

Persistence and Plausibility of Local Knowledge Scheme – The Case of Pentecostal Healing System

Adadow Yidana^{1,*}, Mustapha Issahaku¹, Thomas Bavo Azongo²

¹Department of Community Health and Family Medicine, School of Medicine and Health Sciences, University for Development Studies, Tamale, Ghana

²Department of Allied Health Sciences, School of Medicine and Health Sciences, University for Development Studies, Tamale, Ghana

Abstract Religious persistence in different parts of the world, especially in Africa is a phenomenon that experts are trying to make sense of. The decision of any individual regarding which religious organisation to affiliate with is informed by the perceived benefits he or she stands to gain from the said religion. Using a purposive sampling technique, a total of 80 research participants were engaged in an interview to elicit their views regarding the persistence and plausibility of healing in the Pentecostal churches. The findings revealed that Pentecostal healing activities are persisting because their activities are tied to the belief structure of the local people. More so, some of the activities the churches allegedly undertake are usually confirmed and reconfirmed positively through testimonies by people whose credibility are not in doubt. The paper thus concludes that Pentecostalism as a religious faith remains the same, but its forms and strategies continue to change in response to social and spiritual problems at any given period, thus sustaining its life span and influence.

Keywords Pentecostalism, Religion, Healing, Plausibility, Persistence, Knowledge

1. Introduction

The character and nature of any religious organisation is rooted in the individual desire to maintain and sustain its identity as a religion. This however can only be achieved if they stick firmly to the fundamental dogmas and rituals that mark it as different from other religious institutions. One thing worth mentioning is the fact that healing and religious rituals are predictable and regular observance of procedures with symbolic elements resulting in the inculcation of shared values and beliefs [1]. In this regard, the core dogmas and rituals associated with religious organisations do not escape social change. However, it must be pointed out that sustaining religious relevance demands that the associated religious activities go through modification and adjustments to fit changing societal needs. Cultural diversities as exists in different societies has given rise to situations where different religions exhibit different ritual forms including initiation, worship, healing, celebration, transformation, protection, and death [1].

Due to the ever-changing nature of society, almost all rituals associated with religious organizations, including Pentecostals are aimed at integrating the local cultures with biblical culture in societies within which they operate. Integration enables them to situate their core values, thus

making their activities meaningful to the consuming public [2]. Carefully selecting and formalising beliefs and rituals from the surrounding cultures makes their objectives achievable. An important consideration worth noting is that beliefs and associated rituals in any culture are social constructs whose sustenance requires social confirmation. As the sociology of knowledge perspective suggests, the primary prerequisite for the sustenance of any belief system is the presence of an adequate socio-communal support structure [3]. This suggests that the conception of social reality becomes real as they are confirmed and reconfirmed through the day-to-day interactions among those who share similar perspectives. In the opinion of [4], reality construction requires plausibility structures to enable the creation and maintenance of any reality or belief. However, a given belief may be truncated if members fail to share the views of the network that sustains it. Interestingly, if the plausibility structure loses its intactness, the subjective realities and meaning will lose persuasiveness, especially in societies with pluralistic belief systems.

A careful look at the traditional and Pentecostal religious phenomena from a socio-religious and cultural perspective reveals a possibility for reassessment in relation to their cultural backgrounds. Thus, if the coherence of any given society depends upon a set of what [5] calls 'Plausibility Structure' - the patterns of belief and practice accepted within such societies - it is likely that this may determine which belief systems and practices are plausible to its members. Plausibility as espoused by [5] denotes the believability of any practice or phenomenon. In situations

* Corresponding author:

adadowy@yahoo.com (Adadow Yidana)

Published online at <http://journal.sapub.org/sociology>

Copyright © 2015 Scientific & Academic Publishing. All Rights Reserved

where the inward plausibility structures of religious institutions differ or diverges from the broad plausibility structure of the society within which they are located, practically speaking, the associated belief and practice may no longer be plausible, at least in a broad sense. According to [6], two conditions are necessary to render a practice plausible. First, the practice must be meaningful and must make sense to the local people, and at the same time, must maintain its consistency with basic categories of perception, prediction and arguments. Second, there must be judgements with regard to the truism of the practice in light of past experience and present concepts and firm beliefs about the world. This paper provides an account of the persisting plausibility of faith and ritual healing in Ghana, focusing on how Pentecostalism has been able to situate their doctrine into the local belief structure.

