

Healing and Spirituality in Contemporary Ghana: Pentecostal Perspectives on Divine Healing and Deliverance

Abstract

Healing and deliverance occupy a central place in contemporary Ghanaian Pentecostal spirituality, where experiences of sickness, misfortune, demonic oppression and human well-being are interpreted within interconnected biblical, spiritual and socio-cultural frameworks. This paper examines Pentecostal perspectives on divine healing and deliverance in contemporary Ghana, paying particular attention to their theological foundations, relationship with African understandings of spiritual causality, changing expressions of healing spirituality, and emerging pastoral and ethical concerns. Using a qualitative literature-based research design, the study draws on selected scholarly works on Ghanaian Pentecostalism, African spirituality, healing, prayer, deliverance and neo-Prophetic Christianity. The materials are subjected to thematic and interpretive analysis to identify recurring patterns, areas of convergence and major scholarly debates (Wiesner,2022). The paper argues that Ghanaian Pentecostal healing spirituality represents neither an uncomplicated continuation of African indigenous religious practices nor a complete rejection of them. Rather, it constitutes a Christian reconfiguration of concerns about health, spiritual forces, misfortune and wholeness through a Christ-centred and Spirit-oriented theological framework. The analysis further demonstrates that divine healing and deliverance have expanded beyond responses to bodily illness to address psychological, relational, economic and spiritual distress, while recent Pentecostal discourse increasingly emphasises divine health, faith, Scripture and positive confession (Ayivor,2026). At the same time, the growing visibility and commercialization of healing ministries raise concerns regarding charismatic authority, financial exploitation, emotional manipulation, stigma and inadequate responses to mental health conditions. The paper concludes that Pentecostal healing and deliverance remain significant expressions of spirituality in contemporary Ghana, but their theological

credibility and pastoral value depend on responsible, ethical and holistic practices that protect human dignity while maintaining their distinctive spiritual orientation.

1. Introduction

Healing is a central feature of Pentecostal Christianity and remains important in contemporary Ghanaian Pentecostal and Charismatic practice. Pentecostal understandings of healing extend beyond physical recovery to include spiritual, emotional and social well-being. Ayivor explains that healing is rooted in the belief that Christ's atoning work makes divine intervention available to believers experiencing sickness and other forms of affliction.

In Ghana, healing is closely linked with deliverance, which generally refers to liberation from demonic oppression, curses, witchcraft and other forms of spiritual bondage. Ablorh notes that healing and deliverance are often treated as interconnected because some Pentecostal Christians understand illness and misfortune as having both physical and spiritual dimensions. These practices are therefore viewed as expressions of divine power through Jesus Christ and the Holy Spirit (Whitaker, 2022).

This relationship is shaped by the Ghanaian religious context, where visible and invisible realities have historically been understood as interconnected. African indigenous religious worldviews have often interpreted sickness, misfortune and insecurity through supernatural causality. Buertery argues that Ghanaian Pentecostalism engages these concerns while also transforming them through a Christ-centred and Spirit-oriented framework. This creates both continuity and discontinuity with indigenous spirituality: continuity in the concern for spiritual causality and divine intervention, and discontinuity in the rejection of ancestral mediation, sacrifices and divination.

Contemporary Pentecostal spirituality has also developed from an emphasis on receiving healing after sickness towards the pursuit of "divine health" through faith, Scripture, prayer and positive confession.

At the same time, the growth of prophetic and deliverance ministries has raised concerns about financial exploitation, emotional manipulation, stigmatisation and the treatment of some mental health conditions solely through exorcism (Bauer, 2024).

Against this background, this paper examines divine healing and deliverance as expressions of Pentecostal spirituality in contemporary Ghana. It explores their theological foundations, relationship with African spiritual worldviews, contemporary developments and ethical challenges. The paper argues that Ghanaian Pentecostal healing and deliverance are contextual Christian practices that both engage and transform indigenous understandings of suffering and spiritual causality, but their continuing credibility depends on Christ-centred spirituality, ethical accountability and respect for human dignity (Judd et al., 2025).

2. Literature Review

Scholarship on healing and spirituality in Ghanaian Pentecostalism revolves around several related debates, particularly the theological basis of divine healing, the relationship between healing and deliverance, the influence of African religious worldviews, changing understandings of faith and health, and the ethical concerns surrounding contemporary healing practices. These debates show that Pentecostal healing in Ghana is not limited to physical recovery. It forms part of a wider spirituality through which believers interpret suffering, spiritual power, well-being and divine intervention (Ekanem & Okokon, n.d.).

A major theme in the literature concerns the theological foundations of divine healing. Ayivor (2025) explains that healing has been central to Pentecostalism from its beginnings and is generally understood as part of the benefits of Christ's saving work. Pentecostal theology often connects healing with the atonement of Christ, the activity of the Holy Spirit and the exercise of faith. Agyinasare similarly presents divine healing as deeply rooted in Ghanaian Pentecostal theology, where biblical accounts of Jesus and

the apostles provide the basis for expectations of supernatural intervention. The main scholarly concern is therefore not whether healing is important, but how broadly it should be understood and how claims of divine intervention should relate to suffering and medical care (Prince, n.d.).

Closely related to this is the debate on healing and deliverance. In many Ghanaian Pentecostal settings, the two practices are interconnected because suffering may be understood as having physical, spiritual, psychological and relational dimensions. Ayivor (2025) notes that the Holy Spirit is understood as the agent through whom believers exercise authority over sickness and satanic forces. Ablorh (2018) also presents deliverance as part of the broader ministry of restoring afflicted persons to health and wholeness. Deliverance therefore goes beyond the casting out of demons and may involve liberation from conditions interpreted as spiritual bondage, including illness, infertility, repeated misfortune and family crises.

