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

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Abstract

Healing and deliverance remain central to contemporary Ghanaian Pentecostal spirituality, where experiences of illness, misfortune, psychological distress, spiritual oppression, and human well-being are often interpreted within interconnected biblical, spiritual, and socio-cultural frameworks. This conceptual article examines Pentecostal understandings of divine healing and deliverance in Ghana, with particular attention to their theological foundations, relationship with African spiritual worldviews, changing expressions of healing spirituality, and emerging pastoral and ethical concerns. Using a qualitative literature-based design, the paper draws on selected scholarship on Ghanaian Pentecostalism, African spirituality, prayer, healing, deliverance, witchcraft, divine health, and neo-Prophetic Christianity. The literature is analysed thematically through a continuity–discontinuity framework associated with Andrew Walls and Kwame Bediako. The analysis shows that Ghanaian Pentecostal healing spirituality neither reproduces African Indigenous Religion unchanged nor rejects it entirely. Rather, it reinterprets enduring concerns about spiritual causality, suffering, protection, misfortune, and wholeness within a Christ-centred and Spirit-oriented theological framework. The study further identifies an important shift from episodic divine healing toward broader concepts of divine health, faith, Scripture, positive confession, and the coexistence of prayer with biomedical care. At the same time, contemporary healing and deliverance ministries raise serious concerns regarding charismatic authority, financial exploitation, stigma, emotional manipulation, and the spiritualisation of some mental-health conditions. The paper concludes that Pentecostal healing remains an important pastoral and theological resource within Ghanaian Christianity, but its credibility depends upon Christ-centred practice, ethical accountability, respect for human dignity, and responsible collaboration with medical and mental-health professionals where appropriate.

Keywords: Pentecostal Spirituality; Divine Healing; Deliverance; Ghanaian Christianity; African Spirituality; Pastoral Ethics

Introduction

Healing has occupied a central place in Pentecostal Christianity from its earliest expressions and remains particularly significant within contemporary Ghanaian Christian life.

For many Pentecostal believers, healing extends beyond physical recovery. It may include emotional restoration, spiritual liberation, reconciliation, protection, renewed hope, and recovery from circumstances understood as threatening human flourishing.

Within this worldview, illness is not always regarded as merely biological. Misfortune is not always interpreted as only social or economic. Emotional distress may also be understood spiritually.

These perspectives reflect a broader Ghanaian religious imagination in which visible and invisible realities are often perceived as interconnected.

Consequently, Pentecostal healing frequently appears alongside deliverance.

Deliverance generally refers to liberation from forms of spiritual bondage that may be interpreted as involving demonic oppression, witchcraft, curses, inherited spiritual influences, or other hostile forces.

The two practices therefore overlap.

Healing may be sought for sickness.

Deliverance may be sought where suffering is believed to have a spiritual cause.

Yet both are ultimately interpreted within Pentecostal theology as expressions of the power of God revealed through Jesus Christ and mediated by the Holy Spirit.

This raises an important theological and cultural question.

To what extent are contemporary Pentecostal practices continuations of older African understandings of spiritual causality, and to what extent do they represent distinctively Christian reinterpretations?

This question is particularly important in Ghana because Pentecostal Christianity has flourished within a religious environment in which healing, protection, fertility, spiritual power, and responses to misfortune have long been significant existential concerns.

At the same time, contemporary healing ministries increasingly attract scrutiny.

Reports of financial exploitation, exaggerated claims, personality-centred ministry, emotional manipulation, stigmatisation, and the treatment of mental-health problems exclusively through deliverance have generated important pastoral and ethical questions.

This article therefore examines healing and deliverance within contemporary Ghanaian Pentecostal spirituality.

It argues that these practices are best understood neither as mere survivals of African Indigenous Religion nor as imported Pentecostal practices detached from local culture.

Rather, they represent a contextual Christian spirituality in which enduring African concerns are reinterpreted through Christology, pneumatology, Scripture, prayer, and Pentecostal understandings of spiritual authority.

