership between congregations was so important that he was ready to accept imprisonment in the quest to maintain that unity.

Create support groups: “The way we bring healing to ourselves after a traumatic time in our lives is to find others who are struggling with the same tragedies or pains” (Hicks 1993:102).

Provide hospitality: “Perhaps hospitality offered in the Emmaus road story is the first hint of healing”(Schreiter 1998:47).

Encourage and honor a vocation of healing:

Often reconciled victims--and sometimes other members of reconciling communities--receive a call or vocation to become healers of others: healers of other victims, healers of wrongdoers. That healing takes place through the practice of truth telling, the pursuit of justice, and peace-making.... Reconciliation is also, however, about strategies. Creating the conditions under which reconciliation might happen in communities of memory and communities of hope is the first step of any reconciliation strategy (Schreiter 1998:16).

Create Memorials: Creating memorials is an intervention that helps emotional healing, but it also helps heal community brokenness. “Memorial in the African religious context means primarily a significant continuity with the past which provides an understanding of the present and which is the basis for a future hope” (Shorter 1975:114). Memorial is central to the expression of the Christian faith. Yet the chief memorial--Holy Communion--may be held captive to a form that is more culturally historic than theologically historic. African memorializing traditionally is also a cultural historic event. Does not the importance of a memorial demand that we make use of the past to continually reform the present and future? Should not Holy Communion reflect the power of forgiveness between men as well as between God and man?

Promotion of personal conflict resolution: “Personal reconciliation is about the restoration and healing of a damaged humanity; social reconciliation is about the reconstruction of a more just and safe society in which the violence of past wrongdoing will be prevented. When forgiveness of sins is seen a something given to the whole church, then it becomes a calling to be a community of forgiveness” (Schreiter 1998:67).

Make suffering redemptive: “Suffering becomes redemptive suffering, then, when it does not isolate us from those around us, but becomes a way to find us to them in new and deeply human ways...the spiritual of reconciliation, then, involves finding our wounds and seeing if they can be a source of healing rather than of ever greater misery” (Schreiter 1998:81). Redemptive suffering is not in being like Christ but in seeing His work in us and through us as we suffer.

Identify the impact on all actors in reconciliation events: The eight actors or groups to be considered in the reconciliation process are: “1. Victims/survivors, 2. Wrongdoer, 3. Bystander, 4. Victim and wrongdoer, 5. The dead, 6. Future generations, 7. Neighbors, 8. God” (Schreiter 1998:109).

Promote social reconciliation: “Social reconciliation processes cannot engineer reconciliation, even though they can create conditions under which reconciliation will be more likely. Even social reconciliation needs charismatic, defining moments if it is to be successful. Reconciled individuals must imagine and create those moments.... Social reconciliation, especially on a national basis, has to follow in some fashion this common-sense process of repentance-forgiveness-reconciliation. The process will have to be marked by key ritual moments” (Schreiter 1998:116). Forgiveness on a personal level has different dynamics “At a more face-to-face level, however, a different process seems to prevail. Here the process begins with the victim who experiences God's healing power. This power leads the victim to call upon God to forgive the wrongdoer, and then moves the victim him- or herself to forgive the wrongdoer...we have reconciliation-forgiveness-repentance” (Schreiter 1998:64).

Speak and give public platforms for truth telling:

Seeking the truth establishes a pattern of truthfulness upon which a new society can be rebuilt. A public, participative search for the truth helps reestablish trust. Three kinds of truth are relevant to the reconciliation process: truth as correspondence (between what is said and what happened), as coherence (compilation of events that explain a judgment) and existential truth (that which illuminates human experience)(Schreiter 1998:119).

Actively seek justice and work against injustices: Elements or kinds of justice necessary in reconciliation are punitive, restitutorial, structural, and legal justice (Schreiter 1998:122).

Seek to transform conflicting relationships:



Reconciliatory forgiveness is a transformation of the relationship...Confession is not ventilation, dissipation, justification or flagellation; it is the authentic recognition of responsibility for one's acts and their consequences...Contrition is not punitive self-condemnation, obsessive remorse, manipulative kowtowing or expiatory groveling; it is appropriate sorrow for one's wrong behaviour and consequent grief-work for the injury to the relationship...restitution is not a repayment to avoid retaliation (anxiety) or return of equivalent value to earn acceptance (shame); it is the reestablishing of mutual justice (resolving guilt and responsibility)...Reconciliation is not a vertical restoration of unjust structures that may have been part of the process of the injury; nor is it a new vertical solution in which the forgiver emerges in a superior position and the forgiven emerges in an inferior position (Augsburger 1992:282).

Teaching and preaching that challenges evil: “The church therefore should challenge evil (even when it has the approbation of political authority), serve as a prophetic voice, and represent the welfare of those who have no power. Because many health problems are rooted in patterns of social injustice, this proclamation frees the church to act on behalf of the powerless” (Long 2000:225).

Identify and create interconnected interventions: “The healing and transforming web of Christian community--a model for healing, includes worship (liturgy, prayer), confession, thanksgiving, personal experience, identity, deepening trust.(accountability)” (Gill-Austern 1995:240).

Monitor cultural practices that destroy wholeness, and seek to intervene: A study done among the Hopi Indians in the US demonstrated that pressure against heavy drinking was not sufficient to stop it, the reason was “...alcohol use was a social activity. Indeed, the person who drank alone and did not share his alcohol was considered to be deviant” (Kunitz 1994:139).

Identify and create covenants of peace:

Covenants establish relationships that are different from kinship ties. 2) A covenant is a very serious and profound matter. Making one is not lightly undertaken, it affect the entire community. 3) The covenant attempts to affirm and recreate the person's original ontological unity with God and humanity 4) The covenant can be established only when there is openness and transparency. Confession is a central aspect of all covenants which are instituted to bring peace. 5) Covenants which are sought because of a breakdown in relationships often require restitution before the covenant can be established. 6) covenants require sacrifice. In some covenants the participants shed their own blood and exchange some blood in the covenant ceremony. 7) the covenant is celebrated by feasting together (Shenk 1983:72).

Inform the Christian community of suffering, especially those outside the immediate community. “The Christian community mediates between the suffering of the world and our individual

responses to this suffering. Since the Christian community is the living presence of the mediating Christ, it enables us to be fully aware of the painful condition of the human family without being paralyzed by this awareness” (Nouwen 1982:55).

Integrate fellowship and worship: Integration is a complex task. It may be a result of other interventions, and is also an intervention toward healing. “...Local churches whose members are trying to increase diversity within their pews....have tried to link up across racial lines in sister-church relationships, but many of these have foundered because of differences in language, difficulties in transport, and the lack of clearly articulated goals” (Massie 1993:22). Because it cuts across every aspect of our lives it is difficult. The fact remains that if when no friendships with the "other" people exist, there remains only stereotypes, suspicion, and ultimately fear.

Promote local congregational participation in just peacemaking: The church is able to do more than what an individual is able to do.

Ten Practices of Just Peacemaking. We divide the practices into three groups: cooperative forces, justice and peacemaking initiatives...

Cooperative forces:

1. recognize emerging cooperative forces in the international system and work with them
2. Strengthen the United Nations and international efforts for cooperation and human rights.

Justice for All:

3. Promote democracy, human rights, and religious liberty.
4. Foster just and sustainable economic development.

Peacemaking Initiatives:

5. Reduce offensive weapons and weapons trade.
6. Support nonviolent direct action.
7. Take independent initiatives to reduce hostility.
8. Use partnership conflict resolution (i.e. active partnership in developing solutions, not merely passive cooperation.)
9. Acknowledge responsibility for conflict and injustice, seek repentance and forgiveness.
- 10 Encourage grassroots peacemaking groups and voluntary associations (Friesen & Stassen 1998:55-59).

The importance of these practices, and the practicality of them was illustrated in a passing remark made to the researcher in July, 2001 by a Sudanese theology student. He said,

"Why cannot the churches in Kenya object to the country policy of purchasing oil from Sudan? There are many powerful government leaders here in the church. Don't they know that southern Sudan oil will only be the blood of the southern Sudanese people? With the money from that oil the government will keep its bombs and hired troops killing us."

3.7.7.3. Volitional change

“Even under the onslaught of extreme brutality, an inner realm of freedom to shape one's self must be defended as a sanctuary of a person's humanity. Though victims may not be able to prevent hate from springing to life, for their own sake they can and must refuse to give it nourishment and strive to weed it out” (Volf 1996:117). While Volf here describes the core of a person's humanity, he looks at it through western eyes. There are many cultures that see themselves not as individuals but as parts of a whole. Yet even in Africa Volf's point may hold. If the center of the personality is communally construed, then we recognize that evil may leap to life in the communal consciousness. It is there that the Christian and the Church has its role as firefighter to stamp out the burning coals that would ignite hate and violence. It is this role of shaping the will, of choosing with, and influencing the community that the church has its greatest healing role. “Insight without action is futile. It is moral choice, first and foremost, not insight that effects transformation...It is the process of getting involved and helping others that most contributes to the overcoming of their own tremendous psychological and spiritual suffering” (Gill-Austern 1995:244). We consider now the interventions that the church may make in influencing volition, whether it is individual or community choice.

Celebrate gains in relationships: “Celebration, the missing step in much conflict, is the crucial element that confirms the learnings that have resulted from the preceding steps” (Augsburger 1992:240). When celebration is a part, then the shame or regret or failures and lessons are handled in a healing manner. A former prostitute describing herself after being helped by a Roman Catholic Genesis ministry in Chicago said...“I feel great about myself today. I've accomplished a lot. I've done things I didn't know I was able to do. I don't have to compromise my principles any longer, because I have other options. Overall, I feel good, I look good. I [am] good. They help you feel better about yourself here (Beaulieu 1995:11).

Develop kingdom ethics and values: “Health and wholeness are values. Their absence is a result of a lack of justice and a lack of love not simply a lack of knowledge” (Myers 1991:94). “What is essential to the healing process is a conviction about something. Everyone needs some kind of project in their mind, something they can continue to do. If they do not have this there will be nothing to live for, they lose their will to live: in other words, they lose their spirit” (Bek 1986:12).

Create and use teaching opportunities to help focus on reconciliation: A workbook designed by Buzzard et al has a consistent focus on the role of an individual in their choices toward the wounding and reconciling of relationships (Buzzard, Buzzard & Eck 1992). In focusing on these choices, it is clear that one healing intervention is to use the cognitive understanding to tell a more truthful story and confront a person about their own roles.

Constantly push and encourage people to embrace differences:

The will to embrace precedes any 'truth' about others and any construction of their 'justice.... [H]owever, the embrace itself--full reconciliation--cannot take place until the truth has been said and justice done.... Grace has primacy: even if the will to embrace is indiscriminate, the embrace itself is conditional (Volf 1996:29).

The volition to embrace is the start of all healing interventions. "The decision to forgive someone is made in the area of our thinking and our wills, not in the area of our feelings. Left to our feelings, we would never forgive others" (Retief 1994:157). The assumption here is that thinking and choice dominate over emotions. It may. It is also possible that it simply influences emotions. Social expectations of forgiving or not forgiving may also influence the understanding of, the decision to, and the emotion of forgiveness. For example in a socially bounded culture the ethnic or group expectation to not forgive may overrule the faith-desire to forgive.

Encourage Christians to live in conscious awareness of their reconciliation with God: "God begins the process of human reconciliation with the victim...Seen from this perspective, repentance and forgiveness are not the preconditions for reconciliation, but are rather the consequences of it" (Schreiter 1998:15). The hope of healing a nation then is that those that have been reconciled will begin the process and extend forgiveness or repentance to others in their society.

Look for individual and community needs that might be met. "In 2 Corinthians 2:7-8...In every case of reconciliation each of these is necessary to some extent. They are forgiveness, help, and reaffirmation of love...The very fact of looking for needs to meet in reestablishing a relationship and then doing something about them is a factor that, when properly done, goes a long way toward reconciliation" (Adams 1994:72). The healing of relationships may include meeting emotional, social, mental, or physical needs, but in each case it requires a choice to look for and meet the needs of an estranged party.

Provide trauma counseling and create trauma awareness:

One cannot simply will to be free of a traumatic past; one must go through the difficult task of acknowledging the wounds and working through the memory that keeps the wounds present to us...Human forgiveness, then, is deciding for a different future. It does not mean ignoring or forgetting the past...it is really not about the deed that has caused the trauma. It is about the relationship the victim has to the deed's ongoing effects" (Schreiter 1998:58).

Promote public and private opportunities to speak truth about situations of conflict: Truth telling and truth acting is an important choice that is a part of interventions of healing. Du Toit suggests four ways in which truth is to be used toward reconciliation on a national level

- Finding our truth: a journey inward.
- Letting the truth of others interrupt our truth: public hermeneutics
- Letting our truth interrupt others: public witness of honesty and humility
- Insisting on reconciliation-in-diversity: persistent public presence (Du Toit 1999:62).

Encourage public and private articulation of forgiveness: "The power of forgiveness is incalculable, its place in healing emotional wounds is crucial" (Benner & Harvey 1996:38). An example is given of Jabulisiwe Ngubane, who had lost both her mother and a few children in the attack (on a house at the Trust Feeds Company in KwaZulu-Natal). She "told journalists that it was her faith in God, the God who constantly forgives our sins, which had made it possible for her to reach out to Brian Mitchell: 'it is not easy to forgive, but because he stepped forward to ask forgiveness, I have no choice. I must forgive him'..." (Meiring 1999:123).

Discipleship must include listening and speaking to those in conflict with us: "The church structures a process of practical moral reasoning where the members of the community can both hear and speak to each other as they discern together what discipleship means" (Friesen & Stassen 1998:64). It is the practiced moral high ground of Christianity that is its most compelling feature. Many religious practices over history have engaged in "physical healing". Some world religions (Buddhism) have a "moral high-ground disengagement" through transcendentalism. Only Christianity has the power to engage in a healing manner.

Create conflict when it forces structural justice and redemptive action: "Martin Luther King Jr. said, "peace is not the absence of tension, but the presence of justice" (Friesen & Stassen 1998:59). Shalom is not about the absence of conflict, but about the conditions in which the conflict take place. Healing may require an increase of conflict and even pain if there is to be justice. In the physical realm of healing, often cutting away of dead tissue is needed before a wound can close.

Provide opportunity and encourage people to take the opportunity to publicly confess corporate failure: The importance of that opportunity for the church is illustrated by the confession of Professor Juller, retired clergyman as he confesses his corporate guilt.

I am one of the old folks. What is stated in the statement, (of the NG Kerk) also applies to me. I never physically hit somebody or committed murder or dragged them to prison! But the Bible says that if I allowed something, I am co-responsible. Then I am guilty before the Higher Justice. And before you. I ask you to forgive me--all of us (Meiring 1999:85).

One of the most important healing opportunities that the TRC provided was the opportunity for people to identify their own place, and choices in perpetuating the sins of apartheid. Beyers Naudé for all of his years of work and suffering to free South Africa of Apartheid brought both conviction and healing in his TRC submission: “We, who were supposed to be the conscience of the nation, didn't succeed in preventing the most serious forms of abuse of the human conscience” (Meiring 1999:157) .

Teach and make clear the choices which people have and are making: “The ‘no choice’ world in which people's behavior is determined by social environments and past victimizations is not the world we inhabit; it is a world the perpetrators would like us to inhabit” (Volf 1996:86). Often a group amnesty is based on the idea that people were forced to do something they could not help doing. Such was the argument again and again before the TRC. “I was just following orders”, “I was only seventeen, and I couldn't question”. By taking this defense line it makes all guilt relative.

In receiving confessions, require that personal responsibility is accepted: “While Mr. de Klerk has expressed his 'deep regret' about apartheid, which he repeated in Parliament in February 1996, he has yet to concede as leader of the National Party, that apartheid was rotten at its core and in its inception; that it was a deliberate policy of socio-economic pillage” (Asmal, Asmal & Roberts 1996:30). “Almost three dozen people testified that Madikizela-Mandela was behind several brutal tortures, abductions, and murder committed by young men who worked for her in the township of Soweto...Yet Madikizela-Mandela has acknowledged only that 'things went horribly wrong.' She has denied any responsibility or complicity, even after listening to weeks of testimony” (Van Zanten-Gallagher 1998:24). A changed will, expressed in some form of contrition, becomes a redemptive act.

3.7.7.4. Physical

The healing of the inner life does two things: 1) It releases the body from the negative influences that painful or destructive emotions can produce. 2) It adds positive influences that can reinforce the recuperative powers of the body so even though physical healing does not always occur or does not occur immediately, the healing of the heart, mind, and spirit creates a favorable environment in which the body can respond to the challenges of the disease process (Fountain 1999:58).

The connection between the physical curing process and the holistic healing process is documented in multiple kinds of situations by Fountain. The impact of prayer on all aspects of health has not been measured, mostly “because few scientific studies have even figured out what they are trying to describe, much less measure. But something happens” (Gunderson 1997:115). What we need now to consider are the physical interventions that assist the healing process. It is important to again recognize that we are not just looking at physical interventions that bring physical healing—this would be a medical model.

Recognize that physical healing is a divine act and physical interventions may only be symbolic: “The classifications and methods of healing were less relevant to Jesus than his use of healing to proclaim the coming of the kingdom of God...Jesus healed by putting his fingers in the man's ears and touching the man's tongue...in another situation Jesus used mud made from the earth and his saliva” (Bradshaw 1993:133). “When the sermon is over, we follow it with the offer of a laying on of hands in the name of Christ--the second characteristic ingredient of a Christian healing service” (Lawrence 1996:84).

Use physical symbols to be reminders of commitments made: In a Luo-Maasai peace treaty,

The elders arranged for peace parleys, and after both sides had agreed...a great intersocietal rally was convened on the border...trees whose white sap is used as poison for arrow tip were formed into a fence along the common border...the weapons of warfare were placed along the fence...they took a black dog and laid it across the fence. The dog was cut into two and blood was allowed...then the mothers with suckling babies exchanged their young so that they could suckle...followed by prayers to bless the covenant of peace. The participants pronounced anathemas on any one who ever crossed that fence to do evil (Shenk 1983:70).

Identify the correct time and kind of reparation to be made in reconciliation: “When reparations are granted before the survivor is psychologically ready any form of reparation can be expected to leave the survivor feeling dissatisfied” (Hamber 1999:14). “Nearly everybody wanted information.... Others requested that photographs and other personal possessions confiscated at the time should be

returned, or that the mortal remains of a husband or a child be brought home for re-internment. Some requested gravestones” (Meiring 1999:26).

Use art and beauty to restore a sense of humanity: “Brick makers and herdsmen, broken and feeling without value, need culture, beauty and art. They need to be able to see things that are theirs that are beautiful and worthy of praise. This is part of the process of developing a feeling that things may not need to continue as they always have been: perhaps we do have value; perhaps the future can be different “ (Myers 1991:90). The physical land and possessions are not to be the security as in the sense of materialism, but a reminder of the presence and provision of a caring heavenly father.

Provide hospitality: “Hospitality becomes community as it creates a unity based on the shared confession of our basic brokenness and on a shared hope” (Nouwen 1997:92-3).

In showing hospitality, Jesus once again sets the scene for reconciliation. Hospitality, which sets up an environment of trust, kindness, and safety, is the prelude to reconciliation. It helps prepare victims for the welling up of God’s healing grace in their lives, for the restoration of their humanity. It is a restoration, not in the sense of returning them to a previous, unviolated state, but in the sense of bringing them to a new place (Schreiter 1998:87).

Encourage humor, laughter and joy: “In the early 1970s Norman Cousins published a book describing his remarkable recovery from a "fatal" illness...He discovered that ten minutes of genuine belly laughter could give him up to two hours of pain-free respite” (Fountain 1999:76). While laughter may not effect a physical illness cure, it may promote healing.

Organize and encourage acts of kindness: Compassion is an intervention. “Compassion is the immune response of the Body of Christ. The church is a suffering community, first of all, because it is a human community. What sets it apart is not that its members suffer, but that the whole body responds to that suffering by sharing it” (Long 2000:78).

Encourage appropriate touch in healing ceremonies: “Touch communicates not only belonging in community but also the sharing of life. When a father blessed his son, he laid his hands on him” (Long 2000:112). Touch is a healing intervention.

Advocate new ways of managing wealth and property ownership: Benello argues for a rethinking of land and wealth management that he says is based on the Kantian categorical imperative that people

must always be considered as ends in themselves, never as means. If the theories, he says, were made real, then there would be an increase in production, satisfaction, and binding in society. He argues to see the small group rather than the individual as the basic social building block (Benello, Swann & Turnbull 1989:86).

Encourage and structure story-telling opportunities: Meiring tells of his questioning of a Xhosa woman who had revealed the story of the loss of her son by the SA Security Police.

Yesterday you had to travel such a long distance to come here. All of us saw how difficult it was for you to tell the story of your son in front of all the people. Please tell me: was it worth it?" ... "Oh yes, Sir, absolutely! It was difficult to talk about all these things. But tonight, for the first time in sixteen years, I think I will be able to sleep through the night. Maybe tonight I will sleep soundly without having nightmares! (Meiring 1999:25).

Advocate and identify programs that might reduce violence: A small program run by the Christian Council of Mozambique is trying to stop the flow of weapons by trading useful "civilian" articles like sewing machines for military hardware (Daley [www\AOL\NYTimes](http://www.AOL.com/nytimes), 3-4-1997).

Encourage all Christians to identify how they connect with others in compassion: "In our search for a Christian understanding of healing we have considered compassion in response to need; we know that compassion is a part of a Christian concept of healing, but it is not distinctive" (McGilvray 1983:15). Compassion itself is a healing component.

3.7.7.5. Mental

The variety of healing techniques is seemingly endless for all types of failure and pain. It proceeds from one end of a spectrum that basically would simply redefine wellness by making sickness (e.g. "dysfunctional family") a social norm and therefore the "healing" needed would only be to recognize that one is normal! At the other end of the spectrum are a variety of spiritual-healing foci that would include memory-healing techniques, childhood-reconstruction etc. "Sometimes merely believing in the promise is the cure; "I believe I am healed; therefore, I am"... A growing tendency to define wellness by sickness...The result is an attempt to normalize even the most bizarre deviations" (Hicks 1993:160). What is thought about and understood about healing and wholeness influences all our interventions.

In the area of conflict resolution a great deal of thought has been given to a framework to understand healing and shalom. Lederach gives three conceptual pillars upon which this understanding is built; a long-term view of conflict, an adequate descriptive language, and an understanding of the value paradoxes in peacemaking (Lederach 1986). We proceed now to examine some of the cognitive or mental interventions that move toward shalom.

Teach and preach about the consequence of violence: “Violence [is] a specific form of aggression which intends to damage an object or a person” (Kassmann 1998:58). “Violence and victory are contradictory. When one strikes another down, the winner wins nothing but defeat” (Augsburger 1988:123). If Christianity--roughly one third of the global population--could move itself and portray non-violence as a prime characteristic of Christianity, the wounding in the world would surely lessen. African Christians, above many other regions, must hang their heads in shame for not having been able to make a difference. Kenya, Rwanda, Burundi, South Africa, Zimbabwe etc claim in excess of 80% of its population as Christian. Yet in each of these countries we find ethnic and racial violence in significant measure.

Teach truth about health and wholeness: “The operative word is healed and not cured. Right expectation, in other words, are essential. In no sense can they be specific expectations, other than that the healing process will be at work in us” (Wright 1985:34). Understanding health and healing, cure and disease, grief and loss, exclusion and embrace etc. is probably one of the more profound parts of healing. Without understanding, we are finally left only fearful, hopeless, paralyzed and isolated, these are the absence of shalom, and the presence of evil within us.

Teach and counsel people to understand the redemptiveness of hurt: Father Michael Lapsley, who has made South Africa his home and was active in the struggle against Apartheid, opened a letter bomb in 1990 and had his hands blown off. His healing came from a renewed understanding that he calls the redemptiveness of the bomb.

The response of people from all over the world, however, made me the focus of all that was beautiful and good. That gave me courage to overcome the terror. I realized that if I was to be driven by pity and a desire for revenge I would be a victim forever. By making the bomb redemptive, there is a sense that I became the victor rather than the victim (Villa-Vicencio 1995:57).

Use the Biblical narrative to frame life's stories and show their place in God's greater story: "If people can see the country being transformed, it will be easier for the families of victims and survivors to accept their losses when they are able to see that the people of South Africa have gained from their losses" (Villa-Vicencio 1995:58). Understanding one's own loss or trauma in the light of a greater story is a key to healing for many.

Use a national event to grow a broad base to support, education and mobilization activities: Simone Ingerfeld, a steering committee member of the TRC campaign, focuses on three interventions that deal with the emotional, mental and social sectors "One of our main areas of concern is counseling.... Another major need is education.... Another project is the organisation of an interfaith service. This religious celebration will document the joint blessing of and support to the commission by people of different faiths" (Ingerfield 1991:60).

Create a multi-faceted education and awareness campaign:

In 1985 bible studies were organized to be used in congregations, youth groups, meetings of laywomen and laymen, in seminaries, and by individuals. In May 1985 a letter was sent to the churches...filled with biblical references to peace, to be read in the churches on the day of Pentecost which was designated as a day of prayer for peace. The letter invited church members to consider proposals of all types, small or large for lifting up the cause of peace...A third intervention with the Chief of State. The letter spoke of the horrors of the war and the masses of Mozambicans who were its victims (Mcveigh 1999:184).

The mobilization by Bishop Dinis Sengulane in Mozambique was aimed at changing the way people thought about the conflict. They sought to engrain biblical truth by all the normal means available to the church--preaching, praying, bible study, celebrating, and advocating.

Evaluate existing church programs on the basis of whether or not they are helping people to help themselves: "are skills and knowledge taught in a way in which people are empowered to manage their own healthcare? Or is dependency being taught...?" (Myers 1991:93). Health and healing must not just be something done to a person or for them. Unfortunately much of the church's teaching tends to be based on a one-way delivery system. It is little wonder that this kind of Kerygma seems to bring little healing.

Use conflict as a teaching moment: "The intellectual activity that is necessary for healing is that which brings truth to bear on the situation...forgiveness may not heal the relationship with the

person who hurt me. That person may not admit fault, may not be ready to receive forgiveness from me, or may, in other ways, not be ready to change. I must seek to extend forgiveness without regard to these consequences, giving because I choose now to do so, not because I expect it to produce a hoped for response in the other (Benner & Harvey 1996:53).

Provide opportunities for communities to express and listen to the pain that they feel in the protective buffering environment of the church: The hearing of a story that explained the reason for hate can be enough to bring the healing of forgiveness even in murder cases, as in this story from the TRC.

Today I stand before you as the son of the man whom you murdered. I have been listening since yesterday how you did it and why you did it. I think I am beginning to understand why you hated him so. These past years our family has been living under a cloud because of everything that happened. Now I would like to stretch out my hands to you and ask your forgiveness for what my father did to you. Please forgive us! And, if you desire my and my family's forgiveness, we would be happy to give it (Meiring 1999:46).

Be actively engaged in non-violent activities: “The rejection of any theological legitimization of violence is still on the agenda, ...If the churches themselves only lament violence but do not dare actively to engage in nonviolence, they are betraying that hope” (Kassman 1998:22). Although Christianity has preached against violence, churches still are prone to find justification for it--the 'just war theories'.

Sponsor community memorial events:

...Shared memory, in the intended sense, is a process of historical accountability....Thus the process of forging collective memory is a flaring up of debate; it is the creation of a public atmosphere in which the seemingly unimportant memories and annals of the past achieve a new public importance...Such a process will move us towards crucial goals:

- It will enable us to achieve a measure of justice for the victims..
- It will provide a basis for a collective acknowledgment of the illegitimacy of apartheid,
- It will facilitate the building of a culture of public ethics...and it will make room for genuine reconciliation,
- It will provide a basis for the necessary decriminalisation of the anti-apartheid resistance....
- It will enable privileged South Africans to face up to collective understanding and, therefore, responsibility for a past in which only they had voting rights (Asmal, Asmal, & Roberts 1996:10).

Be sure that confession is followed by appropriate restitution: “Genuine reconciliation involves moral and political restitution in the sense of the German term *wiedergutmachung*, which means to 'make good again'”(Asmal, Asmal, & Roberts 1996:47). Making good again requires understanding



the failures of the past, but it also requires changing those evils into something new, something good.

Use Scripture to give God's thoughts about conflict, evil, and pain: The Bible itself is a channel of healing (Lawrence 1996:96). Hearing and understanding God's comfort and explanation of suffering gives a healing perspective to individuals and communities.

4. CHAPTER FOUR : RESEARCH METHODOLOGY

4.1. The steps of this research

This research seeks to blend the researcher's personal experiences with literature and field research. Years spent on African soil have demonstrated that no expatriate to the continent can fully feel the complexity of issues involved in the web of personal, family, village, national and international relationships that impinge upon conflict and violence. If the pain cannot be fully felt, neither can a remedy be adequately recognized, understood, nor recommended. Of course outsiders may help, but they need insider information. In order to see both conflict and intervention through African church leader eyes, this study has gone through a series of steps.

Step one was to identify various interventions or programs that were recommended by others, which seemed to bring a community to experience some healing. It was important to use recommendations of those not involved in the formation or implementation of an intervention. It is human to self-validate our own work. The use of outsider-recommended interventions meant a broader recognition of the helpfulness of that intervention.

Step two was to accumulate videotaping of the interventions. There were a variety of ways in which the videotapes were obtained. Some stories were filmed in their entirety for this research, some stories used a combination of existing film and new film, and other stories relied entirely on existing films that were either re-edited or simply used. A full range of experiences was attempted to be included in the footage: interviews both of those making the intervention and of those being helped, background information, and evidence of what had happened.

Step three was to edit the videos into nine separate film stories. It was intended that a person who was involved would tell the story of each program. In this way each story is told in its most positive perspective, and the struggles shared would be inside perspectives. So that the films could be viewed in a reasonable length of time, the goal was to not exceed a thirty minutes, and the ideal was to have a fifteen-minute length. In addition to the nine stories a short teaching film on biblical shalom was also developed. This segment both introduced the idea of biblical shalom as well as the analysis process that was used.

Step four was to field test the introductory film and one of the stories. The formal field test was done with a focus group of faculty from the Nairobi Evangelical Graduate School of Theology.

Most have their PhD and are active in their local churches. This field test indicated that the film (Beyond the Disaster) was so emotionally powerful that it had to be viewed twice in order to analyze it. It is probably true that this focus group was better suited to reading than to seeing and hearing in order to do analytic thinking. Other films were shown to church leaders informally to be sure that the story was understandable. The result of this field test was that for the focus group screening, each film was viewed twice with a verbal introduction, the opportunity for reflection between as well as after showings, and group discussion.

Step five was to screen all nine films to four focus groups of African church leaders. The focus groups were held in the following locations: Port Elizabeth and Cape Town in South Africa, Nairobi in Kenya, and Kigali in Rwanda. The focus groups were two or three days long depending upon the logistical arrangements, and lasted six to eight hours each day. Lunch was provided and the environment created was a type of workshop setting. The discussions of the groups were video taped as well as recorded on newsprint. The reflections of individuals were recorded on response sheets (see appendix).

Step six was the keying, recording, and analysis of all the data generated by the focus groups. Each person filled out a response sheet for each film. Each response sheet encouraged observations to be made in four areas of each of five sectors of human experience (therefore a potential of 20 observation sectors). Multiple observations were often made and each observation was keyed and recorded separately.

4.2. State-of-the-art methods

In today's world, anything that was state-of-the-art yesterday is probably superceded by something newer today. Research is no less affected by technology than anything else. This research for the year 2001 at least, is state-of-the-art. In Patton's extensive review of qualitative research, he says that, "Videotapes of activities, classrooms, training sessions, therapeutic interactions, and a host of other observational interests can sometimes substitute for the physical presence of the evaluator when that would be more intrusive than running a videotape machine" (Patton 1990:247).

He misses much of what can now be accomplished in research through video. Video is the primary capture tool of this inquiry. Video alone is able to allow the evaluator or analyst do the following:

1. To go back in time and observe interventions that had already occurred and analyze what happened in the healing process.
2. To see and understand interventions that have occurred in locations that an analyst has never been.
3. To watch interventions occur over time.
4. To re-observe interventions.
5. To provide a case study with richer descriptive-observations than written case studies are able.
6. To allow other researchers to reevaluate and to build on the identical case studies in order to research with different questions.
7. To allow those interested in the findings of this research to actually see and do their own evaluation of these interventions.

Besides case studies, video has also been used to record the reflections of the focus groups, allowing their responses to be studied not only from written notes but from live action; allowing body movements and group interaction to be seen so that responses may be even more clearly understood. It has allowed a “triangulation” (see Chapter 4.4.5) of data sources, for in addition to the focus group evaluators writing their own responses (data sheets) their responses were received collectively (newsprint) and the interaction was filmed (video). Of course there is still room for error in understanding what was said, but the error of hearing and recording what was said is virtually eliminated.

State-of-the-art methods also have their liabilities. Of one type of technology, Patton says,

The stenomask [a voice-activated recorder that has a microphone on the user’s collar], of course, is most appropriate for overt, onlooker observations. The imagery of a field-worker following a subject around through the day wearing a Stenomask provides a stark contrast to that of the traditional anthropologist doing participant observation and trying to covertly write notes” (Patton 1990:249).

It is exactly that image that raises some of the more serious objections to the use of hi-tech data collection methods.

The film “Transformations” begins with the researcher pictured as he walks through a darkened street watching other people hurriedly, seemingly furtively, passing by. He looks up and down the buildings and then talks into his Stenomask. His camera ever ready at his side, he presents a perfect picture of the state-of-the-art researcher. If he is not heuristic in his research, at least he is going into

some places that might hazard his well-being. The film asks the poignant question, “Have you ever experienced God’s transformations of an entire community?” The viewer may easily be convinced that with such hi-tech investigations, the findings must surely be correct. What viewer? The one who either believes in the primacy of technology or the one who is fascinated with its power.

Therein lies the potential danger of video, its power. It may not only convince a viewer that the work is thorough, but that everything is accurate. In a world where power is spiritual first and physical second, video may represent that spiritual power. It seems to capture not just sounds and ideas but the very people it pictures.

The video edit system used for this study runs on a small but powerful Apple Powerbook and uses the software “Finalcut Pro”. This software is more sophisticated than what was, just a few years ago, the state-of-the-art edit systems used for professional Television and small production studios. It enables the editor to seamlessly cut and paste between words, just like an editor does on a word-processor. Unlike the word-processor however the video editor can put the words (now deleted or added) with an image, making a distortion very convincing. The “magic” must be understood. At the same time video can misrepresent, it can also tell a much fuller story than words alone.

Any researcher has to choose what will or will not be reported, what will or will not be recorded. Because video records everything (when it is on) there is much more that has to be cut out. Additionally, in faithfully recording (by pen or by tape) every word of a focus group, and then transcribing it, and analyzing it, research methodology is said to have been complete. But the words are not enough. Was the position of people, where they sat in relation to each other or how they dressed, or if they had grey hair or not at all important? These are things that are consciously either left in a video or cut out. But in a pen and paper recording what is included or left out is often done from the moment a researcher looks at a focus group, whether or not a conscious choice is made.

Recently this researcher was facilitating a healing intervention between opposing ethnic groups that had divided a denomination in Congo. Neither he (a western missionary) nor his two colleagues (both experienced African leaders) could tell who was Lendu and who was Hema. The group knew! Part of the intervention was video recorded (with permission, the camera occupied only a potential participant’s place in the room). Only after several days was it possible to view the recording and recognize that the ethnic divisions sat together, talked together, and presented themselves together.

The issue of what is edited in a video film is significant for this inquiry. Of the many Martin Luther King films, the one which might have been the clearest, best example of church-based healing interventions was not available (BBC proprietary use only!). The alternative was to piece together the story from other existing videos. Purchasing several standard videos made by the Martin Luther King foundation was all that was needed to edit over two hours of film into a 25-minute film that told the story in a focused way. (The Martin Luther King center in Atlanta has thousands of hours of film and audiotape.) But did the film for this inquiry focus correctly? It ends with a very powerful speech in which King quotes the words of Jesus from the Gospels. What was cut out of that speech was his nearly equal time of quoting from Gandhi. One viewer said “I didn’t realize how much King was a man of the Bible”. Did this editor *make* King a man of the Bible, or did a previous editor make him a man of Jesus *and* Gandhi?