2. Methods

Between February and September 2013, 20 members (15 congregants and 5 pastors) each, drawn from four churches, making a total of 80 members were purposively selected and interviewed in relation to the persisting appeal of Pentecostal activities. The selection was done at the time the researchers were undertaking participant observation at the regular services of the churches. Although the respondents were purposively selected, by approaching the individual members of the divine industries, only those who agreed to be interviewed were interviewed. Pastors were engaged in an in-depth interview after they had finished with all their activities. On the part of the congregants including those who were allegedly healed by the pastors, a focus group discussion was organized for each church. The aim was to gain insight into the perspective of different congregants of the churches in the study. In view of the fact that the research was intended to elicit views of clients of churches resident in the Tamale metropolis where the study was undertaken, only those who had stayed in the city for at least one year qualified to be part of the focus group discussion. One year was considered enough time to observe the religious activities and to actively participate in such activities themselves. Since the majority of residents in Tamale speak English, Dagbani and Mampruli, all of which are languages the researcher speaks, the research was conducted using these languages. An interview guiding questions were used to elicit detailed information from pastors as well as congregants concerning their activities. Each interview lasted between 30 to 45 minutes, and was recorded and later transcribed, while observations and field notes were also taken for analysis.

3. Contextualizing Worldview

Experts in the medical field have consistently argued that traditional systems of healing in modern society are remnants of primitive, peasant, and old-country traditions

often associated with uneducated, lower-class persons who are unable to afford conventional medical treatment [7]. However, [8] has disagreed with this claim, arguing that the concept 'traditional' as a designation for alternative forms of healing in Africa is misleading. This is in view of the fact that the concept has been associated with negativity, especially in conventional parlance. What need to be understood is that traditional forms of healing are culturally widespread among educated and economically secured people [9]. It is interesting to note also that the perception of these categories regarding their cultures, worldview and belief structure within which majority of them were socialised into has not changed appreciably [10].

Worldview as a concept refers to how societies perceive and explain their world including the theories of illness, death and misfortunes and how affliction and problems are handled [11]. Others view the concept as a unified picture of the cosmos, usually is explained using a system of concepts which order the natural and social rhythms, and the place of individuals and communities in them [11]. Diversity in culture has also led to differences in thoughts and reasoning, especially from the dominant Western thought and reasoning. In this regard, individual's decisions about health and wellbeing and the interventions during illness episodes are all managed in accordance with their belief structures or knowledge scheme. The basic knowledge and ideas in these societies are sustained in view of healing practitioners' ability to construct and reconstruct culture with the passage of time [12]. It is worth noting that illness is socio-culturally constructed, as a result, the ways people talk about their sickness give insight into how they view the world [13]. Through this process, the worldview remains real in a subjective plausibility as it is confirmed and reconfirmed by oneself in relation to the social others.

4. Situating Worldview in a Socio-religious Context

The existence of religious plurality in Ghana creates an enabling environment for people to choose among different competing religious denominations according to their taste and expectations [14]. It is worth noting that different spiritual entities in existence are associated with different social groups and domains of activities. Ancestors are revered, serving as guardian spirits for families, the same way shrines and deities serve to protect and provide livelihood for people within its jurisdiction [15].

Differences in perception and local knowledge systems with regard to etiology of sicknesses have contributed to an increase in the production and consumption of alternative therapies [10]. As a consequence, specialists in sorcery, spirit possession, as well as Pentecostal and Islamic religious healers among others, are often seen working alongside in the same community, though with different orientations. These options reflect different strands of knowledge scheme that functions to provide solutions to social and spiritual

needs [16]. It is worth noting that therapies do not only serve as means for curing or healing afflictions, but are means by which specific named afflictions are defined and given culturally recognizable forms [17]. Irrespective of how sicknesses are categorised, individuals afflicted with one form of sickness or another respond to them in ways that are consistent with their cosmology [18]. In this regard, one can only appreciate the local logic of illness categorization, analysis, symptoms and possible predictions of diagnosis, if a proper knowledge of the culture of the group concerned is well-understood. It has been asserted that current religious healing belief and practice is an excellent case study - that it might involve a 'different logic' all together [19].

According to [15], African reality is rooted in religious paradigms which are unveiled in forms that are intertwined with spiritual categories. The culturally constructed meanings attached to sicknesses creates situations where some afflictions within certain cultures are perceived to be incompatible with the use of conventional medicine, and if a client suspect that the symptoms manifesting are associated with such ailments, precautionary measures are often taken to ensure that all forms of medications from conventional health care are avoided, especially injections. The conviction is that receiving injections when afflicted with such sicknesses has the tendency to worsen the situation and may even result in death. One such ailment is what is locally known as *Yoo* among the Mamprusis, and *Yogu* among the Dagombas, and in medical terms as anthrax. This ailment is perceived as anti-injection by both ethnic groups in northern Ghana. During my field work, I encountered a woman with a boil on her elbow. Due to her suspicion that the affliction was probably *Yoo*, she refused to go to hospital because she was afraid that doing so might result in death. She also failed to consult traditional healers because she felt her belief as a Pentecostal did not allow her to seek help from them. With this mindset, it took the intervention of friends to convince her that the affliction was not *Yoo* before she agreed to go to hospital for basic pain-killers. This corroborates [20] findings among the local people of Savelgu in the Northern Region of Ghana. Similar views are held in southern Tanzania with respect to '*degedege*', translated as malaria, where healers are of the opinion that clients suffering from *degedege* have to receive medication first from local healers. Anything that contradicts this rule would most likely do more harm than good [21].

