



Toward Inculturating the Theology of Healing Ministry in the Methodist Church in Zimbabwe

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ABSTRACT

The relationship between theology and culture created serious tensions in the mission of the Methodist Church in Zimbabwe. Research has shown that most of the splits that happened in the church were premised on the differences between the missionaries and/or the locals and how the Methodist Church was theologising healing ministry. From the year 2008, most Methodist congregants sought healing from the newer religious movements, resulting in dual and/or total transfer of membership. The purpose of this paper was to discuss the ongoing debates about the theology underlying healing ministry in the Methodist Church in Zimbabwe. The paper used a missio-cultural conceptual framework to assess the inculturative challenges of healing ministry. The research was conducted between 2015 and 2016 in the Mabelreign, Epworth, and Mbare societies of the Methodist Church in Zimbabwe. The qualitative research used both purposive and snowball sampling to collect data from ninety-eight participants who took part in different interviews. The paper found out that the diverse understanding of healing ministry has caused conflictive relationships among the clergy themselves and the clergy and congregants, dual membership, and total transfer of members to newer religious movements. The paper recommended the church to advocate for the inculturation of healing ministry in the Methodist Church if the ecclesial space will remain relevant in a multireligious world. This research contributes significantly to knowledge as it brings to light a new dimension of creating a dialoguing space between the healing ministry and African culture. This inculturative space allows theology to be relevant in Africa.

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INTRODUCTION¹

The theology of healing ministry in the Methodist Church in Zimbabwe (MCZ) traces back to its founder John Wesley in the eighteenth century. However, the Methodism that was transmitted to

¹ This paper was presented at a symposium titled “African Methodist Theology: Intercultural Explorations,” hosted by Beyers Naudé Centre of Public Theology at Stellenbosch University Faculty of Theology, South Africa, from 15-19 May 2023. This study used some of the findings of the researcher’s PhD thesis (submitted to the University of KwaZulu Natal, South Africa) which was conducted between 2015 and 2016 under the title, *Healing Ministry, Conflict and Methodism: The Case of Mabelreign, Epworth and Mbare Societies of the Methodist Church in Zimbabwe*.

Zimbabwe by the missionaries in 1891, one hundred years after John Wesley's death, was clothed in Eurocentric regalia. In an endeavour to transplant the gospel to the locals, the missionaries wrapped healing ministry in European cultural epistemologies aiming at deculturating the African understanding of healing. The effects of deculturation resulted in conflicts between the missionaries and the locals. Given that MCZ had missionary leadership up to 1965 the church embraced the foreign understanding of healing ministry. When the church attained autonomy² from British Methodism in 1977, it maintained the Eurocentric theology of healing ministry, rather than redefining it to suit the nexus of an autonomous MCZ. Conflicts on healing within the MCZ family became inevitable. The theological schism grew and reached its zenith in 2008, propelled by the sociopolitical and economic environment of Zimbabwe. The environment forced Christians to crave healing ministry that addresses their cultural diversity, which the Methodist Church could not fully provide.

This paper, therefore, aims to discuss the Methodist Church's ongoing debates on the healing ministry theology that has caused conflictive relationships among members of the clergy themselves and between congregants and the clergy. This empirical research is framed in a missio-cultural framework. It uses inculturation lenses to challenge the MCZ to allow healing ministry theology to dialogue with the African culture using African language, proverbs, and idioms.

The paper starts by analysing the literature on healing ministry in the MCZ. It goes on to locate the geography of the research and present the theoretical framework, methodology, research findings, discussion, and recommendations. The paper concludes by advocating for the inculturation of healing ministry in the MCZ if the ecclesial space desires to remain relevant in a multireligious world.

LITERATURE REVIEW

Dilemma of Healing Ministry in the Methodist Church in Zimbabwe

Since the 1950s, the MCZ experienced serial healing ministry challenges, resulting in the formation of six African Indigenous Churches (AICs). The first phase was the clash over the need for inculturation between the European religio-cultural worldview and the local African worldview. This missio-cultural conflict resulted in the formation of the first three AICs in pre-independent Zimbabwe namely: Guta Ra Jehovah, led by a Ruwadzano/Manyano member Mai Chaza³; African Apostolic Church, founded by a former Methodist Evangelist Paul Mwazha⁴ and Bethsaida Apostolic Church, led by an ordinary Methodist member, Loveless Manhango.⁵ These three congregants were caught between the Methodist form of healing offered and taught by the missionaries and the African forms of healing which they grew up knowing as African Methodists.

