

**The healing factor in religious tourism with regard to health and wellbeing
in Africa: A case study of Synagogue Church of All Nations in Lagos,
Nigeria**

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Declaration

I declare hereby that *The healing factor in religious tourism with regard to health and wellbeing in Africa: A case study of Synagogue Church of All Nations in Lagos, Nigeria* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

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Name

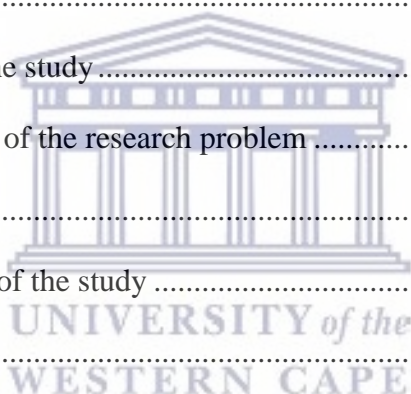


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TABLE OF CONTENTS

Abstract.....	vii
Dedications	ix
Acknowledgements.....	x
List of figures.....	xi
List of tables.....	xii
List of abbreviations and acronyms	xiii
CHAPTER 1: INTRODUCTION.....	1
1.1 Background.....	1
1.2 Context and relevance of the study.....	2
1.3 Delimitation and statement of the research problem	8
1.4 Research procedure.....	10
1.5 Significance and objective of the study	11
1.6 Ethics statement.....	12
1.7 Limitation of the study.....	12
1.8 Chapter outline.....	13
CHAPTER 2: UNDERSTANDING RELIGIOUS VISITS AND HEALING	
FROM AN AFRICAN PERSPECTIVE AND BEYOND	15
2.1 Introduction.....	15
2.2 Religion.....	15
2.3 Pilgrimage.....	18
2.4 Tourism.....	20
2.5 Religious tourism or pilgrimage?.....	24
2.6 Tourist experience.....	26
2.7 Pursuit of religious visits in search of health and well-being	31



2.8 Healing and health in Africa	34
2.9 Religious health assets	39
2.10 Conclusion	43
CHAPTER 3: THE REALITIES OF HEALING IN RELIGION AND HEALTH	
AS VIEWED FROM AN AFRICAN PERSPECTIVE	
44	
3.1 Introduction.....	44
3.2 Spirituality, Christianity and the dilemma of African converts	44
3.3 Motivation and formation of African indigenous churches	47
3.4 Impact of Pentecostalism on the African Christianity frontier	53
3.5 Understanding of healing and health in Africa	54
3.6 Healings for health in African churches	60
3.7 The doctrine of healing, health and redemptive covenant	63
3.8 Understanding the place of distinctiveness in religious visit or tourism	65
3.9 Conclusion	69
CHAPTER 4: THE ACTS AT THE SYNAGOGUE CHURCH OF ALL	
NATIONS (SCOAN) IN IKOTUN, LAGOS, NIGERIA	
70	
4.1 Introduction.....	70
4.2 A description of the socio-economic and political terrain of Lagos and Ikotun in Nigeria	70
4.3 A brief history of the African Independent and Pentecostal Charismatic Churches in Nigeria	75
4.4 Prophet T.B. Joshua: the controversial man and his ministry.....	81
4.5 The Synagogue Church of All Nations	89
4.6 The nature and power of audio-visual technology	93
4.7 The media outlets of SCOAN	96

4.7.1 The website of SCOAN	96
4.7.2 Emmanuel TV	96
4.7.3 Social media handle	97
4.7.4 Other contact platforms of SCOAN.....	97
4.8 Conclusion	97
CHAPTER 5: RESEARCH DESIGN AND METHODOLOGY	99
5.1 Introduction.....	99
5.2 Operational definitions for the study	99
5.3 Analysis of narratives	102
5.4 The concept of content analysis in research methodology	103
5.5 Research design	105
5.6 Content analysis as research methodology	106
5.7 Conclusion	111
CHAPTER 6: HEALING PRACTICES AND BENEFICIARIES’	
TESTIMONIES AT SCOAN.....	113
6.1 Introduction.....	113
6.2 Operationalize procedure (coding protocol and sheets).....	113
6.3 Data analysis and interpretations	114
6.4 Data analysis and findings based on responses in the “Distance is not a barrier” (DINAB) online prayer	135
6.5 Hospitalization, disease and illness cases	148
6.6 Analysis of narratives	155
6.7 Conclusion	158

CHAPTER 7: SCOAN AND THE HEALING FACTOR IN RELIGIOUS

VISITS: A CONCLUSION 160

7.1 Introduction..... 160

7.2 Limitations 165

7.3 Recommendations..... 166

 7.3.1 Congregants’/Visitors self-knowledge 166

 7.3.2 Responsibility of SCOAN 167

 7.3.3 Christian religious oversight..... 167

 7.3.4 Articulated procedure for succession 168

 7.3.5 Government resource allocation capacity..... 168

 7.3.6 Need for follow-up and ongoing research 169

7.4 Conclusion 169

References..... 172



Abstract

The journey of self-discovery is unique to human beings, and quests to resolve any existing problem entails taking steps leading to solutions, even if one may not have a guarantee that the steps would automatically bring a solution, acting instead based on hope. The perceived incompleteness of the hand-down of Christianity to Africa from the West when it comes to the daily realities led some early African converts to discover that the Bible presented a holistic worldview that addressed their challenges better.

The emergence of African indigenous/ initiated/ independent churches (AICs) to fill the gap in preaching the gospel with cultural sensitivity and integration was the consequence of the lapses of the mainline churches. The increasing number of prophets who enjoy healing powers and come from sub-Saharan Africa is undeniable. The gospel of evangelisation (the great commission) is only complete with preaching, teaching, and healing ministries. However, the prophetic ministry in Christianity has created new avenues of awakening for religious journeys beyond what was known and experienced before 1970s. The deployment of telecommunications and information technology has redesigned evangelisation and access to health care, among others, in the world of the 21st century.

Health has two components when it comes to religious perceptions: spiritual health (centred on the relationship with spirit beings) and physical health, which is organic or biologically coded in a person. Physical health becomes dysfunctional when infection, accident, stress, depression and other body infraction diseases cause the body to function abnormally. This study attempted to assess the impact of spiritual healing on health and well-being through visits to Synagogue Church of All Nations (SCAON) based on the lens of visitors' experience. Is there a demonstrable link between healing through religious visits to churches for health and wellbeing in Africa? To answer this question, the study takes clues from the definition of the concept of health and healing of the World Health Organization (WHO), questionnaire codes designed according to the Gross National Happiness Index, and the World Happiness Report (WHR), using content analysis to assess the perception of health and well-being of the respondents in relation to their visits.

The case study site is SCAON in Lagos, Nigeria. There are many prophecies attributed to Prophet T.B. Joshua that actually came to pass, and others that did not or have yet to be

manifested as prophesied. The prophet's ministry has nonetheless witnessed growth in congregant numbers, financially and spiritually, given his humble beginning. It moved from a shed church to a megachurch building with global influence, showing that he has also matured in his vocation over time. His method of preaching resorts under those that can be called motivational, as his message is not merely restricted to outright preaching but is inspirational, including a few scriptural readings or cross-referencing of scriptures. In his sermon, he deploys audio-visual aids in the preaching/ teaching to reinforce understanding of his message given his diverse audience at SCOAN.

Medical conditions that were healed after failed attempts to do so in hospitals elicits the notion that there is a healing factor in religious visits, especially at SCOAN. I observed through qualitative analysis of data collected that the visitors at the site did experience healings and deliverances that improved their health and wellbeing. The total variables analysed to capture the significance of improvement in the health and well-being of visitors to SCOAN for healing was 7 678. However, the data for the interactive prayer session referred to as Distance-Is-Not-A-Barrier (DINAB) in 2020 contained 4 422 quotations as total variables analysed so as to elucidate the possibility of receiving healing or deliverance through the mediated media of the internet. Testifiers of healing at SCOAN had a facial expression of joy that could be like immeasurable peace of mind, which is at the centre of the inner search of humans.

Key words: church, healing, health, independent, prayer, prophet, religion, tourism, visitor, wellbeing.

Dedications

To the loving memories of Mr Rejuwa Anjorin and Mrs. Aina Abraham (my parents), Mr. Ezekiel Ogunbayo (my father-in-law) and other parents who wished that their children should be educated but were not alive to witness the fulfilment.

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List of figures

Figure 2.1 A multifaceted model of visitor experience

Figure 2.2 The three dimensions of affliction to health and wellbeing

Figure 4.1 Map of Nigeria and Administrative States

Figure 4.2 A flyer of The Christ Centre Church

Figure 6.1 The number of views on YouTube of SCOAN's Emmanuel TV channel

Figure 6.2 Involuntary reaction during prayer session

Figure 6.3 Prayer session data for DINAB

Figure 6.4 Comparison of group codes for prayer and visitors' testimony



List of tables

Table 2.1 Economic distinctions of goods and services consumption

Table 3.1 Some African names for God

Table 4.1 Local government areas in Lagos state, Nigeria

Table 4.2 the administrative division of Lagos and local government areas

Table 4.3 List of some Nigerian pastors/ founders in AICs and PCCs

Table 5.1 Codes for analysing healing for health and well-being

Table 5.2 Personal informational codes for analysing healing for health and well-being

Table 6.1 Group code of content data from July to September 2019

Table 6.2 Prayers session content analysis codes data July to September 2019

Table 6.3 Data centred on visitors' testimony codes July to September 2019

Table 6.4 Prophecy and its confirmation from July to August 2019

Table 6.5 Prophecy and its confirmation for September 2019

Table 6.6 Data for visitors' geographical spread in July to September 2020

Table 6.7 Bio-social group codes data of DINAB participants July to September 2020

Table 6.8a Sampled data codes for DINAB – July to September 2020

Table 6.8b Sampled data codes for DINAB – July to September 2020

Table 6.8c Sampled data codes for DINAB – July to September 2020

Table 6.9 Group codes for prayer session and visitors' testimony July to September 2020

Table 6.10 Involuntary reactions of DINAB participant during prayers July to September

List of abbreviations and acronyms

- AIC – African Independent Churches
AIC – African Indigenous Churches
AIR – African Indigenous Religion
AMOC – Ancient Mystical Order Rosae Crucis
APC – African Pentecostal Churches
ARC – Alliance of Religion and Conservation
ARHAP – African Religious Health Asset Program
ATC – African Traditional Churches
ATR – African Traditional Religion
CAC – Corporate Affairs Commission
CAN – Christian Association of Nigeria
CCC – Celestial Church of Christ
CIA – Central Intelligence Agency
CMS – Church Missionary Society
CNN – Cable Network News
ECWA – Evangelical Church of West Africa
FBR – Faith Based Religion
FGN – Federal Government of Nigeria
GoG – Government of Ghana
KJV – King James Version
LGA – Local Government Areas
LSG – Lagos State Government
MOT – Ministry of Tourism
NADMO – National Disaster Management Organization
NASEM – National Academies of Sciences, Engineering, and Medicine
NIV – New International Version
NRMs – New Religious Movements
PCCs – Pentecostal-Charismatic Churches
PFN – Pentecostal Fellowships of Nigeria
SCOAN – Synagogue Church of All Nations
SIM – Sudan Interior Mission



SU – Scripture union

TIBC – The International Bible Centre

UN – United Nations

USA – United States of America



Chapter 1

Introduction

1.1 Background

The heart wants what it wants and does not care about its geographical landscape, so the desire for health and well-being has a strong pull that propels people to occasionally do the unimaginable. I was at the Murtala Muhammed International Airport in Lagos, Nigeria, in August 2016, about to board the plane to South Africa, and noticed that some foreigners from Tanzania, Zambia, and Zimbabwe were ecstatic and jubilant about the privilege of visiting the Synagogue Church of All Nations (SCOAN). The joy observed in the visitors created a nudge to examine and elucidate the propensity among persons to visit a place for health and well-being. Therefore, the visit by a person to any place outside his homestead is a tour. However, tourism is referred to as an activity an individual enjoys (Smith, 1995:3), and health is first and foremost personal. So, there are health benefits to be gained from religious tours. There is a report that African governments spend below 15% of their annual gross domestic product (GDP) on their health sector against the Abuja Initiative of 2001¹ where these governments have agreed on at least 15% annual budget to finance the needs of the sector. This implies that the public and private health institutions are grossly underfunded to meet the needs of the people. Most of the people in Africa live in the rural areas (60 -70 %) where medical treatment is not available, or they are too poor to pay for services. In addition, there is the perceived low quality of care by the public, and many countries in the continent have no social security system or health insurance, thereby creating room for alternative sources to getting health care services by those who trust that it can be achieved elsewhere (White, 2015; Benn, 2011).

People who are sick and seeking healing do visit medical doctors, traditional herbalists/ healers, shrines, rivers, mausoleums, and priests/ prophets, among others, wherever they are located, for solutions to their health challenges. The reason is that pain from illnesses causes discomfort

¹ The African Union members government in 2001 at a meeting in Abuja agreed to allocate more fund to healthcare delivery of at least 15% of their annual budget to meet the MDGs on health. However, the WHO report on the Abuja Initiative in 2001 shows poor adherence by most countries to this commitment (WHO, 2011:1-4).

that its victim is determined to get rid of as quickly as possible. Unfortunately, some human health experiences cannot be clinically described or labelled (De Gruchy, 2006a:40).

Diseases do not discriminate among human beings, and the effects are beyond the patient's control, as they indirectly affect family, friends, community, and the nation. However, the impact occurs at varying levels of intensity in terms of financial, emotional, and social involvement/ investment. Access to cure or healing depends on the nature of the illness, location of the individual, and resources at his or her disposal. Therefore, people visit locations outside their normal residences to seek the solution to their health challenges. The testimony of the patient is best suited for describing the scenario of healing that was received as well as where and how, in such place(s) – “one thing I know, that, whereas I was blind, now, I see” (John 9:25 KJV).

1.2 Context and relevance of the study

There are three dominant schools of religion. The first is what I such as call the “organic” school, which sees religion as an embodiment of culture and something to be intrinsically valued. The second can seen as “fused” or “mixed” in that it perceives religion as part of the state. This is typically true of Islam, in which there is no neat separation between the state and politics. The third is what I call the “hotline” school, which sees religion as a tool for public management by using religious beliefs/ persuasions for solutions or appeals in societal management. It is in this school that the use of religion in development in human society, such as economic, education, environmental, health, science, social and political has found a voice in recent times (Tomalin, 2015, 2013; Norman, 2012; Cochrane, 2006; Ter Haar, 2006; Kalu, 1978). Deneulin and Bano (2009:28-50) identified five areas where religion in development is visible in contemporary time: as a tool to developmental goals (economic growth and millennial development goals); around organising people's values on what is appropriate development; around freedom of association and worship as inherent inalienable rights of people which ought to be honoured; as a component ingredient of people's well-being around health, knowledge, and other dimensions. Additionally, religion is considered to be a political force that regulates a community's economic, social, and political socialization processes. There is a rich literature on religion and development with multi- disciplinary foci relevant to this study (Swart & Nell, 2016). Efuntade (2019:18) opines that development is transformational in nature, encompassing material and non-material needs of humans with the inclusiveness of spirituality. Therefore, a strong connection exists between value added by

religious visits and healing as a field of specialty within departments and faculties of religion and theology.

Alkire (2006) is of the view that religion plays a complementary role in development and is not an absolute solution. That is, religious people and institutions have a positive and negative impact on development, depending on the terrain and political narratives inherent in the system. Spiritual capital is a subset of social capital that involves the use of invisible resources for the common course through effective engagement of such potential resource (Ter Haar, 2006:20). Religion is more pronounced in the health sector, which is a reality in Africa with less developed medical science or hospital infrastructure than other constituents of the economy (Ter Haar, 2006:21).

For a very long time, development discourse carried on without religious content in many scholarly writings. The focus was on economic, social, physical, and political debates because of the incorrect notion that religion had nothing to offer in national development plans or agendas (Deneulin & Rakodi, 2011). The reason for this was partly the misconception that all development must follow a trajectory and that faith-based religion (FBR) had very little or nothing to offer development efforts.

The realm of supernatural workings is beyond human typological reasoning or researching with precision, as people can only discern what is revealed to them, but the actual process is mostly subjective in nature (Kumuyi, 2018; Abu-Raiya & Pargament, 2012). As the book of Job (11:7 NKJV) declares: “Can you search out the deep things of God? Can you find out the limits of the Almighty?”

The healing of the blind man (in John 9:1, 6-7 KJV) is typical of what has been regarded to be beyond scientific explanation. How does saliva, clay, and washing in the pool cure blindness from birth? Health and religion have no neat line of demarcation in Africa, as here, both go together.

The health of people determines that of the nation. For instance, Article 25 of the Declaration of Human Rights states that everyone “has the right to a standard of living adequate for the health and well-being of himself and of his family” (UN, 1948). The World Health Organization (WHO) defines health *as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (Preamble to the Constitution of the WHO). In addition, the WHO (2000:1) defines traditional medicine/ health care as “the total

combination of knowledge and practice, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental and social diseases.” The publication likewise recognizes the quest of Africans seeking their own indigenous ways of getting healing, despite the presence of modern medicine.

Historically, health (physical and spiritual) and religious issues have become a living cross to bear for life base on the disobedience of Adam and Eve to God’s command for eaten the forbidden fruit (Genesis 3:1-24; Psalms 25:18; 107:17; Romans 5:12). Although, it was Adam and Eve that sinned against God the consequence of the sin was inherited by their descendants and that is why till date health challenges have not departed from humans

The route by which ill-health is cured is a function of more than a biological process. The exposure to cultural knowledge and environmental factors has been documented to have premium on health care systems that are accessible or provided to the people. The language orientation of development used to label ill-health by medical and religious practitioners has been different, but now a unified description is advocated to find common ground to optimise the benefits in them. This different viewpoint of medical and religious practitioners exists in the literature based on authors’ worldview and cultural understanding of what is studied regarding healing in spiritual and medical terrains, and both (Ilo, 2017a: xix; Oliver, Cochrane & Schmid, 2006:55-56; Bate, 1999:4).

The African Religious Health Assets Program (ARHAP, 2006) documented various studies that vouched for the impact of African religious entities on the health care system. This lends credence to examining the contribution of religion to development. Faith-based development activities have been shown in some instances to do better in providing the needed services to the people when compared to government agencies, while these have tangible and intangible assets for well-being as viewed from the angle of health concerns (Cochrane, 2006:243). The health asset in religion is substantial, as vividly stated by Benn (2011) as *resources employed to maximise the impact on health globally*. That is the use of observed potential human relational cooperation and support to the benefit of those who are in need especially in health issues.

Porterfield (2005:158) avers that Christian FBR entities form a centralized medical mission unit that uses healing to express their humanity against the suffering of others in a socially responsible way. This includes institutions such as the Caritas International Medical Mission

Board, Catholic Relief Services of the Roman Catholic Church, the Church World Service (which includes thirty protestant and orthodox churches), the Evangelical Foreign Missions Association, the American Friends Services Committee, the Lutheran World Relief and Seventh-day Adventist World Service, among others. That is, the modern medicine is a secondary platform to spiritual healing in Christian compassion and mission outreach globally. This becomes a tradition by which few FBR entities attempt to provide services that affect the people's welfare in their community.

What is a tradition? It is a body of belief or a system of living based on some norms, mores, architecture, institutions, music, philosophy, rituals, and attitudes of people in a particular place that are transferred through oral and written communication from generation to generation (Olukoya, 2018). In the present dispensation, tradition is no longer limited to oral communication, as other means are now available. So, tradition is the way of life of people in a geographical location that distinguishes them from others. The recognition that traditional treatment is available to people's health care system inspired African ways of seeking answers to health challenges (Ilo, 2017b; Ter Haar, 2006; Porterfield, 2005; WHO, 2001).

The AIC comprises Christians of African descent that left the mainline churches to form their own. The main reason was the incompatible doctrinal issues that arose between Africans and the mainline churches around such as healing, speaking in tongues, and equality before God in addition to the issue of mixing African culture with Christianity, which the mainline churches believed was paganism. African Christians saw healing as part of the benefits of the cross of Jesus Christ, while the mainline churches were slow to harness it (Ilo, 2017a; Oladipo, 2017; Porterfield, 2005).

Ilo (2017b) suggests that people should not confuse medical, biological, social, and ethnological issues with spiritual health, though there may be some links between these. In the African context, biological and non-biological health tends to be mixed, and an outsider may find it difficult to reconcile that a Christian would participate in fellowship or commune with the ancestors. For Africans, ancestral relationship is part of his or her cultural identity and who they want to be. The Bible relates God with Abraham, Isaac, and Jacob, though these patriarchs were long dead, but still they still enjoyed relevance to the faith of devotees. The difference is in the mode of their connectedness to the people and in relationship (De Gruchy, 2006a).

Udelhoven (2015:34) demonstrates the dilemma faced by the African person that such experiences are not strange to Biblical teaching even though modern-day theologians or researchers would not such as to accept the reality of religious healing in the Bible (see Luke 9:6,11). Udelhoven (2015:34) asserts that a person could narrate his or her trouble differently, depending on who the person is; if a pastor, it may be viewed as a demonic attack - if a herbalist, it will be witchcraft, and it will be a virus in the eyes of a medical doctor.

Copeland (1974:17) avers that no man on earth can heal apart from God, although he often uses humans as a medium. This means that healing of sicknesses cannot be a function of science and technology alone. The truth discovered by AICs was harvesting the possibility for divine healing to minister to their congregants, as they are inherently religious (Fayose 2017).

Blight (2009) captures the sick person's experience in her book entitled *Hidden joy in a dark corner: The transforming power of God's story* as follows: "I felt so alone. No one, not a single soul, understood the depths of my pain and my despair. No one knew the terror I lived with each day. No one knew ... my loneliness, my helplessness, my hopelessness." This type of expression is what is scarce in research work, while it should be encouraged.

According to Gunderson and Cochrane (2012a:33), there is an intrinsic value that faith institutions (especially churches) enjoy when it comes to creating health delivery for individuals to the community that forms (complements) the thrust of added value to the national health care system. Despite their diversity, many African traditions recognize the importance of the physical and spiritual body in health more than in biomedicine. Causes of illness include spirit-world intervention, or family or community conflict. The whole community is involved in treating the illness when the healer uses indigenous ways of divination or ritual (Science Museum, n.d).

Omonzejele (2008:120) is of the view that health in the African context is a total package (including oneself, family, friends and the community) due to Africa's unitarian society, what is classically called ubuntu in South Africa (De Gruchy, 2006a:42). The community comprises the living, yet to be born, and the dead (ancestors) (Iroegbu 2005:81). The notion of health is best understood by African and Asian countries to be holistic in nature as is not limited to biological science diagnosis but have spiritual foundations (Ilo, 2017b:47).

Ilo (2017a: xvi) opines that non-African narrative distorts the real story of the past and present challenges around the prospects of African Christian religion. This inhibits the understanding

of the people and their rich social heritage. Achebe (2001:91) is of the view that people should be free to tell their story based on their own reality without being made to say it to appeal to others' historical expediency. The easiest way is to allow such people to tell their story, which is the thrust of this study.

It follows that sickness and disease in Africa do not have to conform to western medical knowledge: the dead and living co-exist and have an influence on health and well-being. It is certain that medical knowledge may never be able to cure or explain some sicknesses but, through the agency of religious principles or practices, a few individuals are finding solutions (Selman, 2021).

Bate (1999) shows how religious healing occurs in AICs although the respondents used were not people seeking healing, but the priests of three mainline churches in South Africa, and it was viewed from the angle of how such "coping healing" affected their theological ministries. Others looked at the people who visited rivers, streams, or caves for healing (Ilo, 2017b; Liutikas, 2015; Benson, 2013).

Jirásek (2014:49-50) views religious tourism models as dealing with a preconceived purpose rather than that which is experienced at the place/ site. The pilgrim concentrates on the present experience, which embodies an openness to reality in the quest for what can be termed spiritual authenticity with all its benefits (Nicolaidis & Grobler, 2017).

The experience of the religious tourist is a function of his or her mental, economic, and social orientation, since these would provide ideals to the expression perceived to have been experienced (Nyikana, 2017). According to Norman (2012:28-33), spiritual tourist experiences can be in the form of healing, which could be spiritual or physical, experimental like those who travelled to Israel for pilgrimage and seeing the notably places Jesus Christ visited or where he died. It is a quest in searching for deeper knowledge and intimacy with God, a retreat to embrace a personal break from the busy life but engaging in religious devotion. In addition, it involves a collective experience in activity done with others with similar spiritual persuasion. For this reason, there is little written in the emerging world about tourist experiences at sites where prophetic healings occur.

Religious tourism is a journey premised on religion. It may be for pilgrimage, sight-seeing, ritual participation at the sight or spiritual edification, with a high number of visitors yearly (Nicolaidis & Grobler, 2017; Smith & Diekmann, 2017; Norman, 2012). However, religious

tourism is visiting a place where healing is expected and experienced. The site for this study is SCOAN in Lagos, Nigeria, and is the choice location for the study, since it has been the most visited religious place in the continent, and especially globally, for healing purposes (Oladipo, 2014).

1.3 Delimitation and statement of the research problem

This study focuses on SCOAN located at 1 Segun-Irefin Street, Ikotun-Egbe, a suburb of Lagos, Alimoso Local Government Area, of Lagos State, Nigeria. The church founder and leader was Prophet Temitope Balogun Joshua, who died unexpectedly on 5 June 2021. As general overseer, he started SCOAN in 1987 with eight persons. The church has since grown into a global audience, as the advent of internet and YouTube viewers shifted congregants from physical locations to include online platforms (SCOAN, n.da.). There are other ministers that assist in the work and a secretariat office that deals with administrative issues. The church has a functional branch in Accra, Ghana.

The supporting units of the church are the Emmanuel Television (Emmanuel TV) that handles the broadcasting of church activities 24/7 globally via satellite, and the Emmanuel TV Partners, which oversees the charity work of the church with a global outreach for acts of humanitarian services. Offerings are not collected during worship, but people give to support the work of their own choice; hence, they have Emmanuel TV Partners hosting channels through which funds generated are disbursed.

Health is believed in SCOAN to be inherent in the redemptive work of Jesus Christ and available to individuals willing to follow the steps preached or expounded to him or her (SCOAN, n.d.). Miracles of healing are part of the package of the gospel (Matthew 28:18-20; Mark 16:15-20; see the SCOAN statement of faith). SCOAN recognises that the nature of healing depends on the individual's health condition, as cases differ from person to person and the root cause may not be the same. Those possessed by demons may require the demon to be cast out (often with manifestations) and the person is adjudged free once the invading demon departs from the host. Physical/ bodily ailments may need prayer for healing. It should be noted that, over the years, healing in SCOAN has generated controversy based on the method and “theatrical” display of healing practices (Lee, 2016, 2002).

Fortunately, the “weird” healing reported to be happening at SCOAN does not deter people from visiting the place for healing (Johnson, 2018; Lee, 2016). Notable people in society across

the world have been recorded as visitors. Politicians, businessmen/women, sportsmen/women, musicians, pastors, celebrities, and even the less privileged seem to be frequent visitors (Johnson, 2019; 2017; eNCA News, 2013). The YouTube channel had over ten million subscribers in 2018 and 400 million viewers, thereby making it the world's most viewed Christian ministry on YouTube (SCOAN, 2018; Bruce, 2015). Emmanuel TV is accessible on Digital Satellite Television (DSTV) channel 390 in South Africa.

The research is empirical, so data were collected from visitors to SCOAN only. The Sunday service of the church provides a better opportunity to observe what goes on, the mode of worship and ministration of healing to people for observation or when on their prayer mountain service, including those who came back to testify to share information about themselves freely on healing received or otherwise. The target sample were mostly Africans, given that the ministry of the leader became a new phenomenon in the continent, though Europeans and South Americans do visit the church.

The problem investigated in this study is whether and the extent to which visiting SCOAN made a significant difference to visitors' health and well-being.

Respondent's perception of their health status is the object of explanation around coding, since this was the reason(s) for their visit to SCOAN. Bate (1999) cautioned that those seeking healing are prone to exaggeration, hyper-emotionalism, and superstition around expressing their needs. This could as well happen when seeing a medical doctor. However, to minimize the incidence of such exaggeration, I rely on the good faith of visitors and their sincere intention to say things that are void of hypocrisy or exaggeration.

It is understandable in my view that healing is multidimensional and graded. Two individuals' healing processes are never the same, including the threshold of its nature. So, each visitor's case is different from others, but the common denominators are sin and violation of health principles. In addition, I realised that health is not well-being, as the former is the state of being free from bodily sickness or illness, whereas well-being is the summation of living conditions that go beyond the physical body, including access to social infrastructure, social security, good governance and being able to live above poverty line at a particular time.

1.4 Research procedure

The case study method was used, which offers both descriptive and explanatory tools to determine the why and what of the subject under consideration (Nyikana, 2017; Hefferan, 2015). According to Hefferan (2015:45), the case study is a good method for “first line of evidence” research, as well as engendering a deeper understanding of the phenomenon under investigation. It is flexible for sources and methods of data collection, be they qualitative or quantitative. However, its weakness is that findings are local and cannot be generalised (Nyikana, 2017; Hefferan, 2015; Babbie, 2010).

The survey population are those (national and international) who travel to the case study site. Direct observation is used to meet the research aim of the study and analysis of the data collected on targeted visitors. Simple purposive sampling was used to observe over 750 visitors at the site, among those who must have been healed during the observed event at SCOAN. That is based on claims of having received miraculous healing and/ or deliverances related to spiritual afflictions (non-medical). The coronavirus pandemic made it impossible for travelling and social interactions at the time of the execution of the research. Physical observation and personal interviews at the church were thus not possible. Therefore, the adoption of content analysis was used to assess the visitors’ responses to their healing as per the church’s YouTube media outlet.

Content analysis is a research method used to ascertain the frequency of a definite pattern of words and concepts in a document or text (Bhasin, 2020). However, it can be used to analyse the linguistic, cultural, political, social, and historical relevance of content, be it print or non-print media. It has the advantages of both qualitative and quantitative application to research around evaluating an objective. It can be subjected to a verifiable test and is replicable in contextual content (further details in 5.6).

Religion is in health and health is in religion. All religions believe in the health of devotees and has teachings or rituals that ensure such healing takes place. Some religious bodies build hospitals/ clinics or provide professionals that give auxiliary services to the community in which they are located (ARHAP, 2006; Cochrane, 2006). In most cases, a visitor at faith based site (such as SCOAN) is expected to participate in worship through songs, Bible reading, listening to the teacher/ preacher and prayer sessions during which healing may take place. In Christianity, the gospel is preaching, teaching, and healing based on the charge to the Church by Jesus Christ (Matthew 9:35; Luke 10:9; Acts 10:38).

The empirical instrument of content analysis codes dovetails with the Gross National Happiness index, and the World Happiness Report (WHR), around assessing respondents' perception of health and well-being as based on their visits. The codes capture details such as country of origin of visitor, family inclusiveness, expectations, awareness of the place, and self-judgment on health conditions.

I adapted Wang and Xu's (2015) place distinctiveness scale to assess if there was a relationship between place distinctiveness and healing through religious visits. The visitors' experience of healing was appraised in the following areas: marital, employment-related, physical, and mystical--by using data from the SCOAN website, which was subjected to descriptive statistics in evaluating the relationships of different variables (see Babbie, 2010:347–447).

Primary data were principally sourced from SCOAN known to be regularly visited by religious visitors. The methodology used in analysing the data was statistical, employing the ATLAS.ti package, which can handle both qualitative and quantitative data, so as to highlight the healing and well-being of visitors.

1.5 Significance and objective of the study

The significance of the study is to evaluate the healing benefits derived from religion that complements conventional health institutions services of the people, especially where such services cannot be delivered, such as casting out demons (Luke 13:16, Romans 5:1 KJV). Nigeria ranks 187th of 191 countries in health system efficiency with respect to health expenditure per capita (PRIMASYS, 2017). A study of this nature gives policy-makers options to strengthen the implementation of the 2030 Agenda on Sustainable Development to capture all stakeholders and improve ties across national boundaries in terms of diplomatic relations. Pragmatic reporting of the national income accounting systems of governments to include those who received spiritual healings from chronic diseases not directly charged for such treatment as in hospitals, would not only give the right information, but also elucidate its nature (Liutikas, 2015; Cochrane, 2006). Therefore, there is a need to evaluate such health and well-being as derived from religious visits in addition to those measurable outcomes.

The objective of the study is investigating whether and the extent to which visiting SCOAN made a significant difference to health and well-being in the assessment of visitors to SCOAN. The respondents are those visitors from African countries and beyond Africa seeking healing and well-being.

The study used the Hume's impossibility arguments to validate the existence of healing and miracles as experienced by visitors to SCOAN. The first argument is:

Hume's propositions: argument from the uniformity of experience.

Proposition 1. The idea of repetitive and uniform experience forms the testimony of humans.

Proposition 2. Miracles do not always happen.

While Hume's second argument is:

Arguments from barbaric and ignorant nations.

Proposition 1. Those with good education, learning and good sense are never deluded.

The presence or otherwise realised expectations of visitors are what would generate further multiplier effects for sustainable healthy living and promoting people's well-being over time. The outcome has potentials to increase the gross and net national happiness indices around a productive human resource that would improve the economy.

1.6 Ethics statement

I have strictly abided by the ethical standard of the university in this research. I worked closely with my supervisor and acknowledged all sources cited in the study. Anonymity and confidentiality were guaranteed to all individuals or participants in my discussions. A statement of indemnity and consent was not signed by all participants as expected in research of this nature. The content analysis method used guaranteed that there would be no participant who experienced discomfort or trauma during data collection.

1.7 Limitation of the study

This study was limited to the spiritual perceptions of visitors' spiritual awareness or religious inclination and understanding of their health challenges. Moreover, the communication from SCOAN's official media outlets is in the public domain as transmitted. The period covered was July to September 2019 and 2020 so as to assess the lived health and well-being experiences of visitors to SCOAN as a global religious site. In addition, I could not visit SCOAN as planned due to Covid-19 pandemic and travel restrictions around direct participant observation and data collection.

1.8 Chapter outline

This research is divided into seven chapters. The following is a summary of each chapter.

Chapter 1: Introduction

The chapter gives the general background to the study and sets out the modalities by which the work is measured. This entails describing the problem the study addresses, the relevance and objectives of the study, and the methodology and research design.

Chapter 2: Understanding religious visits and healing from an African perspective and beyond

This chapter deals with a review of relevant literature, especially around conceptual issues related to religious tourism, healing, and health in Africa. The difference between an international perspective and African perspectives on healing and health is highlighted.

Chapter 3: The realities of healing in religion and health as viewed from an African perspective

In this chapter, I consider the inclusiveness in the understanding that health affects the body, soul, and spirit, as based on indigenous beliefs or worship. Furthermore, the effect on health and well-being of African independent churches and Pentecostal-charismatic church healings is explained. The chapter explains the notion that spirituality is different from being religious and focuses on the dilemma of African Christians about healing as practiced in mainstream churches.

Chapter 4: The acts at the Synagogue Church of all Nations (SCOAN) in Ikotun, Lagos, Nigeria

In this chapter, I give a brief overview of Lagos in Nigeria to mirror her influence on the case study, including the leadership structure of SCOAN and its mission statement. Additionally, it explores the spiritual, miracle-related, and healing activities of the church. The chapter likewise considers the use of media in the healing, prophecy, and prayer ministries that turned SCOAN into a global arena of healing. Finally, it looks at the spiritual miracle and healing activities of the church for visitors and observers.

Chapter 5: Research design and methodology

The chapter explains how research design and methodology are used for gleaning empirical data collection on the effect of religious visits when it comes to health and well-being. The content-analysis approach is explained to highlight the needs, advantages, limitations, and possible outcomes of its usage.

Chapter 6: Healing practices and beneficiaries' testimonies at SCOAN

The chapter deals with data analysis and findings based on content data such as the lived experiences of visitors during their physical and online contact with SCOAN. It highlights the physical diseases, psychological illnesses, and spiritually related ill-health challenges of visitors to SCOAN.

Chapter 7: SCOAN and the healing factor in religious visits: A conclusion

In this chapter, I give an overview of the chapters in the study and findings based on the research work with the focus on its objective. The chapter includes limitations of the study, potential recommendations for stakeholders' implementation, areas for future research, and a conclusion.