It is important to note that what clients seek during periods of afflictions are medical proofs that are consistent with their expectations [10]. To this end, afflictions are not only conceptualized as pathological changes; invisible forces are also invoked as causal factors. This goes to support [22] assertion that etiology of some disease and illness are skewed more towards behavioural than biological tendencies. When people are afflicted, joint actions and established remedies are often recommended to meet the expectations of both the afflicted and the kin alike. If an affliction is described as very serious and has the possibility of being traced to an affliction-causing human agent, it may serve as a

means of resolving the mystery that might surround the affliction. Consequently, the identity 'witch' or 'sorcerer' is often placed on the shoulders of suspects [17].

In responding to affliction, decisions are not taken haphazardly; the decision makers often share what is regarded as clinical reality. Instances abound where negotiations take place between conventional medical practitioners who, out of their own experience, believe that for some type of sicknesses, alternative healers can better deal with the situation than conventional practitioners. This explains why, sometimes people who utilize the healing services of Pentecostal denominations to ameliorate their afflictions are usually people who believe that their problems are caused by supernatural and other mystical forces [10]. Once they are convinced that such afflictions are beyond the reach of conventional health care providers, the ultimate place to seek remedies are spiritual healing centres of Pentecostal denominations.

5. Sustaining Belief Structure through Testimonies

Testimonies as used in the Pentecostal circles refer to statements in which clients reveal their true religious faith to other members [23]. In [24] view, the term testimony denotes a process through which Pentecostals describe their life before salvation. Life before salvation denotes the life of clients who suffer from social and spiritual afflictions prior to salvation. Testimonies are articulated by clients to show the actual existence and reality of what pastors say and do. Though different people may attach different meaning to why clients testify in the Pentecostal congregations, the core of the reason for such utterances or testimonies is often aimed at convincing others that some of the things that take place in the various congregations are genuine [10]. This corroborates the assertion made by [25] to the effect that statements of this nature are sometimes articulated by people to dialogue with others to accept their viewpoints. According to [26], embedded in client's testimonies is often a story of how God acted to change their lives. In view of the fact that testimonies are presented in narrative form, many people construe the practice as a genre of speech involving open attestation or public acknowledgement and profession, especially among Pentecostals where the practice has come to include specific details about pivotal changes in an individual's life presented in quite dramatic ways. Be it as it may, an important observation is that the act of testimonies in faith or divine healing involves clients' accounts of their experiences in healing including confirmation of pastors prophetic predictions. In almost all the healing sites visited, clients' testimonies did not just happen anywhere but took place during healing crusades and regular healing services in the Pentecostal congregations.

In view of the importance Pentecostal churches attach to testimonies, most of the accounts given were reinterpreted, evaluated, judged and in fact, weighed with regard to what was heard against the character and credibility of the people

testifying [25]. The credibility of what they say is judged by the social status and level of respect of the testifier in society. Since the experience is subjective, it takes honest testifiers to convince more people to try the act of divine healing on their own. As the case may be, the core determinant of the plausibility of an individual's testimony is their faith and their level of credibility in society.

What is important at this point is that the thought processes by which people reason about healing are the same as those used in other medical systems. What differentiates people with emic and etic views has more to do with assumption and criteria for evidence than anything distinctive in the reasoning used. To this end, additional efforts are usually required to get people appreciate what they hear and witness. An example of such efforts often involves scrutinising the background of the testifiers to get a deeper understanding of the impact of what they say and how they feel as individuals. Critically observing the mood and its external manifestation in most clients often suggests that they may have been going through some level of suffering in one way or another, prior to the alleged healing experience. In view of the differences in experience, testimonies create platforms for clients to give account of their experiences in Pentecostal congregations. Showcasing the awesomeness of pastors and the power of the Holy Spirit in the resolution of client's day-to-day problems is part of the agenda for public testimony [27].

