



Article

Toward a fuller view: The effect of globalized theology on an understanding of health and healing

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Daniel William O’Neill

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Abstract

With the globalization of the church, a missional theology has emerged which addresses the universal quest for health and wholeness in various contexts of suffering and affliction. The spread of Christianity, particularly as it is occurring in the global South, has led to a fuller view of God, human health, and the church’s role in health and healing. The splendor of the nations which are brought into the repository of this kingdom includes the sanctified healing practices of the nations. Exploring perspectives from Latin America, Africa, and Asia, a physician-theologian proposes how we can see that as each culture and tradition interacts, not only is there mutual learning and correction of limited views, but a more comprehensive understanding of the God who heals and a more effective call of his people to actively participate in that healing for the nations.

Keywords

global health, healing, missional theology, global south, health, liberation, metatheology, mutual listening, witchcraft

Introduction

Dr. Denis Burkitt was a one-eyed Irish missionary physician who discovered the lymphoma that bears his name, and proposed a theory of lack of dietary fiber in the Western diet as a main cause of disease. Though I share his faith, I also share his blind

Corresponding author:

Daniel William O’Neill, *Christian Journal for Global Health*, 54 Senexet Rd., Woodstock, CT 06281, USA.

Email: dwoNeill7@msn.com

spots as another one-eyed physician of Irish descent. I met him when I was a medical student and learned the value of observation and listening, analysis and troubleshooting in my reductionist medical training and subsequent theological training. Under scrutiny, Burkitt's fiber theory has not held up to the degree he had hoped (Coffin and Shaffer, 2006). My limited paradigms of both human health and theology have been equally challenged by spending time listening attentively to my colleagues and patients while serving short-term in Central and South America, India, Burkina Faso, Jordan, and Indonesia. This ground-level reflection has helped me to begin to see a fuller view of the *missio Dei* and inform a more comprehensive approach to human affliction for the church.

The Western tradition has consistently cast theology in philosophical molds based on Greek rationalism, tending to overlook the life-and-death issues that the large majority of people must face in daily life (Padilla, 1983a: 16). With the globalization of the church, a missional theology has emerged which addresses the universal quest for health and wholeness in various contexts. Wherever Christianity has been planted, it takes on the characteristics of its respective cultures, and indeed sanctifies them through its universal outreach (Noll, 2009: 200). This sanctification process, particularly as it is occurring in the global South, leads toward a fuller view of God, human health, and the church's role in health and healing for the whole church. As the light of the gospel is shared among the nations, it is with a view toward continuity with the light of the New Jerusalem (Rev 21:22–26). The splendor of the nations which are brought into the repository of this kingdom, I believe, includes the *sanctified* healing practices of all the nations. The light and the provision of access to the tree of life are for the healing of the nations (Rev 22:1–5), and what is to come is reflected in what has already begun. Humbly recognizing and addressing our respective blind spots is a place to start on our journey toward healing together.

Listening and self-critique

From the crucible of everyday life in the majority world, where disease, disorders, and injustices are experienced, the global church can practice what Robert Priest (2006) calls "experience-near theologizing" in these diverse contexts, which could include anthropological perspectives on human health and well-being. Moving from systematic theology to missional theology allows us to listen to these voices to approach a fuller view.

Paul Hiebert (2009: 104, 132–59) has observed that the use of medicine, technology, and other products of science bring assumptions which can be absorbed into theology "unwittingly and without critical analysis." He calls for a critical systems approach in which no single system dominates, but that the spiritual, cultural, social, psychological, biological, physical, and technological are all recognized as important elements in human flourishing. Moving from a mechanistic system with static, linear causality to an organic system with dynamic, multidirectional causality is a way to "exegete humans" in their cultural contexts of brokenness. He likely learned the value of this "system of systems" approach from India where he served for years. Daniel

Fountain, an American surgeon who, like Dennis Burkitt, spent 30 years as a medical missionary in Central Africa, self-critically observed the depersonalization and reductionist tendencies of doctors and missionaries having yielded to the worldview of the Enlightenment. He learned from the Africans the spirituality of all of life and the multi-directional, relational priorities which promote health (Escobar, 2003: 155–61). Spending time with him helped me reevaluate my approach to cross-cultural service.