The second phase was the post-independent conflict, which gave birth to three other AICs: Harvest Apostolic Ministry, led by a former Methodist clergy Claudius Matsikiti; Voice of God Apostolic Church, led by a former Evangelist Dutoit Kepekepe; and Revival Fires Apostolic Church, founded by former district chairman (now District Lay President) Eden Chombo. The paper will not labour with these divisions, given the intensive research by scholars such as Gondongwe 2011,⁶ Mawire 2015,⁷ and Mujinga 2018.⁸ The paper will focus on the internal conflict in healing ministry theology that resulted in the missio-cultural nexus of the MCZ since 2008. During the period under review, the MCZ healing ministry phenomenon drew much attention in church meetings, while in the general administration of the church, the phenomena caused some notable conflicts.

² Being autonomous meant that the Methodist Church in Zimbabwe was going to be self-ruling, self-governing, self-supporting, and self-directing. Martin Mujinga. *The Historical Development of Methodism: A North-South Paradigm*. (Harare: Connexional Bookshop, 2017), 135.

³ Lilian Dube, "Mai Chaza: An African Christian Story of Gender, Healing and Power" (San Francisco: University of San Francisco, 2008).

⁴ Carl. F Hallencreutz, *Religion and Politics in Harare, 1890-1980*. (Uppsala: International Tryck, 1988).

⁵ Martin Mujinga, *Healing Ministry, Conflict and Methodism: The Case of Mabelreign, Epworth and Mbare Societies of the Methodist Church in Zimbabwe*. (Unpublished PhD. Diss., University of KwaZulu Natal 2018).

⁶ Kennedy Gondongwe, *African Ministers and the Emergence of Resistance to Colonial Domination: The Development of Indigenous Clergy in the Wesleyan Methodist Church in Zimbabwe*. (Unpublished PhD Diss. University of Kwa Zulu Natal 2011).

⁷ Liberty Tamirirashie Mawire, *Comrades or at Variance? A Historical Analysis of the African Apostolic Church vis-à-vis the Methodist Church in Zimbabwe* (Harare: Connexional Bookshop, 2015).

⁸ Mujinga, *Healing Ministry, Conflict and Methodism*.

The ongoing divisive debates led to problems in the MCZ. These debates started with conflictive relationships among the clergy members, which led to divisions within the ministry and mission of the church. Some ministers advertised their healing ministry gifts among the congregants and presented themselves as “super ministers.” Some clerics changed their traditional titles prescribed for clergy (“Reverend”), bestowed upon them by the MCZ, to the preferred charismatic titles of “apostle,” “evangelist,” and “prophet.”⁹ The 2013 MCZ Annual Conference was concerned with the new titles, as they were contrary to the MCZ theology. The Conference tasked the District Bishops to address the confusion that had characterised the church and reprimand the concerned ministers.¹⁰ In 2014, the MCZ Annual Conference also noted that some ministers were using healing and deliverance session platforms to attack fellow clergy members.¹¹ The sour relations emanating from differentiation in healing ministry theology developed to the extent of causing conflictive relationships between the laity and the clergy, the clergy themselves, as well as among the laity. The laity praised the “super ministers” for being relevant and accused those ministers whom they felt were doing a “maintenance” type of ministry of not being able to meet the members’ healing needs.

During the Lay Session¹² of the MCZ Annual Conference of 2011, delegates had conflicting ideas on the position of dual membership. The effects of dual membership were stressed by Afo Adogame, Gerloff Roswith, and Klaus Hock, who argue that “a large number of Christians join Pentecostal churches because they are disappointed with their former churches. They complained that the Protestant form of worship is dry, that there is no manifestation of “spiritual power,” and that there is no sufficient prayer time in the mainline churches”.¹³ Such complaints lead people away from mainline churches, and they end up seeking younger, more zealous, and more spiritual fellowships where their healing needs are addressed. The Lay Session of Conference noted that some congregants from MCZ had consequently adopted a system of plural belonging by maintaining membership in the MCZ and at the same time worshipping with some of the many newer religious movements.

During the 2013 MCZ Annual Conference, the lay delegates were once again caught in a dilemma over dual church membership. One portion of the delegates felt that dual membership was not irregular because members of the MCZ “simply go out” to other churches to receive healing and return to their local congregations. The session also argued that such behaviour was un-Methodist.¹⁴ During the conference deliberations, it was also noted that some members would go as far as approaching African Indigenous healers to perform healing rites for them. Lay conference delegates accused some clergy members as “incompetent,” claiming that this was one of the reasons why some members were seeking healing ministry elsewhere. The laity argued that MCZ was not seriously attending to their healing and deliverance needs.¹⁵ David Maxwell argues that Zimbabweans turned to Pentecostal spirituality to cope with their challenges of poverty, crime, and high rates of unemployment. People reduced their allegiance to missionary Christianity for a faith that empowered the individual to overcome the challenges of life.¹⁶ In his address to the 2013 MCZ Annual Conference, the Presiding Bishop Rev. Amos Ndhumbi admitted the need for the church to move with time and to understand the environment in which she was called to engage in healing ministry and mission.¹⁷

The above situation affected the MCZ to the extent that since 2008 membership has been declining every Sunday with some of its congregants failing to attend church services because family

⁹ Methodist Church in Zimbabwe, *Minutes of the Annual Conference* (Bulawayo: Hillside Teachers’ College, 28 August -1 September, 2013), 15.