The theological legitimacy of deliverance is, however, debated. Some scholars link it strongly to African understandings of supernatural causality, while others emphasise its biblical roots in the ministries of Jesus and the early church. Ayivor (2025) recognises the influence of African worldviews but argues that deliverance cannot simply be classified as an African religious practice because exorcism also has a clear biblical foundation. This debate is important because it shows that Ghanaian Pentecostal deliverance is neither merely a continuation of African traditional religion nor completely detached from the cultural environment in which it operates.

Another important strand of scholarship concerns the relationship between Pentecostal spirituality and African indigenous religious worldviews. Buerthey (2025), drawing on the continuity-discontinuity model of Andrew Walls and Kwame Bediako, argues that African Christianity both continues and transforms elements of indigenous spirituality. Pentecostal practices such as spiritual warfare, fasting, nocturnal prayer and the expectation of supernatural intervention may reflect continuity with African concerns about spiritual power and protection. At the same time, discontinuity is evident in the emphasis on Christ as the

decisive mediator and in the rejection of ancestral mediation, sacrifices and other indigenous ritual systems.

This debate is especially important in relation to witchcraft and misfortune. Onyinah (2002) argues that belief in witchcraft and spiritual threats remained influential despite Christianity, education and modernisation. Deliverance therefore became one of the ways through which Ghanaian Christians responded to fears and concerns that missionary Christianity had not always addressed adequately. In this sense, Pentecostal deliverance gained relevance because it engaged questions of spiritual causality, protection and insecurity that continued to shape the lived experiences of many Ghanaians.

Recent literature also identifies a shift from divine healing to the broader concept of divine health. Ayivor (2025) describes divine health as the pursuit of continuous physical, mental and spiritual well-being rather than simply receiving healing after illness. Faith, prayer, meditation on Scripture, obedience and positive confession are presented as important practices for sustaining this state. This development broadens Pentecostal healing spirituality from occasional miraculous intervention to a more continuous understanding of wellness and Christian identity.

The relationship between faith and medicine has also changed. Older forms of Pentecostalism were sometimes characterised by strong anti-medical attitudes, but contemporary practice is more complex. Ayivor identifies a growing coexistence between medicine, divine healing and divine health. The establishment of hospitals and health centres by Ghanaian Pentecostal and Charismatic churches further shows that prayer and biomedical care are not always treated as mutually exclusive Grant (2025). This challenges the simple assumption that Pentecostal faith necessarily rejects medical treatment.

A final debate concerns the ethical and pastoral implications of healing and deliverance ministries. While such ministries may provide hope, emotional reassurance and spiritual support, scholars also identify

serious risks. Agyinasare highlights concerns such as self-promotion, financial exploitation, emotional manipulation, sensationalised testimonies and weak accountability. Deliverance practices may also lead to stigmatisation when individuals are labelled as demonised or associated with witchcraft. Asamoah (2016) further criticises harmful practices such as chaining, beating and prolonged fasting and calls for stronger ethical regulation and greater collaboration with mental health and medical professionals.

Overall, the literature presents Ghanaian Pentecostal healing and deliverance as theologically significant but also contested. Scholars recognise their importance in responding to suffering, spiritual causality and the search for wholeness, yet questions remain about the boundaries between biblical practice and indigenous influence, faith and medicine, and spiritual authority and pastoral responsibility. These debates support the use of the continuity-discontinuity perspective as an appropriate framework for analysing healing and spirituality in contemporary Ghana (Buerthey, 2025)

3. Theoretical and Conceptual Framework

This paper adopts the continuity-discontinuity perspective associated with Andrew Walls and Kwame Bediako as its principal analytical framework. The perspective is particularly suitable for examining healing and spirituality in contemporary Ghana because it explains how Christianity engages indigenous cultural and religious categories without either reproducing them unchanged or completely abandoning them. Buerthey employs this framework specifically in relation to Ghanaian Pentecostal spirituality and argues that it provides an important lens for understanding the interaction between Christianity and African Indigenous Religion.

Walls's approach is commonly expressed through the related principles of indigenisation and pilgrimage. The indigenising principle recognises that Christianity becomes embedded within the cultural world of those who receive it. Christian faith is therefore expressed through existing languages, thought patterns,

concerns and categories of meaning Hiebert et al. (2024). The pilgrim principle, however, emphasises the transformative dimension of Christianity, through which aspects of the receiving culture may be questioned, rejected or reinterpreted in accordance with Christian theological commitments. Together, these principles produce a relationship characterised by both continuity and discontinuity. Bediako extends this insight by emphasising the importance of indigenous religious experience in the formation of African Christian identity, arguing that African Christianity must be understood in relation to the cultural and religious world within which Christian faith has taken root (Emerson & Smith, 2025).

Applied to the present study, refers to those areas in which Ghanaian Pentecostal healing and deliverance respond to concerns already deeply rooted in African understandings of life. These include belief in the interaction between visible and invisible realities, concern about supernatural causality, the search for protection from hostile spiritual forces, and the expectation that religion should respond practically to sickness, infertility, misfortune and other threats to human flourishing. Buerthey notes that Ghanaian Pentecostal spirituality retains a strong emphasis on divine intervention, spiritual warfare and prophetic revelation, while practices such as collective prayer, fasting and nocturnal vigils may resemble indigenous approaches to seeking supernatural intervention. Healing and deliverance therefore possess cultural intelligibility because they address questions that have long been significant within Ghanaian religious experience (Grant, 2025).