This self-critical approach helps the Church rethink approaches to theology and practice which helps release us from the confinement of presuppositions, creeds, and traditions which do not deserve the preeminence they've been given. It also allows the gospel to be understood through humble dialogue in the encounter with world religions and the exigencies of real life. Paul Tillich (1994: 60) notes that with the increasing secularization of the world, through dialogue, there may be growing insecurity in other faiths, as they "come to self-criticism in analogy to our own self-criticism." The Apostle Paul called for sober judgment and mutuality in the church (Rom 12) along with other-centered humility (Phil 2:3) while not conforming to the patterns of this world. Tite Tiénou (1991: 96–97) has pointed out that while every culture can seek to reconcile themselves to some of their cultural traditions, choosing to become a Christian necessarily involves distancing oneself somewhat from one's traditional and/or former culture and religion (1 Cor 6:11). This also needs to include a self-critique of the Western traditional approach to both theology and human health.

Berends (1993) observed that the healing practices of Africa have more in common with the Old and New Testaments than with modern medicine, calling for a reevaluation of the previous denouncement of these traditional practices by some missionaries. There are parts of every culture which are favorable or can be obstacles to an understanding of the Bible. They can either open the eyes or blind them to aspects of the biblical text, so that theologians from *every* context need one another for a "richer, more biblical metatheology" (Strauss, 2006).

Views from the global South

The global South tends to believe that God intervenes directly in everyday life, and there is resident evil in the fabric of society and human experience (Jenkins, 2011: 98–99). The practice of healing is one of the strongest themes unifying the newer Southern churches, with strong appeal, competing with other religions and meeting the needs of a large global burden of disease in these regions. Building on a foundation of traditional healing practices within their historical cultural contexts, these churches have adapted them to be consistent with and patterned after the biblical accounts of healing (Jenkins, 2011: 157–62). We will examine voices of a missional theology regarding health and healing from three regions.

Latin America—liberation

Part of the challenge to the demythologized, reductionist, cessationist, and rationalist views which exist in Western theology is a view from Latin America that calls us to

take the biblical accounts of healing seriously and to consider the real experiences of healing in Pentecostal and other communities, lest we lose “meaning and spiritual wealth of enormous importance” (Chiquete, 2004). The struggle for health is a struggle to affirm life in all its fullness (John 10:10), and prayer for healing is a confession of faith, confrontation of sin, affirmation of life, witness to eschatological hope, and expression of the fullness of salvation. Gutiérrez (1988: 24, 85) approaches a “permanent cultural revolution” by seeking to deal not just with development but with liberation as the church directly addresses sin—the root cause of poverty, injustice, and oppression. Grounded in the fullness of salvation in Christ who took on flesh, he emphasizes the value of earthly existence and the transformation of the present life, including human health and well-being. His “preferential option for the poor” highlights the sin of the oppressor and proposes political solutions to change power structures which lead to marginalization, poverty, and poor health.

Many churches, even within the World Council of Churches, have moved beyond liberation theology ideals, which assume that merely changing political and economic structures will lead to a better world. The gospel is now above all understood as a force for healing and reconciliation at a personal and community level. Van Larr (2006) observed that “healing communities” are emerging as places of hope amid countless forms of pain and brokenness, where God can be encountered as Healer and Restorer of dignity, leading to prophetic resistance to injustices. He proposes five causes of these developments: ministries of healing as a regular part of church life (not just in Pentecostal churches); an increasing Eastern “holistic” anthropology; a strong craving for wholeness and an inner path; forgiveness and healing of memories after ethnic conflicts such as Rwanda; and the call of the church to respond to broad-scale epidemics like HIV. This healing activity is assumed by the whole congregation, complements traditional medicine, and is comprehensive in scope as a paradigm for ministry. The Latin American church has challenged the conversion and extraction mentality of the Evangelical church, seeing the people of God not as a “quotation taken from the surrounding society but one that conceives it as ‘an embodied question mark’ that challenges the values of the world” (Padilla, 1983b: 301). The effects of Christianity among indigenous peoples like the Aguaruna of Peru has been less reliant on the shamans for diagnosis, reduced tendency to attribute death to witchcraft, and reduced tendency toward violence against those accused of witchcraft (Priest, 2015). Yet, mutual learning is needed to consider the realities of the spiritual world as well as the physical world, and their complex effect on human health.

Africa—spirituality

The African healing tradition includes mediation of a trained traditional healer, the use of herbal remedies, ceremonies, prayers, touch, unity of body and soul, confronting spirits, releasing curses, words of comfort and inclusion of family members in the community, both for the goal of healing or in the dying process. Christians have embodied some of these cultural practices in an “unconscious influence” which contrasts with an impersonal, technical, hospital-based approach to disease brought in from the West (Bujo, 2006: 125–29).