Yet another way in which a video’s “power” is seen is its ability to mask real indicators, either by not revealing them or by hiding them behind the person telling the story. An example is seen in the “Transformations” film and is the reason it was used as a type of “control” film. It does not show indicators. A few indicators were talked about, but there was no corroborating evidence. By contrast the “Beyond the Disaster” film has a large section of a survivor telling her story—of the bomb blast, of how people helped, and of what it all meant to her. Would the viewing analyzer tell the difference? In both cases the viewer becomes engaged in someone (someone real) telling *his /her* story. No longer is it a newspaper story, it is a *real* story.

Other issues of using video must also be considered. The ethics of video, and its sense of intrusion are two obvious issues. Smith reminds us that, “research procedures should be designed within a framework of sincere respect for the respondents as people and for their right to privacy. Second, the results of the study should be of interest and benefit to the subjects of the study and other persons with similar experiences as well as to researchers and other members of the public” (Smith 1982:145).

In any study the “respondents” or “subjects” must be taken seriously. To ensure that no filming was done without permission, every interviewed storyteller signed a release form. But what of the sense of intrusion that using video seems to introduce? The picture of a television crew arriving in a large van, dragging out power cords that power blaring lights connected to a large generator is only the

start of an intrusive picture of video. How *does* a researcher get video in a way that is “naturalistic” and “emic”?

In this inquiry a digital video camera was used that is smaller than a standard 35mm camera with interchangeable lenses. In only a few settings were lights used. It was found that lights did have a tendency to cause the storyteller to become less natural, so they were only used when necessary, and the camera was sufficient in most cases without lights.

That the narrator-participants of the case studies were keen to participate, and did not consider it either an imposition nor a fiscal opportunity is seen in the fact that the researcher was never asked for money or other considerations for the filming. They were happy to be promised a copy of the videos used for the study. The film curator at the South African Broadcasting Company was so interested in the project that he personally identified stacks of footage that might be appropriate from the library, and gave both tape and time for making copies.

In this study the focus group respondents were also analysts, and their desire to understand and think about the subject of healing in communities was strong enough that no one from any of the focus groups even requested a sitting allowance or transport. They came of their own, and in most cases came for three full days of work. Everyone was eager to learn and be a part of the discovery process. The felt need among church leaders is so strong to better understand their role that the opportunity to think in a structured way on this topic was more enticing than a formal “workshop”. Those who gave up to three full days as analysts left with a sense of learning, expressed by one church leader, “I have learned more through this than through all my MDiv classes. Can you do this in Zambia?” At least for that analyst/church leader the goal of transformative research had been accomplished.

The struggle to have quality, widely representative videos was in tension with the need to not be intrusive. One way this was accomplished was by using as much existing footage as possible. In this way the role of the researcher was less a cameraman than an editor. (The video summary chart in the appendix shows exactly how much footage was actually used from existing sources.) Because of the use of high quality editing software, the resulting film was in some cases superior in focus to the original footage.

Since all the videos, with the exception of the “transformations” video were filmed and/or edited by the researcher, it required a personal involvement in each of the case studies. Some case studies had significantly more involvement than others. The intervention of the Nairobi post-bomb counseling coalition became such a major project, for example, that the filming was done after the intervention. It was in the “Beyond the Disaster” counseling coalition that the power of video as the main capture tool was discovered. Without a video the real power of what had happened would be lost.

The researcher’s close case involvement was also seen in the African Evangelistic Enterprise (AEE) Healing Hearts video. The AEE team and their workshop intervention underwent a participatory self review at the Institute for the Study of African Realities, under the direction of Karl Dortzbach. During that review several key indicators of healing were identified. Those indicators appear later in the body of this inquiry.

4.3. Differences in Qualitative and Quantitative Methods

Why would a qualitative methodology be considered for this study? It would seem that the need for clear, succinct measures of personal and community health would be of greatest use on a continent plagued with war and instability. Patton’s words would seem then, to be decisive:

Qualitative measures are succinct, parsimonious, and easily aggregated for analysis; quantitative data are systematic, standardized, and easily presented in a short space. By contrast, the qualitative findings are longer, more detailed, and variable in content; the analysis is difficult because responses are neither systematic nor standardized” (Patton 1990:24).

So why would one choose a longer, more complicated and difficult form in which to report a study?

One reason is that the subject of inquiry does not lend itself to the shorter, easier form of study. When one wants to examine the forest rather than a single tree it is better to be a bird than a worm. Patton goes on, “In contrast to designs that manipulate and measure the relationships among a few carefully selected and narrowly defined variable, the holistic approach gathers data on multiple aspects of the setting under study in order to assemble a comprehensive and complete picture of the social dynamic of the particular situation or program” (Patton 1990:50).

Indeed, is it possible to study wellness or shalom in a quantitative way? Is it not in its very nature a subject that requires a holistic inquiry? Are there not so many aspects involved that a comprehensive base is needed to start with? The nature of this inquiry would make the quantitative

method both awkward and unlikely to yield information that could be applied, given the need for a great deal more understanding before clear theories and experiments could be designed. For example, there is no shortage of concise definitions for “health”, and medical doctors take great care in learning and knowing the proper procedures for treatment of bodily disease. The non-physical areas of health continue to muddle prescriptions for returning a measure of wholeness to a nation torn by genocide, or countless lives blown away by a single bomb blast. Healing measures at that point must be about more than corrective eye surgery or even just trauma counseling clinics. An example from the region is appropriate.

In 1996 the researcher was working in Rwanda with church leaders to help them deal with their own trauma and become healing helpers for their churches after the decimating killings of 1994. Because a group of 6 Americans were working together in facilitating this workshop, it seemed best to establish contacts with local agencies that were providing trauma counseling. At that time the UNHCR (United Nations High Commission on Refugees) was the lead agency for trauma. A meeting was arranged with the head psychologist. A Ph.D. who appeared to be in her mid twenties with a New York city accent, and spoke nearly no French presently met the party. Immediately she reprimanded an effort to bring in lay people to do religious things supposedly to help the people of Rwanda. She settled down slightly after taking a casual look through the CVs that were brought along—PhD, MAs in counseling, MD, many were French speakers. “OK, they are all right, but don’t just think you can come in here and teach anything”, she added, “we have established a curriculum guideline...”

So, can it be assumed that curriculum guidelines for reestablishing community wholeness in Rwanda is something that a new PhD from New York can do? Perhaps the assumption is that the science itself is so profound that it has the answers? The director’s point was probably correct, one cannot just come in and *teach anything*. There must be an inside perspective.

Even though the young psychologist seemed not to show it, the field of Psychology, like the fields of social psychology and sociology all echo the remarks on anthropology given by Allison.

The development of comparative cultural analysis in cross-cultural methodology has also benefited greatly from a model given originally by Kenneth Pike (1954), contrasting the etic and emic perspectives. The emic perspective is understood as the insider’s viewpoint, the participant in a given culture. The etic view is that of the outside analyst, developing categories and distinctions based on his view of culture. (Allison 1996:35).



The importance of an insider's perspective becomes quite clear when looking at issues of health. Allison goes on, "For example, the etic view of a particular illness may be explained by the outsider according to germ theories. The insider's explanation (emic) may understand the same illness in terms of activity in the spiritual realms of witchcraft, sorcery, ghosts, spirits, and sin" (1996:36).

Germ theories help some to explain things like infection of a cut, or even worms. But no germ theory explains communal hate and violence. In order to be sure that the views of healing interventions were emic, this study has used a methodology of focus group analysis of case studies. If a traditional African view of healing (a focus on the healer, witchcraft, and "connections" with the departed) is still alive among trained evangelical church leaders, then it would not be surprising for that view to emerge in a focus group discussion.

That such views are still very much held in contemporary Africa is witnessed to by the large followings of "Christian evangelist-healers" as well as a very active practice in both the cities and countryside of seeking out "traditional healers". Both types of healers deal with witchcraft, spirits, and sin.

The "control" film "Transformations" self-reportedly demonstrates how God brings transformation to a community. The only interventions shown were prayer and the casting out, or "breaking the power" of a witch. Many of the analysts saw no incongruity in the lack of demonstration or verification of the intervention, nor was there any surprise to some that it seemed to focus on the character and "powers" of one person, the evangelist. In the opposite way, the interventions of "Video Dialog" provided a very simple way for a violent community to begin talking together. The results were clearly pictured, but the film was not generally considered particularly useful by focus groups. Might that have been because it did not depict a struggle with the "principalities and powers of darkness"? That and other questions will be saved for the evaluation and interpretation of the data, which is to follow.

Thus a holistic perspective, or an approach to the phenomena of interest by considering and including the underlying values and the context as a part of the phenomena is necessary if we are to unlock a deeper understanding of healing interventions (Morse 1992:2). We must create "...an

inductive and interactive process of inquiry between the researcher and the data” (1992:2) as we learn and evaluate what is or is not healing, and what might be the principles for wider application.

The holistic design and use of focus groups with a large amount of data makes this study seem to point to potential of a quantitative analysis. But in Patton’s summary of the choice of inquiry strategies, it would seem that having chosen holistic case-study methods the qualitative data analysis is the remaining step. He says:

“The ideal-typical qualitative methods strategy is made up of three parts; (1) qualitative data, (2) A holistic-inductive design of naturalistic inquiry, and (3) content or case analysis. In the traditional hypothetico-deductive approach to research, the ideal study would include (a) quantitative data from (b) experimental (or quasi-experimental) designs and (c) statistical analysis” (Patton 1990:189).

The fact that case studies are being used is not in itself a conclusive argument as to why we could not use a statistical analysis rather than content analysis. There are good arguments for doing so (e.g. triangulation of method, Patton 1990, validity and reliability, Smith 1982) and arguments against it (e.g. purity of methodology, Patton 1990, Yin 1982). A good example in which a qualitative community study was done and then followed by a quantitative study is the “Developing Communities Project” in Chicago, Ill. The Psychology Department of the University of Illinois, Chicago, in 1992, conducted a participatory evaluation of a project using qualitative methodology. The project was formed in 1986 to promote community well being. The issue of leadership was an emerging issue in the evaluation and was its principle focus (Tindale, Heath, Edwards et al 1998). In 1993-1995 the same project was studied only it began with a leadership focus and used semi-structured interview data collection, after extensive discussion about whether or not to use qualitative or quantitative methods (Tandon, Azelton, Kelley, 1998). A third study, utilizing in-depth interviews of 80 community leaders was conducted with great sensitivity to the concerns of emic inquiry, and a very complex statistical analysis was done on those interviews. It was however a quantitative study that “demonstrates that quantitative methods that consider multivariate relationships between attributes can capture meaningful patterns of associations between variables in a way that can be informative to those observed” (Williams 1997:12).

For those who are unsure of mixing methods, Patton even gives a guideline as to how they could be mixed. For mixing in a qualitative inquiry he gives the following recipes:

pure qualitative strategy: naturalistic inquiry, qualitative data, and content analysis
mixed form: experimental design, qualitative data, and content analysis

mixed form: experimental design, qualitative data, and statistical analysis
mixed form: naturalistic inquiry, qualitative data, and statistical analysis
mixed form: naturalistic inquiry, quantitative data, statistical analysis (Patton 1990:190-92).

The idea of mixing methods is enticing, for it would seem to yield the best of both research worlds. This study, however, chooses not to mix the methods. To strengthen the reliability and validity of the findings, however, a triangulation by the slight altering of the study design has been chosen. At the first stage the case studies are evaluated purely by the focus groups. At the second stage the focus groups are evaluated in light of the researcher's own knowledge (hence evaluation) of the case studies. These comparative findings allow the reader of this research to understand first what African church leaders actually think about the healing interventions they have analyzed, and second what a western missionary thinks they might have missed or seen that is not normally understood.

4.4. Qualitative Research: outlines of this research

4.4.1. Objections to using a qualitative research method for this study

Having evaluated the difference between qualitative and quantitative research for this inquiry, and having chosen the former, a nagging question remains. Smith says, "Qualitative field methods are well suited to describing organizations, groups, subcultures, and small communities. They are not well suited to describing total societies or culture, far-flung or non-interacting categories of people" (Smith 1982:56). So on what basis can we say that the peoples and societies of South Africa and East Africa are "subcultures" and "small communities"? Although on the one hand those societies *are* "far flung and non-interactive", on the other hand it is widely recognized that there is an "African" similarity that cuts through most of the continent. Often this follows linguistic patterns. In this study the socio-linguistic patterns that are dominant are the Bantu patterns. But the case studies include a predominantly white congregation in Cape Town, and the historically and geographically distant case study of Martin Luther King. Do these not nullify the use of qualitative research simply because of the breadth? While it is true that there is breadth, there is also focus. Every evaluator will analyze the case studies from his or her own perspective, from his or her own experience and to some extent from their ethnic or subgroup perspective.

This is a focus on healing. This is not an ethnography that is intended to explore a full language or set of customs. Nor is it about the development of social awareness, nor a question of determining who belongs in the group and who does not. This is about understanding congregations—which do

have a focused group boundary—and the interventions which they have and may take which help heal their surrounding community. Healing events are focused events.

A second objection that might be made to this inquiry being qualitative and naturalistic, comes from the strength of the naturalistic inquiry being that the observer is sufficiently a part of the situation to be able to understand personally what is happening (Patton 1990:270). Somewhat by definition the researcher in this case is an outsider to the communities and interventions under observation. Not even the nearly thirty years of identification with African communities and churches is sufficient to give a North American an “inside” view. It is for this reason that a two-stage analysis method of this inquiry has been chosen. The researcher understands that his perspective will never be the same as that of an African church leader, but since the focus groups are made up of church leaders and they are the ones doing the primary analysis, then it is their understanding of the situation that forms the basis of this inquiry.

The two stages of analysis are: stage one, the focus groups observe and analyze the nine case studies. Stage two, the researcher in turn analyzes the analysis of the focus groups. Since the researcher has worked with African church leaders for thirty years in a multiple array of roles, he does share an adequate experience to have an inside view of their interactions to probe and learn from their evaluations.

4.4.2. The purpose of this study

Whether the strategy of research is qualitative or quantitative, there are basically five types of purpose that either strategy can serve. They are:

- (1) basic research to contribute to fundamental knowledge and theory
- (2) applied research to illuminate a societal concern
- (3) summative evaluation to determine program effectiveness
- (4) formative evaluation to improve a program
- (5) action research to solve a specific problem (Patton 1990:150).

All of these would have a place in understanding, applying, or improving interventions of healing. In fact the researcher has already done a naturalistic evaluation of the African Evangelistic Trauma program. This inquiry however, is not about evaluating but about understanding. In non-evaluative outcomes, the difference of the purposes of research is that applied researchers are trying to understand how to deal with a problem while basic researchers are trying to understand and explain

the basic nature of some phenomenon (Patton 1990:154). Action research assumes that there is an answer which could bring a solution to a problem if done in the right way.

This research focus is best described as fitting into the shared ground of basic and applied research. While the goal is to understand how healing interventions can be applied, in reality there is not a sufficient understanding of what the interventions are or of why they may or may not be healing. There certainly is not a clear answer to a problem that is looking for a “good fit” application somewhere.

If however, this inquiry is successful in finding out how to help churches identify and implement healing interventions, then action research into specific churches, denominations, and settings would be appropriate. It would not be possible to have applied research as the purpose of this study if *nothing*, were understood about healing interventions. Since there is research and understanding about healing interventions and communities, our purpose is not to simply repeat or even to verify these findings. Rather it is to investigate more fully the corollary validity between “healing acts” and African churches in their communities so that these interventions can be more fully encouraged. We are asking the question then, “What are the interventions that bring healing to a wider community?” precisely so that they can be applied, encouraged, and communicated.

Table 4.2 A summary of research purposes

Research questions	Research answers	“Wholeness and Healing In Community” responses
Type:	Applied Research	<i>Applied research with the “investigative” edge of basic research.</i>
Purpose:	Understand the nature and sources of human and societal problems	<i>Understand the nature and reasons as well as the kind of interventions that help communities heal.</i>
Focus:	Questions deemed important by society	<i>Principles, or lessons learned about healing from church/community leaders.</i>
Desired Results:	Contributions to theories that can be used to formulate problem solving programs and interventions.	<i>Contributions to the practice of ministry in churches to create or enhance programs and interventions.</i>
Desired level of generalization:	Within as general a time and space as possible, but clearly limited application context.	<i>African churches in east, central, and southern regions, and at least urban or peri-urban .</i>
Key assumption:	Human and societal problems can be understood and solved with knowledge.	<i>God can heal personal and community wounds from conflict and violence through the church.</i>

Taken from a complete table of types of research purposes (Patton 1990:161).

4.4.3. The starting point: theoretical framework

With a clarified understanding of purpose, a starting point can be chosen. Smith suggests three starting points from which a study can start--theory, method, or substance (Smith 1982:58). In reality a study cannot really begin unless all three are present. We have already been considering the strategy, which is methodological, but we now turn to the theoretical framework.

Smith would seem to say that paradigms are for theoretical research, not for applied research. “Theoretical paradigms are intellectual frameworks that more or less fit some aspect of the empirical social world. Paradigms point out significant problems, provide conceptual models and concepts for analysis, and specify criteria for the evaluation of the quality of scientific work. Paradigms guide exploratory, focused and theoretical research” (Smith 1982: xii).

What is required is that the researcher be very clear about the theoretical framework being used and the implications of that perspective on study focus, data collection, fieldwork, and analysis (Patton 1990:87). To that end the following table seeks to establish that framework and the approaches used in this study.

Table 4.4.3 Variety in Qualitative Inquiry: Theoretical Traditions compared with Healing the Nations study

Perspective	Disciplinary Roots	Central Questions	<i>"Wholeness and Healing In Community" questions</i>
1. Ethnography	Anthropology	What is the culture of this group of people?	<i>What is the culture from which focus group analysts come?</i>
2. Phenomenology	Philosophy	What is the structure and essence of experience of this phenomenon for these people?	<i>What is the meaning and reason for healing in the communities shown in the case studies and among the communities of the participant/analysts?</i>
3. Heuristics	Humanistic psychology	What is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely?	<i>What is the experience of the focus group participants in healing as they evaluate the case studies?</i>
4. Ethnomethodology	Sociology	How do people make sense of their everyday activities so as to behave in socially acceptable ways?	<i>How do the evaluators understand and utilize healing interventions in their home areas?</i>
5. Symbolic interaction	Social psychology	What common set of symbols and understandings have emerged to give meaning to people's interactions?	<i>What common understandings are there among African communities which bring them to a sense of wholeness (cf chap. 2, 3.3)?</i>
6. Ecological psychology	Ecology	How do individuals attempt to accomplish their goals through specific behaviors in specific environments?	<i>How do individuals attempt to accomplish their goals through specific behaviors in specific environments?</i>
7. Systems Theory	Interdisciplinary	How and why does this system function as a whole?	<i>Are conflicts, trauma or wholeness explicable? What are the common understandings of health in contemporary Africa?</i>
8. Chaos Theory: nonlinear dynamics	Theoretical physics, natural sciences	What is the underlying order if any of disorderly phenomenon?	<i>What are the patterns of change in understanding health and wholeness in Africa today?</i>
9. Hermeneutics	Theology, philosophy, literary criticism	What are the conditions under which a human act took place or a product was produced that makes it possible to interpret its meanings?	<i>What is the social, theological, and cognitive context for conflict and healing in each case study?</i>
10. Orientational, qualitative	Ideologies, political economy	How is 'x' ideological perspective manifest in the phenomenon?	<i>How is biblical holism or traditional African wholeness seen in these interventions?</i>

Table taken from Patton's table of theoretical traditions. The fourth column reflects this study (Patton 1990:88).

While these theoretical traditions can clash, there is also compatibility and similarity among many

of them. This research is guided by a qualitative theoretical paradigm. It is also guided by a paradigm of biblical holism seen in Chapter 2 and 3.3. These two paradigms guide very different aspects of this research, but they affect each other. The holism paradigm is a content guide which does not seek to direct the answers so much as it does to stimulate the answers. Things in our world that are most basic are often most difficult to describe or talk about, simply because they are taken for granted rather than thought about. So it is that a paradigm of holism will guide our reflections, and therefore deepen our understanding of health and healing.

The qualitative paradigm, drawn from the above chart, is to guide the study process. The theoretical traditions chosen for this study are chosen for their compatibility to each other and to the goals of this inquiry. A few comments are appropriate, and will follow the order of perspectives given in the above chart. Not all of the possible perspectives will be commented upon even though their potential questions for this study have been listed in the chart. The pursuit of these additional questions would be useful and informative for additional studies.

First, a *phenomenological perspective* can mean either or both (1) a focus on what people experience and how they interpret the world (in which case one can use interviews without actually experiencing the phenomenon oneself) or (2) a methodological mandate to actually experience the phenomenon being investigated (in which case participant observation would be necessary) (Patton 1990:70). In this study there is a peculiar mix of several aspects and types of naturalistic inquiry. Because the focus groups are actually doing an analysis themselves of healing interventions, and because most of the focus group participants have themselves gone through situations of community violence and trauma, they are genuine “phenomenological” participant-evaluators. A phenomenological inquiry asks, “What is the structure and essence of experience of healing for these people?” (Patton 1990:69). Because of the years of ministry experience of the church leaders in the focus groups, it is safe to assume that they have experienced woundedness, loss, pain *and* healing, encouragement, and strength. Therefore the query to understand the structure and experience of healing through these people is reasonable precisely because they have experienced it, sought to encourage it, and reflected upon it.

A phenomenological perspective also requires that the researcher has an inside perspective on what these people have experienced and why. Some of these participant/evaluators have been colleagues

with the researcher for years. The years of shared experiences in Africa's conflict and violence give even the second stage of analysis a phenomenological perspective.

Secondly, the *heuristic perspective* comes from a term that is Greek in origin (*heuristic*) and means to "discover". Heuristic research epitomizes the phenomenological emphasis on meanings and knowing through personal experience; it exemplifies and places at the fore the way in which the researcher is the primary instrument in qualitative inquiry (Patton 1990:72,3). The heuristic perspective sought in this study is that of the participant/analyst, not of the researcher. The entire point of the two stage analysis, as mentioned earlier, is the desire to have the researcher be lost from view in the process of allowing others to fully identify their own understanding of healing and shalom.

A third aspect of naturalistic inquiry is *symbolic interactionism*. Symbolic interactionism attempts to relate the procedures that are routinely employed to build up social scenes (Smith 1982:38). It is a social psychological approach most closely associated with George Herbert Mead (1934) and Herbert Blumer (1969) (Patton 1990:75). Theories about what is happening in a setting are grounded in direct program experience rather than imposed on the setting *a priori* through hypotheses or deductive constructions (Patton 1990:44). For this study there is no hypothesis or construction of healing intervention that is seeking to be validated. The model of biblical holism is not a "tested theory". It is a lens through which the understanding of the question, "What common understandings are there among African communities that bring them to a sense of shalom?" may become clearer.

The fourth perspective of this inquiry is the *hermeneutical perspective*. A hermeneutical orientation in qualitative inquiry is not different than its application to Biblical interpretation. Hermeneutics takes the position that nothing can be interpreted free of some perspective, so the first priority is to capture the perspective and elucidate the context of the people being studied (Patton 1990:85). The aim of this study is to understand the phenomenon of healing within the context of communities. Those communities are of course different in different countries, but in light of the many similarities among African cultures, it is hypothesized that there are qualities of interventions, as well as interventions themselves that will be healing and helpful in a wider range of communities.

4.4.4. Knowing where we are: triangulation



The idea of triangulation comes from the application of geometrical principles to both land survey and building. If one can establish the length of three sides then the square or regular shape may be certain. If one can establish two angles and the length of one side, then the position of the other sides is known, and so forth. Four kinds of triangulation contribute to verification and validation of qualitative analysis: (1) methods triangulation, (2) triangulation of sources; (3) analyst triangulation; and (4) theory/perspective triangulation (Patton 1990:464). The two basic kinds of triangulation methods used in this study are source and analyst triangulation.

Intentionally diverse types of case studies enable the analysis to be made between similar interventions in different cases. If they are evaluated to have a similar impact, then the intervention is more likely to be healing in multiple contexts. Analyst triangulation, or making use of the focus group participants as the actual analysts gives a great many perspectives. In the case of this study there are more than fifty analysts. If there is a strong agreement between them about the value of certain acts, and the impact of those interventions, then again it gives greater certainty that those are interventions, or principles, that will apply in wider and repeated settings

By looking at the tables in the appendix, it is possible to see the variety of case studies as well as the participant/analysts.

4.4.5. Case studies

The "how" and "why" questions are more explanatory and likely to lead to the use of case studies, histories and experiments as the preferred research strategies (Yin 1982:18). Asking "how are people and communities healed?" and "Why are they healed?" or "Why were the interventions used effective or not?" were the questions that lead to this qualitative inquiry.

Yin helpfully delineates three types of case studies.

In general, case studies are the preferred strategy when "how" or "why" questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context. Such "explanatory" case studies also can be complemented by two other types--"exploratory" and "descriptive" case studies. Regardless of the type of case study, investigators must exercise great care in designing and doing case studies, to overcome...the traditional criticisms of the method (Yin 1982:13, emphasis added).

The type of case study may simply be a matter of how the investigator presents the material elicited. Of the video case studies that are used in this study there are elements of each type of case study, but because the cases are self-reported, there was not an attempt made to squeeze the case study into a "standard type". The idea behind a self-report case study is that the one doing the reporting chooses to identify what is most important and most relevant to their story. "The task for the qualitative researcher is to provide a framework within which people can respond in a way that represents accurately and thoroughly their points of view about the world, or that part of the world about which they are talking" (Patton 1990:24).

So in the *St. James* story, the event had happened several years before the filming of the case study. The pastor and the survivor interviewed were much more reflective about what had happened, this case study therefore is much more about exploring the meaning of repentance, forgiveness, and healing of individual and collective trauma.

The *Khulumani* story was created mostly to encourage people to enter into a support group so that the TRC process could go on. It is therefore mostly descriptive. But the *Video Dialog* story was an attempt to use an on-going process of peace building to show how intransigent conflict might be moved toward dialog. It is therefore more explanatory in nature.

The *Beyond the Disaster* story was descriptive of a very complicated but focused and powerful coalition. The *Transformations* film reportedly explained how God transforms communities. In the Rwandan films, the *African Revival Ministries (ARM)* story was descriptive, having been used mostly as a public relations film. The *AEE: Healing Hearts* film was a current event, and the leaders attempted to both describe what was happening and explore why it was effective. The *Rebuilding Hearts and Homes in Burundi* was descriptive, a current event that was taking place. Finally, the *Martin Luther King* story was filmed as an historical reflection, simply to describe the events and presumably to motivate watchers to a higher moral and ethical ground in dealing with conflict.

Therefore, of the nine films, five were basically descriptive, two explanatory and two exploratory. This balance of type, though not precisely even, does give some basis to triangulate the findings. We do learn a more about the impact of an intervention if it is being explored or simply described. If viewers are relatively experienced in their ministry skills, an explanation of an intervention may

not be needed in order to evaluate but the explanation may enhance the evaluation. In actual experience, when the viewer becomes engaged in what the storyteller is saying it does not really matter what type of case study it is, it is viewed holistically.

In proposing how case studies might be gathered, Smith discusses the types of interviews that might be used: 1. unstructured, 2. focused, 3 structured (Smith 1982:325). Patton adds a fourth, calling it an “open-ended interview” (Patton 1990:281). The cases presented in this study are of situations where community healing was self-reported, and were corroborated by the observation and understanding of the researcher. As much as possible the case studies are self-reported. Either there were no questions asked (the cases where film footage was borrowed) or the questions asked were descriptive in nature, for example “How did the program start?”, “Describe what it does”, and “What impact have you seen?” As an interview form then, the creation of the case study was by way of a focused interview. The questions asked however would not fit the same typology. The questions were not unstructured in the sense of being free-flowing from one response to the next question. Nor were they focused in the sense that they were seeking to expose what might prove or disprove a theory of healing. Nor were the questions structured in the sense that every case study answered the same questions. It would be better to describe the questions used to collect the case studies as “non-structured” and “open-ended” in the sense that there was no formal structure, but the questions sought to assist the reporter in a full description of reasons and acts of intervention and the results of those interventions.

4.4.6. Sampling

In qualitative studies, units of analysis may be particular kinds of events, occurrences, or incidents (Patton 1990:167). The unit of analysis in this study are interventions. *An intervention may be defined as any action or relationship or understanding intentionally taken or given which brings an individual or a community of individuals to a greater sense of shalom.* Sampling, or choosing the primary units of analysis, was necessarily a part of the case study selection and design. Several choices exist and were considered. Patton again assists in providing a helpful table that lists the options of purposeful sampling through which the choices and reasons made in this study are shown.

Table 4.4.6 Sampling types and choices

Type	purpose	<i>Sampling strategies in Healing the Nations Study</i>
extreme or deviant case sampling	Learning from highly unusual manifestations for the phenomenon of interest, such as outstanding successes/notable failures, top of the class/dropouts, exotic events, and crises.	<i>This would have been a helpful type sample but it is impossible to determine ahead of time what "excellent" or "best" healing interventions are.</i>
intensity sampling	Information-rich cases that manifest the phenomenon intensely, but not extremely such as good students/poor students, above average/below average	<i>Again this would have been a good sampling method were there cases that within themselves included many different kinds of interventions. The closest to an intensive case study would be the ARM: The Living Church.</i>
maximum variation sampling—purposefully picking a wide range of variation on dimensions of interest	Documents unique or diverse variations that have emerged in adapting to different conditions. Identifies important common patterns that cut across variations	<i>By assembling the variety of case studies chosen this maximum variation sample is used. It provides triangulation as well as a broad basis for understanding healing interventions.</i>
homogeneous sampling	Focuses, reduces variation simplifies analysis facilitates group interviewing	<i>There is a certain amount of homogeneity in the cases sampled. Most are done either by churches or groups of Christian organizations. These groups could easily have done all. The church plays an important part in each of the cases studied</i>
typical case sampling	Illustrates or highlights what is typical normal average	<i>There is probably no such thing as a typical case in this study, but it is hoped that through the study it might be possible to understand enough about healing interventions that what would typify a healing intervention will be known.</i>
stratified purposeful sampling	Illustrates characteristics of particular subgroups of interest; facilitates comparisons	<i>In that three regions of Africa are chosen from which the studies come, there is some level of stratification. This however did not seem to be the most revealing strategy.</i>
critical case sampling	Permits logical generalization and maximum application of information to other cases because if it's true of this one case it's likely to be true of all other cases.	<i>Because of the degree of pain and loss that most of these case studies deal with, it could be asserted that they are all of the critical case sampling strategy. However, if one looks at the African continent and sees the enormity of loss, trauma, and pain, it is most difficult to attempt to answer what case is more critical than another.</i>
combination or mixed purposeful sampling	triangulation flexibility meets multiple interests and needs	<i>The slight variety of strategy used in the case selection for this study does add to the triangulation. Other cases in fact have been filmed by this researcher and might have been used. However the better and more revealing cases were chosen.</i>
<i>Columns 1-2 from Patton 1990:182-3</i>		

The sampling in this inquiry is a maximum variation sampling. When selecting a small sample of great diversity, the data collection and analysis will yield two kinds of findings: (1) high-quality, detailed descriptions of each case, which are useful for documenting uniqueness, and (2) important

shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity (Patton 1990:172).

Each video case study has been chosen to show as great a variety of interventions as possible. Because the case studies are few, the samples are relatively few in number. In diversity the interventions are simple and complex; requiring many agencies, or a single congregation, or a single individual. The interventions range from requiring a great deal of external funding to requiring only volunteer labor. These are interventions that can be accomplished in urban as well as rural settings. (It may be helpful to refer to the video summary table in the appendix to understand how the maximum variation sampling was achieved.)

4.4.7. Evaluation or analysis questions

Smith says, “the three main sources of new data are interviewing, observation, and experimentation” (Smith 1982:51). Of these this inquiry uses the first two. The interview questions were considered in the above section on case study. The second form of new data is that of observation. To assist the participant-evaluators a form of semistructured questionnaire was developed. “A semistructured questionnaire is used when the researcher is familiar with the boundaries, the domain, and the components of a phenomena but is unable to anticipate all the possible responses to a particular question and cannot structure the answers” (Morse 1992:361). This semistructured questionnaire was a response grid sheet.

The use of a simple response grid or report form for viewing the videos was to both enable the viewers/analysts to stretch their own thinking and response, as well as to provide some structure for capturing the range of responses that would fit within the boundaries and components of health and healing. The response grid asked questions, and these questions were similar in type to those asked for the creation of the case studies. What were above called “non-structured” or “open-ended” questions are the same type of question used for the response grid.

“The standardized open-ended interview is used when it is important to minimize variation in the questions posed to interviewees. This reduces the possibility of bias that comes from having different interviews for different people” (Patton 1990:281). The response sheet provided in this inquiry was a way of standardizing an open-ended “interview”. Because of the two-stage methodology, the participant-analysts are basically “interviewed” by the response sheet and by the

focus group discussion. In giving directions for the use of the response sheet, there was no requirement to fully utilize the response form, and in fact it was complex enough that with limited time most analysts/focus group participants did not fill it in completely. The response form is shown here in a shrunken form.

Video Analysis Chart

	NEEDS OBSERVED	ACTIONS TAKEN	RESULTS OBSERVED	LESSONS OR PRINCIPLES
EMOTIONAL				
SOCIAL				
VOLITIONAL (CHOICES)				
PHYSICAL				
MENTAL				

The provision of these forms, one for every person for every case-study film was itself a standardizing procedure. Because the forms were both complex and unstructured they required explanation and introduction. The complexity of the form came from the fact that it was a chart with five categories or aspects of human existence, and four questions to be addressed for every category. The lack of structure came because there was intentionally no clear explanation of what was to fit where—only that something should be in each column (the questions). In order for this form to be helpful and not just confusing, two standard steps were taken with each focus group. The first step was that every day was opened with a devotional meditation that focused on some aspect and example of biblical holism. The passages used were consistent for each focus group. The second step was the showing of a short video explaining the model of biblical holism as presented in this study. The full text of that video may also be seen in the appendix. Usually the “Biblical Holism” video was viewed several times, twice before the viewing of the first case study, and at least once more on the second day as a review. It was found that viewing the film made the structure of the response form more clear—that it was a guide to stimulate thinking and not an evaluation sheet to give the case study a grade of “whole” or “not whole”.

The object of the response sheet and the focus group discussion was to get high-quality data in a social context where people can consider their own views in the context of the views of others (Patton 1990:335).