Chapter 2

Understanding religious visits and healing from an African perspective and beyond

2.1 Introduction

This chapter will deal with a review of the literature relevant to comprehending the reason and impetus for humans to follow a religion, go on religious visits, and take care of their health. The chapter will attempt to define and explain conceptual issues related to religious tourism, pilgrimage, healing, and health in Africa. The difference between an international and African perspective on healing and health is highlighted. The chapter describes how a religious visit undertaken for personal well-being is different from a pilgrimage or medical tourism; religious visits for healing have both physical and spiritual components. There is the notion that visitors' experience is unique and personal which forms the before-and-after travel dossier of such religious tours. The continued rise in numbers of followers of AICs and the Pentecostal-charismatic churches (PCCs) in the ministry of healing is discussed; religion, healing, health, and well-being are described as redemptive benefits to all. In conclusion, the chapter points out that the attainment of healing, health, and well-being is a daily struggle for humans.

2.2 Religion

Religion is what an individual or a group regards as its belief system. That which the group regards as its belief system has intrinsic value to them, which may not be fully comprehended by others, unless they share the same belief (Boyd, 2000). In some instances, those with the same belief do not operate on the same wavelength of spirituality, which is why we have believers who are regarded as born-again, fundamentalist, orthodox, or fanatic. Some writers looking at the historical violence associated with religion observe that it makes no positive contribution to the community. However, such a position is not a true reflection of religion as, in some cases, the social capital and the bond of oneness found among the followers of a religion are very strong (Paterson, 2011; Deneulin & Bano, 2009:13; Luun, 2009:942; Willis, 2005).

Religion does not fade away because a person relocates, as some writers have argued about migrants from the Global South moving to the Global North, and who would cease to observe their home country's religious beliefs (Hinnells, 2005). Some migrants either become more

zealous or enter the “cold-room experience,” depending on the environment in which they find themselves and the extent to which they practise their faith with people of a similar belief in such places (Doig & Olsen, n.d.:146).

Migrants, who came in increasing numbers from Africa and the Middle East to Europe since 2000, readily found much support and succour from the religious bodies in their new countries of abode in the face of myriads of challenges they faced (Deneulin & Bano, 2009:74-97). There is comradeship in religious belief, as encapsulated by Hinnells (2005:9):

It is essential to know the values, ideals and priorities of those from another culture or religion with whom one comes into contact. Globalization makes such contact with ‘the other’ common. Religions might be compared to diamonds; they have many facets; they can be seen from many angles, but the pictures are too complex for any one writer to see the whole.

King (1990:102) points out that Oberteuffer & Beyrer (1966:9) view this as an individual function related to the various components of man, be they physical, intellectual, emotional, social, or spiritual; these are in continuous interaction rather than separate and competing against each other. However, the impact of the economic, political, and physical environment on an individual should be included here. These aspects should not merely be lumped together with the social factor, as the term “social” alone does not capture or explain present realities.

There are two angles to religion: the individual and the communal. Religion is what an individual thinks it to be. However, the individual’s thoughts on religion are based on the collective assertions of people in the family, community, state, or nation (Sharpe, 2005). The implication is that religion has two tiers of operation: namely, personal and social (Agbiji & Swart, 2017:266; Godazgar, 2007:391-392). However, there is a third tier – the Global World – which now has a penetrating influence on the aforementioned levels (Deneulin & Bano, 2009:20-21). By way of illustration, three cases of international community intervention are mentioned: one in Sudan and the other in Saudi Arabia. A woman in Sudan was sentenced to death for blasphemy and 100 lashes for adultery for marrying a Christian (Al Jazeera, 2014; CNN, 2014). A Sri Lankan woman residing in Saudi Arabia was sentenced to death for adultery, while her male partner’s sentence was only 100 lashes (The Irish Times, 2015). Mr. Youcef Nadarkhani, who was converted to Christianity at the age of 19, was arraigned at the age of 32 before the court in Iran and charged for apostasy and sentenced to death (Marshall, 2011; The Guardian, 2011). Later on, in the first two cases, sentences were reduced and Mr Nadarkhani was released as a result of pressure from the outside world. However, he was

rearrested and detained in a notorious jail in the country on 22 July 2018. This is the recognition of what constitutes the fundamental human rights of association or religious affiliation without coercion.

Hence, religion can be described as the inherent system of beliefs, values, and morals acquired from childhood, which are reshaped by the reality of interactions with others and the mode of governance in the community of abode. It must be stated here that no religion is static, just as society is not static, but dynamic. Therefore, in Africa, religion is the way in which people live and die; people's mode of living is woven within their religious traditions (Agbiji & Swart, 2017:266). Religious dialogue between the living, dead, and unseen forces occurs through prayer.

Prayer is a conversation with God; the communion of the soul with God, not in contemplation or meditation, but in direct address to him. It is "beseeching the Lord" (Exodus 32:11); "pouring out the soul before the Lord" (1Samuel 1:15); "praying and crying to heaven" (2 Chronicles 32:20); "seeking unto God and making supplication" (Job 8:5); "drawing near to God" (Psalms 73:28). Prayer presupposes a belief in a personal God, his ability and willingness to listen and speak to us, his personal control over all things and all his creatures and all their actions (White, 2012:1). However, Kumuyi (2020) asserts that prayer is only meaningful if it is accompanied by faith. Prayer in faith moves the hand of God, as faith honours God and God honours faith in whomsoever it is found. When fasting accompanies faith, the potency of prayer becomes mysteriously dynamic if based on Biblical precepts. Prayer is, therefore, the act of the living communication to unseen forces when the living are in need of intervention in circumstances that are beyond the human ability to effectively deal with. Prayer can likewise occur in the form of an order when a person orders God to do something around declaration of God's promises as well as praise, supplication, intercession, or pleading, depending on the guidance of the Spirit.

Fasting is to abstain from food and water for a while. The duration depends on the extent of the need, and the purpose and nature of any prescription regarding fasting entail that an individual can decide to fast; or a family, community, or a nation can call for fasting and prayer to tackle difficult situations (Esther 4:16; Jonah 3:5-10; Joel 1:14; Acts 9:9; 13:13 KJV).

In the context of this study, prayer has two dimensions: the individual seeking healing prays, and then the prophet prays for an individual to receive healing. The assumption is that the

prophet/ pastor carries a higher anointing of spiritual power to help solve the problem (which is true in most cases), but the visitor must be willing to be prayed for too. The prayer may be a command to invade evil forces/ demons to come out, or it could accompany an anointing with oil, or it may be a prayer over water for drinking, praying for divine healing, a prayer by a prophet, or a prayer asking to be led by God on what is to be done to help a person. Africans are used to praying either to their ancestors or to a local deity, which are assumed to be the channels to the Almighty God.

2.3 Pilgrimage

Pilgrimage is a “journey resulting from religious causes, externally to a holy site, and internally, for spiritual purposes and internal understanding” (Barber, 1993:1). As Digance (2006:36) states, today the journey may be short in both distance travelled and duration of stay, or there may even be no physical travel involved at all if the pilgrim is surfing cyberspace; instead of leaving home, the pilgrim stays at home and can travel online and still experience some “aesthetic experiences.”

It is generally accepted that pilgrimage cannot be defined without considering religion. However, in the 21st century, the term may not relate to the committed believers of religious adherents, since religion tends to be regarded as a product in this age (Fisher et al., 2008). In Olsen (2003:101), pilgrimage is called a marketable commodity, with the buzz-phrase “buy this and change your life” (Aldred, 2000); also, MacColl, 1989 calls it “spiritual smorgasbord;” it can further be regarded as “spiritual promiscuity” (Solomon, 1999).

The common thread in pilgrims is the quest and inner thirst to be recompensed with existential experiences. Digance (2006:38) calls such experience(s) transformation, transcendence, life-and/ or consciousness-changing event(s), hierophany or enlightenment; still, words may fail to express such momentous experiences. According to Brainard (1996), it is a spiritual awakening for the individual to have these experiences at the site/ place, when considered in the light of a previously known emotional or religious sensibility. The spiritual factor comes into play as one goes into the deeper meaning of pilgrimage, beyond secularisation.

Proponents of secularity in the 20th century brought commerce into pilgrimage. According to Wilhelm (1989) and Digance (2006), commercial promoters of religious destinations should be modest in advertising, conducting it in such a way that it can meet the desired expectations of tourists. Religious tourists may not all find the expected experience or overwhelming

spiritual elation they were looking for. This may be due to various factors, which may not be a problem related to the site/ place but may be related to the individual, or other factors. Scripturally, faith is a necessary ingredient in obtaining anything from the God of the Christians (Hebrew 11:6; Matthew 9:29 KJV). When the quality or quantity of faith expected is wanting, there will be a failure to receive the “miraculous” as advertised in the commercial marketing of destinations.

The phenomenal increase in commercial religious sites recently is due to governments’ drive for additional revenue and foreign exchange (Ibagere & Adeseye, 2013:3-5). Other stakeholders in the industry become involved to share in the economic benefits. This form of tourism is called tourism of heritage or culture, which may have global recognition, for example the tourists at the Brazilian carnival or trooping the colour in London (Naumov, 2011:4; Singh, 2004; Jackson & Hudman, 1995).

Ellyatt (2012:1) reports on the extent of religious travel and tourism, which generates about \$8 billion a year in shrine-centred economies (aside from job provision). Pilgrims would see many of these shrine-centred economies as destinations: for example, Israel. Israel earned NIS 4 billion in 2014 and 58% of all its tourism is related to religion. In Saudi Arabia, there is a similar trend of positive contribution to the domestic economy of the country. In 2011, out of 2.9 million pilgrims, about 1.8 million were foreigners, including Muslims from all over the world (Olika, 2017; Stats, 2016; MOT, 2015; Ellyatt, 2012).

“Traditional” pilgrimage is embedded in the host community’s structural codes of living (ethos, cultures, and organisation), which must be understood by anyone undertaking journeys to such sites/ places, either as participant or onlooker (Ibagere & Adeseye, 2013:3; Digance, 2006:24). The inability of the modern pilgrim/ tourist to fully comprehend the sacredness attached by the host community to their site/ place is the root cause of friction, with the pilgrims/ tourists being accused of desecration of the holy site/ place. In Saudi Arabia, yearly, some tourists are either jailed or sentenced to death for the violation of Islamic teachings or national laws during their visits.

Responding to this, Luun (2009) highlights the need for pilgrims to educate themselves. Furthermore, relevant authorities such as the embassies/ high commissions, officials at seaports, land borders, and airports, hotels, and online platforms should assist by providing information that can educate tourists about designated places.

At the centre/ place/ site of the pilgrimage innumerable processes take place that are linked to sacred or supernatural power manifestations and these play a significant role in the journey of the pilgrims (Turner, 1973:210). There are centres that are potent in and of themselves for individual pilgrims, but there are similarly centres that are merely a “knowledge ledger entry” (visiting a place without spiritual effect). The sacredness of the centre depends on that which the host community has ascribed to it or that which the religious system has written about it (Munro, 2017).

Digance (2006:30) reframes the perspective of Cohen (1998;1979) on pilgrimage by stating that, irrespective of its origins, a pilgrimage is a voluntary act of major significance in an individual's life and, in many instances, is a once-off, never-to-be-repeated event that offers an opportunity for spiritual renewal or rebirth. However, I believe that both the modern and traditional patterns of pilgrimage include repeated visits and the purpose to testify, honour a vow or reinforce/ deepen the pilgrim's spirituality. In the era of cyber-tourism, experiences are instant and may later be shared with the world through social media.

2.4 Tourism

The term “tourism” has variant counterparts in the present dispensation. There are specialised tours aimed at discovery or education, which are often called excursions. There are tours centred on other levels: medical, sports-related, religious, and vocational.

A religious journey is the oldest form of, and motive for, travelling outside a place of residence that is not economically motivated. It may however result in economic by-products or benefits (Jackowski, 2000; Jackowski & Smith, 1992).

Religion, especially Islam, is reported to be measured around accommodating consumerism and postmodernism (Fisher et al., 2008:2; Godazgar, 2007:392-395). To this end, tourism is seen as a mixed bag of the positive and the negative. On the positive side, it is linked to the creation of wealth and development. On the negative side, it is an encroachment on the lifestyles of the local communities through forced compromise or toleration of people who undermine the host communities' culture and tend to make a mockery of it. There is the notion that some stakeholders in the tourism industry may not appropriately plough back their income or wealth into the economies of host communities. Foreign investors, who have built hotels/ resorts or facilities and have set up providers of other secondary services, could impoverish a

host country where weak political institutions or weak bargaining power exist (Okon, 2018; Okonkwo & Nzeh, 2009; Din, 1989; Shroup, 1985).

Liu (2006:880-881) points out that the tourism sector in Malaysia tends to ignore the local capacity for development; there is a need to be more accommodating about religious stances to maximise the potentials benefits in the sector. It must be recognised that, to promote tourism that earns foreign exchange as part of the mix, some compromises must be reached, such as permitting people with different religious beliefs to tour and enjoy the available tourist attractions found in such nations. Once the economy is open, and according to the international convention, there is room for free entry and exit based on best practices. It is in a closed economy that restrictions, quotas, and tariff rules are applied to goods and services (or visas for people).

The freedom of movement does, however, lead to tourism being blamed for importing vices such as prostitution, drug taking, and alcohol usage in communities with strict religious codes against such lifestyles (Din, 1997; 1989; 1982). On the other hand, the importation of vices by tourists does highlight the issue of freedom of choice, according to those who are of the opinion that the tourists do not force the locals to adopt these ways of living. It seems locals have a disposition to violate their religious code of living, but lack the boldness to do so, except when assisted to act out through interaction with tourists.

Bremer (2005) classifies different approaches to religion and tourism as follows: the spatial approach (where pilgrims and other tourists occupying the same space with different spatial behaviours), the historical approach (where the relationship between religious forms of travel and tourism), and the cultural approach (where pilgrimage and tourism as modern practices in a (post)modern world).

The quest for discovery is stronger in this age than ever before, due to information technology and globalisation. A religious activity is not limited to a specific geographical place. The use of television, the internet, and cell phones has increased the access to religious services.

Therefore, a definition of tourism is necessary considering the above. Tourism is an everyday activity of movements that entails corporeal, virtual and imaginative human mobility from walking through to domestic, regional and long-haul international travel (Cohen & Cohen, 2015:3-8).

2.4.2 Tourism versus pilgrimage

There is a difference between tourism and pilgrimage which, it has been proposed, lies in the travellers' motivation for participating in specific activities at their destinations. The person who travels for leisure is regarded to be a tourist, while the traveller with a quest for a religious or spiritual experience is a pilgrim. The tourist is interested in any form of leisure and not in sacred places, and, if they visit such place(s), it has no deeper meaning than the superficial. However, the pilgrim takes in all that is there with a religious disposition; there is a sense of worship/ devotion where the pilgrim often engages in prayers (Ibagere & Adeseye, 2013; Okonkwo, 2015a; Cohen & Cohen, 2015; Gupta, 1999; De Sousa, 1993; Cohen, 1992).

However, in terms of the typological classification, some scholars do not distinguish between tourists and pilgrims. The reasons are that both use the same means of transportation and infrastructure, eat the same food, and make almost the same acquisitions in order to have a memory of the places visited (that is, memorabilia). The traveller on a business trip is a business tourist, the traveller on a recreational trip, a sport tourist, and the traveller on a religious trip a religious tourist, and so on (Univen, 2015; Fleischer, 2000; Jackowski, 2000; Eade, 1992; Smith, 1992; Graburn, 1989; Turner & Turner, 1978:20; MacCannell, 1976; 1973). In fact, African religious practices do sometimes have sacred rituals and entertainment (fun) included for all participants, be they adherents or spectators (Soyinka, 1975: xvii).

Smith (1992) places the tourist who goes for a pleasure visit and the pilgrim travelling for religious purposes on opposite ends of a continuum; furthermore, both are on the same plane and there are endless possibilities for mobility from one end to the other. The instances of such movements may not be discernible by the individual, as they may happen too suddenly and simultaneously, and the pilgrim or tourist may revert back to the *status quo* (De Sousa, 1993; Hunt, 1984; Graham & Murray, 1997; Eade, 1992).

The behavioural pattern of the religious tourist tends to focus on discovering places mentioned in written creeds, such as the Bible, Quran, or other religious texts. These sites have more people visiting them than other places (Russell, 1999). Sizer (1999:86) identifies three behavioural groups among Christians: evangelicals (who are educationally inclined, with a desire to understand scriptures better), fundamentalists (who combine the educational and eschatological learning into their tours) and "Living Stones" (that is, Christian tourists who do not have strong preconceived ideas about their beliefs and interact more readily with local Christians).

Among Christians, the pattern differs between Catholics and Protestants. Catholics are structured around group tours to Biblical sites, prayers, and mass observances. Protestants take tours that include all realms of worship with the intention of finding deeper spiritual experiences in terms of intimacy with God (Collins-Kreiner & Klot, 2000; Fleischer, 2000).

Olsen and Timothy (2006:10) highlight the view of Wilkinson (1998) that religious tourists prefer tour guides with similar faith dispositions to theirs. The importance of having a tour guide with a similar faith disposition is that it helps pilgrims to maintain their scriptural interpretation or appreciation; such a tour guide becomes a hedge against false information that can distort Biblical truths. There may, however, be unbiased narratives about sites by tour guides of other faiths that may benefit the pilgrim, especially when the pilgrim is on a spiritual trip where the focus is on reconciliation and forgiveness (Wagner, 1998).

The positive economic impact of tourism cannot be denied, as it has the potential to contribute to revenue, although some critics have said that some of the profits from the industry are not reinvested commensurately (Shackley, 2002; Baedcharoen, 2000; Gupta, 1999; Rinschede, 1986). A religious tourist makes an economic contribution depending on the focus of study or perception (Okon, 2018; Nyikana, 2017; Okonkwo, 2015a; Univen, 2015; Zaidman, 2003; Vukonic, 2002; 1998). The goods and services consumed, direct and indirect taxes paid, reduction in medical/ health bills, which give those working in the tourism sector greater disposable income are the quantifiable economic values added by religious tourism. There is also the resultantly renewed energy to work alone as well as with others, positive self-esteem that creates happiness, which is a wealth that reinforces well-being. As the writer of Proverbs puts it: “A merry heart doeth good like medicine but a broken spirit drieth the bones” (Proverbs 17:22 KJV).

The observation has been made that tourism negatively impacts on religious sites/ ceremonies. Some tourists are said to have little respect for the sacred sites/ ceremonies and, accordingly, act in ways that tend to offend others who hold on strongly to the holiness of the site/ ceremony. Some religious tourists are likely to act irreverently towards such a site/ ceremony. There is the possibility of damaging shrines or removing objects from such places (Griffiths, 2011; Powell, 2003; Timothy, 1999; 1994; Fish & Fish, 1993).

Cohen (1998:7) observes that mass tourism reduces the level of spirituality of locals and tends to make them “critical/ magistrates” as they watch the visitors’ attitudes during their visits.

Commercialisation and the multitudes that crowd the sites as well as the noise, indulgences, and cultural diversity diminish the positive impacts, as found in developed and less developed countries (Singh, 2004; Cohen, 1998; 1999; Shackley, 1998; Moscardo, 1996; Sindiga, 1996; Beckerleg, 1995; Timothy, 1994; Hobbs, 1992; Nolan & Nolan, 1992; Madan, 1986).

Places visited by tourists and pilgrims may be the same, but they evoke different meanings or significances for the two different groups. The religious tourist, based on historical, social, and education-infused religious understanding, may see such sites/ places as sacred and feel piously connected to them. On the other hand, tourists see a site/ place as an architectural edifice and consume it as an aesthetic product (Bremer, 2006:33).

A distinction between tourism and pilgrimage is necessary for statistical purposes. Statistical records from governmental agencies may not only record religious visitors as pilgrims, but likewise cultural or heritage visitors (Russell, 1999). This means the use of such data may not reflect the actual interest of a researcher who is not interested in heritage sites or tourists as such.

2.5 Religious tourism or pilgrimage?

Some writers are of the view that religious tourism can sometimes be called faith tourism (Ibagere & Adeseye, 2013; Iheanacho, 2015; 2004; Wright, 2012; 2008; William, 2008). Religious tourism occurs where people of faith travel individually or in groups for the purposes of pilgrimage, leisure, missionary outreach, or fellowship. The leisure included here can be explained in terms of 21st century tourists' "mentality," that is, photo-taking, sightseeing, and making purchases. This differentiates religious tourism from pilgrimage, where there is the assumption that there is no place for leisure. The idea in this study is to assume that religious tourism and pilgrimage are not the same, in contrast with some studies' convenient assertions. The motivation of the religious tourist requires more than just religious obligation, but a personal longing for something extra – especially healing – which is the focus of this study.

Citrinot (2011) classifies religious tourists into three categories. The first group engages in purely religious pursuits, which involves praying, performing rites or rituals, or paying religious homage. The second group has sightseeing tendencies that involve visits to monuments, shrines, and heritage sites (that is, they are motivated also by history and art). The third group engages in religious activities at religious sites. These activities may involve participating in a spiritual retreat, festivals, or religious teachings.

Purpose-driven religious sites have been built, the development of which is deliberately planned and executed by an individual, community, or government (Munro, 2017; Smith, 2008; Blackwell, 2007; Olsen & Timothy, 2006). The success of such sites depends on the packaging of the place in terms of planning, infrastructure, promotion, marketing, and experiential content (Sternberg, 1997). Sites that are already in existence can be redesigned for tourism with good infrastructure put in place to ensure that it meets the prospective tourist's needs (Nyikana, 2017; Ibagere & Adeseye, 2013; Univen, 2015; LDP, 2014).

Moutinho (1987:16) defines motivation as “a state of need, a condition that exerts a push on the individual toward certain types of actions that are seen as likely to bring satisfaction.” Therefore, a tourist's choice of a site to visit is not based on rationally induced logic or scientific findings but on personal needs, information gleaned from records, or information heard from others, which makes such a place a preferred option over others in the quest for solutions for the self (Ngwira & Kankhuni, 2018; Osazuwa, 2018; Munro, 2017; Rountree, 2002).

Cole and Scott (2004) use four parameters in the evaluation of tourist experience: the performance quality, experience quality, satisfaction, and revisiting intentions. Benson (2013) sees a chain reaction happening: the level of performance leads to an experience of overall satisfaction, which leads to the tendency to revisit a given place. Alternatively, if the performance is poor, it would affect the experience, the satisfaction level would be low, and therefore there would be no desire to revisit the place (Munro, 2017; Wagner, 1998). But a pilgrimage is both an aim and a voyage: an external experience and an inner inspiration (Ure, 2006:1).

Historical accounts suggest that pilgrimage was not very fashionable during the Reformation; it was seen as unnecessary if Christians were to [j]ust ... live by faith (Galatians 3:11). That means that going on a journey for healing or for a miracle reflected a deficiency in the person's faith, and an attempt to augment it by works (Munro, 2017; Karlsaune, 2002). However, the tide of revival through the gifts of apostleship and prophecy in the 19th century brought an upsurge of healing and deliverance in an era of religious tourism. As the activities recorded in the Acts of the Apostles were performed by people such as those of contemporary times (21st century), the hunger for the truth based on the three-fold ministry of Christ's mandate to his followers was re-awakened: preaching, teaching, and healing (Matthew 4:23; 9:35; Luke 9:6; Acts 15:35). In the 21st century, fourteen factors were identified as instruments that influence the growth of religious tourism, some of which did not exist two hundred years ago (Griffin &

Raj, 2017: iii): for instance, transportation by aeroplanes and train, access to media, an expanded market, and internet access have provided new possibilities.

The prophets and of mega-churches in Africa have made religious tourism to the continent very attractive, possibly also through online access, especially Nigeria (Osazuwa, 2018; Johnson, 2017; Nyikana, 2017; Ibagere & Adekeye, 2013; Ukah, 2011). Although Ibagere and Adekeye (2013) make a case for indigenous religions in the promotion of tourism, they neglect the fact that there are various indigenous religions stemming from the community in question or that there are shared cultural heritages among them.

2.6 Tourist experience

According to Benson (2013), the most important motivation for a religious trip is a quest for inner peace and spiritual refreshing. She further reports that tourists' experiences show satisfaction among Muslims and visitors to traditional sites, because none of these respondents have gave bad or very bad responses in her study. However, this must be seen in terms of tourists' social exposure and religious tenets. If a tourist is "forbidden" to speak on issues that may place the image of faith in a bad light: responses to such questions definitely may not be "truly" trustworthy. If the infrastructure at the sites are unfamiliar to the visitors, they may not be able to appraise them objectively. Nyikana (2017) and Regi (2011) report a similar pattern in their studies, but the experiences are not unique to tourists in Africa, as those visiting India have the same ones (Rifai, 2015; Raj & Morpeth, 2007). Research results on visitors' perceptions are still scanty, and the host community's perception is not considered at all.

Regi (2011:10) asserts that the community has its fears, even though it does benefit from the tourists' activities and generated income. They fear "forced development" by government in order to fit the international code for the industry. Such development occurs without consultation and, most often, people are displaced or relocated to make way for infrastructure, which disorients them (see Griffin & Raj, 2017).

Munro (2017) asserts that tourists' interpretations of sites do come into conflict with those of the managers, curators, and traditional archaeologists. Thus, what is permissible or not at such sites can create issues that may hinder the tourists from gaining deeper insights at the locations (for example wanting to touch or sit where it is not acceptable).

Religious tourism involves consecrated time and space for the individual, as opposed to their mundane lifestyles. The time is dedicated purely to seeking out the inner (re)discovery of the self in a place that is unusual or unfamiliar, and where such a place is devoted solely to spiritual/religious purposes (Goodnow & Bloom, 2017). Hence, the space is regarded as sacred. In accounting for the experiences of tourists, Iheanacho (2015:265) erroneously refers to religious tourism as the only means by which travellers create knowledge of previously unknown places.

However, in respect of pilgrimage, Iheanacho (2015:265-267) opines that the Nigerian religious believer has a sense of guilt at the site visited, as the experience enables him or her to see the gap in their relationship with the supernatural. Such a conviction may lead to a genuine conversion. This assertion cannot be limited only to Nigerian faith believers, but is typical of any religious person globally, since those who undertake a journey have an expectation to be fulfilled by such an endeavour; one does not simply spend money on flights, accommodation, and food in a new environment without a hope for a return in one form or another.

It will be interesting to study the transformation that took place in the lives of the pilgrims/religious tourists once their trips were done over a period of (say) two months to three years after the tour; would they still be as pious as when they had just come back from such a monumental trip? This could be a topic for future research. The ability to sustain the joy of having experienced deeper insight into the sacred realms of the spirit should not just be a temporary thing; as stated in Luke 1:75 (NIRV): “He wants us to be holy and godly as long as we live.” Therefore, if pilgrims who experience healing by engaging in prayers at a sacred site are not able to say they are still healed after three months or more, something must be wrong, which ought to be investigated.

If health is considered as a consumer good/ service to a patient (see Table 2.1), it is both self-indulgent and useful for survival (Campbell, 1994:508). That is, the health service is rendered by the health care giver on demand to a sick person, although health service is intangible in nature but has the potential to confer benefits to the client. Though the service is intangible, it is experienced by the customer in terms of the health problem diagnosed by the service provider. Therefore, individuals or families take responsibility for accessing the needed goods/ services wherever it can be found (Gilbert, 2006). Prophecy and miracle are the evidence and proof that Pentecostal prophets trade in goods and services to their clients (Ukah, 2016). Therefore, it is not wrong to refer to health and wellness in religious domains as goods or services.

Table 2.1: Economic distinctions of goods and services consumption

Economic Offering	Commodities	Goods	Services	Experiences
<i>Nature of Offering</i>	Fungible	Tangible	Intangible	Memorable
<i>Key Attribute</i>	Natural	Standardized	Customized	Personal
<i>Method of Supply</i>	Stored in bulk	Inventoried after production	Delivered on Demand	Revealed over a duration
<i>Seller</i>	Trader	Manufacturer	Provider	Stager
<i>Buyer</i>	Market	User	Client	Guest
<i>Factors of demand</i>	Characteristics	Features	Benefits	Sensations
<i>Economy</i>	Agrarian	Industrial	Service	Experience
<i>Economic Function</i>	Extract	Make	Deliver	Stage

Sources: Pine and Gilmore, (1998:99).

Packer and Ballantyne (2016:134-136) suggest a multifaceted model for evaluating a visitor's experiences at any destination; this could measure both positive and negative experiences (see Figure 2.1). In the model's schema, there are no sequential linkages, as the transmission path of human experience cannot be easily measured. However, it shows that a visitor can have more than one experience at a time. The authors have indicated that the model would be useful for all stakeholders in the tourism industry. The experience can aptly explain what happens to a visitor whom a minister lays hand on in prayer for healing. The physical touch is there, the sensory organ of the body picks it up, and the involuntary reaction of the spiritual manifestation of evil spirits leads to deliverance.

According to Hull (1990), the pilgrim's memory plays an important part around evaluating the outcome of the journey, which would make the person judge whether the trip had a positive or negative impact on him or her. The ability to store and recall the past event from memory is crucial in a person's life, and determines the change that occurs due to healing received at the site or not (Clawson & Knetsch, 1966). The individual's familiarity with the sickness or disease and its effect on well-being must be remembered so as to correlate it with healing when received. This personal assessment is the core motivation for the pilgrim with health concerns.



Figure 2.1: A multifaceted model of visitor experience

Source: Packer and Ballantyne (2016:136)

The individual's past experiences are of immense value as a major source of information, as it has the propensity to influence future behaviour only if the past experiences are duly stored in memory (Hoch & Deighton 1989:4-9). The recalled information increases the desire for a remedy to get better (Kim, 2009:9). There is a possibility of memory distortion based on the credibility of the information received from source(s), which could affect the outcome of the experience (Braun-Lathuer et al., 2006).

The extent to which a person remembers an event depends on whether it was positive or negative and the impact it had on the person's life. Accordingly, Pine and Gilmore (1998:99) are of the view that, if the experiences are memorable, we easily recall them and they remain in memory longer. They suggest that the tourists' participation and environment have an impact on such experiences, that is, the pilgrims' activities at the site, how conducive they are to spiritual desires, as well as how friendly the people are with whom they interact, all of which will determine the extent to which the memory is reinforced. Here at the site, the pilgrim is expected to participate in worship through songs and Bible reading, to listen to the teacher/preacher, and participate in prayer sessions. The environment will include aspects such as accommodation, facilities at the site (such as toilets), roads leading to and from the site, the transport system, the seating arrangement within the church, and social relationships.

Moreover, the development of a theme as part of the experience, the harmonization of impressions with positive cues, the elimination of negative cues, the interaction of memorabilia, and the engagement of all five senses in the five principles of Pine and Gilmore (1998:98-101) occur together during the worship, preaching/ teaching, and prayer sessions; again, these touch the five senses but also the spirit, soul, and body as a whole. At the site (such as a stage) the individual is alone to experience all that is available, based on the extent to which the person is open to the event at hand; and nobody else's experience can be equal to someone else's experience, and it can only be described authentically by the person who experienced it. Economic commodification enters religious circles not by entrance fees but by the selling of other items, such as handkerchiefs, anointing oil, messages stored on video tapes, T-shirts with brand names, hand bands or scarfs to anchor the visitor experiences at a site to an object. This economic activity spins off creation of value added to some people around the site for employment and production of goods and services, while providing visitors with souvenirs or memorabilia.

The idea that object-linked memory has a better effect on tourist experience than existential authenticity is rejected by Wang (2000). He is of the opinion that the best experience is the one that resides within the tourist. In the same vein, Kim (2009) claims that tourists, especially religious ones, are not passive participants, but find themselves to be in dynamic interaction with the objects presented to create meaning from them.

Subjective experience is likewise used in happiness studies where it is based on the individual's psychological perception of their state of well-being or health (Larsen, 2007). Clawson and Knetsch (1996) identify three areas that must be considered around subjective experience: cognitive, affective, and behavioural.

Brewer (1988) and Robinson (1976) view that thoughts/ ideas, which are emotion-laden (positive and negative), expressed through words and triggered by experience, are important to memory. However, Rubin's (1996) assertion is crucial to healing for "Christian" religious pilgrimage as "he [God] sent his word, and healed them, and delivered them from their destructions." Therefore, autobiographic memory, which is the ability to vividly recall and say how an event fits into a person's life, comes in handy in the study.

Therefore, the experience of a pilgrim is a function of his mental, economic, and social orientation, since these would provide ideals to the expression perceived to have been

experienced (Apleni, Vallabh & Henama, 2017; Nyikana, 2017; Griffin, & Raj, 2017; Zhang & Yan 2016). Spiritual visit experiences can be healing and a quest for new insight of self by way of staying at a retreat for rejuvenation - or it can be a combination of all other things (Norman, 2012) not written about to a visitor. Brown (2020:1) states that an individual healing process starts from the moment a person stops hiding/ masking the reality of life lived while disguising well-being.

According to Blight (2009), the person suffering is the only one who knows how much it hurts, and when the suffering is over, the person is the only one who can give the most insightful account of it. Therefore, no two visitors' experience can be the same, as indicated, and an outsider can never express someone else's suffering from the depth of the heart.

2.7 Pursuit of religious visits in search of health and well-being

According to the Alliance of Religion and Conservation (ARC) report of 2011, there are over 155 million visitors per annum to pilgrimage sites worldwide. However, the figure only shows all visitors, irrespective of their intention. The sample did not include sites in Africa where people were thronging in the quest for health pilgrimage. Bond, Packer and Ballantyne (2014) indeed centres on religious heritage sites outside Africa, and the work of Brown (2011) in Nigeria excludes SCOAN among its sampled churches. The development of religion or faith-based visits has been a growing phenomenon on the continent where prophets have been demonstrating healing powers from the 1920s to date.

The human body is not immune to the attack/ infection of sickness/ illness/ disease; any part could become susceptible to it. The body, soul, and spirit are prone to such attacks, which results in ill-health, thereby necessitating the quest for a healing in accordance with religious belief. The patient is open to avenues for treatment that would most likely cure/ heal/ remedy such infraction to health and well-being. However, the access to such treatment is a function of national health resources and the level of development in the nation, especially around health and governance. For example, there is surprise among health practitioners and observers globally that the infection, spread, and impact of Covid-19 pandemic on the continent of Africa did not unfold in the way they anticipated it, and this was due to health facilities on the ground (Marbot, 2020).

It is this quest that prompts people to visit SCOAN for healing. Some of the visitors tried the orthodox treatment or indigenous solution, but with no respite. The healing factor in religious

visits for health and well-being became a pressuring quest for them based on information that healing could be received in some religious sites (Ilo, 2017b:45-55; Ngong, 2017:25-40). Ngong (2017:25-26) is of the view that African Christians are more apt to practice religion in a way that creates and facilitates the human quest for wholeness. This wholeness is recognised as being impeded by the existence of witchcraft, poverty, and bad governance, which reflect the African worldview on religion and spirituality. The consistent interaction of the natural and supernatural realms is a stark reality in Africa, and things are explained or understood from this perspective (Ukah, 2016; 2015b; White, 2015; Udelhoven, 2015; Brown, 2014). Therefore, when there is any human challenge in a person's life, the likelihood in Africa is to seek remedy from religion (especially African indigenous people). Therefore, the African indigenous religion (AIR) or customs continue to exist on the continent.

Sometimes, medical solutions are sought for health issues without results, and the next point of call is the spiritual domain to seek treatment. This spiritual quest could mean consulting a herbalist or a Christian/ Islamic cleric for a solution (Nwolise, 2019:353-355). Ilo (2017a:x) reports the visit to a stream in the eastern part of Nigeria that people claimed to have the power to heal. However, he could not verify anyone who had received healing there, except that the people reported they had heard of people healed at the stream. The present study intends to give voice to people who have visited the SCOAN for health purposes, including their testimony. In the words of Mikovits and Heckenlively (2014: xiv): The truth “remains, the truth endures, and the truth can heal.” But what is true in some instances in a cultural setting may not be so in another. In fact, truth is a function of social and communal reality based on the knowledge of a social construct (Nelson, 2009:197).

This means that the kinds of diseases/ illnesses/ sicknesses that someone in Africa may report as health issues may seem strange to someone from another continent (see Figure 2.2). For instance, a person who claims to have been shot at in a dream, and afterwards had health issues, will see a connection between these within an African worldview.