In Ghana, the global Charismatic renewal has revived Ghanaian's awareness of the spirit world and the prospect of deliverance from disease and the breaking of ancestral curses. Generational curses seen to stigmatize and lead to disease are approached with an "interventionist theology" through rituals of confession and embracing a new destiny no longer subject to the ancestral patterns such as shrine slavery (Asamoah-Gyadu, 2004). The traditional desire to determine the spiritual cause of disease (*abisa*) and effect a cure has been applied in a Christian context but has led to insecurity, confusion, and fear. This poses a "risk of reviving the old order," and could lead to a new bondage of fear and reliance on healing centers and their leaders, particularly in the African Independent Churches. Onyinah (2001) proposes a balanced study of Jesus' healing in the Gospel of Mathew which can lead to freedom from fear and to counter these syncretistic tendencies among Pentecostals, as well as opposing the presumption that the atonement (Isa 53:5) promises current physical healing and prosperity for all. Onyinah (2006: 117–27) also calls for prayer for healing, recognizing spiritual components to illness, but also the value of enduring suffering, not to expect healing at all times and places. Asamoah-Gyadu (2015: 23–27) notes the resilience in the pneumatic churches to the reality of the destructive powers of witchcraft and the primal worldview, and the weakness of the Western Christian mission approach to these realities. He presents a corrective to the problem of witchcraft accusations which can promote violence, particularly against women and children.

In Tanzania, despite strong rejection of traditional healers (*waganga*—medicine-men) by early missionaries, these practitioners are readily consulted for healing, even by Christians. Yet Christians have reduced the importance or fear of sorcery, curses, and ancestral spirits though the exceeding power of Jesus as healer, and Christian workers have assumed the *waganga* role in many communities (Harjula, 1980: 149–62). Christological approaches derived from these healing practices include the view of Jesus as Proto-Ancessor and Proto-Initiator who gives life force to the sick, and brings fullness of life at every level of existence for those who participate in the new clan or tribal community of faith (Onyinah, 2003: 87–88). However, fear of sorcery has persisted in the Christian community. When Christian health-care mission does not address the spiritual realities that interface with physical illness, those who are seeking healing consult traditional healers whose cosmology leads to fear and misplaced trust. The same can be said for those in the West who trust only in biomedical solutions or alternative holism.

Pobee (1994: 247–55) suggests that the practice of healing, which attracts so many to the African churches, is a gift of grace for the community of faith and through them to the world. It is one of many of the *charismata* God has given to the church, belongs to the whole community of faith, and includes inner healing, liberation from demon possession, and physical healing. It is marked by transparency, forgiveness, and inclusion toward wholeness. Through Pentecostalism, the ministry of healing has grown in Ghana. However, healing practice cuts across all denominations, integrating contextualized pilgrimages to sacred places in Catholic, Methodist, and Pentecostal churches for healing toward spiritual, social, communal, and material well-being (Asamoah-Gyadu, 2007). Once rejected by early Western missionaries as fetishism, the use of herbs for healing has received renewed interest in the churches, "making meaningful

the lordship of Christ over all of creation,” and closing the gap between biblical and indigenous practices to “express the faith in ways that are sensible in their contexts” (Asamoah-Gyadu, 2014). This creation-centered approach to theology and anthropological approach to contextualization sees the creation filled with the “grandeur of God” (Bevans, 2014). This contrasts with the high-minded skepticism of scientific “evidence-based” medicine approaches, and the anti-supernaturalism of some theological assumptions.

Igenoza (1999) from Nigeria notes that miraculous healings have a unique place in Christian witness and expansion in Africa but cautions that there is a danger in over-emphasizing healing for its own sake rather than pointing the way to the Savior. He sees complementarity in the gift of scientific biomedical services, traditional herbal remedies, and the church context of healing in Christ for the whole person. He calls us to practice discernment and reject the syncretistic and harmful practices of divination, magic, and propitiation (sacrifice to ancestors or spirits). Kirby (2015) likewise calls the church to “get its hands dirty, enter in and begin to heed the much maligned beliefs and rituals of this world,” understanding and opposing the antilife structures and integrating a life-affirming solution within that context.