Continuity does not, however, imply that Pentecostal healing is simply African Indigenous Religion expressed through Christian language Buerthey (2025). Discontinuity occurs where Pentecostal theology redefines the source, mediation and meaning of spiritual power. Christ becomes the decisive mediator, while the Holy Spirit is understood as the agent through whom divine power operates. Pentecostal Christianity consequently rejects ancestral mediation, polytheism, indigenous sacrifices and particular forms of divination that conflict with its biblical and Christological commitments. Buerthey similarly

concludes that although the desire for supernatural encounters, healing, breakthrough and deliverance reflects significant continuity with African indigenous spirituality, important discontinuities remain in relation to sacrifices, ceremonies and divinatory practices (Yusufu & Agabi, 2026).

The framework is therefore useful for analysing divine healing and deliverance at three interconnected levels. First, it enables examination of continuity in existential concerns, especially the desire for health, protection, liberation and wholeness. Second, it illuminates theological transformation, whereby these concerns are reframed through Christ, the Holy Spirit, Scripture and Pentecostal understandings of spiritual authority. Third, it provides a basis for evaluating contemporary innovations, including prophetic healing, deliverance rituals, divine health teachings and the increasing prominence of charismatic ministers. These practices can be assessed by asking whether they represent contextual expressions of Christian spirituality, transformed indigenous patterns, or forms in which the distinction between Christian and indigenous religious mediation becomes less clear Zhomartkyzy (2023).

This perspective is particularly appropriate because Ghanaian Pentecostalism itself should not be interpreted merely as an imitation of Western Pentecostal Christianity. Ablrh notes that scholarship on African Pentecostalism increasingly recognises indigenous agency and cautions against portraying African Christians simply as consumers of religious innovations originating elsewhere. The continuity-discontinuity framework consequently allows the paper to interpret Ghanaian Pentecostal healing as a locally meaningful Christian spirituality formed through an ongoing encounter between biblical Pentecostal convictions and Ghanaian religious-cultural understandings of suffering and spiritual causality. It therefore provides the analytical lens through which the findings on divine healing, deliverance, divine health and contemporary pastoral tensions are interpreted (Ayivor, 2026).

4. Methodology

This paper adopts a qualitative, literature-based conceptual research design to examine Pentecostal perspectives on divine healing and deliverance in contemporary Ghana. The design is appropriate because the purpose of the study is not to generate new statistical evidence or conduct a fresh survey of Pentecostal congregations, but to critically synthesise existing scholarship in order to identify theological patterns, cultural continuities and discontinuities, and contemporary pastoral concerns. Conceptual research involves the analysis and interpretation of available knowledge on a subject and can be used to reconsider established ideas and theoretical relationships without necessarily undertaking a new field study. This approach is consistent with Buerthey's study of Ghanaian Pentecostal spirituality, which similarly employs conceptual research to investigate the relationship between Pentecostal practice and African indigenous spirituality.

The study uses Ghana as the contextual focus, with particular attention to Pentecostal, Charismatic and neo-Prophetic expressions of Christianity. Ghana provides an appropriate setting because healing, prayer, prophecy and deliverance occupy highly visible positions within contemporary Pentecostal religious life. The literature also shows that Ghanaian Pentecostalism consists of multiple strands rather than a single homogeneous tradition, including Classical Pentecostal, Charismatic, neo-Pentecostal and related indigenous Christian expressions. Consequently, the analysis does not assume that every Pentecostal church follows identical healing or deliverance practices. Instead, it identifies major recurring tendencies across the scholarship while recognising denominational and ministerial variation (Youvan, 2024).

The sources of data are secondary scholarly materials selected for their direct relevance to Pentecostal healing, deliverance, spirituality, prayer, African religious worldviews and contemporary Ghanaian Christianity. The core sources include peer-reviewed journal articles, doctoral and master's theses, and theological studies by scholars such as Buerthey, Ayivor, Onyinah, Ablorh, Asamoah and Agyinasare. These works were selected because they provide Ghana-specific discussions of the theological, cultural

and ethical dimensions of the subject. Particular attention is given to sources that contain empirical material from Ghana even though the present paper does not independently reproduce their fieldwork. For example, Ayivor's 2025 study draws on qualitative research conducted in Greater Accra using semi-structured interviews with Pentecostal and Charismatic pastors, focus-group discussions and relevant secondary material. Such studies provide important contextual evidence that complements the conceptual literature (Slovák et al., 2023)

Data collection for the present study consisted of documentary identification, selection and extraction of relevant scholarly material. The selected texts were reviewed for arguments and evidence concerning divine healing, deliverance, spiritual causality, witchcraft, prayer, the Holy Spirit, Christological understandings of healing, divine health, relationships with biomedical medicine, and ethical or pastoral concerns. Attention was also paid to the methodological orientation and conclusions of the individual studies so that arguments were interpreted within their original scholarly contexts rather than removed from them (Bergh et al., 2022).