4.5. Summary of choices used in this inquiry



Table 4.5 Summary table of *Healing the Nations* study choices

Issues	Sample Options and Considerations	Healing the Nations choices
1. What is the primary purpose of the study?	Basic research, applied research, summative evaluation, formative evaluation, and action research.	Applied research
2. What is the focus of study?	breadth vs. depth trade-offs	Eastern and Southern African church leaders
3. What are the units of analysis?	Individuals, groups, program components, whole programs, organizations, communities, critical incidents, time periods, etc.	Interventions
4. What will be the sampling strategy or strategies?	Purposeful sampling, probability sampling; variations in sample size from a single case study to a generalizable sample	Purposeful, maximum variation sampling
5. What types of data will be collected?	Qualitative, Quantitative, or both	Qualitative
6. What controls will be exercised?	Naturalistic inquiry: experimental design, quasi-experimental options.	Naturalistic Inquiry, but using two different design options
7. What analytical approach or approaches will be used?	Inductive, deductive. Content analysis, statistical analysis, combinations.	Inductive, content analysis.
8. How will validity of confidence in the findings be addressed?	Triangulation options: multiple data sources, multiple methods, multiple perspectives, and multiple investigators.	Multiple investigators
9. Time issues: When will the study occur? How will the study be sequenced or phased?	Long-term fieldwork, rapid reconnaissance, exploratory phase to confirmatory phase, fixed times versus open time lines.	Case study collection over five years, focus group within a six-month period
10. How will logistics and practicalities be handled?	Gaining entry to the setting, access to people and records, contracts, training, endurance, etc.	Study parallels the researcher role as director of the Institute for the Study of African Realities. Former and present colleagues coordinated focus groups.
11. How will ethical issues and matters of confidentiality be handled?	Informed consent, protection of human subjects, reactivity, presentation of self etc.	All subjects filmed signed consent forms most borrowed film footage was released. Non-released footage is not being available for distribution.
12. What resources will be available? What will the study cost?	Personnel, supplies, data collection, material, analysis time, and costs, reporting/publishing costs.	Approximately \$20,000 see appendix for details
<i>Twelve items, first two columns taken from Patton 1990, 197</i>		
13. What are the goals of this research?		Identification of church interventions which have and may bring healing to communities
14. What, in view of these goals, is the kind of data I want this research to produce?		Descriptions and principles of what and why interventions are healing.
15. What research will allow me to achieve these goals and get this kind of data?		Experienced church leaders analyze diverse type case studies
16. Given these goals and this research setting, what research methods should be used ideally?		Qualitative methods, focus-group analysis
17. What research methods are practical in this research setting?		Case studies by video, focus groups in multiple countries with diverse African cultures.
18. Given this estimate of the practical methods, is it possible to approximate sufficiently the goals and kinds of data we want to make this research desirable?		Individual evaluation sheets from each analyst, focus group discussion records, gender balance, 4 focus groups, minimum 50 analyst-participants
<i>Last six questions from Jack Douglas, Investigative Social Research (Smith 1982, 58)</i>		



4.6. Assumptions

The following assumptions have been made in this research:

1. The church naturally and systematically touches many different aspects of human life.
2. Various models of whole-person healing exist, but are not suitable for programmatic use in the African church.
3. Video can and will adequately portray a case study so that it can be analyzed by church leaders.
4. Past interventions can be analyzed long after taking place.
5. The “sense of healing” will vary with time, situation, and human life cycles.
6. Experienced church leaders can identify the significance of a church intervention.
7. Mature African church leaders can recognize and name healing interventions when they see them.
8. Nine videos showing a wide range of healing interventions is adequate and not too much for focus groups to process.
9. That contemporary African worldview is both like and different than the traditional worldview.
10. That the model of holism used as the basis for the response sheets will enhance reflections and analysis.
11. Barriers in people’s perception will make it more difficult to measure and understand interventions. These barriers include the following ideas: (These barriers are among those noted in the process of numerous conferences, seminars, and workshops conducted by MAP International in Rwanda and Burundi, 1994-1997. The researcher was a primary facilitator and these are found in non-published documents in his possession.)
 - I am not in need of healing.
 - My community does not need healing.
 - Justice--the punishment of perpetrators of negative acts and intents against my “community” and me must be administered before healing can take place.
 - I have nothing to repent of, I am not guilty.
 - I cannot be responsible for the injustices done; a higher authority or simple circumstances are responsible.
 - Forgiveness is not possible without repentance first: Repentance is not possible without knowing that forgiveness is unconditional.

5. CHAPTER FIVE: RIVERS OF HEALING--CASE STUDIES

5.1. Overview

The nine case studies in this study allow this inquiry to view a wide range of historical and geographical experiences. But the individual historical context of each film must not be overlooked.

Morse reminds us of the four parameters that must surround the investigation of these case studies:

...[Q]ualitative work is emic, comparative, historical, and holistic...In being emic, we must understand the multiple perspectives, the competing beliefs, the ways lives are lived, and their implications for social relations...In being comparative, we seek not only to contrast but to combine. We ask, what is the meaning of all perspectives taken together as well as in contrast to one another?...In being historical, we not only put events and interpretations into sequence, but try to discern how this history and other histories are implicated in present action and what this means for those involved...In all of these we attend to the fourth criterion, holism (Morse 1994:44).

The nine cases represent four different country areas (grouping Rwanda and Burundi into a single country area complex because of the similarity in history, culture and language.) Each area has its own history and background that must be sketched briefly. Further, each film, or case studied has its own story to tell. Because this study was done in video, the videos will be summarized for the reader so that the context of each film is clear. After the cases have been presented it will be possible to consider the reflections that the evaluating focus groups shed on those cases. In this way both method and results will remain in context (Patton 1990:471).

Several threads tie these cases together. The first is story or narrative. Each case is a story of an effort to heal pain and brokenness. Every effort was born from a vision that what *is*, is not what *should be*. The actions taken in every case are vastly different from each other although they all aim toward the single goal of transformation. In some ways the visionary or visionaries who conceived of the actions was motivated by compassion. As Nouwen expresses it, “compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish” (Nouwen et al 1982:4). These stories are stories of that kind of compassion.

Because they are stories of compassion for those who have been crushed under the oppression of politics, of hate, or of history, these are also stories of healing. In the words of one Mr. Sikwepere who presented his story to the TRC, “I feel that what...has brought my sight back, my eyesight back, is to come back here and tell the story. But I feel that what has been making me sick all this time is the fact that I couldn't tell my story. But now...It feels like I've got my sight back by coming

here to tell you the story (Krog 1998:6). Perhaps as we listen to these stories there will be a new vision of what our broken world could be.

These stories have taken place not only in different countries, but also in many different places. That very difference is a third uniting factor, for it demonstrates that there is not a single primary place where healing occurs. There is no social hospital and no worship service experience for those who are broken in which to find healing. Perhaps in that sense the place of healing is like the World Wide Web—the single common element of the cyber world is only that one must enter. Once there, a myriad of “sites” are available.

An example is that of the Truth and Reconciliation Commission which chose many different sites for their hearings because the use of space was deemed important in the act of community healing. If they chose a city hall it was because “by choosing the city hall...the commission gives notice of its determination to perform the ritual of claiming space, of consecrating a space, of saying, ‘this once belonged only to whites. Now it belongs to all of us’. The commission enhances its claims to the space by means of banners, posters, and, of course, by using the police to secure it (Krog 1998:8).

A fourth similarity of each of these stories is that they illustrate the use of rituals that create “types” of cultures, which develop around the healing actions and multiply the actions that are taken. A ritual may be described as “a highly condensed form of action composed of metaphors, and symbols, the essence of which is to focus the intimate attention of an individual or a group” (Krog 1998:7). Several examples will help show the meaning. During the TRC hearings the television reporting became a ritual in which the nation participated both because of its regularity and because of its repetitive use of certain visual symbols. The African Enterprise trauma healing seminars used rituals of repentance and the symbol of the cross that became nearly trademarks of participants’ experience. The use of song was a ritual that moved Martin Luther King’s non-violent opposition to racial segregation. The ritual of exorcism was to be found in every “transformation” of the Transformations case. And so in every case studied, we find the use of ritual.

It is possible to deeply analyze this element of ritual as Krog has done for South Africa and the TRC.



One: Acknowledging the Sacred Space:--positions of seating, who is announced or not, symbols like a flag and candle, use of prayer, song,
Two: Initiation into Being One of the Few Who Have been Chosen:--use of language, common or vernacular, use of microphone and headset.
Three: Letting go of the Bad or the Exorcism of the Terrible Memories--the story is told.
Four: Becoming Part of the Blessed Greater Community--Tutu fits the story into a broader, higher scheme, explains a deeper meaning of the story.
Five: The Scapegoat ritual: victimization, blame-casting on whites, all innocent.
Lost opportunities: to contribute to a fund by perpetrators, to sign a document or book by ordinary people etc. (Krog 1998:15).

What one sees in this list is that ritual is often not defined before it is developed. It often just happens and then becomes the trademark of what is done. While we will note some of the rituals in the cases studied, it is not the purpose to outline the trademarks as it were of the interventions, but what was intentionally done.

A fifth similarity of all these situations is the presence of violent conflict. This conflict takes on very different forms so that in some cases people who were touched would not have thought there was a conflict (the Nairobi Bomb Blast of the US Embassy). In most cases the conflict was a long brewing and widely involving one. If there is a common story to be told between Rwanda, Burundi, Congo, South Africa, Bosnia, Liberia, Siera Leone, Ethiopia, Sudan, or any number of other conflict zones, it is the story that Volf tells, outlining the progression and complexity of violent ethnic conflict.

In extraordinary situations and under extraordinary directors certain themes from the "background cacophony" are picked up, orchestrated into a bellicose musical, and played up. "Historian" --national, communal, or personal interpreters of the past--trumpet the double theme of the former glory, and past victimization; "economists" join in with the accounts of present exploitation and a great economic potentials; "political scientists" add the theme of the growing imbalance of power, of steadily giving ground, of losing control over what is rightfully ours; "cultural anthropologists" bring in the dangers of the loss of identity and extol the singular value of our personal or cultural gifts, capable of genuinely enriching the outside world; "politicians:" pick up all four themes and weave them into a high-pitched area about the threats to vital interests posed by the other who is therefore the very incarnation of evil; finally the "priests" enter in a solemn procession and accompany all this with a soothing background chant that offers to any whose consciences may have been bothered the assurance that 'God is on our side and that our enemy is the enemy of God and therefore an adversary of everything that is true, good, and beautiful.

As this bellicose musical with reinforcing themes is broadcast through the media, resonances are created with the background cacophony of evil that permeates the culture of a community, and the community finds itself singing the music and marching to its tune. To refuse to sing and march, to protest the madness of the spectacle, appears irrational and irresponsible, naive and cowardly, treacherous toward one's own and dangerously

sentimental toward the evil enemy. The stage for "ethnic cleansing" and similar "eruptions" of evil--personal as well as communal --is set (Volf 1996:88).

These stories begin with the dissonance of different peoples in South Africa.

5.2. South Africa

5.2.1. Overview

The conflict in South Africa has been the conflict of the church. Not only is the conflict rooted in the church, but it is also rooted in the very ritual intended to remind Christians of God's forgiveness that reconciles man with God and man with man—Holy Communion. "Apartheid began its life in the Church around the Table of the Lord when white Christians of the Dutch Reformed Church (DRC) refused to take Communion with those Christians who were not white. This sinful attitude was not only tolerated in the church of the nineteenth century, but in 1857 became a law for the life of the Church" (Boesak 1983:xi).

The idea of a biblical defense for racial separation at the Lord's Table was made in 1828 at a church council when the arguments about slavery (Luke 17:7-8) was connected to not eating in a way that gives offense to another (I Cor 8:13), which was taken to show that if partaking in communion with a person of another color was offensive to some, it should not be done (Loff 1983:13).

The theological foundations for apartheid can be traced long before the debate about admission to the Lord's Supper. Theologically it is necessary to start with the missionary efforts in the seventeenth century and then focus on the movement of Protestant missions with the Halle Pietists and Zinzendorf's Moravians in the eighteenth century whose emphasis on personal and individual salvation discouraged any sense of corporate responsibility. "Pietism moreover tended to have a rather one-sided vertical dimension, with little understanding of man's cultural relationships and Christ's universal kingship" (Bosch, 1983). Maluleke's makes the charge that Apartheid is but the product of pietism (Maluleke 1998:333). It may lead some (perhaps him!) to avoid any form of Evangelical or Reformed theology. What it should do is to warn every theological perspective of inherent dangers.



This theological inadequacy of pietism walked hand in hand with an era of political, social, and cultural imperialism of the west with its worldview. When added to the propensities of the human heart for selfish focus and gain, the result was unabashed and defended racism.

In the eighteenth and nineteenth centuries, the colonial subjugation of the local peoples in what was to become South Africa was often rationalized as an extension of Christian civilization. A particular reading of the Old Testament coupled with a newfound identity of *volk*, or peoplehood created the possibilities of Afrikaner nationalism and the justification of this cause against both the Africans and the British (Pillay 1998:79).

Afrikaner nationalism that was reinforced by the Boer Wars is probably best seen not as the basis for racism, but as an outgrowth of it and contributor to its structural implementation. Indeed the use of the term Afrikaner in 1912 included not just those of Dutch origin but all whites whose loyalties were in the South African Union. The Nationalist party that formed in 1914 embodied this racial imperialism (Roberts 1986:555).

Racism is not a South African sin, it is a human sin. "Racism is not merely attitudinal, it is structural. It is not merely a vague feeling of racial superiority, it is a system of domination..." (Boesak 1983:3). Because that domination took on both ecclesiastical and political structural enforcement, the further context to the struggle in South Africa must be seen through the separate yet intertwined strands of the white church and the black church.

In the progression toward ever-increasing application of apartheid principles between the formation of the Nationalist party and the clear call to apartheid by the formation of National Party in 1948 (De Gruchy 1979:54), there are important issues that polarized both society and the church. Separate development in separate homelands of different peoples was at the center of this polarization. The theological point of apartheid was to use the differentiation of peoples as operationally normative for the church and society, rather than as descriptive. This brought theological division among the white churches that could or could not rationalize such differentiation. In 1950 the Dutch Reformed Church missionary conference recommended a "territorial apartheid" as a sort of compromise (De Gruchy 1979:56).

While the white church was debating, the black church was left with few options. They could worship with other blacks under the control of whites (mission churches), or could worship with whites in a multi-racial denomination that was also dominated by whites, or they could form their own churches and lose any political voice (De Gruchy 1979:43). Of those who formed their own

churches there were those that Sundkler called “Ethiopian” churches (breakaway was motivated by racial oppression and desire to control their own affairs but held to more or less orthodox Christian views) and the “Zionist” churches that tended to blend African Traditional Religion and Christianity (De Gruchy 1979:45).

The written voice that is therefore given to the struggle against apartheid is mostly a white voice, and can be viewed through the catalogue of church meetings, pronouncements, and declarations. In 1942, the Christian Council of South Africa (CCSA) met at Fort Hare for a conference on "Christian Reconstruction", following the fall of Hitler. In 1948 when CCSA again met at Rosettenville, the theme was "The Christian Citizen in a Multi-racial Society" (De Gruchy 1979:54). The South Africa Bishops Conference met in 1957 to articulate a position against apartheid, but it was not until after the Sharpeville massacre in 1960 that a conference at Cottesloe the same year produced a document rejecting all unjust discrimination and calling for consultation between race groups on all matters. That was accepted by a wide range of churches including the Dutch Reformed Church but then rescinded in the DRC because of political pressure (Swanepoel 1997:11, 15) The only implementation of Cottesloe was the withdrawal of the DRC from the WCC (De Gruchy 1979:68).

The struggle was watched and engaged by the world of churches outside South Africa. In Berlin in 1966, Michael Cassidy the director of African Enterprise (also known as African Evangelistic Enterprise in Rwanda) spoke of intense opposition from DRC pastors as he spoke against apartheid at the World Congress on Evangelism (Cassidy ed. 1988:69). The power behind that opposition is probably best seen in light of the Boederbond Exposes in 1963, that details the influence of a secret society upon the conscience and dictates of the church. Naudé broke his vow of silence to reveal condemning documents in order to assist fellow theologian Albert Geysers (Ryan 1990:19).

Beyers Naudé became an international icon of Christian integrity and principle that stood in the face of both ecclesiastical and political power. He created the Christian Institute, which was involved in black consciousness movement, and in 1972 refused to provide evidences required by state against accused conspirators against the state. He went to trial because "no Christian could participate in a trial which could implicate others if it were so conducted that those implicated would be unable to refute any false evidence that might be forthcoming" (De Gruchy 1979:111). He was declared a banned person in 1977 and again rebanned in 1982.



The Christian Institute closed suddenly because of the oppression of the government and banishment. Had it been more grass-root (compared say to the civil rights movement activities in the US) its activity might have been more difficult to stamp out. In a way the CI and its adherents were like a confessing church movement which in fact Naudé, a former *Nederduitse Gereformeerde Kerk* (NGK moderator, had suggested was necessary to the church in a published article in 1965 (De Gruchy 1983:75).

In the 1970s ferment continued to produce various church decrees. 1973 produced the declaration of faith of the Presbyterians, followed by the Lutheran World Federation's Confessional Integrity Declaration. The Soweto uprising in June, 1976 produced a backlash of increased repression by the government and increased violent aggression in black communities seeking to counter the repression (Hay 1998:42).

“Soweto, it appears, was not the result of some organization's planning, but was part of an interconnected web of circumstances and events. And central to this was the rise and impact of black consciousness within and upon the black community” (De Gruchy 1979:172). (This impact is a theme to which we will return.)

It was however starting in 1981 when the Black churches began to speak together that a burst of church proclamations was released. The Alliance of Black Reformed Christians in Southern Africa produced a charter document and then its refinement about the meaning of being Black and Reformed. In 1982, the World Alliance of Reformed Churches met in Ottawa and passed a decision on apartheid. Following that many churches produced their own stand, including the United Congregational Church of Southern Africa, the *Nederduitsch Hervormde Kerk*, the *Nederduitse Gereformeerde Sendingkerk*, the Methodist Church of Southern Africa, the *Nederduitse Gereformeerde Kerk*, and the Church of the Province of South Africa. (De Gruchy et al 1983:161-184).

“The evangelical community seemed slower to respond but the NIR [National Initiative for Reconciliation] was born in 1985 out of Christian concern regarding the rapidly escalating conflict situation...” (Cassidy 1988:80). Its stand was not strong enough for many and in 1985 the Kairos Document was released as a reflection of more radical liberation theology ideas from World



Council churches. The NIR lost some of its support from Black churches and so worked toward some solidarity with the Kairos theologians. In so doing, it lost some of its more conservative support (Nurnberger & Tooke 1988:11).

It would appear that the influence of liberation theology, together with the worsening of situations, acted in concert to bring both white and black church leaders to a converging consensus to respond more radically to the imperatives of the gospel.

The publication of the Kairos Document in 1986 was indicative of this development. Like previous confessing documents, such as the Message to the People of South Africa in 1968, The Kairos Document attempted to address the political realities of a South Africa in crisis by going to the root causes of the problem in the light of Scripture...from the perspective of the poor and oppressed.... (De Gruchy 1991:29).

Theological, political, and social ferment then led to the Rustenburg Church Conference in 1990. It shared the spirit of the Cottesloe conference of 1960 but the Rustenburg Conference was held in anticipation of the end of Apartheid and the rebuilding of the nation. In the former conference the anticipation was never realized. The latter of course was the fullness of time (De Gruchy 1991:22). It was at Rustenburg that an overwhelming majority of church leaders from across a very wide denominational spectrum, including the DRC (Swanepoel, 1997:23), unequivocally rejected apartheid as a sin, confessed their guilt in relation to it, and pledged themselves to the struggle for justice and equity in the land (De Gruchy 1991:21).

The significance of the role of the Church in South Africa is clear as: "In December 1989, state President Frederick Willem de Klerk appealed to the Church in South Africa to formulate a strategy conducive to negotiation, reconciliation and change...Thus, because church membership represents about three quarters of the total population, the Church's influence cannot be underestimated" (Alberts & Chikane 1991:14). The expectations and hope for the role of the church must be tempered. De Gruchy suggests that the danger is to think that renewal will come from commissions and reports rather than in what God is seeking to do. "This does not invalidate reports or confessions, but it reminds us that simply because certain things have been said or written does not necessarily mean that they have happened or will happen" (De Gruchy 1979:124).

De Gruchy again outlines the gaps that existed (and exist!) between proclamations and reality:

First of all, there has been, and remains, a gap between synodical resolutions and congregational resolve and action. Secondly, there is something of a credibility gap between



the stand of the churches and discriminatory practices in their own life. Thirdly, the churches have by and large failed to educate their constituencies in the meaning of Christian social responsibility (1979:92).

These gaps widened in both the white and black churches through the years. Perhaps the very political machine of repression was what forced blacks to ultimately follow with actions what their voices increasingly articulated. It is important to recognize that from 1963 until the birth of the Black Consciousness movement in the late sixties, bannings and exile largely silenced the voice of black protest (De Gruchy 1991:24). While there was a silencing from the political machine, a fire was being fed inside the minds and responses of black leaders as well as some white theologians. The fire was one fed by the race struggle in the US which provided not only theological backing but also moral encouragement. The fact that Gandhi who had his early beginnings in South Africa also influenced Martin Luther King was yet another philosophical and moral tie.

King's theology built upon Gandhi's non-violent theology as well as the Liberation Theology that was growing in Latin America. Together it formed what might be called "Black Theology". Black theology has been attributed as the prime mover of social activism, but in reality it was but a contributor. A key accomplishment of this theology was the formulation of the Kairos Document (Pillay 1998:80)

Black theology in South Africa for the most part took its cue from the Cone variety of U.S. black theology,

“...[B]ased on the understanding that God, as portrayed in the Bible, is the liberator of the downtrodden--of the oppressed....As the leader in this kind of debate, [James] Cone has tended to follow the black power approach to it. Originally he advocated the view of "by any means necessary" in the quest for socio-political transformation. In doing so, he was more in agreement with the approach of Malcom X--a Black Nationalist leader.... (Motlhabi 1998:22).

Black theologians debate the very use of the term "black theology". Maluleke argues against Setiloane who felt that "Manas Buthelezi and others in this land were seized by Black Theology...'A ready-made Western theology turned into a consumption commodity for Africans'.... Black theology is still doing theology within the field of Western European, Graeco-Roman-rooted thought forms and Weltanschauung" (Maluleke 1995:24). Setiloane would want to go beyond Black Theology to an "African Theology". In contrast, Maluleke supports the continued relevance of the core ideas in Black Theology, which are liberation, and, we might say, "compensatory" equality.

Time will ask the question of when liberation theology actually brings liberation. A liberation theology that mixes with the political dominance of a previously oppressed people begins to look like the same reality as curious mix of Neo-Kuyperian theology and Afrikaner nationalism that produced to a large extent, a positive justification for Apartheid (duToit 1999:56, De Gruchy 1979:212).

If it were possible to move behind the theologies that have justified apartheid and its overthrow, we would come back to the unrest in Soweto and the underlying issue of self-governance which seemed to be the historical trigger that finally brought apartheid to an end. “Buthelezi says, separate development is not acceptable to the black community. The recent happenings in Soweto were evidence of that. We would like to have a share in the decision-making process of the country” (De Gruchy 1979:172). De Gruchy also points out that the journey for a share in the decision-making of the country actually started when the African national Congress was born in 1912, in the same place, Bloemfontein, as the Afrikaner national party two years later (1979:47). As it happened, the journey for black self-determination would not happen until after Afrikaner self-determination.

A desire for decision-making is the result of self-awareness. The “black consciousness” movement nurtured the self-awareness of blacks. The rise of black consciousness was crucial to the processes in South Africa, but it is finally an African consciousness that Mogoba, the president for many years of the South African Institute defines as the higher goal: “African consciousness would be a consciousness that held the spirit of Africanism dear to it. South African consciousness would not imply rejection of any one race, but would lead to a spirit that resulted in people being proud to be who they are, to have a healthy self-image and would lead, ultimately to an harmonious society” (De Gruchy 1979:44).

Exactly what was and is the goal of liberation that has been at the center of this debate about “black theology/consciousness” and “African theology/consciousness”? Bosch argues the point this way:

We have to ask in all seriousness whether the category 'people' or 'nation' may be the object of the church's concern for liberation. 'People' as cultural and ethnic entity is *not* a theological category and wherever it is made into such a category (as an 'ordinance of creation' or 'God-given distinctive entity') it cannot lead to mutual exclusiveness which endangers the life of the church as the new community" (Emphasis in original) (Bosch 1977:33, 34).



Is it people or nation? Perhaps the question is the very dialectic of the nation that is at the heart of the reconstruction and healing which is needed. In Villa-Vicencio's view, a theology of reconstruction is "theology committed to continuous social renewal and revolution". But Pillay rebuts, "there is something incongruous about making theology the enterprise that follows in the wake of changed social and political circumstances: a kind of secondary activity that seeks perpetually to make sense of change" (Pillay 1998:81). It is likely that Villa-Vicencio's meaning is that theology's task is to continue the process of transformation, not simply providing an exegesis for it. The process of transformation must include both people and the nation.

Changing only people—and certainly only changing the people groups in power—could not be a sufficient healing of the nation. The church cannot avoid relating to the cultural milieu in which it is set if it is to fulfill its task, neither can it simply stand aloof from the social and political aspirations of groups within society. In some way divisions created by race and culture have to be transcended in the church so that its identity as the reconciled and reconciling community can be demonstrated (De Gruchy 1979:52). So, for example, in 1992 Michael Cassidy called for a pan-African Christian community to join AE's mission to Pietermaritzburg so that both people and a nation could be brought into a broader community unified in its witness. "Those who came from other African nations, knew the inappropriateness of Utopian expectations of majority rule. 'Uhuru' was not a panacea for all ills" (Cassidy 1995:29).

The story of South Africa as it has been told thus far seems to reveal more injury than healing. Before proceeding to review parts of the story of healing interventions, two significant church interventions must be seen. First is the continual role of the church to speak out. The prophetic voice was often muted, muffled, slow, or spoke with lack of clarity. But it did speak.

...[O]n several occasions our Presiding Bishop personally encouraged Mr. F.W. de Klerk, when State President, to hasten change. We found both men receptive to our approach although we do not know what it accomplished. It was dialogue rather than confrontation. That was our *modus operandi*. However, we now see that instead of helping our cause it hindered it (DRC submission, TRC 1997).

Second is the important intervention seen in solidarity. Denominational solidarity was at times a problem, but it was in being connected that change eventually came. It was the connectedness of churches in denominations and between denominations, within a race and between races, within South Africa and outside of South Africa that enabled the economic and political pressure to work.



The inter-connected voice of God's people kept alive the hope of change and release of oppression. This role of influence, mediation, and advocacy is one that the international Christian community may be as effective in other situations of global conflict.

Third is the intervention of appropriate confrontation that speaking and being connected allows. Emmanuel Kopwe, one of the international AE team present for the mission in Pietermaritzburg in 1992, spoke to a SA Brigadier, challenging him about his words and attitude of the blacks he was oppressing, and opening the way for a deeper understanding of his own trauma and loss. It is this kind of confrontation that uniquely was the regular contribution of the church in the conflict situation (Cassidy 1995:31).

Bate reflects on the internal healing needed in South Africa. He looks at the "charismatic" healing rites that he calls a "coping-healing phenomenon" and sees that it offers one intervention to the need, but it is inadequate by itself, because the need is for more than individual healing. He says, "Although one can perceive a type of common South African culture much of it is also a sick culture. Consequently, it is in need of healing and healing becomes the major mode through which South African society and culture can become human" (Bate 1995:19).

A focus on the humanity of the other has been found in the idea of *Ubuntu*, which is a common philosophy in a word for South Africa. It seems to both embrace its African Traditional Religions and Christian heritages, for it implies both 'compassion' and 'recognition of the humanity of the other.' As a prevailing world-view it has had a moderating influence on what would otherwise be a severe reaction to apartheid (Asmal, Asmal & Roberts 1996:21). The flight magazine of South African Airlines popularizes the meaning with the familiar African sense of "people": 'I am because we are', 'I can only be a person through others' (Mbigi 1997:39). The community is therefore essential for the success of showing compassion and the humanity of others. While the philosophy seems to present a universal healing balm, it fails to assist in rooting out a cause for failure and evil or even in bringing justice.

Two other examples may be cited in which using the idea of *ubuntu* actually excludes the guilty from legal prosecution. Hirohito, emperor of Japan, and certain German Nazi collaborators were not included in a list of WW2 accused of crimes against humanity. This was for "sociological" reasons (Asmal, Asmal & Roberts 1996:21). The reason given was that prosecution would create more of a



social backlash—it would seem more “inhuman” to dishonor an emperor or certain other prominent leaders by making a public spectacle than simply doing nothing. In other words the sense of *ubuntu* in Japan and Germany protected some individuals who were horrible abusers of humanity because of a desire to not diminish the pride of a people.

The search to heal a past is hard and desperate in every society where brokenness has left everyone wounded. “South Africa faced the task of reconstructing a society that had been based on divisions and oppression. This entailed dealing with past injustices. First they looked to the ways other countries had formed ‘truth commission’ to deal with crimes; some even proposed the formation of “Nuremberg trials” for those responsible for apartheid” (Jones 1998:19).

Several good reasons were given for not having Nuremberg-style trials:

1. South Africa was not formally a dictatorship, but simply had a powerful military.
 2. Summary trials and executions were not possible.
 3. A triumphalist approach of victor's justice was rejected in favor of ideals of nation building.
 4. Nuremberg only reached a few of the perpetrators.
 5. Ordinary people remained outside the process.
 6. Over-judicializing would have delayed the process of remembering.
 7. Judicial process is traumatic again for victims
- (Asmal, Asmal & Roberts 1996:18-19).

A second approach to the injustices would have been to simply declare amnesty. Justice Minister Dullah Omar responded to that idea by saying: “I could have gone to Parliament and produced an amnesty law—but this would have been to ignore the victims of violence entirely. We recognised that we could not forgive perpetrators unless we attempt also to restore the honour and dignity of the victims and give effect to reparation” (Hay 1998:51). General amnesty would not have brought healing. Some balance between justice and forgiveness that included both elements was needed.

The parliamentary act that birthed the Truth and Reconciliation Commission was “based on the principle that reconciliation depends on forgiveness and that forgiveness can only take place if gross violations of human rights are fully disclosed. What is therefore, envisaged is reconciliation through a process of national healing (Hay 1998:53). Three subcommittees were erected under the TRC: the committees on Human Rights Violations, on Amnesty, and on Reparation and Rehabilitation.



The TRC carefully circumscribed the conditions for amnesty. Amnesty was seen as a way toward healing more than the simply prosecution of acts. It recognized that justice that is based on cultural or politically biased laws would not be a good foundation for a new society. "In order to grant amnesty, the commission must be convinced that: the act(s) involved a political objective; the act(s) took place during the time period designated by the commission (1960-93); the acts committed were proportional to the political objective being sought; and that the perpetrator has confessed the whole truth" (Jones 1998:21).

Reconciliation in South Africa through the TRC seemed to be sought or expected from three approaches: "The first is the official comprehensive report...the second approach is by way of individual disclosure...The third approach...national reconciliation" (Hay 1998:117). So that national reconciliation does not just become a "national amnesia", a genuine healing is necessary. Part of the healing was to rightly mourn. A bishop of the African Independent Churches in Soweto said "Reconciliation, yes, but not before we have been allowed to mourn!" (Gerloff 1998:37). The issue is that without mourning there may be only revenge. But how long does mourning last, and how can it be used as a part of the healing process rather than a part of the revenging process?

The idea of the TRC was to give space to the mourning, and to the confessing/forgiving that needed to happen. Long before the TRC De Gruchy had identified the need for confessing and forgiving.

"In the name of maintaining security whites are constantly informed that they have nothing for which to feel guilty. Such a refusal to acknowledge what history plainly describes does not mean an absence of guilt, only an absence of admission and acceptance of it. This has disastrous consequences for whites' coming to terms with reality. In fact, what could be one of the most potent forces for healing society's wounds, has become one more burden which prevents social wholeness and reconciliation.... Unless white Christians in particular admit the wrongs they have done to Black people and take action to redress them, there can be no possibility of healing in our land (De Gruchy 1979:190).

Community, and social healing must include repentance--not only a confession or even simply truth telling. The TRC chose to identify confession, or the admission of wrongs, as simply that and no more. No contrition was required of perpetrators, no apology, and no individual participation in reparation or restorative justice (Hay 1998:86).

The TRC officially ended though its work continues. It is questionable that a "permanent" TRC would in any event accomplish more than it has already. "For the Truth and Reconciliation Commission to become a [permanent]body would be duplicative and would remove the



commission's distinctive and rarefied role...to change the nation's paradigm of itself through a short, sharp hammer blow of a new beginning” (Asmal, Asmal & Roberts 1996:27). What has been missing is a the participation in a process in which other community infrastructures like the Church might have been energized to create "nodes" of healing in the wake of the TRC.

In the wake of the TRC some organizations have come into being and have actually grown. The Khulumani support group structure is one such organization. Its contribution will be considered shortly. Other organizations and churches certainly have continued their work and ministry. The St. James Church ministry is one such example and it will be considered as well. While healing of the nation is taking place, it is clear that it is and will be an on-going process. We turn now to the first of the case studies that present an intervention for healing what appeared to be an intractable conflict.

5.2.2. Video Dialog

Bishop Mvume Dandala's role as the Methodist Bishop was both on a regional church level--to prick the conscience and to lead in mobilizing for repentance--as well as on a personal level—to encourage his own churches to follow right thinking with right action (Meiring 1999:158). Bishop Dandala facilitated much of the work in the video dialog project. In his exercise of a dual role--regional denominational church leader, and community leader--he revealed the importance of church leaders taking a leading role in healing interventions.

The Kathorus Video Dialogue Project in East Rand, Johannesburg, followed the format of a relatively successful project originally done in the community of Crossroads, Cape Town, in 1992. Its purpose was to use the making of a video film as a process of dialogue within the community and between groups whom otherwise would not talk to each other. The material filmed was shared across the enemy lines and a consensus was built that the film product would be useful if viewed by the adversaries together. This step introduced the notion of "video dialogue" - the making of a video product as a stimulus to bring parties together to talk, first to the camera and secondly to each other in a facilitated process. This process might be seen as a different but very useful way in which the biblical command may be fulfilled, “if your brother sins against you, go to him” (Mat 5:24). The process enabled people to “go to each other” as well as “taking some one else”.

The partners in this project were: the Wilgespruit Fellowship Centre, an NGO that has been working in the Kathorus area since 1990, the Media Peace Centre, (a media NGO located in Cape Town and committed to use media for social change), the International Committee of the Red Cross, and various other community based groups and technical consultants.

The Kathorus Community was involved in some of the most violent history experienced in South Africa. The fighting continued right up to the 1994 elections. Between 1990 and 1994 more than 2000 people died there and thousands more were displaced - forced to flee their homes amidst the chaos of the conflict. Political rivalry between the African National Congress (ANC) and the Inkatha Freedom Party (IFP) and their supporters largely contributed to generating this violence.

Carl Stauffer, a Mennonite Central Committee staff member who worked with the project, writes the following report on the history and outcomes of the project. His evaluation, written for an MA program in Peace for the Eastern Mennonite University, May 2001 is shortened and edited for inclusion here.

The relative success of the Crossroads experiment gave rise to the same idea in Thokoza, another of the most violent areas in South Africa. The resulting project was called "Simunye (we are one) Dialogues" which was launched in 1997 by Wilgespruit Fellowship Centre, the Media Peace Centre and Simunye, a local community based organization serving the ex-combatants of the East Rand. Video cameras were given to two former commanders of the militarized youth wings from opposing political groups. These two commanders were to tell or "diarize" their own and their community's story through the use of video. After this, a process of categorizing, editing, and putting together of one story, from two, was embarked upon. This was a highly difficult and taxing process as each of these young commanders had to play down their perceived and deeply cherished prejudices, myths and stereotypes in order to produce a new joint reality that was acceptable to all.

The product of this effort was a one-and-one-half-hour video that openly and candidly outlines the past and current conflicts, analyzing the conflicts, and soliciting solutions from all stakeholders. This video was successfully screened in April of 1997 to a large number of community leadership. Following this, various public viewings were conducted for different segments of the community, after which participants were divided into commissions and a facilitated dialogue was engaged in. This follow-on process used community resources - facilitators, video machines, church and school halls and caterers - to interact with groups who otherwise would not have talked to each other.

The aim of the project was to promote a broad-based unity, restore a sense of "community" and assist the Kathorus community to recognize its divisions, and to intervene into the Kathorus situation as a preventative approach against the threat to renewed violence. In many cases media exacerbates conflict, reiterating narratives of violence, body counts, and the same old articulated hardened positions. Video Dialogue believed that media can help



manage conflict without compromising the "truth". This project relied on mediation principles such as bringing key parties to the table, and related inclusiveness and representativeness, extensive consultation, building trust and relationships, the importance of context or history for the conflict, intensive listening and other interviewing skills such as open-ended questions, getting parties interests beyond their positions, and helping parties identify common ground and ways forward. The Video Dialogue supports a more free information flow, and empowers people to speak and to listen. It is a cathartic process: people telling of their own experience/views, in their own language, of their anger, grief, hope, is liberating in itself.