Asia—holism

In China, Watchman Nee (1977: 69–70) emphasized that divine work such as healing can only be done with divine power in Jesus Christ, with no room for the glory of humans. Paul and Barnabas understood this tendency to revere human agents of healing in Lystra (Acts 4:8–18). The perspectives of Nee have been influential not only for the Church but for a renewed Western understanding of the unity of the tripartite analysis of human nature which influenced the field of psychology by emphasizing the value of religious and spiritual aspects of health (Medlock, 2015). In Korea, in the encounters with power, Western Christian rationalism and Korean shamanic spiritism resulted in mutual religious grafting. Jesus was seen as the most powerful shaman (*madung*) and believers, particularly Bible women, practiced spiritual deliverance for healing, which the mission community gradually came to accept (Oak, 2010). David Yonggi Cho attributes massive church growth to the “essential” presence of signs and wonders, noting that many people turn to faith after healing takes place. He links healing closely to the Pentecostal atonement teaching, but does not go so far as to claim that physical healing is always the will of God (Yung, 2004).

Through serving impoverished communities in India, Vishal Mangalwadi (2009: 189–90, 210) can write with credibility that it is only when a servant “gets inside and dirties his hands” that his prophetic voice can be heard. Service becomes the legitimate means of acquiring the power to lead. Though the Christian community is small and physically powerless in many parts of Asia, this significant minority community “possesses life- and culture-transforming beliefs and spirit” as a healing community. Seeking to stem the tide of disease and deprivation with an eye toward future reign (Rev 5:9–10), the church can begin this active exercise of dominion on earth as God’s agents of deliverance. This form of *praxis*, Samartha notes (1991: 114–16), is a protest

against ritual (*puja*) that becomes a substitute for action, as well as a rejection of abstract theological speculation that is not rooted in the human struggle. This calls for dialogue between Asian faiths, cooperation toward common ends of human flourishing, and more of a “bullock-cart Christology” from below instead of a “helicopter Christology” from above.

In precolonial Philippines, healing traditions placed emphasis on the soul and the life-force which can be affected by spiritual forces from outside leading to disease, or the loss of these two essential parts of human nature leading to death. Christian faith healers have been described as “the latest avatar of the ancient Filipino’s medico-religious system of beliefs and practices” (Salazar, 2007). This spiritual approach has been integrated with biblical views in the church, and has been viewed favorably as a viable approach to psychology based on its indigenous roots.

A majority of the church in Asia is Pentecostal, which is an attractive point of contact with primal religious instincts emphasizing a strong belief in the active presence of God in everyday life, including healing and demon exorcisms. Particularly among the poor and oppressed, the suffering of Christ becomes a way to awaken the pain of our offense to God, and the hope of liberation from oppression. This creates a “theology of wonder” which counters a triumphalistic health and wealth gospel. Embracing a paradigm of healing and reconciliation is based on an Asian view that the Spirit has a special relationship with the material world. As in the Incarnation, the Spirit “befriends matter” as a “first fruits” of a new creation (Rom 8:19–23). Ministries of healing then take on special significance especially where there are no modern health facilities, serving the practical needs as a foretaste of the heavenly reality while awaiting full redemption in the resurrection (Chan, 2014: 61, 99–100, 108–10).

Illness can be undignified, personally disintegrating, and socially isolating. The contribution of Asian views about the restoration of honor in healing, the inclusion in the ordered family of God, the priestly role of Jesus as mediator for cleansing and temple-building, the Spirit’s healing bond, and the intercession and communion of saints throughout the ages under the “great ancestor” Jesus all enhance the church’s understanding of healing (Chan, 2014: 203–204).

View from the margins

Theologies from the elites of the West are starting to lose their dominance in a globalized Christianity. Lamin Sanneh (2008: 287) notes that “disadvantaged peoples and their cultures are buoyed by a new wave of conversion [which] has created alignments of global scope at the margins of power and privilege.” He commends the imperative of partnership with it, building bridges of understanding for a new day. Critical reflection from the church in Latin America, Asia, and Africa has created what Samuel Escobar (1991: 328) described as a “critical missiology from the periphery.” Reading the Word and the world anew as we confront human misery and brokenness, including the global burden of disease, Latin American theology is calling for a deeper appreciation for the humanity of Jesus, the Suffering Servant and the Healer. Latin American liberation theology emphasizes freedom from poverty and political oppression, which

does have an impact on public health. In contrast, more grass-roots Asian concepts emphasize liberation from physical and psychospiritual oppression—healing of bodies and freedom from fear of evil spirits and fatalism. This stresses the cosmic, corporate, and progressive nature of salvation instead of the limited juridical, individual, and immediate nature of salvation typically found in the West (Chan, 2014: 126).