Testimonies of all forms are governed by the interest of clients to give testimony as well as the quest for them to testify by pastors. This two-way desire fits in well with [23] three dimensions in testimonies, which he claims has the potential to render the process more powerful. These dimensions are identified as selection, editing, and latency effects in testimonies. In many of the healing sessions observed, the culture and operating norm are structured in such a way that only pastors and associate pastors usher in clients on stage to testify. In doing so, only persons who claimed they have been healed are allowed on stage to testify. The interesting part of the practice is that pastors and their associates only look for persons who claim they have been healed and are willing to testify. Though this was a normal occurrence, no attempt was made by the pastors to get people who have not been healed on stage to state their case with regard to why they have not been healed. To this end, one would argue that this practice serves as a marketing strategy to emphasise the positive side and disregard the negatives. In Pentecostal churches, like other business entities, what they usually showcase is the positive effects and the benefits clients stand to derive from consuming the product, and not the negatives. On the basis of this, the commonly heard call from pastors is for clients who have been healed to come forward. Because pastors are usually found on stage, the associate pastors move in between the numerous clients or congregation to examine those who claimed to have been healed to move to the front. In the opinion of [23], this process is selective. Interestingly, clients on stage often give testimonies that are patchy but more impressive than they

would actually have been. What usually happens is that in giving testimonies clients are not given the opportunity to go deep in to the detail of what actually happened.

Where the interest of the pastors rests is to showcase the aspect where the client confirms healing, with the assumption that they have been totally healed. Even if it appears the client is partially healed, pastors take it as a positive sign that they indeed have been healed. This process is what [23] describes as editing. They try their best to make sure that only the statements they desire are said in public. Another aspect of this process is the seemingly exaggeration of past afflictions and the completeness of the healing in the present. These activities are mostly shown in video footages or pictures for everyone to see. What baffles many minds is the fact that these different provisions are often not verified one after the other to ascertain their merits. They are rather lumped together in a set of verification testimonies. Another important observation is that many of the testimonies match the content of the words of knowledge only superficially. Some words of knowledge are not confirmed at all, and still some clients allegedly testify even when they were not healed in the very healing crusade they are testifying at, but at previous events. This aspect of healing behaviour is what [23] describes as latent, because it appears to have a latency effect.

6. Case Testimonies

As indicated above, different clients at the healing centres visited narrated their experiences prior to and after their encounter with pastors in healing. Out of the many participants who were interviewed, two narrations or testimonies are presented here to demonstrate how clients who allegedly experienced healing from pastors conceptualises the whole process after their alleged healing encounters.

6.1. The Case of a Male Respondent

This case involves a forty-year-old man whom I shall call Alhassan Seidu, a farmer in a community called Foo, a suburb of Tamale. Alhassan is one of the clients who were healed by one of the pastors in Tamale. According to Alhassan, his condition started as a simple body pain and became serious even though all the checks he had at the hospital pointed to the absence of pathogens. As he and his close family strived to make sense of the affliction, a lot of suggestions were made by these people with regard to potential healers to consult. This took him to several medicine men and women for explanation with regard to the root cause of the affliction. According to the victim, all these efforts did not yield the desired results. Some of the therapy managing group 'bought into' allegations that were being peddled around the community that someone might have cast a spell on him. He narrated how he lost weight and was bedridden for many months and was just looking forward to the day he was going to die. His wife allegedly got more

frustrated with each passing day as there was no help coming their way. Each healer contacted charged so much money that they virtually depleted their family resources in their desperate attempt to get the right treatment. As he put it in his own words:

I was told that someone had cast a spell on me, all witchdoctors known to have powers tried to heal me; they made incisions from my waist, down my legs and even my feet. At a point in time I became bedridden and would even soil myself in bed. Someone then told me about another god, I decided to try this god for healing, just as I was about to go to the shrine, a friend visited me, he said he had heard of an upcoming healing crusade and advised that I should abandon the shrine and believe God for my healing. He said 'you have tried many witchdoctors and shrines to no avail, try God...'. I heeded to this advice awaiting the crusade. Meanwhile my siblings and friends kept visiting me, bringing me and my wife food stuffs and fruits; they came weeping from as far away as Accra, knowing I was going close to death. Honestly, I did not believe the crusade will make any difference. I was a very sceptical person even to the attempt of the witch doctors. My friend kept urging me to attend the crusade even though I had no faith. But low and behold, on that day, the evangelist prayed for many people and specifically indicated that someone who has been bedridden for many months has just been healed by the Holy Spirit. I knew it was me but was not sure. I was initially uncomfortable at the crusade even though the pastor made the pronouncement that a person with my sickness had received healing. I did not feel anything after the prayer, and was wondering if actually I got healed. I only became convinced when I started seeing changes in my condition after the crusade. I thank God that I am back to normal health.