Similarly, a lady who dreamt of her hair being cut and later had the hair fall off gradually, and experienced a sudden stoppage of her menstrual cycle, could only be well understood by medical personnel with an appreciation of the African religious worldview. In medical science, such a correlative explanation may lack clinical reality, but the ill person is experiencing discomfort and the scan or other medical test may be negative around any underlying biological effect (White, 2015; Brown, 2011). Nwolise (2019) asserts that medical science may never be

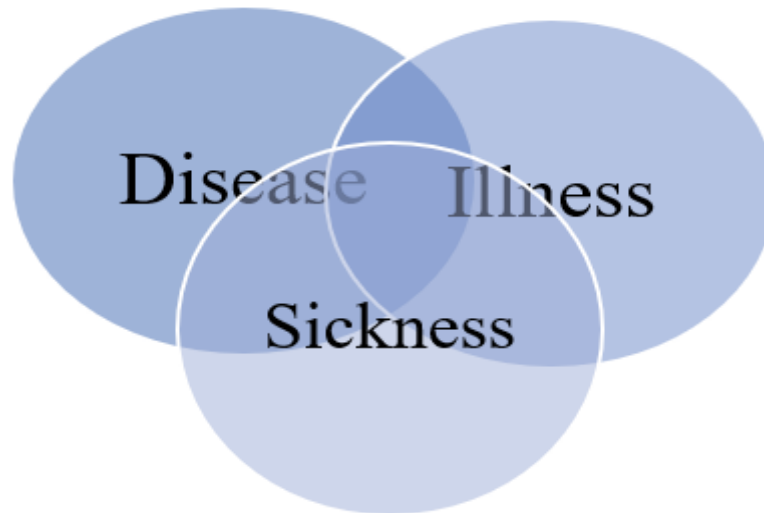


Figure 2.2: The three dimensions of affliction to health and well-being

Source: Agbiji (2013:28)

able to explain why a pregnant woman would not be able to give birth within the expected cycle of nine months but at eighteen months or give birth to a non-human object. This may be the motivation for people going to SCOAN for healing or deliverance around spiritual realities.

PCCs were addressing a reality where spiritually exists, the existence of which the secular could not acknowledge. They provided the theology that weaved the physical and spiritual realms together to minister to their congregation. This is retribution theology and a spirit world that people can relate to in the face of economic, social, health, and political challenges (Ukah, 2015a; 2011; Brown, 2014; 2011). Similarly, material well-being is considered part of God's redemptive blessing that humans desire, which causes them to seek spiritual solutions to their material world problems, which may be unpleasant to them.

Brown (2014: 5-7) describes the use of a theological concept (especially Ephesians 6:12) by Pentecostal deliverance ministers with a view to creating a penchant of fighting an enemy that is opposed to the people's welfare, leading to what some call spiritual warfare. Those who fail in marriage, business, careers, or professions ultimately seek to do better in life. And a person will contend against the enemy or unseen forces to conquer these so as to maintain good health and well-being. It is the reality of such challenges that visitors attempt to solve by going to SCOAN for their healing.

Illness is the individual perception that one is not feeling fine, such as being ill, which is concomitant with subjective sensations that have physical or psychological causes and may not

show any symptoms that are clinically diagnosable (Akpomuvie, 2014:52). Disease is an abstract biological-medical conception of pathological abnormalities in peoples' bodies (Segen, 2012). This abnormality may present with signs and symptoms that can be evaluated clinically. However, sickness is the state of being unwell or in poor health. Although, in most cases, people use the terms disease, illness and sickness interchangeably but in the clinical field they are not always the same.

It is important to recognise that healing during religious visits enjoys governance structures and cultures as well as systems related to religion, family, gender, ethnicity, sexuality, justice, and the law, concomitant with economic exchange and reciprocal traditions, environmental values that shape our understanding on it as well as how we react/ respond to it. Nobody has the full story of an individual's health and well-being at his disposal so as to determine the best way for seeking or receiving the healing he or she deserves.

2.8 Healing and health in Africa

Sickness or disease is symptomatic of disharmony with the spirit of God or with people; it affects the body, but it is the whole man/ woman who needs healing (Roberts, 2002:6). A similar view is expressed by further scholars: the disequilibrium in the state of health of an individual enjoys a cultural interpretation (Kahissay, Fental & Boon, 2017:2; Akpovumie, 2014:52). In other words, the illness, symptoms, causes, and treatment are socially deciphered and recognised by the community as an illness.

The intensity of the disease or illness can range from minor to major. This determines the type of healing to be sought (Akpomuvie, 2014:53). For example, a headache is minor, and insanity or barrenness is major. A home remedy may work for a headache, but not for insanity.

The causes of illness and disease are explored within three areas, namely physical, supernatural, and mystical (Ilo, 2017b; Kahissay, Fental & Boon, 2017:2; Agbiji, 2013:80-83; Akintunde, 2006:160). The physical relates to the issues connected to the human body, food, and hygiene. For example, a person can be sick due to eating food not properly cooked or that has expired / been spoiled, as well as living in an unhygienic environment that has the propensity to breed bacteria that could cause sickness. The supernatural area centres on diseases caused by forces beyond the human realm of the visible world, the realm of immortals that are perceived to afflict people with sickness as punishment for the violation of worship norms or norms of societal governance. The activities of witches and those of the occult tend

to play a role in mystical diseases that suddenly happen to people and defy medical diagnosis or treatment (Asabe, 2021a, b, d; 2019a; Johnson, 2019, 2018; Bachmann, 2014; Agbiji & Landman, 2014; Agbiji, 2013). There are stories in Africa where people had a dream of breast feeding a baby and yet were not married or had no baby in real life. Such a person would complain of constant fatigue immediately after waking up and throughout the day. In most cases, no medical treatment could address the fatigue, whereas spiritual healing did help (Olukoya, 2011b, 2001; Brainard, 1996).

A similar theory suggests three main causes for diseases. The personal theory professes that those human agents cause illness by inflicting the ailment on others. Natural disease theory emphasises an impersonal agent that biomedical sciences would refer to as bacteria, viruses, fungi, and the like, which can be scientifically tested, analysed, diagnosed, and cured. The third theory is that of emotionally induced illnesses (Kahissay, Fental & Boon, 2017:2; Akpovumie, 2014:52). This last cause relates to depression or trauma induced by life experiences, making them sick. There are similarly emotionally triggered sicknesses. For instance, eating disorders are traced to the sufferers' inability to adequately adjust to bereavement experiences or having divorced parents, thus leading them to find comfort in food by overfeeding and becoming overweight over time.

There are three paths or approaches for those who are sick to seek healing within African indigenous society. The first is the indigenous system of seeking the healer to consult the spirits, to throw bones and/ or cowry shells, and to use incantations. The second approach may be the use of herbs without any rituals, and the third a mixture of the two (Akintunde, 2006:161). However, for Akpomuvie (2014:53), home remedies are regarded as the initial stage of treatment for a minor sickness, then consulting the healer, and lastly spiritual healing.

Staugard (1985:5) states that “the search of health, defined as a state of total physical, mental and social well-being, has throughout history been at the centre of the minds of human beings in all cultures.” This quest for healing has been with all humanity from its inception, as reflected in the use of plants for food and medicinal purposes. With the advent of Christianity, where indigenous care failed to cure a problem or where consulting indigenous healers or using herbs might have been seen as connoting idolatrous practices, seeking Bible-based healing became an option (Ndung’u, 2009:89).

Religious bodies (among them earlier AICs) in contemporary times have frowned upon modern medicine for one reason or another. The Roman Catholic objection to the use of contraceptives, the Muslims' objection to immunisation, the Nazarites' objection against any form of Western medication in South Africa, and the Jehovah Witnesses' objection to blood transfusion are classic examples where people sought faith-based healings as alternatives to these (Ndung'u, 2009).

There are two dispensations in the Bible on healing. In the Old Testament, the priests played the role of dispensing healing to the people as based on God's revealed rules as contained in the book of Leviticus (Mills & Bullard, 1990:217). However, in the New Testament, Christ pioneered healing with the power of the Word. Jesus Christ additionally used saliva, water, and soil (John 9:6) as curative elements in his healing procedure. These natural elements were empowered by Jesus Christ, and they became useful for the purpose of healing (Mulemfo, 1995). The New Testament records people visiting physicians for treatment (Mark 5:26; Luke 8:43 KJV), so it would be scripturally wrong to forbid others to seek medical care or hinder them from continuing with their medication.

There are some churches that believe plants could be used as medicine. In fact, there are some AICs that perform rituals typical to the herbalists or permit their members to consult traditional healers (Sundkler, 1948). In Nigeria, the Celestial Church of Christ (CCC) does use plant and prayer to administer healings on people.

However, many PCCs accept that praying in faith is the only sufficient way to receive divine healing, although some practice the use of anointing oil and water in addition to prayer for healing and deliverance, while the rest body rely on praying in faith alone.

According to Akintunde (2006:161), healing does restore a person physically and spiritually. However, spiritual restoration is only possible if the healing has a spiritual dimension or the person does some soul searching that reconnects him or her to the deity. The medical surgery for an obese person does not make the patient become spiritual. Nevertheless, the process and success of the procedure may inspire the person to realise that God, who uses medical personnel to preserve life, has given him a second chance to continue living.

Based on the transformed teachings of AICs, some Christians tend to exercise their faith by praying to God and stubbornly remain adamant about awaiting divine healing rather than seeking biomedical or traditional treatment. Some have invariably died through such waiting,

and by the time some of them eventually sought medical help, the situation was worse or more difficult to manage. If the person is taken to the hospital at all, the issuing of a death certificate may have been the principal reason for the visit (Moyo, 2006).

When a person is sick within the fold of Christ, the brethren would pray for the person for healing. According to Moyo (2006), the person should be allowed to voice his or her preference(s) for the nature of the prayer needed to avoid frustration later on. In the case of the death of Solomon, as referred to in her article (Moyo, 2006), he was very sick, and various individuals and groups interceded, but he still died due to cancer. This outcome caused unanswered questions for the widow about the place of faith in healing. I observed that Solomon was taken to the local healer to be diagnosed, but the prescription for a cure was not followed. Scriptural knowledge (about God's jealousy over his people – 2 Kings 1:2-4 KJV) would suggest that the family doubted the efficacy of prayer to heal and solicited help from the traditional healer (*sangoma*). It should be noted that when a person's time is over here on earth, he or she must die, irrespective of prayers offered directly or indirectly: "It is appointed unto man once to die" (Hebrews 9:27 KJV).

Sickness is not numbered among the blessings of the gospel, but is counted as an enemy of human life. Jesus Christ healed the people, taking from them the heavy, oppressive hand of the disease, giving them life and strength (Roberts, 2002:14). It is in recognition of the need to be healthy that part of the power bequeathed to Christians by Jesus Christ is the ability to heal the sick and the command to do so freely (Matthew 10:1, 8; Mark 1:17-18; Luke 10:9).

Roberts (2002:14) asserts that Scripture sees sickness as oppression by the devil (Acts 10:38), captivity by Satan (Job 42:10 KJV), part of the curse of the law (Deuteronomy 28:15, 20, 22-29, 58-61, 65, 66; Galatians 3:13 KJV), something that Jesus Christ took and bore on the cross (Matthew 8:17 KJV) and something to be healed and destroyed by faith, prayer, and special gifts of the Spirit (Mark 16:17,18; James 5:15; 1 Corinthians 12:6-11 KJV).

When a person is born again by the Spirit of God, it means a change of attitudes, a change of habits, and a change in daily living (Roberts, 2002:16). The implication is that there is no question in an individual's life that Jesus Christ does not have an answer, that there is no problem he cannot solve, no sickness or disease he cannot heal, and no negative situation he cannot overturn if you have faith.

There cannot be physical healing that will last unless a permanent change has happened in one's soul (Paterson, 2011:22; Roberts, 2002:17); this is the whole essence of the gospel of transformation, as can be inferred from the Scriptures (Luke 1:74-75; John 8:11; 2 Corinthians 5:17 KJV).

In most African communities, men dominate the indigenous healing profession. However, women, by their natural motherly role and responsibilities, are not only caregivers; they are healers to their immediate family and community (Akintunde, 2006:158; Oduyoye, 1996:59). Women are more prominent around issues of fertility, paediatrics, gynaecology, and nursing the aged.

Ribeiro (1990:19) states that European missionaries who visited and settled in other countries were focused on promoting European culture through Christianity with no "respect for indigenous identity, which [was] for them no more than the space in which they exercise[d] their missionary fervour, fulfilling what they believe[d] to be the will of God." This notion and the unaccommodating intellectual teachings from the missions gradually led to the rise of AICs, as the people with their culture were fashioned into the message of redemption.

The advent of AICs led to a wave of people seeking healing from the prophets or founders of such churches. In essence, economic, environmental, social, political, and structural factors have made the healing "centres" attractive, also for people with health issues and no capacity to access or afford hospital treatment as well as those facing relational issues and no employment, they found hope under the prophets (Ilo, 2017b; Paterson, 2011; Ndung'u, 2009).

Olusheye (2009:10) opines that, in Africa, the raw manifestation of the miracle and deliverance wave started with the 1930 revival, which purged Christianity of heathen worship elements. He related this to the onset of Apostle Joseph Ayo Babalola's ministry in Nigeria. The Apostle was acclaimed for having mass evangelism and open-air evangelistic crusades showing the demonstrative power of the Holy Spirit that set the stage for visiting the prophet for healing.

During the 1920s, medical treatment was still minimal. People thus visited traditional healers: healing through a preacher was common. Then Apostle Babalola did a mighty miracle that led to the formation of the Christ Apostolic Church (CAC) in Nigeria, which is still known for prayer and fasting during open air crusades (Owoeye, 2012:95; Olusheye, 2009:35-38).

Cumes (2013) asserts that Western education discounts primordial knowledge and the spirit world that Africans have known to exist through the ages. Yet, the ways of healing that are regarded as crude similarly have their own positive properties around curing or healing the body from sickness. Scholars have asserted that divination forms part of the healing process by discovering the root cause(s) of the disequilibrium in the organs of the body, just as diagnosis and tests are done in modern medicine (White, 2015:2; Omonzejele, 2008:121).

Writers who have taken a keen interest in healing and health in Africa observe that the worldviews in the West are not the same as those in Africa. The paradigm of resolving issues related to healing in Africa must be understood in its own right. As some writers state, the African perception of treatment is comprehensive and holistic (Ilo, 2017a; Gunderson & Cochrane, 2012a; 2012b). The diviner/ healer treats the body, soul, and spirit. He or she achieves this by sorting out the physical and spiritual causes of an ailment. Treatment could centre on the use of herbs, sacrifices, divination, and incantations (Omonzejele, 2008:122).

2.9 Religious health assets

The relationship of religion to health is a mixed bag and enjoys multidimensional angles within itself and in the approach to it (Basu-Zharku, 2011; Olivier, Cochrane & Schmid, 2006; King, 1990), as seen from perspectives that are personal or related to family, community/ society, the nation and the global world. The initial secular notion about the relationship between religion and the state has hindered correct acknowledgement of the positive role religion plays in society, especially around healthcare worldwide. The view that, as society develops, religion would fade away in developing economies, such as in industrialised countries, proves to be incorrect. In Europe and America, religion is still in the public domain of society, and Africa is no exception to this.

Some scholars aver that there is no way to assess the impact of religion on health scientifically, while others think differently (Williams & Sternthal, 2007; Milstein, 2004; Miller & Thorenson, 2003). Oman and Thorenson (2002) aver that religion can empower and induce and inspire support for the sick to work towards healing. Some medical professionals highlight the positive relationship of a patient's religious inclination to their response to treatment, and how a religious inclination helps the patient cope better than someone without such a proclivity (Sundberg, 2020; Williams & Sternthal, 2007; Milstein, 2004:332-333).

Four areas are noted to be prominent in the literature on the influence of religion on health: health attitudes (which could stimulate healthy living), social support (a social network or ubuntu), psychological attitudes (such as a positive mental state/ mindset) and psi-influence (tapping into the universe's energy that induces a will to survive or live) as well as willingness to keep living for the sake of the future (Shodipo, 2019; Oman & Thoresen, 2002).

Oman and Thoresen (2002) use four psychological health principles to explain the effects of religion on health. The first centres on the psychobiological, which explores the “psychoneuroimmunological,” and the second on “psychoneuroendocrinological” paths, in which religion enhances health through attitudes and social connections. The third is “superempirical,” looking beyond attitude and psychology and, lastly, the “psychobehaviourial,” in which religion influences health through psychological conditions - character, will-power, motivation.

Rafferty, Billig and Msack (2015:1871) assert that religious involvement has positive outcomes for happiness, optimism, hope, gratitude, forgiveness, and altruism, which are related to an individuals' health and well-being. A similar view is held by Nelson (2009:311-313): religion and spirituality affect illness and health. Studies depict positive relationships between religion and health (Ellison & Levin, 1998; Thoresen, Harris & Oman, 2001; Levin & Chatters, 1998). On the other hand, Sloan and Bagiella, 2002 found insignificant or no relationships between religion and health. However, their premise was criticized by Koenig et al. (1999) for ignoring relevant studies and minimizing strong overall patterns.

Areas of positive impact towards recovery from illnesses through religious prayer that restores health and well-being include reduction in mortality rate and specific illnesses. For example, there is convincing evidence around cross-sectional and longitudinal studies showing that frequent church attendance as well as other subjective factors of religiosity are associated with living, that is, a 25% reduction in mortality rate and 7 years increase in life span (Nelson, 2009:313). Moreover, in the case of specific illnesses, patients with higher religious affiliation and spirituality stayed in hospital for fewer days to recover from depression, suicidal tendencies, cardiovascular disease, and high blood pressure (Afolayan, 2018; Zaidi, 2018; Nelson, 2009; Koenig, 2003, 2002). The implication is that engagement in religious or spiritual activities may induce a faster rate of recovery or a better way to manage and live responsibly with illnesses and for those with chronic health challenges, in contrast with those without such participation.

Additionally, prayer alter the trajectory of health care and recovery making prayer impact on health difficult to ascertain how its efficacy works (Nelson, 2009:316). From the 1870s onwards, researchers have tried to but could not pin down how this works. This mixed result can be explained by the assumption that prayer is expected to work in a mechanical process, which is contrary to faith, and, furthermore, researchers' prejudice might likewise have led to bias in their findings.

The impact of religion on health, as based on a mechanical explanation, can be seen in the promotion of a healthy lifestyle. This could entail support for positive beliefs, access to resources, gaining skills for coping and moderating emotions, and encouraging transcendent religious experiences. A Christian who is genuinely following the teachings in the Bible would be able to adhere to the principles of holy living and love for others, which promote harmony in the society.

Cochrane (2003:242-246) explains the power of focus on religious health assets (RHAs). He contends that such assets help the growth of an internally developed system that embraces all in the community, cares for all without the capitalist ideology of payment before service, yields results that are consistent with the peaceful co-existence of people, and is administered with human dignity and respect based on the brotherhood principle of Africans. Putting it differently, religious health assets need to be developed internally for the sustainable benefit of the people. The faith ingredient in religion creates a loyalty and support system that is valuable in the health care system in Africa, that is, the faith-based formation of the African health sector.

The word "faith" is used here in the sense of a religious institution, be it Christianity, Islam, or an indigenous religion. Olivier, Cochrane and Schmid (2006:17) define faith-forming entities (FFE) as those bodies whose primary focus is worship or some analogous practice, from which arises people who demonstrate strong and enduring religious commitments, passions, and motivations to action. This entails that faith-based initiatives (FBIs) are those entities with alternative support systems that tackle societal needs, such as the support of the Roman Catholic Church for HIV/ Aids treatment. SCOAN similarly functions as an FFE and FBI through Emanuel TV Partners, which engages in philanthropic activities globally.

Religious entities in Africa have inherited direct and indirect tangible assets as well as intangible assets from the missionaries that impacted healthcare (Schmid, et al., 2008;

Cochrane & Schmid, 2006:12). However, there are negative aspects to religion that tend to impact negatively on healthcare for the people and community, including controversial issues around contraception, stigmatisation, and a lukewarm attitude to people living with HIV/ Aids, indifference to immunisation, and a noncritical view of the traditional practices of female/ male circumcision in Africa. For example, South Africa has recorded over 1, 100 deaths of young people in circumcision camps (initiation schools in the Eastern Cape Province) in the past years (Rijken, 2014; AFSA, 2012; Papu & Verster, 2006). In addition, there are churches that perform exorcisms that dehumanise and cause (unintended) bodily harm to the unfortunate members of society (Oduyoye, 2018; 1996; Fayose, 2017).

Research shows that the contribution of religious institutions to public healthcare in Africa has been immense (Olivier, 2011; Paterson, 2011; Sayed, 2011; Cochrane & Schmid, 2006). For instance, the Seventh Day Adventist Church in Nigeria has, since 1946, ensured that medical services were provided in their clinics, maternity homes, and primary health care facilities. In some places, they were the only health institution in the village or town (Efuntade, 2019:86-88). Similarly, the Roman Catholic Church in Nigeria has 453 hospitals and clinics. These facilities, with good structures and resources, are accessible to the people, and were released to the government during the Covid-19 pandemic (Dada, 2020). These facilities were therefore already in place serving the people before the pandemic, contributing to the health care delivery system of the nation in addition to government efforts.

Faith-based organizations use the inherent religious assets in community-based health care to provide services. A people-oriented service is the thrust in grassroots communal spirituality when faith organizations start in their locality. Government's administrative, secular, and religious apprehension robs her to tap into an inherent social asset benefit in religious goodwill to deliver a holistic primary health care to the people (Paterson, 2011:18). Therefore, the religious institutions were able to take advantage of religious assets to render services to humanity.

In rural areas, the only accessible and affordable health care with person-oriented delivery happens to be that provided by faith-based outlets (Porter & Bresick, 2017; WHO, 2007; Cochrane & Schmid, 2006). Studies reveal that patients prefer faith-based health centres to public ones for more than faith-related reasons. Some of the reasons given are as follows: better interpersonal relationships, the capacity to listen, service rendered with human dignity

(respect), understanding of the local language, as well as indigenous idiosyncrasies of patients. All these factors may help in care delivery (Olivier, Wodon & Tsimpo, 2012; Bratton, 2007).

2.10 Conclusion

Healing, health, and well-being are governed by cultural morals and mores as coded in religious practices. In African culture, culture and religion determine the way of life. Diseases and illnesses are seen as breaches of harmony in the community, because an individual's health affects the rest of the people and healing is a collective effort.

Religious visits for healing become necessary as the sick need a cure or relief from pain inflicted by the disease, which could lead to social, physical, or spiritual death. Social capital is leveraged to access health care in a society without governmental social security or health insurance. The public health care system has ignored this religious asset because it is not grounded in science. Furthermore, a secular disposition neglect of camaraderie by not using the resources in religious social capital in healing for health and well-being of the people. However, faith-based organizations use these resources to provide health care to people by establishing health centres, which provide modern medical services as well as spiritual ones. The Roman Catholic and Baptist Churches are good examples of faith-based entities with hospitals and cathedrals in Africa where people are ministered to, irrespective of faith affiliations.

European missionaries could not understand health issues in the context of the African culture. This lack of understanding contributed to disaffection among Africans, leading to division. Africans opted for healing and health that acknowledge their worldview when it comes to addressing their issues and fears. Similarly, living under economic, social, and political domination was a burden for Africans. Breaking away from the mainline mission therefore became the best and chosen option for practicing their faith.

African Christianity includes African culture and indigenous religious practices around scriptural teachings. The AICs were engendered by the failures of missionary outreach to Africans. The subsequent chapter will consider the inspiration and growth of AICs along with that of PCCs.

Chapter 3

The realities of healing in religion and health as viewed from an African perspective

3.1 Introduction

This chapter considers the worldviews on healing and health in African communities. There is the perception that health is secured when an individual obeys the rules of hygiene, eats well, and possibly visits the medical doctor whenever there is an infraction to the body. This is a widely held view in the Western world about healing and health. In addition, the chapter considers the inclusive understanding that healing affects the spirit, soul, and body, based on indigenous beliefs of ancestral worship and its impact on African health and well-being. That it is possible for an individual to be sick, whereas medical diagnosis is not able to trace any reason(s) that relates to the sick feelings or the explanation given to the doctor by the patients, and with all laboratory tests done.

The chapter explains the notion that spirituality is different from being religious in relation to the dilemma of African Christians about healing as practiced in the mainstream churches. The discussion looks at the factors that prompted the formation of AICs and the entrance of the PCCs, and the interplay of the two in healing and health. The involvement of educated preachers among the PCCs and university dons in the preaching ministry in Nigeria reshaped the frontier of gospel propagation. The object of healing and the primacy of the Holy Spirit in the ministry of healing and deliverance, which was not given preeminence in the mainstream churches, are considered. Lastly, the chapter highlights the Biblical concepts that are used by African preachers in the healing ministry as a part of the redemption covenant.

3.2 Spirituality, Christianity, and the dilemma of African converts

The meaning of spirituality is complex and depends on what is under consideration. It must be acknowledged that the spirituality that is expected of the adherents of Christianity is Biblical and concentrates on religious experiences and religious exercises (Louw, 2013:4). This involves the way an individual relates with God and others, and maintains a living code of faith built up in prayer, deeds of love, and pursuing the harmony of the body, soul, and spirit with others in order to preserve the justification received.

The well-being of a person is anchored on being whole and ensuring that health is maintained by living a life that is holy, righteous, forgiving, fruit-bearing, and loving in truth. Hence, healing may be said to be sustainable if there is an understanding of being spiritual and not just religious.

The AICs' observance of Christianity lays emphasis on spirituality, prophecy, scriptural healing rites, and the agency of the Holy Spirit in the church, rather than dependency on human capability or intellectual prowess. They recognise that humans are vessels of expression by the Spirit and are under the leadership of the indwelling Spirit. The unique features of AICs are the office of prophets, faith, and healing, and early AICs had a ritualistic leaning that related to African Traditional Religion (ATR) than other churches (Pirirani, 2015:13; Kgatle, 2018:2).

For example, those who wear the uniform (white garment) are strict about not putting on shoes once in the garment and would go anywhere barefooted. The Zionists in South Africa, the Cherubim and Seraphim Churches, and the Celestial Church of Christ, worldwide are few examples of such spiritual churches in this category with Old Testament rituals like candle or incense burning in their church services (Oshintelu, 2007; Olowola, 1984).

Mokhoathi (2020:5) and Oredein (2017:127) observe that the onset of the dilemma of the African Christians begins at the point of conversion. That is, the "old" person takes on the newness of living in the new-found faith as if it were a clean cut from the past historical identity or inherently acquired ways of life. The expectation of the missionaries was that the converts should automatically become European persons with all their ways of living, which had no root in the African environment, and caused an identity crisis or what is called the African Christian's "dilemma" (Oredein, 2017:127).

The inability of the "imported" religion to appreciate the cultural identity of Africans constituted the genesis of AICs. It must be realised that some historical accounts in the Bible have Jewish cultural embellishments, while Christ uses these to highlight his teachings as an anchor for the understanding of God's kingdom among his audience (e.g., parables). As Mokhoathi (2020: 4) opines:

Christianity can find expression in any cultural medium, including the African culture. In this manner, indigenous converts should be allowed to experience Christianity or Christ within their cultural context.

Oredein (2017:125) says in similar vein that

Africans understand God to be multifarious, to contain various aspects of divine wisdom and grace. In the African consciousness, God is a figure deeply revered who is widely and differently known. God manifests to people according to their culture and tradition, thus it did not seem out of ordinary to Africans that God would exist in this particular way to the Europeans, missionaries... God's expression as Creator through African cosmology could exist in tandem with the "Biblical theology" of creation that identifies Jesus Christ as the wisdom and word of creation.

For the missionaries, African indigenous religion ought to have been a foundation for Christianity – if they had taken time to learn about it rather than attempting to uproot it (Anderson, 2003). Unfortunately, the missionaries were unable to contextualise the gospel, which would have enabled them to craft their teaching to their audience's realities. Africans explain or see life in the light of the spiritual realm, in which the dead, living, and those yet to be born have a connection, and for them there is a supernatural world that controls the physical world (Mushayavanhu & Duncan, 2014; White, 2015; 2012; ARHAP, 2006; Oladipo, 2006). The weakness of the missionaries in integrating African reality in their work paved the way for the AICs to quickly harness and win members even from the mission churches.

It is wrong to think that spirituality and mysticism exist only in Africa and nowhere else. This was the notion of some writers (Mokhoathi, 2020:8). In the Bible, witches and demons do exist, and the power of the Holy Spirit to cast out demons in the New Testament would not have been given if evil forces were only part of an African worldview. This implies that the presence of evil spirits is everywhere in the universe and not limited to any locality, while its free expression or avenue to operate may vary from community to community.

The converted Africans were neither able to associate well with the missionaries or their fellow Africans, because the rest of the people in their community saw the African converts as traitors to their custom and heritage through denouncing or abstaining from their custom for the new faith in Christianity.

The missionaries saw such African converts as apprentices that had to be made to conform to Western education, clothing, lifestyles, and even a new name. Therefore, they were on their own or outcast (Oredein, 2017:125-135; Masondo, 2015:94; Ntombana, 2015:109; Matobo, Makatsa & Obioha 2009:15). Over time, those "outcasts" (African converted to Christianity) were able to form their own groups, thereby creating their own model of churches.

Mahohoma (2018:7) and Keener (2012:991) reiterate the value of human existence and the experience of all that is organic within a community. Individuals cannot stand the ugliness of rejection at all, especially an African who lives in a “web” community system. Kelly (2010:101) says that there is “nothing worse than rejection. It’s worse than death”; that is, humans delight in being accepted and having a sense of belonging, especially in their environment. Hence, the breakaway/ separation or new formation that could provide solace to the outcasts occurred.

3.3 Motivation and formation of African indigenous churches

According to Rusbult (n.d.), worldview points to a mental model of seeing reality: a framework of ideas and attitudes about the world, ourselves, and life. It is a comprehensive system of beliefs. As such, it is in line with this an understanding where African Christians observed that Western missionaries and their teachings of the Bible did not properly locate *their* reality. The colonial experiences, oppression, and exploitation of resources undermined cultural practices, while at the same time being reluctant to share or give the pulpit ministration to African ministers, which exacerbated the situation. These factors eventually led to the formation of AICs in religious discourse (Pirirani, 2015; Meyer, 2004; Sundkler, 1948).

According to Sundkler (1948:61–63), the breakaway from the mission churches went along with some pain in the sense that some ministers in the missions were heartbroken about the separation, although efforts were made for reconciliation or cooperation. The slow adaptation of ministrations and administration to local situations was additionally seen as part of the root cause for such splits. Moreover, intellectuals coming into the mission churches and the understanding of new birth (conversion or being born again as in John 3:3) brought about doctrinal issues, which the missions were not ready to accept.

Regarding the understanding of new religious movements (NRMs), three theoretical explanations can be given for the formation of AICs on the continent. The first points to the psycho-motivational dimension that holds that deprivation can occur on the economic, ethical, political, and cultural levels. This results in status deprivation among the economically struggling people in the lower and middle classes, who feel unfulfilled or inadequately rewarded by the system (Haddad, 2016:3). Furthermore, there is structural deprivation, experienced by those who are vulnerable in the society, such as widows, orphans, and the physically challenged individuals who have no voice or are not visible, and are victims of circumstances beyond their control. The societal structure in which the less privileged were

taken care of before the advent of Christianity in Africa suffered a deadly blow from the preponderance of new nuclear family system as practiced and preached by missionaries as against the extended family structure. Therefore, any available forum where the aspirations or expectations of these vulnerable people could be addressed was a welcomed treasure for providing a sense of belonging and a better acceptance for religious affiliation/ identification (Da Silva, 1993:394-396).

The second points to the notion of revitalization. This theoretical explanation is referred to as such because of the intentional move to redefine or restructure an existing institution/ organization that is “adjudged” inadequate to meet new realities or as too slow to acknowledge the imperative of change. Proponents are usually charismatic and create a new formation on their concept of an ideal society/ institution, where bliss is available to all. The end is about to come, therefore a new way of living is necessary to fit the new dispensation coming, as the bad people cannot be in the new order of the community and they are strongly persuaded in their beliefs to make new followers, even from the mainstream institutions (Da Silva, 1993:396-397).

The last aspect points to the notion of brainwashing. This theoretical explanation thrives on deception, manipulation, and mind control of the gullible to follow the ideas propagated by leading individuals to recruit converts or followers. The radical teachings and behaviour in some religions are labelled as fanaticism, and are regarded as having brainwashed their members to do anything they are told by the leader (Asabe, 2021b, c, d; De Witte, 2012; Cliteur, 2012; Brown, 2011). The good news about this explanation is that there is room for de-radicalisation through proper re-education on what is good and affective to others (Kuznar, Jafri & Kuznar, 2020).

Intuitively, Da Silva (1993:399) aptly describes the integration found in the rituals in NRMs as a blend of Western Christianity with African religious rites, which appeals to their cause and are used to garner followership. Da Silva states that some ceremonial items and ritual processes found in African traditional religions have stylishly been used in new contexts by the leaders of AICs to create new religions different from “heathenism” and early Western Christianity. Evidently, the items mentioned are not exhaustive, and further include candle usage, sharing and eating of fruits, rituals to appease the ancestors, and others (Nwolise, 2019; Kgatle, 2018; Mahohoma, 2018; Fayose, 2017; Mashabela, 2017; Kangwa, 2016; Masondo, 2014; 2013b; Mugambi, 2002; Falaye & Babalola, 2000).

Spitzeck (2018) classifies the AICs into three distinctive groups based on their characteristics and doctrinal convictions. The first group are the “nationalists,” who have more political and social drive around their religious inclinations. The second group are the “spiritualists,” who give priority to prayer, fasting, and healing. In the West African region, the spiritualist churches manifest as the Christ Apostolic Church (CAC), that is likewise known as Aladura Church, the Celestial Church of Christ (CCC). Similarly, there is the Cherubim and Seraphim (C&S) in East Africa, known as the Roho or Akurinu churches and in southern Africa, as the Apostolic and Zionist churches. Thirdly, the African Pentecostal Churches (APCs) have a futuristic perspective and stay true to their pedigree. Spitzeck (2018) claims that the APCs were a post-colonial era group or movement with a zeal for evangelism to have followers and better well-being as part of their teachings.

Early AICs understood the predicament of the Africans in the mainstream churches where aspects of their culture were relegated or was expected to be forfeited, such as accent, family life, mode of greetings with reference for the elders and others, all of which was part of their identity. Culture does not die off with a stroke of a signed Act of Parliament or Proclamation. It takes time for culture as a way of living to be worked out of people if and only if the alternative addresses the cancelled one. The educated converts were able to mix some AIR with Christian practice, but the level of mixture started to decrease with the rise in scriptural knowledge and the level of modernization. The issues of health and well-being became the angle with which AIC members found solace as these provided a sense of worship and healing (Paterson, 2011; ARHAP, 2006; Oduyoye, 2003; 1983; Saayman, 1992; Saayman & Kriel, 1992). The spiritual and physical dimensions happened together, which is how indigenous healing has been perceived by Africans.

All communities in Africa have a word that implies the notion of a God who is worshipped in a way that is known to have worked for them (see Table 3.1). For example: the Yorubas in south west Nigeria, have words for his such as *Olorun*, *Olodunmare*, *Eledaohungbogbo*; the Hausas in northern Nigeria Ubangiji; and it is known as *Oghene* among the Urhobo, *Chukwu* in Ibo language, *Ojo* or *Ojoma* among Igala; it is *Abasi* among the Effik people of Cross River State, and in Swahili it is *Mungu*; it is *Unkulunkulu* in Zulu and *uThixo* in Xhosa, to mention a few. It involves the understanding that even children in African societies are aware of the existence of the supreme God and the impact on their lives without a classroom teaching required (Ekeke & Ekeopara, 2010:211-214).

Table 3.1: Some African names for God

Country	Some names for God
Angola	<i>Kalunga, Nzambi, Suku</i>
Botswana	<i>Modimo, Urezwha</i>
Burundi	<i>Imana</i>
Cameroon	<i>Njinyi, Nyooiy</i>
Congo	<i>Akongo, Arebati, Djakomba, Katshonde, Kmvoum, Leza, Nzambi</i>
Cote D'Ivoire	<i>Nyame, Onyankopon</i>
Ghana	<i>Bore-Bore, Dzemawon, Mawu, Nyame, Onyankopon</i>
Ethiopia	<i>Arumgimis, Igziabher, Magano, Tel, Yere, Yere Siezi</i>
Kenya	<i>Akuj, Asis, Mulungu, Mungu, Ngai, Nyasaye, Tororut</i>
Lesotho	<i>Molimo</i>
Liberia	<i>Yala</i>
Madagascar	<i>Andriamanitra, Zanahary</i>
Malawi	<i>Cauta, Chiuta, Leza, Mulungu, Unkurukuru, Atate, Namalenga, Ambuye, Chisumphu</i>
Mozambique	<i>Mulungu</i>
Namibia	<i>Kalunga, Mukuru, Ndjambi, Karunga, Pamba</i>
Nigeria	<i>Olodumare, Olorun, Eledaohungbogbo, Oluwa, Chukwu, Chineke, Ubangiji, Allah, Ojo, Ojoma, Abasi</i>
Rwanda	<i>Imana</i>
Sierra Leone	<i>Leve, Meketa, Ngewo, Yatta</i>
South Africa	<i>Inkosi, Khuzwane, Modimo, Mwari, Raluvhimba, Ukulunkulu, Utixo</i>
Sudan	<i>Ajok, Jok, Katonda, Kiibumba, Ori, Rugaga, Ruhanga, Wari</i>
Eswatini (Swaziland)	<i>Mkulumncandi, Umkhulumncandi</i>
Tanzania	<i>Enkai, Ishwanga, Kyala, Mulungu, Mungo, Ruwa</i>
Uganda	<i>Akuj, Jok, Katonda, Kibumba, Ori, Rugaba, Ruhanga, Weri</i>
Zambia	<i>Chilenga, Chiuta, Lesa, Mulungu, Nyambe, Nzambi, Tilo</i>
Zimbabwe	<i>Mwari, Unkulunkulu, Nyadenga</i>

Source: Compiled from Exploring Africa, n.d.