Pentecostal Healing in the Ghanaian Context

Healing occupies a prominent place within Ghanaian Pentecostal and Charismatic Christianity because it responds directly to human experiences of vulnerability.

Sickness, infertility, family crises, unemployment, economic hardship, bereavement, fear, spiritual insecurity, and relational breakdown can all bring individuals into healing ministries.

For many believers, the appeal of Pentecostal spirituality lies partly in its conviction that God remains actively involved in present human suffering.

Salvation is therefore understood not only in terms of forgiveness of sin or eternal destiny but also in relation to life in the present.

This broader understanding of salvation gives healing a significant theological place.

Ayivor (2025) identifies divine healing as deeply connected with the saving work of Christ and with the activity of the Holy Spirit.

Within this perspective, healing is not simply an extraordinary event but part of a broader expectation that divine power can intervene in human brokenness.

This theological conviction is reinforced through practices such as prayer, laying on of hands, fasting, anointing, prophetic declaration, Scripture reading, worship, and testimony.

The experiential and communal dimensions of healing are especially important.

A testimony of healing does more than describe an individual's recovery.

It reinforces the faith of the community.

It becomes part of a shared religious memory.

It announces that divine intervention remains possible.

Pentecostal healing is therefore theological, experiential, and communal.

The Relationship Between Healing and Deliverance

Healing and deliverance are closely related within Ghanaian Pentecostalism, but they should not be treated as identical.

Divine healing generally concerns restoration from sickness or affliction through divine intervention.

Deliverance focuses more explicitly on liberation from conditions interpreted as forms of spiritual bondage.

These may include demonic oppression, witchcraft, curses, ancestral influences, spiritual covenants, or repeated patterns of misfortune.

In practice, however, the boundary between healing and deliverance may become fluid.

A physical illness may be interpreted as having a spiritual component.

Infertility may be medicalised by one practitioner and spiritualised by another.

Persistent family conflict may be understood psychologically, relationally, or spiritually.

This fluidity reflects the holistic way in which many Ghanaian Christians understand human suffering.

Pentecostal spirituality often resists sharp distinctions between body, mind, society, and spirit.

A person is understood as a whole.

Consequently, deliverance may be presented not simply as the removal of an evil spirit but as restoration to freedom, stability, dignity, and spiritual well-being.

This broader interpretation helps explain why deliverance has become so significant within contemporary Ghanaian Christianity.

African Spiritual Causality and Pentecostal Christianity

One of the most important issues in understanding Ghanaian healing spirituality concerns the relationship between Pentecostal Christianity and African indigenous religious worldviews.

African religious traditions have historically taken seriously the possibility that spiritual forces influence physical and social life.

Illness, infertility, misfortune, untimely death, repeated failure, and communal disruption may be interpreted through supernatural as well as material causality.

Such perspectives did not disappear automatically with Christian conversion.

Onyinah (2002), in his study of witchcraft and deliverance in Ghana, demonstrates that fears concerning spiritual threats continued to shape Christian experience even within modernising social environments.

Pentecostalism gained considerable relevance because it addressed these fears rather than dismissing them.

It offered Christian responses to questions that remained culturally meaningful.

The believer who feared witchcraft did not have to return to traditional ritual systems.

Pentecostalism offered prayer, fasting, the name of Jesus, the power of the Holy Spirit, and spiritual warfare.

This is where continuity and discontinuity become important.

The Continuity–Discontinuity Framework

This article adopts the continuity–discontinuity perspective associated particularly with Andrew Walls and Kwame Bediako.

The framework is useful because it explains how Christianity can take root within a culture while simultaneously transforming aspects of that culture.

Walls's indigenising principle emphasises that Christianity inevitably becomes expressed through the languages, questions, symbols, and concerns of the communities that receive it.

The pilgrim principle, however, reminds Christians that the gospel may also challenge, reinterpret, or reject aspects of culture.

This produces a dynamic relationship.

There is continuity because Christianity becomes culturally intelligible.

There is discontinuity because Christian theological commitments reshape the cultural world into which the gospel enters.