From the narration of Alhassan, what is clear is that the speculation regarding his affliction was woven around the belief structure that everyone shares in the community; an allegation of casting spells on people is part of the daily life of the people. From his account, it is clear how he consulted almost all powerful local healers known within reach, but could not get a proper diagnosis even though he was able to provide all the requirements for healing. The inability of these healers to provide the right diagnosis could be explained in two ways. In the first place, the failure could be due to the fact that many of the healers actually relied on trial and error or guess diagnosis, and if they succeed, they would then attribute the problem to what is being diagnosed. The second possible explanation has to do with the speculation that when a very powerful healer or sorcerer casts a spell, no healer who is less powerful can diagnose it. On this note, it is probable that all the healers contacted were inferior to the perpetrator of the affliction. There is also a speculation that many of the healers fear that the sorcerer might cast a spell on them and their families if they dare treat the victims. Out

of fear, they often do not put much effort into finding treatments. One can also argue that the actions he took are clearly rational, ordered according to his sense of parsimonious decision-making and his assessment of probable effectiveness of the healing systems. All the actions he took were based on the experience and knowledge of friends and relations, up to the point at which he went to the healing crusade.

This clearly shows the role of his relatives when he was advised about the impending visit of the evangelist. Indeed it showed the role of what [28] describes as the therapy managing group. From the account, it is evident that the visit to the healing crusade was as a result of the inability of the traditional healers and conventional health care providers to ameliorate his affliction. He indicated his initial doubt about the evangelist, and the fact that he did not have faith shows that he was more inclined towards traditional healing than the divine healing of the Pentecostal faith. In spite of his initial doubts, he was allegedly healed at the healing crusade. The proof of healing is that he is now well and can walk. This came as a surprise to many people who thought he was going to die. His experience as a person coupled with the evidence that people around him have witnessed increases their belief in the healing power of pastors.

6.2. The Case of a Female Respondent

The second case involved a thirty-five-year-old woman whom I shall call Muniratu Karim. Muniratu was a mother of three as at the time of the visit and reside in Kanveli community, a suburb of Tamale. According to her, her problem started after her encounter with a stranger on public transport. According to her, what started as an argument between her and the stranger got physical and the woman slapped her in the face. This slap led to a severe headache that eventually led to loss of speech and hearing. The problem was traced to this stranger and all attempts to locate the woman did not yield the desired outcome. In this episode, all the people known to have power were contacted, but none could provide the right diagnosis because it was alleged that the remedy lay in the hands of the stranger and no healer could reverse it. This is how the victim recounted her ordeal:

We met in a lorry and my child accidentally poured water on her. Even though it was my child who did it... I did apologise to her after realising she was not happy. She refused to accept my plea and got angrier and when we alighted from the lorry... she started insulting me..., it got to a point I could take it no more...When I returned the insults, she pounced on me with a slap, other passengers separated us. When I got home, I started experiencing headache and thereafter I lost my speech and hearing when I woke up the following morning. It was alleged that the slap was not an ordinary one and that we should consult powerful healers to help. None of them worked until we visited the man of God, when the prayer was said in the crusade, I felt some cool air in my ears and I started

hearing sound... Something I could not do for over a year. My speech started with a cough, I was very elated. Now I can talk to my children and siblings again.

Muniratu's testimony reveals another level of spirituality in relation to physical afflictions. Unlike Alhassan's case where the perpetrator was totally unknown, in Muniratu's case, the person was seen but could not be traced. And here again, it was outside the domain of conventional practice to reverse her hearing and speech lost. The allegation was that her situation was the outcome of the quarrel she had with this stranger. This again reveals the perceived weakness associated with traditional healers and the fact that it takes several traditional healers to counter afflictions of this nature. From this account, the reality of spiritual afflictions and their association with human agents have been deepened and the weakness of less powerful traditional healers revealed. The onset of her predicaments and the consultations that were made prior to getting relief at the church goes to convince her and the people around her that there is power inherent in the pastors that can counter all evil forces.

Despite these efforts, suspicions and trust are unavoidable elements in assessing credibility and reliability of these testimonies. In all the above cases, testing the sincerity of what they say is not verification, but a trial that ends in acts of trust in spite of intermediary episodes of suspicion [25]. In no group does everyone actually get healed, and even for those who experience healing, it is subjective and can only be objectified in their interactions with those who have experienced the same. The specifics of correct healing outcome are entirely subjective, often involving absolute certainty that a client's prayer has been answered. This is part of the explanation for the appellation faith healing. The opinions of outsiders are often advanced to suggest that clients who give testimonies during healing feign their situations. In other instances, the people may honestly think they were healed, but in fact was not. The argument points to the role of human behaviour, which goes to suggest that some people just want to be on stage with the hope that they could be healed. In the same vein, if clients fail to experience healing, pastors often devise ways of rationalising the failure. The usual argument advanced by pastors is that if a person has not been healed, it could be that the person did not have enough faith, or did not really want to be healed. This is in view of the possibility that a client's lack of total faith cannot be tested, even by the client, by anything other than a successful healing. What must be noted here is that, not being healed disconfirms only the client and not the belief. This failure is often attributed to some internal obstacles that the individual harbours including anger and unwillingness to forgive others. It could also be linked to external obstacles that may include the client's inability to live in accordance with the teaching of the Bible. Be it as it may, contrary opinions are also possible. The fact that signs of healing do not manifest immediately after healing encounters does not rule out the possibility of its effectiveness. Healing probably would have occurred anyway. What needs to be noted is that

it takes time before physical signs would begin to manifest. Even though miracles may occur instantly, healing is a process, and will not just disappear immediately. As an argument for the cases above, the belief in the power of the Holy Spirit has become a matter of empirical knowledge through the individual experiences of the presence of the Holy Spirit in healing. This provides them with direct experiential support for their belief. In light of these experiences, the views they hold are more plausible than other forms of medical explanations.