However, the policy of replacement of the culture and ways of life on the continent with that of the colonisers limits the spread of the gospel and its acceptance drastically. There is a common pattern in Africa around healing, health, and well-being, which is indigenous, and the AICs tapped into it to minister to their congregants. According to Da Silva (1993:394), Africans recognized that there is one supreme God and many demi-gods acting as the intermediaries between God and the people. There is the acknowledgment of unseen forces that can inflict or cause fortune or misfortune. The herbalist/ local priest ensures that there is social

cohesion and punishes vices. He or she serves as a priest/ prophet of the gods and as a judge in the community.

Arguably, there is some intrinsic value system in this that could be used to build the society (Tutu, 1978:366); for example, child training is not the sole duty of the parents but of the whole community. Hence, the African adage that it takes a village to raise a child.

AICs exist in almost all sub-Saharan African countries. The term applies to churches that are led by Africans and have deviated/ migrated from the colonial churches led by Europeans during the 20th century. This trend should be understood partly as a rejection of European models and partly as resistance to the hegemony of the West (Sundkler, 1948). The AICs have followed their own trajectory, cultivating indigenous spirituality. The first movement started as the Ethiopian church, but the next phase was the second wave that began in the 1920s, when African prophets started churches that focused on healing and prayer (Spitzeck, 2018; Sundkler, 1948). Historically, the movement was kicking against colonial rule and missionary support for African oppression and exploitation, given also that missionaries were not taking a positive stand against the government at the time. Additionally, the AICs acted as a platform to mobilise political and social change in the form of political independence (Sundkler, 1948; White, 1996).

The main characteristics of AICs are that the leadership and governance reside with an African, in most cases the founder, who is the overall leader. Some may have church councils, but their role is advisory (Sundkler, 1948:61-64). Over time, this situation has witnessed some founders deviating from the tenets of the gospel, and various new day teachings flooding the spiritual space in Africa, such as the prosperity gospel and seed sowing and commercialisation (running the church as a business entity), which became their forte (Lauterbach, 2020; Fascar, 2018; Obadare, 2016; Okai, 2016).

According to Mills (n.d.), the role of AICs continues to grow ideologically and cosmologically for the following reasons:

- People need some sort of worldview that makes their universe comprehensible – not only “Where am I?” but also “Where am I going?” and “How do I get there?” AICs provide that for some people.

- People need a means for feeling worthwhile and valued; this is why religious movements among people in lower strata of society tend to be “next worldly” or “other-worldly.”
- One solution to the problem is to reject the inherent basis of the existing society as being sinful and ultimately doomed, and to accept that, in the next world, things will be different and a more just order will exist. In the next world, the righteous, the chosen, the saved will enjoy their rightful place and status; the purpose of this life, therefore, is to prepare for that next life.
- In South Africa, this problem has been especially acute in view of the horrible degrading of status on the basis of skin colour (pigmentocracy). The clientele of the AICs tends to have lower status, even among Africans. I think that it is not surprising that most of the AICs seem to adopt this “other-worldly” solution.

The above factors, together with globalisation, which connects people worldwide, and ideas shared in milliseconds through online platforms, correspondingly give impetus to phenomenal growth in these churches. The cooperation or collaboration of African religious leaders with those from Europe and America has gradually seen the continent of Africa develop the mind-set of their fellow believers (especially African Americans) and, gradually, individualistic ministration and wealth grabbing entered the landscape in what is called “prosperity gospel” or “seed sowing” (Lauterbach, 2020; Fascar, 2018; Okai, 2016; White, 2015; Mills, n.d).

The economic recessions and introduction of structural adjustment programmes in some countries in Africa since the 1990s have increased the impoverishment of the people, necessitating a quick fix for this. The governmental institutions for healthcare were in a poor state to deliver the required services. Faith-based entities were already providing healthcare on the ground in some countries but, in some of them, were taken over by the governments after independence. The cost of living and falling standards of living made people vulnerable to psychological illness, so that any free source of healing that opened became acceptable. Here is where the prophetic ministry stepped up to the occasion and, thus, the visits to places where healing could be received without exorbitant cost.

Human beings live in a society and function in the community guided by shared values. Those values tend to bind people together in harmony, which is what religion does in bringing together people with the same perception of a superior being that must be sought out to fill the

void in their lives. Tied to this void are diseases, which reflect a disharmony in the person and which causes pain/ discomfort and, if untreated, may lead to death. Seeking treatment to restore health entails going beyond the homestead at times, even to foreign lands. Health is not personal, but a community issue and has bodily and spiritual dimensions that impinge on the whole person. Healing can be done through indigenous, herbal, medical, and religious therapy. An individual may be forced to try more than one route if healing is not forthcoming through any one option. Notably, Africans recognise the principle of retribution, which can quickly result in the attribution of misfortune or ill-health to unseen forces, displeasure of the ancestors, or affliction from witches. The retribution theory sits well with Christian ministers, who use it as a tool to explain the need for congregants to seek forgiveness from God (so as to restore harmony of relationship) and in return be healed of their infirmities (Kangwa, 2016; Asamoah-Gyadu, 2015; Fajenyo & Patrick, 2014; Amanze, 2013).

The vogue now is Pentecostal, Evangelical, and charismatic churches that tend to accept the role of the Holy Spirit in the operation of the assembly/ churches with great emphasis on “being born again.” The born again nowadays are the replica of the early 1970s to late 1980s Scripture Union (SU) that were the pacesetters of the emerged Pentecostal founders when rejected or excommunicated for asking too many questions or praying in tongues at the mainstream churches. While few others left because their spiritual hunger could not be satisfied at the mainstream churches they were attending.

3.4 Impact of Pentecostalism on the African Christianity frontier

“Pentecostalism was a protest against the use of religious words without religious experiences to back them up: it was a protest against theological hollowness” (Jacobsen. 2006:5, cf. Nel, 2017:4). Seymour (1960a:1) writes that, while Martin Luther brought back the doctrine of justification by faith, John Wesley established holiness in the church, and Charles Cullis rediscovered divine healing: the time was ripe for the church to re-experience the baptism in the Spirit that would restore “the original church.” The Pentecostal revival was the beginning of the last great end-time revival that would usher in the return of Christ; the goal of the revival was the full restoration of the church (Seymour, 1906b:1). African Christianity is undergoing the same path of change now. Those who left from the mainstream churches are those who formed AICs, now it is African Pentecostal Charismatic Churches (APCCs) that came out from AICs with a new teaching that makes the formal AICs as the mainstream churches of the 1880s,

with APCCs having mission outposts in the Western countries (Ogera, 2019; Oladipo, 2017; Obadare, 2016; Adedibu; Olupona, 2011).

Interestingly, the issues of theology have their dynamic place among African Christians as they see the Word as God's voice to them, and obeying his voice brings faith and a deeper relationship around spiritual experience, which they can identify with in relational way and couple with the agency of the Holy Spirit (Nel, 2017:9). Experience should supersede theory and must show up in any cognitive packaging (Pinnock, 2000:10).

The growth of APCCs has a strong appeal or flavour of the theology of retribution, which has an anchor in African culture (Kangwa, 2016:1). According to Adedibu (2015), the movement of the core of Christianity from the Global North to the Global South is accelerated by the preponderance of the prosperity gospel fuelled by Pentecostal charismatic preachers. The thrust for this shift is the quest to personally break away from the yokes of poverty, sickness, debt, and barrenness, and the in-dwelt understanding that evil forces bring misfortunes on people. This implies that misfortune is first and foremost a personal issue before it is a community one; hence, an individual must seek a solution to it by him or herself.

The mission churches are fast becoming an aged congregation as the younger generation is more at home in the PCCs with teaching that appeals to them (Kangwa, 2016; Amanze, 2013). Moreover, it seems that the mission churches are no longer on a strong drive to win souls, but seek to recirculate themselves by natural growth through birth (that is, internal addition to the church as a result of birth and marriages). On the other hand, the PCCs are passionate to do evangelism with a proactive social media presence that connects with the "born frees" (Ukah, 2015; De Witte, 2017a; 2008; 2003; Amanze, 2013; Hackett, 1998; Autumn, n.d.).

Some scholars are of the view that the AICs' development and growth gave rise to APCCs with their emphasis on miracles and healing, which present that there is earthly enjoyment in Christianity and no need to wait for future benefits (Kangwa, 2016; Togarasei, 2015:60; Asamoah-Gyadu, 2015; Amanze, 2013).

3.5 Understanding of healing and health in Africa

McMorrow and Brewster (2017:1) define healing as

the physiologic processes that mend an injury, and also to the emotional, spiritual, or psychological processes that relieve stress, achieve acceptance, and promote hope.

And say that

Understanding the difference between health and healing is important – not just as a matter of grammar, but because it is empowering. Healing is about taking action. It includes the body’s repair mechanisms, the interventions of clinical professionals, as well as the behaviours you engage in that positively influence your health.

And that

While health is an outcome, healing is a choice.

It should be noted that, in the real world of today, healing has practitioners apart from clinical professionals. There is the healing through the Eastern practices such as Yoga, acupuncture, kinesiology, spa treatment, and diets (keto, banting, and veganism).

However, Louw (2013:2) asserts that “spiritual healing refers to wholeness and a comprehensive understanding of the concept of the soul (*nephesh*), which includes embodied life as experienced within the presence of God, as well as within a cultural system and network of social human relationships.” In this sense, spiritual healing is more encompassing and binds the body, soul, and spirit wellness together.

De Gruchy et al. (2011:45-46) assert that there is a dearth of study on the impact of religious based healings that enhances their health and well-being from the perspective of health seekers (the sick patients). Therefore, allowing visitors to religious sites to give their own stories is not out of place, as this would help society to understand the issues people are coping with daily. They further state that “given the human stakes in the health crisis in Africa, sloppy or sentimental research to try to prove a point about religion, assets or a particular way of seeing the world is out of place” (De Gruchy et al., 2011:47).

It should be better to highlight the good effects of religion in the promotion of health and well-being than the hammering on the negatives that would cause more suffering. Referring to the approaches of appreciative inquiry and “salutogenesis” (that which causes a life where one would otherwise expect death), De Gruchy et al. (2011:48) affirm the need to understand people from their own standpoint around knowledge and experience. These approaches require listening, observation, and appreciation before prescribing a solution, which is in contrast to previous approaches to research and decision-making. Religion determines the health care people seek to enjoy. For example, the religion of an African woman determines her ante-natal

care, immunisation for her baby, and whether she is going to use family planning methods or not (Basu-Zharhu, 2011). The people's religion is tied to their cultural roots.

The reality of sickness or disease goes beyond the physical body in the perception of Africans. In a different perspective, Teri and Dudley, (1971:57) posit that 95 % of the origin of American sickness is spiritual and only five have physical causes. However, many Americans cannot see or accept that their depression, suicidal tendencies, fear, gun-related violence, and bitterness are rooted in a spiritual factor. Saayman (1992) and Anderson (2003) affirm the connection of spirit, soul, and body in healing within indigenous African societies and in Christianity. Infirmary permeates the three realms of human beings; hence, there is no clinical separation of the spiritual and physical world to the average African person.

However, the Jewish people had the wrong perception that physical infirmity was a result of the violation of God's law, which was why the disciples of Jesus Christ asked who had sinned in respect of the man born blind (John 9:2 KJV). That is, sickness is caused by only spiritual factors according to this belief. Jesus Christ's reply to his disciples however shows that there is more than one factor responsible for sickness or disease.

Ancestral fellowship was a way of seeking guidance from the past to resolve present challenges. In the book of 2 Samuel (21:1-14), the famine in Israel was depicted to be a result of an injustice done to the Gibeonites by King Saul, and the only solution to the famine was unconventional but sanctioned by God. Here we can deduce that the ancestors of the Gibeonites demanded justice and, therefore, directly or indirectly, the land of Israel was plagued. This seems to resonate well with the African perspectives that causes and effects may be linked to past generations. I observed that King David sought for answers from God to the famine under his reign, and was told the cause of it.

The threefold ministry of the Christian faith comprises preaching, teaching, and healing. The inhabitants of the Greek city of Decapolis were so amazed by the healing done to the deaf and dumb person that they declared that "he hath done all things well, he maketh both the deaf to hear and the dumb to speak" (Mark 7:37 KJV). The early followers of Jesus Christ kept to this tradition but, with time, it faded, and some allowed scientific and technological advances to take the place of the healing ministry. Africans know that there are instances where an affliction (attack) in a dream becomes a reality after waking up. They too recognise evil manipulation

through ill-health that no medical test or treatment can resolve, while the patient pines away in pain (Sundberg, 2020; Adeboye, 2018; Fayose, 2017; Fajenyo & Patrick, 2014).

Healing is part of the redemptive covenant that Christ paid for on the Cross at Calvary. Therefore, there is a need for Christian faith adherents to go back to the landmark once delivered to the saints. In India, some people sacrifice their hair to their deity for healing by shaving it off completely (Macdonald, 2002).

The issue of healing in the African worldview is multi-dimensional. It has both spiritual and physical elements, which manifest in the spirit, soul, and body of the afflicted. The notion that African traditions recognise their ancestors (worship and invite them to help) has a bearing on seeking their past to know the present to move into the future. Here is where Anderson (2003) confirmed that the Western worldview is not the reality of Africans and that the pneumatological understanding of the African churches fits the scriptural principles more than that of European theologians. The Bible does mention the God of Abraham, the God of Isaac, and the God of Jacob in referring to Israelites to know that he would keep to his promise to their forefathers and that, through them, the families on earth would be blessed (Genesis 26:24; 28:13; 31:42; Exodus 3:6,15; Deuteronomy 9:5; 29:13; 1 Kings 18:36; Matthew 22:32; Mark 12:26; Luke 20:37; Acts 7:32 KJV). This may likely have been misused to mean or approve of ancestor worship even in the new dispensation of grace.

The scriptural facts likewise reveal that a sickness could be caused by more than one factor: sin of sexual intimacy could cause a person to contract sexually transmitted diseases (John 5:5-14), while inherited sickness would be from parental lineage as “The leprosy therefore of Naaman shall cleave unto thee, and unto thy seed forever. And he went out from his presence a leper as white as snow;” (2 Kings 5:27). The implication of the prophecy of Elisha over Gehazi is that all his offspring would be lepers. Affliction of the devil (Matthew 12:22), that is, the actions of the devil and wicked spirits amidst humans, can be the source of sicknesses and diseases. Also, glorification can be another factor, as in the case of Bartimaeus, who was born blind, and the root cause of him being born blind was not due to his or his parents’ sin, was so that the work of God might be glorified through him as Jesus Christ declared (John 9:1-3, 20). There is Mr Nicky Vujcic who was born in 1982 without arms and legs, but his other siblings were born with complete limbs. His testimony re-echoes the glorification cause factor of diseases linked to God’s sovereignty as Jesus Christ affirms in John’s gospel as he (Nicky

Vujicic) goes across the world preaching the gospel in the power of the Holy Spirit despite his physical challenges (Saddleback Church, n.d).

Nonetheless, the ministry of preaching, teaching, and healing was basically the result of the Holy Spirit's manifestation in the churches. Pre-Christian African society was used to spirit manifestations through their traditional diviners. They consulted with the spirit world to bring answers to their clients just as the Pentecostal churches function on the wings of the Holy Spirit's power to operate within their assemblies (Mokhoathi, 2020; 2017; Ilo, 2017a; 2017b; eNCA News, 2013; Basu-Zharhu, 2011; Anderson, 2003; Johnson, 2017; Masondo, 2013a; 2013b; Jacobsen, 2006; 2003; Oduyoye, 1983).

The early Apostles of Jesus Christ operated through the workings of the Holy Spirit to preach, teach, and heal their audiences. The fact that some contemporary churches or observers were unable to fully grasp the Acts of the Spirit of God does not make it a misnomer. The Old Testament prophets performed acts of healing. Elisha healed the bitter water (2 Kings 2:19-22 KJV) and Naaman's leprosy was healed through the ministerial leadership/ instruction of the prophet (2 Kings 5:1-14 KJV).

Notably, Naaman was a Syrian soldier, who had to travel from his country to meet Elisha in Samaria with the sole motive of healing. In addition, the New Testament is inundated with people who followed the Apostles to receive healing after ministration of the Word to them.

For instance, the Apostle Paul was used by God to heal those on the Island of Melita. "And it came to pass, that the father of Publius lay sick of a fever and of a bloody flux: to whom Paul entered in, and prayed, and laid his hands on him, and healed him. So, when this was done, others also, which had diseases in the island, came, and were healed" (Acts 28:8-9 KJV).

Therefore, healing performed by AICs has roots in Christianity as a body of religion, and evidence of such healing ministry by some European preachers outside of Africa similarly abounds, including prominent people like Charles G Finney, Oral Roberts, Smith Wigglesworth (ironically reported with unconventional methods, at times), John Knox, and Kathryn Kuhlman, to mention a few.

Divine existence implies that God exists outside our physical world, and is not subject to the limitations of the material universe. The immanence of God connotes that it is possible to experience his intimate relationship through healing or other blessings as acts of love.

The concept of retribution is used to explain the growth of AICs or APCCs in that it may have attracted people to seek forgiveness from God to receive and enjoy a better life (Kangwa, 2016). However, the notion that, in a just society, all choices have their appropriate consequences, may not always be true when viewed from the perspective of a balanced knowledge of scriptures. Job, Joseph, and Daniel did not do any bad things in their relationship with God but had to suffer in one way or the other. Similarly, not all misfortune is a product of sin, as Christ Jesus pointed out in the case of Bartimaeus (Mark 10:46; John 9:1-3 KJV). The apostle Paul emphasised that those who live righteous lives are likely to be prone to persecutions (2 Timothy 3:12 KJV). Therefore, other factors may be responsible for the growth of the church in Africa.

The “religiosity” of Africans, in which issues are inherently viewed/ explained from spiritual perspectives rather than factual science, created room for exploitation by those who use their teachings on healing, miracles, prosperity and eternal life as a vehicle to a blissful life (Sundberg, 2020; Porter & Bresick, 2017; Kangwa, 2016:5; Obadare, 2016; *Nyasa Times*, 2015; Mildnerová, 2014:10; Agbiji, 2013; Amanze, 2013; Paterson, 2011; Omonzejele, 2008; Oshintelu, 2007; 2002). The weak governmental structures on the continent lured more people to these churches, seeking for solace from their frustrations around jobs, life partners, promotion, academic success, prospering businesses, children, and the healing of body, soul and spirit.

Scholars have the idea that prophecy and miracles assisted the flourishing of the APCCs, but they highlighted that the retribution doctrine likewise helped people identify with prophecy and miracle ministrations (Kingwa, 2016:5; Asamoah-Gyadu, 2015; Amanze, 2013). David Hume argued that there is nothing like a miracle, because it violates natural patterns and is not verifiable in a scientific process. Aristotle and Descarte are of the same view: that there is no such thing as a miracle. But Strauss points out that the miracle is historical and therefore not verifiable: it is illogical. Wallance claims that Luther and Calvin believed that the age of the miracle was past and should not be expected. However, Abogunrin, Mbiti, and White share the African view of unseen forces impacting on lives in African communities while the realm of miracles does exist (Olubanjo-Olufowobi , 2019; Owoeye, 2012; Nelson, 2009; Omole, n.d.).

Interestingly, healing anchored on the retribitional doctrine, and the African worldview shapes the clients/ visitors to the pastors/ prophets. As Kangwa (2016:7 citing Anderson 2000:8) observes:

Pentecostal charismatic churches in Africa respond to what they experience as a void left by a western form of Christianity that has destroyed African cultural and spiritual values. African Pentecostal-charismatic churches reclaim ancient Biblical traditions of healing and protection from evil and demonstrate the practical effects of these traditions. Thus, Pentecostal-charismatic churches make a significant contribution towards meeting the physical, emotional, and spiritual needs of African people.

Pentecostals attempt to ensure that members live the new-found faith of being in Christ after their conversion; that is, being devoted and exercising their faith for life. The expectation is that conversion is a way of life with a deeper relationship between vertical and horizontal dimensions. The vertical relates with God and the horizontal has to do with fellow humans in real love as those who have found mercy and pardon from the Lord God.

3.6 Healings for health in African churches

According to De Gruchy (2006b), the search for wellness in Africa is religiously rooted and religiosity moderates their life choices. Those from outside the continent may not understand that Africans understand and interpret almost everything through the lens of religious beliefs.

Therefore, religious healing, be it indigenous or faith-based health, is common, especially in rural areas, where over 80% of people patronise the indigenous healers for their health and well-being issues (Schmid et al. 2008). The accessibility and affordability of getting governmental health services created the avenue for others to explore as well as exploit sick individuals.

Access to health care within the African indigenous tradition and AICs is inclusive; that is, there is no discrimination towards anybody. In African indigenous healing, the health of an individual impacts the family and the community; hence, nobody is ever turned away. Also, the churches are there for whoever is willing to accept the offer of healing (salvation).

Sundberg (2020:335) rightly states that ill-health does not discriminate according to race or gender, and, as the realities of Covid-19 (from February to July 2021) have shown, nobody is immune to the virus attacks. Some leaders have called on their people to seek divine intervention to end the pandemic worldwide. This means that both the Global North and South realised that there must be another way to solve the problem, while, at the same time, expecting a clinical solution. Vaccination has been developed to be used to stem its spread and immunize the global population against this virus.

The continent is not monolithic in culture, religion, or language, but multidimensional. Sundberg (2020) notes that “people search for very pragmatic solutions to their everyday problems, and these solutions are often believed to be found in charismatic independent churches and prayer groups, where healing and exorcisms are carried out,” while Mbiti (1969) declares that the individual in an African society “is immersed in a religious participation which starts before birth and continues after his death ... [Hence] to live is to be caught up in a religious drama.” Therefore, Mildnerová (2014:9) rightly observes that, in Zambia for example, church worship service is beyond mere devotion to God, but serves instead as a network of social capital and community bonding.

The Spirit of God is believed to guide ministers, through vision or revelation, on how to perform their healing on those seeking a divine solution (Sundberg, 2020; Kgatle, 2018; Oluseye, 2008, Ilo, 2017b; Omonzejele, 2008). For instance, Apostle Joseph Ayo Babalola was known to pray over water to be administered to the sick person, and use a bell to silence evil spirits, as well as using the authority of the Word of God (Olusheye, 2009). Similar patterns occur in all AICs as part of the healing process (Kgatle, 2018). Things such as olive oil, palm fronds, candles, incense, and “holy” water (like a stream or well or in a container that is prayed over thus becoming holy) are used. The water has two principal roles in the life of those who use it: first, as a medium to cure their illness or restore health back to a fragmented relationship, as water is considered to soothe pain and regain fellowship into the community, and, the second is to ward off attacks from evil forces, as they sprinkle water in the four corners of the home/business sites and ward off witches. In essence, Africans strongly believe in witchcraft as the agent of misfortune (Johnson, 2018; Kgatle, 2018; Mildnerová, 2014; Olusheye, 2009; Da Silva, 1993).

Mildnerová (2014:10) is of the view that AICs’ growth is due to

their orientation towards spiritual healing – healing through the power of the Holy Spirit – which promises a solution to the problems that urban African dwellers encounter. Stress is put on the rejection of both modernity and medico-religious ‘traditions’, the fight against poverty, unemployment, the high divorce rate and diseases.

He further explains the misfortune resulting from the actions of evil spirits and encourages worshippers to have faith in God as well as always remaining prayerful to checkmate the enemy. Women are prominent members or congregants to the AICs due to socio-economic and marital factors. Casting out of demons find a place in AICs as a deliverance service. The

churches accommodate and relate well to the congregants' daily challenges or struggles, and, as such, have a pulling effect to draw others in even from mainstream churches.

The operation of AICs' faith healing tended to originate in the same period in the western and southern parts of Africa, namely in the early 1930s. The *mchape* medicinal herbs used to cure/treat witches' movement and cleanse the land were in vogue in Zambia, Malawi, Tanzania, and Zimbabwe. The pace around this was then likewise set in motion by the late Babalola's ministry in West Africa (White, 2015; Mildnerová, 2014:12; Olusheye, 2009; Ojo, 1988).

Healing is done by a prophet/ prophetess, who is understood to be under the power of the Holy Spirit to perform healing by using symbolic objects such as holy water, anointing oil, ropes, sticks, clothes, herbs, ash, and bells (Mildnerová, 2014:12; Olusheye, 2009). According to Mildnerová (2014:12),

a healing in the Mutumwa churches (in Zambia) consists of laying the Bible on the head or body of a patient while praying. On the other side, the Zion churches use the Bible as a divinatory tool for prophesying the patient's future. The patient is asked to open it randomly in front of the prophet who then offers the explanation of the patient's problem according to the respective chapter.

There is one form of ceremonial ritual or the other in AICs' healing processes. This could be dancing, singing, the use of some object, or performing acts, such as bathing in the river/ stream with a special soap and scrubber (Mashabela, 2017). Additionally, Kgatle (2018:5) states that there is

the belief that the Holy Spirit dwells in a believer, thereby removing the presence of undesirable spirits in an individual, is the core of spiritual healing. It is believed that only a body rid of bad spirits can receive the Holy Spirit, and thus be healed. For this reason, a spirit possession in the form of trance is provoked both on the side of patients and prophets during the healing sessions in these churches.

Furthermore, PCCs' practice of healing is basically anchored on the Holy Spirit's leading and prayer for those seeking healing. In most cases, the leadership of PCCs are well educated and deploy the use of social media and aggressive evangelism with open-air crusades to draw people and minister to their need based on being "born again" and willingness to live as a New Testament believer.

Boyd (2000:9) asserts that illness means wickedness, depravity, immorality, unpleasantness, disagreeableness, and hurtfulness. This definition becomes a handy way to grasp the ministry of healing that finds roots in the Biblical texts, which is used by PCC preachers to relate the gospel to the Africans perception. Socio-economic deprivation and unemployment with poor health find a place in the concept of illness if looked at from the perspective held by this definition. Accordingly, the “coldness of winter often stimulates a desire for healing and health. It is the sick who seek a physician and find healing” (Chapman, 2005:29).

A good understanding of the health profile in Africa would serve as well to help in appreciating why the healing performed in AICs and PCCs is an option for some people. The work of Schmid, Thomas, Olivier, and Cochrane (2008:30) dovetails with the findings on the health profile in the continent held by by Equinet (2007):

Africa has 10% of the world’s population, 25% of the global disease burden, 60% of all people living with HIV and Aids, and the highest disease burden of malaria and tuberculosis. Africa, however, only has a 1% share of world wealth, less than 1% of world health spending, less than 10% of health research funding and contains less than 2% of the global health workforce.

These statistics show the skewness of health infrastructure against the number of people, and its burden on the vulnerable in society. In essence it reveals the precarious state of health and well-being of the people and why some people in Africa will be willing to go anywhere where there appears to be the hope of healing and where issues termed as foundational could be addressed. Therefore, the churches’ open door for such services without much financial involvement finds membership from those seeking healing.

3.7 The doctrine of healing, health, and redemptive covenant

The teaching among Christians on healing and health as part of redemption has four groups of thought. There is a group that believes healing is a “right” of Christians. The second involves those who accept it as a package deal in redemption. The third group sees healing to be occurring by “confessing one’s healing” and, lastly, there is a group who believes it to occur by means of a “word of faith” (Simpson, 1992; Cho, 1987; Hagin, 1983; Dewaay, n.d.). Relationship with God and the understanding of scriptural texts determine the position of the different schools of thought. This shows the reason(s) why Biblical concepts are used by the African preachers in the healing ministry as a part of redemption.

The scripture teaches that redemption from the curses of the law, healing of sickness and disease, as well as sustained health, are provided for through the sacrificial death of Jesus Christ. 1 Peter 2:24 NASB states: “And He Himself brought our sins in His body up on the cross, so that we might die to sin and live to righteousness; for by His wounds, you were healed.” This is one of the many verses used by preachers who believe in healing and the health covenant in Christ’s redemptive work to affirm that both forgiveness of sins and healing have been consummated by his death on the cross (see Exodus 15:26; Deuteronomy 7:15; Psalm 103:1-5; Isaiah 53:4, 5; Mark 16:15-18; John 14:12-14; James 5:14-18; 3 John 2 KJV) (DLLSC, 2018; Cho, 1987; Hagin, 1983).

The fall of humanity brought people under the curse; they became sinners and captives to sin, Satan, and sickness (Romans 5:12 KJV). The resultant effect of the fall was that human beings under the sentence of death could not pay their own death penalty and live in freedom. The plan for redemption was effectively carried out in Christ Jesus’ death on the Cross, thereby meeting the demands of the law and becoming a legal substitute by paying the redemptive price for those who were condemned to death for breaching the law.

The removal of guilt is not the only realm of the redemptive death of Christ Jesus; it encompasses the entire spill-over effects of the broken law, which are sickness, disease, and Satanic oppression. Healing of diseases, as well as continued health, is provided for all who have accepted the way of God through the covenant relationship with him (DLLSC, 2020; Liardon, 1996; Cho, 1987).

Jesus Christ’s ministry displayed the essence of ministering to heal and deliver those oppressed by the devil. Mark 1:23-26 (KJV) depicts a man who had an unclean spirit. He was in the synagogue, but the teaching or ministration of the priests, pharisees, and scribes could not help him out of his misery. However, the teaching of Christ came with power and authority, so that the unclean spirit cried out to declare that Jesus of Nazareth is the Holy One of God, that he is the person that judges with eternal judgment. This declaration of the possessed person reveals that the power of Christ supersedes that of the unclean spirit, and the rebuke of Jesus was able to cast out the evil spirit, and the man was healed. Similarly, the unclean spirit wanted to be left alone in order to continue to indwell the host and continue to torment him, which is why, even in the present age, we can see that the presence of evil still operates in the world. Other scriptural references (Mark 3:11-12; 7:25-29; Luke 4:32-36; 6:17-18 KJV) further show some

of the evidence of the presence of devils working within people, and deliverance from such unclean spirits, healing those who needed healing.

The Apostles of Jesus Christ were recorded to have dealt with those tormented with evil spirits or sicknesses (Acts 5:12-16, 16:16-18 KJV), such that an apron and handkerchiefs prayed over were used to heal, and the shadow of Peter is recorded to have had power to heal and deliver. However, some churches believe that the era of miracles ended with the apostles of Jesus Christ (cessationists position originated from John Calvin). In most of these churches there is the denial of the operation of the Holy Spirit or baptism of the Holy Spirit on the premise that such encounter has ended with the early apostles. The balance in the Word of God is that there is also a false power that will work miracles, which springs from Satan (Revelation 16:13-14; Matthew 12:43-45 KJV). Nonetheless, scriptural healing interacts with the body, soul, and spirit of the individual and brings restoration with God, and African Christians understand this phenomenon perfectly.

3.8 Understanding the place of distinctiveness in religious visit or tourism

According to Brown (2011:10), concepts create mental platforms for sorting and organising experience in memory. An individual is unintentionally blinded to events that he or she is not focused on, while he or she only reflects on a certain aspect that reinforces the experience. What an individual focuses his or her mind upon is what he or she can recollect precisely and remember, which is stored in the memory. Tourism is a deliberate choice of an individual and the destination is chosen from a set of places after evaluation of the costs and benefits (Bond, Packer & Ballantyne, 2014; Beeho & Prentice, 1997). Although the activity, setting, experience, and benefit set a framework for evaluating visitors' experiences at a destination, the experience is regarded to be an experiential product. It is an intangible product that is bought and consumed by the visitor alone. In some cases, the visitor may be in the company of other visitors, yet the experience derived is still personal and can only be said to be similar.

Nolan and Nolan (1992; 1989) classify religious sites into high-valued sites with more tourists attracted by aesthetic emblems (art, architecture, and historical landmarks) and pilgrimage shrines that serve as destinations for pilgrims and religious festivals that are held annually or biannually. This classification is incomplete, in that it does not address the care of those seeking healing and deliverance at a religious site.

Wang and Xu (2015:242) emphasise that perception plays an essential role in the success of tourism among stakeholders. The relationship between residents' attitudes and impacts of tourism is explained by social exchange theory: that is, understanding the exchange of resources between individuals and groups in an interactive state. This implies that humans are positively inclined to events that are advantageous and tend to avoid negative ones that impose detrimental costs.

Wang and Xu (2015) explain visitors' choice of destination using four unique parameters, called place sense distinctiveness (identity, continuity, self-esteem, and self-efficacy) and place distinctiveness (where a place is assumed to be a compilation of meanings, knowledge, attachment, commitment, and satisfaction that an individual or group associates with a particular place) (Wang & Xu, 2015:242). The expected satisfaction to be derived by a visitor in such a place commands a sense of worth for being there. A visitor must be able to identify with the place or adapt to it. There is a certain dynamism in this identity, as individuals relate socially with the events in the site.

For instance, a religious visitor for healing has the urge to preserve his or her life to guarantee survival by seeking to maintain health and well-being. It is this self-preservation, which would make a visitor sit for long hours or be subjected to some physical discomfort (rolling on the floor or carrying a poster of disease infraction – as would be done by a protester). The continuity of this allows a person to be willing to be in a space he or she shares with others with a similar longing to survive or live better in their quest for health and well-being. On the other hand, self-esteem entails a positive assessment of one's life that is linked with others with the same quest or desire; that is, those who travel or view the site's website are there because of their evaluation that what they want/ need can be obtained there, thus bestowing self-worth on them.

To be rolling on the floor vomiting some substances or manifesting evil spirit possession is likely to deter an individual from going there, but some people's thirst for healing tends to subdue such mundane issues. Moreover, attempts to have healing or deliverance may have proved ineffective in other places visited before going to SCOAN. The concept that aptly applies to visitors at any religious site is self-efficacy, which is a person's belief in his or her own ability to meet the situational demands (Wang & Xu, 2015:243).

Place identity, continuity, self-esteem, and self-efficacy are culturally structured and are underpinned by socio-economic factors such as background, education, economic level, and political awareness, which determine a person's behaviour and responses to situations. The outcomes of the visit to SCOAN are based on the perception inherent in the visitor and would form the premise on which to attest for the place as a testimonial site. The visitor's shared testimony is based on the individual's perspective, which may be real to him or her, whereas to someone else it may not sound plausible.

However, this perspective is relative and structured on an individual's life experiences that embody his or her culture, education, history, and biological, social, political, and environmental exposure, which formed cognitive images or made sense to the person (Bond, Packer & Ballantyne, 2014). Therefore, "the most we are able to do, it seems to me, is to learn to respect and listen to other perspectives and perhaps learn and change our perspective just a bit" (Brown, 2011:12). This implies that there are multiple perspectives around the matter, and it is very difficult to apply a single lens when it comes to the issue of worldview. A deliberate commitment, dedication, and willingness to adjust/ adapt must occur if one wanted to see things from the view of others without importing self-bias into their narratives.

There are four definitions of visitors' experience: experience as a flow of consciousness, as found notably in anthropological studies; experience is a subjective response to an event or stimulus, which resonates well with the psychological perspective; experience is a memorable impression, which dovetails with the leisure and tourism management perspective; and, lastly, experience is a designed or staged offering, dovetailing with the angle adopted by leisure and tourism marketing in which a commercial transaction can be incorporated (Packer & Ballantyne, 2016; 2010). There is a likelihood that the four definitions could be part of a visitor's experience without explicit expression, as these descriptions are subject to debate among academics. The visitor to a site is not keen about what the experience enjoyed is called, but willing to tell the story as he or she feels it to be true.

A visitor's experience is of an internal and external nature: the internal experience is what the individual feels on a personal level, and the external is the environmental factors that trigger a set of experiences for the individual (Packer, 2014; Packer & Bond, 2010; Bond, 2009). In this study, the quest to visit SCOAN was induced by the accumulation of experienced ill-health that minimizes well-being (using the WHO definition of health). The origin of the cause of illness may be at a single point; the healing could likewise occur at a moment while, for some

individuals, it may take a period to manifest (Packer & Ballantyne, 2016: 131-135). For instance, barrenness and its healing does not happen at a single point but over time, so as to discover the problem with its solution.