Applied to Ghanaian Pentecostal healing, continuity is evident in concerns about invisible causality, spiritual protection, supernatural intervention, fertility, health, misfortune, and the desire for wholeness.

These concerns did not originate with Pentecostalism.

They were already embedded within African religious experience.

Yet discontinuity is equally important.

Pentecostal theology relocates spiritual authority.

Christ becomes the decisive mediator.

The Holy Spirit becomes the source of divine power.

Scripture becomes authoritative.

Ancestral mediation, ritual sacrifice, and particular forms of divination are rejected.

Ghanaian Pentecostal healing therefore reflects both cultural familiarity and theological transformation.

Literature Review

Scholarship on Pentecostal healing in Ghana has concentrated on several related themes.

The first concerns the theological foundation of divine healing.

Ayivor (2025) associates Pentecostal healing with the redemptive work of Christ, the power of the Holy Spirit, and the exercise of faith.

The second concerns deliverance.

Ablorh (2018) presents deliverance within Ghanaian neo-Prophetic Christianity as part of a broader spiritual framework in which individuals seek freedom from affliction and spiritual bondage.

The third concerns the relationship with African spirituality.

Buertey (2023, 2025) argues that Ghanaian Pentecostal spirituality reflects both continuity and discontinuity with African indigenous practices, especially in relation to prayer, spiritual warfare, divine intervention, and spiritual causality.

The fourth concerns witchcraft.

Onyinah (2002) demonstrates how deliverance became an important Christian response to witchcraft fears that remained influential within Ghanaian society.

The fifth concerns divine health.

Ayivor (2025) identifies a shift in some Pentecostal settings from a focus on receiving healing after sickness toward the pursuit of sustained wellness through Scripture, faith, prayer, obedience, and positive confession.

Finally, scholarship increasingly addresses ethical concerns.

Asamoah (2016) raises significant questions about harmful deliverance practices and the need for greater engagement with medical and mental-health knowledge.

Agyinasare (2025) similarly draws attention to ethical concerns within healing ministries.

Together, these studies show that Pentecostal healing is not merely a doctrinal issue.

It is a theological, cultural, pastoral, psychological, and ethical field.

Methodology

This study employs a qualitative, literature-based conceptual research design.

The purpose is not to generate new survey or experimental data but to synthesise and interpret existing scholarship concerning healing and deliverance within Ghanaian Pentecostalism.

The analysis focuses particularly on Pentecostal, Charismatic, neo-Pentecostal, and neo-Prophetic expressions within Ghana.

These traditions are not treated as identical.

Rather, the article identifies recurring theological and pastoral themes while recognising considerable denominational and ministerial diversity.

Sources were selected on the basis of direct relevance to:

- divine healing;
- deliverance;
- Pentecostal spirituality;
- African spiritual causality;
- witchcraft;
- prayer;
- divine health;
- pastoral ethics; and
- contemporary Ghanaian Christianity.

The core literature includes works by Ablorh, Agyinasare, Asamoah, Ayivor, Bediako, Buertey, Onyinah, and Walls.

The selected materials were analysed thematically.

Recurring themes were grouped around five major areas:

1. divine healing as holistic restoration;
2. deliverance as liberation;
3. continuity and discontinuity with African spirituality;
4. divine health and the changing relationship with medicine; and
5. pastoral and ethical challenges.

The continuity–discontinuity framework was then used to interpret these themes.

The study therefore seeks analytical depth rather than statistical generalisation.

Its conclusions should not be read as descriptions of every Pentecostal believer or congregation in Ghana.

Divine Healing as Holistic Restoration

The first major theme arising from the literature is that divine healing is understood broadly.

It is not limited to miraculous physical recovery.

Rather, healing is often situated within a theology of salvation as wholeness.

The believer seeks restoration not only from disease but also from spiritual bondage, emotional distress, relational breakdown, fear, poverty, or other conditions understood as threats to human flourishing.

This broad understanding helps explain why healing ministries remain so attractive.

They speak to multiple levels of distress at once.

The person who enters a prayer service because of illness may also carry fear.