¹⁰ Methodist Church in Zimbabwe, *Minutes of the Annual Conference*, 13.

¹¹ Methodist Church in Zimbabwe, *Minutes of the Annual Conference* (Gweru Polytechnic College 27-3, 1August, 2014), 12.

¹² The Deed of the Church Order and Standing Orders of the Methodist Church defines a Lay Persons’ Session as a Session of Conference or Synod attended by lay persons only (meeting at the same time as the Ministerial Session). Methodist Church in Zimbabwe, *Deed of the Church Order and Standing Orders*. (Harare: Connexional Bookshop, 2022), 32.

¹³ Afe Adogame, Gerloff Roswith, and Klaus Hock, eds., *Christianity in Africa and the African diaspora: The Appropriation of a Scattered Heritage*. (London: Continuum International Publishing Group, 2008), 197.

¹⁴ Methodist Church in Zimbabwe, *Minutes of Annual Conference*. (Victoria Falls: Tatenda Lodges, 24-28 August, 2011), 24.

¹⁵ Methodist Church in Zimbabwe, *Minutes of Annual Conference*. 2011, 24.

¹⁶ David Maxwell, *African Gifts of the Spirit: Pentecostalism and the Rise of a Zimbabwean Transnational Religious Movement* (Harare: Weaver Press, 2006), 205.

¹⁷ Methodist Church in Zimbabwe, *Minutes of the Annual Conference* (Bulawayo: Hillside Teachers’ College, 28 August -1 September, 2013), 120.

members had become sick. For Ezra Chitando and Charles Klagba, “healing is a broad concept that refers to the restoration of health in every area of life, mentally, physically, emotionally, socially, and spiritually.”¹⁸ However, this understanding was betrayed by the socio-political situation of Zimbabwe in the first decade of the twenty-first century. By the end of November 2008, the Zimbabwean dollar had “died” from hyperinflation, making it useless.¹⁹ This hyperinflation created a big challenge for the health sector throughout the nation. MCZ members, like other Zimbabweans, had challenges in dealing with their health needs. Many looked to the church as the possible solution, given that this declining healthcare situation in Zimbabwe was characterised by a shortage of key medical staff such as doctors, nurses, and other healthcare professionals.²⁰

Within the public discourse, the socio-economic and political crisis of this period created an obsession with healing as the new way of accessing individual well-being. The ministry and mission of the churches in Zimbabwe were compromised because church members were also heavily affected by hyperinflation. Some MCZ members completely transferred their membership allegiance to the AIC and newer religious movement faith communities to continue receiving the benefits of their brand of healing ministry. Since some members of the MCZ were also involved in seeking healing from other faith communities, it calls into question why they are not finding the product that is present in their local church meaningful and effective.

Location of the Study

This paper sampled the healing ministry in the MCZ represented by the Mabelreign, Epworth, and Mbare (MEM) societies. The three societies are located in Harare and are the melting pot of migration from many parts of Zimbabwe, as well as outside to a lesser extent. Mabelreign is a middle-class income suburb and was a missionary-dominated society until 1980. As Harare continued to grow, the Europeans moved to other suburbs like Borrowdale and Mt Pleasant, while the middle-class natives occupied the Mabelreign area. In this paper, Mabelreign will represent the understanding of healing ministry by the congregants of the middle-class income suburb.

Epworth Society is located in the peri-urban settlement of Epworth, which is approximately fifteen kilometres east of Harare. The settlement was established by the Methodist missionaries in the late 1890s.²¹ By 1898, many of the residents of Epworth Farm had converted to the Methodist faith, and by the twentieth century, Epworth Mission became one of the few vibrant Christian settlements in Zimbabwe. Throughout the colonial era, the settlement grew as a church mission.²² In the late 1970s, the settlement saw a surge in the population as people fled the liberation war zones which had made the countryside unsafe. After the Zimbabwean independence of 1980, more people came to Harare in search of economic opportunities. Epworth, with its informal setup, provided a destination for the new arrivals. The influx was also necessitated by the rising cost of living in Harare, to the extent that even the middle class retreated into the slum areas of Epworth in search of a cheaper life.²³ This situation resulted in the emergence of more informal settlements as people occupied the remaining spaces, giving birth to new settlements called ‘*magada*’ (unplanned settlements)²⁴. A number of these people are members of Epworth society.

