

# The Need for Incorporating Health and Healing in Theological Education in Africa

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## Abstract

Observing that theological education in Africa needs a review in light of its history of association with Western missionaries, this article joins that call by focusing on the need to incorporate health and healing in this review. The article is based on findings from a field study as well as from literature. It argues for incorporating health and healing in the revised African theological education curriculum, among other reasons, on the pursuit for healing in African churches. Opening with a discussion of theological education in Africa in terms of its offering, its meaning and goals, the article then makes a presentation of findings on Botswana's views of health and healing in theological education. It then discusses the need for incorporating health and healing in theological education as reflected by respondents and in literature.

**KEY WORDS:** Health and Healing, Theological Education, Africa, Botswana, Curriculum

## Introduction

This paper makes an argument for the need for incorporating health and healing in theological education based on recent findings from a study conducted in Botswana as well as from evidence from literature that has been produced on the subject of health and healing in theological education (TE). Although I take a global perspective, I am mainly interested in African theological education. The overall objective is to justify the need for incorporating health and healing in theological education in view of current calls to make African theological education speak the African Union's Agenda 2063,<sup>1</sup> the United Nations' Sustainable Development Goals<sup>2</sup> and the Botswana Government's outcomes-based education (Adedoyin and Shangodoyin 2010). The need to review African theological education actually has a longer history and continues to be made. Abraham Folayan (2017) cites such scholars as D. Kesley (1992), G. Cheeseman (1993) and Robert Banks (1999) who have noted that Third World TE in particular requires review in light of

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<sup>1</sup> See: All Africa Conference of Churches 2019-2023 Strategy (AACC, 2019).

<sup>2</sup> The United Nations 2030 Agenda for Sustainable Development has 17 goals that all aim to, "...improve health and education, reduce inequality and spur economic growth..." (<https://sdgs.un.org/goals>), accessed 7 March 2022).

the fact that it was brought by the missionaries and that the role it played then might not be relevant today. W. P. Wahl (2013:266-285) notes that since Christianity's centre of gravity has shifted to the global South, there is need to strengthen leadership. This need for competent church leaders, especially in Africa, is also emphasised by Chitando (2009), Gatwa (2009), Naidoo (2008:128), Walls (2002:220-221), and Werner (2008:86-87). These scholars argue that a new and alternative framework for theological education in Africa is needed; something that will produce church leaders that are competent to meet the contextual challenges of this continent. In the same vein, Gerloff (2009:17) also identifies that "fresh educational tools" are needed to equip church leadership in Africa. Health and healing is one aspect of African life that calls for a review of TE in Africa. As already stated, based on recent field findings in Botswana and review of literature, this paper therefore makes an argument for incorporating health and healing in the revised African theological education. This is urgent considering the pursuit for healing in African churches. Though many African theologians have given attention to issues of healing and health as shall be demonstrated below, works reviewing how TE is tackling health and healing are scarce. The paper opens with a discussion of theological education in Africa in terms of its offering, its meaning and goals. This will be followed by a presentation of findings on Botswana's views of health and healing in TE. The next section will then discuss the need for incorporating health and healing in TE as reflected by respondents and in literature. A concluding section then wraps up the paper.

### **Theological Education in Africa: An Overview**

In Africa, TE is offered in Seminaries or Bible Schools often run by specific churches or church bodies. It is also offered in public universities in Faculties/Departments of Theology and/or Religious Studies or some related names. Theological education is also offered through distance education as in Theological Education by Extension (TEE). Where it is offered in universities, often, such Faculties or Departments also include courses or programmes in Philosophy or Classical Studies.<sup>3</sup> Generally, TE in Africa follows the Western structure of running under four major theological disciplines: biblical studies, church history, systematic theology and practical theology. In the past few decades, African theological institutions have added to these disciplines the study of other religious traditions such as African Traditional Religion (s) (ATR), Islam, Hinduism and other world religions. But despite the 'formalised' TE we discussed above, we must hasten to mention that a great deal of 'informal' theological education takes place in in-house training 'schools' within different churches. Here, the church leaders/founders train their fellow leaders informally, a kind of on-the-job training. Institutionalized theological institutions, especially non-denominational ones and state institutions, need to develop ties with these churches to provide short term theological courses, for example.