According to Sam Motsitsi, a fieldworker for the project, the video dialogue process in fact pushed the community of Kathorus to be more "pro-active and future-looking". He cited examples of the following activities that have been initiated as result of the process:

- Formation of active youth structures in the community,
- Tackling of the problem of electricity and utility piracy and cut-offs,
- Determination to officially unveil the Thokoza peace monument,
- Desire to open up the Khumalo Street "no-go" zone,
- Securing a counseling center in the community,
- Interest in improving education, employment and general delivery of service (Stauffer, 1998).

Two key principles behind the motivation of those involved in the project were 'empowerment' and 'recognition'. According to Bush and Folger, conflicting parties are mutually empowered when they both:

- 1) Envision and express their goals in this specific conflict as well as in their lives in general,
- 2) Are aware and able to choose from a broad range of options,
- 3) Increase their skills in conflict resolution,
- 4) Realize and access resources that they were previously not aware of, and
- 5) Reflect, deliberate and make conscious decisions about the future.

The conflict becomes truly transformed when there is mutual recognition. Mutual recognition happens when:

- 1) They are both able to consider giving and receiving recognition to and from each other,
- 2) They both actually desire to give and receive recognition to and from each other,
- 3) They both give recognition to each other in thought, words, and in actions (Bush & Folger 1994:85-87).

The intervention shown in this film is a deceptively simply one. Deceiving because on the one hand the only thing that seems to happen is to give two opposing sides a camera and tell them to take pictures of their side's complaints. The project did not require a great financial backing since the cost of two cameras and local transportation was sufficient. There seemed to be little role for the church to play—there was no preaching or Bible study! For all of these reasons many of the focus group observer/evaluators may have missed the power of what Stauffer has detailed above.

The complexity of the film intervention comes from the fact that it is intensive in process. The selection and bringing the principal leaders to a place of willingness to participate in the project was itself difficult and significant. Understanding what kind of testimonies would be representative and revealing, including emotionally charged scenes of violence (or not), creating the trust to edit the films and many other steps were all significant and difficult for the success of the project.

The film shown to the focus groups was an edited version of a one-hour film done by Kathorus Video Dialogue Project itself for demonstration and information. In the film a number of difficulties and interventions were mentioned. First, there were several points where the use of the media did increase the anger. At those times the mediation of an outsider was needed to get the project moving again. Second, the community was hesitant to have anything to do with it. It took time and many small steps to build the trust. Third, outside parties were clearly involved throughout the process. This included Bishop Dandala as the moral encourager and mediator, but it also included the technical and social/educational expertise of the Video Dialogue team. Finally, the project did not result in a “fully reconciled” community. However, there were several crucial steps along the journey to reconciliation. In this respect a healing intervention is best seen as a movement toward healing and reconciliation rather than an act which is expected to complete the change.

South Africa has many communities that are deeply entrenched in conflict. It would seem any form of discussion is impossible in some situations. Where there is no acceptable mediator, or no established process between communities, or a language that only bears a commonality of accusation, discussion would seem impossible. The intervention of the video dialog surely offers a clear step ahead when all hope is lost that healing might begin.

5.2.3. Khulumani

One organization that formed out of a self-perceived sense of need was Khulumani.

“The Khulumani Organisation who regularly brought groups of victims in different centers of Gauteng together to deliberate on their problems, has asked us to come. Khulumani means “let us talk together”--and that was exactly what we did that afternoon” (Meiring 1999:91).

Even before 1991 a small group of women including Ntombi Mosikare began to visit each other. They shared common losses of husbands and sons. A detainee support group was a sort of parallel

to Khulumani. When the government forced the detainee support group to disband in 1991, Khulumani continued on as it had done before—a few women visiting a few homes to console the grieving in Soweto. The following history is taken from an interview with Ntombi who is generally regarded as the “Mother” of Khulumani (Mosikare, N 2001).

Khulumani grew again after the banning of the detainee support group, but was still only a regular meeting until the TRC. As the TRC began to gather force and called people to testify so that corroboratory evidence could be gathered, Khulumani began to play a more visible role of both support for those testifying and education for the community to ease the fear that many had of appearing before what they often saw as a legal jury—which in the experience of the past usually meant injustice for blacks.

Brandon Hamber and the Center for the Study of Violence and Reconciliation took notice of the small but significant work of the regular meetings, which in 1995 were perhaps only 15 women. The support role that was clearly so essential to enable wounded people to talk about their wounds before the TRC was in fact going on apart from any intervention of the TRC. Khulumani was given a place and limited administrative support for its office at the CSVR office complex in 1996.

With an office and minimal support behind the small organization, and the TRC calling people to come, the work of Khulumani soon expanded. Besides the group in Soweto several formed in the S. Rand area. By 1997 there were more than five groups in Soweto, E and S Rand, and one in Mamelodi. What drew the groups together was a commonality of location, not language. If there were a woman or man who could not understand, someone would translate. Usually everyone could hear enough of the languages used that translation was not needed.

The structure of the support groups has remained nearly the same since the early days of expansion. Each group has an organizing committee. The facilitator from that committee meets every month with the facilitators from the other groups at the Khulumani office. As more and more groups began however, it became necessary for the facilitators to choose representatives from the various groups. The representative leaders then met in a steering committee that met monthly. Regional meetings of leaders continued to meet monthly. In 2001 Khulumani has grown from a group to a movement. The national steering committee meets every two or three months.

The facilitators are not trained. They have been volunteers, most of whom have attended an educational seminar on Khulumani and the TRC. Although the main purpose of the support groups is counseling, few of the leaders have had any training in counseling.

From its early days until nearly midpoint in the TRC Khulumani has struggled to be accepted by political groups as well as churches. Political groups, the ANC especially, have feared that they would be exposed. Churches on the other hand saw Khulumani as being too political. Through the years it has only been the Methodist Church and The Evangelical Alliance of South Africa (TEASA) that have been supportive, though since 1999 special memorial services have been held sometimes twice a year in churches. Only the Roman Catholic church has offered their facilities free of charge for these events.

Khulumani leaders identify the impact of the groups in a number of areas. The very increase in number illustrates the sense in which participants find their needs being met. A large number have been able to give testimony to the TRC, and even those who don't have been able to overcome their sense that official political policy is always repressive. People are able to talk about the past with others and in their families. Khulumani has been able to assist many with educational grants and medical help as well as provide candlelight memorial services where the dead are remembered with names written on banners, the wounded are affirmed, and people are able to eat together and feel a part of a caring community.

There have of course been problems. Until recently when the SA government has recognized the services that Khulumani has provided, all financial support has come from private donations—and never an adequate amount. Since counseling is the main intervention, finding a willing volunteer psychologist to help has always been a problem. Probably most difficult however has been the sense of opposition that has come from every front—except the people in the groups! They have had to deal with the resistance, and sometimes threats of political parties, threats from perpetrators, resistance from the TRC to their advice (Gunn 2001:2) even though their services have been appreciated. With the closure of the TRC they now sense a need to continue much of the needed leftover work but have no mandate or official direction from the TRC beyond the sense of moral duty to those who have suffered (Gunn 2001:3).

Khulumani continues to be both a support and an advocacy group for emotional and physical needs of apartheid victims (Gunn 2001:9). They continue to resource and dispense important information on things like special pensions and other benefits (Gunn 2001:10). What remains a mystery to this researcher is that in a land full of churches--black, white, colored and mixed—why has the church not blessed, aided, and participated in the support groups that have emerged under Khulumani? The interventions shown in these efforts parallel closely the kinds of activities that the church often sponsors anyway, and the opportunity to bring healing to a wider community outside the walls of the church building would seem to be an endless horizon.

5.2.4. St. James CESA

“There is an unspoken feeling among Christians that, if there is to be suffering, it should be bearable and that we should not experience the same horror that unbelievers do. The truth of the matter is that we are often exposed to the same depth of suffering” (Retief 1994:30). History has often illustrated that Christians have been exposed to far worse suffering than those outside the Christian community. It has long been the mark of the true church to suffer, and to suffer with grace and forgiveness.

On 25 July 1993, during the evening service, armed Azanian Peoples Liberation Army cadres burst through front sanctuary doors of the St. James Church in Cape Town, lobbed hand grenades, stepped out to allow them to explode, and then reentered to open fire on the congregation. The St. James Church of the Church of England of South Africa in Cape Town entered its time in history to suffer and suffer well.

What makes this story important is not that its suffering is so unusual in history, but that the circumstances were unusual. During the reign of Idi Amin in Uganda it was not unusual for soldiers to enter a church, but they usually did their killing after the service and outside the building. During the massacres in Rwanda thousands of people lost their lives in the church buildings, but they had gone for refuge, not for worship.

At St. James people had gathered for worship on a normal Sunday that in the history of South Africa was after the tensions, after the rhetoric, and seemingly after the violence. Its pastor, Rev. Frank Retief, wrote of the events, “...no political party accepted responsibility for the act. In fact it has become evident that the perpetrators were probably a cadre of terrorists who made an error in

judgment (Retief 1994:39). That early assessment of the invasion was clearly incorrect. As time revealed it, those responsible were not just "terrorists" but a politically motivated military wing of the Azanian Peoples Liberation Army (APLA).

The perpetrators applied to the TRC for amnesty and the hearing began on 10 July 1997, four years after the attack. Meiring gives the background to the St. James attack.

"I did not think that it had been wrong to attack the church" Bassie Mzukisi Mkhumbuzi told the judges the next day, discussing events during the St. James Massacre. "I have sympathy with the people who died, but we could not stop what was happening. Now there is peace...."

Mkhumbuzi was one of four APLA members who applied for amnesty for the shocking events of 25 July 1993.... When the dust settled, eleven parishioners lay dead and fifty-eight were injured. The wounded included many coloured and black Christians, as well as a Russian seaman who lost an arm and both his legs. "We were under the impression that all the people in the church would be Whites, because the church was situated in a white area", he explained. Mkhumbuzi, who had traveled to Cape Town from Kimberley, where he was undergoing training as a member of the new South African National Defense Force, took the story further: "We had to follow instructions blindly, and not ask questions. The Whites, we believed, were using the churches to oppress black people. The main reason why we wanted to attack Whites was because they had taken our land away from us...."

Gcinkhaya Makoma, who led the attack for which he was serving a prison sentence of 23 years, had instructed his accomplices to fetch arms and ammunition from the comrades in the Transkei... He expressed his sincere regret about the loss of life: "I was seventeen years old and obeyed orders without questioning them" (1999:169).

Understanding what is lost from our humanity in trauma helps us to understand what needs healing. Retief expresses part of this for the St. James church. "When something needless, pointless, cruel, vindictive and malicious robs us of our values, sense of well-being, security or respect, we stand face to face with tragedy" (Retief 1994:27). The struggle to understand is usually followed with an explanation. Often a Christian tragedy is explained in terms of "martyrdom". At St. James the tendency to move in that direction was averted. "We do not believe that the violence that erupted on that fateful night was persecution for our faith. Nor do we see ourselves as martyrs in any way. We see ourselves simply as the victims of violence" (Retief 1994:75).

To identify suffering as "martyrdom" is to glorify the pain in some manner, and give it a purpose. To recognize that suffering had no such significance is to simply recognize the loss and pain as merely destructive. Purpose is one thing that relieves the loss by making it "worthy". In this sense then the St. James experience did not seek to artificially "heal" the situation, the leadership simply recognized the depth and purposelessness of the violence and had to deal with the consequences.



The interventions therefore are more significant, more helpfully revealing because they had to bring healing from a greater depth without the advantage of the "glory" of martyrdom.

What were the interventions? Some were automatic responses.

On the night of our tragedy people clung to each other in a new way. Family suddenly became important and friendships took on new meaning. Small and petty things that so often disrupt our relationships were showed up for what they are and were swiftly abandoned. No wonder the writer of Hebrews said, 'do not lose heart when He rebukes you' (Retief 1994:80).

Perhaps one of the chief roles of the church is in simply activating, or nurturing its natural role. Providing an atmosphere for "clinging" and "befriending" may not seem to be an intentional intervention, however Retief's observation of the St. James experience indicates that if the correct environment has been created through intentional interventions, then an emotionally healing response happens. Perhaps it can be compared to the physical healing of a wound where keeping a wound clean, dry and with air circulating will enhance the body's natural healing ability. So too the church has natural emotional and social healing abilities. In an environment that encourages comfort, social binding, and faith, healing of both deep and superficial wounds will occur.

Sometimes the most significant intervention is the one that is so common and regular that it seems to pass unnoticed until a time of need, "...the years of systematic Bible study had borne fruit in a time of great darkness" (Retief 1994:44). At other times there must be new and focused responses, "We organized two weeks of debriefing sessions for adults and children. We all needed help and, in God's goodness, the right people were on hand to help us...dealing successfully with our feelings is not something that happens overnight" (Retief 1994:33). This intervention shows that one role of the church is to facilitate what it cannot itself accomplish or provide. Systematic Bible study is an intervention that heals the mind. Good debriefing is an intervention that heals both the understanding as well as emotions.

Another healing intervention employed at St. James was reflection and creating a space for it in the lives of its people,

What has happened needs to be thought through. Unpleasantness needs to be faced. The whole experience has to be integrated into our view of God. We need to incorporate the experience into our lives. The tragedy that overtook us at St. James is a case in point. The event was so shocking and traumatic that it took some time for the reality to dawn on some people...We arranged to send a number of people away for a few days either to a quiet

country hotel or a cottage at the sea. Here they had an opportunity to come to terms with what had happened (Retief 1994:101).

Unfortunately in today's Africa and often in history's violence there is neither a place nor space for reflection for some people who are most affected in suffering.

Any intervention that enables reflection addresses social, emotional, and cognitive needs that are crucial in healing. But reflection is not an end in itself, it is so that a person can sort through overwhelming burdens and begin to find individual steps that can be taken. "In our own case there were those injured or traumatized who were struggling with other great personal difficulties. For a while all the problems seemed merged into one great burden. These people needed help to see that there were often several different issues that needed attention" (Retief 1994:107).

Some interventions for healing are simply to comfort the body. St. James experienced some of the world's finest medical attention, and they also understood the connection of the body to the emotions of stress. "We were very grateful when a pharmaceutical company donated supplies of sleeping tablets to us in the aftermath of the attack on our church. They wisely foresaw the need to help people to sleep and not to remain sleepless because of stress" (Retief 1994:106). Sleep is one of God's greatest healing interventions.

In the presence of these interventions, and others that have not been catalogued here what happened? (Many other interventions were made, but space cannot allow all of them to be considered. Those commented upon here are clearly seen in the video.) Following are some individual stories that reveal the impact of and need for healing.

When the disaster overtook our church, the enormity of what happened was too much for Bill. He simply switched off. He refused to acknowledge the event. It was not that he denied the actual happening but rather he refused to allow his emotions to deal with it. He seemed to sail through the tragedy unaffected. Six weeks later he sank into an inexplicable depression...The way back to a regular walk with God is to face up honestly and sensibly to what happened in your life. You may need a friend or a counselor to help you to understand your feelings. Then you need to take those true feelings into the presence of the Lord in prayer and honestly talk to Him about them (Retief 1994:120).

Facing trauma honestly is a necessary step to healing. Any activity that helps someone take that step is a healing intervention, but when it becomes healing and what are the multiple ways God may use to effect that healing often remains a mystery.

One story that is helpful to understand the need for continuous and possibly repeated healing interventions is that of Dawie Ackerman who is pictured in the film as he interacts with the attackers during a TRC hearing. Retief tells us of his first response after the attack.

His wife Marita had been hit. Even before the paramedics appeared, Dawie realized she was dying. He managed to get her into a car and rushed her to the emergency unit of the hospital but they were too late. She was dead shortly after arrival. Dawie returned to the church and was immediately surrounded by the media...he...announced a refusal to seek revenge and offered forgiveness to the attackers (Retief 1994:137).

In his response to trauma Dawie Ackermann followed certain normal responses. He was immediately catalyzed into action. Whether or not his handling of his wife's wounded body was more helpful than waiting for equipped paramedics is an open question. He responded to the press with a faith-based offer for forgiveness. That offer came not from reflective reason, but from the passion and expectation of faith. In the film we watch him struggling four years later to understand how an offer to forgive such indiscriminate violence could be made without an expression of sorrow from the perpetrators. With great emotion he looks at them and asks, "What are we doing here? The truth yes, but...I looked at his anger...how on earth can we be reconciled?" (St. James Massacre video).

In 1994 Frank Retief as pastor had said, "We felt a special responsibility to pray for them [the perpetrators]. It seemed to us as if the whole country was hating them. This is not mentioned to indicate how especially holy the congregation is but rather to illustrate about a relationship being established between the criminal and his victim...that relationship exists and needs to be resolved (Retief 1994:144). In 1999 Rev Ross Anderson another pastor of the St. James church said "But forgiveness is a different thing (than love). There is no such thing in Scripture as unconditional forgiveness....there is no fellowship restored until there is an apology and a genuine repentance" (video interview).

What both pastors affirm is their belief that shalom requires a resolution of even evil relationships, and that the desired end of a restored relationship is fellowship. The idea that apology, forgiveness and fellowship is both necessary and possible presumes that some interventions will be made. For some of the St. James congregants, the opportunity to go to the TRC and actually face the perpetrators was a step forward. Some went and visited the perpetrators in jail for longer and more personal conversations. None of them were satisfied with having heard the words of "sorry" that

they wanted (St. James Massacre video interview with Gillian Schermbrucker).

On the other hand significant healing did take place. Retief says, “It took some people a while before they felt emotionally strong enough to go back to the church premises” (1994:33). But they did return, and returning to the place of violation is a step toward healing as one survivor recounts it, “My brothers insisted that I go back...the church was empty and I went to sit in the same place I’d sat that night. They held me as I cried and cried and cried. There was blood all over the place, everything was still in disarray. But it was good to go back. The presence of God was palpable, and that was a real comfort” (Sorour-Morris 1998:73).

For Gillian Schermbrucker healing was transforming—bringing her to pursue medical training so that she could return to do community health work in the very townships where the perpetrators had come.

Forgiveness, the volitional act of releasing another from a binding sense of obligation, has occurred in many lives at St. James even though the perpetrators could not feel sorrow. The loss of lives and limbs was healed so that the survivors could identify with the humanity, and the ethical weakness of the perpetrators. All could think of the support groups, the family-like atmosphere, the teaching and encouragement to forgive and to understand that they had received from St. James. Healing had not happened in an instant, but over years the congregation had benefited from the faithful interventions of their church.

5.3. Rwanda/Burundi

5.3.1. Overview

David Rawson, the US ambassador to Rwanda in 1994 observed that, “Evil, here in Rwanda as in all the world, is an incredibly destructive force.... When any of us begin to diminish the importance of a neighbor's humanity, we are on a slippery slope” (Lawrence 1995:136). Just how slippery the slope can be was painfully illustrated in Rwanda.

The biblical curse on Ham and the supremacy of Noah's other sons has not only contributed to the curse beliefs of racism in the US and South Africa, but also in Rwanda. In Rwanda, the idea has been perpetuated that the Hutu are descendants of Ham and the Tutsi descendants of Japheth or Shem. The multi-generational consequence of that attitude has caused multiple backlashes. “In

November of 1992 the Hutu Power ideologue Leon Mugesera delivered a famous speech, calling on Hutus to send the Tutsis back to Ethiopia by way of the Nyabarongo River, a tributary of the Nile that winds through Rwanda. He did not need to elaborate. In April of 1994, the river was choked with dead Tutsis, and tens of thousands of bodies washed up on the shores of Lake Victoria” (Gourevitch 1998:53).

It happened this way: “At 8:05 P.M. on April 6, 1994, racial hatred, terror, and corruption burst into flame over the lush gardens surrounding the Kigali Airport. Before the president's body hit the ground, the darkness from the heat-seeking missile had triggered what would become one of the worst massacres in modern history” (Lawrence 1995:32). Rwanda was decimated.

Decimation means the killing of every tenth person in a population, and in the spring and early summer of 1994 a program of massacres decimated the Republic of Rwanda. Although the killing was low-tech--performed largely by machete--it was carried out at dazzling speed: of an original population of about seven and a half million, at least eight hundred thousand people were killed in just a hundred days. Rwandans often speak of a million deaths, and they may be right. The dead of Rwanda accumulated at nearly three times the rate of Jewish dead during the Holocaust. it was the most efficient mass killing since the atomic bombings of Hiroshima and Nagasaki (Gourevitch 1998:3).

Such a response is particularly hard to imagine in light of Michael Cassidy’s reflections on the Rwanda tragedy that happened even as he awaited the news of the inauguration of Mandela in South Africa. “Memories of being in Rwanda just weeks previously flooded back--preaching with Israel [African Enterprise director] in Kigali's stadium; meeting leaders of the non-government organisations and talking about the part they could play in reconciliation; visiting refugee and displaced camps where 300,000 people, even before the latest convulsion, were mute testimony to the terrible tragedy of ethnic warfare” (Cassidy 1995:4). He had finished an evangelistic campaign in Kigali, but had anyone listened? It was perhaps the last public call to repentance and transformation in Kigali before family-to-family butchering began.

What could possibly bring on such efficient mass killing? “Why is such a nation--professing to be 80 percent Christian and the beneficiary of two major revivals (1930s and 1970s) tearing itself apart? Are these Christians killing Christians?” (Lawrence 1995:13). The question haunts and perhaps mocks this study. It must haunt the very soul of any true follower of Christ. There is neither a simple nor an adequate answer. The mystery is only partly understood in the complexities of the people, the attitudes, and the history of the region.



Rwanda is comprised primarily of three people-groups. “Certain history hypothesis has it that the Batwa were hunters and were the first to occupy the land, the Bahutu supposedly came afterwards and were agriculturists while the Batutsi came last and were cattle raisers” (Rutayisire A 1998:110).

But,

“These theories draw more on legend than on documentable fact. With time, Hutus and Tutsis spoke the same language, followed the same religion, intermarried, and lived intermingled, without territorial distinctions, on the same hills, sharing the same social and political culture in small chiefdoms...through marriage and clientage, Hutus could become hereditary Tutsis, and Tutsis could become hereditary Hutus. Because of all this mixing, ethnographers and historians have lately come to agree that Hutus and Tutsis cannot properly be called distinct ethnic groups” (Gourevitch 1998:48).

The term Tutsi became associated with the political and economic elite simply because those who owned more cattle tended to be more economically able and thereby politically dominant. Pre-colonial Rwanda was an oral culture and therefore no records exist to "prove" anything of the ordering of society or who, what, or even whether the modern terminology of class, caste, rank, or ethnicity had meaning (Mbanda 1997:3). Certainly all these forces harmonized to produce the dance of destruction, “in the end it has little to do with one's tribe, but much to do about the satanic hunger for raw power--disguised as ethnicity” (Lawrence 1995:120).

A simple historical chronology will serve as a framework for further analysis.

- 1926 Belgians introduce a system of ethnic identity cards differentiating Hutus from Tutsis.
- 1957 PAREMEHUTU (Party for the Emancipation of the Hutus) is formed while Rwanda is still under Belgian rule.
- 1959 Hutus rebel against the Belgian colonial power and the Tutsi elite; 150,000 Tutsis flee to Burundi
- 1960 Hutus win municipal elections organized by Belgian colonial rulers.
- 1961-62 Belgians withdraw. Rwanda and Burundi become two separate and independent countries....
- 1963 Further massacre of Tutsis, this time in response to military attack by exiled Tutsis in Burundi....
- 1967 Renewed massacres of Tutsis.
- 1973 Purge of Tutsis from universities....
- 1975 Habyarimana's political party, the National Revolutionary Movement for Development...is formed. Hutus from the president's home area of northern Rwanda are given overwhelming preference in public service and military jobs...
- 1986 In Uganda, Rwandan exiles are among the victorious troops of Yoweri Museveni's National Resistance Army who take power...The exiles then form the Rwandan Patriotic Front (RPF), a Tutsi-dominated organization.
- July 1990 Under pressure from Western aid donors, Habyarimana concedes the principle of multi-party democracy.



- Oct. 1990 RPF guerillas invade Rwanda from Uganda. After fierce fighting in which French and Zairean troops are called in to assist the government, a cease-fire is signed on 29 March 1991.
- 1990/91 The Rwandan army begins to train and arm civilian militias known as Interahamwe....
- 1992 Prominent Hutu activist Dr. Leon Mugusera appeals to Hutus to send Tutsis 'back to Ethiopia' via the rivers.
- February, 1993 RPF launches a fresh offensive and the guerillas reach the outskirts of Kigali.
- August, 1993 ...Habyarimana and the RPF sign a peace accord that allows for the return of refugees and a coalition Hutu-RPF government....
- Sept. 1993-Mar. 1994...Extremist radio station, Radio Mille Collines, begins broadcasting exhortations to attack the Tutsis (Frontline 1997).

The impact of a few general trends is immediately observable:

“The weakening world economy, plus the agitation by the RPF and militant Hutus spelled the beginning of the end for Habyarimana's regime, and set the final stage for the massacres that would follow after his death. The sons and daughters of the Tutsis were in exile in Uganda waiting for this moment. Adopting the title of Rwanda Patriotic Front (the RPF), they invaded the hills of northern Rwanda from bases in Uganda” (Lawrence 1995:31).

Opinions abound about what part in the massacres was played by various individuals. But the difficult question is why with 80% of the population being Christian, and why in a country that birthed two major revivals did the tragedy happen?

The answer to “why the church?” is at least in part explained by Lawrence: “The church of Rwanda married the government, a marriage that was proposed in 1942 when the king supposedly became a Christian and was baptized. Regretfully, all his subjects then became Christian as well, and took baptism” (Lawrence 1995:137). Rwanda was a culture of unquestioning obedience and, “...had always been a strong tradition of unquestioning obedience to authority in the pre-colonial kingdom...reinforced by both the German and Belgian colonial administrations. And since independence the country had lived under a well-organised tightly controlled state.” It is clear that simply following the king in baptism was not a reflection of transformation.

So, on the one hand it seems that the church had simply married politics. On the other hand the church came to revival. Surely would not a revived church be the bride of Christ? Clear hope was seen in the revival:

The beginning of the revival can be traced to a deep relationship between a white man and a black man who found each other in their common brokenness before the Lord.... Two of the most impressive features of the revival were (a) the multiracial, multitribal teams of



witnesses which lived and traveled together--a "fellowship of the unlike," and (b) the open fellowship meetings which were marked by mutual confession of sin, bible study, prayer, testimony and mutual encouragement (Kritzinger 1996:348).

The question only becomes more elusive. A majority of the population was Christian. A wide and powerful revival that focused on the fellowship of the "unlike" and an outpouring of confession and prayer.

Why did it happen? The first part of the answer is that the revival had become institutionalised and nominal...An anti-intellectualism among the missionaries resulted in the church leaders not being given the theological training and tools to deal with the complexities of gospel and cultural issues.... The second problem was the lack of relevance for everyday life. It was partly the result of the theological background of the missionaries who tended to emphasize evangelism to the exclusion of any engagement with the public life of the nation... (Kritzinger 1996:349).

Alas, we find a gospel not deeply rooted. The theological foundation was flawed. Testimonies stayed on a shallow level. Powerless Christianity could not confront a powerful politic. Pietism was no prevention of evil and no healer in Rwanda.

The 1959 revolution and its accompanying massacres quenched the fire of the revival before it had produced lasting results on the social and ethnic relationships...The East Africa Revival gave a different perspective on the issue and conversion was rightly preached as a prerequisite for being called a real Christian. However, their legacy contained many small flaws that were to lead to the inefficiency of the Christians in times of crises. First, the 'balokole' movement was so heavenly-minded that it forgot that Christianity has duties even here on earth. This led to a kind of naive faith, often irrelevant when it came to dealing with social issues (Rutayisire 1998:115).

We arrive at a crisis of faith. Lawrence tells the story of a Tutsi pastor who survived a massacre of nearly 9,000 individuals. "He now tries to pray but can only cry, 'God, how could you let this happen? Why?' He wrestles with unbelief. Many times he had told his congregation, 'just believe in God and He will take care of you'. Now he is uncertain" (Lawrence 1995:47). His questions of faith are heavier because of his experience, but they are simply the same questions asked by all.

The questions of faith were not just asked by Tutsi survivors. They were also asked by fleeing Hutus who fled for one of four reasons. Either they were guilty of participation in the genocide, or they feared reprisals from the genocide by the entering RPA, or they were virtually forced to flee as a human shield for the perpetrators, or they were the innocent children of any of these. In the confusion of the flight, the aftermath of cholera epidemics, and the general killing, many children were separated from all family members. "Their eyes often best asked their questions: "Can you

find my mother, my father, my brother, my sister? Can you make it all right? Can you give me food? I'm hungry. Can you let the rest [of the children] go and tightly hold me in your arms?" (Lawrence 1995:84)

As the world stood and watched in horror it too experienced a crisis of morals. What should it have done? What should it do? To the Hutu refugees it sent food, cooking utensils, plastic sheets. In the vast refugee camps that stretched out as far as the eye could see when flying into the town of Goma (the eastern most town in Congo, then Zaire), the masses of western humanitarian aid accomplished many things.

First, many people managed to survive on the handful of grain that they received daily. The rain and sun somehow stayed off their backs from the single piece of blue plastic sheet that was given to each family to make a half-tube like shelter from sticks. Secondly the massive aid-giving machinery brought jobs, equipment, and wealth to the people of Congo as well as to the Rwandese who were able to speak the English that many aid agency staff were limited to. Third, the food and the jobs all enabled the machinery of the radical Hutu leadership to not only thrive but to be able to continue military training under the cover of millions of refugees. "The simple concept of giving food, medical supplies, and money too often plays into the hands of corrupt leadership" (Lawrence 1995:112).

By night, when the protection and administration of the UNHCR and the aid agencies retreated, the management of *interahamwe* (Hutu militias) would take over. By day the distribution of food and supplies was often still in the functional control not of the agencies but of the political leaders. To defeat the system of distribution there was many a "work around". One was the practice of herding together children "borrowed" from various families to be "helped" in an "orphanage" that would seek and usually find the support of a church agency if the "shepherd" used the correct religious language. Doubtless, many children genuinely needed the extra assistance. This researcher did however, place a team of workers with one such "orphanage" that turned out to be bogus. This was done after two field visits and reference searching!

It may not often be seen as an intervention of healing for the church to simply stand together, but here the failure of the church is clearly seen as a contribution to the massacres. The unity of the corporate body of Christ is both prevention and healing to the society around it. "It would be a giant

step forward if each denomination would corporately confess that the war has not been limited to two political factions and the weaponry has been more than machetes and guns. Rather, they in fact have been engaged for years in a more subtle and more vicious type of war of words, beliefs, and denominationalism that contributed to the climate that erupted into a massacre” (Lawrence 1995:145).

Inside Rwanda the world rushed to monitor the new Tutsi-dominated government to be sure it would not be too vengeful and to assist it in setting up new systems of justice, of housing, and monuments. The monuments are laden with skulls and femurs, the icons of horror that were intended to help a wounded country remember that decimation must never again happen. Gourevitch reflects on the increased pain of monuments to genocide that remember the viciousness of the crime as much or more than the dead. The pointed message of a popular t-shirt in Kigali sums it up: “Genocide. Bury the dead not the truth” (Gourevitch 1998:196).

Thus the cycles of bitterness and revenge move to ever-increasing levels. Revenge is always disproportionate to the offense, seeking a higher price than the one already paid. Unfortunately forgiveness is often disproportionate in reverse—it forgives far less than was done. “In Rwanda the lesson had not been learned that unresolved injustice in one generation will return to haunt the next” (Rutayisire 1998:123).

It is possible to make judgments about the failure of Christians in Rwanda. More should have been done to stop the evil, much more should be done to atone the evil and heal the pain. But the limitations of the human will and spirit must always be considered. Who *can* be a hero? “The White Fathers [Western missionaries] were present in large numbers in Rwanda. All or most of them left. Did they leave out of cowardice or obligation?...Before you make a judgment--if you think you have the right to make one--you must remember that at that time people were not counting in days, but in hours. No one is obliged to be a hero or to remain a hero for long” (Sibomana 1999:14).

Two overarching reflections make the conflict in Rwanda and Burundi somewhat unique. The first is that because of the history of the conflict having been spread out over so many years and having involved people-groups that seem to defy any clear sense of definition, “each group brings to the conflict a deep sense of persecution and destruction not always recognized by the other side, which



is preoccupied with its own tragic national experience” (Rouhana 1998:763). Rouhana wrote about the Arab-Israel conflict, but it applies to Rwanda and Burundi equally well.

A second matter that will make the healing particularly difficult in the future is the nature of the killings. People never had a chance to mourn their dead in a traditional way. In most African cultures such mourning is done by the community, which helps to counsel the families or individual by showing that the community shares their loss (Kariuki 2001). This causes the loss of a mourning opportunity to compound the impact of the loss of the person. While this deep loss is not unique to Rwanda and Burundi (it was seen a great deal in the TRC hearings in South Africa), it is a loss that is universal in most every family in the country. Few families were spared, not even Hutu families. For many Hutu families the physical loss came during the mass exodus into refugee camps when a cholera epidemic raged so violently that that one missionary reported that her job for a week was to go down a line of people waiting for medical help and pick out the ones who had already died—most without a family knowing or being known.

5.3.2. Africa Enterprise: Healing Hearts

The first video to be considered from the Rwanda-Burundi area is AE’s “Healing Hearts” video about the reconciliation and trauma healing workshops.

Many prayed and trusted in God's deliverance in the midst of the nation's decimation. Many lived to tell stories of God's miraculous salvation. More simply perished. The African Enterprise leader's story told here by his Tutsi replacement Antoine Rutayisire, is a reflection of the determination to both prevent evil and to heal its wounds. AE's programs of widow relief, childcare, micro-enterprise and trauma healing are all components of an attempt to provide a holistic gospel in Rwanda which is regularly proclaimed in crusade-style campaigns. Perhaps the hardest question that Rwanda raises for the world of Christians is not "why did 'Christians' kill 'Christians'?" but "why did God not cause a deeper, more true kind of Christianity to grow more fervently, more rapidly so as to root out the evil of hatred and power-mongering that produced a genocide?"

Israel was a man who lived what he preached...during the 1990-1994 tensions that led to the genocide, Israel stayed equal to his Christian commitment, spearheading a reconciliation ministry through a nationwide city crusade. But the extremists resented his friendship with Tutsi brothers and sisters, and the bible study group that met at his home was mistaken for RPF support meetings. In February 1994 a hand grenade was thrown into his home as a



warning. We then discussed the possibility of stopping our prayer group, so as not to compromise him any longer.

‘What Christian testimony would that be?’ he retorted. ‘To shy away from my brothers and sisters because they are targeted! I have been preaching reconciliation, and I will live it even if I have to pay for it with my own blood’.

Pay with his blood he did. He was gunned down the very first day of the massacres with his three daughters...” (Rutayisire 1998:14).

Antoine Rutayisire had come to be appointed as the new director of AE following Israel’s death. Antoine had suffered the ravages of the decimation, but unlike most Tutsis, he survived. Because of his own suffering, he recognized the need for trauma healing to be extended to the nation. The healing and reconciliation team began in 1995 with the work of Dr. Rhiannan Lloyd, a Welsh psychiatrist. Her training would normally have moved her to create a program designed for professional single-client therapy. She recognized Rwanda’s need however as greater than single-client therapy could manage, and deeper than the usual psychological therapy could go. A different and more spiritual dimension was given to the workshops she created.

The co-facilitation of the workshops was given to an all Rwandese staff starting in 1996. Anastase Sabamungu, Joseph Nyamutera, and Valens Karekezi joined the trauma-healing ministry in that order. The diversity of this leadership team was probably a key factor in the success of the workshops as interventions. Anastase was a “recent returnee”, having lived his life in Uganda as one of the “old refugee Tutsis”. He spoke inadequate French. Joseph was a Hutu who had joined the fleeing masses to the refugee camps in Congo (then Zaire) in 1994, but he returned early and had been through the waves of accusations made against people “like him”. Valens was a Tutsi whose family had remained inside of Rwanda, and perished. The only reason he had not perished with them was that he was studying outside the country at the time of the decimation. These three men then represented nearly all of the regional, educational, and “ethnic” factions in the struggle. Their commitment to each other was a reflection of the power of transformation.