¹⁸ Ezra Chitando and Charles Klagba, *In the Name of Jesus! Healing in the Time of HI*. (Geneva: World Council of Churches, 2013), 2.

¹⁹ Steve Hanke, *RIP Zimbabwe dollar*. Accessed May 14, 2023; <https://www.cato.org/zimbabwe>.

²⁰ Fainos Mangena and Samson Mhizha, “The Rise of White Collar Prophecy in Zimbabwe.” In *Prophets, Profits and the Bible in Zimbabwe: Festschrift for Aynos Masotcha Moyo* (Druckausgabe: University of Bamberg, 2013), 133.

²¹ Paul Gundani, “Memory as Contested Terrain: Historiographical Challenges in the Historian’s Quest for ‘Objectivity’: A Case Study of Epworth Mission,” *Studia Historiae Ecclesiasticae* XXX111, no 1 (2007): 133-51, 151. <http://hdl.handle.net/10500/4467>

²² Gundani, “Memory as Contested Terrain” 151.

²³ Admire Masuku, “Squatters misery worsening,” *Newsday*, 14 March, (2013):2

²⁴ Martin Mujinga, “Re-imaginings of Women Theology for Female Bodies: A Panacea for Future with Hope among Teen Girls Selling Sex at Epworth Booster-Harare” *HTS Theologiese Studies/Theological Studies*, 18. No. 2 (2022). doi. org/10.4102/hts.v78i2.7537.

Mbare Society was established in 1907 as Harare Society. In 1946, the municipal township was renamed Harare African Township.²⁵ In 1982, the capital of the newly independent Zimbabwe – Salisbury – was renamed Harare and the township was given the name Mbare. Mbare lies about five kilometres from the central business district of Harare. The society was established as the First Circuit for the indigenes. At the beginning of 1950, the location became the bachelors' accommodation, resulting in overcrowding. The flats in Mbare are home to most members of Mbare Methodist Church. Just adjacent to Mbare society is the Mupedzanhamo (“*end poverty*”) flea market, which provides space for hundreds of indigenous textile clothing. Mupedzanhamo provides locals with affordable second-hand clothes that are usually imported from Mozambique. Starting in 2013, and continuing to the present, approximately 5,000 people visit Mupedzanhamo daily. The informal traders come from most parts of Harare. Some of them have membership in Mbare society, thereby making its healing ministry needs to be diverse.

The research used the historical, geographical, and demographical information of the three societies to represent a general understanding of healing ministry in the low-density, peri-urban, and high-density circuits of the MCZ.

Missio-cultural Theoretical Framework

The study used an interdisciplinary approach of missio-cultural framework²⁶ borrowed from Rodrick Hewitt, who used it to interrogate the dynamics between mission and culture in Jamaica, a “third world” country like Zimbabwe. “Missio-cultural” speaks of the interface of God’s ongoing action in the world with human accountabilities and contexts of specific responses.²⁷ It brings together mission and culture into dialogue. The relationship between the MCZ’s mission and the cultural influence on the healing ministry phenomenon was drawn into dialogue to find out the responses of the church to its members’ quest for healing ministry. The missio-cultural framework was used to argue that if the missional objective of MCZ is to give life to its members, then it has to inculturate healing ministry. In addition, the framework also assisted in interrogating the relationship between mission and culture as to how they are practiced in the healing ministry within Mabelreign, Epworth, and Mbare societies.

Inculturation Lens

The word *inculturation* was first used by Father Joseph Masson in 1962. Father Pedro Arrupe popularised the word in 1978.²⁸ Arrupe described inculturation as the integration of the Christian experience of a local church into the culture of its people in such a way that this experience not only is expressed within the host culture to create a new identity and communion with the culture but also to the enrichment of the church globally.²⁹ Inculturation is also a way of doing theology that endeavours to interpret the Christian faith from the perspective of the social cultural context and historical experiences of different people.³⁰ In this paper, inculturation will be used as an associate and accompanying lens of the missio-cultural framework to help identify the common ground of dialogue between the healing mission of MCZ in the selected societies and their cultural understanding of healing ministry. Inculturation invites the mission and culture to a roundtable for mutual understanding, where the mission will speak the cultural language of the MEM societies of the MCZ.