Therefore, for a visitor to narrate his or health challenges before coming to SCOAN, means there had been an accumulation of experiences that affected the well-being of the person. In addition, when healing or deliverance is received by the person, he or she can ascertain the changes felt during the process of healing and after the healing.

Packer and Ballantyne (2016:134) summarise the visitor's experience as follows.

- Inherently personal and subjective:
 - it is not directly observable by researchers.
 - it is conceptually distinct from the physical environment, visitor predispositions, and beneficial outcomes.
- Responsive to the affordances of external or staged activities, settings, or events:
 - it is constructed through a process of personal interpretation of external events.
 - it can be shaped or enhanced, but not controlled, by those who design the physical context.
- Bounded in time and space:
 - it may occupy a single point, or multiple phases, in time and space.
 - its boundaries must be defined to accurately convey its scope and context.
- Significant to the visitor:
 - impacting on the visitor that makes it noticeably different from everyday life.
 - where the latter difference may be large or small, positive or negative, pleasant or unpleasant.

The implication is that individuals derive different satisfactions that are functions of personally accumulated value systems that enjoy environmental and social constructs. The experience at a religious site involves spiritual insight and interpretation in accordance with the level of faith

and understanding of the deity. The process of the experience could take the form of a flow that is an invisible current energy surge or visible manifestation such as crying.

3.9 Conclusion

African Christians' worldview on health and healing is different from that of the Western world in that health and healing involves the body, soul, and spirit, which work in terms of one another. However, health and healing in the West is reduced to biomedical matters and the physical body alone. Healing in indigenous African society is based on rituals that link the living with the dead to ensure a harmonious and peaceful community. Both the family of the sick and the community are involved in the healing process, because the ill-health of one is the ill-health of all. The AICs adopted some of the preponderance of healing, health, and well-being concepts in indigenous society such as the use of anointing oil, water, candles, incense, and drama, including singing and dancing in their ministries, as these are daily occurrences that act as a pull/ bait for membership. This creates growth for AICs and APCCs, because the Holy Spirit was, and still is, in operation to usher in healing and deliverance based on faith. The breakdown of the communal web in African society due to modernization steers the sick individual to seek the healer or prophet within or outside their homestead. Place-distinctiveness parameters reinforce the traffic of people to some sites above others if those variables are present. The subsequent chapter examines one such prophet, T. B. Joshua, who had a notable healing and prophetic ministry.

Chapter 4

The acts at the Synagogue Church of All Nations (SCOAN) in Ikotun, Lagos, Nigeria

4.1 Introduction

This chapter describes the location of Ikotun and Lagos, Nigeria as the site for SCOAN that has become a global religious tourist destination due to the placement of a church building there. The planned and unplanned growth of Lagos created slums amidst surplus from the early 1970s. The development of the country's AICs is traced link the history of Christianity in Nigeria. The chapter in particular focuses on the founder of SCOAN, Prophet T. B. Joshua, and his ministry, with focus on AICs as well PCCs in Nigeria. This aspect of the thesis aims to explain the formation of SCOAN among other churches in the development of Christianity in Nigeria. The position of Prophet T. B. Joshua among other Christian ministers in Nigeria and abroad as related to his gospel ministry is described. The chapter additionally explains the statement of faith in SCOAN given their operational activities and its leadership structure. The chapter further considers the use of the media in the healing, prophecy, and prayer ministries that turned SCOAN into a global arena of healing. Finally, it looks at the spiritual miracles and healing activities of the church for visitors and observers.

4.2 A description of the socio-economic and political terrain of Lagos and Ikotun in Nigeria

Lagos has been a thriving port with an administrative structure since around 1900, with an elected Lagos city council. It was an enviable place that enjoyed good economic, social, and political vibrancy. The initial national capital of Nigeria under the British colonial rule was in Calabar, which moved to Lagos in 1906 and, many years later, to Abuja, on 12 December 1991 (OLF, 2018; LSG, 2019). From 1950 until 1991, Lagos was the central hub of Nigeria's commerce and the national capital. The military regimes of 1966-1979 and 1984-1999 were regarded to have curbed the development of Lagos as they were not elected, undemocratic, lacked accountability to the people, and did as they pleased, abdicating planning to the whims of the moment (Agbiji & Swart, 2015; 2013; Odumusu & Simbine, 2011; Nwosu, 1994).

Although there was substantial oil revenue in the 1970s, it was not properly utilised. The Head of State then, General Yakubu Gowon, was saddled with the management of a nation after a civil war and had to reconcile and rebuild it. There was the 1972 Udoji Public Service Review Commission aimed at civil service training, personnel policies, and wage reforms. The commission recommended (in 1974) a gradual increment of salary and fringe benefits, but the government ignored this recommendation and backdated the payment.

The lump sum payment to civil servants, which economic experts had warned was going to exacerbate the cost of living, caused hyper-inflation in the country (Umaru, 2016:179-182; Nwosu, 1994:422; Johnson, 1974:13). The oil revenue in the government treasury led to uncoordinated expansion without corresponding human settlement plans to meet the influx of migration into the city that followed massive infrastructural development.

The high investment in infrastructure, such as roads and bridges, the fleet of vehicles for civil servants, and minimal effort to fix the educational system and health sector set the stage for future economic woes amid the oil boom. The public spending was spurious, as a sudden disposable income caused excessive purchases to which supply could not match up. Moreover, Lagos had multiple government fund injections into the economy from the three tiers of government – federal, state, and local – as well as from the private sector. Therefore, the growth of Lagos was stimulated from all areas, while poor governance on the part of the national government affected the city (Onwuanyi, 2019). The result was a poverty-laden city with overstretched public services and population explosion.

Lagos is a city that never sleeps, where poverty and riches co-exist, and the inequality gap is substantial. The imbalance in infrastructure and the human demand for goods and services have created an increased unemployment rate together with slums, congestion on the roads, and inadequate health care. Inaccessible health care tends to push people to seek healing from other sources outside of public health systems (Leithead, 2017; Khoaseb, 2014).

The city of Lagos keeps growing, and the undiscerning people entering the city can easily be lured into its criminal underworld. Accommodation is a big problem, as people keep entering it in search of jobs and a better life. There are many homeless people, who sleep at the motor parks (ranks) irrespective of age or ethnic group. Prophet T. B. Joshua came to Lagos in the 1980s and was unable to easily locate his relatives living there. He was not willing to return to his village, but was stranded without any educational qualifications or skills to offer in the

labour market so as to earn a decent living. Therefore, he had limited options as a young person in a cosmopolitan city, where there was no structured social security to meet the needs of those who are unemployed. To survive, he was open to any menial work to survive, and Lagos is a city where it rains almost throughout the year, which would be the reason that he had to wash mud off people's feet to earn a living.

The case study site of SCOAN is located in Ikotun, a suburb of Lagos. Ikotun forms part of the Alimosho Local Government Area (LGA) and has one of the largest open-air markets in Lagos. Alimosho LGA is in the Ikeja division and is the largest local government in Lagos with around two million people. The religions of the inhabitants of Ikotun are Christian, Muslim, and indigenous, and all co-exist together in peace. There are twenty LGAs in Lagos State, divided into two groups based on urbanisation levels (see Figure 4.1 and Table 4.1; Table 4.2). However, if administrative criteria are used, it has 37 local government areas with five administrative divisions (FamilySearch, n.d).

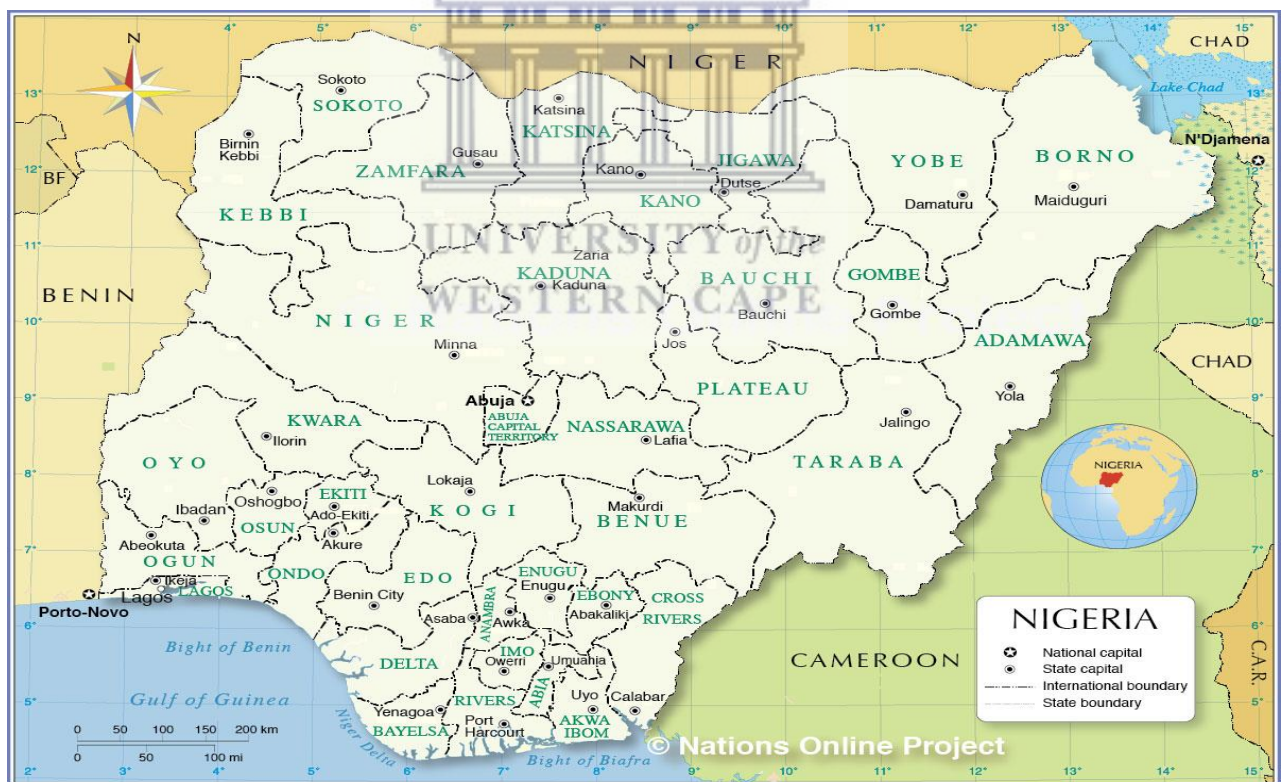


Figure 4.1: Map of Nigeria and administrative states

Source: Nations Online Project, n.d.

The Yoruba with their rich cultural heritage are the largest group, and the Yoruba language is the medium of communication; the LGA has the Alashua river on the axis of Oki and Alaguntan

providing water to the locality. The location of the LGA is at coordinates 60 36' 45⁰ N, 30 6' 4⁰ E. Lagos is made up of islands and mainland because of separation by the lagoon.

Lagos State is one of the thirty-six in Nigeria that is capable to generate internal revenue that can meet the government expenditures without a strong dependency on federal allocation. It enjoys a favourable climate throughout the year and rain can fall at any time.

Table 4.1: Local Government Areas in Lagos State, Nigeria

URBAN	SEMI-URBAN
Agege	Alimosho
Ajeromi/ Ifelodun	Amuwo Odofin
Apapa	Ojo
Ifako/ Ikeja	Eti Osa
Kosofe	Ikorodu
Lagos Island	Badagry
Lagos Mainland	Epe
Mushin	Ibeju Lekki
Oshodi/ Isolo	
Shomolu	
Surulere	

Source: Lagos state government, n.d.

Lagos benefits tremendously from being the major commercial centre and having been the former seat of political power as the capital of Nigeria, so that it tends to be called a mega-city, the largest in Nigeria. Living expenses are high because of population density and numerous business opportunities.

Nigeria has an estimated population of 195 million people (World Bank, 2018: xx) and is the most populous country in Africa. The country shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, Niger in the north, and the Atlantic Ocean lies to the south (Fig 4.1). Previously a British colony, after a long run of political agitation, Nigeria was granted independence on October 1, 1960. It has a diverse multi-ethnic population with more than 520 spoken languages. While English is the official language, Hausa, Yoruba, and Igbo are widely spoken (Favre, 2019).

The political landscape of the country has seen both civilian and military rule since independence. The military has ruled more than the civilians. The parliamentary system of

government was practised after independence and later a presidential system of governance was put in place.

Table 4.2: The administrative division of Lagos and local government areas

Badagry	Epe	Ikeja	Ikorodu	Lagos
Ajeromi-Ifelodun	Epe	Agege	Ikorodu	Apapa
Amuwo-Odofin	Ibeju-Lekki	Alimosho		Eti-Osa
Badagry		Ifak-Ijaye		Lagos Island
Ojo		Ikeja		Lagos Mainland
		Kosofe		Surulere
		Mushin		
		Oshodi-Isolo		
		Shomolu		

Source: Search Family, 2020

Nigeria has the largest economy in Africa. While the agricultural industry accounts for approximately 70 % of the country's employment, petroleum products are the primary export – accounting for more than 90 % of Nigeria's exports. Therefore, the economy fluctuates in the same direction as the price of crude oil, as the foreign exchange earnings are principally earned from petroleum products. The country's film industry, known as Nollywood, is one of the largest in the world, second only to India's Bollywood (Favre, 2019).

Boko Haram and the Islamic State of Iraq and ash-Sham (ISIS) in West Africa are twin terrorist groups using the religious agenda of Islamic tenets (Sharia) to launch a guerrilla attack on the polity of the nation. Boko Haram has killed hundreds of thousands and displaced millions in their numerous attacks in Nigeria since 2009. They are opposed to any form of western living and civilisation as they prefer the Sharia law and customs (The World Factbook, n.d; Para-Mallam, 2019). The conflict or crisis related to religious factors has repeatedly occurred in the nation over time. There is the AIR (similarly called African traditional religion (ATR), whose adherents felt threatened by Islam and Christianity, and the new religions of Islam and Christianity were resisted to some levels when introduced. However, the various communities have tended to find a way to coexist with each other, be it AIR, Christian, or Islam (Para-Mallam, 2019). In the north, the Hausa indigenous system has diffused into Islam so that it is difficult to know which aspect of Hausa lifestyle is still indigenous. Christianity, Islam, and indigenous religious beliefs are practised in the south where exists.

Religious discrimination and conflict became a threat to peace after independence, as politicians used it to solicit support and as a yardstick for national resources-sharing based on

population demography. Constitutionally, the country is a secular state but started to be involved in the religious issue with the Military Decrees 16 of 1975, 6 of 1989, and the Act of 2007. Religious pilgrimage is a personal decision and self-sponsored, but with the formation of pilgrims' welfare boards for Christians and Muslims, the government began to sponsor individuals through a subsidized exchange rate for all pilgrims (Kituase & Achinike, 2013:50). Nigeria has a plurality of indigenous religions as each geographical zone in the country has their unique indigenous ones. Unfortunately, this indigenous religion was left out in most of the national discourse or events where religious entities were represented.

4.3 A brief history of the African Independent and Pentecostal Charismatic Churches in Nigeria

The indigenous people that lived in the geographical location known as Nigeria had their homegrown beliefs, customs, and practices that moderated their social relationships for peaceful coexistence. The diverse ethnic groups have different ways to relate to their ancestors and commune through the community-assigned intermediary, known as a priest. This indigenous belief was their code of conduct and is still in existence today.

For instance, in the case of bride price or dowry (called *lobola* by most groups in South Africa, *bruidskat* in Afrikaans, and *mahari* in East Africa) among the Yoruba people (*Owo ori*), each tribe has its prescribed items. The Ijesha and Ijebu people would not necessarily have the same quantity for some items or have differences around what is expected as an item for bride price. Similarly, the Nupe, Igala, and Ebira (Igbira) people in other parts of the country have their bride price customs. Beyond Africa, society developed its indigenous religion that guides social, economic, and political relationships. However, there is much similarity among indigenous religions in Africa necessitating scholars to call it African Traditional Religion (ATR) or African Indigenous Religion (AIR).

The deities are humans with supernatural abilities, which cause them to be revered by their people at and after death or while alive. These deities ought to be regarded as divinities or intermediaries and not gods (Efuntade, 2019:51; Kituase & Achunike, 2013:46; Adogame, 2010:480-482; Olatunde, n.d.). The mainline churches were doing formidable work in the country, though confronted with problems of how to relate with freed slaves at the end of the slave trade, the hostile disposition of the government, and protection of missionaries, among other issues. Other factors that impacted negatively on the churches were that some converts were seen to be secretly involved in indigenous rituals, along with an inability to anchor

preaching to address the health issues of converts to Christianity and understand the religious worldview in the communities where missionaries operated. Then the rise of agitation for self-determination by politicians in the country added to the reasons for the formation of AICs (Abodunde, 2017; Kalu, 2005; Adogame, 2004; Omoyajowo, 1982).

Moses Orimolade Tunolase's ministry started around 1915 with zeal and boldly challenged idolatry practices, which were seen to be evil. In 1925, he led the group that formed the Cherubim and Seraphim (initially known as Seraphim society) after a series of evangelistic tours across the country. The use of the psalms in prayer and fasting, living by faith, and salvation through Christ Jesus were his teachings (Abodunde, 2017:323-343). Some scholars are of the view that AICs started in Nigeria through Sophia Odunlami, a school teacher, and Joseph Sadare, a goldsmith, as the duo who started the Aladura movement around 1918. They were against infant water baptism and the use of modern medicine by Saint Saviour's Anglican Church. They formed the *Prayer Band (Egbe Aladura)* and their quest for living by faith commenced (Oshintelu, 2007; Olatunde, n.d.).

The Church of the Lord (Aladura) believes in divine healing, Holy Ghost baptism, and efficacy of prayer. Prophet Josiah Olunowo Ositelu founded the church in 1925 at Ogere, Ogun State. One factor unifying the initial AICs was that the pioneers who left the Anglican or Methodist churches to institute a church that met their expectations (Adogame, 2010:484; 2004:493; Olatunde, n.d.:4-5).

According to Olushey (2009:34-38), the Apostle Joseph Ayodele Babalola's ministry started around 1925 across the nation. In 1941, he established the Christ Apostolic Church (CAC) after a split from the Apostolic Church. Orimolade and Babalola were dynamic preacher prophets that openly challenged those engaged in the occult and belief in witches. Many converts of their outreaches were integrated into the Church Mission Society (CMS) or other churches in town. The two prophet-preachers later formed their own churches.

According to Adogame, (2010:480), religion or spirituality has served as a source through which many Nigerians seek understanding of their complex reality amid varying complications of conflicting political, economic, social, and global dynamics. Religions have additionally created doubt in observers and the citizenry as to whether they are a blessing or a curse, based on the frequent violence associated with religious sentiments.

The ethnic-based AIR is as old as the people and has evolved with others that came along such as Islam and Christianity. There have been cases over the years where actual rituals observed in communities have been abandoned outright, while some were adapted or redesigned to conform to the present religious landscape. The killing of twins and banishment of their mother was stopped in Arochukwu and Calabar through the missionary work of Mary Slessor in southern Nigeria. Each ethnic group in Nigeria has one traditional religion that is observed during the year, though its mode has drastically changed from the initial pattern under ATRs.

For example, among the Ijebu people, the Ojude Oba (King's palace festival) has been modified from the masquerade dancing of the past to a colourful festival, and the Igbos in the eastern region celebrate yam festival to appreciate the gods of soil fertility and fruitful seasons (Fahm, 2015). In the north, there is the Argungu Fish Festival, which is important to the people of Kebbi State, as fishermen engage in a fishing competition and the person with the best catch is awarded a prize amidst lots of pomp and pageantry. There are similar events in other parts of the country. The indigenous belief system in the country is still being observed tacitly, which blends with or exists side by side with the kingship systems across the country (Bachmann, 2019; Agbiji, 2013; Adogame, 2010:480-482; 2007:536; Olupona, 2011).

The Sudan Interior Mission (SIM) was instrumental in spreading the gospel to northern Nigeria through church planting, education, literature, and medical work, and their effort was fruitful and became the Evangelical Church of West Africa (ECWA) with a strong base in northern and central Nigeria (Adogame, 2010:484).

The advent and rise of AICs in Nigeria have the same causal reasons as in any other place on the continent: an inflexible disposition, intolerance for African culture, discrimination, and marginalisation of the educated African in appointment into leadership positions as practised by the mainline churches amidst political and economic deprivations. The United Native African Church (1891) and African Church (Bethel) 1901 grew from the Anglicans and the United African Methodist Church (1971) from the Methodist Church, where some resemblance of the old structure was maintained in organisational structure, funding assistance and doctrinal teachings (Adogame, 2010:485; Kalu, 2004; 2000).

The next phase spanned the period of 1920 to 1930, which saw the rise of prophetic and healing churches within the religious landscape of Nigeria. An emphasis on the reading, meditation, and life application of the Bible, prayer, fasting, healing, prophecy, visions, dreams, flexible

modes of worship, charismatic leadership, and the founder's ministering under the Holy Spirit's guidance were the hallmarks of these churches. They denounced the traditional rituals and witchcraft practices and cast out demons. The Garrick Braide movement was the earliest in this category of those breaking away from the Niger Delta Pastorate Church as early as 1916. Other churches in this category include the Cherubim and Seraphim (1925), the Church of the Lord (Aladura) (1930), and the Christ Apostolic Church (1930). The second category of churches was founded through the visionary experience of a charismatic figure and independently from any existing mission church. A typical example is the Celestial Church of Christ, founded by Late Samuel Bilewu Oschoffa (1947) (Bachmann, 2019; Adogame, 2010:486).

The PCCs entered the scene around the 1950s. Two strands emerged: those who had their affiliation with the West, such as the Foursquare Gospel Church, the Full Gospel Businessmen Fellowship International, Youth with a Mission, and Christ for All Nations, whereas other groups had local founders and were independently run by Nigerians, such as the Redeemed Christian Church of God, the Deeper Christian Life Ministry, the Mountain of Fire Church, and Miracles Church. This group had branched outside the country, with outposts in Africa and beyond (Bachmann, 2019; 59-67; Adogame, 2010:486).

According to Adeboye (2012:150-153), the Pentecostal movement in Nigeria could be categorised along three stages. The first is dominated by "Aladura Groups," who arose in the 1920s and whose practices included much prayer and fasting, extensive use of the Bible, and adherence to divine healing. The notable prophet leaders in the movement were Joseph Ayo Babalola in Ilesha, Daniel Orekoya in Ibadan (linked with Oke Bola revival), and Garrick Sokari Braide in the Niger Delta. The second stage (1970s-1980s) especially encompassed those partaking in the university campus movement, comprising of graduates and undergraduates who spread the gospel from the university into the larger society. This group was educated and used their knowledge together with their youthful zeal to proclaim the gospel with a strong leaning towards Bible teaching.

Table 4.3 shows some of the founders who were either university dons or graduates when they initiated a church within the second and third stages of the development of PCCs in Nigeria. Notable ones include Adeboye of Redeemed Christian Church of God, Kumuyi of Deeper Christian life ministry, Olukoya of Mountain of Fire and Miracle Ministries, Enenche of Dunamis International Gospel Centre, Adeonigbagbe of the Celica Church of Christ, Oyedepo

of the Living Faith Church, Adeyemi of the Daystar Christian Centre, Okotie of the Household of God Church and Bakare of the Citadel Global Community Church (formally Latter Rain Assembly), to mention a few.

Table 4.3 List of some Nigerian pastors/ founders in AICs and PCCs

S/ N	Name	Founder	Present Leader	Formation date	Location
1	Eternal Sacred Order of Cherubim and Seraphim	Moses Orimolade Tunolase	Council of Elders	1925	Ogere
2	Church of the Lord	J. O. Ositelu	Rufus O. Ositelu	1930	Ogere
3	The Apostolic Church of Nigeria	Gabriel Olutola	E. S. Igwe	1931	Lagos
4	Christ Apostolic Church	Joseph Ayo Babalola	A. O. Akinosun	1941	Lagos
5	Celestial Church of Christ	Samuel B. Oshoffa	Olatoso M. Oshoffa	1947	Porto Novo, Benin Republic
6	Redeemed Christian Church of God	Josiah Akindayomi	Enoch A Adeboye	1952	Lagos
7	The Gospel Faith Mission International	Reuben Akinwalere	Elijah Abiona	1956	Lagos
8	Church of God Mission Int'l	Benson A. Idahosa	Margaret Benson-Idahosa (Mrs)	1971	Benin, Nigeria
9	World Soul Winning Evangelistic Ministry	T. O. Obadare	Paul O. Obadare	1974	Akure
10	Living Faith Church Worldwide	David Oyedepo	David Oyedepo	1981	Lagos
11	Deeper Christian Life ministry	William F. Kumuyi	William F. Kumuyi	1982	Lagos
12	Synagogue of All Nation	T. B. Joshua	Mrs E. Joshua	1987	Lagos
13	Household of God Church	Chris Okotie	Chris Okotie	1987	Lagos
14	Word of Life Bible Church	Ayodele J. Oritsejafor	Ayodele J. Oritsejafor	1987	Warri
15	Mountain of Fire and Miracles	Daniel K. Olukoya	Daniel K. Olukoya	1989	Lagos
16	Citadel Global Community Church	Tunde Bakare	Tunde Bakare	1989	Lagos
17	Christ Embassy	Chris Oyakhilome	Chris Oyakhilome	1990	Lagos
18	The Fountain of life Church	David Odukoya	David Odukoya	1992	Lagos
19	Manna Prayer Mountain Ministry	Chris Kwakpovwe	Chris Kwakpovwe	1992	Lagos
20	Kingsway International Christian centre	Matthew Ashimolowo	Matthew Ashimolowo	1992	London
21	Celica Church of Christ	Emmanuel Adetunji Adeonigbagbe	Emmanuel Adetunji Adeonigbagbe	1992	Ibadan
22	House on the Rock	Paul Adefarasin	Paul Adefarasin	1994	Lagos
23	Salvation Ministries	David Ibiyeomie	David Ibiyeomie	1995	Port Harcourt
24	Dunamis International Gospel Centre	Paul Enenche	Paul Enenche	1996	Abuja
25	Daystar Christian Centre	Sam Adeyemi	Sam Adeyemi	1996	Lagos

S/ N	Name	Founder	Present Leader	Formation date	Location
26	Commonwealth of Zion Assembly (COZA)	Biodun Fatoyinbo	Biodun Fatoyinbo	1999	Abuja
27	The Kings Heritage Church	Lawrence Onochie	Lawrence Onochie	2001	Lagos
28	The Lord's Chosen Charismatic Revival Movement	Lazarus Muoka	Lazarus Muoka	2002	Lagos
29	Omega Fire Ministry	Johnson Suleman	Johnson Suleman	2004	Auchi
30	Champions Royal Assembly	Joshua Iginla	Joshua Iginla	2006	Abuja
31	Christ Mercyland Deliverance Ministry	Jeremiah O. Fufeyin	Jeremiah O. Fufeyin	2010	Warri
32	The Elevation Church	Godman Akinlabi	Godman Akinlabi	2010	Lagos
33	Precious People Assembly for All Nations	Sam Otenaike	Sam Otenaike		Abuja
34	Omega and Fire ministries	Johnson Suleman	Johnson Suleman	2004	Auchi
35	Koinonia (Eternity Network International)	Joshua Selman	Joshua Selman	2011	Zaria

Source: Compiled by author from multiple sources

The Scripture Union (SU), with its interdenominational setup incorporated the “born again” students, who are the dominant group in this organisation. Irreconcilable doctrinal differences on holiness and the primacy of the Bible as the standard for Christian living led some leaders of the SU to draw their members from the mainline churches (Bachmann, 2019, 2017; Olatunde, n.d.). The third stage, from 1990 to date, sees the rise of the neo-Pentecostals who had shifted from core holiness teaching to “faith gospel” of prosperity and healing. Late Bishop Benson Idahosa is reputed to have been the leader of this group, and he would collect offerings at crusade grounds (called seed sowing). Many leaders in this group tend to have ties with Pentecostal ministers from Europe and America. Their teaching and lifestyle are mirrors of their mentors or partners (Ositelu, 2002; Adogame, 2010; Omoyajowo, 1999; Olatunde, n.d.).

The science-based churches have additionally found a place in the country’s religious community. There are the Ancient Mystical Order Rosae Crucis (AMOC), the Aetherius Society, the Institute of Religious Science, and the Superset Light Mission Pentecostal Church. Those with Eastern spirituality are Eckankar, the International Society of Krishna Consciousness, the Unification Church, the Subud Brotherhood, the Grail Movement, the Bahá’í faith, and Soka Gakkai International (Kitause, & Achunike, 2013). The multiplicity of ethnic cultures provides space to accommodate various religious bodies to emerge.

For example, there is the Sat Mat, where the elements of Hinduism are taught to members and a mixture of Christianity and Islam in worship under the indigenous spiritual science movement. Their founder is Sat Guru Maharaj (the Perfect Master). Sat Guru Maharaj states that “he is beyond death, as he was living a good life, and death is for bad people” (Atoyebi, 2018). This was when it was rumoured that he had died.

Some other religious entities’ footprints can be seen in Nigeria, especially in the sphere of health care delivery. For instance, there are the Baptist Hospital at Ogbomoso, the Wesley Guild Hospital at Ibadan, the Sacred Heart Hospital of the Society of African Missions in Abeokuta, the CMS Iyi-Enu Hospital near Onitsha, the Seventh-Day Adventist Hospital at Ile-Ife, the Saint Luke Medical Centre in Ibadan, the Islamic Hospital at Shaki, the Ahmadiyya Hospital in Ojokoro, and the Ansarudeen Clinic in Surulere, Lagos (Efuntade, 2019). AICs and PCCs have additionally set up clinics and maternity homes within their campgrounds. In May 2020, the Roman Catholic Church in Nigeria released their hospitals to the government during the Covid-19 pandemic, and the Citadel Global Community Church additionally donated two church buildings to the government to use within the same period (Dada, 2020). The action of the churches shows the readiness of faith-based entities to support and contribute to health care delivery (Agbiji & Agbiji, 2016; Agbiji & Landman, 2014a, b). There are some churches that donated money to the government (in addition to their direct support to their congregants in need) during the pandemic to assist in giving palliatives to people during the lockdown in early 2020. Akindolie and Adedibu (2021) aver that member of the Aladura churches in South West cared for coronavirus patients and their families with food parcels and prayer supports as part of their social responsibility.

4.4 Prophet T. B. Joshua: the controversial man and his ministry

The person known as Late Prophet Temitope Balogun Joshua was born in Arigidi-Akoko town in Ondo State, Nigeria. However, there are two versions of his birth name according to those who had written about him. Some propounded that his name was Abdul-Fatai Temitope Balogun, a Muslim name used in view of his brief stay with his maternal uncle, who was a Muslim, so as to allow him admission into the Muslim school: hence, the name change for the ease application of the admission process and to be aligned with the faith of his guardian. However, he was registered at the primary school as Francis Temitope Balogun. He was born on 12th June 1963 to Chief Kolawole Balogun (father), and his mother was Alhaja Folarin

Balogun (Johnson, 2018; Oladipo, 2014; Olise-Emeke, 2016; Success, 2013). However, according to Olise-Emeke (2016:4), his mother's name was Adesiji Kolawole.

His elementary school was Saint Stephen's Anglican primary school, Arigidi-Akoko (1971-1977), and it was at this primary school where he used the name Francis. He grew up in an agrarian community with an indigenous background. He attended a secondary school called Ansar-Ud-deen Grammar School, Ikare, where it was reported that he could not finish the first year due to poverty. Additionally, while living with his uncle, he was unable to read the Bible at the Muslim school.

He attended several schools apart from attending evening classes to be educated, but never finished secondary school, as he had to work and go to school at the same time during the early 1980s in Lagos (Olise-Emeke, 2016). According to Johnson (2018: 98 & 338), T. B. Joshua was a protege of a notable magician in the 1970s up to around the late 1980s, and later he was mentored by Prophet Wole Bamiduro, similarly known as "lion of Judah" of the Celestial Church of Christ (CCC). The Prophet's church of T. B. Joshua learned that the art of prophesying was one of those that uses traditional religious rituals in Christianity (Asabe AfrikaTV, 2019a). He started an independent church with eight members after his training under the CCC prophet. His operation seems to have caused him to be asked by the leadership of CCC to close the church, as it did not reflect their code of conduct (Johnson, 2018:98, 338-340). As a result, he formed the New Jerusalem Church that was later renamed as SCOAN. The location of the first church was at Ajisegiri Street, Agodo, Egbe, Lagos.

As an adolescent, and by the time he left his home town for Lagos, he was aware of the indigenous worship of the river idol in his community. He located his first church near a creek which is the pattern for citing of any church belonging to CCC, which is to be located near a river/ stream, since he was mentored by one of the prophets in CCC, as indicated, which background must have influenced the site and structure of the church (Johnson, 2018:170-172).

T. B. Joshua incorporated water usage into his church services (Johnson, 2018:170-172). A SCOAN video clip shows that the congregants were told to touch a book on the pulpit before going to fetch a "little" quantity of water for their healing or deliverance at the constructed pool behind the altar (EmmanuelTV, n.d.). Some of the people were overpowered through the "anointing" by the Holy Spirit, which hindered them from reaching the water (Johnson, 2019:28).

Odumosu and Simbine (2011:4) opine that churches in Nigeria are not doing much in the way of social community service, while they erred in that scripture admonishes not blowing one's own trumpet for good deeds done to others. However, the ministry of T. B. Joshua has moved to perform acts of charity with brazening evidence around providing for the vulnerable in society. These acts include feeding the elderly, giving money and food items to physically challenged people and repatriated migrants from Libya, providing scholarships to children of widows, and many others (Fausa, 2019; GoG, 2015; Cull, 2011).

A prophetic minister is a polygon, as the person may serve as a judge, priest, intercessor, teacher, pastor, and evangelist. One or more roles may be played at a time, depending on the leading of the indwelling of the Spirit. A prophet/ prophetess can receive an errand from God, and the individual must deliver as led or give the utterance to the people, family, group of people, the king, or even a nation. People can visit the prophet of their own volition to seek help as based on their challenges to see if there is a message from God for them about it. People do visit SCOAN for healing, health, and general well-being in view of the ministerial gifts of Prophet T. B. Joshua.

The Old Testament in fact speaks of four types of prophets: lying ones, who did not hear from God but nonetheless prophecy (2 Chronicles 18:18-27); attention-seeking ones, that is, peace prophets, whose desire is to be popular by seemingly peaceable prophecy (Jeremiah 23:16-22; 28:12-17; 29:1-14); political ones, who were aligned with the political class and prefer to be politically correct rather than being scriptural (Isaiah 56:10-12; Ezekiel 44:10-18); and the true prophets, who work in line with God's leading alone (Ezekiel 14:14; 1 Samuel 3:19; 12:3-5). In the New Testament, there are broadly two groups: false prophets, who have the propensity to deceive even the gullible followers of Christ (Matthew 24:24); and true ones, who are sincere by feeding the lambs and sheep of the flock under their ministry.

Scripture moreover provides criteria by means of which a prophet's message can be validated to be truly from God. The validation is that, if the word spoken eventually "comes to pass," the prophet has the backing of the Lord God (Deuteronomy 18:22; Jeremiah 14:15; 28:9 KJV). However, if the prophecy does not manifest, it means the person has spoken wrongly. Jeremiah (2:8; 23:13-14) emphasises that prophets can be fake, using the power of Baal, which would not profit the soul of the people.

There are many prophecies attributed to Prophet T.B. Joshua that came to pass, and others that did not or yet manifest as prophesied (Olise-Emeke, 2016; Success, 2013). I will not delve into the details here, as it is not the focus of the study. The prophet's ministry has witnessed growth in numbers, financially and spiritually, given its humble beginning. It moved from a shed church to a mega-church with global influence, which shows that it has matured in its vocation over time.

T. B. Joshua's style of preaching resorts under those that can be called motivational, as his message is not outright preaching but is inspirational with only a few scriptural readings or cross-referencing of scriptures. He aptly uses audio-visual aids during his teaching/ preaching. His repetitiveness during his preaching is frowned upon by some writers, such as Johnson (2018) and Kustner (2011), but he is speaking to a global audience, who may find it difficult to grasp the West African accent in the English language, and such repeats may have been used to ensure that the listeners could comprehend his message.