The workshops began in 1996. Participants were provided with everything—transport food, lodging, and materials. They only had to be willing to come. During the year 1997 a registration fee was asked of the participants. In 1998 the registration fee was increased and some workshops were conducted where there were contributions of lodging and meals for the participants. The model in other intractable conflict situations indicates that the “one-shot” problem-solving workshop is of less value than a series of workshops (Rouhana 1998:768).



Although the workshops now have a manual written by Rhiannan Lloyd that outlines its steps and stages, the following description and assessment are taken from a two-week program assessment and evaluation done at the Institute for the Study of African Realities in Nairobi, September, 1998. During that time the three Rwandese program staff of AE were guided through a detailed program assessment. What follows are their reflections (that in fact are not complete when compared to the manual). By choosing here to cite only what was spoken and agreed about in the program evaluation rather than the manual, we are able to understand what the facilitators of the workshops consider to be the most important and most healing aspects.

Anastase and Joseph have been the primary facilitators and share most of the teaching load. Valens has primarily done the contacts, arrangements, reports, etc as the administrator, though he also does some teaching. Joseph and Anastase also use their natural contacts, relationships, and background to situate the workshops. Workshops have been the primary activity. People come with neither an awareness of how the workshop might help them, nor knowledge of their needs. Church leaders have been the primary targets, because it is believed that if they can be helped in their healing process, then they in turn will help the healing of others.

The aim of the workshops is to help participants:

- a. identify that wounding has happened;
- b. experience healing
- c. help others be healed.

The workshops are in pairs. Workshop one is the main teaching and healing workshop, with workshop two being a follow-up for the same participants that enables participants to share their experiences, further their individual counseling and needs, and explore their experiences and background of trauma.

Workshop #1

The teaching includes the role of the Church in Healing and Reconciliation, suffering and the God of love, Christ is presented as the pain-bearer, justice, forgiveness and reconciliation. Exercises include small group sharing and individual writing, an experience of writing down losses and nailing them to a cross and then burning the papers, whole group discussion, and a demonstration of representational repentance.

Some healing begins in the group discussion as participants share each other's pain. Some healing occurs when the loss is nailed to the cross, this both symbolizes and actually becomes a release of the pain. Some healing occurs when smoke from the burned papers rises, symbolizing that God wipes away the pain and providing a point of closure to the pain. Others experience healing in the representational repentance demonstration.

Workshop #2

This workshop is for the same participants as were in the first workshop and so begins with an assessment of the teaching and impact of the first seminar on individual's lives. Additional teaching is given, e.g. tips on counseling, listening, how to deal with focused issues like helping raped women, a session on the roots of conflict, and our rootedness in Christ.

Following are the results of an extensive two-week self evaluation that the AEE team made in Nairobi, November 1999 at the Institute for the Study of African Realities, and facilitated by Karl Dortzbach. It was on the basis of this evaluation that the program was chosen as one example of healing interventions.

Assumptions of the Program

1. All Rwandese are wounded
2. The process will work
3. People will recognize healing when it happens.
4. After healing people will be agents of healing.
5. A healing agent must be a healed person
6. Church leaders when healed will become agents of healing
7. "Agent" of healing provides permission, networks, and facilitates individual healing.
8. Healing is the start of reconciliation.
9. Through workshops, churches will be unified.
10. Other countries outside Rwanda will be helped by workshops.
11. The government will recognize the role of the church in spite of the past.
12. The Government will resist in some issues.
13. People would/could get personal help beyond the workshops.
14. Families will be restored.
15. Attitudes about God will change with healing.

Lessons Learned from the Program

1. This healing program is important to many and is God's plan.
2. Wounds are deeper than expected.



3. Healing is a process and must continue.
4. The power of healing goes beyond the workshop, and the power of the cross goes beyond imagination.
5. Not everyone is healed or wants to be.
6. Forgiveness is more costly than expected.
7. Top Church Leaders need the Workshop.
8. The church needs to be re-established on a true foundation.
9. Facilitators need more knowledge, especially of psychological aspects of healing.
10. The church has a bigger role than it has yet attempted or accomplished. It is not yet competent to counsel or help heal deep wounds.
11. It is difficult to minister to people of your own group.
12. There is power in identificational repentance.
13. After healing in Rwanda comes, it will help other countries.
14. Mixed group families have a double woundedness.
15. It is difficult to face a person when giving forgiveness.
16. The church may force someone to be a hypocrite through social pressure and through the fear of being rebuked.

Principles observed

1. It is important to work with Government agencies and plans.
2. Do not fear your own limitations, but recognize them.
3. Proceed from what is known and effective and modify through evaluation
4. Symbols are important in healing: the cross, communion etc.
5. Ceremonies are needed to review lessons and principles.
6. There must be an expression of need and a remembering of the pain: the more I remember the more I am healed because I remember my forgiveness and healing.
7. Facilitation by a mixed ethnic group may create or result in a sense of a group being betrayed by the facilitator of its own group.
8. The most effective healing comes from cross-group teaching and facilitation, e.g. when a Hutu can express his failure and healing to a Tutsi or a Tutsi his failure and healing to a Hutu.
9. Healing organizations must minister together.
10. Healing comes through ministry activities that promote cooperative relationships of sharing pain and joy.

Program Evaluation

The following charts were developed to show how there may be and has been movement or change that first impacts attitudes generically and progressively (left column), then how attitudes change personally and progressively (center column) and finally how actions change actually (right column).

Table 5.3.2.1 AEE Indicators of Healing

INDIVIDUAL Healing		
Attitudes of change	Steps of change	Actions of change
<ol style="list-style-type: none"> 1. I no longer want to revenge 2. I am no longer angry at ... 3. I have overcome my hatred 4. I do not generalize very often 5. I no longer pass judgment on other group 6. I accept and appreciate differences 7. I am willing to share and talk with other group 8. I take responsibility for my group and personal failures or contribution to a problem 9. I no longer am angry 10. It no longer adds pain to think about a problem or situation 11. I have expressed my release of hatred 12. I have hope for the future 	<ol style="list-style-type: none"> 1. There is a problem 2. I am a part of the problem and progressively 3. I want to change 4. I can change 5. I choose to do something, say something, believe something that will resolve a problem 6. I can be an agent of change 7. I seek opportunities to bring change 8. Other see change in me 9. The government and leaders see change 	<ul style="list-style-type: none"> • The way I speak about the other group has changed • I am at peace with myself, I can sleep well • I am willing to share and talk with other group • I visit people in the other group • I talk over the issues with the other group • I can speak forgiveness to someone (or many) of the other group. • I can now eat, sleep with the other group • I seek friends among the other group

Healing in the FAMILY

Attitudes of change	Steps of change	Actions of change
<ol style="list-style-type: none"> 1. I show, or see a loving and compassionate leadership in family 2. I seek the needs/ideas of others in my family 3. I have shown kindness to others in my family 4. There are good relations in my family 5. We love and consider each other important in my family 	<ol style="list-style-type: none"> 1. I know there is a need in my family 2. I appreciate the people and their contributions in my family 3. I want to deal with the problems in my family 4. I choose to say something that will help the problems in my family 5. I can be an agent of healing in my family 6. I can be an agent of healing between families 7. I am an agent of healing between families 	<ul style="list-style-type: none"> • I can spend time with my family to talk • I now can express love for my wife or other family members • I begin to talk about problems in my family • I can stand in the gap to ask forgiveness of another family • I have resolved some problems in my family • I want to solve problems and issues with other families • I pray for families I am in conflict with • I visit other families I am in conflict with • I share and assist a family I have been in conflict with

Healing in the CHURCH

Attitudes of change	Steps of change	Actions of change
<ol style="list-style-type: none"> 1. I accept, respect and appreciate other church traditions 2. I am willing to collaborate with other churches 	<ol style="list-style-type: none"> 1. I want to help bring healing to others 2. I am able to work with others to promote healing 3. I have been reconciled to other churches/denominations 	<ul style="list-style-type: none"> • I can minister to others in my church • I have helped create a ministry of healing in my church • I promote inter-church cooperation and appreciation in my congregation and with others. • Interdenominational rallies and ministries held

<ul style="list-style-type: none"> ▪ Sense of security ▪ Places for worship are available and accessible 	<p>and valued multi-ethnic building team</p> <ul style="list-style-type: none"> ▪ Schools available for all ▪ Churches are engaged in teaching forgiveness, reconciliation ▪ Churches and homes are teaching dignity of value of image of God in mankind 	<ul style="list-style-type: none"> ▪ Support groups exist in churches to assist with grief and loss ▪ Worship opportunities are multi-ethnic ▪ Worship is joyful, focused on God's promises and Word 	<p>are important when making choices</p> <ul style="list-style-type: none"> ▪ Church leadership encourages people at the grass roots to make choices 	<ul style="list-style-type: none"> ▪ Ethnically diverse marriages are respected ▪ Disputes are settled with Biblical principles ▪ Trust is evidenced through...
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(Sabamungu & Dortzbach 1999)

Central to the AEE workshop experience is the focus on a redemptive sense of “otherness”. It seems to be the intention of each aspect of the workshop to both teach and help the participant discover how they may apply Christian love to the “other” in a way that breaks down the barriers of exclusiveness. Volf puts it this way:

Guided by the indestructible love which makes space in the self for others in their alterity, which invites the others who have transgressed to return, which creates hospitable conditions for their confession, and rejoices over their presence, the father keeps re-configuring the order without destroying it so as to maintain it as an order of embrace rather than exclusion (Volf 1996:165).

It is this constant invitation to repent, to give hospitable conditions for confession, and the rejoicing over the presence of disparate people coming together that has characterized the AEE workshops. The background, goals, daily activities, and issues are shown in the film. The film also interviews several church leaders who have been through the workshops and reflect on how their communities and families were impacted.

5.3.3. Africa Revival Ministries: The Living Church

The Africa Revival Ministries (ARM) provides a look at a series of interventions that are a blend of traditional relief and development agency approaches and individual congregational ministries. This is so because the ARM arose out of the personal vision and focus of David Ndaruhutsi who was a pastor at heart. Ndaruhutsi, the Rwandese founder of the ARM, tells his own story and that of ARM. His flight into Uganda and eventual return to minister first in Burundi and later in Rwanda is a story of healing in his own life. The model of Ndaruhutsi' pastoral leadership is very different than that provided by Martin Luther King, Jr., whose life and work will be considered shortly. Perhaps the central difference between Ndaruhutsi and King is the fact that they arose from very different cultural contexts, one African and the other American. While this is a true difference, it is less clear that culture is a sufficient explanation of the difference.



Traditional African communities expect their leaders to fulfill the roles of: a) priest, b) animator (Hetson & Holmes-Seidle 1983:10, 17), c) healer, and d) liturgist (CMC 1990:13). Each of these roles is fulfilled by both preacher-leaders. If there were a deep cultural rootedness of the black American world-life view in the African world-life view, then it would explain the similarity of approach, and the sense of identity that many African Christians have with Martin Luther King.

Ndaruhutsi was dealing with the results of violent “exclusion”. Unlike the intervention of the African Enterprise workshops, and more similar to the intervention of JRMD (see following, 5.3.4), he targeted physical interventions. The intervention of physical helps, however, was far more self-consciously aimed at healing the emotional and social wounds of war than the house building of JRMD. We have in ARM interventions a blend of the other two Rwanda/Burundi programs. Since the Living Church and the ministry of ARM has branches in both Rwanda and Burundi, it genuinely demonstrates the connection of the two countries.

In the film David Ndaruhutsi tells his history, which started with his experience as a boy when he watched his father, a church-planting pastor, killed in an early Hutu attack on Tutsi. They lived on the northern edge of Rwanda, and so he with his sisters fled into Uganda.

He recounts that the second turning point in his life was his conversion while at university (1982), majoring in economics. He felt called to ministry in Burundi, working with the Anglican Church for four years until he started ARM in 1987. Originally, ARM was a non-denominational organization to train church leaders in ministry to the poor. A mental-health clinic was created. Mental illness was seen as “mental derangement” together with “demonic oppression”. Later a maternal health and dispensary was created in response to local needs.

The background of “tribal” differences and separate living was always present, but Ndaruhutsi’s conviction was that the Church was the place for these differences to diminish. Crusade evangelism produced many believers who “could not be pushed back into various churches” so a new church was formed. It grew, and then hundreds of new churches were planted in Burundi, Rwanda, Uganda, and Zaire (Congo). These churches were supported by ARM.

Drug rehabilitation and skills training programs were started, along with nursery and primary schools, as well as a Bible school for pastors. Reconstruction of homes in Burundi was also a need that was met, using local churches to mobilize in the building, and working toward reconciliation as they built, because people were encouraged to return to their homes.

In 1994 ARM expanded to Rwanda, working first with infants and children who were rescued or escaped the decimation. An orphanage and adoption program was initiated. A second reconstruction project was begun in Rwanda focusing on displaced peoples. Projects for widows and orphans of the decimation were begun, providing training, counseling, and encouragement. The mutual working together was seen as a place to foster healing and reconciliation when community development and evangelism are done together.

In the midst of the ministry armed violence struck one of the projects, killing the staff. This violence in the midst of ministry seemed to strengthen the resolve of the entire organization. Then, in 1998 David Ndaruhutsi was killed in a plane crash, delivering yet one more tragedy to the vision and organization.

Following his death his brother assumed leadership, together with Gilbert Habimani and several others. The new leaders struggled to keep the vision and existing projects alive, but the ministry did not stop. Besides the continuation of existing projects, the new leaders strengthened a clinic with an AIDS ministry in Kigali, created an agriculture project, and turned their hearts more directly toward reconciliation.

The church became increasingly the focus of ministry, providing a place of worship and fellowship for those who were reached in the community development ministries. These churches, called “Living Church”, sought to intentionally make use of both Hutu and Tutsi leadership so that the church would be a place of healing rather than division in leadership.

The starting point for ARM ministries in preaching, open-air crusades, prayer walks, and presence at public gatherings is a common theme in many evangelical Christian ministries. These are the same kinds of actions that are seen in the “Transformations” film as well as in the Martin Luther King film. Unlike the experience of the civil rights movement in the US, the main results of ARM ministries would be measured in terms of the numbers of people who were helped in their personal

lives, and in terms of the numbers of churches planted. These more individual and community results are similar to those reported in the Transformations film.

Of particular interest in this film was the impact it had when screened to the focus groups. Church leaders who were not from Rwanda/Burundi were always excited about the results and diversity of ministry. It was seen as highly successful in terms of both numbers as well as impact. There was an observable shift in the evaluation of this film as it was viewed in different places. The only Burundian leader in the Cape Town focus group felt that the ministry of ARM was a genuinely healing intervention, but that the JRMD project only ministered to Hutus (he was Tutsi). The Nairobi focus group was nearly a third from Rwanda/Burundi and they were mixed as to the impact of ARM in the area of actually helping reconciliation. These were mostly Hutu leaders. When the film was screened in Rwanda, the group was strangely silent, and more academic than with other more “geographically distant” films.

The question was posed to the group about the reported strategy of having a mixed leadership—was it effective in attracting mixed congregations? The answer was that the Living Church was predominately Tutsi, and the ministries to widows, orphans and reconstruction was primarily to the survivors of the decimation (therefore Tutsi).

This finding does not invalidate the value of the interventions, nor their impact in bringing healing. What it does indicate is that reconciliation is a very long process, after deep violence and violation of trust. Unlike the ministry of African Enterprise that had each of the “diversities” represented on the facilitating team and effectively ministered to all the diversities, the presence of diverse backgrounds in the Living Church seemed not to facilitate an “embrace”.

If, however, “embrace” is a process in which there must be first a self-recognition in order to receive another, then the interventions of ARM and the Living Church may be seen as the first step in the process. It is interesting to note that one of the pastors of the Kigali Living Church was Anastase Sabamungu, the leader of the AE trauma healing team.

The interventions of ARM are varied and have developed over many years. They have a wide financial support base through several large funding organizations. Their projects are known to have a high standard of integrity in finances and purpose fulfillment. They are recognized as

effective community development projects by their funders. The growth in numbers of churches and church members indicates that many people find a sense of acceptance, joy, teaching, and help.

5.3.4. JRMD:Rebuilding Hearts and Homes

Burundi is not Rwanda, even though the meaning of the name has been translated to mean “another”, or “again”. For the purpose of the evaluation of these case studies Burundi is being considered as similar to Rwanda. Several key similarities and differences exist.

The people, culture, and language are nearly identical. Both countries have the same approximate distribution of Bahutu, Batutsi, and Batwa. The languages for the most part are different only in the sense of being dialects. (A slightly greater difference does exist.) The histories of the two countries intersect so much that it is difficult to speak of them being distinct. Some of the distinctions however are important when we think of healing interventions.

Possibly the most important difference is that in Burundi the Tutsi have always been the ruling people. They dominate (almost completely) the army and government posts. It has been a secure place of refuge for Rwandan Tutsis as they have fled from destructive civil unrest. For the most part the Hutu and Tutsi live apart from each other, making revenge and reprisals the easier because of the homogeneity in communities. Because of this mostly distinct living, the nomenclature of “ethnicity” fits better in Burundi than in Rwanda.

When the presidential jet was shot down in Kigali both countries lost their president. However Burundi did not slide into decimation, it simply continued on in a state of fragility and self-destruction. By comparison to the killings in Rwanda, Burundi seemed to be unscathed. It is thought, however, that nearly as many lives have been lost in Burundi over the years as was lost in Rwanda. The difference is that in Rwanda massive killing occurred in a few months. Burundi on the other hand is used to a regular staccato of hundreds being killed and then hundreds more being killed in revenge and retribution.

These differences point to different kinds of interventions that would be needed for healing. On the one hand both countries face the need to heal bitterness and anger that comes from feeling that the “other” people group has been responsible for violence while one’s own group is mostly the victim.



The sense of victimization is present whether we speak of being a victim of genocide and decimation, or depreciation and denigration.

Both countries share the ignominy of church leaders who have received favors from the government, are squabbling with each other over money and power, and have lost touch with many of their constituents. In this sense the church is a part of the problem rather than the answer. In both countries the church is a dominant force among the people and is respected by the government.

A common result of bitterness in both countries is the failure of people to see them as one, sharing one history and one future hope. Working together to create a new future would therefore be a healing activity in many ways. It is this that the JRMD attempted in its project to “rebuild lives and homes in Burundi”.

The JRMD organization has constructed homes for over a thousand displaced people in the last few years. JRMD is the French acrostic that translated means “Youth in Reconstruction of a World in Destruction”. This organization uses volunteers from all ethnic groups to rebuild for all ethnic groups. The most recent project, still under completion, was done in a northern part of Bujumbura where over a thousand homes were destroyed by war. In many cases university students were involved in the destruction.

The project rebuilt 150 homes in a month using 500 university student volunteers. Said one student “if the destruction continues, I will be among those who say no, because I now have a home in this place.” He was a Tutsi student rebuilding for a Hutu family. Since the students were volunteers, no screening had been done, but the recruitment had originally been among the Christian Student Union. This provided a starting point of students who had at least some Christian commitment or identification. The voluntary spirit led to a high sense of moral reconstruction and community building.

The students met at central locations and bused to the building site, given lunch, and bussed back to central locations in the late afternoon. In every phase of their day the students were mixing. This mixing—to travel, to work, and to eat together was a healing activity, for the history of Burundi has had the Hutu and Tutsi peoples living much more distinctly apart than in Rwanda. The mixing was

also a community building activity that blended social, volitional, and physical activities. The spirit of enthusiasm and joy demonstrated that an emotional component was also a result of the activities.

Several times during the two weeks of building there was the opportunity for other kinds of events, for example a crusade of preaching and evangelism, as well as the viewing of the Jesus film. The planners therefore attempted to include some opportunity to address the spiritual needs of the volunteers. Since the original plan had called for an infusion of students from Kenya as well as the US, the idea had been that these outside students would play an important role of interacting and relating with the Burundian students. In this way, through the mediation of social interaction and physical work, opportunities would be created to enable the cognitive process of thinking peace and evaluating the negative impact of ethnic hate.

The project intention to create a partnership event was most unusual and creative. The idea was to use a combination of 20 University students from the Nairobi Chapel, and over 30 university students from a church in the U.S. to join the 500 from Burundi. In this way the church regionally and internationally would have an event in which to share together. They would be able to share their faith and experiences. Security concerns at the last moment called off the international volunteers, but the project continued with local volunteers. With the change there was no longer an identification of the regional church, except as funders and outside consultants.

A weakness of the project is that it represented an approach that was mostly Para-church in its orientation. In this respect it was similar to the Video-dialog and the Khulumani projects in South Africa. It also did not solicit churches to send student volunteers. By contrast the AEE workshops used the churches as their base. Had there been a more concerted effort to include churches, then the need and opportunity for church unity would have been built.

An area of success was the reception of the project by local government officials, specifically the mayor of Bujumbura. In a private interview, which the mayor refused to be taped (for security), he indicated that every government attempt to create housing had failed, both because of the great expense per house as well as the inability to use and create community. He likewise appreciated JRMD for utilizing local resources—both students as well as material aid.

At the completion the vice-president officially came to a dedication ceremony that recognized the reestablishment of a once-destroyed community in the city. His presence was the highest political office to officially recognize the value of the intervention. This governmental recognition was seen in only this case out of all the cases viewed. (Of course, the work of Martin Luther King was eventually not only widely recognized but also appreciated in the US. In the early days of King's movement, however, there was angry recognition rather than appreciation.)

Financing was a nightmare. The project leader attempted to find financial partners for each phase of his rebuilding projects. The one filmed was only one of several rebuilding projects over the previous three years. During that time he had developed the pattern of borrowing money to purchase the necessary materials, and when full funding came in, he would repay the loan. However, the overdraft rose higher with each project, and this final project not only began with a prior debt, but also saw the withdrawal of key supporters. Because of the security issues a few months before the project, the US and Kenyan church had cancelled their participation. They did continue to honor some of their pledge for project, but it was inadequate. Additionally a core funding promise from a spurious organization in the US was never received.

As result, following the completion of the project and its blessing by the government, creditors came to collect. The director was unable to pay and spent most of the next nine months in jail. Suddenly the project went from building community to destroying a community builder. These events demonstrate the fragility of interventions and the vulnerability of the leaders of change. Had there been a larger base of churches or organizations who were partnering on the local base, it is possible that the breakdown might not have come.

This type of intervention can be wonderfully holistic, but also enormously expensive. Even though the costs of rebuilding each house were not completely borne by the project, still the project had an enormous portion. Families were expected to donate their own labor and materials, except for some of the more major costs like doors, windows, and roofing. The project offered additional assistance of both workers and expertise. For residents who were old the project did all the rebuilding.

For the residents who had fled many months earlier to seek refuge in a squatter camp outside a missionary's compound, the project offered healing in many ways. It became a symbol of hope simply seeing so many houses being built at once. It created a catalyst for people to begin who had



formerly lived in the area, were able to do all their own building, but feared to rebuild. The project created cohesion among the community residents even as it provided simple but adequate dwellings. As a model it promoted an understanding that when people stand together their community can experience positive change.

5.4. Kenya

5.4.1. Beyond the Disaster Counseling Programme

Background

Following the bombing of the Nairobi US Embassy in 1997, a coalition of 13 Christian agencies was formed to provide counseling to survivors and families of the blast. In fact, many were traumatized that were not actually “in” the blast. Though Post Traumatic Stress Disorder (PTSD) debriefing literature calls for debriefing to be done within 72 hours, the counseling coalition did not begin until ten days after the blast. One Christian counseling agency took the lead in calling others together and providing initial organization, and in seeking funding. Following a “training” period of three days in which lay counselors were “trained” in PTSD counseling, three basic counseling sites were established in different central parts of the city on the premises of churches. To a greater or lesser degree the churches then became primary supporters of the counseling program.

“The issue of cultural sensitivity in counseling was first raised in 1998 by Kenyan doctors involved in Operation Recovery which set out to provide counseling to the victims...” (Kariuki 2001:5). This questioning of approach was probably more the result of disappointment that the Red Cross was the agency that received a large grant for the counseling, and the leadership was given to an American doctor. By contrast, all of the counselors in the counseling coalition with the exception of a small handful, were Africans with a diversity of training background.

People with a masters degree or higher, and significant counseling experience, were used as supervisors over lay counselors who had completed some form of counseling training and were willing to volunteer their services for a period of time. The counseling program, entitled “beyond the disaster” lasted three months and over 3,000 persons were counseled. When available a limited amount of physical relief was provided. No major funders were ever identified, and the counseling services were provided with little financial support to counselors, agencies, or churches.

The film was created months after the three-month period in which the coalition did its work. It begins with one of the survivors telling her story of horror and help. It moves through a series of interviews and provides a structured look that the project with many counselors, coordinators and supporting pastors giving their reflection. The report on this film will follow use categories to describe what happened.

Structure.

One of the keys to the success of the intervention was the structure. Each center had a director, supervisors, and counselors. Each center had autonomy in the manner in which they oversaw the work, but coordinated their response and the area that they covered through a series of central committees. The committees were made up of representatives of each center.

Each center director was on the executive committee. Representatives of the centers then made up committees for finance, communications, and coordination. In a larger situation committees for training and assessment would also be needed.

The coalition of counseling agencies were available for free referrals from the lay counselors. In a litigious society it is questionable that lay counselors could be used. However support groups that included laypersons could be very effective in many places. Support groups were not a part of the strategy in Nairobi because the idea of a “support group” is unknown, and travel after dark (6:30 PM) is not possible. The city center clears out except for those few with cars.

Support

The counselors and caregivers rapidly grow fatigued and develop secondary trauma signs themselves without support. In Nairobi training and encouragement were the main forms of support. Daily a group of counselors would stay at each center waiting for clients. This was a time for training and debriefing as well. Due to the fact that after two weeks few people actually came off the streets into a center, the centers began to deploy teams of two for “home visitation”. The one center that began this almost immediately proved to be very successful and actually reached the majority of those counseled.

Communications

A committee for communications provided the interface with the press which advertised the availability of counseling. The role of this committee would have been expanded to the creation of

helping messages by billboard, radio and TV had there been funding available.

Finance

The finance committee received the expenses incurred from each center and distributed what little funds came in. The original finances were managed by the lead agency which was accused of first meeting all its own expenses, and sharing a little with others. This created mistrust and ill will between agency leaders. Actual grant submissions at first were kept private. Upon the creation of the finance committee the greater transparency restored confidence and trust. The earlier erosion of trust was probably one factor that did not allow the project to continue collaboratively more than three months.

Screening

Screening of counselors was done through an information form. Unfortunately there was little agreed upon definition of what a “trained lay counselor” meant. Since the lead agency had done lay training, anyone who had been to a three-day training they provided was considered trained. This left a great number of well meaning but unable lay counselors. One center used the experience level of the counselors to pair the less able with the more able counselors.

No particular precautions were enforced as to how the counselors would “share their faith”. Given the mostly Christian social ethos of the nation, this was not a problem. The potential abuse was addressed in many training and debriefing forums. Because of the world-view and religious convictions of all the lay counselors, there was a very high degree to which “spiritual” aspects of the needs of clients were addressed.

Mobilization

Mobilization has the greatest potential for spreading a healing net upon a focused disaster. Church leaders should have been targeted in the Nairobi intervention, but were not. They therefore did not have real ownership, leading some churches to not support well the centers that operated in their own buildings. Other churches simply stood on the sidelines and did nothing. Businesses contributed, but were not solicited or mobilized. Counselors were mobilized simply by a few public announcements on radio and in churches. Greater effectiveness would have resulted from a major effort to mobilize and coordinate a wide range of assistance. No follow-up or group evaluation was ever conducted.



Diversification

The Nairobi effort was a primarily Christian response. Other faith communities also did their part, but it was not even in communication with the Christian coalition. Generally people gravitated to their own faith communities (Protestant, Catholic, Hindu, Muslim). Within the protestant coalition denominationalism was discouraged, and even though a large contingency from the Seventh Day Adventists were included as lay counselors for example, they were spread into different centers. The SDA took a very active role, and channeled contacts to their churches for further support. Catholics seemed to be disconnected from any coordinated response, but within their own structures provided support and assistance to their own members and others who came. Hindus were most visibly active in providing relief from hours after the blast, and the Muslim communities also mobilized to assist, though provided little or no counseling.

The focus for counseling included both adults and children. No special focus or attempt was made to reach youth or to provide business counseling. All of these were needed. Since no residences were involved the assistance required did not include housing. Long term, mid-term and short-term assistance was not differentiated but should have been. US embassy response generally provided the material and medical assistance and did provide some funding for the counseling program.

The counseling program was a focus and was not seen as the whole picture. Other agencies and projects provided assistance for food and clothing, immediate and corrective (mostly eye damage) medical care, and very limited occupational counseling. This enabled the counseling coalition to focus and probably have a greater impact in its area. However, there was not good coordination with other efforts that might have assisted a more holistic healing intervention.

Materials

Materials for training and helping survivors understand and deal with their responses were almost entirely lacking. A few brochures were quickly produced, but the quantity grossly insufficient. No money was available for advertisements or helping messages. Pastors and churches had no idea of how they could respond or if they did what would be helpful. Every person did what was right in their own eyes if they were not a part of a coalition. The great need for materials seemed to be short messages in tract form for most of the people, longer booklets for church leaders, and fuller books for counselors. No web site was considered in Nairobi because at the time very few people had access to the web. This would be a useful intervention in a situation today.

Materials need to be in a variety of languages that are used. Since linguistic and cognitive skills are often suppressed by trauma, materials that are helpful must be simple, limited in scope, to the point, and easily understood. Of all the cases studied in this research, the need for reading materials was nowhere else identified as urgent. When cognitive growth and understanding was deemed important in other cases studied, either there seemed to be existent material, or the cognitive need was addressed verbally through preaching or teaching.

The uniqueness of this case is that it reflects the result of a conflict that brought violence to people mostly outside of the conflict. The “targeting” of a US embassy was to bring suffering to the US and to mark its vulnerability. Those who suffered, however, were mostly innocent Kenyan citizens who were completely unconnected with the US. In this sense the “healers”, the counselors, were not considered by anyone to have been a part of the problem. In all of the other cases studied those who were part of the conflict initiated the healing interventions. This case then shows the significant place that the church does play and can play when it is an outside party.

Although this coalition was “a very Christian response” (video quote), it was not particularly a church response. Churches were deeply involved in providing a place, some material resources, and encouragement. They were not involved in the thinking, strategizing or planning, and therefore when the intervention ended there was no organization of next steps that might have been done had a church been involved.

5.4.2. Transformations

The Transformations video was used as a type of research control. A portion of it was shown at each focus group unedited. By statements made in the video, it has both discovered how communities in pain are transformed, and has documented such transformation. The idea in presenting this film was that if church leaders could identify the healing interventions, and could evaluate the nature of the healing as well, then their observations could be compared to other cases studied which were also self-reported successes, but did not make claims of total community transformation.

We can do no better than include here its own words:

How can we invite God into our own community?” Pastoral, civic, and business leaders



routinely ask this question. George Otis, Jr., President of The Sentinel Group, replies, “The key to transformation is a willingness for believers to invite God’s presence into their communities—through prayer and humility (Transformations Video).

George Otis, Jr. is the president of The Sentinel Group, a Seattle-based, non-profit Christian research and information agency, and the producer of the acclaimed Transformations documentary, winner of an Angel Award for documentaries in 1999, and seen by an estimated 50 million people in over 120 nations. Sentinel has just released Transformations II The Glory Spreads. Like the first video, Transformations II seeks to document the social effects of Christian spiritual revival around the world. The new documentary features several communities—and one entire nation—radically touched by God’s presence.

Transformations II opens in the Canadian Far North where, following spiritual awakening, communities across the arctic from Baffin Island to eastern Siberia have seen sexual and physical abuse, alcoholism and drug abuse plunge dramatically. [It] also documents dramatic changes in Uganda, where nationwide revival and government-level awakening have fueled changes in the legislature and led President Museveni to commit Uganda to God in an unprecedented public dedication. The video reveals that revival has resulted in a new cabinet post for ethics and integrity, and that the rate of AIDS has declined in Uganda as nowhere else in the world.

In addition to these current social effects of revival, Transformations II visits Scotland’s Outer Hebrides, where residents describe the divine visitation in 1949, when they saw bars close, churches overflow, and residents kneeling at the roadside, seeking God’s forgiveness. (www.Sentinelgroup.com 2001)

The intention of the Sentinel group, and its Transformations videos, is “Informed Intercession to help prayer warriors everywhere develop simple yet focused and effective prayer strategies for uprooting evil in their communities and leading the lost to Christ” (www.Sentinelgroup.com 2001). It purports to be able to help the layman develop a systematic plan to uncover and attack the enemy’s strongholds with spiritual mapping and warfare prayer. Among the list of accomplishments that the plan enables the church to overcome are alcoholism, sexual abuse, drug addiction, suicide, violence, and civil war.

The claims of both the videos and the “resource” literature that Sentinel offers would appear to be exaggerated. Certainly a systematic plan to cure the world of sexual abuse and civil war would be

welcome news, since in Africa alone AIDS and violence are the two lead causes of death. Since this research has been conducted in Africa several of the claims can be checked.

The claim is that revival in Uganda has caused the national AIDS rate to drop with world-record levels. What has actually happened is that the prevalence rate of infection has diminished from 14% to 9%. “Because prevalence is a measure of current infection levels amongst living individuals, it does not capture infections amongst those who have already died or who have not yet become infected but will be in the future. We can look at current incidence and mortality patterns and estimate the lifetime risks of contracting HIV and dying from AIDS faced by young people embarking on the sexually active phase of their lives” (www.unaids.org 2001). Therefore, the virus will have already infected most of those who have been promiscuous and can only yet infect those who will grow to sexual maturity and be promiscuous. What Transformations needs to document is actual change of behavior that shows a great drop in the number of people who are having sex promiscuously.

A drop in prevalence rate and in numbers of new infections in Uganda has been anticipated for a number of years. Therefore, for the claim to be true that a lower rate is due to revival (rather than epidemiological expectations), either God has miraculously healed AIDS infections, or there have been many kinds of behavior changes, or the claim is spurious. On-the-ground evidence would indicate that neither of the first two possibilities has happened.

It is also possible to investigate the claims of the first Transformations video. In this research only one portion of the video was shown to the focus groups, it was the portion that showed the interventions in the town of Kiambu, a bedroom community close to Nairobi. The video claimed that as result of the spiritual revival “the bars became churches and all the churches experienced dramatic growth”.

One of the viewers of these case study films is a student at Daystar University in Nairobi. His home is Kiambu. Before watching the Transformations video he was asked to describe what his hometown was like. He relayed that it presently had a great deal of poverty and crime and that the churches did not seem to make very much difference in people’s lives. When pushed further he indicated that things are not as bad now, however, as they used to be.

After seeing the Transformations video the student was asked if he could corroborate any of the claims. He indicated that the claims were true, that Kiambu was now a different town. However, it would appear that he did not wish to counter the video's claims. The town in fact is still known for much violence, crime, and poverty. It continues to experience growth because the city of Nairobi continues to grow and Kiambu is a less expensive place to live than residential areas closer to the city. The video cites not only bars becoming churches as the evidence of transformation, but complete safety and security, an increase of wealth, and people moving into town as a safe haven from other areas that are insecure. The question must be asked, "what is transformed?"

The interventions in the first Transformations video were basically the same for all four locations where transformation was reported. Each site reportedly had a visionary leader whom God had called (like David Ndarahutsi in the ARM film). This leader fasted and prayed, mobilized others to do prayer walks, identified that the community problem was "spiritual powers" in the form of occult presence, cast out the spiritual powers, and preached.

What was notably lacking were holistic interventions. All negative emotions, all social failures, all personal choices, all physical problems and all wrong-headed thinking was taken care of once the evil powers were named. In the opening scenes of the video George Otis Jr. is not only pictured with his special tape-recorder and camera, but the narration says that transformation has been documented. One assumes then that what is shown is at least representative, if not inclusive, of all the interventions made. The conclusion must be that no other significant interventions were made.