The collected material was analysed using thematic and interpretive analysis. Recurring ideas across the sources were grouped into major analytical themes: the theological foundations of healing; the relationship between African spirituality and Pentecostal interpretations of causality; deliverance and spiritual warfare; the transition from divine healing towards divine health; and the ethical and pastoral tensions surrounding contemporary healing ministries Zaluchu (2026). The analysis then compared areas of agreement, divergence and development among the sources. The continuity-discontinuity framework developed in the preceding section was applied to determine which aspects of healing and deliverance reflect continuing African existential concerns and which have been transformed or rejected through Pentecostal Christology, pneumatology and biblical interpretation.

The methodology therefore seeks analytical depth rather than statistical generalisation. The findings represent a critical synthesis of the selected literature and should not be interpreted as describing every Pentecostal congregation or believer in Ghana. Similar conceptual studies acknowledge that reliance on published sources generates context-sensitive analytical insight rather than statistically representative claims. Within these limits, the approach provides an appropriate basis for examining how healing and deliverance function as theological, cultural and experiential dimensions of contemporary Ghanaian Pentecostal spirituality (Buerter, 2023).

5. Findings and Analysis

The thematic analysis of the selected literature reveals that healing and deliverance in contemporary Ghanaian Pentecostalism operate within a broad spiritual framework that combines biblical theology, the experience of the Holy Spirit, African understandings of spiritual causality, practices of prayer and faith, and changing attitudes towards medicine and well-being. Five major themes emerged from the reviewed sources: divine healing as a holistic expression of salvation; deliverance as liberation from spiritual and existential affliction; continuity and discontinuity with African spiritual worldviews; the emergence of divine health and the changing relationship between faith and medicine; and the ethical and pastoral tensions associated with contemporary healing ministries (Ayivor, 2025).

5.1 Divine Healing as an Expression of Holistic Salvation

The first major finding is that divine healing is understood within Ghanaian Pentecostalism as more than the supernatural removal of physical illness. It is embedded in a broader understanding of salvation as restoration and wholeness. Ayivor's study shows that Pentecostal theology connects divine healing directly to the redemptive work of Christ and to the activity of the Holy Spirit. Among the pastors studied, divine healing was commonly described as healing initiated by God's power without dependence on

medicine or another therapeutic substance. The Holy Spirit is consequently interpreted as the active divine agent through whom healing power reaches the sick person (Ekanem & Okokon, n.d.)

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The significance of this finding lies in the breadth of the Pentecostal concept of salvation. Salvation is not treated exclusively as preparation for life after death but as divine intervention in the present realities of human existence. Ayivor indicates that Pentecostal theology often presents salvation as a comprehensive condition involving freedom from sin, sickness, poverty and malevolent spiritual forces. This understanding helps explain why healing retains such a prominent place in Pentecostal worship. The believer does not approach God only for forgiveness but also for intervention in conditions considered destructive to human flourishing (Baarda, 2024).

The practices through which healing is pursued further demonstrate its experiential character. The literature identifies prayer, laying on of hands, fasting, anointing, prophetic declarations, Scripture reading, testimonies and worship as significant channels through which believers expect divine power to operate. These practices create an environment in which healing is experienced not only as an individual encounter but as a communal religious event. Testimonies are especially significant because they function as evidence within the faith community that divine intervention remains possible. The narrative of one person's healing therefore strengthens the expectation of others and contributes to the reproduction of a shared Pentecostal understanding of God as actively involved in human suffering (Bergens, 2026).

Healing thus becomes simultaneously theological, experiential and communal. The theological dimension locates healing in Christ and the Holy Spirit; the experiential dimension involves practices through which divine power is sought; and the communal dimension appears in public prayer, testimony and corporate expectation. This combination contributes to the resilience of healing spirituality in contemporary Ghana.

5.2 Deliverance as Liberation from Spiritual and Existential Affliction

A second major finding is that deliverance functions as an expanded form of healing within Ghanaian Pentecostal spirituality. The reviewed literature consistently demonstrates that deliverance is not limited to conventional understandings of exorcism. It may include liberation from demonic oppression, witchcraft, curses, ancestral influences and other conditions interpreted as forms of spiritual bondage Harold and Nel (2022). The concerns addressed may extend beyond sickness to include repeated misfortune, relational difficulties, infertility, economic hardship and other existential crises.

Ayivor's analysis indicates that Pentecostal and Charismatic Christians frequently link healing and deliverance because both are understood as manifestations of the Holy Spirit's power over destructive forces. Deliverance may include casting out malevolent spirits, renouncing perceived spiritual covenants, prayer, laying on of hands and the spiritual strengthening of the person after liberation. The goal is therefore not merely expulsion of an evil spirit but restoration of the individual to spiritual and existential well-being (Thakadipuram, 2024).

This interpretation helps explain why deliverance has acquired such importance in Ghanaian Christianity. The literature suggests that many believers do not separate bodily, social, psychological and spiritual problems as sharply as modern biomedical frameworks sometimes do. A difficulty may have several dimensions simultaneously. A sickness can therefore be approached medically while also being interpreted as spiritually significant. Similarly, persistent poverty or family crises may be understood not only through economic or social explanations but through spiritual causality.

Within this worldview, deliverance offers a framework of meaning. It identifies a possible spiritual source of suffering while also providing a ritualised response through prayer and spiritual authority. Agyinasare's

analysis notes that deliverance can offer symbolic and pastoral resources to individuals who experience suffering as spiritually caused, giving them liberation, meaning and hope. Deliverance therefore functions psychologically and socially as well as theologically, even though Pentecostal communities primarily interpret it in spiritual terms (Kgatlé, n.d.).