Application in context

As Tiéno (1987) has pointed out, popular theology instead of academic theology is really what counts for the African Christian. Good theology always arises out of emergency situations in the crucible of actual ministry. In the context of a high disease burden, HIV being only one of many, a multiplicity of approaches is needed for authentic, alternative theological reflection, particularly as it may affect the thinking and behavior of the grass-roots population tasked with care for the sick. The African woman's dilemma comes from harmful cultural practices and traditions, not helped by the dualistic views handed down by Western missionaries, and the daily need to support life in low-resource settings to maintain health for herself and her family as she seeks to do theology in her context. As first responders to illness and key to healing of the nations, women's theological understanding gives great promise to transform healing as "custodians of cultural practice" (Kanyoro, 2001: 158–78). This is how theology gets to the hearts of the people, more than through treatises from academic centers. In delivering transformative care, cost-effectiveness and scalability are important stewardship issues, making the most of every opportunity (Eph 5:16). Instead of relying on costly individualistic professional therapeutic approaches to healing trauma, the church becomes a "reflexive community" practicing socio-centric discourse to move others from hopelessness to restoration (Farhadian, 2001).

With a global deficit of 4.3 million health professionals and significant disparities in distribution in low- and middle-income countries, and with 2 billion people with no access to a trained health worker (Crisp and Chen, 2014), the church is in a critical position to become more of a healing community. Professional training which integrates Christian discipleship and inclusion of redeemable indigenous healing practices builds capacity in developing countries for transformation. Training Christian lay community health workers who have creatively and discerningly adapted some traditional healing practices is a key strategy to minister to the whole person on a wider scale, fulfilling a redeemed and sanctified role as a better alternative to the traditional shaman and medicine-man, alternative religious approaches, or the strained secularized government health systems. This requires discernment and rejection of certain views and practices clearly proscribed in the biblical text. This mobilizes an army of vice-reagents of our healing God, teaching life-affirming and health-promoting concepts and practices from pulpits, in urban slums, and in neglected villages to all the ends of the earth.

The Latin Americans have helped the globalized church challenge the systems of injustice and oppression, giving a more socially conscious view of liberation in mission. The Africans have called us to reassess the value of key redeemable elements in

healing practice, including the spirituality of all of life, which is more similar to the biblical view than the dualistic, reductionist Western view. The Asians have prompted the church to approach practical theology with holistic systems thinking, to offer healing as an essential element of her service and a key to church growth. In each of these perspectives, the reality of Christ is manifest in the tangible presence of His people marred by the pain of everyday life, not being slave to high-minded, philosophical constructs imported from elsewhere. Each cultural context requires a synthesis of these perspectives to reduce blind spots which inhibit the progress of the healing of the nations. Integrating biblical and cultural concepts of health and healing is essential in theological education to mobilize pastors and emerging churches as healing communities.

Conclusions

By listening intently to the voices from the redeemed of the global South, and testing the biblical narrative against the problem of human sin, disease, and deprivation in various contexts, the whole church can practice humble self-critique and mutual edification for a fuller view of human health and healing. In doing so, we can discern scalable healing practices which are blessings to a hurting world, and more consistent with the biblical view than each of our truncated perspectives. With a creation-centered theology and an anthropological approach to contextualization, a metatheology is emerging with a rich, multi-colored texture which uses our common humanity to address our common need with a common solution in the gospel for fullness of life and human flourishing. The church then can assume greater capacity in her role as a truly healing community for all the nations of the world.

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Author biography

Daniel W. O'Neill is Assistant Clinical Professor of Family Medicine at the University of Connecticut School of Medicine. He received his BA from Hope College and MD from Stony Brook University Health Science Center in New York. He did his Family Medicine Residency training in Pensacola, FL and studied tropical medicine in Puerto Rico. He has a Masters of Theological Studies from Bethel Seminary of the East with special studies in a Global Theology of Health. He has served as interim physician at Hospital Vozandes Del Oriente in Ecuador, Medical Services Director for Medical Ministry International, and on multiple health and development projects including in Latin America, West Africa, the Middle East, Indonesia, and North India. He currently serves on the board of directors of Center for Health in Mission and as Managing Editor of the *Christian Journal for Global Health*, an open-access scholarly multidisciplinary journal.