### **The Meaning and Goals of TE**

Since TE is offered at different levels in Africa, the understanding of its meaning and goals slightly differs depending on the level and context at which one discusses the subject. For those scholars who look at TE as it is provided in churches and seminaries, "...theological education consists in the formation of the people of God in the truth and wisdom of God for the purpose of personal renewal and meaningful participation in the fulfilment of the

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<sup>3</sup> For example, at the University of Zimbabwe and University of KwaZulu Natal in South Africa.

purpose of God in the Church and the world” (Noelliste 1995:299). Noelliste sees theological education as the process of formation that leads to the transformation of the world through the individual and the collective participation of God’s people in God’s mission. Using the example of education in pre-Christian Africa, he says education in general should aim at character formation and learning of specific skills. Noelliste (1995) also makes a very important observation that the relevance of education arises from societal need, the sharing and transmission of collective spiritual and moral values, and the close relation of education to work. He concludes that education should aim at bringing quality and fulfilment to human life.

Peter Nyende (2013:600-610), discusses the subject matter of theological education, its aims, its current state in Africa and proposes the infusion of ethnic studies in it. He says since TE is about God (his words, actions, agency, character, etc) and God’s world (human beings, nature, environment, societies, etc), it ought to infuse life with morals and values. For Nyende, the purpose of TE is to infuse life with morals and values. Thus, he says, “(TE)...offers inquiry, instruction, knowledge and practice which in relation to humans’ perceptions and experiences of the transcendent, draw from both the moral and value-oriented domains.” For him, TE therefore influences most other human endeavors, be they scientific, artistic, social or political, for *good* or *ill*.

Nyende (2013:601) also discusses the aims of TE in formal higher education in Africa. He says 21<sup>st</sup> century higher education ideally strives to provide knowledge and skills necessary for public service and other vocations. Higher education therefore exists to benefit a nation’s economy. So should be TE especially when it is offered in departments and faculties of theology and religious studies in African universities. In these cases, TE should provide knowledge and skills for services in the church and in the wider society where the church lives: these include addressing all of Africa’s pressing problems, finding the purpose and meaning of the gospel in different social and ecclesiastical contexts. He (Nyende 2013:602) cites Tinyiko Maluleke who makes a very important observation on the place of theological education in Africa saying, “If official statistics are to be trusted, Africa is a very religious continent with Christianity, however nominal it might be, occupying a place of pride in this. This means that TE in Africa has public consequences beyond the narrow confines of seminaries and church congregations. In many countries therefore, African theological and religious education is public education- quite apart from whether governments recognize this or not.”

In short, Nyende says TE aims to infuse life with morals and values to mould a just, moral and peaceful society and to provide knowledge and skills to serve the church and the wider society.

After making a quick survey of the content of TE in Africa, he notes that there have been attempts to make TE answer to Africa’s needs. Thus, apart from teaching the traditional disciplines of TE such as biblical studies, systematic theology and church history, there has not only been attempts to contextualize these but also introduction of such courses as Peace and Conflict Resolution, Christianity, Justice and peace in order for TE to grapple with Africa’s political and social contexts. Be that as it may, he concludes that there is still room for revising and improving the TE curriculum in Africa. He suggests adding ethnic issues as one area that requires to be addressed by TE. Nyende’s proposal for including ethnicity to TE in Africa serves as a good model to follow when suggesting the need to add health and healing issues to TE. He suggests that one can introduce the subject as a discipline, as an interdisciplinary subject, as offered across the curriculum or

as a general or core course in TE in Africa. His proposal is important for reviewing theological education to also infuse health and healing.

W.P. Wahl (2013:266-285) also provides a review of the meaning and purpose of TE in Africa centering it on leadership. In doing so, he underlines what other scholars like Chitando (2009), Gatwa (2009), Naidoo (2008:128), Walls (2002:220-221), and Werner (2008:86-87) have long called for this. These scholars argue that theological education in Africa should produce church leaders that are competent to meet the contextual challenges of this continent. For Wahl (2013:269), theological education in Africa is currently facing a number of challenges and those tasked to develop its curricula, programmes, institutions and methodologies are compelled to critically reflect on the relevance of the models used. He identifies the following as challenges for theological education in African: access; the lack of resources; sociopolitical and social-economic illness; and an Africanised scholarship and curricula. Noting that African theological curricula is often Western in its content and mode of delivery, he follows many African scholars in making a case for accredited and accessible competence-based curricula relevant to the African context. Other scholars who emphasise the need for relevance in African TE include Gatwa (2009) who argues that theological education must resource the life of the people. In the same vein Swanepoel (cited by Wahl 2013) identifies a gap between the needs of the people in the church and the content taught in theological institutions; curricula need to become relevant. Chitando (2009) also makes a case for accredited theological curricula in Africa and identifies the following relevant themes to be addressed: HIV and AIDS; political literacy; and masculinity.” With these views and suggestions, we approached Batswana to get their views on theological education and health and healing in a bid to review TE in Botswana and the rest of the African continent.