Some people claimed that the prophet abused his position around fleshly lust. Women from different countries have alleged that he has sexually abused them and sometimes supported such practices by those under his leadership. For instance, the church branches abroad were allegedly closed due to immorality levelled against the presiding pastors (Johnson, 2019:193-2114; 2018:332-345). Furthermore, some visitors would claim that the story they gave was based on a scripted interview and that some of the expressions were not what they would have said; they were just following the instructions given by media crew members. There is a popular Nollywood (the name of movie industry in Nigeria like Hollywood in USA) actor Jim Iyke who went to SCOAN seeking healing for his mother, who was directed to come into the church auditorium with the mother where one of the ministers touched him; immediately, evil spirits manifested which were cast out. He later protested in an interview with some media houses that SCOAN took advantage of him, because he thought he could not be possessed (Asabe AfrikaTV, 2019b; Johnson, 2019; 2017; Ogar, 2017).

Positive and negative things are said or written about T. B. Joshua the man and his ministry, both when he was alive and after his death on 5 June 2021. The controversy or legacy depends on individuals' relationship with him or his church and that which was observed around the activities of SCOAN.

Critics of the founder of SCOAN are found within and outside the synagogue in domestic and international circles. The precise reason for a person to comment on him is a function of the

influence the prophet had on the individual, like those who had benefitted from his ministry or those who had suffered in his hand and the spectators who are observing the man and his ministry. Warren (2012) reveals that “criticism is the cost of influence. As long as you don’t influence anybody, nobody is going to say a peep about you. But the greater your influence, the more the critics you are going to have.”

Prophecy and miracle ministration generated popularity for T. B. Joshua as Emmanuel TV publicised SCOAN (Joshua, 2017; Amanze, 2013). The use of retributive theology, prophetic ministration, and prayer for deliverance with earthly gains reported in the SCOAN attracts those seeking relief from their burden, as depicted on the website or the Emmanuel TV (Kangwa, 2016:5). The propensity to meet physiological and psychological needs is the motivating factor for seeking powers that can direct good fortune or visiting those perceived to have natural or supernatural powers (Amanze, 2013:2-3; Success, 2013; Segujja, 2018). Africans, and non-Africans believe that health is wealth and, without good health, there is no life (Olagunju, 2017:40). In addition, the precarious state of the health system in their respective countries compels people to visit places for healing or miracles including prophetic churches among others.

Amanze, (2013:3) uses Fohrer’s theoretical framework of a dual typology of prophecy to endorse Prophet T. B. Joshua as based on his “accurate” predictions and “magic-like” healing method. In the quest to validate T. B. Joshua the author failed to point out the prophecies that never came to pass and those who were never healed under his ministration. Moreover, accurate prediction and ability to perform miracles is not the only criteria for a prophetic ministry. There should be holy living, good reports and integrity that hinges on the character of the person.

The prophets of Israel in old times had a ministry that involved the individual, family, communities, and nation based on the revelation from God, which may have been to warn, correct, or chastise the king, kingmaker, military adviser, healer, and so ensure the moral compass of the nation. The mode of operating is not unique, and it varies according to the issue at hand. Elijah the Tishbite was an Old Testament prophet that appeared suddenly on the national religious space of the Jews, and with little known about his pedigree or his tutelage under a mentor (1 Kings 17:1).

T. B. Joshua’s birth and call to ministry accounts are sketchy, doubtful, and laced with mystery. Anybody with such influence and about whom little is known before 1987, and who just

became a global prophet, will attract criticism. His teaching, prophecy, and healing styles are the areas his critics focus on, but these are not the foci here (see Johnson, 2019; 2018; Amanze, 2013; Success, 2013; Lee, 2016, 2002). It is possible to be content to take a cue from one of the sayings of Jesus Christ on the issue. The Bible says: “But Jesus said, ‘Forbid him not, for there is no man which shall do a miracle in my name, that can lightly speak evil of me. For he that is not against us is on our part’” (Mark 9:39-40 KJV, see as well Luke 9:49-50). The real Master knows how to deal with the activities happening on the earth in his own time and way.

However, I acknowledged that Prophet T. B. Joshua realised his limitations in formal education and tried to stay within the path that made him to serve his audience best. His teaching is simple and directed to life challenges-based gems that relates to love, mercy, kindness, forgiveness, and happiness with scriptural links. He understood that his calling was not to be a teacher but a prophet and miracle worker, which he was mostly misunderstood or represented.

The ministry of the Prophet T. B. Joshua additionally includes humanitarian activities such as providing for the needy (widow/ widowers, orphans, senior citizens), scholarships, the building of schools, assisting the police force with the means of mobility, among others through Emmanuel TV and Emmanuel’s partners (Okonkwo, 2015b). However, the philanthropic gestures made through EmmanuelTV are alleged by those who had been with the Prophet before to have a negative effect on recipients, especially those given money, because they could not account for any meaningful things done with it (Asabe AfrikaTV, 2021c; 2021d; 2021e; Johnson, 2019; 2018). The old associates should not blame others for their financial weaknesses (if any), as there are lived experiences of lottery winners becoming poor under two years after winning millions of dollars.

The gradual growth of the eight members eventually reached a global audience through testimonies of those healed or those who benefited through Prophet T. B. Joshua. The present building seats about 15 000 people with countless online viewers worldwide (Johnson, 2019; Amanze, 2016; Olise-Emeke, 2016).

According to Olagunju (2017:41), disease/ illness/ sickness which is not treated, could threaten the life of a person over and above the unpleasant experience of making one unproductive. The urge to seek healing would motivate people to go anywhere it can be found without considering future consequences. Healing methods in SCOAN have two dimensions: one that happens in the church auditorium and those that occur on their prayer mountain. The use of the “morning”

water, hand-band, special Arabic writings, palm reading, and casting out of demons are part of the healing or deliverance procedure (see Johnson, 2019, 2018; Bachmann, 2014; Lee, 2002; Simpson, 2001). There is no uniform pattern as individuals are treated based on peculiarity.

The deliverance or healing in the synagogue could be dramatic as the minister attempts to cast out the demon/ heal people, as some scream, go into energetic trances, vomit objects/ liquid substances perceived to be the root cause of the disease/ illness/ sickness. In videos of the earlier years, one can see the prophet directing the movement of the person to be healed by way of using his hand to signal the turn or the direction he wants the person to go – called “remote control” (Johnson, 2019:162).

Healing in a religious place is termed the “placebo effect”. The scientific evaluation is not traceable from the moment of praying to how the healing takes place, which is the ground of refutation of divine healings. However, the sickness would resurface sometimes, because the person has a temporary relief (Johnson, 2019:167). Permanent healings do abound to attest that God’s heals in his way and time, as not all healing in a religious circle can be ascribed to the placebo effect. He is not in any competition with anyone to prove himself as a God that heals or delivers.

The episodes televised to the world are those that are allowed within the church for viewers to see: singing, preaching, prayer, and testimony sessions. Here, the prophecy or prayer of deliverance is conducted to meet the needs of the people. It is worth noting that not all the people touched by the prophet or prophesied over or prayed for to be healed during such a session receive the outcome sought, which would compel those not healed or delivered to make a repeat visit on the next Sunday in the hope of receiving the desired purpose of the visit.

A few people who had returned to their country/ home after being healed and testified of healing at SCOAN died shortly afterwards. Critics tend to blame the prophet for “fake” healing as the root causes of their deaths after the healing or others who were not healed in the first place after their visit to SCOAN (Lee, 2016; 2002; Johnson, 2019; 2018). There is no evidence that the prophet was responsible for their death directly. Although, the prophet may have contributed to their death indirectly as some may to continue with their medications. In the modern health care system, hospitalised patients sometimes die after being discharged from the hospital as well as dying while undergoing treatment.

For instance, Jesus Christ raised Lazarus from the dead, but he later died, as he did not live forever (John 11:40-45, 12:1-2 KJV). The Old Testament tells of two people raised to live directly: Elijah raised the son of the Zarephath, Elisha raised the Shunammite woman's son and indirectly, an Israelite man, whose corpse was mistakenly dropped on Elisha's tomb was raised to live (see 1 Kings 17:17-24; 2 Kings 4 :18-43; 2 Kings 13:20-21 KJV). The apostles Peter and Paul are the only disciples of Jesus Christ to raise the dead, as recorded in the New Testament. Peter raised Tabitha (additionally known as Dorcas) in the city of Joppa (Acts 9:36-42 KJV), and Paul raised Eutychus, who died while sitting on a windowsill at a meeting that went deeply into the night, because he fell from the third floor (Acts 20:7-12 KJV).

Filmed/ scenes of people vomiting various substances like blood, cowrie shells, pins, needles, and other items during a healing/ deliverance session leads to objections. The writers Johnson (2019; 2017), Amanze (2013), and Lee (2006; 2002) aver that it is humiliating to make people scream or roll on the ground in the process of being delivered from demonic possession. The incidence of people screaming and rolling on the floor is beyond the control of the host under demonic manifestation. Additionally, the act must happen to some people if their deliverance is to be complete, because the intruding demons try to get out in anger.

The man with legion demons likewise manifested such violent outbursts before his demons departed and entered the pigs (Mark 5:2-13; Luke 8:27-33 KJV) and the son with a dumb spirit (Mark 9:17-27 KJV). Mark 9:26-27 KJV reads: "And the spirit cries and rent him sore, and came out of him: and he was as one dead; insomuch that many said, He is dead. But Jesus took him by the hand, and lifted him up, and he arose." Demons' actions cannot be predicted during exorcism, as they have different manifestations characters, and are not happy to be evicted from the host's body.

Trained pastors in the SCOAN are leaving for various reasons as related to issues in the system, some due to allegations of sexual abuse and others in terms of feeling frustrated in the process of marriage. These ones had spent more than ten years in the ministry and had to depart from the place or attempt to run away, as they could not tolerate the events that unfold there any longer (Johnson, 2019:209-211).

The death of T. B. Joshua was received with mixed feelings. There is disbelief that he could die without him knowing; why did he die so suddenly? Those who benefitted from him did cry or mourned him, while those who perceived him to be a charlatan were unmoved to mourn, but

accepted it as minus one among deceptive ministers. For instance, Rev. Chris Okotie was vehement that the deceased was a shamanistic person and an intruder who portrayed himself as God and took on names that relates to Jesus Christ deliberately (The Eagle online, 2021). Invariably, some of his disciples who had left SCOAN before his death, came out to shed light on what went on behind the closed doors in SCOAN (Asabe AfrikaTV, 2021a; 2021b; 2021c; 2021d; 2021e). The final resting place for T. B. Joshua created controversy too. His family desired that he be buried in Lagos, but his hometown people wanted his body to be buried at Arigidi-Akoko. Eventually, the community allowed the preference of his immediate family to prevail.

4.5 The Synagogue Church of All Nations

“A synagogue is a group of Jews who pray together, but who likewise function as a social grouping, meeting to support those in need to organize and enjoy educational activities and spend time with each other” (Mahohoma, 2018:4). However, it may imply a place where people with faith in Jehovah meet to worship from time to time, as in the case of SCOAN.

The statement of faith (belief) in SCOAN (n.d.) includes:

- Acknowledgment of the operation of the Holy Spirit in unity with the Father and the Son in events in the world. Additionally, believers can be empowered with the power of the Holy Spirit for the effectiveness in gospel propagation globally. The Holy Spirit in this respect is the agency at work in conversion and transformation of lives for the glory of God.
- Acceptance of the birth, ministry, death, and resurrection of Jesus Christ, as reflected in the preaching, teaching and prayers of the church. The Holy Bible is considered God’s message to humans as a guide to live with eternity in mind (2 Timothy 3:16; 2 Peter 1:21).
- Salvation is a gift from God to escape the wrath of God on sinners through the atoning blood of Jesus Christ. Salvation is a personal experience, and it is free. In addition, reading and meditating on the Word of God brings strength and enlightens the believer’s heart.
- Recognition that divine healing is a supernatural manifestation of God’s power accomplished through redemptive work of Jesus Christ.

- Acknowledgement that water baptism and baptism in the Holy Spirit, evidenced in speaking in unknown or learned language, are part of the injunction of the word of God (Acts 2:1-4; 1 Corinthians 12:13; Romans 8:9).
- SCOAN accepts the Lord's Super observation as enshrined in the Bible and that Jesus Christ is coming again (Acts 1:11; 1 Thessalonians 4:16-17).

This statement of faith shows SCOAN's beliefs, which pattern their operations and functions along the lines of other Christian organisations. SCOAN is not a member of the Christian Association of Nigeria (CAN) or the Pentecostal Charismatic Fellowship of Nigeria (PFN), as these bodies refuse to accept the founder and his ministry based on his method of ministration, that is, a mixture of African traditional, Islam, occultism and Christian religion (Asabe, 2021d, e; The Eagle Online, 2021).

Although water baptism is one of the doctrinal teachings outlined in the statement of faith of the church, a former disciple of 14 years claimed that, within the period of her stay, not a single of this occurred (Johnson 2018:171). The observation implies that the church gives preference to things other than a direct injunction from Jesus Christ, the head of the Church. Likewise, she alleged that the Holy Communion or the Lord's Supper was not observed while she was there, just as there was no teaching about the second coming of Christ to prepare congregants for it (Johnson, 2018:172-177).

Kustner (2011:1) asserts that, with the advent of globalisation, the preaching of the gospel is no longer confined to the local physical building of a church, as the internet has opened the "virtual church" that can be accessed 24/7. SCOAN has keyed into this media space to preach, heal, and prophesy to both visible (physical) and virtual audiences.

Little scholarship about the prophet and his church is known among researchers, though there are newspaper and magazine reports about these. No rigorous or analytical research study has been done on these except by Amanze (2013) and Kustner (2011). The reasons for this scarcity of studies on healing and prophecy from SCOAN are as follows.

- Time is beyond the researchers' control, and they are constrained by SCOAN's protocol where an invitation or approval to visit the church may take months (For example, it took over six months for me to received email reply to visit SCOAN to conduct this research).

- Moreover, the fear of being afflicted at a place with demonic spirit presences could scare the fearful from going to research the prophet and his activities.
- The educational standard of the prophet could be a reason why he may object to coming under much critical scrutiny.
- If the prophet's source of was not the Living God, he may not have been free to allow researchers to enter the synagogue (see Asabe, 2021a, b, c, d; Johnson, 2018).
- Some people think his work should vouch for him. Although, he can become proud and lose intimacy with God if distracted.

Indeed, the CAN and the PFN are yet to recognize SCOAN as part of their community in Nigeria. The reason is suspicion regarding his healing methods, and likely the source of power in the place (Bachmann, 2019; Johnson, 2019; 2018; Kustner, 2011). Some individual pastors within Nigeria and outside do visit the synagogue for personal reasons. Notable personalities globally have been reported to have done so at one time or another.

Prophet T. B. Joshua has two different relationships with other Pentecostal pastors. The first group are those who will not want to associate with him because they feel he is fraud/ false, based on his style and the miracles that seem not to be Biblical. The second group takes two forms: those who identify with him in the open, and those who prefer to do so in private. For example, there is a pastor who claims he has not met the prophet but has written a book on him as a God-sent man (Success, 2013). He additionally used T. B. Joshua's photo in a flyer for his church (see Figure 4.2).

Kustner (2011:7) states that the American Pastor Benny Hinn would visit the SCOAN if invited for an interview. However, Bishop Joseph Garlington of Covenant Church, Pittsburgh, USA was at SCOAN, where he declared that God is working in the place to bless people. He opined that what goes on is not seen in America. In addition, Pastor John Arnott and his wife from Canada visited and opined that they saw miracles they had never seen before, and Pastor Francois of the River Ministries claimed, although he had been in ministry for 25 years, the anointing he was looking for would be imparted to him by Prophet T. B. Joshua (EmmanuelTV, n.db; Yusuf, 2020).



Figure 4.2: A flyer of the Christ Centre Church

Source: TIBC, n.d.

Researchers have tried to locate SCOAN's operation within Nigerian Christianity, and a close link exists between the practice of SCOAN and that of the Aladura churches and CCCs. The former is known for prayer and fasting and the use of bells and water for healing. The CCCs have a penchant for flowing rivers/ streams when locating their churches. The Prayer Mountain site of SCOAN is located near a beach and a creek which identifies it with CCCs. It is observable that SCOAN has "morning water" which is used for healing and deliverance, which again resonates with the Aladura Churches and Arabic writings by the prophet to some visitors at the early stage of his ministry (Johnson, 2019, 2018). Therefore, the conjecture that SCOAN is a mix of variant religion practices.

The technological media usage of SCOAN is labelled as a magical display reminiscent of a magician on stage. Adorning of everything from SCOAN to the founder's picture is obsessive (Johnson, 2017; Kustner, 2011). Additionally, the vision to start a church came after T. B. Joshua had finished praying and fasting for forty days, similar to Aladura practices (Kustner, 2011:12). Kustner (2011) did not realise that CCCs are likewise given to long periods of spiritual self-denial.

4.6 The nature and power of audio-visual technology

The nature and power of this technological phenomenon in Africa can be traced to the 1970s when religious institutions entered the media space, especially television, although radio was not left behind (Isichei, 1995, 1982; Issacson, 1990). The presence of SCOAN on the internet created an appeal to users/ viewers for their website about the healing and prophesy that abounded with apt use of the media as well propagating the gospel (Johnson, 2018; 2017; Kustner, 2011).

Some prominent televangelists became popular due to being on air, or were able to buy a time slot to preach the gospel. The educated and versatile preachers in the Pentecostal churches were quick to dominate the space. Some even have radio, television, and satellite channels for their ministries. Then the “Godtube.com” era came with an avalanche of preachers taking God to the people through the internet worldwide (Kushner, 2011; De Witte, 2009; 2002; Meyer, 2009; Hackett, 2003, 1998). Today, one can watch or listen to 24/ 7 non-stop broadcasts of religious institutions of a wide variety.

De Witte (2012:64) opines that audience capacity to imagine the supernatural is enhanced through the media broadcast or podcast. Live transmission of the testimony of those touched by such divine power tends to authenticate the indwelling power of the protagonist preacher. She additionally explains that humans are coded in a sensorial way that fits well with the process and patterns used by technology to create a sense of *touch* in which religions resonate significantly within the dissemination of their message of the divine.

The use of modern media technologies by PCCs correlates with spiritual things. The electric current flows once it is switched on, just as faith is activated to penetrate the realm of the spirit to harness the power of God to work in the visible space. Speaking in a tongue as a direct line with God and praise worship tune worshippers to the power of the Holy Spirit and prophecy similar to x-ray technology (De Witte, 2012, 2003a, 2003b).

The religious realm is an invisible power dominated by witchcraft, spirits, the devil, and the Holy Spirit described in electronic terms. Witchcraft and voodoo are regarded as “African electronics;” indigenous healers liken the world of spirits to radio or television airwaves, and divination to computer technology (De Witte, 2012:67).

When performing some tasks using the software Microsoft windows, the system does ask if you would like the “wizard” to help you. In African society, where occultism is practised, witches are believed to travel (fly) to their coven at the speed of light and likewise communicate in a way that is known to members only (Eni, 1987).

Therefore, PCCs that were trying to adapt their culture to the gospel incorporated the media technology from the early 1970s onwards. They made use of the bulletins, newsletters, books, cassette tapes, VHS videotapes, and airwaves to spread the message.

The experience of Holy Spirit Baptism is described as an *electric* surge into the body, and those with the anointing of the Spirit do explain it as feeling as though an electric current pass through the body. Similar terms of electrical current (power) are used by those who give testimonies of healing around describing what they felt during prayer, deliverance, and laying of hands by the prophet (De Witte, 2012; Kustner, 2011; Meyer, 2009).

Anointing or power of the Holy Spirit is a flow and a stock that are tangible as well as transferable. The prophecy in Isaiah (61:1-2 KJV) states that

the Spirit of the Lord GOD is upon me because the LORD hath anointed me to preach good tidings unto the meek; he hath sent me to bind up the broken-hearted, to proclaim liberty to the captives, and the opening of the prison to them that are bound; to proclaim the acceptable year of the LORD, and the day of vengeance of our God; to comfort all that mourn.

Years later, during the earthly ministry of Jesus Christ, he read from these verses, as related in Luke 4:17-21 to inform his audience that on that day the scripture was fulfilled in their ears. As the anointed one of God, He had the power flowing from him; and he transferred it to his disciples to carry out the proclamation of the kingdom of God.

The Holy Spirit does flow from the minister through the media to the audience once there is a connection. The global activities of PCCs have shown there is no barrier to the Spirit of God to meet the needs of people. The word of God sent out by faith, if in faith received, will perform its purpose.

Testimony abounds of miraculous touch or objectification in media devices around healing and deliverance, as listeners/ viewers obey the preachers during prayers to place their hands on the radio/ television as a point of contact for the flow of healing anointing to reach them (Joshua, 2017; Amanze, 2013; De Witte, 2012; Kustner, 2011; Meyer, 2009; Asamoah-Gyadu, 2015;

Hackett, 1998). Fact is that power does flow through the media technology in the religious realm as hearing and seeing sense are involved. As it is written: “so then faith cometh by hearing and hearing the word of God.” (Romans 10:17 KJV).

Sounds and images as mediated have spiritual powers (positive or negative) that potentially affect the audience’s disposition, just as audio-visual experience is based on perception (De Witte, 2012:72-73). In addition, De Witte, (2012) opines that the spiritual power can penetrate or block the audience body through sound or imagery outlets, implying that a person can become a recipient of healing because the spirit powers in the media are “injected” into the spirit being of the person. Viewing or listening as well as reading of the Bible are spiritual exercises with powers of transformation. It is a function of how receptive and open the person’s physical and spiritual dimensions are to the power inherent in a medium that determines the outcome.

Churches with their transmission crews have skilled personnel who can sway the audience into the realm of spirit of the preacher by aligning their skills to relay such to the people. The pulpit etiquette, posture, body language during the delivery of the sermon, prayers, and the live audience behaviours which rhyme with that of the preacher are transmitted deliberately (Johnson, 2017; De Witte, 2012, 2005, 2003a; Lee, 2002) to ensure that viewers are spiritually edified, creating a path for the flow of the anointing to them to see. The crew will show that which is appropriate for them.

There is a prevalence of fake indigenous priests/ priestesses and healers in society, now similarly occurring among pastors/ prophets. The charlatans as well have access to media technology to deceive the unsuspecting public. Innocent people have been killed or dehumanised in Africa (elsewhere too) because the “herbalist” or “prophet” claimed the person was a witch, especially old women who are widows, thus leading to jungle justice in some instances (Fayose, 2017; Asamoah Gyadu, 2015). There are stories of arranged “miracles” of healings filmed or shared, which caused some governments in Africa to ban the airing of uncertified/ unverified claims of miracles in the public domain (Fayose, 2017; Johnson, 2018; De Witte, 2012, 2005; Kustner, 2011).

4.7 The media outlets of SCOAN

The media outlets of SCOAN are versatile and pragmatic so as to meet the digital age in which information dissemination take place in a split second. Some of the outlets are created for interactive dialogue between the church and the general public.

4.7.1 The website of SCOAN

The website has a menu bar that leads visitors to the activities available. There is the homepage, with information about Prophet T. B Joshua, the SCOAN, morning water, the statement of faith, and careers. The media menu has a gallery and videos and, under the “ministry,” one finds a charity, EmmanuelTV and branches. The visit menu has a drop-down form for those desiring to visit the church: intending visitors are warned to wait for a confirmation email from the church before making any travelling arrangements, so that the church will be ready for them on arrival, especially those coming from overseas. The “give” bar has a facility for donations as one-time offerings, or monthly and bank wire transfers. The “contact” tab has options for prayer or counselling with ten phone lines for English speakers and one each for French and Spanish speakers. It provides a physical and postal address for those who may be interested. There are two telephone lines for enquiry. The store is anchored under Emmanuel TV to sell the church’s items ranging from books, DVDs, and audio CDs to downloads of sermons (in PDF or mp3). The blog shows T. B. Joshua’s church synopsis or message/ prophecy so as to boost his celebrity status while showing assorted opinions/ comments about him. The “translation” bar is under “Emmanuel TV,” and seeks volunteers to translate messages of the events at SCOAN into other languages so as to reach a wider audience; the “language options” bar has English, French, Spanish, and Portuguese.

4.7.2 Emmanuel TV

The purpose of the channel is to preach the good news to all. The channel's tagline is “*Changing lives, changing nations, changing the world.*” It broadcasts 24/ 7 around the world through satellite and on the internet. Programmes available are *Live service, Standard for life, Ministry, God is still saying something, Leaders of tomorrow aim high, Bible story, and My children.* The channel centres on SCOAN activities at home and abroad and is transmitted to serve as the sole arm of media communication of the church under which all other areas operate.

4.7.3 Social media handle

The social media handle of SCOAN communicates the events, sermon, prayers, and motivations of Prophet T. B. Joshua to those who follow him or view the page, and there is a link to the SCOAN homepage. The church hosts Facebook, blog, Instagram, Twitter, Pinterest and YouTube. Healing testimonies of visitors or viewers in the church and sermons are uploaded. The prophecy of the prophet and the timeline of its fulfilment are made available to promote the church. On 27 June 2020, SCOAN's YouTube channel had 1.66m subscribers. In the dispensing of virtual ministry, the church has its digital footprint everywhere, and the same activities transmitted by Emmanuel TV are disseminated with proper editing to fit each media focus.

4.7.4 Other contact platforms of SCOAN

The accessibility for intending members or congregants is equally facilitated with telephonic lines. This gives room for direct prayer support to those who call to request for prayers or share their problem seeking spiritual counselling or guidance. In addition, there is email contact for the church for the purpose of quick electronic correspondence. There is postal box number and physical address that can be used to reach the organisation, thereby giving greater access to the world.

The church runs an online shop which is solely meant for the online purchase of available items on sale by the church. The online store for the sale of SCOAN items is managed through the Emmanuel TV. Furthermore, there is on-site shop that operates to meet visitors' needs at the church premises.

4.8 Conclusion

Life challenges roughens a person and the inability to solve it makes humans to seek assistance from others. The making of T. B. Joshua was not a day process, and he was able to checkmate his poor background and limited formal education to a miracle, while been relevant in his chosen or called vocation amidst controversies. According to Einstein, (n.d) "There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle." People may waver between these two ways or be undecided about which is the right way, but when you experience a miracle you know it and cannot stop testifying about it.

The mystery of the power behind the miracles at SCOAN will continue for a long time to come. The reality that a man with limited education had risen to the level at which he died shows his desire for self-development and to be relevant among ministers of the gospel.

Those who have been helped cannot but be grateful to the people used by God to deliver them from their oppression, and others may not have good testimony about their encounters with SCOAN; to such it is fate. The blame game does not eradicate the harm done to those who are victims, but may prevent other people from falling prey to falsehood ministers that abound globally. The use of satellite and internet technologies by religious entities has made the space dicey for all, as everyone has the onus to take preventive measures to avoid being swindled or deceived by con artists in the cloak of religion.

The different doctrinal beliefs in Nigerian Christianity allows denominational line which creates loopholes to stand for the spiritual well-being of the body of Christ and the enemy of the Christian faith exploits this division to weaken the church. The freedom of association and religious participation has helped the country to witness an exponential growth in religious activities. The negative consequence of proliferation is equally staring the nation in the face: religious intolerance, violence, and commercialization of religious services are damaging the nation's future.

Nigeria heard the gospel through missionaries from the Global North, but now has missions and missionaries of its own. Nigerian ministers tend to spread across the globe and influence other ministers on the continent around healing and deliverance. SCOAN has a wider reach globally than any church due to the transmission of miracles and the health challenges that afflict people without global boundaries. The inability of modern medicine to treat spiritual illnesses makes it easier for fake preachers to prey on people's thirst for healing.

SCOAN does not collect offerings directly during their Sunday services but, instead, receives donations and gifts from those who have signed on as partners and who give money to sponsor charity and other events through SCOAN. Similarly, the church generates revenue from accommodation and feeding fees of those visiting the place, and on items sold.

The individual visitor has an option to visit either the physical or the virtual church, and the outcome of such is a personal experience that is unique to the person. The present project attempted to capture this uniqueness of testimony by means of its design and methodology which are to be discussed in the subsequent chapter.

Chapter 5

Research design and methodology

5.1 Introduction

This chapter describes the blueprint used to assess the pursuit of healing through a visit to a religious site and the effect of such on the health and well-being of the visitor. The visitors are those who visit SCOAN for their healing and deliverance from problems that confront them. The content analysis approach is explained here with a view to highlighting the needs, advantages, limitations, and possible outcomes of its use as a research method. The website of Emmanuel TV served as the field for collection of data, and its research design is to capture the relevance of such data to these religious visits. The data were collected over a period of three months in 2019 and 2020, being almost a year apart, though the terrain of the two periods has changed because of coronavirus pandemic, but it provides data on how adaptive and proactive the church is to meet the needs of her congregants or visitors globally. Year 2019 was a period of no pandemic, while 2020 was the period of coronavirus pandemic when health concerns became an international issue and social relationship, religious gatherings, as well as travel, were controlled by the state or government to contain the spread of the virus. This is followed by a conclusion to the chapter.

5.2 Operational definitions for the study

The basis of an operational definition is to improve the understanding of terms used in a study around the generic meanings with which the same term or words are used in conversations. Some of the terms are such that they may have more than one dictionary meaning, but are hereby clarified around the intent implied by this research.

An activity is the event visitors to SCOAN participate in such as the praise and worship session at the beginning of the Sunday service or at a later stage. They listened to the exhortation of the ministers and responded to any instruction given during the service.

Prayer is an action of talking to a supreme being by humans for divine intervention in their lives, and so “Prayer to God is the noblest exercise, the loftiest effort of man, the most real thing!” (Bounds, n.d.:8). The prayer that is applicable occurs on three levels: personal, mass-related, and ministerial. In personal prayer, the individual prays for himself or herself based on

self-evaluation of the need or as being directed to pray. Mass prayer occurs when more than one individual prays simultaneously, as led by the officiating minister. This is similarly known as congregational prayer. The minister's prayer occurs when it is offered by the evangelist/pastor/ prophet for a person or group of people. Such prayer is expected to be scripturally based; that is, done in the name of Jesus Christ (Bachman, 2019; De Witte, 2017a; 2017b; 2008; Owoeye, 2012; Brown, 2011).

Pentecostalism centres on the primacy of the baptism of Holy Spirit, speaking in tongues, gifts of the Spirit for the edification of the body of Christ, belief in the second coming of Christ, emphasis on Biblical teachings, being born again, maintaining conversion experiences, healing as part of the redemptive work of Jesus Christ, and deliverance a component of Christian faith (Nyoni, 2018; Brown, 2014; 2011).

Deliverance is the act in which individuals or communities are set loose from invasion of demons or evil spirits that have afflicted hosts with infirmities or misfortune. The invasion of evil spirits is often explained to the host through the manifestations of delay in marriages, barrenness, miscarriages, divorce issues, joblessness, misfortunes, and other challenges that could be ascribed to unseen dark forces activities in the person's life. The act of deliverance in PCCs' operational practice is to expel the evil spirits through the agency of the Holy Ghost's power, and anything else is an aberration (CelebrationTV, 2021).

Exorcism is used synonymously with deliverance: in the PCCs the term "exorcism" is often avoided, as it resonates more with the Catholic Church which allows only ordained priests to perform this (Brown, 2011). Furthermore, the term is very common among those who do not rely on the agency of the Holy Ghost to cast out invading spirits, such as indigenous religion practices, wizards, Islam, Hinduism, Taoism, and others.

The term "miracle" is used to describe an act of God through human agency to do uncommon things by the power of the Holy Ghost. In addition, it is referred to as a supernatural occurrence that has no scientific explanation of its systemic process (Olubanjo-Olufowobi, 2019:73-76). For example, an evil spirit speaking out in the possessed is not a common incident but a miracle, such that, after the incidence, the host person is unaware of what really happened during manifestation. In this study, the concise phrase that will be used to indicate the pursuits of visitors to SCOAN is "divinely mediated healing" (see DeLisser, 2009:1644).

“Narrative” is the re-telling of the experiences in their own words by visitors before and after receiving their healing or blessings through involvement with SCOAN. The testimony given is assumed to be authentic, as it is expected that nobody is coercing the recipients of healings to give such testimony; though some ministers do persuade people to give testimony to encourage the faith of other seekers of healing. Furthermore, there are those who were disturbed by evil spirits before their deliverances, and the activities of evil spirits in their host form part of the experiences of visitors' health and wellness challenges. It should be noted that some visitors are unaware that their body is indwelt by evil spirits who are causing problems for them, until these manifests during prayer/ deliverance.

A “spirit husband/ wife” involves nocturnal sexual intimacy with a known or unknown woman by a man or man by a woman, which usually occurs during sleep in a dream. According to Olukoya (2001:7), the sexual spirits that attack females are called incubus and those that afflict males are succubus. This seems to have a different definition for the wet dream, which is when a male person ejaculates or a female person experiences orgasm during sleep. In deliverance ministries of AICs and APCCs and among ATRs the spirit husband/ wife is commonly used during deliverance sessions as the evil spirits manifest or confess who they are in the body of the host. Understandably, among Africans, this experience of nocturnal sexual intimacy with spirits husband/ wife is believed could be the root cause of bad marriage relationships, barrenness, illnesses, and ill-luck among other evils that they inflict on the host or the person being attacked, also by violating their body at night (Marshall, 2016; Nwosu, 2015; Olukoya, 2011a; 2011b; 2001).

The “marine” or “dog spirit” is an evil spirit believed to be in control of sexual preventions that people engage in, but then not related to when a person is asleep. It is believed to be the spirit behind prostitution, incest, and rape, among others.

“Visitors/ beneficiaries” are those who benefit from the act of deliverance/ healing by a Christian minister(s). That is the individuals who travels to SCOAN in Lagos or viewers that connect to the church’s internet sites and receive healing or deliverance.

A “living water service” is a special water-related ministration in SCOAN in which participants are allowed to climb stairs to fetch water from an array of faucets at the water mountain. Taking such water follows a procedure that must be adhered to in order to have the desired result, and people do claim this to caused healing or deliverance on the mountain. However, morning

water in a spray bottle is available or used by worshippers at SCOAN for various purposes. The morning water is prayed upon by Prophet T. B. Joshua before it is bottled and given or sold to those who are interested in it.

The "minister" is a person assumed to be used by God to serve in the Vineyard by ministering to the congregation. In the case of SCOAN, this centre on those who preach and conduct the activities of deliverance/ healing through the power of the Holy Spirit in the name of Jesus Christ. In addition, I will have to include choristers in SCOAN as ministers, as their renditioning influences congregants.

Participation and observation enable the author to flow along with the activities of the congregations, while keenly observing the events to be able to capture the experiences of visitors and the action of the ministers these relate to the present research work. Although the physical presence of the author, as originally planned, was not possible due to the lockdown caused by the 2020 to 2021 pandemic, he used mediated media for the purpose of observation. In the observation and reporting process, it is possible that the body language, tone, pitch of voice, and facial expression of the testifiers could be used to depict the probability of a joyful / happy / sad / false disposition (DeWalt & DeWalt, 2011:1-40). Real emotion of joy is quite revealing on the face of an individual and this may not be a "staged" act for many people from different countries.

Prophecy is a gift of the Spirit of God by which a person hears or receives revelation for an individual, family, and nation as related to a present or future situation in order to correct the state of things. The prophet can determine what is to be said and when not, for instance when a demon takes over the host and controls the individual against his or her will.

A "word of knowledge" is a gift of the Spirit of God enabling a believer to know fact(s) about an individual or thing. It is one of the revelational gifts similar to prophecy, although both are event- or situation related and is only possible by the revelation of the Holy Ghost.

5.3 Analysis of narratives

The problem here that will require a design and strategy in order for it to be examined is whether and the extent to which visiting SCOAN made a significant difference to the health and well-being of visitors. This implies the question as to whether there was any significant

evidence in visitors' experience of any change in their health and well-being on having visited SCOAN, or whether it was all they had heard and seen, that is, whether deception occurred.

Therefore, narrative analysis was used to evaluate visitor's testimony by using two of the arguments of David Hume's impossibility of miracle and the ten factors from Packer and Ballantyne (2016). This was done to determine if the narratives of the visitors to SCOAN fitted into extant literature on miracles and visitors' experience.

Hume's impossibility of miracle is an argument for the uniformity of experience and an argument about barbaric and ignorant nations (cf. Olubanjo-Olufowobi, 2019). That is, a miracle should be repetitive and not isolated. Moreover, only those who had limited education or sense of reasoning would believe in a miracle.

The proposition used to analyse the visitors' testimonies to SCOAN for healing and deliverance as against the argument of Hume is to place their narratives in the context of reality. The two propositions are as follows.

Proposition 1: There are repeated healing miracles among the visitors to SCOAN.

Proposition 2: Testimony given by the educated and professionals should count against the notion barbaric and ignorant nations.