The person seeking healing for infertility may also carry marital pain.

The person seeking deliverance from spiritual oppression may also be struggling psychologically.

Pentecostal healing spirituality therefore responds to the whole narrative of suffering rather than to a single symptom.

Pastorally, this can be a strength.

It creates a religious space in which people are encouraged to bring complex struggles before God.

The danger arises when holistic spirituality becomes reductionist and interprets every problem only through supernatural causality.

Deliverance as Liberation

The second theme concerns deliverance.

Within contemporary Ghanaian Pentecostalism, deliverance is often understood as a ministry of liberation.

It may involve prayer against demonic oppression, curses, witchcraft, or other perceived spiritual threats.

In some settings, deliverance also addresses experiences of repeated misfortune, marital difficulty, infertility, financial hardship, and unexplained suffering.

This broader understanding demonstrates that deliverance is existential as well as ritual.

People seek not only the removal of an evil spiritual influence but also a restored sense of agency, safety, dignity, and hope.

Pastoral counsellors should take these experiences seriously.

Even where a counsellor does not share every spiritual interpretation offered by a client, dismissing such beliefs may damage the therapeutic alliance.

The more constructive task is careful discernment.

The counsellor may ask:

What does this spiritual interpretation mean to the person?

Does it bring hope or fear?

Does it strengthen responsibility or encourage helplessness?

Has it delayed needed medical care?

Does it contribute to stigma?

Has the person been subjected to coercion or abuse?

Such questions allow spiritual beliefs to be respected without abandoning professional judgement.

Continuity and Discontinuity with African Spirituality

The third theme is the strong cultural intelligibility of Pentecostal healing.

Ghanaian Pentecostalism resonates because it addresses questions already familiar within African religious experience.

The possibility that invisible forces affect visible life is not new.

Neither is the conviction that religion should provide practical responses to illness, fertility, danger, misfortune, and protection.

Pentecostalism therefore operates within an existing landscape of existential concerns.

Yet it transforms that landscape.

Its language is Christological.

Its authority is located in Scripture.

Its spiritual power is attributed to the Holy Spirit.

Its rituals are interpreted through Christian theology.

This is precisely what makes the continuity–discontinuity framework so useful.

It avoids two simplistic conclusions.

The first is that Pentecostal healing is merely African Traditional Religion dressed in Christian vocabulary.

The second is that Pentecostalism is simply a Western religious import with little relationship to African spiritual experience.

Neither adequately explains the Ghanaian reality.

Ghanaian Pentecostalism is contextual Christianity.

It takes local questions seriously and answers them in Christian theological language.

From Divine Healing to Divine Health

A further theme in recent Pentecostal discourse is the movement from divine healing toward divine health.

Divine healing generally assumes the presence of sickness followed by divine intervention.

Divine health, by contrast, represents the aspiration to live continuously in physical, spiritual, and sometimes psychological wellness.

Ayivor (2025) identifies faith, prayer, Scripture meditation, positive confession, and obedience as important practices associated with this perspective.

This development changes the emphasis from crisis intervention to sustained spiritual identity.

The believer is encouraged not simply to seek healing when sick but to cultivate a life characterised by health and faith.

Yet this theology also requires pastoral caution.

Human beings remain vulnerable.

Christians become ill.

Faithful believers may live with chronic disease.

Some prayers for healing are not answered in the way people desire.

A theology of divine health can therefore become harmful if illness is interpreted as evidence of spiritual failure.

Responsible pastoral theology must preserve hope in divine intervention without blaming those who remain unwell.

Faith, Medicine, and Professional Care

One of the most significant developments in contemporary Ghanaian Pentecostalism is the increasingly complex relationship between faith and medicine.

Earlier forms of Pentecostal rhetoric sometimes treated medical care with suspicion.

Contemporary practice, however, is more varied.

Many believers pray and seek medical treatment.

Churches operate hospitals and health facilities.

Pastors may pray for the sick while encouraging professional consultation.

This coexistence challenges the assumption that faith in divine healing necessarily requires rejection of medicine.