METHODOLOGY

This research employed qualitative research methodology to understand the healing ministry experiences and attitudes of Methodists from MEM societies. This research also employed the

²⁵ Erica Makombe, *A Social History of Town and Country Interactions: A Study on the Changing Social Life and Practices of Rural-Urban Migrant/Dwellers in Harare and Goromonzi, 1946-1979* (Unpublished PhD. Diss., The University of Witwatersrand, 2013), xviii.

²⁶ Roderick. R Hewitt, *Church and Culture: An Anglo-Caribbean Experience of Hybridity and Contradiction* (Pietermaritzburg: Cluster Publications, 2012).

²⁷Hewitt, *Church and Culture*, xxviii.

²⁸ Laurenti Magesa, *Anatomy of Inculturation: Transforming the Church in Africa* (Nairobi: Paulines Publications Africa, 2004), 51.

²⁹ Joseph Osei-Bonsu, *The Inculturation of Christianity in Africa: New Testament Studies in Contextual Exegesis* (Frankfurt: Peter Lang, 2005), 19.

³⁰ Justin. S. Ukpong, *African Theologies Now: A Profile* (Kampala: GABA Publications, 1984), 30.

phenomenological method, to answer questions such as What is the meaning, structure, and essence of the lived experiences of healing ministry phenomenon in the MCZ? As a process of “bracketing” the phenomenological method³¹ poses challenges in suspending judgments on everything the believer uses to express faith and everything that he/she thinks manifests that faith—events or signs that the adherent affirms as constructing the object of faith.³² The method allowed the researcher uncompromised research space to solicit information on healing ministry as an insider.

The researcher attended Sunday worship services at each of the three societies, one conducted by the clergy and the other by the lay preachers. The aim was to observe the response of the members to their healing needs during the worship services. David Silverman discourages research by observation as an unreliable method of collecting data, claiming that those different observers may record the observations differently.³³ However, Johan Mouton feels that observation is one of the best ways of doing research.³⁴ “In observation, the systematic and accurate recording of the observations, establishment of trust and rapport with the interviewees in the case of interviews, and creation of optional conditions make the research very effective”.³⁵ The researcher also attended the Easter programmes of the three societies and a night vigil at Mbare Society in 2015 and 2016. The Easter and all-night programmes had sessions on healing and deliverance services.

The challenges of the phenomenological method include the challenge of maintaining the suspension of bias, on the one hand, and successfully achieving it, on the other. Until the actual meaning of ridding oneself of all biases gets explained, *epoche* (“suspension of judgment”) must remain only a forlorn idea. It will never be practical but remain only idealistic. In the phenomenological method, the respondents might withhold information that they may deem obscure, sensitive, or confidential. These challenges were addressed first by the researcher’s personality as a minister of religion in the MCZ. This scenario gave confidence to the participants, knowing that their contributions were confidential. Second, the researcher used focus groups. Third, the participants were grouped homogeneously.

All participants were given consent forms, promised no reward and they were also allowed to speak in their own language. The researcher also visited the former Methodist members at their homes, because their residential areas proved unthreatening for them to share information. Finally, both in-depth and focus-group interviews were conducted at the church, which is a neutral venue.

Four categories of research participants were selected based on their ability to contribute to the understanding of the missio-cultural examination of the healing ministry as a phenomenon in the MCZ. The leaders of the three societies namely the clergy (superintendents/senior pastors), were purposively selected as the custodians of MCZ doctrines and practices, responsible for implementing the church policies.³⁶ The second category represented the lay leaders in the categories of society stewards, the leaders of the Ruwadzano/Manyano, and the Men’s Christian Union.³⁷ With the superintendents, the society stewards are responsible for the pastoral oversight of the society and for providing leadership. They also uphold and act upon the decisions and policies of the MCZ. Stewards and organisational leaders are also MCZ policy implementers and vanguards of the church in their respective societies and organisations. The stewards implement the policies in the whole church, while the Ruwadzano/Manyano and Men’s Christian Union leaders implement the policies in the female and male organizations, respectively.

The third category was the ordinary members of the MCZ: the elders, the youth, and the former Methodists who were interviewed using focus-group interviews. The elders were divided into two classes, the privileged and the less-privileged.³⁸ Participants in the full members’ focus-group

³¹ Julie. G. Donalek, “Choosing among Qualitative Traditions,” *Urologic Nursing* 24, no. 5 (2004): 410.

³² James. L. Cox, *Expressing the Sacred* (Harare: University of Zimbabwe Publications, 2000), 31.

³³ David Silverman, *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction* (London: Sage Publication, 2006), 30.