Also outstanding in this case study is the fact that it shows two elements which anthropologists indicate have long been a part of African world-views concerning health, namely there is a naming of the cause of the problem, and there is a visual spiritual confrontation. The fact that these two aspects were the ones consistently identified as the healing interventions by the focus groups, would seem to indicate that to some extent the "success" of an intervention was attributed to the presence of qualities that conformed to the world-view expectations of the viewers.

The philosophical assumption of Transformations seems to be that spiritual power is at the same time separate from, but also the power over physical phenomena. In this it continues a Cartesian dialectic of body and soul. If the answer to healing the pains and wounds of a community were as simple and predictable as portrayed here, it raises the question of why any Christian or church



would do anything other than pray and hold public rallies. What this film communicates is a very different message than that of the other films. It shows that prayer and preaching are the only useful interventions. The other films show that prayer and preaching are part of the overall set of interventions.

5.5. USA: Martin Luther King Jr.

The day after Martin Luther King was assassinated Robert. F. Kennedy addressed the American public with these words:

We learn at the last, to look at our brothers as aliens, men with whom we share a city, but not a community, men bound to us in common dwelling, but not in common effort. We learn to share only a common fear, only a common desire to retreat from each other, only a common impulse to meet disagreement with force. For all this, there are no final answers (Schulke 1995:14).

In so speaking Kennedy pointed out some of the most poignant realities in racial conflict: it breaks community, destroys common effort, creates common fears, and uses force to resolve differences. In his life, King sought to transform each of those realities. His violent death perhaps was what brought Kennedy to the conclusion that there are no final answers.

We will look briefly at King's attempts to create a new community. By reviewing the key events and dates in his life and work, we have a framework to understand him and his contributions:

- Jan 1929 MLK born "Michael" to a father who was a Baptist minister in Atlanta.
- 1944 he entered Morehouse College at the age of 15.
- 1946 he worked for a summer in Connecticut on a tobacco farm and found society to be "liberal"—no "whites only" signs and a social tolerance (Haskins 1977:24).
- 1953 Married Coretta King, who shared his attitudes but wanted to be a professional singer, not minister's wife.
- 1954 received doctor degree and moved to pastor the Dexter Ave Baptist Church in Montgomery (Haskins 1977:40).
- December 1955 Mrs. Rosa Parks refused to give her seat to a white man in a bus. She was arrested for violation of ordinance concerning racial accommodation on public transportation rather than "disorderly conduct", the normal charge. NAACP was looking for a test case and used this one to start the bus boycott (Haskins 1977:44).
- 1956 Supreme Court passed law making bus segregation unconstitutional (Haskins 1977:56).
- 1961 "Freedom Riders" were busloads of mixed race that sought to integrate bus stations and restaurants, people were beaten by mobs not defended by police. King was arrested again. A "children's crusade" of children marching to integrate parks and libraries in Montgomery resulted in many arrested by police, attacked by dogs, hosed by water canons.
- 1963 The "March on Washington" and "I have a dream" speech. (Lewis 1970: 229).

- 1964 King was Time Magazine “Man of the Year”, but his leadership was not adequate in the riot-torn parts of the northern cities slums. He also received the Nobel Peace Prize in this year (Lewis 1970: 251).
- 1964 March from Selma to Montgomery was an integrated march that commanded the attention of the nation.
- 1965 The Student Nonviolent Coordinating Committee (SNCC) and the Southern Christian Leadership Convention (SCLC) concentrated on voter registration in the town of Selma, Alabama. (Schulke 1995: 92).
- 1965 Memorial service for white Unitarian minister who was beaten to death by segregationists (Schulke 1995:114).
- 1965 Voting rights were extended to blacks.
- 1968 King shot by a lone gunman.

Forty years after King's death he still inspires people from poor and black communities in a unique way. Healing, however, is not about more than just inspiration. Certainly one aspect of a healthy community is its ability to think and act together. It was the ability to inspire that action that King is most remembered for. In reflecting on the process of leadership development in a study conducted in a changing neighborhood in Chicago, Glidewell says:

The leader needed much power to inspire citizens to set aside personal concerns and act in concert. Concerted action was almost always both a risky pursuit of a short-term goal, and in time, a vision of greater community well-being. The Reverend Doctor Martin Luther King and Chicago mayor Harold Washington were mentioned repeatedly. They were the kind of heroic, public-spirited, charismatic, competent, courageous leaders who inspired other community leaders to join them in the leadership of community action (1998:75).

The inspiration of King, and the changes to the race laws in the US, gave great inspiration to the black movement against apartheid in South Africa. It was not his non-violent methodology, however, but the fact that he had managed to launch a movement of people. It was this movement that perhaps had the most potent impact. But King was not alone and he was not first. The NAACP was already a movement in which King had a catalyzing impact. King was a man who made history, but he was a man who history used.

The history of slavery in the US grew out of the economic need for the southern cotton and tobacco plantations to have plenty of cheap labor. In time the institution of slavery came to have increasing opposition. The Southern states demand that it was their autonomous right to decide the issue of slavery (among other things) for themselves produced the civil war. While the civil war changed laws affecting slaves rights, it did not affect the attitude of southerners towards those who were former slaves.

Martin Luther King, the most public of all figures in the Civil Rights Movement, sought to change attitudes as well as laws. It is said of his work: “The memorable events of history are the visible effects of the invisible changes of human thought” (Lewis 1970:229). In many ways King reached his goal of changing attitudes, of creating a movement of blacks who thought of themselves as valuable and would carry themselves with dignity. The civil rights movement also changed the face of social interaction in the nation. It is doubtful however that his monumental work produced even a single generation of people who shared community, common desire, and effort, and could live together without fear.

Interventions

Many of the interventions which King created or with which he participated are not particularly unique. What made them difficult was the charged environment and the response of non-violent resistance. The actual interventions were social events. Walks or marches where people prayed, sang, and carried placards were the most frequent, and were the least confrontational. “Freedom rides” was a variance on the theme of the walks, using buses to enlarge the public awareness of the movement. The buses carried mixed race groups of people who went from less-hostile environments to more-hostile places (from the northern to the southern states). As they drove and “landed” in targeted places, they ate together and used facilities that were segregated. The movement from lesser to more hostility allowed a publicity “cloud” to accompany the travelers.

Mobilization of all sectors of the black community was King’s goal. In so doing he was able to capitalize on the social networks of support. For example, children who left school to march were actually encouraged (not officially of course) by their black teachers. Whole families had a role in the movement and talked about it. Since religion was basic to black society, the churches and church leaders were at the front of the mobilization.

The churches provided several other key elements and interventions. Church buildings became the meeting places for strategizing, instruction, support, and mobilization. Using Christian liturgy became the movement’s method: preaching was pointed and passionate, stirring the emotions and volition of the people. Prayer was a tool of purpose as well as support, it gave people a sense of God’s higher calling and blessing which added to their resolve. Songs and hymns of the church were used and modified to carry the message. Choirs became the emotional punctuation marks of the teaching. The churches supplied the movement with a “collective enthusiasm generated through



a rich culture consisting of songs, testimonies, oratory and prayers that spoke directly to the needs of an oppressed group" (Matton & Wells 1995:187).

The result of the rather common but profound interventions was that people had to act. It created boldness, an ability to overcome fear and face police brutality, vicious dogs, angry mobs, jail, and increased poverty.

In 1961 King wrote a letter while in the Birmingham jail and said: "The ultimate tragedy is not the brutality of the bad people but the silence of the good people" (Haskins 1977:77). This letter not only stated the "sickness" in the black community, it also catalyzed the community. Rather than simply leave people feeling bad, or blaming "bad people", they were forced to look at themselves. This inside reflection was perhaps one of the more healing and transforming aspects of the movement. "Sister" Pollard's comment speaks to this profound "healing". In the midst of the bus boycott when she was walking long miles rather than riding she said, "my feets [sic] is tired, but my soul is rested" (Lewis 1970:291).

The "rested soul" was not only an individual experience, it was a community experience. There arose an entirely new community self-image. The myth that had been perpetrated and believed was the same "hamitic myth" taught and lived in South Africa, namely that the black man was cursed in Noah's curse of Ham, and therefore were of less value—perhaps even less human.

If there was a perception of some being less human, less equal, than others, the result of the civil rights movement was a series of changes in both the US constitution and its laws. Not only were Blacks given the right to vote, but also in time affirmative action laws were passed, which required not only equal treatment in terms of access to education, employment, and housing, but also created a favorable, preferential treatment of blacks so that the inequities could be rectified.

Affirmative action laws do not change the attitudes of bias and bigotry. They do not heal the wounds of separation and ignominy. That kind of healing must happen both in those who are arrogant in their attitudes of the "other", as well as in the sense of self worth that must grow in those who have been self-denigrating. Through the civil rights movement a collective sense of identity, of dignity, and of power grew. This "black awareness" grew to "black pride" and eventually to "black power", taught by the more radical elements of the civil rights movement.



The civil rights movement had multiple theological streams which fed it, it cannot be identified merely with Martin Luther King, even though he was a dominant figure. The movement was much larger than him and included elements that were far more radical, even violent. There had been a tension throughout King's life in the movement. The "Malcolm X" and Stokeley Carmichael variety of militancy was pitted against King's non-violence. During King's life his theology and church rootedness was a controlling element. Eventually the more radical elements emerged and were expressed in "black theology".

There was not a developed type of theology called 'black theology' before King died in 1968...At the same time disillusionment in some participants of the Civil Rights Movement about the effectiveness of non-violent means toward change led to the opposing cry of 'black power' with its implied strategy of an eye for an eye--as opposed to giving the other cheek. (Motlhabi 1998:17).

Perhaps King's very death brought to many despair that non-violence was practical.

Without question the most significant impact that King made on the civil rights movement was his philosophical commitment to non-violent resistance. But this was the outworking of deeper philosophical convictions. "Martin Luther King, Jr.'s non-violence approach was based largely on the Christian norm of love. In addition, he admitted to being influenced by the personalistic philosophy of the Boston School as well as by the Gandhian Satyagraha. King interpreted love itself as a principle, while he saw non-violence as an ethical method for fulfilling the demands of this principle" (Motlhabi 1998:23).

Precisely how various streams of thought merged in King's mind is unclear, but there were several major influences on his thinking. First was the impact of Gandhi: "King found Gandhi's concept of Satyagraha (truth-force or love-force) compatible to the Christian concept of love....Nonviolence, King came to see, utilizes love as a powerful and effective social force on a large scale" (Smith 1981:6).

Those who followed King's insistence on nonviolence echo (in the film) King's own words: "Nonviolent resistance is not a method for cowards, not for the weak or if one lacks the ability to be violent...A second basic fact that characterizes nonviolence is that it does not seek to defeat or humiliate the opponent, but to win his friendship and understanding" (Zepp 1989:101).

Niebuhr too had his influence upon King but, “Though Niebuhr provided King with a persistent uneasy conscience concerning human contracts, Boston University’s social ethics gave him a persistent optimism in the efficacy of God’s grace to accomplish good through his agents in the social order” (Smith 1981:8).

Niebuhr gave the idea of a social contract, Boston University infused an undying optimism, and Ghandi provided the basis for non-violence, but it was from another quarter that the ideas of the social impact of Christianity would come. King acknowledges his indebtedness to Rauschenbusch, the leading and perhaps defining voice for the “social gospel”, “It has been my conviction ever since reading Rauschenbusch that any religion which professes to be concerned about the souls of men and is not concerned about the social and economic conditions that scar the soul is a spiritually moribund religion only waiting for the day to be buried. It well has been said: ‘A religion that ends with the individual ends’ (Zepp 1989:32).

While much of the history of Christianity might be traced to one of two extremes (as have been done in the earlier chapter) of political power vs personal piety, King said: “But religion true to its nature must also be concerned about man’s social conditions. Religion deals with both earth and heaven, both time and eternity. Religion operates not only on the vertical plane but also on the horizontal” (Zepp 1989:59).

The horizontal plane was the social dimension of the gospel which black churches laid hold of during the civil rights era. “The chief social idea that penetrated King’s consciousness in the early years was undoubtedly the idea of social freedom” (Smith 1981:2). We could define that “social freedom” as the freedom to both choose and be a real human being in the image of God in community with all other humans who are likewise in the image of God.

In South Africa it was called “*Ubuntu*”. For King it was the “beloved community” which was: “An integrated society where ‘brotherhood is a reality’...Segregation is ‘prohibitive’...desegregated society is not an integrated society...Integration, as King understood it, is a matter of personal relationships created by love” (Zepp 1989: 211).

It is entirely human to believe what we do is important and effective. Why else would we do it? It is the task of this research to separate between what a person or project believes is effective and the actual impact. It must ask the “why?” question. It must seek to identify causes and consequences.

Those questions can now be asked concerning the nine projects considered in this research. Limitations and the process of analysis must be clearly understood before the conclusions can be understood.

6. CHAPTER SIX: RESULTS OF HEALING INTERVENTIONS

It is entirely human to believe what we do is important and effective. Why else would we do it? It is the task of this research to separate between what a person or project believes is effective and the actual impact. It must ask the “why?” question. It must seek to identify causes and consequences. Those questions can now be asked concerning the nine projects considered in this research. Limitations and the process of analysis must be clearly understood before the conclusions can be understood.

6.1. Collection of data

The data collected and analyzed consisted of the voluntary responses from each focus group participant. The participants put these responses into the five categories (emotional, social, volitional, physical, and mental) by. However in recording the data, the participant’s response was sometimes coded either in a different category or in multiple categories. This separation was done so that the response could better be analyzed as to how it might be understood in terms of the five categories. A single entry was made for every person, and his or her answer to the four questions asked for every film (What needs? What act of intervention? What result? What lesson?). When each of these discreet answers was coded into often multiple categories, it generated over six thousand nine hundred separately coded entries.

While the raw number is sufficient to do a statistical analysis, such analysis would not be valid because the researcher’s bias in coding the responses entered early. The intention has been to understand not merely the statistical relationship between a certain action and a certain result, but why it seemed to community leaders that a set of actions was seen to produce certain results.

6.2. Data array

Arraying the data for analysis was necessary because so many responses were produced. The main array technique was that of clustering. The process of clustering was used several times. The array of responses of “interventions” were analyzed and clustered into like kinds. Twenty-four discrete kinds of interventions were found among all nine films. Next the “results” were analyzed and clustered into twenty-one discrete kinds of results. Observing the clusters of responses as they occurred in each category and kind of intervention and result provide further analysis.

The problem of clustering is the same as the problem of separating—something is lost from the original expression. It is placed into a category or kind whether or not the respondent intended such

category or kind. However, in order to observe patterns of responses, it was necessary to “translate” the actual responses into a common set of words and phrases.

6.3. Data Analysis

Two primary analytical processes were used to analyze the data, comparing and summing. The process of comparing the primary clusters of category and kind in a film’s intervention to each film’s results was the main analytical tool. This was a rather visual process to highlight the responses that should be looked at in greater depth.

The problem of comparing is the danger of comparing non-alikes. The films were about very different kinds of interventions. Can they really be compared? Some would aver that the Transformations intervention was primarily a spiritual intervention but that the Video Dialog was a primarily physical intervention. How can they be compared? They are compared simply because both are self-proclaiming that they deal with community change of attitudes, of actions, and of relationships.

The process of summing was used. Of course this is a normal process used by quantitative and qualitative analysis and it produces averages, means, medians etc. It is useful as a general and overarching conclusion for the analysis of this research. For example, it is helpful to know the average as well as the mean number of years of experience of the focus group participants. But since experience is not just counted in the number of years of employment or activity (the number of children, the kinds and diversity of experience etc are also important experience factors), then some measure of interpretation had to be given to the numbers reported.

It is also helpful to know the major kinds of interventions and the major kinds of results that occurred from the nine programs analyzed. But there is more or less of a given intervention in any one program and more or less of a result. These “more or less” gradations are not revealed in an average or in a “top five” list. Summing is therefore a bit sterile, although it does give some clear handles to lay hold of the results.

6.4. Participant Analysis

Of the four focus groups there were 41 participants, 29 men and 12 women. While it might have been hoped that an even gender balance was achieved, the balance certainly reflects a higher

percentage of women than are actually in church leadership in African churches.

Countries represented in focus groups

Angola	1
Burundi	1?
Congo	1
Kenya	3
Liberia	1
Malawi	3
Nigeria	1
Rwanda	16?
South Africa	9
Tanzania	1
USA	1
Zambia	2
Zimbabwe	1

This diversity of country of origin created two negative factors. First was the language problem. Though all spoke English, the English that was spoken was from a wide range of accents and ability levels. Because the films were self-narration they also represented various accents and range of vocabulary. This sometimes resulted in participants not understanding what was said. The second diversity problem, reflected in the question marks in the above table, is that identifying one's country is not a clear-cut question in some regions, Rwanda, Burundi, and Congo in particular. The suspicion is that of those who identified themselves as Rwandese, many had in fact grown up in Burundi or in Congo even if their mother tongue was Kinyarwanda. This is true simply because of the history of the conflict in the region.

The fact that people from the Rwanda region and South Africa dominated the focus groups is appropriate in that most of the films came from those areas. These are the leaders most likely to have understood not only the background of the film, but also the reality of what had actually happened in the intervention. That nearly 35% of the participants were from other African countries helps to determine the extent to which the lessons found in this research may be applicable to other African countries.

Experience and Family backgrounds in focus groups:

Experience	No. of points scored	Family background	No of points scored
Single	1	Married	1
Married	2	1-2 children<10	3
Expatriate	1	1-2 children>10	4
African	2	2-3 children<10	5
0-4 years with an NGO	1	2-3 children>10	6
0-4 years with a church	2	3+children<10	7
4-8 years with an NGO	3	3+ children>10	8
4-8 years with a church	4	Grandchildren	1
8+ years with an NGO	5		
8+ years with a church	6		

Scoring was a matter of adding the various categories. The maximum score for family background for example was a 10 and experience was 15. The scales are weighted in favor of church experience over NGO experience, African over Expatriate (applied to only one person), and having more and older children and to having younger and fewer children.

Analysis of experience and family background:

Experience points	Number of participants	Total points
12	5	60
11	5	55
10	16	160
9	4	36
8	4	32
7	1	7
6	2	12
5	2	10
4	1	4
2	1	2
TOTALS	41	348

Avg 8.5
Mean 10
Median 10

Family points	Number of participants	Total points
10	2	20
9	11	81
8	10	72
7	2	14
5	2	10
4	5	9
3	1	4
1	2	2
0	6	
	41	211

Avg 5.1
Mean 9
Median 8

This analysis reveals that the participants watching these films had a significant amount of experience in ministry and represented the full range of today's church leader from singles to grandparents. Of the single leaders four were under thirty but two were significantly older. Having four "youth leaders" who were both youthful as well as youth leaders gives a representation of the youth. Considering that most of Africa's population is now under 30, this is an important perspective to have.



There has been no attempt to do an analysis of the kinds of responses made by the various categories of respondents. For example we might compare whether or not age seems to make any difference, or if greater experience levels really led to a greater understanding. In fact these comparisons were not done because the only data that could be compared would simply be the raw number of observations made by a certain respondent category to a certain film. This would not give a qualitative answer as to whether or not the observation was deeper, or more accurate. Accuracy and depth was in the eye of the beholder, not the researcher.

6.5. Data Analysis, Results of Interventions

Beginning with the following chart (6.2) showing the results of each film situation several general observations may be drawn:

1. The responses for any one kind of result in any one category do not exceed nineteen. This means that of the forty-one participants, nineteen observed that a form of overcoming social barriers occurred in the Martin Luther King film. For reporting and analyzing, this research is using 20% as a “significant” response. In other words if there were eight or more observations, (eight or more people) making an observation, it would reflect that perhaps 20% of observants saw something, felt it was important, and remembered to write it down. The figure of 20% of the respondents is used in approximation because every participant could have written down multiple outcomes that may have been recorded multiple times in a given category. For example one person might have seen three different ways in which spiritual renewal was evidenced in the AEE film. Those might have all been recorded in the same block—meaning that of the eleven responses shown in the chart, three could have been from the same person.
2. Several kinds of results had few observed responses. For example “showing emotional change” and “willing to represent others in repentance”. Several reasons for this may be made. First, most of the films did not show situations where this was necessarily a significant part of the interventions. But it is an important observation for the face value of trying to see if any community change occurred. Opportunity for it may not have been given, or it may not have occurred to the storyteller to mention it. Secondly, even though few observations were made, it may be an important kind of result. For example in the *AEE* film, the storytellers (AEE workshop facilitators) mentioned the need for representational repentance as an important part of community healing.

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Film	AEE					ARM					DISASTER					JRMD					KHULAMANI					MLK					ST JAMES					TRANSFORM					VID DIALOG									
	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V	E	M	P	S	V					
Release emotion	9			1	1	8	1				5					4			7	1	10	1		2	3	4	1		2	2	11	1	1	1	3		2	4	4		6	1	2	1	4					
Restore relationship	2			8	3	6			8	1	2			2		5	1	11	2		3			6		2			3		1			6							4	4	1	8	1					
Show emotional change	5		2	2		1			1							1					1					2					1																			
Forgiveness	2			3	7																1				2				2	8				1	6						1									
Comfort, joy	8					4					6	1				9	1				4					8			1	2				2											1					
Increased understanding		6		1	1	2	6	3			2	7	1	1	1	2		1	1			9	1	7			6		1		1	11		3			2				1	15			2					
Spiritual renewal	9	5	11	2	1	5	7	3	4	1	1	3	1		1	7	8		4	2	3	2					1				6	5		1	1	18	5	1	3	2	1	1								
Restitution			4		1											1			2	2																														
Freedom of movement				1		1		4								1	1																				6	3				1	1							
Represent others in repent				5	1																																													
Inclusiveness				5					1		3	1		7	3			6	1			3				2	6	1	6	4	6	5	1	12	1	1					3	5		8	1					
Confession			1	1	2					1											1	1			1						2	3			9						2				4					
Hope for future	1					4	2	2	2	1	3	1	4		1	12			2							4	1		1	2															2					
Connection	2			2	1	1			9		2	2	2	15	5			8				9	3			1		16	6	3	1	2	18				1					1		7	1					
Other-focused						1	13	9	1		5	7		7	6	2	3	1	2	5			6								2	1	1	3	1						1	1			1					
Leadership						1		3	2		3												1						3					1										7						
Collaboration in projects		1		9	1	1	1	4	8	1		1	4	2		2	1	9	6	4			1	1			2	4	3					1								2	1	3						
Overcome social barrier	2	1	1	9		1		1	7		1	1		4				1			1	1		2			1	19	2	1		1		7																
Self-reflection	6	2		6	7	4	5	1		5	3	5			3	2	6		5	4	4	3		2		7	5		3	12	3	7		4	6						1	10	1	5	3					
Listen, talk				1	1						1	1	1	1							7	1		4	1	1					3	1	1	2							3	4			11					
Other						*					6	4				2	1	8	1	1	1					16	1				N					1										13	4			3
						**	**				**	**				**					**					**					N					P					W	G			O					

* orphans adopted **improved life needs N= Negative factors present P=physical healing W=prosperity G=population growth F=force of evil (witch) O=options seen

Table 6.2 Numbers and kinds of responses to the results of interventions



3. Some of the kinds of results were left to the “other” category. This is not because they were less important but because they tended to only occur in one film. In some films this was actually a significant difference that will be mentioned later.
4. Several films have very few clusters. For example *Disaster* has only one cluster, but it has many observations in many categories and kinds of results. *Transformations* has two clusters, but most of the observations tend to fall into two kinds of interventions. This is informative because it shows that there were a variety of observations and ways of speaking about those observations.
5. The titles given to the various kinds of results are shortened for the chart. A fuller explanation of what kinds of things are grouped together would be helpful:
 - Release from fear and anger includes any sense of a wounded person having let go of an emotion that would be a negative force in their life or community. The exception is in the *Transformations* film where “release” meant simply getting rid of the blamed witch from the community.
 - Restoring relationships includes reconciliation.
 - Demonstrating emotional change includes observations that spoke of people hugging, or smiling, or showing mutual acceptance.
 - Forgiveness was both implicit and explicit.
 - Comfort and joy includes observations that identified positive emotions, but were not specifically a physical demonstration like hugging.
 - Increased understanding includes any growth in cognitive processing and acceptance.
 - Spiritual renewal includes all mentioned spiritual revival. Typically this would include observations like “people got saved”. If however something like “churches were planted” was mentioned, it was placed in the category of “connection” because the main point concerned the coming together of people.
 - Restitution includes any observed evidence that a wrong had been made right, property returned etc.
 - Freedom of movement included observations about security.
 - Representing others in repentance did not include anything other than that.
 - Inclusiveness includes the idea of “ubuntu”, solidarity, identifying with the other’s humanity etc.
 - Confession includes admission of wrong, repentance etc.
 - Hope for the future included any specific mention of hope, or implication of it.
 - Connection includes the idea of social gathering whether in small groups or in churches or in a movement.
 - Other-focused includes the ideas of service, or moving from an individual focus to the needs of another.
 - Leadership includes any mention of leadership or other organizational structures that necessarily have been needed in, or a part of bringing about, healing results.
 - Collaboration includes any ministry or project that utilized multiple organizations or people from different groups to accomplish.
 - Self-reflection includes the idea of self-realization and self-acceptance, and actions that are mentioned to come from these.

- Listening includes any form of active communication. It mostly contained the idea of varying (particularly opposing) sides or perspective.
6. Perhaps one of the most surprising discoveries in this research was something *not* observed. There was no mention for example about the significance of an identity in Christ that was greater than an ethnic identity. This was both mentioned and seen in several of the films. Probably if this omission had been pointed out to the participant-observers, they would have agreed with the importance of such an identity shift. The significance of the omission then may be that the worldview of race and ethnic identity has not been deeply affected by a Christian worldview of primary identity in Christ. Until this shift occurs, there is little hope that the next generation will have fewer conflicts based on race and ethnicity.
 7. No mention was made regarding the significance of families as either being included or excluded as a part of a healing intervention, the result of an intervention or recognition of need. Considering that the family is often seen as a highlight of African culture and strength, the absence is striking. This element was present in presenting some of the problems and some solutions in several of the films. The researcher offers no explanation for this.
 8. Most of the groups would have greatly benefited from some group exercise that pushed the reasoning about causes and consequences. This would have made the stories more transformative in the lives of the viewers. The films all very useful for teaching/training situations with church leaders and this kind of an exercise would be recommended in such settings. It was not done in the focus groups both because of the amount of time it would have taken and because it would have biased the outcomes of the group observations.
 9. Straight-line analytic thinking seemed to have been difficult for most of the focus group participants. The difficulty of observing what results may have come from particular interventions was evidenced by the lack of such correspondence on the individual response forms.
 10. There seemed to be a fair amount of naiveté among many. This was evidenced by observations for example on the *Transformations* film that it must have been very difficult to actually film a witch doing incantations at night. The thought that such was staged for the film effect did not enter the group's mind, for several agreed with the point! It should be

noted that in none of the researcher's films was there a staging for film purposes. Because *Transformations* was shown in its original release form, it is quite likely that the mentioned part was staged.

11. That the church has an important role as both shock absorber and vision-carrier in a community was not observed. Clearly in the *Disaster*, *St. James*, *ARM*, and *AEE* films these roles were observable. Perhaps the fact that there was not a question to elicit the various roles is the reason for this omission.

6.6. Further observations from each film:

1. ***Healing Hearts (AEE)***: the clustering of observations indicates that this intervention brought about impact in each of the categories. Specifically, three different kinds of emotional healing signs were seen: helping people to release their negative emotions, the creation of a positive emotional social environment, and spiritual renewal. Workshops were the main strategy of the AEE intervention and it was observed that they seemed effective in increasing understanding of conflict and its resolution and healing. The observation that the AEE intervention actually brought about restitution as the major physical category is significant. A frequent observation made by participants during the "off time" of the film analysis was that restitution was a clear sign that something was being healed, that deep foundations for peace were actually being laid. Two primary social signs of healing were collaboration on projects and overcoming social barriers. The fact that the workshops were conducted with both Hutu and Tutsi and from a cross-section of church denominations made this idea of collaboration likely to be seen. Given the history of the Rwanda struggle, the overcoming of social barriers is a significant observation. Volitional changes were identified in that people actually embraced each other. They were able to affirm something of each other. Although in the film this appears to be a bit forced, it was seen as important.
2. ***The Living Church (ARM)***: six clusters of important observations were made. Like the *AEE* work, the release of negative emotions was seen. It was clear that the projects of *ARM* were other-focused. This was debated off time in the Kigali focus group. Off the record a number of people indicated that in fact the *ARM* project was primarily Tutsi and Hutus felt excluded. The sense of success however was seen to belong to the idea of serving a mixed ethnic base.

The main focus of the *ARM* project was social services, and the social dimension was seen as having brought about a restoration of relationships, a significant connecting of people into groups and churches, collaboration among peoples, and a genuine focus of serving others. If social indicators alone were taken as the primary healing indicators, then this approach of *ARM* would be the most effective.

3. ***Beyond the Disaster***: only two widely recognized clusters of observed signs are seen from this film. Connecting people was very strongly observed—no wonder because the only intervention of this film was counseling. However it was also seen by a significant number that physical assistance and giving was also a sign of healing. It is possible that the very complexity of this film made it difficult for people to analyze. This film was field tested with the faculty of the Nairobi Evangelical Graduate School of Theology—all PhDs both African and European/American. They commented that the complexity of the film, and the emotive power of the long testimonies given made it necessary for them to see it a second time. Even then many felt some trauma in watching and identifying.
4. ***Building Hearts and Homes (JRMD)***: six significant clusters are observed. Two signs of emotional healing were the fact that comfort and joy could be seen as a result of the intervention of house building, as well as the fact that there was hope for the future. As one thinks of destroyed communities, these are not surprising observations. Two signs of physical healing were that there was collaboration in the project, and those houses, which were built, are physical. The idea of collaboration being physical is interesting. It would seem that there might be a particularly healing aspect of collaboration if it is a physical project and not just a committee meeting. Signs of social healing were the fact that relationships were restored and people were reconnected into community. An interesting note here is that the idea of restitution was not seen even though students from both ethnicities who would have been destroyers, were involved in the rebuilding. Both the storyteller as well as students themselves mentioned this, but only two people actually observed it—or perhaps only two believed it?
5. ***Khulamani***: three clusters are observed. Release of negative emotion, increased understanding, and significant social connection. Since this intervention was collection of support groups that helped each other work through pain and loss, the three signs of healing

could be said to illustrate that the goals of the Khulamani groups were indeed fulfilled. Few observations were made about physical aspects of healing, though they were in the film (visiting sites of trauma, loss and burial for example).

6. ***Martin Luther King***: four clusters in three categories are seen. There was an observable sense of joy and comfort emotionally. In that it was a grass-roots movement it was seen strongly that there was social connection. Laws were actually changed and so clearly many saw the social barriers falling. While there are generally few clusters in the volitional category, this intervention was seen to produce in people intentional self-reflection and self-realization. The *AEE* film was the only other film that produced this volitional impact.

7. ***St. James***: shows five clusters. There was again the release of negative emotions, an increase in understanding, a strong sense of social inclusiveness and connection, and a volitional sign of confession. Like other films, these clusters are not a surprise, but they are significant. The *St. James* intervention was one that represented an intensive teaching/supporting/proactive church. Though confession and repentance are responses that would often be desired in situations of violent conflict, they are not ones that often come. Perhaps the kind of intensive support and teaching seen here are required for such response. The *AEE* film had similar support and teaching, but not over duration of time and it was not particularly pro-active in bringing together actual offenders with actual victims. Though confession was observed there, it is only significant in this film.

8. ***Transformations***: two significant clusters are seen here. People “got saved” and “became prosperous”. In the coding of all responses usually the “salvation” response was put into the emotional category unless there was some other descriptor, some other indicator that the salvation was more than a saving feeling. There were seven who observed that the film showed an increase in security. The fact that this film showed clusters in only these two areas is a good indicator that the process of coding and the process of film analysis were valid. What only a few people could know was that there really was no significant increase of security in Kiambu beyond what normal economic upgrading would suggest. Increased prosperity is probably true of the town, but the issue is whether or not such social transformation came as result of evicting a local witch and people “getting saved”, or came as result of other issues—like the growth of nearby Nairobi city and several years of general

country prosperity that surrounded the making of the film.

9. **Video Dialog:** reveals five significant clusters. Two clusters are in the mental category, showing that there was a very significantly observed increase in people's understanding (15 responses) and in their self-reflection. Three clusters are in the social category indicating that there was the restoration of relationships, a sense of inclusiveness, and an ability to listen to others. In this intervention that both sides could listen to each other and do so inclusively and actually restore relationship is most amazing. The communities involved were entrenched in their opposition so much that there had been an increasing unwillingness to talk at all—only to fight. Numerically insignificant but probably very important was the observation made by several that people were able to see options to their impasse. This was an insight that was not clearly “self-evident” in the film. It therefore required several people to reflect more deeply about why the social changes took place.

6.7. Analysis of healing interventions:

Having seen what happened in each of the video situations, we do well to ask what might have caused such responses? In this section we consider the interventions that each program or situation attempted. It would of course be possible to work from the stated objectives of those projects and ascertain if they met their objectives or not. However in none of the situations do we actually have formal project goals and objectives. What we have are the narratives of what was the motivation or idea behind the actions. The focus group viewers themselves have identified the interventions.

Like the analysis of results is this analysis of interventions. Every response given by the focus groups has been coded into one or more of the five categories (Emotional, Mental, Social, Volitional and Physical). Then the responses have been analyzed to identify the various kinds of intervention mentioned. There are twenty-six different kinds of responses; most are not combinations of ideas but simply report the exact word or idea named. Some kinds of interventions however need a further explanation or were groups of ideas and include the following observations that are part of the list found in the adjoining chart 6.4.1.

- *Confession* includes for example admitting wrong, failure, or responsibility.
- *Giving/Receiving Love* is done in many ways and many ways were mentioned.
- *Symbolic acts* includes doing things that represent a deeper emotion or action as well as drama which is action in a story showing the essence of some truth.

- *Reflection (personal)* includes any kind of self-analysis or deeper insight about how a person's life relates to the situation of conflict around them.
- *Projects-minister in groups*: everything was included here that mentioned groups of people doing things together where the focus was on doing it together.
- *Identification* can be understanding, conviction, or some practical ministry.
- *Broad –based* is a description of any project or ministry that was inclusive of different ethnicities or denominations in its planning and accomplishment.
- *Visitation* describes all interventions that went from a person's place of comfort and security (home, office) to do their ministry in a place that was someone else's home.
- *Talking together* includes the idea of sharing both pain and problems.
- *Teaching/learning* includes interventions of training, seminars, as well as evangelism and preaching.
- *Holistic ministry* is one that was seen to include all five categories of human existence. Only observations using the term holistic were put into this kind of intervention
- *Communication* differs from talking together in that communication was here mentioned more as general information sharing rather than deep personal impact.
- *Structures* were observations of leadership and organization that were fundamental to the success of the intervention.
- *International partners*
- *Create desire for Jesus* were observations that pointed to an awareness and/or desire of God's solution in Christ.

Two general observations may be made about these kinds of interventions:

1. Several of the interventions have the same name as the outcome. For example, “reflection” and “restitution”. In these cases the intervention simply created space and time for reflection and restitution. It should not be a surprise that the outcome of such focused opportunity would be the accomplishment of the intervention. A similar coupling exists between the intervention observations of “evangelized, shared the gospel” and “people got saved”. In coding, however, the work of evangelization was grouped with “teaching/learning”, and “getting saved” was placed in the “spiritual renewal” kind of result.

2. The level considered “significant” in each cluster of interventions is eight, the same as that of the results. Clearly there were many more observations concerning interventions than results. There are also some very large clusters of observation that deserve special mention. The maximum observations recorded were 75 in any one kind of intervention for any one category of holism. Only two films did not have at least one kind/category with 30 or more observations. We perhaps best interpret this as understanding that the observers were much less sure about what really happened as a result than they were sure about what was done. This shows a healthy perspective of caution that everything was not simply taken as a fait accompli just because it was seen or talked about.