From a pastoral counselling perspective, this is an important development.

Prayer and medicine do not need to be competitors.

Neither do pastoral care and psychological treatment.

A Christian may pray while taking prescribed medication.

A person receiving psychiatric care may also find meaning in Scripture.

A church may offer spiritual support while referring appropriately to psychologists, counsellors, or physicians.

A holistic theology of healing should be able to hold these forms of care together.

Mental Health and the Risk of Over-Spiritualisation

One of the most serious concerns within healing and deliverance ministries involves mental health.

Conditions such as depression, psychosis, trauma-related disorders, epilepsy, anxiety, and other forms of distress may sometimes be interpreted exclusively as demonic.

Such interpretations can have serious consequences.

Individuals may be subjected to repeated exorcism.

Families may become convinced that a loved one is spiritually dangerous.

Medication may be discontinued.

Professional treatment may be delayed.

The person may experience shame or rejection.

In extreme cases, coercive practices may occur.

Asamoah (2016) raises important concerns regarding such practices and argues for greater collaboration between religious practitioners and health professionals.

Pastoral counsellors therefore need sufficient mental-health literacy to recognise when referral is necessary.

Faith should deepen care rather than prevent it.

Charismatic Authority and the Risk of Dependency

Another ethical concern involves the growing prominence of charismatic personalities.

Healing ministries can become strongly centred on particular prophets, pastors, or evangelists.

Media visibility may reinforce the impression that access to healing depends upon access to a specific individual.

This creates pastoral risks.

The minister may become more visible than Christ.

The believer may become dependent upon the leader rather than spiritually mature.

Unquestioning loyalty may weaken accountability.

People may travel repeatedly from one ministry to another in search of the “right” prophetic personality.

Responsible Pentecostal spirituality should therefore distinguish between confidence in God's power and dependency upon a particular minister.

Pastoral authority must remain accountable.

Commercialisation and Financial Exploitation

The intersection of money and healing ministry requires particular ethical sensitivity.

Sick and desperate people are vulnerable.

A person facing infertility, cancer, chronic pain, unemployment, or family crisis may be willing to sacrifice significant financial resources in the hope of divine intervention.

Where giving is presented as a condition for healing, breakthrough, or prophetic access, serious ethical concerns arise.

Christian generosity should be voluntary.

Healing should not become a commodity.

Prayer should not become a commercial transaction.

The dignity of the person seeking help must remain more important than the financial interests of the ministry.

Stigma and Harmful Spiritual Labelling

Deliverance practices may also create stigma.

A person identified publicly as demonised may suffer long-term emotional and social consequences.

Children accused of witchcraft may face rejection.

Women may be blamed for infertility.

People with psychological disorders may be labelled spiritually dangerous.

Families may fracture.

Pastoral sensitivity therefore requires great caution in spiritual diagnosis.

Not every experience of distress should be explained by evil spiritual forces.

Even within traditions that affirm spiritual warfare, wisdom requires humility about what can and cannot be known.

The counsellor's responsibility is not to intensify fear.

It is to promote truth, safety, dignity, and healing.

Pastoral Counselling Implications

Pentecostal healing spirituality offers several important resources for pastoral counselling.

It provides hope.

It recognises the importance of spiritual meaning.

It takes suffering seriously.

It values prayer and community.

It encourages believers to expect that despair is not final.

These are substantial strengths.

Yet pastoral counsellors must also help believers differentiate between faith and fear.

They must recognise when spiritual language is masking trauma.

They must challenge harmful theological beliefs.

They must know when deliverance ministry is inappropriate.

They must encourage professional help where necessary.

They must protect confidentiality and dignity.

Pastoral counselling becomes especially valuable when it stands at the intersection of theology, psychology, culture, and compassionate presence.

A Holistic Pastoral Model of Healing

A responsible Ghanaian Pentecostal theology of healing should embrace several complementary dimensions.

Spiritual Care

Prayer, Scripture, worship, confession, spiritual guidance, and Christian community may provide genuine resources for resilience and meaning.