The ten factors identifier of visitors' experience at any site, as expounded in Packer and Ballantyne (2016:134) are hedonistic, emotional, relational, spiritual, cognitive, physical, sensory, restorative, introspective, and transformative. These are linked to narratives of visitors so as to ascertain their applicability to those who visit SCOAN.

5.4 The concept of content analysis in research methodology

The dynamic society we live in has permitted communication to evolve beyond just messaging from person to person or a hard copy to the epoch of soft copy where it can be replicated or sent to numerous persons simultaneously or stored in the cloud. The channel for content has likewise emerged over time from spoken language to writing, telephones with sound transmission, and television across airwaves in such a way that two stations can air their programme simultaneously without interference.

Content analysis is a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use (Krippendorff, 2004:18). While

Stempel (1952:209) defines content analysis as a formal system for doing something, we all do, informally and rather frequently, draw conclusions from observations of content. However, the definition of Weber (1990:9) of content analysis is a research method that uses a set of procedures to make valid inferences from text. Berelson (1952:18) defines content analysis as a research technique for the objective, systematic, and quantitative description of the manifest content of communication. From these it is clear that there is no unique definition of content analysis, but for the purpose of this study it is taken to be the procedure of examining a communicative text with the aim of finding reliable and relevant conclusions. Content analysis enables the examination of data of any matter/ material in order to unearth its meaning, relevance, and consequences (Krippendorff, 2004: xviii).

Krippendorff (2004) opines that content analysis requires a methodology that includes a plan and executes, communicates, reproduces, and critically evaluates the analyses, whatever the outcomes. However, White and Marsh (2006:23-27) aver that the flexibility of content analysis facilitates replicable results from the same data by other researchers to ascertain their validity. The ability to analyse different objects of communication in both quantitative and qualitative ways is the most significant attribute of content analysis.

A methodology enables the researcher to plan and examine critically the logic, composition, and protocols of research methods; evaluate the performance of individual techniques; and estimate the likelihood of the design to contribute to knowledge (White & Marsh, 2006:23-33; Krippendorff, 2004: xxi). Content analysis allows others to be able to arrive at the same results based on the process used to analyse the data reported.

It is pertinent that content is not inherent to communication, that people do comprehend information based on their analytical mind-sets and life orientations (Krippendorff, 2004:10); there is room for prediction or inference by content analysts so as to identify phenomena that are unobservable in real time. Therefore, qualitative content analysis enables a model to make sense of media communication in a meaningful way as it affects the audience. Qualitative analysis can additionally be systematic, reliable, and valid (Babbie, 2010:183-195; Spradely, 1980:55-60).

The idea of computer-generated versus manual content analysis is still being debated, but a computer is a valuable aid, although it cannot entirely replace human input around applying the output from the computer to make it beneficial (Krippendorff, 2004:14). The computer is a

tool to be used by humans to facilitate their work and it is a creation or invention of human beings.

Context is important in content analysis; it helps one to focus on the object of research or research questions to ensure that such a process serves or resolves the inquirer's quest. Accordingly, Krippendorff (2004:24) asserts that “a context renders perceptual data into readable texts and serves as the conceptual justification for reasonable interpretations, including for the results of content analysis.” He suggests that analysts explain the premise that forms the basis for results so that another person following the same procedure can reproduce or arrive at the same interpretation of the data used.

Content analysis is context-sensitive, and therefore allows the researcher to process data texts that are significant, meaningful, informative, and even “presentational” to others. That is, there is an awareness that others can read the text and be able to draw inferences from it. The issue of variability is thus served and replicable (Neuendorf, 2002).

Content analysis is non-obtrusive and non-reactive when it comes to the evaluation procedure. There is no holding back as messages are different for communicators and receivers (Riffe, Lacy & Fico, 2014:31). It has served longitudinal studies and communication content is available long after its production. It can be operationalised with quantitative and qualitative research to meet the researcher's needs as a manifestation or latent analysis. It is highlighted to be useful when data accessibility is a problem, and the researcher is limited to using documentary evidence (such as a physical visit to SCOAN that is not possible due to the coronavirus pandemic), or when the communicator's language use and structure are critical and the volume of the material exceeds the researcher's capability to examine it (Riffe, Lacy & Lico, 2014:30-31).

5.5 Research design

Research design is an operational plan that allows an analyst to identify the necessary data that can answer the question posed (Research Tube, 2020; Riffe, Lacy & Lico, 2014:41; Spradely, 1980:53-72). The design enhances the operation of analysing the data, since it is crafted to meet the objective of the study in such a way that the results can be identified and interpreted in a logical way.

The sampling technique is meant to ensure that a whole population is not analysed, which would be time-consuming, while there is a lack of resources to do it. Therefore, a sample is representative of a given population under investigation so as to draw an outcome that is likely to be true for the entire population. Consequently, sampling theory is concerned with the ability to generalise the properties found in a sample to the population from which the sample is drawn (Krippendorff, 2004:112). There are four areas in which the sampling theory does not aptly work around content analysis. The first is that the survey researchers control the questions asked of the respondents and determines the relevance of the answers given by the respondents in terms of the research focus. The second is that individuality, as expected in the case of a population, is not the same as the application of the text in content analysis. The third is that units are sampled, of not of the same conceptualisation with the population, a content analyst may sample a newspaper article or a politician's speech but give it different view that is not consistent with the purpose of the article/ speech. The fourth is that the relevant sample for a content analyst is that which addresses the research question and the texts that would lead to answering the question (Krippendorff, 2004:112-113). This is stated to ensure that the sampled data are well understood, in line with standards that are acceptable for content analysis. A sample text is selected to give the research questions a fair chance of being captured.

Nonprobability sampling is an applicable technique for this study that is, precisely, reliance/ purposive sampling, in which the units to be observed are selected according to the research problem at hand (Krippendorff, 2004:119; Riffe, Lacy & Fico, 2014:193; Babbie, 2010:293-395). Thus, the texts delivered by the selected units have a bearing on the focus of the study, and it is necessary for them to be included. Occasionally, a unit may lead to another unit within the same strand of a data set; for example, a family unit in which members may be included in snowball sampling. Thus, a wife who visits SCOAN may go along with the husband in the process of healing and deliverance so that data from both are to be included in the set.

5.6 Content analysis as research methodology

When using content analysis as a methodology for the evaluation of the research problem, the following terms are important and can be defined as follows.

The “content” is gleaned from the communication of Emmanuel TV as filmed and disseminated to the public on their website. It is video media that is analysed using scientific software,

Atlas.ti 8 in 2019 and Atlas.ti 9 in 2020 to capture the visitors' experiences. The change in software was due to the upgrade policy of the package developer.

The "text" is the media from the SCOAN Sunday services from 7 July 2019 to 29 September 2019 for those who went there physically. The second phase is what the church calls *Distance is not a barrier* (an online interactive prayer session) which ran during the coronavirus pandemic to minister healing to the people via an online platform (5 July 2020 to 27 September 2020). The YouTube platform of the church was chosen, as it afforded easy access to past videos as posted by Emmanuel TV: the Sundays in the month were selected as samples for data collection. There were overlaps in some Sundays (2019 data) as when an individual was prayed for/ prophesied to, while time might have been needed to verify it before he or she testified to benefits. Especially visitors with clear medical conditions whose healings occurred through deliverance tended to give testimony the following Sunday after a medical check-up was performed to validate their healing, so as to have a medical report before and after the visit to SCOAN. Testimony time additionally served as a text for data collection and, thereafter, analysis.

"Context" is the process of healing at SCOAN that visitors have undergone in order to receive/ regain their health and well-being. The process of healing or deliverance, as well as the outcome, was analysed to relate them to the research question.

"Code" is an index used in order to assess the verification of health from the perspective of visitors' accounts. For example, words used for analysis included ones such as the following: "Emmanuel, I am healed/ delivered;" "I feel warmth or electric shock through my body;" "I vomited substance;" "I dreamt of seeing Prophet T. B. Joshua praying/ touching;" "I have suffered from the sickness; my illness affected my job/ family;" "my medical report was/ is...;" "come out and be healed in Jesus' name," to mention a few (see Table 5.1). The code was used to capture the expressions of visitors and ministers during the Sunday services at SCOAN that were significant when it came to assessing the benefits derived from such visit in line with visitors' experiences (see Packer & Ballantyne, 2016:134). Most of the codes were words or terms that visitors were conversant with through religious participation; they would have been used to such words (see Bialecki, 2015). However, code frequency or groundedness (Gr) shows how many quotations are linked to it. This frequency allows the analyst to know how many times the same code is used or repeated in the study. It tends to show intensity of a code's usage in the research project data. Group code (Gs) indicates the number of codes under the rubric of

a group. For instance, “prophecy” is a group code, but it has five individual codes to it, while visitors’ testimony has 14, as depicted in Table 5.1 below.

Table 5.1: Codes for analysing healing for health and well-being

Prayer session	Prophecy	Visitor’s Testimony
Be healed	Who is...	Emmanuel
Come out in Jesus’ name	Where is...	Facial expression of happiness
Receive your healing in Jesus' name	There is...	I am delivered
Jerking/ screaming/ talking during prayer/ deliverance	I confirmed the prophecy to be true	I am healed/ free
Vomiting of substances	Man of God/ T. B. Joshua, deliver me	I had been to several places without a solution
Falling down/ Rolling on the ground during prayer/ deliverance		I have suffered from...
Laying on/ touch of hands by minister(s)		I no longer use medication after healing/ deliverance
Participants in worship		Thank you, Jesus/ God
Facial expression of fury/ anger		I am on medication before coming here
Living Water Service		Mediated media
Mediated media (distance not a barrier)		Praise God/ Jesus am healed
		The problem has affected ...
		Things are better/ normal now
		Morning water-related healing/ deliverance

Source: Author’s codes compilation for content analysis

Table 5.2 shows the codes used to capture the personal data of the sample visitors to determine their age category, the extent of involvement of family members to seek healing and well-being, gender, marital status, and domicile before visiting the SCOAN. The age group is such that only adults were expected to be present, and those below the age of 18 were treated as children who had to be in the company of parents or a guardian to be a potential sample. However, a grown-up person with siblings or grandparents were regarded as belonging under the rubric of extended family involvement, as they were accompanying the visitor to seek healing/ deliverance for the sake health and well-being. This is based on the notion that Africans still view communality orientation as essential. “Marital status” centres on capturing the marital preferences of the visitor with a view to analysis so as to accommodate individual orientations for the study. That is, married, unmarried (single), separated and widow/ widower, which were the preferences used in this study.

The continent of origin addressed the global spread of visitors and confirms the preponderance of Africans going to SCOAN. However, for convenience in data management and analysis, Nigeria was separated from other African countries. The nation (Nigeria) was divided according to geopolitical zones within the country (Table 5.2).

Table 5.2: Personal informational codes for analysing healing for health and well-being

Age	Family Inclusiveness	Gender	Marital Status	Continent of Origin
18- 25	Child/ ren accompanying parents	Female	Divorced	Africa (excluding Nigeria**) *
25-45	Extended family involved	Male	Married	America (North & South)
45-60		Others	Single	Asia
60 & above			Separated	Australia
			Widow/ er	Antarctica
* Regional zones of Africa (East Africa, North Africa, South Africa, and West Africa)				
** Nigeria's geopolitical zones (North Central, North East, North West, South East, South-South, and South West).				

Source: Author's code compilation for content analysis

The “prophecy” code here is made up of typical words that the prophet may use to identify and locate a person from the congregation, including “Who is...?;” “Do you have...?;” “What happened to ...?;” “Where is ...?;” “There is someone with/ who...” (Table 5.1). The person concerned could either come out or stay back in the congregation. When a person came out, the most likely words to affirm the prophecy were “Prophet T. B. Joshua, you are correct;” “I confirm the prophecy to be true;” “I accept the prophecy;” “I am surprised that you can know what I have done;” “Thank you, Jesus, for locating me.” The purpose of the code here was to ascertain the veracity of prophecy in SCOAN and some people’s healing or deliverance as linked to it.

Conduct procedure was not the object of the study and, therefore, not a parameter for evaluation. Since there had to be an appreciation of cultural inclusiveness, personal choice was involved in determining the kind of treatment to which a person was subjected for healing. The understanding was that a person enmeshed in the deliverance session was temporarily unconscious of what went on in his or her body during the session (see Chapter 4). The process of healing and deliverance was not done behind closed doors but in a public space; physical abuse or otherwise was assumed not possible. Attribution was manifest in verbal attributes of behaviour and displayed the individual’s disposition to words that they were conversant with in order to express themselves.

The “social relationship” is a flow, as religion thrives through social interaction and words are used to communicate intent or action. There was a sign or gesture that serves as signs to communicate with people that the parties tended to understand. For example, a hand raised after a prayer session was usually regarded as a sign of victory to show healing or deliverance, sometimes followed by words.

“Public behaviour” is the action of an individual or groups of individuals that is available for others to view or know about and that shapes the public discourse or perception of visitors. It occurred in the open for other people to comment on, judge, or ignore, depending on their value judgment of the situation.

“Institutional realities” are those related to taking what has been accepted to be the norm in the society, and have their pedigree through institutionalisation. Sickness is so defined by the authority behind the meaning, and cases are thereafter judged/ analysed/ treated under the institutionalised standard. The issues centring on SCOAN and analysed in the present project were visitors’ realities as expressed by them. A medical report depicted the professional judgment of the person who represented the organisation around issuing it and, to this end, was accepted in the project as presenting the reality of its content.

“Testimony” is the event of sharing experiences among visitors before coming to and after/ during any of the sessions of activity so as to confirm healings and restored health and well-being. A member of SCOAN coordinated the testimony. The sharing of testimony tended to ensure that relevant information was given. There was the option of posing questions by the coordinator, which limited the response of a visitor to specific options and focused on events directly related to their experiences. Focused questions are those that attempt to allow the visitor to give details on their health and well-being before and after the healing, which may have prompted the visitor to search their memories on how long they suffered from the illness and what happened. Open questions, on the other hand, give a visitor the freedom to freely express their experience and, lastly, the coordinator may use leading questions that persuasively direct testimony to the desired path and to ensure omitted pieces are included. The question posed to the participants includes all above mentioned types depending on the case at hand and at the discretion of the interviewer at SCOAN.

The procedure adopted by the present project was to play the sample media content for 2019 and 2020 from the official YouTube of SCOAN and use content analysis by implementing

Atlas.ti.9 to code, then to comment and analyse the frequency of each identified code as related to the objective of the research. The Sunday worship service in the month in question was analysed from the beginning of the video recording to its end and was/ is available to the public. As the visitor presented his or her case, the coding was done by intentionally recording the event as it unfolded so as to relate it to the 50 codes under the 10 group codes in order to determine healing or deliverance at SCOAN. For example, during the pandemic, the visitor introduced himself or herself and the health or wellness issues that needed to be prayed for. A minister gave a brief explanation of the need for faith for healing and then prayed. The visitors considered were of course those who belonged within the ambit of the research problem as stated above.

5.7 Conclusion

A designated place has a salient appeal that make it the visitor's choice. The information about the place might have come from friends, family, or corporate entities, such as marketing agencies. The individual would screen the place to check that it would be as reported or advertised. The purpose of the visits considered in this chapter was healing from ill-health and ensuring better well-being for those who tried other options to no avail. The cost and benefit analysis were done by such visitors based on their level of socio-economic status and non-computable idiosyncratic criteria such as desperation for healing.

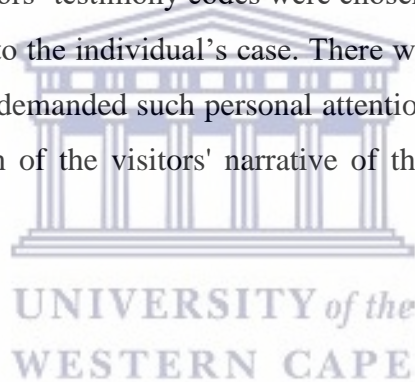
The content analysis used in this study was suitable for handling quantitative and qualitative approaches, given the possibility of it being replicable, verifiable, and predictable as advantages. Additionally, it examined directly statements collected through texts or records to grasp the social dialogue in the texts; it permitted focus on data; and it prevented simplistic assumptions. The use of code meant the results could be statistically analysed to meet a researcher's problem statement.

There is a self-adjusting mechanism in human beings to maintain their survival (made organically of body, soul, and spirit). When an incident of infraction happens to the body, the system shuts down gradually or completely in what is regarded as illness, sickness, and disease, depending on the agent (virus/ bacteria/ accident) which could be biological or non-biological. Therefore, there are physical and spiritual factors that influence health and well-being of visitors who chose to visit SCOAN based on its distinctiveness of the place regarding healing.

Visitors relate with a site and navigate through it in a religious sense through worship in songs, listening to messages/ sermons, praying or being prayed for, and sharing testimonies of their experiences at the site. The testimony creates an authentic personal story based on the visitor's ability to narrate his or her past and their present state of health and well-being. The memories of pain or health are not similar in human beings but unique to each person. A visitor's experience is their story, which embodies all their expected or unexpected experiences at the site.

Healings examined from the visitor population sample occurred in 2019 and 2020 when there were no restrictions on travel and gathering data due to the global coronavirus pandemic and in 2020 and when there was restriction. The three months' worth of sampling each from 2019 and 2020, stretching across the same months, were the data for analysis in this study.

The prayer, prophesy, and visitors' testimony codes were chosen to reveal different needs and were treated as they pertained to the individual's case. There was one-to-one ministration for those whose health challenges demanded such personal attention and observational. The data analysed and the interpretation of the visitors' narrative of their experiences follow in the subsequent chapter, Chapter 6.



Chapter 6

Healing practices and beneficiaries' testimonies at SCOAN

6.1 Introduction

This chapter considers the analysis of data engendered by physical church gatherings in 2019 and online interactive ones in 2020, the latter necessitated by the coronavirus pandemic. The lived experiences or testimonies about healing by visiting SCOAN motivate people to continue to go there. The knowledge and understanding of prophetic ministry in scriptural healing are explained in the present chapter. In addition, the data of visitors with uncommon human habits or cravings who went to the church to meet with Prophet T. B. Joshua and whom he prayed for and those that tuned in on the church online to receive similar services, were analysed. The voluntary and involuntary actions of visitors during the prayer sessions are presented in this chapter. Medically certified patients with positive test results for Covid-19, but prayed for on the *Distance is not a barrier* (DINAB) programme of SCOAN in their online channel is presented in this chapter, too. The characteristics of global visitors to SCOAN is explained as well as Prophet T. B. Joshua's prophecy to the congregants and their confirmation of this. Pseudonyms are used instead of visitors' real names to identify individual's words of self-evaluation of the outcome through deliverance or healing drawn from the testimony shared, prayer involvement, and the morning water mediated healings. The coding of testimonials gleaned from such healing stories is explained in order to assess the outcomes of visits to SCOAN and discuss findings made on the basis of visitors' testimony, on which the chapter will be concluded.

6.2 Operationalize procedure (coding protocol and sheets)

To properly apply content analysis for the evaluation of the extent of healing received by visitors in this case study of SCOAN, codes were designed in order to capture the happiness and welfare index as related to a person seeking or finding a solution to health challenges. The live Sunday services at SCOAN in the period of 7 July to 29 September 2019 and 5 July to 27 September 2020 were selected, as indicated; however, in 2019, the three months selected overlapped in events from one Sunday to the next, as some visitors healed on a particular Sunday would wait till the next Sunday to testify; especially on issues relating to prophecy and morning water service. Video content and text were analysed using ten group codes and 50

further codes to assess the health and well-being of visitors to SCOAN (see Table 5.1 and Table 5.2). Also, codes explanation are under 5.6 and its presentation here is alphabetical based on the software system used, especially Table 6.2, Table 6.3 and Table 6.8a-c.

The categories for analysis were as follows.

- Age
- Continent of origin (Africa, America, Asia, Australia, and Europe)
- Family
- Gender
- Marital status
- Prayer
- Prophecy
- Visitor's testimony

The core categories for evaluation were prayer sessions, prophecy, and visitors' testimony, which would best reflect the visitors' evaluation for the purpose of their visits to SCOAN. The codes in each group were those combined or related to the problem that affected the health and well-being of visitors. Also, irrespective of the number of children that accompanied parents, if the number of children was four, it is counted as a unit, as was the involvement of extended family members for easy coding and data management.

6.3 Data analysis and interpretations

Table 6.1 shows the data gleaned from sampled videos using the content analysis for group codes, which revealed that, out of 296 visitors to SCOAN purposively sampled, 137 (46.3%) lived in African countries (excluding Nigerians). The Nigerians in the sample data were 84 (28.4%) and those outside the continent of Africa 75 (25.3%). Visitors observed in this case study were mainly Africans, where the healthcare system was not on par with developed countries and the national spending was grossly below the 15% of their annual GDP as contained in the Abuja initiative of 2001². There is the awareness of science that one could read into the data to explain population density of Africans at SCOAN. In addition, the African

² The African Union members government in 2001 at a meeting in Abuja agreed to allocate more funds to healthcare delivery of at least 15% of their annual budget to meet the MDGs on health. However, the WHO report on the Abuja Initiative in 2001 shows poor adherence by most countries to this commitment (WHO, 2011:1-4).

religious worldview of causes of and cures for sicknesses or illnesses that medical sciences cannot address, whereas in Africa an event in a person's life is viewed in terms of the interactions of seen and unseen forces, may be a catalyst for such trips to SCOAN.

Table 6.1: Group code of content data from July to September 2019

Date														Total
Group Code*	07/07	14/07	21/07	28/07	04/08	11/08	18/08	25/08	01/09	08/09	15/09	22/09	2/09	
African Countries (except Nigeria)	6	6	10	10	12	13	10	23	8	9	14	4	12	137
Age	3	5	3	1	5	4	9	5	1	2	19	2	1	60
Outside Africa	4	4	9	6	12	6	20	2	1	2	6	1	2	75
Family member inclusive	2	8	7	16	13	11	9	9	6	11	3	2	4	101
Gender	81	132	107	158	16	187	23	5	165	57	128	2	54	1645
Marital Status	34	43	47	26	42	36	48	25	4	62	65	6	8	446
Nigeria Geopolitical Zones	5	7	10	2	4	7	8	9	1	4	10	4	13	84
Prayer session	74	125	91	150	15	185	23	5	162	66	156	5	60	1648
Prophecy	81	133	108	159	16	187	23	6	165	77	158	1	62	1736
Visitors' Testimony	83	132	107	161	16	187	23	7	165	80	159	2	64	1746
Total	373	595	499	689	726	823	1047	730	301	691	687	259	258	7678

Source: Author's computation using scientific software, Atlas.ti 8, used for content analysis.

* The group codes are defined under 5.6

Ease of travelling in terms of the cost of transportation, visa, and accommodation in Nigeria, may favour Africans above those from other continents. Some visitors' countries of origin could not be determined during analysis. For example, it was impossible to know where a visitor came from during mass prayer or an individual who was manifesting evil spirit possession (but a sample was necessary to be included in the study). This accounts for the higher numbers observed around gender in contrast with low numbers related to country of origin.

The age brackets of 18-25, 25-45, 45-60, and above 60 used for coding were complex, as only persons over 60 had their age captured when seeking prayer with a poster or sharing testimony. Many visitors in the sample had no chance to reveal their age and the researcher could not control this. However, the limitation of determining the age of the people did not invalidate the observations within the context used.

Data on extended family who were brothers, sisters, aunts, uncle, grandmothers, and in-laws showed 101 people who participated directly or indirectly in the process. This indicated that health issues were not always a personal motivation for seeking a solution for a sickness. For instance, a thirty-five-year-old man who was deaf in one ear from birth and had lived with it, received a prophecy relating to this problem, although he went to the church to pray that those owing him should pay him. This affected his interaction with people and his family greatly, such that, after his healing, the extended family were there to confirm the challenge that he had around talking with them. A week after his healing, his mother, brother, wife, son, and father in-law were there to corroborate that he was deaf in one ear from birth (EmmanuelTV, 2019f). Also, there were instances of involvement of friends who accompanied sick visitors to seek healing or deliverance for their health and well-being (EmmanuelTV, 2019f; 2019g).

The gender group code reveals that there were 1 645 persons among the visitors who were observable as either female or male. The female visitors constituted the higher percentage, affirming greater female involvement in religious issues when compared with their male counterparts, as has been determined by extant literature; also, that women suffer and report more health issues relating to pain than men (cf. Wayne, 2020). The marital status demography of visitors stood at 445 of those that could be identified from the sample content. I observed that young couples tended to visit together with their spouses, especially if one of them was critically sick and needed assistance to walk. The prayer, prophecy, and visitors' testimony codes varied at 1 648, 1 736 and 1 746, respectively, and will be explained later in the chapter.

Table 6.2: Prayer session content analysis codes data July to September 2019

Date	07/07	14/07	21/07	28/07	04/08	11/08	18/08	25/08	01/09	08/09	15/09	22/09	29/09	Total
Children accompanying parents	1	4	4	13	10	9	9	8	3	9	2	2	2	76
Be healed	29	33	58	111	30	89	46	25	23	78	56	0	0	578
Come out ...	65	74	64	115	114	130	167	88	49	128	115	0	0	1109
Facial expression	14	21	25	26	32	46	33	76	20	14	75	20	60	462
Female	57	87	76	112	127	138	193	127	14	75	60	20	20	1106
I had visited several places	8	10	13	6	13	31	16	12	56	123	112	52	39	491
I thank God/Jesus	43	62	72	123	124	156	195	149	3	17	20	7	17	988

I was on medication before coming	14	9	24	15	27	34	30	30	53	154	130	64	55	639
I'm delivered/M OG deliver me	17	11	29	16	12	27	26	13	9	24	25	12	8	229
I'm healed/free	61	64	54	93	122	154	173	129	11	20	25	0	1	907
Laying on of hands during prayer/deliverance	63	117	84	126	128	151	178	118	60	156	143	64	52	1440
Male	28	48	43	54	48	61	53	44	31	130	120	0	0	660
Morning water related	2	2	3	2	1	0	1	7	22	43	50	11	21	165
Participants in worship	1	0	3	16	20	30	53	34	3	4	1	58	48	271
Praise God/Jesus	1	2	1	3	0	2	3	1	33	22	29	1	2	100
Receive your healing	17	34	18	16	31	32	19	84	0	4	0	0	0	255
Rolling on the ground	35	74	48	104	104	129	166	97	19	53	44	1	0	874
Screaming/talking during prayer/deliverance	46	63	42	85	84	108	138	75	26	113	98	56	11	945
The problem has affected me/family...	6	8	8	11	12	23	12	14	22	92	80	26	2	316
Vomiting substances ...	9	10	9	17	23	33	49	28	2	6	11	2	7	206
Total	517	733	678	1064	1062	1383	1560	1159	33	32	30	396	32	8679

Source: Author's computation using scientific software, Atlas.ti 8, used for content analysis.

** Codes explanation under 5.6 and its presentation here is alphabetical based on software system used,

Table 6.2 above shows that, from 7 July 2019 to 29 September 2019, 76 cases occurred where a child or children accompanied their parents to seek healing or deliverance for a parent, or where the child was sick. In the month of July, there were 22 (28.95%) children, 36 (47.37%) in August, and in September 18 (23.68%) who accompanied parents for health and well-being. Among the sample cases was a young Nigerian girl from Nasarawa State who had a lytic lesion of the bone and had had eight surgeries by the time she was ten years old while, in the last surgery, a broken bone might have resulted in the amputation of her leg. She was accompanied

by her father to SCOAN on the September 8, 2019, received her healing, and was able to walk without any support. She was back a week later with both parents to testify about her healing (EmmanuelTV, 2019j). Also, a Ghanaian boy was with his parents at SCOAN when he received deliverance from a bedwetting problem, as the mother received her own healing of bleeding through the word of prophecy (EmmanuelTV, 2019j). The case of a USA-based woman was different, as she accompanied her 80-year-old mother that had difficulty in walking to visit SCOAN for her healing (EmmanuelTV, 2019g). Also, a middle-aged man brought his mother to the church for healing because she had been in a wheelchair for ten years and desired healing for her (EmmanuelTV, 2019e). During the mass prayer of 18th August 2019, among the visitors was a little girl and a boy who vomited, just as some adults did in the process of being delivered from the root cause of their ill-health (EmmanuelTV, 2019g). The data showed that children could be the reason for visiting SCOAN also in order to accompany a parent for their healing.

The ministers that prayed for the people used words such as “be healed,” “come out you contrary spirit/ demon,” and “receive your healing/ deliverance,” and laid hands on the visitors as the methods of performing healing/ deliverance miracles. The occurrence of the words used in the ministration protocol was 578, 1 109, 255, and 1 440, respectively. A total of 271 participants were identified as having been healed during mass prayer, praise worship sessions, and prophecy sessions (Table 6.1).

The laying on of hands, and touching on the forehead/ head by the minister triggered immediate reactions in some visitors during prayers, thereby causing evil spirit manifestation like falling down/ rolling on the ground, jerking/ screaming/ talking. Evil spirits talking is about an activity done in the host either when being questioned by a minister or on their own volition (e.g., EmmanuelTV, 2019m). A total of 1 440 incidents of such laying on of hands or touching occurred in the three months under consideration, while the 18th of August had 178 and 8th September 156 instances of touching. A few visitors did vomit substances regarded (in SCOAN) as being poisonous, causing the visitors’ health and well-being predicament. The verbalised expression of healing or deliverance received was followed by the visitors saying “Emmanuel, thank you Jesus” and/ or “praise God” or explaining their ordeals before coming to SCOAN for healing to regain their health and well-being. There was a total of 462 facial expression in the analysis for those who were happy or joyful after receiving their healing, which was apparent from their face as against the angry look of those under deliverance when

the evil spirit did manifest anger that showed displeasure about being questioned or asked to depart from the host's body (EmmanuelTV, 2019a-2019m).

The morning-water related variable of 165 was for visitors' healing or deliverance that had to do with the living water service or spraying of morning water to achieve the same result. An example was a Ghanaian businessman who claimed his life was transformed after using the water on himself and, consequently, an opening of business sites that led to breakthroughs for him and his family (EmmanuelTV, 2019c). Also, there were those who received instant healing, as shown in the content videos under review, through praying at the mountain of prayer altar and drinking/ administering water fetched from the faucets behind the altar at the SCOAN (see, for instance, EmmanuelTV, 2019m). It was observed that the living water service took place on Mondays at noon. The incorporation of the water within the precinct of the church meant less movement and ability to manage the crowd better in contrast with the former site (see Johnson, 2018:289-294). The living water service commenced with Prophet T B Joshua instructing the visitors on the procedure to be observed (including genuine repentance before going to the altar to pray, rolling, or lying at the top of the mountain of prayer altar – first, at the base, and second, at the top; and then to pray, then to fetch water from a set of faucets. He usually led the way to demonstrate to visitors what he had told them about earlier in his admonition. Visitors could be seen bringing along pictures or documents to pray over at the 1st-base altar with the expectation that their desired purpose would be satisfied through such acts (EmmanuelTV, 2019m).

A notable example of such testimonies at the morning water service was a Ghanaian senior lecturer, a former director of procurement and logistics at the Ghana Ministry of Finance who had an illness in the anus that he could not sit or use the toilet with ease for two years. He was healed at the top of the mountain, and he rejoiced, crying that he was healed after several failed efforts at a medical cure (EmmanuelTV, 2019m). Also, there were many cases of those with walking difficulty due to assorted spondylolysis who abandoned their lumbar corsets or braces after healing. Additionally, there were the cases of a Zambian woman healed from a stiff neck and Ms Maima healed of difficulty in walking – she came from Tanzania to be healed. A man vomited poisonous substances due to a liver problem and urinated coloured liquid. Prophet T. B. Joshua told him he would urinate the poison out after getting to the mountain. He was able to confirm that the prophecy came to pass for him. A kidney problem was healed as the man cried; he was healed from a swollen stomach. A woman told by doctors in two different places

– in India and the US – that she needed knee replacements was healed instantly at the mountain. Another man with a swollen stomach was healed and was able to urinate out the poison believed responsible or linked to it; 12 years of pneumonia and sinus sickness were healed in a man, and a Malawian woman was healed from weakness of the body. A Kenyan woman suffering from fibroids for over seven years noticed that, after praying at the mountain of prayer, she felt like vomiting, and eventually puked out what she believed was responsible for her problem (EmmanuelTV, 2019m).

Two women gave testimony of having seen supernatural beings at the living water service (altar); one claimed to have seen Christ there, who showed her his hands with the nail prints and asked if she now believed that he (Christ Jesus) was real. She had many doubts about miracles in SCOAN. She instantly recalled that all her doubts vanished, and she testified that the miracles there were real. The second lady was at SCOAN for healing from suicidal thoughts and traumatic depression due to the bereavement of her parents and loss of a job as a cabin crew member. She claimed to have seen an angelic being that was placing his hand on the head of the people praying at the altar in a fast sequence, which resulted in their healing (EmmanuelTV, 2019k).

The visitors' testimony was important, as it revealed the outcomes of their visit to SCOAN for health and well-being. Table 6.3 depicts the variable codes used to capture these testimonies. Visitors that had visited other places before coming to SCOAN for healing, be these of a medical, herbalist, or religious nature, were 408, and those who were using medication before coming to the church 674, while 204 had stopped using such medication after receiving their healing on their own. That is, some of the visitors cast aside their lumbar corsets, neck braces, knee and leg socks/ braces, crutches, as they were healed instantly. Those who attended the SCOAN did so for a change in their health and well-being in view of their predicament, and many therefore uttered words that have the meaning of “I have suffered...” or “the problem has affected my well-being” –these occurred 187 and 122 times in visitors' expressions, respectively. On 133 occasions visitors expressed that “things are better now” for them in life after coming to SCOAN, given the challenges that caused them to visit the place.

Dr Nduduni and family testified that their son had glaucoma and had seen specialists but was given prescribed eyeglasses to use and booked for surgery. A day before the surgery they had been to SCOAN where he was prayed for and the following day the hospital found nothing wrong with the eyes. A medical report was brought along to show the condition of the eyes

before and after prayer (EmmanuelTV, 2019e). There seemed to be at least six to 12 months between the time the boy was prayed for and when his full testimony was shared. Similarly, a Cameroonian young lady who resided in Kuwait testified that, when she was 18 years old, her doctor reported that she needed to constantly wear glasses as she had a refractive error. However, she was healed at the morning water service at the age of 31. She narrated that she had been attacked in the eyes in a dream at age five, which manifested physically. Her medical report, done in May 2019, indicated her eyesight to be normal, which overrode the one done when she was 18 years old (EmmanuelTV, 2019a).

Additionally, a military officer from the US was healed during prayer around difficulty in walking caused by a parachute mishap (it collapsed) while on duty, leading to severe injuries during the landing. Similarly, a soldier involved in an accident leading to a fracture of the right femur was healed at the prayer line and did march afterwards such as abandoning, on parade, the two crutches he came with initially (EmmanuelTV, 2019e).

Ms Bennie from Canada and her two children were having bedwetting problems. In addition, she suffered from a spirit-husband attack, that is, an experience in which a demonic being engages in sexual relationship with a person at night. She was delivered, together with her children (a boy and a girl) and her mother. So, it was a three-generations bedwetting affliction that was healed (EmmanuelTV, 2019g).

A university professor from Zambia with a hearing problem that had been lasting for ten years was healed during prayer and shed tears of joy as he testified to the miracle of healing. There was a 31-year-old woman with endometritis, pelvic inflammatory disease, an ovarian cyst, and bleeding through the navel--over two years' worth of health predicaments--who received her healing.

A woman from the UK who was sacked from her place of work due to a false allegation, testified that she got hold of the living morning water and used it, leading to inspiration to start a business from her garage. She claimed that, by the grace of God, her business was doing well and some of the people responsible for her sacking were working for her. Her message was that she had to forgive and heard a word that said: "Why don't you work for yourself?" This inspired her to step out and start her business. She said: "My breakthrough was from forgiveness and being obedient to the voice of God [together] with the application of the living water" (EmmanuelTV, 2019m).