³⁴ Johan Mouton, *Understanding Social Research* (Pretoria: Van Schaik Publishers, 2009), 111.

³⁵ Mouton, *Understanding Social Research*, 112.

³⁶ Methodist Church in Zimbabwe, *Deed of the Church Order and Standing Orders* (Harare: Connexional Bookshop, 2022), 28.

³⁷ Men’s Christian Union is a fellowship of Christian men who are members of the MCZ.

³⁸ By “privileged,” the researcher means those members who are economically advantaged, the working class, and those with better wages; while the less privileged refer to those who are unemployed, pensioners, or those with low wages.

interviews were selected using random sampling. The sampling took into consideration the sex, age, education, and geography of the participants. These categories represent the ordinary people in the church, who often feel intimidated by the church's policies and procedures to bring theology from below. Forty-eight participants were interviewed from the privileged and underprivileged groups using focus-group interviews. In these homogeneous groups, participants were free to discuss according to their occupation, history, social class, educational level, age, family characteristics, economic history, gender, and psychological aptitude.³⁹ Given that the two groups were divided equally in their homogeneity, their theology is divided by social status.

Twenty-eight youths, both male and female, from the three societies, were also selected using random sampling. They were interviewed using focus groups as it allowed them to speak representing the other youths. These youths were full members of the MCZ and were above eighteen years of age. The last category represented the former MCZ members who were selected using snowball sampling. The snowball sampling identified four former members from each society. The research used pseudonyms for all the participants during the data analysis process.

PRESENTATION OF FINDINGS

The missio-cultural examination of the healing ministry within MCZ societies of the MEM has exposed a gap that is a potential danger to the further split of MCZ. There are varied perspectives among the clergy and the laity on the subject. Such variations include the fact that healing ministry is neglected by the MCZ as un-Methodist and concentrating on it is going against the Methodist theology. The variations also show that some MCZ ministers were not concerned about their members' needs for healing, as they did not address the issue in their preaching or teaching. Moreover, some ministers felt that the healing ministry in the MCZ was a fundraising method for those ministers who copy newer religious movements and AICs who use healing to charm membership to their churches.

The research found that healing ministry has always been the call of the church. Jesus' mission was anchored in healing ministry, and he handed over the gift to the early church. In the development of Methodism, both scientific and inculturated health and healing were central to John Wesley's theology. The socioeconomic environment of his time, his mother's health challenges, and his health constraints contributed to his passion for health and healing. Wesley introduced inculturation in healing ministry, especially as he aided prayer and natural means of healing. For him, healing was holistic because it focused on the whole being. In Wesley's theology, salvation could not be defined independent of healing and wholeness. Wesley published a book titled *Primitive Physic: An Easy and Natural Method of Curing Most Diseases* in 1747 and it offered different prescriptions for healthcare, and a number of them were through inculturated natural means of healing. This suggests that Wesley was the champion of inculturating healing ministry in the Methodist theology.

Since Methodism was planted in Zimbabwe in 1891 (one hundred years after Wesley died in 1791), it can be argued that the inculturated healing ministry practiced by Wesley was distorted by the medical healing introduced by the missionaries. The research found out that the missionaries did not appreciate healing as perceived by the locals, which was inculturated in African spirituality. One focus group mentioned that the missionaries wanted African healing models to be supported by Western modes of healing, but the results were missio-cultural confrontations. This missio-cultural conflict resulted in a reaction by some local Methodist members, leading to the formation of a hybrid theology of healing practiced by those churches that evolved out of the MCZ. The superintendents of the MEM agreed that the theological inconsistencies in healing ministry that were transported, transplanted, and transmitted to Africa by the missionaries created a schizophrenic and contradictory theological attitude towards healing within the African context, prompting the MCZ to function like a potted plant that never experienced the texture of the African soil. MCZ medicalised the healing ministry and dispensed it as a scientific product and condemned cultural means of healing, which were cheaper and more affordable to many people. One superintendent lamented that it is unfortunate that, in an attempt to be relevant in a socio-economically crippled Zimbabwe, MCZ still struggles to decide if it considers

³⁹ Deepa Narayan and Soumya Kapoor, *Moving Out of Poverty: Success from the Bottom Up*, vol. 2 (Washington, DC: World Bank and Palgrave Macmillan, 2009), 10. <http://hdl.handle.net/10986/11838>

healing ministry a science or a cultural product. Meanwhile, the church has only one small clinic at Epworth Mission while continuing to condemn cultural means of healing. This gap has resulted in some MCZ clergy abandoning the traditional Methodist title of a “Reverend,” taking on the appealing ones of “apostles” and “prophets” to fit in the twenty-first-century ecclesiastical space characterised by charismatic churches that made claims to healing to be central to their ministry.