At the same time, the sources caution against treating every problem as demonic. The literature reviewed by Ayivor and Asamoah indicates that Pentecostal interpretations sometimes overextend spiritual diagnosis, particularly when psychological or medical conditions are automatically classified as manifestations of demonic activity. This introduces an important tension between the pastoral value of deliverance and the risks associated with indiscriminate spiritualization (Chopho, 2025).

5.3 African Spiritual Causality and the Continuity-Discontinuity Dynamic

A third finding concerns the relationship between Ghanaian Pentecostal healing and African indigenous understandings of spirituality. The evidence strongly supports a continuity-discontinuity interpretation. The continuity is visible in the assumption that physical life may be influenced by invisible spiritual forces and that religion should provide practical resources for confronting such forces. Buerthey describes an African cosmological outlook in which the natural and supernatural realms are interconnected and in which prayer addresses concerns ranging from disease and death to fertility, prosperity, protection and communal survival.

Ghanaian Pentecostal healing and deliverance clearly respond to many of these same existential concerns. The emphasis on spiritual warfare, protection, breakthrough, healing and deliverance therefore reflects cultural continuity at the level of questions being asked. Pentecostalism succeeds partly because it takes seriously concerns that remain deeply meaningful within Ghanaian religious experience. Instead of

declaring these concerns irrational or irrelevant, it offers Christian interpretations and responses (Groothuis, 2022).

However, the evidence equally demonstrates significant discontinuity. Pentecostalism relocates the source of effective spiritual power within a biblical and Christological framework. Christ is presented as the decisive mediator, and the Holy Spirit becomes the source of spiritual empowerment. Indigenous sacrifices, ancestral mediation and certain forms of divination are rejected. The result is therefore neither complete cultural preservation nor complete religious rupture.

This dynamic is visible in healing practices themselves. Prayer, fasting and collective intercession may resemble older patterns of seeking supernatural assistance, but their theological language and intended source of power are explicitly Christian. Similarly, the use of anointed objects such as handkerchiefs, wristbands or other materials may resemble indigenous material approaches to spiritual power, yet Pentecostal practitioners interpret such objects as channels associated with prayer and the power of God rather than as autonomous sacred forces (Ibrahim, 2023).

The analysis therefore suggests that Ghanaian Pentecostalism engages in a process of reinterpretation. Existing concerns about spiritual causality are retained, but their theological explanation is reconstructed. This helps account for both the cultural familiarity and the distinctive Christian identity of Pentecostal healing spirituality.

5.4 From Divine Healing to Divine Health and the Reconfiguration of Medicine

The fourth major finding is a significant contemporary development from an emphasis on episodic divine healing towards the concept of divine health. Ayivor's study provides the clearest evidence of this shift. Divine health is understood as a condition of sustained physical, mental and spiritual well-being in which the believer seeks not merely to recover from illness but to live continuously in health through faith in God.

Practices associated with divine health include meditation on Scripture, positive confession, obedience to the Word, prayer and the deliberate cultivation of faith. In Ayivor's research, some pastors reported teaching believers to move beyond repeatedly seeking healing towards an identity in which they understand themselves as participating in the new life available in Christ. Positive confession is particularly important in this strand of Pentecostal spirituality because believers verbally affirm health and reject sickness as inconsistent with their understanding of Christian identity (McBain, 2025).

Yet the evidence also reveals a gap between theological aspiration and lived experience. Ayivor found that congregants did not necessarily report continuous freedom from sickness, even when they believed divine health was spiritually attainable. Some believers received prayer and still used medical treatment, while others combined prayer and medicine. This suggests that divine health often operates as an aspirational theological ideal rather than a uniformly experienced condition.

More importantly, contemporary Ghanaian Pentecostalism does not appear to fit a simple opposition between faith and medicine. The literature identifies a threefold healing landscape consisting of medicine, divine healing and divine health. Some believers pray, some seek biomedical treatment, and others combine both approaches. The establishment of hospitals and health centres by major Pentecostal and Charismatic churches further demonstrates that institutional Pentecostalism is not uniformly hostile to biomedical healthcare (Grant, 2025).

This represents an important transformation from earlier forms of Pentecostal rhetoric that regarded medical treatment as incompatible with faith. Contemporary practice is more fluid. The same believer may affirm supernatural healing while simultaneously accepting professional healthcare. The findings therefore indicate an ongoing negotiation between charismatic spirituality and modern medicine rather than an absolute rejection of one by the other.

5.5 Ethical and Pastoral Tensions in Contemporary Healing Ministries

The final major finding concerns the ethical ambiguity surrounding the expansion and public visibility of healing and deliverance ministries. The literature acknowledges substantial pastoral benefits, including hope, spiritual reassurance, emotional support and communal care. However, the same structures of charismatic authority that make healing ministries influential can expose vulnerable individuals to manipulation.

One recurring concern is the increasing centrality of charismatic leaders. Media platforms, healing crusades and public testimonies can position particular pastors or prophets as uniquely powerful mediators of divine intervention. Agyinasare warns that this may shift attention away from Christ and towards dependence on the personality of the minister. When access to a particular leader becomes associated with access to healing, charismatic authority may become personalised and difficult to hold accountable (Orogun, 2023).

Financial exploitation is another significant theme. Some healing ministries may connect financial giving with expectations of divine intervention, creating particular risks for people experiencing illness, poverty or desperation. The literature identifies the commodification of sacred practices and weak transparency as serious threats to the credibility of Pentecostal healing.