We proceed now to the analysis of each film's interventions.

AEE's observed interventions formed clusters in every category of holism. Providing opportunities for talking together in order to share pain and problems was the most significant intervention for both emotional and social healing. The sole strategy of the AEE intervention was a workshop, and it was of course widely observed that the teaching/learning intervention was its focused intervention. Also seen as significant were the symbolic activities in promoting a change of mind (volitional). Nearly significant was the number of observations recorded for restitution. What is significant is the fact that restitution was primarily seen in the AEE interventions.

When we compare the primary results observed with the interventions, we must ask what is the connection between them? Primary results again, were: release of negative emotion, demonstration of positive emotion, restoration of relationships, spiritual renewal, collaboration on projects, and overcoming social barriers. These were emotional and social results.

Concluding observations:

1. When teaching or training produces opportunities to talk together, reflect, and demonstrate in some way a new deeply felt commitment, then significant community healing takes place.
2. The kind of teaching/preaching that brings about healing is one that brings a person to reflect on their attitudes and actions as they have impacted the community. It is not a one-way teaching model of lecture or proclamation but of structuring experiences and dialog.

ARM's observed interventions form a different pattern of clustering than that of *AEE*. Here we observe primary clusters in two kinds of intervention, working together, and teaching/learning. These two interventions were seen as significant in the categories of emotional, mental, social, and physical categories. There was no area in which volitional interventions seemed to be significantly noted. Unlike the rather single-focused intervention of AEE's workshops, the ARM interventions were in fact quite diverse but all were seen primarily as different ways in which people could do something together. Even the teaching/learning interventions could be interpreted as doing things together, because they were strong in the area of church planting and creating schools. Both are things that communities do together.

The results observed fell in a variety of results: releasing, restoring relationships, connecting, collaborating, and being other-focused. These are all results that have high face-value validity in describing a healthy or a healing community. Given the history of Rwanda and Burundi where the ARM interventions took place, these results are perhaps even surprising if they indeed reflect these

things happening in communities between the Hutu and Tutsi. According to some participant's reflections upon the ARM ministry, even though it was intended to bring Hutu and Tutsi together, in fact it was primarily a ministry to Tutsi. If this off the record observation were a fact—which was not the investigation of this research—then it would tend to indicate that the specific ministry of ARM did not bring cross-ethnic healing. It would not however invalidate the following conclusions that may be observed:

Concluding observations:

3. When people work together in programs or projects it enables them to let go of negative emotions, thereby restoring relationships through social connection and collaboration.
4. When people work together in programs or projects it enables them to focus on the needs of someone else, and not themselves alone. This is the essence of community. In a situation of ethnic conflict it is crucial that programs and projects be a collaboration of effort from both or multiple parties in the conflict.

BEYOND THE DISASTER shows a similar pattern of observations to the ARM ministry. Although the ministry strategy was a counseling program—a single focus as was the AEE ministry—still it was observed primarily that the intervention was a project that was done together. In ARM's case there were many projects done together, in the *Disaster* case there was one project. Counseling was another significant kind of intervention observed that affected the emotional needs, but since counseling was the project done together it may simply be seen as another way of seeing a project done together. The fact that structure was seen as an important intervention brings an obvious need to light: if a project is to be done by a diverse group of people, there needs to be a good structure.

This ministry was only seen to provide one major result, the connecting of people. Provision or care for other physical needs were also seen as a major cluster of intervention but in fact the program did not itself provide for other physical needs. To understand the significance of observations about this ministry we need to remember that it was a response to a single act of terrorism—not a response to a prolonged embitterment between peoples or communities. The response was an intensely focused response to one specific need—emotional trauma or post-traumatic stress resulting from a critical incident that no one anticipated being repeated.

Bearing this in mind then, it causes us to ask the question, “what is the primary community healing needed in a critical-incidence social trauma?” Surely the primary need is not reconciliation, for social division was not the issue. The primary needs that were identified by participants tended to be described as love, care, courage, counseling, and physical needs. If a community were

functioning in some healthy capacity, then a primary descriptor of how it would need to respond would be something like “including” or “holding-sustaining-supporting”. We may then see the observed response, “connecting”, to be a most appropriate summation of what a healthy community would do. Seen in another way, if the *Disaster* response was not one made in a broken community but one in a relatively whole community, then it did what it should do to bring individual healing. Because “connecting” is a significant result in six out of nine films, and nearly significant in a seventh film, this idea is a primary factor in community health and healing interventions. When it happens it indicates that an environment for both individual and collective healing may take place.

Concluding observations:

5. Healing interventions will be different in situations where the community is the receptor of violence rather than the originator of violence.
6. Connecting people to each other in a community so that they may meet each other’s needs and support each other is a major part of bringing healing.

The JRMD intervention was primarily a single-strategy of building houses. But the single strategy contained important factors that were woven into the focus. Rather like the building program of Nehemiah in the Bible, the JRMD idea was to rebuild youth by using a house-building project. The collaboration on the building project was seen as very significant in bringing not only physical healing but also social healing and volitional change. The high numbers reported in three categories of wholeness indicate both that everyone (presumably) could see clearly the focused intervention, and that many saw multiple ways in which people were working together. Also significant was the report that teaching and learning were interventions as well as the observation that it was a broad-based program. These strands were in fact very intentional parts of the ministry—using the opportunity to teach and evangelize the students when they were together and drawing students from all sectors of society—Hutu, Tutsi and Twa.

These interventions are paired with seven significant clusters of results: restoration of relationships, comfort, renewal, and hope for the future, connection, collaboration, life needs met. As in other project-based interventions the intervention of doing things together seems to bring about a series or complex of results. Restoring relationships, connecting and collaboration being seen in this film is again a supportive finding of lesson 3 above. Additionally we see again the importance of a broad-based initiative in making a project successful in actually binding a community together (lesson 5). The observation of the important role of teaching in this intervention helps us focus on the way in

which evangelism is done in situations following conflict. It may have a great deal to say about whether or not evangelism per se is an effective healing agent. In other words it may not be so much that there was a very powerful preacher or that dramatic events took place as the fact that the evangelism was done in a context of life. Evangelism was here holistic rather than narrow. Understanding was intimately related to being and doing in the project.

That a very significant number of participants observed this intervention as one that met and improved basic life needs cannot be missed. The houses were built all in one community—actually creating not only shelter but also a sense of security and pride. Though other rebuilding projects of JRMD were not viewed, it is true that in each of the areas where they have rebuilt homes a sense of security and pride in community grew. During the years that followed this particular JRMD project, the city of Bujumbura saw many areas destroyed. This area was not destroyed. Might it have been that an increased sense of community contributed to its protection?

Concluding observations.

7. Holistic evangelism is the proclamation and demonstration that the gospel is lived as well as believed. Holistic evangelism promotes community healing.
8. When an intervention meets basic life needs (food, shelter, security) it is more likely to promote community healing than an intervention that does not address those needs.

KHULAMANI observation clusters form yet another pattern. All the significant observations fall along two axes of the grid: the social category of holism and the intervention of talking together. Four significant clusters of intervention line in the social category: doing things together, talking together, support group, and appropriate structure. The aspect of talking together was significant in dealing with emotional, social, volitional, and physical needs. What this reveals is that the intervention—primarily a support group—was seen in its multiple functions of doing things together, talking together and being helpfully structured. But was this kind of support group effective?

According to the results, released negative emotion, connection, and increased understanding were seen as significant. From other films we may understand that connection is an important function of a healing or healthy community. We may conclude therefore that the focus groups of Khulamani were indeed healing. However we find that a number of negative observations were made about the emotional results of this intervention. We might conclude that the support groups as they were structured were helpful for some things to happen, but not for other things. We might also conclude

that a support-group intervention may be helpful for a particular kind or stage of healing. It is interesting to note that listening and talking was a nearly significant aspect to the intervention. Why might this not have been significant in a support group that is all about listening and talking? The likely answer, though not completely conclusive is that something was missing in this intervention. The observation was made by several focus groups in their group discussions (making this a significant observation because it represents a large number of participants) that there was no real guidance given in the support groups. Forgiveness per se was not necessarily important. In other words, venting rather than processing of anger was the activity most seen. While talking together was clearly seen, most of the talking was the sharing of pain and not problem-solving.

Again we must understand the role that Khulamani groups played in a larger picture of healing interventions. They were the support groups that went with people to the TRC hearings. They provided in many cases the reason why those who were deeply wounded could face a system and people who had wounded them. Seen in its larger context, and assuming that the TRC did enable at least some national healing to take place, these support groups enabled one step along the healing pathway.

Concluding observations:

9. Support groups are an effective way to help people with a similar need to understand their situation and release negative emotions as a part of moving toward a wider community healing.
10. If a support group is to be effective in transforming hurt into healing it needs someone present able to help guide the process toward some positive redirection of negative acts and attitudes.
11. Some healing interventions are useful to help individuals and a community to take one or more small steps in the healing process. These are not less significant interventions because they accomplish only one step.

MARTIN LUTHER KING observations of interventions show a similar pattern to that of Khulamani. The major interventions lie along the intervention type of doing things together and along the mental category (Khulamani's focus by contrast, was in the holistic category of social). Significant clusters of observations are found in the social, volitional, and physical impacts of doing things together. The impact on people's understanding was seen to come from the teaching/learning and communication interventions. Probably in this film more than in others the distinction between communication and teaching/learning was observable. The media (communication) played a large role in making the preaching of King widely known. The preaching itself however was a powerful

motivator.

It is clear from the interventions and the observations that the kinds of things that were done together were mass meetings, social resistance, and collective acts like boycotts. What is particularly interesting about this social movement is that the observed interventions do not obviously link with the results that were: comfort, connection, reflection, and overcoming social barriers. This is so because unlike building houses or schools or orphanages or churches that are seen in other interventions, the type of activities in this film are seemingly ones that were less building than resisting. Being jailed, hit with water cannons, enforcing economic boycotts encouraging children to stay out of school etc. that are all shown as the things that people did together are not particularly building events, are they? They might be seen as more negative than positive. Why then was there seen the strong positive result of connection and comfort if the primary activities were negative? In fact, were the events only negative?

One of the features of the MLK film that is not present in any other film is the fact that issues of justice were directly addressed. The conflict that it sought to address was a conflict of injustice. Although the South African films were in a context of the injustice of the apartheid years, they were interventions after a primary injustice had been dealt with, after the laws had been changed. (Of course this does not mean that the country had healed from the injustice or that injustice ended with a change of leadership color) The MLK film was about interventions that were effective in bringing changes in legislation. Changing legislation is much easier than changing the human heart. As powerful as King's messages were in bringing courage, and as effective as the movement was in changing laws, there was no national healing of racial prejudice, anger, or violence.

We must therefore see the relationship between interventions and results in a slightly different light. There was a deep issue in the hearts of black people in the USA before the civil rights movement (and after) that kept the people impoverished, powerless, and downtrodden. The belief or sense of human value was lacking. "Black" meant less. If "white" was human then "black" was sub-human. Whites believed it about blacks and blacks believed it about them. In South African terms, there was no "ubuntu". The significance of the results therefore is in the reversal of this fundamental belief. People connected at the mass meetings and actions that were a part of the civil rights movement. When they connected they found that they were not alone, and they began to understand and affirm the value that they had as human beings. This discovery and growth of self-confidence



brought joy and comfort in the midst of pain.

It is no wonder that the civil rights movement in the USA had such a compelling influence in South Africa where blacks struggled with many of the same issues. This film and observations made about it, provides a bridge of understanding between the bitter past of South Africa and the new present and future. The relationship between the interventions of preaching at a mass rally which was gathered to march, to boycott, or to protest was effective in causing many people rethink their values, take courage in standing with and supporting others, and in forcing a government to rethink the way in which its constitution was lived out. The results of MLK could be likened in one way to lesson 8 that relates to the connection of holism and evangelism. The gospel demands justice and truth as well as mercy and love. These are holistic values and when a society is broken because of the absence of these demands, then a gospel healing must address them. To fail to address the deeper issues is to fail to bring deep healing.

Concluding observations.

12. An intervention that brings a healing to widespread negative self-worth will have to address that belief by teaching and by actions. "I will feel better about myself when I have done something of which I am proud."
13. An intervention that would seek to address and change social injustice can be expected to have programs or projects that involve many people and have high visibility.
14. Teaching and learning that produces action is the kind that brings community healing. (This requires the collective individual reflection and commitment from lesson two.)

ST JAMES interventions show the same pattern as the AEE film with a significant cluster in each of the categories of holism. Emotional interventions are forgiveness and counseling. Mental interventions are forgiveness and teaching/learning. The social intervention seen was support groups. The volitional intervention was forgiveness and the physical intervention that was nearly significant was doing something together. These clusters of observations point to the intentional focus of this church on forgiveness. It can be assumed that there was a great deal of effective teaching on the subject, and that the counseling and support groups were also focused in this direction. These things were clearly indicated on the film, and were seen.

The results that were seen in the video are an impressive list of high face-valid outcomes: release negative emotions, forgiveness, increased understanding, inclusiveness, confession, and social connection. Following a conflict situation it would be difficult to imagine better outcomes. This film is similar to the Disaster film in that the congregation received the fury of a single act of

terrorism that would not normally be expected again. The comparison is worth a mention because unlike the Disaster response, the response at St. James was, a) what one congregation did, and 2) it did more than counseling—it focused on forgiveness, teaching, and creating support groups, and 3) the social environment was threatening rather than peaceful. These additional interventions carried the impact of the counseling much further in a more difficult situation. The situation was more difficult in that South Africa was hoping for good results from the ending of apartheid, but bracing for negative backlashes. Nairobi was simply hit like lightning in a passing storm.

Concluding observation:

15. A local congregation is the best center for healing interventions because it is able to do many interconnected interventions that form a holistic web.

TRANSFORMATIONS was the only film that made the self-claim that an entire community had been transformed. The community was described in the video and perceived by the participants to be one fraught with social ills—alcoholism, insecurity, murder, prostitution, poverty, fear, crimes, drugs, and spiritual oppression focused in witchcraft. To combat these ills two observed types of interventions were seen: prayer and teaching/learning. More specifically the teaching was preaching and evangelistic crusades. The prayer intervention clustered in the emotional and the physical areas. The results? The only observed results were spiritual renewal and economic prosperity.

An assumption seemed to have been made in the film, although it was not articulated. That assumption was that “spiritual bondage” is the cause of all community ills and is “transformed” by the identification of the central source of evil. That evil source is driven away from the community and passionate evangelistic crusades then bring the needed transformation. That this was the assumption is seen in the fact that in the four scenarios included on the Transformations video (only the one of Kiambu Kenya was seen by the focus groups), all of the interventions were exactly the same and in the exact same order: a leader with vision, prayer and fasting, prayer walks, identification of and removal of some personalized form of evil, passionate evangelistic crusades.

The fact that seasoned African church leaders could not see any sign of transformation in the video other than spiritual renewal is telling. It in fact raises the question of the validity of such “spiritual renewal” if there is no indicator that a society so filled with evil has any change. The fact that a very significant number identified economic prosperity does not help to reclaim the poor validity of the claims of this film. Economic prosperity can come in the midst of great social evil. One of the

scenarios shown on the film was of the city of Calais, Columbia. The film pointed out its great wealth before “transformation”, wealth from drug money!

Another important observation seen in the responses of the participants concerned their apparent worldview beliefs. Few questioned that there was genuine spiritual revival. The gathering of people in numbers to pray and attend crusades seemed to be adequate evidence that genuine spiritual revival occurred. The fact that prayer was a significant observation in only two films (this one and the AEE film) raises the question of just how important prayer was anyway. Of course the question cannot be answered in these films. Just because prayer was only observed in two films does not mean it was not present in all of the ministries in a significant way. The question that the absence of clear observations in this film raises is to what extent do the expectations of a viewer—formed by worldview beliefs—cause a bias about the effectiveness or value of an intervention? It would seem that a person’s value/belief system is indeed very significant in identifying cause and effect relationships. Viewers seemed not to doubt that “spiritual powers” were broken in Kiambu and that “spiritual revival” had happened—there just were no signs of it!

In this sense then, it may be seen that “spiritual” means “ethereal” or that which cannot be seen or touched. This idea of “spirit” is a concept based on power more than presence. Although “evil” came to be embodied in the witch (presence), it was something beyond her. The idea of Christian transformation being the presence of the Holy Spirit working in and through believers (the concept traced early in this research and identified as healing being a kind of conduit) seems to be strangely lost. It is likely that a fuller research on the manner in which the understanding of “spirit” and “spiritual” is lived out in the African church would be helpful. In particular the exploration of the difference or lack thereof between the more indigenous churches and the more Europeanized churches. If indeed “spiritual” simply means an unseen power that weighs upon the lives of people—be it an ancestral power or a specifically Satanic power or a Divine power—then healing may be no more than one “power” being greater than another “power”. In this event, little could be done to tip the scales in a different direction to bring healing unless the prayers and righteousness of people somehow add to the power balance in the heavenlies. If this is a reflection of reality and not just a world-view opinion, then the following conclusions are not valid. It is the belief of this researcher based on his biblical understandings that such metaphysical beliefs are not grounded in reality and therefore the following conclusions are valid.

Concluding observations:

16. Spiritual healing in a community requires more than emotional words, it requires actions which demonstrate a sustained difference in relationships. Instant changes sometimes popularly known, as “miraculous healing” is not community healing unless it can be demonstrated to be sustainable.
17. Expectations and assumptions due to worldview influence the understanding of both the interventions for, and the results of, healing.
18. When there is community transformation, multiple indicators will be observable.

VIDEO DIALOG observations indicate four significant clusters of interventions: two clusters in doing things together, one in talking and listening and one in appropriate structures. Of all the films this film was seen to be the least “Christian” even though a church leader mediated it. Like the AEE, JRMD, Disaster, Khulamani and Transformation films it used a single focused strategy. Unlike the other films the strategy was intended to specifically bridge two communities set upon destroying the other. In this regard it is a bit like the MLK film for the issues of active injustice formed the background. Healing a deep rift as well as healing the aftermath of violence was the twin objectives of this intervention.

The significant observations recorded about what happened were: restore relationships, increase understanding, inclusiveness, self-reflection, and listening. Again we have an impressive list of accomplishments seen from a single intervention. The seeming simplicity of this intervention, the fact that it may have been a low-cost intervention and the lack of evident structure would make this intervention seem simple. Like the other single-strategy interventions, it was far from simple and even though the film did not show the complexity of structure to make the project successful, there was a significant number of staff people (at least six plus advisors and mediators) who worked to make the idea work.

A few observations make this film unique. First is the fact that this film seemed as visibly non-Christian as Transformations was Christian. One person observed prayer (or imagined it?) but there was a lack of teaching/learning (preaching or evangelizing), worship, church meetings, counseling, showing love, visiting or holistic ministry to others that has characterized all the other films which were seen to promote reconciliation and Christian values. What is obvious from the kinds of results is that there was what might be called a “readiness” for healing. It was the first step in a healing process much as the Khulamani groups were a step forward on the journey. When bitter enemies are able to be self-reflective and listen to each other—particularly listening to accusations—it clearly lays a foundation for further steps of healing. This is particularly true when there has been an

increase in understanding. Since most conflict either arises from or is fed by misunderstanding this result indicates a significant healing step.

Concluding observations:

19. Healing interventions on the community level must create an increase in community self-reflection for changes to take place. (Note that lesson two has a focus on individual reflection.)

These twenty conclusions are the primary Concluding observations from the analysis of the observations of these healing interventions. Many of the conclusions stated could be stated for more than one film, so the list is cumulative rather than comprehensive for each film. It is observable that in many cases the kinds of intervention or of result were specific for certain ministries. That there are many ways of working toward healing, and many different indicators of healing bring us to two additional lessons:

Concluding observations:

20. No one intervention is effective in every situation and no intervention brings exactly the same results in every situation.
21. There are many pathways to community healing but all have indicators. The more indicators that are seen the more healing is likely to be happening.

An overview of all the Concluding observations and all the observations made allow us to make a final statement that is a positive reflection on the thesis of this research.

Lesson learned:

22. In conflict situations, community healing is promoted through holistic interventions.

This research does not establish that the only or the best definition of holism is one that includes the five elements of emotional, social, volitional, physical, and mental. This was simply the definition used to differentiate observations. This research does not attempt to prove either that the interventions made are the best or the most effective interventions, rather that they are the interventions which were observed by African church leaders as bringing certain kinds of healing in these situations.

6.8. Future research topics.

A good number of questions are generated from this research that are not answered but which would make the topic of healing interventions much better understood. Some of them are:



1. What are the elements or factors that create a change of will which is so vital in bringing a person to a point of confession, forgiveness, and action?
2. Are some interventions intrinsically better than others, or is it only the way in which an intervention might be accomplished that makes it better?
3. Are the findings of this research equally applicable to all African cultures?
4. Are the findings of this research applicable to non-African cultures?
5. To what extent is a given healing intervention more or less effective depending upon the nature of the community brokenness and the distance in time from the wounding?
6. How might the findings of this research change if there were an in-depth time-lapsed case study done of each of the cases?
7. To what extent does video change the perceptions of a viewer as to what is or is not healing?
8. How would the findings of this research be different if a person who was affected by a ministry were brought in person to tell their story to a focus group?
9. What are the psychological factors that may affect a sense of healing in community that may have been latent in this study?
10. What are some additional healing interventions not identified in this study?
11. Is there an identifiable process or steps through which community healing normally goes?
12. What is the relationship of personality type and/or cultural expectation of community to a sense of community healing or wellness?

6.9. Summary of Conclusions

1. When teaching or training produces opportunities for people in a community to talk together, reflect, and demonstrate in some way a new deeply felt commitment, then significant community healing takes place.
2. The kind of teaching/preaching that brings about healing is one that brings a person to reflect on their attitudes and actions as they have impacted the community. It is not a one-way teaching model of lecture or proclamation but of structuring experiences and dialog.
3. When people work together in programs or projects it enables them to let go of negative emotions, thereby restoring relationships through social connection and collaboration.
4. When people work together in programs or projects it enables them to focus on the needs of someone else, and not themselves alone. This is the essence of community.
5. In a situation of ethnic conflict it is crucial that programs and projects be a collaboration of effort from both or multiple parties in the conflict.
6. Healing interventions are different in situations where the community is the receptor of violence rather than the originator of violence.
7. Connecting people to each other in a community so that they may meet each other's needs and support each other is a major part of bringing healing.
8. Holistic evangelism is the proclamation and demonstration that the gospel is lived as well as believed. Holistic evangelism promotes community healing.
9. When an intervention meets basic life needs (food, shelter, security) it is more likely to promote community healing than an intervention that does not address those needs.
10. Support groups are an effective way to help people with a similar need to understand their situation and release negative emotions as a part of moving toward a wider community healing.
11. If a support group is to be effective in transforming hurt into healing it needs someone present able to help guide the process toward some positive redirection of negative acts and attitudes.
12. Some healing interventions are useful to help individuals and a community to take one or more small steps in the healing process. These are not less significant interventions because they accomplish only one step.

13. An intervention that brings a healing to widespread negative self-worth will have to address that belief by teaching and by actions. “I will feel better about myself when I have done something of which I am proud.”
14. An intervention that would seek to address and change social injustice can be expected to have programs or projects that involve many people and have high visibility.
15. Teaching and learning that produces action is the kind that brings community healing. (This requires the collective individual reflection and commitment from lesson two.)
16. A local congregation is the best center for healing interventions because it is able to do many interconnected interventions that form a holistic web.
17. Spiritual healing in a community requires more than emotional words, it requires actions which demonstrate a sustained difference in relationships. Instant changes sometimes popularly known as “miraculous healing” is not community healing unless it can be demonstrated to be sustainable.
18. Expectations and assumptions due to worldview influence the understanding of both the interventions for, and the results of, healing.
19. When there is community transformation, multiple indicators will be observable.
20. Healing interventions on the community level must create an increase in corporate self-reflection for changes to take place. (Note that lesson two has a focus on individual reflection.)
21. No one intervention is effective in every situation and no intervention brings exactly the same results in every situation.
22. There are many pathways to community healing but all have indicators. The more indicators that are seen the more healing is likely to be happening.

In conflict situations, community healing is promoted through holistic interventions.

7. CHAPTER SEVEN: SUMMARY, HEALING THE NATIONS

7.1. A broken world in need of healing

In an African world that is broken and burdened by wars, failed leadership, economic inadequacy, and imperialism both historic and present, the needs for healing are overwhelming. Consider the need for bringing comfort to a mother whose young son was killed because of an ethnic clash. Or the need to care for a young girl whose mother died from the HIV transmitted through her father. Or the need to advise a young woman who was raped by a pillaging soldier and is now rejected by her own people because she gave birth to a “snake”. What heals these deep wounds in individuals and in society?

Neither traditional healing methods nor western/modern healing methods seem to work. In the past, the community might plant a tree that has always symbolized peace and grew to speak of the curses and blessings of breaking a peace covenant. (A present project carried out in Kenya is reviving this practice. Their findings are journaled in the monthly publication, *Kocha* produced by Community Peace Museums Programme, P.O. Box 14894, Nairobi, Kenya). But a boy urinating at the roots of the peace tree does not recognize the significance of the tree, only the pressing need of his bladder. He is likely to be one of the 50% of Kenyan boys who could not go to secondary school because of the lack of space (Daily Nation, Feb 10,2002:1). He knows not why his grandfathers planted the tree, nor does he know the reason that penicillin is a useful drug for his bladder infection. The cock that was sacrificed for the spirits and left on the road nearby as a means of breaking the curse of drought is likely to be snatched and eaten by his gnawing spirit of hunger. He is a child that understands neither the past nor the modern world.

Our despair grows as we listen to that cock crow on BBC’s Network Africa news program. Someone in an interview reprimands the UNHCR and the world (meaning western world) for ignoring the plight of his country. More should be done, more food, more medicines, and more education. So the “world” brings in its experts—mostly experts in their twenties or thirties who have studied at prestigious universities and speak more than one language. They plan programs for shelter and food security. Displaced children are moved through intricate channels to find family. The “providers” are driven in fleets of big white air-conditioned 4X4s and chatter on their mobile emergency radios. Prices on “adequate housing” soar and local businessmen’s pockets bulge. For a brief year or two or three there are clinics and medicines and programs and people with money.



Then, like a body on the rain-forest floor, African realities creep back. The place of frenzied activity is left silent, with only the dark holes of a skull asking, “Healed?”

7.2. Narrative Theology and healing the brokenness

For centuries Christianity has provided answers to broken people and societies. Some would question whether those ecclesiastical answers are appropriate. Others would want to return to African religious traditions or find some newer Christian answer. In these pages we seek healing for nations in Africa as a process in which both traditional and popular understandings of biblical truth about healing are separated from core truth. This is not because the understandings are necessarily false, but because they are the manifestation of a deeper truth that has been seen and practiced in a particular place in culture and history. In other words, there exists a myth that “the way I see things” is the *only* way things really are. In the language of healing this would amount to saying “your healing has occurred when I say so”. Universalizing this kind of formula for healing may be little more than prattle on a two-way radio.

It is long overdue to release the myths of the past and the present, even though those myths will continue to live among us. Whether we are missionaries or millionaire businessmen, African academicians or healing practitioners, we all do a kind of narrative theology. We all practice what we believe and talk about what we practice in the context of what we believe. For example, an American Christian practices and justifies their theology of “God helps those who help themselves”, even though it is nowhere in the Bible. An African Christian church leader practices his sermon on “Servant Leadership” by clutching to his leadership position for more than two decades, forcing others to serve him. Both Christians theologize and defend their practices by the Bible.

Like the mango tree that is planted in one generation for the next, good narrative theology today should follow biblical truth, but it will be a different generation of mango tree, or theology. Healing in narrative theology in fact is a great deal like the mango. It *is* possible to expect true healing for a wounded generation—but for the healing to take root; it may be necessary for the tightly held understanding or “flesh” of that truth to die. Some regard the Bible as simply the sweetness of fruit around a useless seed. They eat the fruit and burn the seed--which is like saying that whatever people practice and think about God, is true about God (Healey and Donald Sybertz 1996:48).

Others regard narrative theology as something sacred, all of which must be put into contemporary soil to grow up into a future tree--which is like saying that whatever the Bible says must be seen in life today. In reality the fruit may be eaten, but it is the seed that grows into a tree and simply needs to be planted in fertile soil--which is to say that the principles of the Bible both guided people of old and will guide people today (Alexander and Rosner, eds. 2000).

Narrative theology in the Bible was theology in practice. It was how God's people understood and obeyed His words. Our narrative theology should begin in the same place and instruct us today. But if we are unaware of the strong influence of our cultural times, we are more likely to start where we are and work backward so as to instruct God how He should work. The desire for healing the immense pain and dysfunction in the world around us drives us to that short cut.

Two examples will serve to illustrate the point. The first comes from the seventeenth century in Europe, where glaciers were advancing into the houses and crops of people. The church bishops were called upon to "exorcise the Spirits" of the mountains of ice. One bishop's exorcism seemed effective, and he was called back. Exorcisms of this type became a ritual, and this kind of practice continued until,

"Six processions of the reliquaries of St Genevieve and St Marcel took place in Paris during the eighteenth century, after being authorized by Parliament: four times to obtain rain (1603, 1611, 1615, 1694) and twice to make it stop (1625 and 1675). In many vine-growing areas—for example around Paris—the custom was to take the Blessed Sacrament into the vines to protect them from worms and insect pests. The use of exorcisms used to be general: they drove away evil and misfortune. G Le Bras has counted 120 documents in the archives of Doubs from the years of 1729 to 1762 containing requests to the archbishop for formulae for exorcising insects and rats" (Delumeau 1998: 41).

In Europe the belief was held and practiced, therefore, that Christianity had incantational powers over everyday parts of life that brought suffering (Thomas 1971:62). This was sixteen centuries after Christianity came to Europe. It is questionable (so we might observe today) that the bishops' words either moved the mountains of ice or chased away the rats.

But this type of magico-religious cultural expectation is no different in Africa in the twenty-first century, the second example. Here there is no need to call a bishop. A "Spirit-filled" church-planter goes to a small social disease-infested town in Kenya and calls a handful of faithful to fast and shout incantations of strange sounds that form no known language. A local witch is then identified,



who has brought the misfortune on the town, and “cast out”. The town is proclaimed as “transformed”. The film “Transformations”, produced by Sentinel Group is shown today throughout the world as a demonstration of “researched” places in the world where Christianity has brought total change in situations of misery (Sentinel Group, 2001).

As the sixteenth and seventeenth century bishops’ incantations questionably made any difference in the mountains of ice, so the incantations made in Kiambu, Kenya are equally questionable in whether they made a difference in the numbers of town bars. However, there *is* a spiritual reality that does bind these situations and others into a common Christian theology. Christianity impacts the lives and beliefs of people. Those people make changes. The change produced may be an industrial change that impacts the glacier, or a sanitation change that impacts the rats, or a social change that impacts alcohol consumption. The first change is a physical change, the second may be a corporate volitional change, and the third a social change. All three types of changes help alleviate suffering. All three changes may be spiritual changes, because they involve the human spirit, by the presence of the Divine Spirit, working from the inside out. Christianity is an inside-out religion, even if it is often practiced in outside-in ways. Kraybill expresses this in terms of the “upside down Kingdom” that focuses on relationships and not merely words (Kraybill 1990: 20, 21). It is not the power of incantation, but the power of incarnation that brings transformation and community healing. This is narrative theology which both speaks truth and lives it.

What are those inside-out changes that bring healing not only to individuals but also to communities? Perhaps some day enough will be known about the human process of understanding, socializing, choosing, and emotional bonding to clearly articulate with precision the forces of change. That day is not yet. It is possible, however, to recognize that those forces taken together create a whole that is more than the sum of the parts. Healing in that sense is synergistic. To understand it requires a holistic view of the world and mankind.

7.3. Holistic healing needed

Holism is neither a new idea nor practice in Christianity. The Protestant reformation in many ways reacted against the narrow and seemingly superstitious views and practices of the Catholic Church. Seventeenth century Protestant theologians would have been horrified at the idea of offering the sacrament of the Lord’s Supper to grape bushes with the expectation of a good harvest. But the

Anglican traditions did read gospels to cornfields believing that God would bestow some strength to the corn and the air that people needed (Thomas 1971:62). Those who followed the more rigorous ideas of the protestant reformers rejected the magical powers and supernatural sanctions that pervaded the church in the Middle Ages (Thomas 1971:68). Wesley, with other “enthusiasts”, set up dispensaries in the eighteenth century to “heal” all sorts of illnesses. The popularity among common people incurred the wrath of the established Anglican Church (MacDonald 1982:117). But the strangeness of his practices has led some to feel that it “would not be difficult to picture Methodism as a kind of preview of Pentecostalism with a dash of Christian Science thrown in” (Rack 1982:138).

For centuries in European Christianity, theologians taught and believed in the importance of holistic thinking and living. It was formulated into the Westminster catechism question and answer, “What is the chief end of man? To glorify and enjoy him forever”. So was spoken a world-view that later would be called the protestant work ethic. We deal here with neither the presence of a holistic worldview in earlier European traditions, nor its absence in modern thought. Rather, what we do well to observe is the parallel between the European worldview for centuries before modern times, and the African worldview today. The place of magic or “spirituality” was very much the same in pre-reformation Europe as it is today in Africa. What happens when a “modern” worldview rubs against the more traditional magico-spiritual world? Would we not expect to find belief practices that appear in Africa today which resemble pre-reformation Europe? It is then not surprising that the “incantational” approach to “total community transformation in Kiambu” has received a wide acceptance in African Christianity today. As European belief migrated from the magical to the rational, so African belief is probably in a migratory pattern.

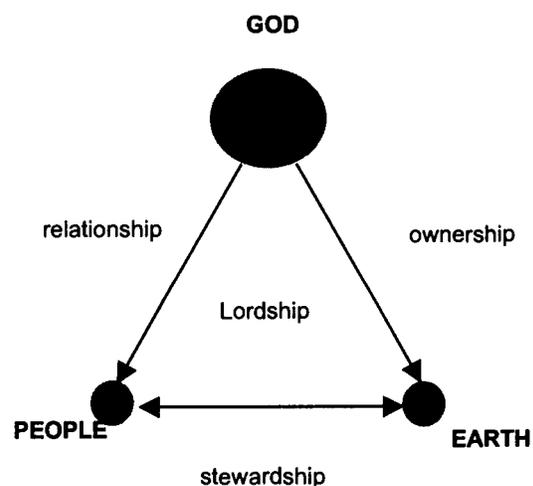
In spite of much global effort to bring health care to the two-thirds world, western style health care does not bring much healing. The 1978 health conference in Russia at Alma Ata began a movement toward “Health for all by 2000”. It enabled a focus on community-based health, because it changed the health priority from secondary health measures to primary health (Ewert 1984:5). The new global priority was not on what could be done in a sophisticated hospital, but upon what people could do for themselves. This shift helped lower infant mortality and improve many aspects of health.

Only a few years earlier, disasters, that increasingly drew global attention, gave birth to the rise of

non-governmental relief and development agencies. Some agencies delivered a “product” of improved agricultural production for the development of people and their communities. Typically this would be expressed as a holistic ministry of the church, if the agency were a Christian agency. A model goal would be “To improve the quality of life of farming families and to minister holistically to men and women” (Batchelor 1993:192). The worldview of the west was constantly intruding, so that the measurement of the success of the “quality of life” came to be demonstrated by “...quarterly reports, with photographs, showing the numbers of farmers who had been reached, numbers of men and women who had learned to read and write, numbers who came under the sound of the gospel and so on” (Batchelor 1993:29). This management by objective was foreign, both because it measured the wrong things, and because it failed to ask, let alone answer, the question of what makes life “good” in a given culture.