7. Discussion

Researchers in health and healing do not only describe the processes of treating and specifying concrete psychological and social effects of therapeutic practices in societies with diverse cultures as found in Ghana, but also determine specific cultural contexts that count as illnesses. Being able to adhere to these ideals constitutes an essential component with regard to providing meaning to situational problems. According to [13], sickness is a social construct and its experience, as well as the necessary interventions gives insight into how the world is viewed. The way people construct their world helps them to provide answers to the fundamental question of what it means to be healthy or ill [29]. The increasing prevalence of faith healing in the churches in recent times suggests that healing is fundamental to the understanding of how health and health related problems are dealt with. It is in keeping with this that the call for a 'meaning-centred' analysis as against a 'disease-centred' approach to disease and illness in medical anthropology, as espoused by Byron Good becomes relevant [cf 29]. This idea is premised on the assumption that many medical concepts in different cultures provide an interpretive framework that is used in the construction of what they perceive as reality both at the personal and collective levels.

In this regard, there is the tendency for people to act in ways that may be construed as rational in their own terms when it comes to the issue of interventions. According to [23], there are times when individuals entangled with incurable afflictions tend to seek healing from pastors. Individual and collective decisions in dealing with problems of this nature may be deemed rational when they are seen trying fringe cures after several attempts to get cure from other alternative systems of healing seem to elude them. This is not to suggest that only incurable sicknesses are taken to pastors; there are other non-serious cases that pastors equally confront. A point of interest in situations of this nature has to do with the fact that the majority of clients who seek ritual healing services are persons who conceptualises their sicknesses as spiritually motivated [13]. Dealing with spiritual problems involves going through ritual healing, a process through which healing takes place after observing certain procedures in the course of the healing. It is a repeated symbolic behaviour in which symbols used in the healing process are carriers of divine power. Before the

objects attain their spiritual potency, the symbols - often water and olive oil that are found in the churches have to be manipulated through the ritual process by the pastors who serve as the intermediary between the source of power and the client. Generally, healing rituals include, but are not limited to, such things as visiting hospitals, being exorcised, the anointing of the sick, and casting out demons, among others. All symbols that are used in these areas are accepted as part of the process involved in healing within their respective cultural framework and are accepted by both the healers and the patients.

What is interesting in the healing services is the fact that persons with etic views with regard to ritual healing have different conviction from those with emic views. To those with etic views, what happens at the healing sites within the Pentecostal churches is nothing but a placebo effect, while others are sceptical about the whole process of healing claims. This scepticism is borne out of a lack of faith and seems to corroborate the assertion by a respondent in Omenyo's study who could not hide his feeling with a claim that:

These churches, they don't cure anything. At times a small illness that someone has that's already going away and the person goes there and says the church cured him. Another thing also, in these churches there are curandeiros (traditional healers) that treat people, these prophets are really traditional healers (Omenyo 2011).

The mind-boggling question that arises out of this is, if reports of ritual or faith healing have only a placebo effect or does not work as some may perceive it, why then are people deeply convinced in both the short and long term about the believability of divine healing? One simple argument with regard to this behaviour is the fact that individuals use what [23] describes as bounded rationality in seeking health-related care. In this context, clients who are entangled with both incurable and spiritually related sicknesses may turn to faith healers in recognition of the belief that it is not possible to access the needed help from conventional health care facilities. However, there are also other categories of clients who find themselves in uncertain situations as to whether their afflictions are spiritual, natural or both. People in this situation are likely to hold what is being described as 'doublethink', the idea of holding on to two opposing viewpoints [19]. To such people, solving the spiritual-natural puzzle involves using both faith healing and conventional health care simultaneously. In situations like this, though bounded rationality may be plausible as far as the actions are concerned, in another breath, being able to choose the right healer according to their expectations and belief structure shifts the poles from bounded rationality to instrumental or pragmatic rationality.