Deliverance practices generate additional concerns. Individuals labelled as demonised or associated with witchcraft may experience public shame, stigma or damaged family relationships. There is also evidence of cases in which people with mental health difficulties are subjected exclusively to exorcistic treatment, potentially delaying appropriate clinical intervention. Asamoah argues that symptoms interpreted spiritually may in some cases have medical or psychological explanations and therefore calls for collaboration between clergy, psychologists, psychiatrists, counsellors and other healthcare professionals b (Cooper et al., 2023).

The findings consequently reveal that the central challenge is not the existence of healing and deliverance as Pentecostal practices, but the manner in which they are exercised. Where healing spirituality promotes hope, care, dignity and responsible pastoral support, it contributes positively to believers' experience of wholeness. Where it becomes coercive, financially exploitative, stigmatising or resistant to appropriate medical care, its pastoral and theological credibility is weakened.

Overall, the analysis demonstrates that healing and deliverance remain central because they provide a holistic Pentecostal response to suffering within a cultural environment where spiritual and material realities are frequently interpreted as interconnected. Their contemporary form reflects both continuity with African concerns about spiritual causality and discontinuity through explicitly Christ-centred and Spirit-oriented reinterpretation. At the same time, the movement from divine healing towards divine health, the coexistence of prayer and medicine, and the growth of ethical scrutiny demonstrate that Ghanaian Pentecostal healing spirituality is neither static nor uniform. It is an evolving religious field in which theology, culture, lived experience and pastoral responsibility continue to interact (Buertey, 2023).

6. Discussion

The findings demonstrate that divine healing and deliverance remain significant expressions of Pentecostal spirituality in contemporary Ghana because they address suffering within a religious framework that connects bodily, social and spiritual well-being. Rather than treating illness simply as a biomedical event, the Pentecostal approach interprets human flourishing holistically and places healing within the broader experience of salvation, prayer, faith and the activity of the Holy Spirit. This supports Ayivor's argument that Pentecostal healing is comprehensive rather than limited to physical recovery and is rooted in the redemptive work of Christ. The findings therefore suggest that the continuing attraction of healing spirituality lies partly in its capacity to speak simultaneously to religious conviction and to the practical anxieties of everyday life (Balamir & Yilmaz, 2025).

The analysis also confirms that healing and deliverance are closely connected but should not be treated as identical practices. Divine healing primarily concerns the restoration of health through divine intervention, whereas deliverance addresses forms of suffering interpreted as resulting from oppressive spiritual powers. Yet the boundary between them is often fluid because illness may itself be interpreted spiritually. Ayivor's evidence shows that Ghanaian Pentecostals frequently associate the two practices through the activity of the Holy Spirit and the authority of Christ. The significance of deliverance, therefore, lies not only in exorcism but in the promise of restored wholeness, freedom and spiritual security.

The continuity-discontinuity framework helps explain why these practices possess such strong resonance within Ghana. The findings support Buerthey's argument that African Pentecostal spirituality does not represent either a complete continuation of African Indigenous Religion or a total departure from it. Continuity is visible in the underlying questions concerning supernatural causality, illness, misfortune, protection and spiritual power. African cosmological assumptions that the visible and invisible dimensions of reality interact provide an important cultural context in which healing and deliverance become intelligible religious responses. At the same time, Pentecostal theology introduces discontinuity by

relocating spiritual authority in Christ and the Holy Spirit and rejecting ancestral mediation, sacrifices and other indigenous ritual systems (Buerthey, 2025).

This finding is important because it challenges two reductionist interpretations. On the one hand, Ghanaian Pentecostal healing cannot adequately be dismissed as a disguised continuation of indigenous religion. On the other hand, it cannot be fully understood as an imported Western form of Christianity detached from Ghanaian religious experience. Instead, the evidence points to a contextual process of theological reconstruction. Existing concerns are retained, but they are reinterpreted through biblical narratives, Christology and pneumatology. Buerthey's continuity-discontinuity argument captures precisely this interaction, identifying both indigenous influence and significant theological divergence within Ghanaian Pentecostal spirituality.

The emergence of divine health further demonstrates that Pentecostal healing spirituality is evolving. Earlier understandings often focused on receiving supernatural healing after illness had occurred. The contemporary discourse identified by Ayivor increasingly promotes divine health as an ideal of sustained well-being grounded in faith, Scripture, positive confession and the believer's identity in Christ. However, the findings also reveal a clear distinction between theological aspiration and lived practice. Congregants may affirm divine health while continuing to experience sickness and seek medical treatment. Ayivor's evidence indicates that contemporary Ghanaian Pentecostals commonly operate within a threefold healing system involving medicine, divine healing and divine health rather than relying exclusively on one approach.

This coexistence complicates the assumption that Pentecostal faith necessarily opposes biomedical medicine. The establishment of hospitals and health centres by Pentecostal and Charismatic churches provides institutional evidence of a more accommodating relationship between spirituality and healthcare. Contemporary Pentecostal healing spirituality can therefore include both prayer and medical treatment.

This development may represent an important maturation of Pentecostal approaches to suffering because it allows divine agency to be affirmed without requiring believers to reject professional healthcare (Hwavyon et al., 2025).

Nevertheless, the findings also reveal theological and pastoral risks. One concerns the role assigned to faith when healing does not occur. Earlier Pentecostal rhetoric sometimes associated unsuccessful healing with weak faith, potentially creating guilt, confusion and spiritual inferiority among sick believers. Ayivor's discussion of Onyinah and Dickinson challenges this interpretation and cautions against blaming those who remain unhealed. A more responsible theology must therefore preserve belief in divine healing while recognising human vulnerability and avoiding simplistic explanations for continued suffering (Robinson, n.d.).