Pastorally, the research unveils that healing ministry in the Methodist movement was introduced by John Wesley through the office of the “visitor of the sick,” which was formalised in all societies to visit the sick.⁴⁰ At the first Annual Methodist Conference in 1744, those holding the office of “visitor of the sick” were charged to visit members in their area three times a week, to inquire about the state of their soul and their bodies, and to offer them or procure advice for them in both regards. This office still has a very important role in the healing ministry of the MCZ as it is defined in the church’s Class Book. The Class Book sanctions the minister to visit the sick to pray for them and to give them holy communion. “Wesley’s assistants were lay preachers, and they were instructed to visit the sick and advise on the medication to take depending on the ailment. This is unlike in the MCZ where healing has been side-lined to the individual few ministers and few church members” said one former steward.

It was also noted that MCZ ministers are competing, and at times confrontations are emanating from healing ministry gifts. In addition, the less privileged group concurred that healing ministry has become a source of living for some ministers in the MCZ as they are appreciated with money and different lucrative gifts after each performance, resulting in some congregants attaching themselves to the continuous upkeep of these ministers. Given the laxity of the MCZ on this theology, members are demanding this commodity from a few individuals, who in turn become overwhelmed and cause more damage to the congregants’ faith, as mentioned in interviews with the youth. Most participants agreed that healing in the MCZ should not be practiced by ministers only but also by everyone gifted, including the lay people. One privileged group expressed that “those who pray for the sick should address their needs so that the challenge can be solved once and for all.” However, this statement is dangerous, because those who practice healing more often end up deifying themselves.

The research also noted that the lack of locally available literature on healing ministry by the MCZ has led the members into a schizophrenic situation where they oscillate between Methodism and other faiths in search of healing ministry.⁴¹ In a socioeconomically challenged country like Zimbabwe, healing is inevitable. However, this inculturative call seems to be a challenge in the MCZ. The literature that was consulted on healing ministry by John Wesley, AIC, and newer Pentecostal churches demonstrates that no church can survive without healing ministry. However, the move taken by missionaries to establish medical institutions did not yield results, but instead led to missio-cultural conflicts. The need to inculturate healing ministry in the MCZ remains a central challenge if the church is to be relevant in its mission and vocation. MCZ had made several attempts to inculturate healing ministry, however, the Western jacket that is worn by the church through a Eurocentric constitution – became a centre of missio-cultural confrontation. This scenario has led the MCZ to limp between the Wesleyan tradition and African spirituality, even as it remains neutral on the healing needs of its members.

DISCUSSION

The findings of the research presented above remain problematic to ascertain whether healing ministry is a Methodist theology or a reality of what members go through. To start with, healing ministry in the MCZ is a reality and the church has to pay attention to the ministry. Among the MCZ members are those who are psychologically, physically, mentally, or spiritually sick. Being African, these members attribute their illness to some unexplained forces that are sent by those who hate them. That being as it may, MCZ members' healing solutions are influenced by their African epistemology, as such

⁴⁰ Randy. L. Maddox, “Reclaiming the Eccentric Parent”: Methodist Reception of John Wesley’s Interest in Medicine.” In *Inward and Outward Health: John Wesley’s Holistic Concept of Medical Science, the Environment, and Holy Living*, ed. Deborah Madden (Eugene, Oregon: Wipf and Stock Publishers, 2008), 18.

⁴¹ Martin Mujinga and Herbert Moyo, “Healing Ministry of the Church: An Investigation into the Engagement and/or Disengagement of the Methodist Church in Zimbabwe (MCZ) on HIV and AIDS,” *Alternation* 23, no. 2 (2016): 46.

sickness is caused and to be healed, someone must be “accused”. This is common among the Pentecostals and AICs where prophetic times are set as moments to name and shame some purported family culprits who in turn become the black sheep of the families. These “evildoers” are accused of causing misfortunes, illnesses, miscarriages, or joblessness.

Whilst the healing ministry is associated with Pentecostalism, fundamentalism, and/or economic means of survival, healing remains theological as it was at the centre of Jesus’ ministry. It is also a Methodist theology as Wesley also concreated on the ministry. However, the major challenge facing MCZ is the factors influencing healing ministry both in the country and in the church. On the one hand, the ministry is influenced by poverty in the county thereby making it a social issue. Most hospitals do not have either medical staff or medication for people to access healing as a human right. On the other hand, this socioeconomic crisis has also pushed MCZ to the margins of a theological dilemma where the church has to redefine its theology in the context of missionary surrogate theology of medicalising healing, and yet the church does not have a medical hospital. The other crisis that MCZ finds itself in is that of relating healing ministry to Pentecostalism thereby making it a borrowed phenomenon in the MCZ. Such a scenario presents MCZ as an appendage of external theologies.