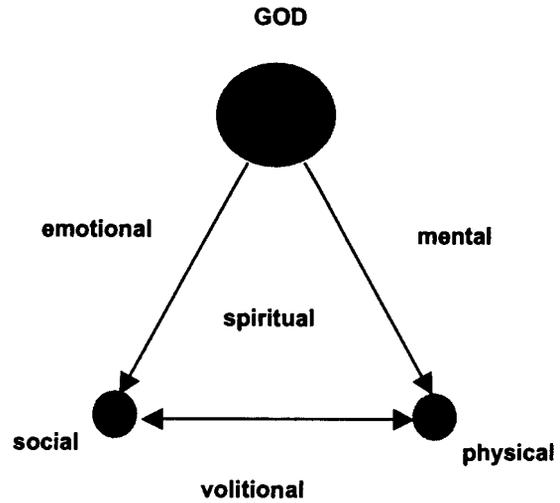
Christian development agencies increasingly have attempted to define and measure a “holistic” approach of ministry. The better attempts provide structured thought processes, which have underlying worldview assumptions but are useful in an attempt to understand a worldview in comparison with a biblical worldview. One of those attempts is provided by Dr John Steward as a workshop entitled “Biblical holism: Where God, People and Deeds Connect”. Produced by World Vision Australia in 1994, it was the summation of seventeen years of work in Christian development work. It arose from a seed of thought provided by Christopher Wright, and was refined by Steward and many of his Asian colleagues. This thought paradigm uses a triangle as a reference for the relationships between God, people, and actions (Steward 1994).

The primary connection between God and people is defined as one of relationship; the connection between people and the earth is one of stewardship; and the connection between God and the earth is one of ownership. The integration of these is seen as “Lordship” (Steward 1994:11). Thus a biblical theological framework is provided that sees the “people” as not just individuals, but as the people of God in Old Testament times, New Testament times and today. The earth is not just the land of



Canaan, but also all that God promises to His people.

If this paradigm is followed one step further, so that the nature of the connections are explored, we may understand that the primary relationship between God and His people is one of love. The primary aspect of stewardship is one of choice or volition, and the primary aspect of ownership that the Bible speaks about is understanding. The first example is the creation account in Genesis, where God gave to Adam and Eve the responsibility to not only name the animals, but to care for the



garden. Satan’s temptation was concerning the question of what God knew in relation to what Adam knew about the garden. Having failed the knowledge challenge, Adam was challenged to choose a pathway different than the one given by God. As Adam had been warned, the failure to obey altered his relationship with God, with his wife, and with the earth itself. These primary aspects of the connections are in fact one way of understanding holism, and one of the most consistent biblical paradigms for understanding shalom.

Luke 10:27, ‘Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind’; and, ‘Love your neighbor as yourself’ is perhaps the clearest text that spells out the breadth of meaning of Shalom. *Heart* (καρδία) is the “the centre and seat of spiritual life, the fountain and seat of the thoughts, passions, desires, appetites, affections, purposes, endeavours” or simply the volition. *Soul* (ψυχή) is “the seat of the feelings, desires, affections, aversions”, or emotions. *Strength* (ἰσχύς) or “ability, force, strength, might”, is all that is physical. *Mind* (διάνοια) is the understanding and mental capacity. *Neighbor* (πλησίον) is “any other human, irrespective of race or religion, with whom we live”, and is the reflection of our social dimension (definitions from Strong 1995). Taken together, these meanings encompass the biblical understanding of shalom, salvation, and health. The Hebrew ruler who received Jesus’ answer had asked the question “What must I do to inherit eternal life?” The answer was that eternal life, or salvation, was the result of living in shalom--being emotionally, socially, volitionally, physically and mentally in right relationships with God, man and the earth.



If we return to the analogy of the mango tree, we may see this biblical paradigm as the seed that has various cultural “fruits” around it. We may identify key biblical holistic values, a person could be understood as healthy or unhealthy in terms of the emotional, social, volitional, physical, and mental aspects. But the key question still remains, how are these attributes seen in the healing process in an African community? What exactly is the fruit around the biblical truth?

To answer this question it is necessary to move on with narrative theology. This time the narrative theology is not the biblical narration, but the narration of contemporary African church leaders. Their narration is about how their understanding of biblical truth is lived out in the healing process that is so needed in their lives and communities. Listening to their stories and evaluations is a fundamentally emic task. It begins with stories that African church leaders themselves see as stories where healing has taken place.

Of course we all naturally tend to view our own work as useful, successful. The stories that should be listened to must be stories considered to be healing by other than the primary implementers. Ideally these stories would not just be talked about, but would be seen and visited by a panel of experienced community leaders. That panel would then reflect on the nature of the wounding, the kinds of healing interventions attempted, and the actual results. They would be able to reflect on principles of how biblical healing is seen in their communities. If the process of telling, seeing, and thinking is successful, then the biblical seed of shalom would both be enjoyed as a fruit as well as planted back into the fertile minds and lives of those leaders for continued implementation.

7.4. The identification of community healing

It does not necessarily follow that, just because a person is recognized as a leader in the community, such a person understands healing. They are likely to declare sickness or health based on assumptions and worldviews that they already have. Certainly their view of what will bring about healing is dependent upon their worldview. That is why ancestors receive sacrifices of chickens, and planting certain trees is considered a peace offering to the earth. By contrast, a western or “modern” worldview may call for an anti-depressant drug thought to be the cure for emotional depression. This struggle between biomedicine and natural medicines continues rather relentlessly. The answer to the struggle has normally been to pit one against the other, or to solve the conflict by

simply including both. Much of psychosocial medicine focus today is the attempt to at least understand the factors that promote healing which are not bio-medical (Flaaten 1996). Social psychology looks for definitions.

A more helpful way to view healing in community is in shalom. *Shalom occurs when people who are in a right relationship with God and each other enjoy and share together the resources of the earth in ways that show Christ is Lord of all creation.* This is a community with shared values and communication (social); shared vision and sense of purpose (mental); caring, trust, respect and recognition (emotional); teamwork and participation (volitional); and incorporation of diversity (physical) (characteristics from Royal & Rossi 1996:415, categories given by author). What brings healing, then, is anything that promotes these characteristics in and among people who live together and know each other.

While a local church pastor may not be able to give a prescription for an anti-depressant, he is likely to recognize, for example, the presence or absence of various ethnic groups participating in a project meant to assist in meeting certain needs of the whole community. The simplest housewife is likely to give an accurate evaluation of whether or not trust has grown or diminished as result of certain functions, meetings, or communications. The most learned physician is no more likely to give better evaluations on these things, but she is more likely to determine whether or not the rapid and painful death of many people crammed into tight living quarters is, for example, from cholera or not.

The healing of violence and conflict is most likely to be seen in a social perspective, since people and social conditions bring violence in a community. The vision of this study was to take community leaders into various situations where healing occurs and allow them to analyze what works and why. An obvious limitation is the impracticality of taking a panel of community leaders to diverse places. Furthermore, in order to understand the impact of those interventions, time is necessary, and a visiting team does not visit over time. It is also impossible to take a panel of evaluators back into time to watch a story that has already happened.

Nine stories about community healing have been told and analyzed in this study. (Everyone who wishes may both see the stories themselves and evaluate them, because they are available on CD Rom from the Institute for the Study of African Realities, in Nairobi Kenya.) To hear and see these



stories, the medium of video transported experienced church leaders into situations that were purported to bring healing to a community (29 men and 12 women from 12 different African countries, representing many different denominations, including Anglican, Presbyterian, Methodist, Baptist, Pentecostal, and various independent church traditions). On a scale of 1 to 12, which factored in both the number of years of church experience, and the kinds of experience (pastoring, NGO work etc), both the median and the mean experience level of these leaders was 10. On a scale of 1 to 10 measuring their families (numbers and ages of children), the mean score was 8.5. To have scored above an 8 required the leader-observer to have more than three children who were ten years of age or more. Anyone who has cared for their own hurting children in a war zone, as most of the participants had, and has at least 8 years experience in ministry, must have some ability to judge the quality of healing if they are judging it from their own worldview. Of course, that is a basic assumption of this study. These participant-viewers met in four different focus groups (two in RSA, one in Rwanda and one in Kenya) to view each of the story-films twice. After viewing them they were given the opportunity to both record their own thoughts and to interact with each other. Following is a description of what they saw, and then how they interpreted what they saw.

7.5. Nine Stories of Healing in Community

Starting with the only non-African film, **Martin Luther King (MLK)**, we look at the story of a people movement that brought about changes in legislation of one of the world's most powerful nations. The power that came from personal and political freedom was a selective power before the civil rights movement. Blacks were "technical" citizens, who were deprived of the rights to live, travel on buses, shop, eat, drink, and even use the toilet in places where whites would have a right and privilege. The simple yet motivating speeches of Martin Luther King cut through generations of blacks who felt that they were inferior to whites in nearly every respect. King helped them to see the injustice and inhumanity of what they had accepted. The social movement began chiefly because of the Southern Christian Leadership Conference—a gathering of Southern Black preachers, who believed that the Bible addressed social world issues. The strong call to non-violent protest was one that King traced to Jesus and Mahatma Gandhi. It was a different kind of activism.

Perhaps the most important thing noted from this story was that individual and collective pride or sense of worth is a fundamental ingredient to building a community. Before the civil rights movement the black community was simply a mass of people hidden from political, social, and

educational view. After the decade of activism the community became self-conscious, mobilized, and insistent. They were a very visible community. The collective actions in boycotts, marches, meetings, protests etc brought a sense of self-value and joy. Those who suffered saw their suffering as bringing something of value for others. Though the non-violent activist strategies did bring a change in laws, its greatest accomplishment was to produce in people intentional self-reflection and self-realization that became self-actualization. Unfortunately for the movement, and people of all races, such growth in self-awareness did not bring widespread racial harmony and reconciliation. So, in other words, the collective action combined with powerfully motivating teaching and preaching, did indeed produce a kind of healing. Individually and collectively healing may come from such a combination of teaching, encouraging, mobilizing, and becoming involved. But, unfortunately, the healing was inadequate to bring transformation of heart values like hatred and prejudice, perhaps because the interventions did not continue beyond the stage of protest into the stage of rebuilding. Even though this film was both culturally and historically distant from its African viewers, the common response was one of deep appreciation and identification. For many viewers this was the most informative story they watched.

Our second story takes a deeper look at what happens in smaller groups as people begin to talk together and share their pains. The story of the **Khulamani** support groups in South Africa is about the same kind of problems that the MLK story revealed—people who suffered gross injustices and had no voice to object. The Khulamani support groups started simply as a community response embracing those who had lost family members in a government system that would give no answers when family members simply disappeared. Participants came to find solace and courage in their meeting together. They were able to release many of their negative emotions and grow in their self-understanding and sense of belonging. This powerful tool of healing did not bring about an observed sense of forgiveness, perhaps because missing in the intervention was someone to facilitate the dialog in a healing, forgiving direction. Even though negative emotions were released, there was no replacement with a positive sense of forgiveness that could grow in the future into appreciation or acceptance. The community bonded, but the bonding was only among those who already shared many commonalties—commonalties of pain, suffering, and oppression. The support group appears to be an excellent intervention that brings healing in several ways, but it needs to be accompanied by teaching or facilitation that is able to replace the negative and hurting emotional, social and volitional elements with a healing, helpful direction.

The third story, again from South Africa, shows the healing interventions that are able to bring about forgiveness and reconciliation after intense pain. Following a terror strike by the Azanian People's Liberation Army in the midst of a church service dead and wounded were left on the pews. Following the **St James Massacre**, the congregation of the Church of England of South Africa embarked on a continued ministry of teaching, counseling and ministering to its people. They provided both formal and informal support groups, and counseling was done. Most importantly the support groups and counseling was in a teaching context where forgiveness was encouraged. The forgiveness was not simply a general feeling, but a closely taught and closely understood process of working through the pain, and to seek audience if possible with those who had wronged them. Like the other South African stories there was a healing in the release of negative emotions, in confession and forgiveness, and in an increased sense of understanding and inclusiveness. People not only felt closer to others in the church, but felt closer to others who suffered, who had been treated unjustly. Given a setting of racial hate and social injustice, crowned with mass killing at terrorist hands, this represents healing at a very deep and wide level. Some individuals experienced more or less of that healing—one victim chose to make it her life calling to work among those barely surviving in townships, like the one from which her attackers came. Other victims were still struggling with the pain of the event many years later—but the struggle was a healing struggle rather than a wounding one.

The fourth story, **Video Dialog**, is the story of two embattled communities outside Johannesburg where, through a video camera, people were able to see each other as humans who were in the process of heaping misery upon each other. Each side was enabled to see that the wounding they received was very similar to the wounding they were delivering. Such understanding was a healing through self-reflection. Through this process of recording and listening to others, relationships were restored and a sense of inclusiveness grew. It is sometimes thought that healing requires a gentle avoidance of hard issues. This story shows that deeply held bitterness often needs to come out—but in the right way and place. In this story the deep hatred and anger had an expression, and was directed toward the perceived offending community. With the presence of a facilitator/mediator these hard and intense feelings were redirected toward finding the “human” in the enemy, and identifying new ways of interacting. Had the video dialog been only at the video level it is unlikely that healing would have occurred. But the video dialog was moved into an actual forum of face-to-face discussions that used ceremony to bless what was accomplished and focus on the healing that remained.



Three stories of healing are from Rwanda and Burundi. The killing that took place in Rwanda in 1994 may have been five times higher in the first six weeks than the daily killing rate of the Nazi death camps (Relph 1998:133). The story of the **Africa Revival Ministry and the Living Church** evidences that even if a ministry fails to achieve an ethnic balance, it nevertheless may bring significant healing to many. The list of ministries that have been accomplished by this NGO-cum-church is impressive. Maternity and general clinics, mental health facility, schools of many kinds and levels, agriculture projects, vocational training, orphanages etc. were all specific ways in which orphans, widows, disabled and traumatized people were offered healing care. As impressive as this list is, it could represent simply a list of ways in which individuals rather than community are helped. But the fact that ARM constantly sought to reach into its community enabled it to be seen as providing interventions which helped people to work together, release negative emotions, restore relationships, connect, collaborate and focus on others. Although full ethnic “balance” was not achieved, the ministry did seek to be inclusive rather than exclusive. This operative goal seems to have been a significant reason why these project-style interventions produced so much healing. The founder of the ARM, David Ndaruhutse, was an evangelist who believed in uncommon workings of God, but his greatest joy was the reconciliation he had witnessed (Relph 1998:14).

The sixth story is the story of healing a geographic community in Bujumbura, Burundi by providing shelter. *The Youth in Construction in a World of Destruction (JRMD)* ministry had a very tenuous connection with churches in Bujumbura, but sought to link their home-building project with congregations in Nairobi and in the USA, using a “global body of Christ that extends a hand of help” idea. Shelter is a basic human need, but providing only buildings does not in itself bring community healing. The story of JRMD indicates that the healing ingredient was the idea of working together, mobilizing people to collaborate. This reveals the importance of “sweating and swallowing” together, or the physical labor and physical eating together. Both are social events that are fundamentally community building, because they require some measure of interdependence and trust, yet not a great deal of it. Not only was the pride in accomplishment of newly constructed homes evident, but also the accomplishment of having done something in a large group of “former enemies” that was positive, restorative, and enabled a new identity to begin forming. While restitution was not seen (the project story-teller indicated it included restitution), it was not apparent that those who actually did the destruction were the ones doing the reconstruction. On the other

hand, the types of people who destroyed were the types of people who rebuilt—the youth. This is a symbolic restitution seen more by the project promoter than observers.

The seventh story of the **African Evangelistic Enterprise (AEE)** trauma healing workshops brings us to look more deeply at the healing which symbolism can bring. Since the AEE team's interventions were primarily workshops that gave people opportunity to talk together and to engage in symbolic activities, it is most significant to note that a combination of activities helped people to release their negative emotions, create a positive emotional social environment, and spiritual renewal. AEE's intervention provided the kind of healing support that is found in support groups, but it facilitated the movement from negative hurting emotions to positive healing ones. The teaching had an affective focus through the intentional use of symbolic exercises—hugging, nailing papers to a cross, and burning them, etc. The makeup of the workshops was intentionally broad—representing different denominations, ethnicities, genders, and leadership levels. The leadership of the facilitating team was itself multi-ethnic. What resulted was an intense personal reflection period that gave opportunity to demonstrate commitment to community change. Identification with others was symbolic, but restitution was individual, personal, and real. This individual change enabled the sense of identification with others who had experienced the release of pain and anger to be real and communal rather than only symbolic and individual.

Our eighth story is set in Kenya and tells the healing of individuals who were wounded in the US embassy bombing. They were the survivors who needed emotional and physical healing. But the wounded were more than those who were walking the corridors of the buildings near the blast. The wounded included families whose main support was the person who was killed or lost their sight in the blast. The children of those people lost not only the supply of school fees, but also became orphaned with a suddenness that often left their grief overshadowed by the grief of their adult family members. The healing that was needed was therefore a community healing. The **Beyond the Disaster** ministry was a three-month trauma counseling intervention that sought to bring healing to post-traumatic stress. This ministry worked through local congregations and the mobilization of over 200 volunteer counselors.

The walking wounded were reconnected with a support structure that would enable them to feel that the world was a safe place and their future had hope. The idea of connecting people to each other is one of the most important healing interventions that can happen. This connecting may come about

through working together, learning together, planning together, or eating together. The connecting may also come through specific measures of counseling that enable one supporting relationship to be connected to the next. If this transfer is to happen, it must be planned and not haphazard, giving credence to the importance in this story that good leadership structures for planning and doing help an appropriate intervention become a healing intervention.

The last story is also set in Kenya, but now in a small commuter-community outside Nairobi. Kiambu is not an unusual town as an African commuter town. Its origins would have been a village, then an important market, and then a shopping center, and finally, as infrastructures and population grows, it merged into a bedroom community. But, because of its origins, the kind of people who normally live there will be on the fringes of society and will not fit well into rural life or the better parts of urban life. Crime, prostitution, and alcohol will be normal. The story of **Transformations** states that to this decayed center, where no churches could grow, came a complete social change. It was rags to riches, booze to beauty, and evil to good. It tells about a single pastor's foray into the socially broken town of Kiambu. "Spiritual warfare" was the single intervention, and total community transformation is claimed.

The conclusions seem to be exaggerated, as the story never reveals just how such transformation really took place—except by Divine intervention. People prayed, a witch was thrown out of town, and people "got saved". One church grew, and supposedly many bars became pulpits. So the story is told, but would those who walk the streets of Kiambu see it that way? Some say it has grown and grown better. Perhaps it is the result of prayer and fasting, perhaps it is the result of economic and population expansion from Nairobi, and perhaps some of both. But no transformation was achieved. Whether or not any healing took place, is perhaps the important question. Observers felt that some spiritual healing had happened, some steps in the right direction. Some social binding happened as a church grew. Some sense of collective working together was created by prayer marches. Perhaps some deeper understanding of one cause of evil was seen. If people were actually converted, and did not just change churches, then some level of self-reflection, confession, and renewal took place. The primary question this film raises is whether or not it is true, as some may believe, that the force of this healing is simply in the verbalization of the name "Jesus" (Weatherhead 1951:89). Such verbalization is sometimes dubbed as "spiritual warfare", but spiritual warfare must do more than joust with windmills.

Yes, there can be healing even if there is not transformation. The elements of the healing are the same whether on a small or a large scale, whether deep or shallow. What emerges when we relate these various healing stories together is that the combination of interventions produces a far greater impact than the simple existence of a given intervention. Healing is best promoted through the synergistic result of multiple interventions. The Healer works healing through every aspect of human existence. We do well to understand the variety and multiple applications of His healing balms.

7.6. Indicators of healing

Let us return to the mango tree. Conclusions about healing are like understanding why some seeds grow and some do not. It tells us the best kind of seeds for planting. But the lessons must be used in some systematic way to assist in the creation of a grove of mango trees. Furthermore, when a seed is first planted there are indicators of growth so that the attending farmer does not have to wait a generation to figure out if there will be mangoes for his grandchildren to eat. He will know how to spot a mal-formed tree or some form of rust and rot that will keep the good seed from growing to bear a bountiful harvest.

Indicators of growth are like indicators of healing. First we must see the indicators of healing, and then decide how to use them in planning and evaluating programs. Key indicators found in the nine stories told and analyzed are listed in the following chart and are shown in the category of their primary evidence.

Emotional	Social	Volitional	Physical	Mental
<ul style="list-style-type: none"> • Release negative emotion • Show emotional change • Comfort, joy • Trust others with own emotions • Bear others' burdens • Empathetic listening 	<ul style="list-style-type: none"> • Restore relationship • Represent others in repentance • Inclusiveness • Connection with individuals or groups • Leadership • Overcome social barrier • Listen, talk • Reconciliation • Churches planted • Small groups formed • Service to another 	<ul style="list-style-type: none"> • Giving and receiving forgiveness • Spiritual renewal • Confession, admitting wrong • Other-focused • Acceptance of pain, loss • Repentance, sorrow for wrong 	<ul style="list-style-type: none"> • Restitution • Freedom of movement • Collaboration in projects • Physical needs met • Security 	<ul style="list-style-type: none"> • Increased understanding • Hope for future • Self-reflection • Planning for change

This list is far from complete. Additional indicators could be added by observing the results of other intervention programs. These are shown because they come from the observations of the stories chosen for this research.

7.7. Uses of indicators in program creation

Creating programs of intervention is sometimes a hit-or-miss intuitive idea about what will help a situation. Better intuitive ideas may come following a time of prayer and reflection, but as was seen in the Transformations story, prayer and fasting may still not create program interventions that are aimed at change. What might the program planner/church planter have done in Kiambu?

First, had he really known his community through visitation with residents, shopkeepers, police, town leaders etc, as well as in prayer, then he would have known many of the needs of the community. He might have started with a grid like this one that was identified by the focus groups viewing the film.

Emotional	Social	Volitional	Physical	Mental
Fear	Drunkenness	Follow Satan's ways	No security at night	Not know Bible
Peace of mind	Concern for others	Determination	Churches that don't grow	ID spiritual oppression
Hope	Street children	Integrity	Poverty	Knowledge of God
Witchcraft	Prostitution	Salvation	No development	Spiritual nurture
Courage			Crime	ID root causes
Acceptance, self worth			Drugs	How to deal with root causes
Salvation				

With at least this much understanding of the needs of Kiambu, the church planter might use the table of interventions (7.10) to decide which interventions would best deal with the needs. This table reflects the interventions shown on the nine film stories, as well as interventions found in literature (shown in italics).

In selecting various interventions for Kiambu, the church planter would do well to select those interventions that involve more than one aspect of holism, or make the intervention to actually be a combination of interventions. For example, a street children ministry should include business

people and town leaders, it could provide some basic education as well as food and shelter, it should connect the children with families in some way, and give the children the opportunity to express their own pain and find new identity in Christ. It could mobilize the youth of various churches to assist in a recreation program, or put street children to helping mobilized youth in cleaning the streets of the town.

Putting together as many different aspects of holism as possible helps bring community healing. The history of healing ministries is that they tend to grow in effectiveness and in breadth. Effectiveness usually means that an impact is made in more than one aspect of holism. Breadth means that holistic effectiveness spreads to more and more people. The ministry at Kiambu might have had an impact in the community had there been a focused attempt to bring health and healing to some of the social and individual brokenness. Instead, it seemed to stop with the emotional/spiritual interventions. One wishes that there might have been more social/spiritual interventions other than prayer walks. For example, what was seen and found on the walks other than a witch? Were street children talked with? Were their needs understood or addressed? Were business people engaged in a kind of community dialog?

A key failure in bringing healing to communities may well lie in the failure of many “Bible believing” Christians to listen, to identify needs, and to address those needs holistically. The Bible “answers” must address specific questions rather than a vague sense of “spiritual”. A key success in the stories filmed was the ability to identify the needs, and a way of responding that fit the abilities, resources, and inspiration of the project initiators.

7.8. Uses of indicators in program evaluation

Holistic interventions and indicators of brokenness or healing are not only useful for creating ministry programs, they are also useful for evaluating those programs. One evaluation tool is a simple chart that lists who is impacted, and the outcomes. Both the “who” and the “outcomes” should come from the program plan, and should reflect the various aspects of holism. During an AEE self-evaluation of their healing workshops, a number of indicators were identified for community healing. If they are placed in a holistic grid form, it looks like this:

	Pastors	Church leaders	Church members	Youth	Children	Non-members
Emotional						
Releases own anger, revenge						
Seeks to understand needs of others						
Expresses positive emotion to other group						
Shows positive emotions towards others						
Uses emotionally healing language about other group						
Able to counsel others						
Social						
Visits other group						
Speaks repent/forgive with other group						
Good relations in family						
Eats and sleeps with other						
Collaborates with others in projects						
Is an agent of healing in family, church						
Volitional						
Willing to share and talk with other group						
Forgives						
Repents						
Takes opportunity to be change agent						
Willing to collaborate with other churches						
Part of representational confession/forgiveness						
Physical						
Eat and sleep with other						
Assist a family that has been in conflict with me						
Share with a family in						
Participates in joint rallies, or other projects						
Assists in meeting needs of orphans, widows						
Give restitution for loss I am responsible for						
Mental						
Attends a healing workshop						
Talks about problems with other group						
Seeks to solve problems						
Understands own groups responsibility in conflict						
Invites others to workshops or projects of healing						

(Sabamungu and Dortzbach 1999)

The evaluation grid is then used for both pre-workshop and post-workshop evaluation, when facilitators and/or participants place a mark in each cell that applies. In such a manner a density chart can be created that reveals where a community may be in its process of healing. To better reveal where a community is in the process of healing, negative indicators could also be added. This

would show when a community might possess destructive or broken elements. By utilizing more of the interventions from table 7.10 it would be possible to construct programs for intervention or training that are richer in content and therefore more likely to produce healing.

7.9. Implications for training and funding

Holistic interventions and indicators should be utilized in determining curriculum for training. The interventions and results shown in this study are certainly not the only interventions and results that should be a part of training interventions. The use of holistic categories is, however, a helpful tool in planning and evaluating training programs. Whether the training program is one that deals with AIDS in the community, or one that deals with conflict resolution, each of the holistic categories should have behavioral objectives. Training is not complete if it has not effected change in the emotional, social, volitional, physical, and mental spheres of a person's life. For example, an AIDS training program might rightly discuss the problems of emotional fear and shame, the social problems of being ostracized, the physical needs of good diet and hygiene, and of the pathways of transmission. But if there is no focus on the need to change sexual practices, (volitional) then the HIV/AIDS interventions have little hope of actually reducing the epidemic.

Likewise, a conflict-resolution strategy may only focus its training on techniques of discussion, or on technical causes of the conflict. Should it fail to include both sides of the conflict in the training, or to help the participants deal with their own emotional pain and prejudices, and then the otherwise useful training is likely to accomplish little. Training ought to correspond to the holistic needs that are identified, and be holistic, even if there is not a uniform balance. An intervention of support groups or counseling, for example, are likely to have an increased focus on emotional listening and encouraging. Training leaders for those support groups is likely to have an increased focus on understanding the social or volitional steps in facilitating such a group. But if a support group leader does not know what it feels like to be supported and encouraged, how will that leader be effective? Or if the training is only participation in groups that reveal and talk about emotions (weak in the area of cognitive understanding), then how will the group actually move toward healing?

The use of holistic indicators for healing is also crucial for funding. An agency seeking to fund effective interventions should ask the project to produce holistic evaluations. A holistic evaluation

will avoid the trap of measuring qualities that are not relevant to change. A present example is the focus of many funding agencies in attempting to measure behavior change in HIV/AIDS is to be satisfied with increasing the numbers of condom users rather than the more disease-preventive strategy of measuring the numbers and attendance in youth support groups for abstinence.

Other kinds of programs should be similarly rethought. It is better to fund resettlement programs which measure the numbers of people attending integration programs rather than the number of people simply relocated. Missions support would better go to effective church outreach which measured by the number and frequency of members visiting in their community rather than the numbers who attend a crusade.

Relief and development agencies often race each other to the scene of a disaster. As this research is being written the town of Goma on the eastern border of Congo is again the center of global attention. A lava flow scattered people westward and deeper into Congo or eastward into Rwanda. Of course, the lava flow is not violent conflict, but it covers a violent conflict. Its flow has now covered a large burial mound near the airport, nick-named “Clinton’s Hill” by many local residents, who reflected on the thousands buried there in the 1994 cholera epidemic which came following the mass migration out of Rwanda’s decimation. Little was done to even attempt to bring healing to the community then. The relief agencies now seek again to provide shelter and water and food—all physical needs and interventions. Some focus may come again to help families locate members who have become separated in the flight. But little focus will be given to the emotional trauma that again comes to the region. Africa Network News on the BBC may interview someone who mentions the likely re-entry of angry and bitter *interahamwe* militants who were able to move back into Rwanda under the cover of a fresh migration. But creating community-healing interventions was not a financial priority of the world at any time during the aid flow from 1994-1999 in the Goma region. Most agencies left, believing their task was done when the blue tents came down and people moved back into Rwanda. The silent river of lava will cover the remains of war and broken society. By March 2002 an estimated 2 million people have lost their lives in the DRC since 1998 from violent conflict, starvation and disease, unbridled from that conflict (www.nytimes.com/reuters/world/international-congo-democratic-talks.html). The silent scream asks us once more to answer the question, “Healed?”

7.10. Healing Interventions of the Church

The following chart summarizes the interventions which the Christian church both has made and might continue making which bring healing to its community. The interventions in italics are those reported on in a wide variety of literature. Those interventions not italicized are the ones identified by the church leaders in this study which they saw as appropriate healing interventions which came from the films they viewed. Most of the interventions listed could be amplified and could profit from a greater definition or discussion. They are offered here in their more cryptic form so that each reader may identify their own ideas and permutations. In this way it is hoped that the steps taken toward healing will lead further down a pathway of speaking and doing what God would have us all to do.

Table 7.10 Healing Interventions of the Church

Emotional Support	Social Support	Volitional Change	Physical Support	Mental Growth
<ul style="list-style-type: none"> • Mourning • Hospitality • Presence • Scripture reading and Bible stories • Public opportunity for transparency, vulnerability • Counseling • Establish monuments and memorials • Group palaver • Blessing • Prayer • Story Telling • Empathetic listening • A support system • Language choice and use • Teaching and preaching • Faith celebrations • Promotion of articulated forgiveness • Promotion of articulated confession • Rebuking • Memorials • Worship, crusade • Singing • Service • Compassion • Trust building • Encouragement • Giving/ Receiving Love • Tell own story of pain • Counseling 	<ul style="list-style-type: none"> • Action groups • Networking and training • Discipleship groups • Creation and use of Liturgy • Creating social order through structure and leadership • Convening a community • Create active non-violent responses to evil • Create active non-violent responses to evil • Presence • Provide forums for diverse peoples to meet • Political, structural involvement • Representational repentance • Give community recognition • Theological education that prepare for reconciliation • Provide special worship/celebration programs • Create Church coalitions and cooperative efforts • Create support groups • Provide hospitality • Encourage and honor a vocation of healing • Create Memorials • Promotion of personal conflict resolution • Make suffering redemptive • Identify the impact on all actors • Promote social reconciliation • Speak and give public platforms for truth telling • Actively seek justice and work against injustices • Seek to transform conflicting relationships • Teaching and preaching that challenges evil • Identify and create interconnected interventions • Monitor cultural practices that destroy wholeness • Identify and create covenants of peace • Inform the Christian community of suffering • Integrate fellowship and worship • Promote local congregational participation in peacemaking • Visitation • Worship • Counseling • Identification • Prayer • Broad-based • Care • Mobilization • Support group • Family • Talking together • Marches • Drama • Work with other churches • Support groups 	<ul style="list-style-type: none"> • Celebrate gains in relationships • Celebrate gains in relationships • Develop kingdom ethics and values • Create and use teaching opportunities to help focus on reconciliation • Constantly push and encourage people to embrace differences • Encourage Christians to live in conscious awareness of their reconciliation with God • Look for individual and community needs that might be met • Provide trauma counseling and create trauma awareness • Promote public and private opportunities to speak truth about situations of conflict • Encourage public and private articulation of forgiveness • Discipleship must include listening and speaking to those in conflict with us • Create conflict when it forces structural justice and redemptive action • Provide opportunity and encourage people to publicly confess corporate failure • Teach and make clear the choices which people have and are making • In receiving confessions, require that personal responsibility is accepted • Forgiveness • Confession • Reconciliation • Opportunity to be involved • Representational repentance • Drug rehabilitation project • Youth mobilization for a project • Volunteer opportunity in projects • Visit offenders in jail • Community plan for action 	<ul style="list-style-type: none"> • Recognize that physical healing is a divine act and physical interventions may only be symbolic: • Use physical symbols to be reminders of commitments made • Identify the correct time and kind of reparation to be made in reconciliation • Use art and beauty to restore a sense of humanity • Provide hospitality • Encourage humor, laughter and joy • Organize and encourage acts of kindness • Encourage appropriate touch in healing ceremonies • Advocate new ways of managing wealth and property ownership • Encourage and structure story-telling opportunities • Advocate and identify programs that might reduce violence • Encourage all Christians to identify how they connect with others in compassion • Restitution • Project done together • Micro-enterprise • Job placement • Medical clinic • Maternity clinic • Agriculture project • Street children project • Orphanage • Feeding program • House building project • Clothing distribution • Community meals, celebrations • Boycott • Meet needs of victims 	<ul style="list-style-type: none"> • Teach and preach about the consequence of violence: • Teach truth about health and wholeness • Teach and counsel people to understand the redemptiveness of hurt • Use the Biblical narrative to frame life's stories and show their place in God's greater story • Use a national event to grow a broad base to support, education and mobilization activities • Create a multi-faceted education and awareness campaign • Evaluate existing church programs on the basis of whether or not they are helping people to help themselves • Use conflict as a teaching moment • Provide opportunities for communities to express and listen to the pain that they feel in the protective buffering environment of the church • Be actively engaged in non-violent activities • Sponsor community memorial events • Be sure that confession is followed by appropriate restitution • Use Scripture to give God's thoughts about conflict, evil, and pain • Symbolic acts • Reflection (personal) • Teaching/learning • Information, awareness raising • Nursery and elementary school • Public lectures • Workshops • Training for church leaders • Vocational school



8. APENDICES

8.1. Interview Consent Form

I, _____ give my permission to the project director and assistants of the project "Seeing the Healing Church in Times of Violence" to interview me on video.

I give my agreement with the following conditions:

My name will not be revealed unless I choose to allow it to be revealed.

I will not be required to reveal any information that may lead to a knowledge of who I am or who my employer was or is.

I may request that video pictures show only a perspective that I choose at the time of filming.

I may request a copy of the video to be sent to a pastoral training program of my choice.

I hereby give/do not give my consent for my name to be revealed.

I hold free from any indemnity the project staff in their final product so long as it uses the interview material I have spoken.

I will contact the director of the program after six months or later to request a copy be sent to the program of my choice, if I desire.

Other conditions that I require are:

(signed)

program director/assistant

8.2. Video case study summary

Video name	Short name	Film/ story date	Elapsed time from start to finish of story	Film dur- ration	Length of borrowed footage	Type of interventions	Type of organization	Type of subject	Amount of researcher involvement
Martin Luther King Jr.	MLK	1960s	four years	30 min	30 min	mobilization movement	coalition of churches	community	was a part of personal history
Beyond the Disaster Counseling Program	Bomb Blast	1997	3 months	28 min	2 min	counseling	coalition of churches and Christian agencies	individuals, families	part of the counseling oversight
Rebuilding Hearts and Homes in Burundi	JRMD	1999	one month	14 min	none	student mobilization for rebuilding homes	Christian NGO	community	was a part of training in the organization
African Enterprise: Healing Hearts	AEE	1995	5 years	25 min	2 min	workshops	Christian NGO	individuals, families	did a two year evaluation
African Revival Ministries: the Living Church	ARM	1996	5 years	15 min	10 min	various holistic ministries	Christian NGO, denomination	community	none
St. James Massacre	St. James	1994	five years	25 min	10 min	various preaching, small group, counseling	congregation	church, individual	none
Video Dialog	Video Dialog	1999	one year	15 min	15 min	pre-conciliation dialog	community	community	none
Khulamani	Khulamani	1999	one year	15 min	15 min	support group	community	community	none
Transformations	Transformations	1998	unknown	10 min	10 min	prayer, crusades	individual evangelist	individuals, families	none

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