### **Batswana Views on Health and Healing in Theological Education**

In view of what literature says about the need to review theological education in Africa, our team conducted a field research study, among whose objectives was to establish Batswana’s views on health and healing in theological education. The study was conducted between 2018 and 2019 in Botswana. The aim of this study was to establish how religious beliefs impact health seeking and health provision behaviours among Batswana and, from the findings, to propose review of theological, medical and health education for the purposes of promoting holistic health through the integration of medical, traditional and faith healing. The study adopted a mixed methods approach. Beginning with detailed review of existing literature, it collected quantitative data using questionnaires and qualitative data through focus group discussions and individual in-depth interviews. The quantitative and qualitative tools sought to collect information from four different groups of people (medical health practitioners, traditional healers, faith healers and health seekers) on their views on causes of illness, medication, collaboration of alternative health systems, organ and blood donation and curriculum issues in religion and health. Data for this article is, however, limited to views on health and healing in theological education curriculum. Participants who provided data on this aspect of the study included faith healers and academics in theological education institutions. The faith healers were drawn from all the Christian traditions found in Botswana, that is, mainline, African initiated, evangelical, Pentecostal and charismatic churches. The participants were drawn from 8 different geographical areas representing the north - south and the rural - urban divides of Botswana. Both purposive and snowball sampling methods were utilized and as many participants as possible were interviewed until we reached a saturation point in each geographical area. All

necessary steps were taken to protect the identities of the participants. Thus, for example, in presentation of data, we do not identify the respondents by name but by codes (e.g. MAP001) that each of the respondents was given during data collection.

Data gathered reflected that faith healers (church ministers/pastors) always deal with issues of health and healing. From prayers for healing to burial of the dead, health and healing issues are at the centre of their work. All faith healers said they practiced some form of faith healing. Common forms mentioned were prayer, prayer with laying on of hands, use of water, use of oil, use of sacraments like the Eucharist and use of other healing objects such as stones, leaves, etc. The Bible provided the most influence in the practice of faith healing,

“Eh, eh, we believe that the great physician is God, that is why we base on God. Yes, in the Bible some people were healed after prayers. But we encourage people to go back to the hospital for check-up, to prove that they are healed” (MAFH 001).

Considering their role in health and healing, the study then sought to establish if their training included issues of health and healing. While all the ministers from mainline churches had undergone pastoral training, many in African independent churches had not. Those faith healers who received training said their training included some courses on health. One respondent said, “Even though I was trained way back, I remember being taught that our bodies have their own healing mechanisms. I also remember being told to seek help from medical doctors and avoid diseases prone to certain regions/environments like yellow fever. We learnt about missionaries who ignored medication and died over there because of those diseases and that those who took medication survived the conditions” (TSFH002). Other respondents like HUFH001 were specific about the courses on religion and health they studied, “We were trained in what is known as clinical psychology, also we did practicals by visiting hospitals.”

The majority of the faith healers, however, said they had no pastoral training or their trainings did not have courses on religion and health. This was confirmed by the curricula of different theological institutions we studied. There were no specific courses discussing religion, health and healing. Heads of theological institutions interviewed confirmed also that such a gap existed in their curricula with some pointing at attempts to close them by offering courses on religion and HIV and AIDS. Both faith healers who had received pastoral training and those who did not were agreed that pastoral/theological training should include courses on health and healing. They argued that since pastors deal with people on a day-to-day basis, they need knowledge on health and healing, “We are in charge of the people of God, a pastor is someone who the people listen to very much and whatever he says, people usually follow so it’s important that we are taught” (GAFH001). They even suggested the course content to include, Psychology, Clinical Pastoral counselling, Healing rituals in specific religions, Health and prosperity, Satan and Illness (Demonology), Causes of Human Illness, God and medicine, Holistic healing and Collaboration with other health providers. Underlining the urgency of these courses, they suggested that while these courses are prepared for those undergoing training, there was also need for short term courses for those already in service.