In analysing the findings of this research, it cannot be denied that healing ministry is a divisive theology in the MCZ. While some ministers take it as a gift, some are taking it as a means of survival. The second part was evidenced by the observation that, on one Easter, the minister left his circuit and was invited to different Easter programmes in different cities that he could make it difficult for him to attend one session at his own Easter gathering that he planned. This scenario made some of the ministers “magicalise” healing to be impactful and receive money from members with some going as far as tithing to them. This abandoning of the minister's circuit shows that healing is more than a ministry, but a means of earning a living and gaining a big name among the “super ministers”. The interviews carried out with different informants demonstrated that the MCZ is a social church that is concerned with the social lives of its members, during their illness, grief, weddings, tombstones, and memorial services of either the members or their relatives. These social functions of the church coupled with a “beautiful MCZ uniform” force some members to remain in the church but when they need spiritual healing, they tithe to the “super ministers” or go to the newer religious movements, AIC and to the extreme extend visit traditional healers but still maintain their membership in MCZ. This is the way how MCZ members respond to the meaning, structure, and essence of healing ministry in their lives. The literature reviewed for this research however remains the theological foundations that MCZ has to revert to and unlearn the new meaning of healing in order to relearn the church’s theological foundation of the ministry.

RECOMMENDATIONS

This research recommends that if the MCZ wishes to be a relevant church rooted in the Wesleyan theology of healing, it needs to take the ministry as the pinnacle of its mission. This includes making a deliberate move to make healing a subject for everyone and a ministry for everyone. This move will assist the church to retain its membership and at the same time grow it because the church will be meeting the needs of its congregants.

The interviewed members also suggested that the church should introduce a healing school and a television channel where people would be taught and prayed for every time. The healing school assists the church in tracing healing as a theological issue, how John Wesley dealt with the ministry, the importance of medical healing, and how the church can inculcate healing ministry in the context of poor social conditions. In addition, the television station will also assist in having wider programmes where healing as a medical, psychological, mental, emotional, or spiritual need can be explained.

Moreover, MCZ must introduce cultural healing, because natural resources belong to God and modern means of healing are expensive. The church needs to revisit its medical institutions as it was the first to introduce a hospital in 1913 at Kwenda and a nurses’ training at Waddilove, and yet the two medical initiatives remain as history. Lastly, MCZ has to introduce a Health Day, as well as herbal gardens for inculturated healing ministry, a ministry Wesley advocated for, this will allow the church to avoid missio-cultural confrontations among its clergy and clergy or with the laity.

Furthermore, the MCZ's practice of taking the middle path as far as healing is concerned is problematic and is a recipe for the church's further division. If MCZ aims to be relevant to its members, the church has to inculturate healing ministry. In doing this, there is a need to come up with a well-defined theology. For example, the Catholics are particular about Extreme Unction while newer Pentecostals are using anointing oil. The MCZ needs to define her inculturative healing ministry theology. Since the three societies are all in Harare, three approaches can be used to inculturate healing ministry. First, the MCZ should teach its members the basic theology of medicine, inculturation, and the medicalisation of healing ministry. Second, given that Zimbabwe continues to decline economically, the societies need to embark on herbal gardens as a way of having natural medicine. Third, spiritual and faith healing also needs to be taught in all societies, so that they will be in a position to differentiate exorcism from deliverance and how prayer and faith solve these spiritual problems.

CONCLUSION

The Healing Ministry in the MCZ is both a social and a theological issue. The Methodist church was raised in a deep theological background of healing ministry which the church cannot just ignore. This empirical research strongly encourages MCZ to go back to the drawing board and redefine her healing ministry theology. These conclusions are drawn from the study that was conducted for two years in three societies representing the populations of the MCZ. The literature review demonstrated the challenge of healing ministry and yet there is also literature that had not been used which proffers solutions to the same problems which MCZ has to reread. The missio-cultural framework compounded the research to the challenges of mission and culture that call for the inculturation of healing ministry. Readers need to appreciate that, although MCZ is facing social and theological challenges posed by the healing ministry, the issue is not a permanent feature given that it is emanating from poor socioeconomic challenges in the country. Once the country becomes economically viable, medical centres will be available to deal with medical issues and the church will not be pushed into a medical centre but a spiritual centre that refers medical issues to medical facilities. Meanwhile, MCZ has to inculturate healing ministry as a response to both theological and social challenges posed by the need for healing.

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