A second concern involves the increasing personalisation and commercialisation of charismatic authority. Healing testimonies, media exposure and prophetic ministries can strengthen communal faith, but they may also make particular leaders appear indispensable to divine intervention. Agyinasare's analysis indicates that media visibility and ministerial branding can shift religious attention towards the charismatic personality rather than Christ, creating dependency and weakening accountability. Financial practices that connect giving with access to healing further risk converting spiritual vulnerability into economic opportunity. Such developments do not invalidate Pentecostal healing itself, but they demonstrate the need to distinguish theological claims about divine power from ministerial practices that may exploit those seeking help (Van der Watt, 2023).

The ethical implications are especially serious in deliverance ministry. Deliverance can provide meaning, hope and a sense of liberation for people who interpret suffering through spiritual causality. However, indiscriminate spiritual diagnosis can stigmatise individuals and obscure medical or psychological conditions. Asamoah argues that symptoms interpreted as demonic may sometimes be associated with

epilepsy or mental health disorders and therefore recommends collaboration between ministers, psychologists, psychiatrists, counsellors and medical professionals. Similarly, the literature cautions that exclusive reliance on exorcism may delay appropriate clinical care and compromise human dignity.

Taken together, these findings indicate that the significance of Ghanaian Pentecostal healing and deliverance lies in their ability to articulate a contextual spirituality of wholeness. They translate enduring Ghanaian concerns about suffering, invisible causality and protection into a Christian framework centred on Christ, the Holy Spirit, Scripture and prayer Ayisi-Kumi (2025). Their continuing value, however, depends on resisting forms of spiritual reductionism, commercial exploitation and harmful pastoral practice. Contemporary Pentecostal spirituality is therefore best understood not simply in terms of whether miracles occur, but in terms of how healing practices construct meaning, sustain hope, negotiate culture and faith, and protect the dignity and well-being of those who seek divine intervention.

7. Conclusion

This paper has examined healing and spirituality in contemporary Ghana through Pentecostal perspectives on divine healing and deliverance. The analysis has shown that these practices remain central to Ghanaian Pentecostal spirituality because they address human suffering within a framework that brings together biblical theology, the activity of the Holy Spirit, African understandings of spiritual causality, prayer, faith and the pursuit of holistic well-being. Healing is therefore not understood merely as recovery from physical illness, while deliverance is not limited to exorcism. Both function within a broader religious vision of salvation, restoration, liberation and wholeness.

The paper's central argument is that Ghanaian Pentecostal healing and deliverance are best understood as contextual Christian practices shaped by both continuity and discontinuity with African indigenous spirituality. Continuity is evident in the continuing concern with invisible causality, spiritual forces,

misfortune, protection and the expectation that religion should provide practical responses to suffering. Discontinuity emerges where Pentecostal theology relocates spiritual authority within Christ, the Holy Spirit, Scripture and Christian prayer while rejecting ancestral mediation, sacrifices and other indigenous ritual systems Buerter (2025). This explains why Ghanaian Pentecostal healing is simultaneously culturally intelligible and distinctively Christian.

The study also demonstrates that contemporary Pentecostal healing spirituality is changing. The growing emphasis on divine health has extended the discussion from receiving supernatural healing after sickness towards sustained well-being through faith, Scripture, prayer and positive confession. At the same time, the reviewed literature shows that contemporary Pentecostal practice is not uniformly opposed to medicine. Many believers move between prayer, divine healing and biomedical treatment, while Pentecostal institutions themselves have contributed to healthcare provision. This development indicates a more complex relationship between spirituality and medicine than earlier oppositional interpretations suggest.

The paper contributes to scholarship by bringing divine healing, deliverance, African spiritual causality, divine health and pastoral ethics into one analytical discussion Ayivor (2026). It shows that the significance of Pentecostal healing in Ghana lies not only in claims of miraculous intervention but also in its capacity to provide meaning, hope, spiritual reassurance and a language through which suffering is interpreted.

The implications are equally important. Pentecostal healing and deliverance ministries can remain valuable expressions of Christian spirituality only when they are practised with theological responsibility, ethical accountability and respect for human dignity. Pastoral approaches should avoid blaming the unhealed, indiscriminate demonisation, financial exploitation and resistance to appropriate medical or psychological care. A more holistic Pentecostal spirituality should therefore retain confidence in divine

intervention while encouraging responsible pastoral care, collaboration where necessary with health professionals, and a Christ-centred understanding of healing and deliverance. In this way, Pentecostal healing can continue to address the spiritual and existential concerns of contemporary Ghana while safeguarding the well-being of those who seek divine help (Ayivor, 2026).