### **Discussion: the Need for Incorporating Health and Healing in TE**

The call for incorporating health and healing in TE is growing confirming the views of Batswana pastors and faith healers. Peter Bartmann, Beate Jakob, Ulrich Laepple, Dietrich Werner (2008) paid attention to health and healing in TE in a position paper developed out of the observation of the growing desire for healing and health in Germany. The authors also noted the growing discourse on health, healing and spirituality, not only in Germany but worldwide. That this discourse is growing is also attested by several returns that one finds if they were to do an internet search of health, healing and religion or spirituality. Peter Bartmann, Beate Jakob, Ulrich Laepple, Dietrich Werner (2008) began with an attempt to define health, went on to discuss health in the global context, health in Germany and the challenges it throws to the church and church ministry. They also discuss Christianity as a therapeutic religion, the church as a healing community and suggest ways by which the church can become a healing community. Their suggestions for the way forward are very important for this study. Although they do not address the implications for theological education, there are many lessons for theological education review to be drawn from their position paper. In fact, their recommendation number 7 says, “More attention needs to be paid to health, healing and spirituality in the training, and further training, of pastors and deacons, as well as of doctors and nursing staff. Existing course models for the relevant training courses should be revised and made accessible” (Bartmann, Jakob, Laepple and Werner 2008:86). They elaborate this suggestion by saying, “In many places, we need a decentralized system of training courses on health, healing and spirituality to teach these subjects to current staff and, vice-versa, to introduce new experiences gained in this field into the teaching material. An important step might be to regularly offer the Diaconal Academy and the Association for Missionary Services regular further training and qualification courses in this field.” (Bartmann, Jakob, Laepple and Werner 2008:86).

The outbreak of HIV and AIDS called many theologians to wake up to the call to contextualize theological education. It is no surprise then that the area of HIV and AIDS has several publications on the subject of health and healing in TE. In 2007, Nothando Hadebe published *A Theology of Healing in the HIV&AIDS Era*. Hadebe looks at Christianity, ATR and Islam and outlines their theologies that can be used to respond to HIV and AIDS. She works with an understanding of theology as, “... the study of God and God’s activity as revealed in the faith traditions of all religions. One of the aims of theology is to connect beliefs about God to current social contexts and life experiences. Each religion has resources that they use to develop their theology” (Hadebe 2007:23). Hadebe’s work already addresses the place of religion in health and healing and response to Batswana call for strengthening this in the review of theological education.

Ezra Chitando and Charles Klagba (2013) edited a book comprising 10 chapters that address healing in the context of HIV. Written by a team of theologians, historians, pastors and other professionals, the book addresses different perspectives from African Traditional Religion and Christianity for understanding healing in the context of HIV and AIDS. For example, the first chapter by Tabona Shoko examines the interpretation of sickness and health in African Traditional Religion reminding readers of the importance of indigenous approaches to health and healing. Togarasei’s chapter 2 provides an overview of the Bible’s approach to sickness while proposing harmonising biomedical and spiritual approaches to healing. Other chapters address different aspects of healing in the Bible and Christian history. Of much interest to TE is chapter 9 by Marcellin S. Dossou. After analyzing the sending-in-mission texts by Jesus (Luke 1:1-2 and Mark 16:17-18),

Dossou notes that the contemporary church in Africa has the tendency to emphasise medical works when it comes to healing and health. She thinks this has both advantages and disadvantages that need to be addressed by TE, “Our institutional churches have emphasized intellectualization in the training of their pastors, which is an excellent thing. Unfortunately, such intellectualization is done to the detriment of the spiritual aspect” (Dossou 2013:181). Dossou goes further to note that this intellectualization results in the absence of healing prayers in TE curriculum. She therefore urged theological training institutions to include healing prayers in their curriculum, a call in line with the responses of Batswana.

The Bible is central in TE in Africa. As a result, the Bible is often consulted in discussing healing and health, for good or for worse. We saw above from Batswana respondents that their practice of healing is influenced by the teaching of the Bible. It is therefore important to pay attention to works that address the Bible, health and healing. Although not focusing on Africa, John J. Pilch (2000), looks at healing practices in the gospels and other books of the New Testament. The book is important for understanding healing and curing and especially as it provides models to be learnt from the Bible to address healing today. Concluding the book, Pilch (2000:143) underlines the relevance of the book saying, “The definitions and models presented in this book and applied..... can contribute to a richer and more precise understanding of these questions in antiquity. Armed with these insights, modern readers will be in a better position to draw truly respectful and relevant conclusions for their situations.”