Psychological Care

Emotional distress should be assessed carefully.

Trauma, depression, anxiety, grief, and other conditions require appropriate psychological understanding.

Medical Care

Physical illness should be taken seriously and referred appropriately.

Faith should not require neglect of medical treatment.

Relational Care

Many forms of distress are connected with marriage, family, social isolation, abuse, or community conflict.

Healing may therefore require relational intervention.

Ethical Care

Every intervention must protect the dignity and autonomy of the person.

No practice should be justified merely because it is performed in the name of religion.

Discussion

The analysis demonstrates that Pentecostal healing and deliverance continue to resonate strongly within Ghana because they address suffering in culturally intelligible ways.

They recognise what many believers already assume: that life cannot always be neatly separated into spiritual, psychological, social, and physical compartments.

This holistic instinct deserves serious theological and pastoral attention.

At the same time, holistic spirituality must not become totalising spirituality.

Not every illness is demonic.

Not every misfortune is caused by witchcraft.

Not every emotional disturbance requires deliverance.

Not every unanswered prayer reflects inadequate faith.

Not every charismatic leader possesses unquestionable spiritual authority.

Theologically mature Pentecostalism must therefore retain confidence in divine power while embracing humility, ethical accountability, and professional collaboration.

The continuity–discontinuity framework further clarifies why Ghanaian Pentecostal healing cannot be understood outside its cultural setting.

The concerns it addresses have deep African roots.

Yet the answers it gives are framed through Christ, the Holy Spirit, Scripture, and Pentecostal theology.

This contextual character is one of its major strengths.

Its weakness emerges when contextual spirituality becomes vulnerable to commercialisation, fear, or unaccountable authority.

The future of healing ministry in Ghana therefore depends not upon abandoning Pentecostal spirituality but upon deepening its theological and ethical maturity.

Recommendations

Several recommendations emerge from the analysis.

First, Pentecostal churches should strengthen theological education around suffering and healing so that believers are not blamed when healing does not occur.

Second, pastors and deliverance ministers should receive basic mental-health literacy training.

Third, churches should establish clear referral relationships with counsellors, psychologists, psychiatrists, physicians, and other relevant professionals.

Fourth, financial practices within healing ministries should be transparent and should never imply that healing can be purchased.

Fifth, public spiritual labelling should be approached with extreme caution because of its potential to produce stigma and psychological harm.

Sixth, church leaders should establish stronger systems of ethical accountability for healing and deliverance ministries.

Finally, researchers should continue examining how Ghanaian Pentecostal believers themselves experience healing, deliverance, medicine, mental-health care, and spiritual authority.

Conclusion

Healing and deliverance remain deeply significant within contemporary Ghanaian Pentecostal spirituality.

They offer believers a language through which suffering can be interpreted and hope sustained.

They affirm that God is not distant from human pain.

They provide communal and spiritual resources through prayer, worship, testimony, Scripture, and pastoral support.

Yet their enduring value depends upon how they are practised.

Ghanaian Pentecostal healing is best understood as a contextual Christian spirituality shaped by both continuity and discontinuity with African religious experience.

Its continuity lies in taking seriously long-standing African concerns about spiritual causality, protection, fertility, misfortune, and wholeness.

Its discontinuity lies in reinterpreting these concerns through Christ, the Holy Spirit, Scripture, and Christian prayer.

The central pastoral challenge is therefore not whether Pentecostal Christians should believe in divine healing.

The deeper question is how such belief should be practised responsibly.

A mature theology of healing should be bold enough to pray and humble enough to refer.

It should believe in divine intervention without condemning those who remain ill.

It should recognise spiritual realities without demonising psychological suffering.

It should honour charismatic gifts without surrendering accountability.

It should encourage generosity without commercialising desperation.

And it should preserve spiritual conviction while protecting human dignity.

When these commitments are held together, Pentecostal healing can remain a meaningful expression of Christian hope in Ghana—one that speaks to the spiritual imagination of the people while also embracing ethical responsibility, pastoral wisdom, and compassionate care.

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