References

- Ayisi-Kumi, I. (2025). *A theological and missiological study of the role of the miraculous in the doctrinal beliefs and practices of the Church of Pentecost, Ghana* [Doctoral dissertation, Stellenbosch University].
- Ayivor, S. H. (2025). Metamorphosis of healing: Medicine, divine healing and divine health, the place of faith and the word among African Pentecostals and Charismatics. *Transformation*, 42(2), 129–143.
- Ayivor, S. H. (2026). “Divine health” among African Pentecostals and Charismatics: Appropriation, practice, and pastoral critique in the Ghanaian context. *Pneuma*, 48(2), 325–343.
- Baarda, P. (2024). What do we do? The case of human flourishing. In *Brokenness and grace: Rehabilitating theological perspectives in education* (Vol. 50, p. 154).
- Balamir, F., & Yılmaz, S. (2025). Religious healing in the modern world: Faith, culture, and social dynamics. *Religions*, 16(7), Article 883.
- Bauer, N. M. (2024). The psychologization of exorcism. In *Ideas of possession: Interdisciplinary and transcultural perspectives* (p. 145).
- Bergens, L. (2026). *Special divine action and human suffering: A Pentecostal perspective* [Doctoral dissertation, Stellenbosch University].
- Bergh, D. D., Boyd, B. K., Byron, K., Gove, S., & Ketchen, D. J., Jr. (2022). What constitutes a methodological contribution? *Journal of Management*, 48(7), 1835–1848.
- Buertey, J. I. T. (2023). *Revisiting Pentecostal spiritualities with reference to African traditional religious practices and Pentecostal theologies of prayer in Ghana* [Doctoral dissertation, Stellenbosch University].
- Buertey, J. T. I. (2025). Pentecostal spirituality and the theology of prayer: Continuities and discontinuities of African indigenous spirituality. *Pentecost Journal of Theology and Mission*, 5(2), 77–89.
- Chopho, B. (2025). *The conflict between African theology and Christian religiosity: A pastoral challenge* [Doctoral dissertation, University of Pretoria].
- Cooper, D. C., Evans, C. A., Chari, S. A., Campbell, M. S., & Hoyt, T. (2023). Military chaplains and mental health clinicians: Overlapping roles and collaborative opportunities. *Psychological Services*, 20(1), 56.
- Ekanem, R. I. B., & Okokon, G. (n.d.). *The potency of the belief in God and the healing miracles in the lives of sick people*.

Emerson, M. O., & Smith, C. (2025). *Divided by faith: Evangelical religion and the problem of race in America*. Oxford University Press.

Grant, S. (2025). *Health and religion: A rhetorical inquiry into the role of Pentecostal Christianity in the health of Black African women*.

Groothuis, D. (2022). *Christian apologetics: A comprehensive case for biblical faith*. InterVarsity Press.

Harold, G., & Nel, E. (2022). An investigation on demonic influences on human beings: Demonic oppression or demonic possession: The role of the Holy Spirit. *Pharos Journal of Theology*.

Hiebert, P. G., Shaw, R. D., & Tienou, T. (2024). *Understanding folk religion: A Christian response to popular beliefs and practices* (Vol. 67). Wipf and Stock Publishers.

Hwavyon, A., Makeri, V. A., & Bwala, S. U. (2025). The theology, practice, and implications of divine healing within the Pentecostal movement: A rapidly expanding force in global Christianity. *Jalingo Journal of Multi-Disciplinary Research and Innovations*, 1(1), 51–60.

Ibrahim, M. (2023). Pentecostalism and media in Africa: Theoretical explorations of power and agency of media platforms and their users. *Religion Compass*, 17(1), Article e12452.

Judd, S., Swinton, J., & Martin, K. (2025). *Keeping faith: How Christian organisations around the world can stay true to the way of Jesus*. Langham Publishing.

Kgatle, M. S. (n.d.). Demons in the spiritual realm and the need for deliverance in African Pentecostalism: Considering the liberation paradigms of *missio Christos*. *Transformation*, Article 02653788251379213.

McBain, R. D. (2025). *How Pentecostal living in the United States experience, interpret, and respond to depression* [Doctoral dissertation, Oral Roberts University].

Orogun, D. O. (2023). Hybrid leadership in African neo-Pentecostalism. *Religions*, 14(5), Article 632.

Prince, U. B. Z. (n.d.). *Witchcraft, miracles, and meaning: A hermeneutical dialogue between African traditional religion, Nigerian Pentecostalism, and C. S. Lewis' theology of miracles*.

Robinson, D. (n.d.). *The theology of suffering*.

Slovák, Ľ., Daněk, J., & Daněk, T. (2023). The use of focus groups in cultural ecosystem services research: A systematic review. *Humanities and Social Sciences Communications*, 10(1), Article 45.

Thakadipuram, T. (2024). Nature of evil and spiritual intelligence. In *Leadership wholeness, volume 2: Application of the spiritual intelligence model* (pp. 97–168). Springer Nature Switzerland.

Van der Watt, S. (2023). Mission-minded pastoral theology and the notion of God's power: Maturity through vulnerability. *In die Skriflig*, 57(1), 1–9.

Whitaker, S. (2022). Spirit-empowered liturgy: The role of the Holy Spirit in traditional Christian worship. *Spiritus: ORU Journal of Theology*, 7(1), 6.

Wiesner, C. (2022). Doing qualitative and interpretative research: Reflecting principles and principled challenges. *Political Research Exchange*, 4(1), Article 2127372.

Youvan, D. C. (2024). *Denominational divides: Examining key issues that split the Christian church*.

Yusufu, B. E., & Agabi, I. I. (2026). An assessment of the significance of rituals and sacred spaces in African traditional cosmology. *UMA Journal of Religious Studies*, 3(1), 78–85.

Zaluchu, S. E. (2026). The unchanging gospel in a changing world: A theological framework for divine healing today. *Verbum et Ecclesia*, 47(1), 1–6.

Zhomartkyzy, M. (2023). Mediation and indigenous conflict resolution practices: Lessons from global indigenous communities. *Аðпеса педагогіі*, 230.