Be that as it may, it is important to understand that there may also be a tendency for clients to attach different meanings to the same afflictions across different cultures. With these considerations in mind, clients do not take things

for granted in dealing with their daily challenges. Depending on how their world is constructed, each event is properly accounted for, especially in societies where everything in life is sacralised. This often paves the way for other eventualities, including diseases and misfortunes associated with myths and cosmos to be interpreted in culturally relevant ways [30]. In other instances, assumptions and conditions that accompany ritual healing processes also influences clients' belief in the reality of healing even if the evidence from the etic point of view seems to be lacking. This is apparently due to the fact that clients explain their experiences and events in line with their belief structures.

In almost all the healing centres I visited, the Pentecostal churches have enacted core belief systems that guide them in their healing practices. According to [23], these beliefs are auxiliary protective belts that enable them to guide the enacted beliefs, and enable them to provide explanations to any situation in the healing process. It is also important to understand that people around these healing centres including clients and pastors use reasoning when evaluating the alleged healing and miracles. This is in view of the understanding that healing practices in the churches follow a practical everyday rationality [23].

Ritual healing may in fact cause clients to substitute what they expect for reality especially when the supposed healing fails to follow its program of action [31]. An interesting observation points to the fact that non-believers or people who hold etic view with regard to the plausibility of healing outcome are far from thinking that all the activities they observe in the various healing centres are true or real. Rather, if such individuals are challenged with what are described as personal and individual divine experiences and the dynamics involved, some of them may be convinced about the possibility of such events. What is important is that a considerable part of the healing process deals with individual experience. In the eyes of the public, healing may not have manifested physically. This does not mean nothing has happened, healing would have occurred anyway in view of the fact that it is only the clients who can experience or feel it. This lends credence to [30] assertion that faith healing or the phenomenon of ecstatic trance and spirit possession can be acknowledged as religious in an emic sense in view of the experience, whereas the analysis or discussions with regard to etic view are done in medical terms by looking at the medical effects of such experiences.

8. Conclusions

The paper discusses the persistence and plausibility of ritual healing within the Pentecostal faith. It showed that in almost all healing systems across the world, the plausibility it attracts is rooted in the belief structure of the people it serves. In this regard, Pentecostals are able to maintain their relevance in society by virtue of their ability to adjust their doctrine to the changing demands of the local people. The views and practices as expressed by the social network in

which the beliefs are held are rooted in their belief structure. In these societies, people are born and socialised into the existing belief systems. As a result, it is easier for them to keep to the ideals, notwithstanding their educational and financial standing. What must be noted is that the ideas they are socialised into forms a significant part of their worldview and serves to shape their plausibility structure. Thus, belief in the reality of faith healing is based on the cultural explanations pastors attach to such afflictions. As a result, the plausibility of faith healing in the Pentecostal denomination is rooted in pastor's utilisation of the belief structure of the local people in order to win the trust and confidence of both potential and existing clients.

Healing experience in the churches has a wide-range of interpretations and may be explained from the perspective of the pastor, client, or the observer. To convince the public of the reality of healing experience, confirmation of these experiences are often expressed by the social network in which the belief is held. These networks are the clientele of the churches. The confirmations feature prominently during healing crusades or during regular church services. Within these periods, people who have not yet had the experience are often tempted to try and see how it works, whereas those who are reporting their experiences intensifies the utilisation of faith and ritual healing services [23]. The belief system as espoused by the local people may look strange to an outsider, but because the local people construct their world along those lines, healing and explanations are often tailored along those lines, thus making them plausible. Clients often acknowledged and confirmed the plausibility of their experiences in testimonies. During these testimonies, they give different forms of confirmations on healing and prophecy.

Two categories of people with regard to the plausibility of the healing process are noted. Those who believe with what is said at the healing sites share the same social reality, and those who not share the same reality but often become convince when credible persons give testimonies to the effect that they have indeed been healed.

Thus, the activities of Pentecostals are woven around the working of the devils or invisible forces. Since the local people understanding their world to be full of these perceived forces, Pentecostal activities finds expression in that, rendering them useful. It is the recommendation of this paper that other religious organizations such as Islam should also be looked at to investigate the factors that sustains their activities in modern Ghana.