Unlike Pilch who discusses the Bible, health and healing in general, Judith L. Hill (2007), specifically uses the New Testament to discuss health, illness and healing in Africa. She begins by making a very important observation that, “In the search for better health for Africans, a variety of solutions have been attempted” (Hill 2007: 151). She identifies the three health systems consulted by the Africans as she states, “The traditional healers as well as the sorcerers are ever-present and frequently consulted. Sometimes, well-wishers from other parts of the world offer African states the wonders of Western medicine..... Still others take a different approach. (and) tend to downplay this present life and simply emphasize eschatological joys and glorious, heavenly bodies... (while)....the supporters of the Health and Wealth Gospel fervently proclaim healing in the atonement and a theology that announces prosperity and good health in this life for all those who believe in Jesus.” Having observed the problems associated with health and health care in Africa, Hill suggests the need to study closely what the Bible says about health and healing. Hill’s suggestions show the need for TE in Africa to focus attention on health and healing as many people flock to churches for this service. The Bible is central in providing a theology that guides attitudes to health and health care. In her article, Hill provides a theology of health, healing and the Bible that can be used in TE in Africa. For example, having analysed different texts on health and healing from both the Old and the New Testaments, she draws a number of implications some of which are, “it is permissible to seek healing-through prayer, through the ministry of someone with the spiritual gift of healing, through the anointing and prayer of the elders of the church, through modern medical science, and through traditional treatments that have no non-Christian (pagan or Muslim) orientation. In all cases, these actions are to be undertaken in faith, believing that God can use those means (and those people) to effect a cure if that is his will.” Although some of her conclusions are debatable, her suggestions form a good starting point for discussing health and healing in TE in Africa.

S. O. Abogunrin, et al. (2004) edited an important book on biblical healing in the African context. With a total of 24 chapters, the book looks at applying biblical texts for promoting health and healing in Africa. Nearly all the contributors are agreed that faith/religion/spirituality is important for health and healing in the African context. Introducing the book, Abogunrin (2004:8) notes that since the traditional world of Africa compares well with the biblical world, many African Christians still believe in and seek miraculous healing. In light of this observation, Abogunrin calls upon the government and the church to work together to promote holistic health for the people. This justifies the call for TE to seriously engage health and healing.

### **Recommendations and Conclusion**

This paper has argued for inclusion and/or strengthening of health and healing in TE in Africa using field findings and literature review. Much of the literature on health and healing in TE focuses on the Christian church, the Bible and HIV and AIDS. Journal articles, book chapters and books that address themes on health and healing do so without directly addressing how the themes should be addressed in theological education. There is need for TE to engage with health and healing holistically. A curriculum that addresses the interaction of the various health systems in Africa is needed. Such a curriculum should focus on providing all health practitioners and health administrators with deep TE of health and healing from a multi-faith perspective. As Wahl (2013:271) says, “theological institutions in Africa need to see themselves as teaching institutions that are closely linked to the context of their local faith community.” The question might be on how theological training institutions can reach out to trainee medical practitioners with a theology of health and healing. This should, however, not be a big problem in Africa where a number of churches have established universities that offer medical and health training. It should be easy for such training institutions to introduce a course or two that deal(s) with theology of health and healing. Health providers need an appreciation of the religious beliefs of their clients and how these affect the clients’ health seeking practices.

Coming on to seminaries and other theological training institutions such as University departments of Religion and Theology, it is important to underline that TE curriculum should address the needs of the people. TE curriculum should address health and healing issues especially as these are at the centre of Christian practice in Africa today. The abuse that some church clergy have made of healing has put the name of the church into disrepute. Church ministers have put the health of congregants seeking healing at risk by asking them to drink deadly concoctions, by spraying them with insecticides or asking them to drink certain dangerous chemicals. What comes out clear from these actions by the ministers is lack of basic knowledge on health and healing. TE should therefore provide courses and modules on health and healing for trainee pastors to have basic knowledge on health and healing. It is our assumption that this knowledge will curtail the abuse and encourage church ministers to collaborate with other health practitioners in the provision of holistic health services.

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