REFERENCES

- [1] C. J. Coyne, & R. L. Mathers, (2011) *Ritual: An Economic Interpretation*, Journal of Economic Behaviour & Organisation, Vol. 78: 74-84.
- [2] A. H. Anderson, (2001) *African Reformation*, African Initiated Christianity in the 20th Century.
- [3] W. C. Roof, (1976) *Traditional Religion in Contemporary Society: A Theory of Local-Cosmopolitan Plausibility*, American Sociological Review, Vol. 41(2): 195-208.
- [4] L. P. Berger, & T. Luckmann, (1967) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*; Anchor books.
- [5] L. P. Berger, (1967) *The Sacred Canopy: Elements of a Sociological Theory of Religion*. Garden City, NY: Doubleday.
- [6] B. Nooteboom, (1986) *Plausibility in Economics; Economics and Philosophy*, Vol. 2: 197-224.
- [7] M. B. McGuire, (1983) *Words of Power: Personal Empowerment and Healing; Culture, Medicine and Psychiatry*, Vol. 7 pp. 221-240, D. Reidel Publishing Company.
- [8] F. Etim, (2012) *The Hermeneutics of Medicine and the Phenomenon of Health: Steps towards Metaphysics of Medical Conception and Practice in Africa*, Journal of Asian Scientific Research, Vol. 2(3):100-107.
- [9] B. Sackey, (2006) *New Directions in Gender and Religion: The changing status of women in African independent churches*, ROWMAN & LITTLEFIELD PUBLICATION, INC.
- [10] A. Yidana, (2014) *Socio-Religious Factors Influencing the Increasing Plausibility of Faith Healing in Ghana*, Doctoral thesis, Martin Luther University, Germany.
- [11] C. M. A. Nwoye, (2011) *Igbo cultural and religious worldview: An insider's perspective*; International Journal of and Anthropology, Vol. 3(9): 304-317.
- [12] R. Wuthnow., D. J. James., B. Albert., & K. Edith, (1984) *Cultural Analysis: The Work of Peter L. Berger, Mary Douglas, Michael Foucault, and Jurgen Habermas*; Routledge, London and NY.
- [13] L. E. Thomas, (1999) *Under the Canopy; Ritual Process and Spiritual Resilience in South Africa*, University of South Carolina.
- [14] J. K. Asamoah-Gyadu, (2004) *Mission to 'Set the Captives Free': Healing, Deliverance, and Generational Curses in Ghanaian Pentecostalism*, International Review of Missions, Vol 93 (370/371): 389-406.
- [15] A. Akrong, (2000) *Neo-Witchcraft Mentality in Popular Christianity*, Research Review New Series 16(1):1-12.
- [16] S. Feierman, (1985) *Struggle for Control: The social root of health and healing in modern Africa*. African Studies Review 28 (2/3): 73-147.
- [17] A. Young, (1976) *Some Implications of Medical Beliefs and practices for Social Anthropology*; American Anthropologist, New Series, Vol. 78(1): 5-24.
- [18] O. Alubo, (2008) *Ontological Response to illness in Africa*, Jos Journal of Social Issues Vol. 6: 1-23.
- [19] D. J. Hufford. (1993) *Epistemologies in Religious Healing*, Journal of Medicine and Philosophy, 18:175-194.
- [20] B. Bierlich, (2000) *Injection and the Fear of Death: an essay on the limits of biomedicine among the Dagomba of northern Ghana*; Social Science and Medicine, 50(5): 703-713.

- [21] S. Langwick, (2007) Devils, Parasites and Fierce Needles: Healing and the Politics of Translation in South eastern Tanzania. *Science, Technology and Human Values*, 32 (1): 88-117.
- [22] P. Twumasi, (1975) *Medical Systems in Ghana*: Accra – Tema; Ghana Publishing Corporation.
- [23] J. Stolz, (2011) ‘All things are possible.’ Towards a Sociological Explanation of Pentecostal Miracles and Healings; *Sociology of Religion*, 72(4): 456-482.
- [24] J. R. Belcher, & S. M. Hall, (2001) Healing and Psychotherapy: The Pentecostal Tradition, *Pastoral Psychology*, Vol 50(2):63-75.
- [25] T. Richie, (2011) Translating Pentecostal Testimony into Interreligious Dialogue; *Journal of Pentecostal Theology*, Vol 20, pp. 155-183.
- [26] M. A. C. de Matviuk, (2002) Latin American Pentecostal Growth: Culture, Orality and the Power of Testimonies, *Asian Journal of Pentecostal Studies*, 5(2):205-222.
- [27] B. Meyer, (2004b) ‘Praise the Lord’: Popular cinema and Pentecostalite style in Ghana’s new public sphere; *American Ethnologist*, Vol. 31(1): 92-110.
- [28] J. M. Janzen, (1987) Therapy Management: Concept, Reality and Process; *Medical Anthropology Quarterly, New Series*, Vol. 1(1): 68-84.
- [29] T. J. Csordas, (1983) The Rhetoric of Transformation in Ritual Healing; *Culture, Medicine and Psychiatry*, Vol. 7: 333-375, D. Reidel Publishing Company.
- [30] T. J. Csordas, (1985) Medical and Sacred Realities: Between Comparative Religion and Transcultural Psychiatry, *Culture, Medicine and Psychiatry*, Vol. 9: 103-116, D. Reidel Publishing Company.
- [31] W. M. Clements, (1981) Ritual Expectation in Pentecostal Healing Experience, *Western Folklore*, Vol. 40 (2): 139-148.