Table 6.3: Data centred on visitors' testimony codes – July to September 2019

Date	July 7 Gr=91	July 14 Gr=145	July 21 Gr=116	July 28 Gr=166	Aug 4 Gr=166	Aug 11 Gr=193	Aug 18 Gr=244	Aug 25 Gr=172	Sept 1 Gr=90	Sept 8 Gr=168	Sept 15 Gr=	Sept 22 Gr=68	Sept 29 Gr=67	Total
Code#														
Children accompanying parents	1	4	4	13	10	9	9	8	3	9	2	2	2	76
Emmanuel	3	1	3	5	4	7	4	8	1	3	3	0	2	44
Extended family involved	1	4	4	4	3	3	2	1	3	2	1	0	2	30
Facial expression	14	21	25	26	32	46	33	76	14	75	60	20	20	462
Female	57	87	76	112	127	138	193	127	56	123	112	52	39	1299
I confirm the prophecy to be true	17	11	29	16	5	9	9	19	10	1	7	0	2	135
I had visited several places...	61	64	54	93	13	31	16	12	3	17	20	7	17	408
I have suffered...	9	9	9	11	5	8	4	24	6	29	30	8	35	187
I no longer use medication	8	10	13	6	27	34	30	30	3	22	8	4	9	204
I thank God/Jesus	15	6	20	19	12	27	26	13	53	154	130	64	55	594
I was on medication before coming...	8	4	4	2	122	154	173	129	9	24	25	12	8	674
I'm delivered/ deliver me	14	9	24	15	11	26	10	24	11	20	25	0	1	190
I'm now healed/free	46	63	42	85	128	151	178	118	60	156	143	64	52	1286
Laying on of hands during prayer	63	117	84	126	48	61	53	44	31	130	120	0	0	877
Male	28	48	43	54	39	34	44	24	22	43	50	11	21	461
Married	29	36	45	26	1	0	1	0	4	59	61	6	8	276
Mediated media	0	1	0	1	1	0	1	7	0	0	0	0	0	11
Morning water related	2	2	3	2	20	30	53	34	3	4	1	58	48	260
Participants in worship	1	0	3	16	0	2	3	1	33	22	29	1	2	113
Praise God/Jesus	1	2	1	3	31	32	19	84	0	4	0	0	0	177
Receive your healing	17	34	18	16	104	129	166	97	19	53	44	1	0	698
Rolling on the ground	35	74	48	104	84	108	138	75	26	113	98	56	11	970
Screaming/talking during prayer/deliverance	43	62	72	123	124	156	195	149	22	92	80	26	2	1146
The problem have affected my well-being	6	8	8	11	12	23	12	14	2	6	11	2	7	122
Things are better now	5	8	8	9	7	9	7	10	2	7	4	4	33	113
Vomiting substances during prayer time	9	10	9	17	23	33	49	28	33	32	30	28	32	333
Where/Who/There is...	9	9	11	13	7	10	9	18	5	0	7	0	2	100
Total	502	704	660	928	1000	1270	1437	1174	434	1200	1101	426	410	11246

Source: Author's computation using scientific software, Atlas.ti 8, used for content analysis.

Codes explanation under 5.6 and its presentation here is alphabetical based on the software system used.

The greeting/ salutation observed in SCOAN is “Emmanuel,” which was used 44 times by visitors giving testimony during the services (Table 6.3). The Prophet T. B. Joshua created greeting cards that had the same word printed on them, and these were shared with visitors to be used as mediated media. This means that it might have a deeper meaning in SCOAN than the usual Biblical interpretation of “God with us.”

Table 6.3 shows testimonies related to mediated media of those who received healings using branded T-shirts, wrist bands, stickers, and good morning cards. A total of 11 people testified to this effect. Two cases were very significant: the first was a SCOAN member who had received a branded T-shirt from the church and later sent it to her elder sister who was having difficulty in labour at the hospital. It was reported that the pregnant woman just wore the T-shirt and prayed, and thereafter her birth labour was progressive, and she later delivered with ease. The baby was brought to the service as evidence by the mother, together with a grandmother and mother’s sister. The grandmother and sister accompanying the testifier was a fact that reflected extended family involvement in the search for healings as a factor in health and well-being (EmmanuelTV, 2019b). The second testimony was that of a woman who gave birth through caesarean section, but the surgery left her with chronic pains and pus coming out her body. She was given the SCOAN’s sticker by a neighbour. She placed the object on her belly to offer prayers for healing and according to her, a person appeared to her in a dream, who informed her to go back to the hospital as they had left something inside her abdomen. The following morning, she went to the hospital for the dressing of the wounds but the nurse attending to her noticed a string-like gauze sponge protruding from her. So, her pains were due to a gossypiboma/ cottoniod which was removed, and she was thereby healed. The family acknowledged the mediated object to have relevance to the process of discovering the root cause of her problem, which was medical negligence that could have led to her death (EmmanuelTV, 2019e).

Visitors, while giving testimonies, used the code “Praise God/ Jesus,” and the count stands at 177 for the three months in the sample content, while “Thank you Jesus/ I thank you Jesus)” occurred 594 times (see Table 6.3), expressing gratitude to God for the healing/ deliverance received by the visitors. However, in prayer sessions, the visitors used the words “Thank you, Jesus,” 988 times and “Praise God/ Jesus” 100 times (Table 6.3). The disparity in the frequency between the prayer and testimony was that some visitors might have found “Thank you Jesus” easier than “Praise God/ Jesus” and, during prayers, healing time for a visitor was filmed only

briefly. This did not invalidate the code of “Praise God/ Jesus” in any way, as it was still part of an expression of gratitude acceptable in Christian circles, which was adequately used at SCOAN too.

Declaration of prophecy during the period of study showed a total frequency of 100, whereas the visitors’ confirmation showed 135 occurrences. I observed that visits centred on affirming that which had been prophesied on them was not restricted to the three months, and prophecy may have affected more than one person. Also, the prophecy of the Prophet T. B. Joshua came toward the end of the Sunday service while praying or leading the congregants in prayers, but a visitor might have attended the service of the next day to share healing received based on prophecy (Table 6.3).

Furthermore, Table 6.3 reflects that over 300 visitors puked during praise worship, prayer, and deliverance in the sample data of July to September 2019. The tendency to vomit was an uncontrollable act whenever it happened at SCOAN; the people had no control to stop or delay it. The ministers did command such vomiting from the visitor in accordance with the necessity for their complete deliverance. At SCOAN, the substance that visitors vomited was regarded as poisonous and was viewed to be causing the sickness or the channel used by evil spirits to establish its presence in the host’s body.



Figure 6.1: The number of views on YouTube of SCOAN’s channel EmmanuelTV

The number of viewers of the events happening at SCOAN on YouTube Emmanuel TV channel stood at 500 000 000 as on August 25, 2019 (see Figure 6.1), which means the church was frequently viewed. This also means that the popularity of the Prophet T. B. Joshua was growing exponentially.

The prophecy of T. B. Joshua from the data used reflects that there were some confirmed by those who believed such prophesy related to them, because he normally would not mention names but cases. Sometimes, he picked visitors out from the congregation and prophesied about their challenges; he might ask them to see him after the service or pray for them right there.

Table 6.4: Prophecy and its confirmation from July to August 2019

Date	14 July	21 July	28 July	7 July	Total
Codes	*Gr=145	Gr=116	Gr=166	Gr=91	
I confirmed the prophecy...Gr=38	9	9	11	9	38
Where/who/There is ...? Gr=42	9	11	13	9	42
Total	18	20	24	18	80
Code/Date	4 Aug 2019	11 Aug 2019	18 Aug 2019	25 Aug 2019	Total
	Gr=166	Gr=193	Gr=244	Gr=172	
I confirmed the prophecy...Gr=44	5	9	9	19	42
Where/who/there is...? Gr=44	7	10	9	18	44
Total	12	19	18	37	86

Source: Author's computation using scientific software, Atlas.ti 8, used for content analysis

*Gr is groundedness index that shows the frequency of codes quotation in the data.

Table 6.4 above shows that, in the month of July 2019, out of the 42 prophecies given, only 38 were confirmed immediately. I observed that one of two of the prophecies not confirmed was that in which Prophet T. B. Joshua claimed that a lady was involved in a cult and armed robbery, serving a gang by tracing who to rob. The other involved a man who had the property of his deceased friend under care but ought to have given it back to the children of his late friend rather than claiming it for himself. In August of the same year, 42 of 44 prophecies were confirmed by visitors.

Table 6.5 shows that, in September 2019, there were five Sundays, while there were 20 confirmed prophecies of which 14 were given by Prophet T, B, Joshua. The disparity in the number of visitors that gave testimonies was that few of the prophecy was from previous months, when those involved were unable to confirm it or come out then when the prophecy was declared by Prophet T. B. Joshua (Table 6.5). The groundedness index (Gr), which reflects

the frequency of quotational code for the period, were 90, 168, 157, 68, and 67 respectively for the five weeks of September 2019.

Table 6.5: Prophecy and its confirmation for September 2019

Date	1 Sept 2019 Gr=90	8 Sept 2019 Gr=168	15 Sept 2019 Gr=157	22 Sept 2019 Gr=68	29 Sept 2019 Gr=67	Total
Code						
I confirmed the prophecy... Gr=18	10	1	7	0	2	20
Where/Who/ There is...? Gr=12	5	0	7	0	2	14
Total	15	1	14	0	4	34

Source: Author's computation by using scientific software, Atlas.ti 8, used for content analysis.

Prophet T. B. Joshua's ability to give the word of knowledge or prophecy during service in the months under consideration was a personal experience for individuals who were in SCOAN. For instance, he gave the word of knowledge that there was a woman who had left her husband and was presently in her mother's house. She had left some of her belongings behind in her marital home, and she wanted to know if she was with the right man. A woman came out to confirm the prophecy. The following week, the husband was in the service to narrate their marital issues and, after reconciliation, she publicly asked for her wedding ring she had left as a breakup sign for her husband (EmmanuelTV, 2019h). Similarly, Prophet T. B. Joshua gave prophecy about a woman with a blocked private part that only functioned for urination; she occasionally had sex in her dreams and had been to the doctor with no solution. A woman came out and he prayed for her to be healed, told her go to the restroom to check herself, as she has been healed. She went and urinated and a coloured substance out. A week later she was at the service with her husband to confirm that her tube was open. They were hopeful that the problem hindering her from having children was removed, and soon would be expectant parents (EmmanuelTV, 2019f; 2019g).

Examples of prophecies or words of knowledge confirmed by visitors to Prophet T. B. Joshua can be summarised as follows.

- A man came out to confirm that he had a man spirit and did not love his wife as he should have in accordance with declaration by Prophet T. B. Joshua. He said his wife was not aware of his preference, and his elder sister, who was in the church at that time, came out

to reaffirm the prophecy to be true (that is, the extended family was involved). He had a boy, and the son was not his.

- A woman came out who was wearing beads and confirmed the prophecy that, since she had bought the beads, she had an urge to follow men and an insatiable sexual desire.
- A woman from Botswana claimed to be a person having blood flow, although not her menstruation period as prophesied.
- A man from China claimed that he had attempted suicide thrice and he had a family problem, as had in fact been declared by Prophet T. B. Joshua. He was in SCOAN with his wife and daughter.
- An Angolan woman with a medical report confirmed she had multiple fibroids (three inside and outside the womb) as prophesied.
- A woman from Scotland who was booked for operations in Lagos and another in the UK on 18th September 2019 confirmed it with documents relating to the prophecy.
- A man from Kano, Nigeria, claimed he had a charm inside the wardrobe, who had removed it from under the bed but tired of keeping up with the rituals required. The content of the fetish pot (*igba ifa*) required periodic blood sacrifice for its renewal, but he was not willing to continue with it, as had in fact been identified by his ordeals prophesied by Prophet T. B. Joshua affirmed the prophecy and sought assistance to be free from the prophet.
- A man from Delta State, Nigeria, felt pain in his anus after an encounter with a man in Onitsha, but vomited during the prayer session and testified that he was healed from the pain.
- A woman suffering from chest pain and an ulcer in the preceding three years and no menstruation for two years received her healing as she was prayed for after coming out to confirm a related prophecy.
- A woman from Adamawa state, Nigeria, confirmed a prophecy of a woman bleeding while inside in the church and that it related to her, as she was bleeding at the time even though it was not her cycle.

- Another woman (a nurse from Anambra State, Nigeria) was struggling to raise her 14-year-old boy since her husband had left home; she did not know how to trace him. Although she sensed something was wrong about him from their courtship before wedding, he was mysterious in behaviour. She had a troubled life raising the boy alone. She affirmed the prophecy given in connection to her plight.
- An elderly man from Nnewi, Nigeria, who had bed wetted for seven years after the death of his wife, cried out for help when the prophet gave the prophecy related to his plight, to confirm it was true to his life experiences.
- A man trying to escape from a cult affirmed the prophecy given to this effect by Prophet T. B. Joshua during one of the services.
- A young man who had used an occult book that was linked to his experience of mental disorder occasionally confirmed Prophet T. B. Joshua's words of knowledge. He pleaded with the prophet to free him free from the mental illness, and his request was granted.
- A young lady confirmed a prophecy that she had bed wetted the previous night to be true as it related to her life, and that she had suffered severely from bedwetting in the past.
- A man with erectile dysfunction could not satisfy his wife, although he used pills to get an erection. However, he was without any erection problems when he was with elderly women in extramarital relationships, as had been revealed in prophecy. The wife came out to affirmed that her husband uses pills for their sexual intimacy which confirmed the prophecy again.

The confirmation of prophecy served as evidence of the gifts of the Spirit in the prophet to those who visit or watch the channel that airs SCOAN's activities and to advertise healing for health and well-being with those who are under life challenges that baffles medical solution (Emmanuel, 2019a-2019m).

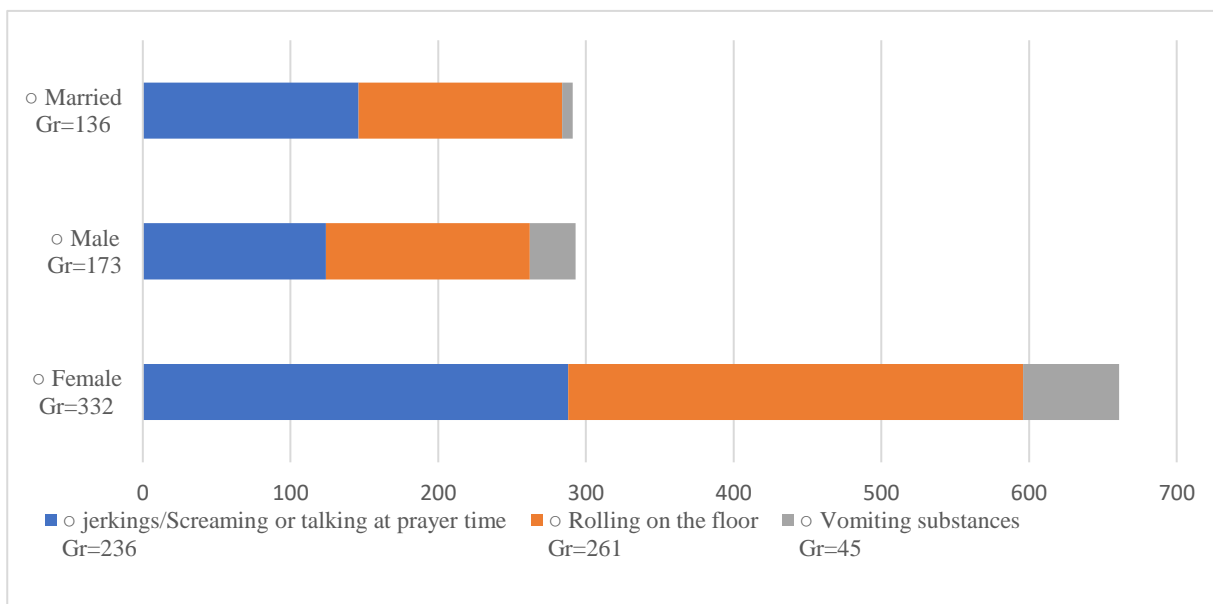


Figure 6.2: Involuntary reaction during prayer sessions

Source: Author’s computation using sample content data with scientific software, Atlas.ti 8, for content analysis.

Figure 6.2 reflects the extent of involuntary reactions that occurred during prayer sessions, depicting that people could not control the actions that happened to them. A total of 136 married individuals vomited, fell down/ rolled on the ground. Male visitors with involuntary reactions totalled 173 and females 332. The number of times the quotation appeared in the analysis (groundedness – [Gr]) for jerking/ screaming/ talking during prayer was 236, which means this was the number of occurrences of visitors manifesting the presence of evil spirit invasions inside their body. As observed from the sample content videos used, most of the visitors were ignorant that such evil spirits were in them. Those who were married, for instance, did not recognise their partner during the moment of deliverance or denied knowing them but, the instant the evil spirit was cast out, they immediately hugged their husband/ wife adorably. For instance, those with spiritual partners (a spirit husband or wife) would not acknowledge the physical relationship and claimed that it blocked the host’s business or ruined their career. The reaction of falling or rolling on the ground happened when it seemed the evil spirit was about to depart from the host and the movement could not be managed/ controlled by the individual involved. The vomiting reaction was highly involuntary that people puked on the spot; it was not possible to go out to the restroom. I observed that people did not vomit food substances during this period, but substances regarded as being responsible for their problem. The involuntary reaction showed that the desire for health and well-being was a “taskmaster,” so

that those who were well-dressed just puked on the spot or rolled on the ground without paying any attention to the possibility of their clothing being dirtied in the process.

The health challenges of visitors to SCOAN were diverse and some seemed illogical when viewed in the light of the advancement of medical sciences. The few cases unpacked briefly below centre on pains or trauma visitors and their loved ones experienced before their visit and the joy about spiritual healings expressed afterwards.

- i. Strange addiction: a lady addicted to eating anthill soil for ten years, also another young woman addicted to eating raw meat, while raw rice was the addiction of another woman seeking a solution. Unfortunately, medical science/ medicine in their respective countries could not treat or cure these weird addictions. The observed cases were resolved under three minutes by casting out the evil spirits responsible and the visitors were able to eat cooked food which they had found disgusting before their healing, but then ate with delight (EmmanuelTV, 2019g; 2019j).
- ii. Insomnia for two years: the wife of a couple from Cross River State, Nigeria, suffered for two years from an inability to sleep for more than five minutes, though she had tried medical treatment and indigenous remedies to no avail. During the prayer, an evil spirit claimed to be responsible for her predicament and to have prevented her from having children in her marriage. It was very violent spirit but eventually the demon was cast out and the woman was able to sleep for over 10 immediately the deliverance. (EmmanuelTV, 2019h).
- iii. Spirit husband/ wife: the occurrence of sexual intimacy with a known or unknown personality in dreams tends to be different from what is known as a “wet dream” (the medical term is nocturnal emission). In medical circles, a wet dream is nature sorting itself out within a person (female or male); it cannot be controlled or stopped, and medical personnel think people should not be embarrassed about having wet dreams (see Fletcher, 2020). However, the activity of a spirit husband/ wife is beyond relieving oneself, as revealed during prayer sessions when the evil spirit claimed to be the one frustrating their hosts’ lives, marriages, and careers, blocking them from having earthly children, and draining them of their virtues (see Olukoya, 2012:26; 2011a:15-25); some of the visitors with these experiences were prayed over for their deliverance (EmmanuelTV, 2019a - 2019m).

- iv. Dog/marine spirits: they cause prostitution or insatiable sexual desire leading to infidelity and are root causes for people eloping from home as observed in manifestations and speeches. A South African man suffering from stroke, epilepsy, and daily dreaming of dead people according to his wife, was found to be under the torment of an evil spirit. The wife looked surprised when an evil spirit manifested in her husband and confessed activity in him (EmmanuelTV, 2019b-2019j).
- v. Witchcraft case: a widow was accused of being a witch by her children and some in the community. It was alleged that she caused her husband's death, a son's child's death, and other mysterious events in their extended family (cf Sahara Reporters, 2021; Igwe, 2020; Brown, 2011). The community were bent on killing her, but a local pastor in the nearby town got involved and brought her and some elders and her children to SCOAN, asking the Prophet to determine her spiritual status (the community wrote a letter to the intent of sending the entourage to Lagos). However, the Prophet told her people the woman was not a witch and gave them further information to dispel their fears. Eventually, the children apologised, and reunion was found, the prophet leading the reconciliation (EmmanuelTV, 2019e).
- vi. Family reunion: a wife left her matrimonial home due to a confused mind, also leaving her wedding rings. She received a prophecy that singled her out and later was reunited with the husband and pleaded for her ring (EmmanuelTV, 2019h).

Some visitors had challenges that threatened their health and well-being but these could not be medically treated. Some of these instances are briefly discussed below.

A Ghanaian lady, an environmentalist officer with the customs service in her country, had health challenges that caused her stomach and leg to be swollen (due to a liver problem and multiple fibroids). The hospitals she tried could not help her and the indigenous priest's interventions were to no avail. However, as she was at the church, the Prophet laid hands on her, and she fell during the prayer session and later urinated fouled liquid out in her hostel room. She was healed, and a few months after her initial visit to SCOAN came to testify that her healing was still in place, that she was doing well in her duty; she had clear evidence of her situation before and after the prayers (EmmanuelTV, 2019f). A Nigerian woman from Anambra State (in the south-east of Nigeria) had a swollen belly due to multiple fibroids for

four years and the evil spirit behind it, which manifested during prayers, was cast out to set her free (EmmanuelTV, 2019f).

Asthmatic cases can be highlighted here for the reason of their level of severity, as the visitors were using breathing machines when they visited the church. However, after the prayer/deliverance, they stopped using the machines. For example, a Zimbabwean woman with difficulty in breathing was healed as the evil spirit behind it was cast out in Jesus Christ's name. A Filipino man from Canada had sleep apnoea for over 20 years and was using breathing kits. He was healed after vomiting out substances believed to have caused his ill-health. In addition, a lady from Hong Kong was healed of a breathing problem that had been lasting for six years and she had been bleeding from the nose. Her case was mentioned on August 11, 2019, as part of the prophecies for the day. She came out to confirm that the doctors in her country could not help her and that this was reason for her visit to SCOAN (EmmanuelTV, 2019a; 2019e; 2019f; 2019h).

Hair loss (androgenic alopecia) issues that undermined the well-being of visitors to SCOAN were addressed, too. For example, during a mass prayer, a woman from Rivers State who had hair loss in addition to arthritis and walking with difficulty (using a lumbar corset and knee braces) in addition to bad dreams and diabetes was prayed for by one of the ministers at SCOAN. Afterwards she claimed to be healed, narrating in joyful tears that the multiple health challenges had affected her family duties and spiritual life negatively. Although the hair could not be seen growing back immediately, it was believed that, since the associated root cause had been dealt with, this would follow in time (EmmanuelTV, 2019f). A 55-year-old woman suffered from walking difficulty due to arthritis (and used a knee brace), cervical spondylosis, hypertension, evil attacks, and alopecia (loss of hair) for three years, which led to her visit to SCOAN for healing. As she had been preparing to come to Lagos, two days prior to her departure, she fell and sprained her ankle; however, she made the trip. As she was prayed for, the evil spirit manifested declared that his name was "the giant man." The spirit claimed to be responsible for her health predicaments because she was refusing to be a witch doctor; he had caused her marriage to collapse, and every year introduced sicknesses into her body. After prayers, she was able to walk without any medical support (EmmanuelTV, 2019k).

Ms Janet, a Ghanaian woman who suffered for 12 years from difficulty in walking due to lumber spondylosis, also had hypertension, disc disease, and canal stenosis necessitating a corset (for the neck and lumber). This had seriously affected her life as she relied on others to

do things around the home. She could not sleep well and had been on and off work with several hospital visits. She praised God for her healing after prayers offered for her (EmmanuelTV, 2019k).

There are people with eye problems who were healed at SCOAN. A young lady with a sight problem was healed by applying the living water on her eyes. Due to the severity of the eye problem, she was using prescription spectacles meant for the elderly. After the application of the water, she claimed she could see clearly without the spectacles. She abandoned the eyeglasses and could see and read unhindered. Similarly, there was a couple who went to SCOAN where prayer was offered for their son. He was booked for surgery but was healed a day before. The father, a medical doctor, claimed that tests conducted on his son after the prayer at SCOAN showed that his eyesight was perfect as if there had never been a problem in the first place. (EmmanuelTV, 2019a; 2019e). There were other cases of instant restoration of eyesight as claimed by visitors during various ministrations at SCOAN.

The living water service is another time for healings for the visitors to SCOAN. A lady from southern Africa (Namibia) with the health and well-being challenge of uncontrollable urination, which she had suffered from for 23 years, the last three years of which were the worst, where it happened in public places, affecting her social relationships, heard a snake hissing noise in her ears, and suffered from boot from spirit husband attacks and a bloated belly. Additionally, she had received no promotion for 13 years in her place of work as a sales consultant. The evil spirit responsible manifested and she urinated on herself at the place of prayer and vomited out what may likely have been the evil deposit in her body at the altar. However, she testified a week after her healing with great gratitude to God of her restored health and well-being. If the delay in promotion was due to the cast-out demon, it would be a matter of time before it happened (EmmanuelTV, 2019a).

There is an inconspicuous operation of evil spirits of territoriality in humans and inhuman entities. The evil spirit is always in contention for control of their territories or hosts' lives (cf. Wagner, 2009; 1998; Matthew 4: 5-9). The people who visited the SCOAN were found to fit into two broad categories, those who in search for healing on their health problems and those seeking success in life endeavours (the usual term is a "breakthrough" in the AICS & APCCs, while some scholars call it the "prosperity gospel"). There were a few people among the visitors with health problems and a desire for success in their career or family lives that had eluded them despite working hard. The visitors had some evil spirit working against them, as

evidenced during the sessions of prayer and deliverance. The observed origin of the predicaments of the people as reflected in the content data could be labelled as centring on the ancestral, nativity, names, initiation ceremonies, marriage, sexual intimacy, profession/vocation and enchanted/ dedicated.

For instance, there were those dedicated to or initiated by ancestral spirits at infancy which as worshipped by their forefathers or fathers/ mothers. However, as an adult who embraced Christianity, the child host might not be willing to continue with the worship of the ancestors. In jealousy or anger, the spirit behind the ancestral worship would bring affliction on the host in the hope of making them change their mind. There were those for whom the doors of their lives were open to the ancestral spirit by grandparents/ parents and in-laws. The nativity issue relates to the place of birth, as some do have community idols that indigenes of the community must worship, and the spirit idol manifested in a few visitors.

According to what was confessed by the evil spirits during prayer and deliverance ministrations, the priest of the idols afflicted people with diseases or misfortune. For example, a woman from southern Africa had health problems that made her visit SCOAN. During deliverance prayer, the evil spirit claimed the host was afflicted with sickness because of her refusal to be a herbalist (*sangoma*) in order to inherit what her mother and grandmother had practised, while it was her turn to continue in their stead.

In Africa, given names are the product of custom and circumstance of the birth or the disposition of parents at the point of the birth of a child. There was the case where the evil spirit claimed an individual bore his name, so he had rights to the person. There are root names linked to idolatry of past generations in many families in Africa and the trend continues today. It is such names that open the door for idols to invade the life of, and attempt to operate in, the person. When there is voluntary action by the host to do anything contrary to the comfort of the indwelling spirit, the consequence is to afflict or trouble the person in the expectation of making the individual back down and stop action that the evil spirit/ idol does not wish to tolerate. Initiation ceremonies in some communities do create open doors for invasion for evil spirits to enter people and grow along with them. A similar reaction to the named idol is what happens with those with an initiation spirit that causes affliction for the host for upholding the religious rites expected from new Christians.

The evil spirit that trouble married individuals could be caused by envious previous partners using enchantment/ charms to afflict the separated partners or the spouses whom they marry. Indigenous marriage ceremonies that involved rituals might have been the route of afflictions on those who visited SCOAN, and the evil spirit claimed that he entered through marriage. Also, the door for invasion of evil spirits that troubled the health or well-being of visitors were opened by the action of in-laws using a fetish medium or other medium to afflict a spouse married to their child, for example a mother-in-law thinking that the son would neglect her or who dislikes of the daughter-in-law. People who might have been with those occupied by the evil spirit of sexual disposition tends to transfer the spirit. A lady who was delivered from a “dog” spirit in her confessed that all her sexual partners were given sicknesses, and the lady who bought and used enchanted waist beads also testified that the same fate befell the men whom she had related with sexually. Those in the security-related workforce, politicians, and sex workers tend to visit native doctors (herbalists) for protection charms that may be the door to evil spirit possession (EmmanuelTV, 2019b; 2019f; 2019g; 2019h).

6.4 Data analysis and findings based on responses in the “Distance is not a barrier” (DINAB) online prayer

This section reflects a period during which the Covid-19 pandemic was prevalent in the world, affecting many people, so that travelling across many countries were suspended to curb the spread of the disease. As a result, people resorted to online churches for worship and SCOAN used the medium to deliberately minister to online visitors. Old and New Testament principles were followed under these interactive prayer sessions – centred on Psalms 107:20, Matthew 8:8 and Luke 7:7. This is one of the reasons that media communication is used to propagate the gospel and reach beyond borders.

Table 6.6 shows the countries of participants in the SCOAN’s DINAB interactive prayers from the month of July to September 2020, when the Covid-19 pandemic was still prevalent, and traveling restrictions were imposed on the global community. In the month of July, out of the 99 sampled participants, 28 came from other African countries and none from Nigeria, while 71 came from others continent outside Africa.

A similar pattern of participants in the DINAB could be observed for the month of August and September, pointing to more people from other nations seeking divine healing. There were 71 visitors from Africa in August and 36 in September, out of 157 and 86, respectively. Intuitively, more Africans sought spiritual healing/ deliverance from SCOAN than others where modern

medical facilities were well developed and accessible, though it seems that those from the Global North had been to the hospitals in their respective countries without any meaningful solution, implying that their health and well-being were not good enough given their lived experiences and stories. Nigerians tended to be fewer among those seeking healing from SCOAN, given the observed data, and this has been since there were other churches that could render similar spiritual help.

Table 6.6: Data for visitors' geographical spread in July to September 2020

Location	African Countries Gr=135; GS=4	Continent outside Africa/ countries Gr=202; GS=5	Nigeria's geopolitical Zones Gr=5; GS=6	Total
Date				
July 5 2020 Gr=10	4	4	0	8
July 12 2020 Gr=12	2	8	0	10
July 19 2020 Gr=30	7	23	0	30
July 26 2020 Gr=54	15	36	0	51
Total	28	71	0	99
Aug 2 2020 Gr=3	0	1	0	1
Aug 9 2020 Gr=66	35	27	3	65
Aug 16 2020 Gr=43	18	24	0	42
Aug 23 2020 Gr=50	18	30	0	48
Aug 30 2020 Gr=2	0	1	0	1
Total	71	83	3	157
Sept 6 2020 Gr=1	0	0	0	0
Sept 13 2020 Gr=55	18	31	0	49
Sept 20 2020 Gr=1	0	0	0	0
Sept 27 2020 Gr=40	18	17	2	37
Total	36	48	2	86

Source: Author's computation using scientific software, Atlas.ti.9

However, the groundedness index (Gr), which indicates how many quotations were linked to a code, showed that participants from outside Africa had a higher number, of 202, while those from Africa outside Nigeria numbered 135 and those of Nigeria, five. It was equally observed that most participants in Africa came with their family members, more so than those from other continents. The reason for this could have been the cultural pattern of having a large family which is considered to be a measure of wealth or affluence in Africa.

Table 6.7 above depicts the observed bio-social demography of participants in DINAB for the study period. There were only 18 quotations for the age group codes, 69 for family members inclusively, 346 for gender, and 133 for marital status, respectively. People who participated in the sessions did not talk about their age, sexual orientations/ preferences, and marital status. The number used centred on those who mentioned these during the interactive session while explaining their health problems or testimonies. Out of a total 564 participants who could give

details of their bio-social demography, 168 were involved in the prayer session in July, 258 in August, and 138 in September 2020. It should be noted that August 2020 contained five weeks as against four in the other months.

Table 6.7 Bio-social group codes data of DINAB participants July to September 2020

Bio-social	Age Gr=18; GS=4	Family members inclusive Gr=69; GS=2	Gender Gr=346; GS=2	Marital Status Gr=133; GS=3	Total
Date					
Sept 6 2020 Gr=1	0	0	0	0	0
Sept 13 2020 Gr=55	1	7	51	20	79
Sept 20 2020 Gr=1	0	0	0	0	0
Sept 27 2020 Gr=40	1	6	38	14	59
Total	2	13	89	34	138
Aug 2 2020 Gr=3	0	0	1	0	1
Aug 9 2020 Gr=66	5	20	65	20	110
Aug 16 2020 Gr=43	3	9	42	14	68
Aug 23 2020 Gr=50	2	7	48	22	79
Total	10	36	156	56	258
July 5 2020 Gr=10	1	0	8	6	15
July 12 2020 Gr=12	0	1	10	6	17
July 19 2020 Gr=30	2	7	30	13	52
July 26 2020 Gr=54	2	12	52	18	84
Total	5	20	100	43	168

Source: Author's computation using scientific software, Atlass.ti.9

Tables 6.8a, 6.8b, and 6.8c show the quantitative data for the participant codes obtained through DINAB, with a total of 4 422 quotations for the period under consideration. Some code values are zero because, in DINAB, they were found to be not relevant (the same codes were used for 2019 data), like “I confirmed the prophecy to be true;” “morning water;” and marital status “single” (unmarried). The intention around using the same codes for the two periods was to validate whether physical visits provided better healing factors than mediated media. However, the church created the DINAB as a prayer hotline.

Table 6.8a: Sampled data codes for DINAB – July to September 2020

Date	05 Jul Gr=10	12 Jul Gr=12	19 Jul Gr=30	26 Jul Gr=54	02 Aug Gr=3	09 Aug Gr=66	16 Aug Gr=43	23 Aug Gr=50	30 Aug Gr=2	06 Aug Gr=1	13 Aug Gr=55	20 Aug Gr=1	27 Aug Gr=40	Total
Code														
Age 18-25-Gr1	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Age 25-45-Gr9	0	0	1	2	0	2	1	1	1	0	0	0	1	9
Age 45-60-Gr7	1	0	1	0	0	2	2	0	0	0	1	0	0	7
Age 60 & above- Gr1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
A Child/ren... Extended-Gr67	0	1	6	11	0	20	9	7	0	0	7	0	6	67
America-Gr98	3	5	15	19	1	15	13	11	1	0	7	0	8	98
Asia- Gr41	1	0	4	5	0	2	3	11	0	0	13	0	2	41
Australia-Gr7	0	1	0	2	0	1	1	0	0	0	1	0	1	7
Be healed-Gr338	7	7	27	52	1	65	42	47	1	0	51	0	38	338
Come out-Gr337	7	6	27	52	1	65	42	47	1	0	51	0	38	337
Divorced... widow/er-Gr5	0	1	0	0	0	0	2	1	0	0	1	0	0	5
East Africa-Gr10	0	1	0	2	0	1	3	2	0	0	1	0	0	10
Emmanuel-Gr10	1	0	0	2	0	1	1	1	0	0	1	0	3	10
Europe-Gr54	0	2	4	10	0	9	6	9	0	0	10	0	4	54
Extended family involved-Gr11	0	0	2	3	0	3	2	0	0	0	0	0	1	11
Facial expression-Gr138	5	7	11	16	0	24	19	22	0	0	25	0	9	138
Female-Gr245	6	6	17	38	1	47	36	36	1	0	33	0	24	245
Male-Gr176	3	4	24	25	1	33	17	26	1	0	22	0	20	176
Total	34	41	139	239	5	291	199	222	6	0	224	0	155	1555

Source: Author’s computation using scientific software, Atlass.ti.9

Prophet T. B. Joshua did not have a platform to prophesy, as the DINAB is used solely to pray for people and not does not embody a normal church setting, and morning water mountain is only available at the physical church premises. It is difficult to infer that an individual is single when such information is not shared.

The age groups data is meagre, as those who were involved seldom mentioned age when narrating their problems, which compelled them to contact SCOAN to be part of DINAB. However, the recognition of an elderly person as opposed to a youth and a baby helped to determine those to be included in the data as an adult. Also, SCOAN only permitted children's participation in the presence and permission of the parents or guardian. Children who were in the company of parents or guardians numbered 67 for the period of July to September 2020, representing approximately 19% of children with adult participants (see Table 6.8a).

On 121 occasions, participants claimed they had been to other places (Table 6.8b) such as hospitals, herbalist's homes, and religious centres for healing before contacting SCOAN to participate in DINAB. Expressions used by people whose well-being had been adversely affected by their health challenges resonated with the codes "I have suffered from..." and "the problem has affected my well-being" – these numbered 121 and 181 respectively among the 349 adults in the sample, implying that their desired participation in this online interactive prayer session was to get better. There were 322 visitors who were using medication as at the time of their participation in DINAB, which was an indication that the medication had not given them the desired relief health-wise or in terms of well-being (Table 6.8b).

The appreciative/ gratitude code reflected in Table 6.8b shows that there were 333 expressions of "Thank you God/ Jesus;" 38 for "I am delivered/ free;" and, once, "Praise God/ Jesus," while "Emmanuel" was mentioned ten times. I observed that a participant could use all these appreciative words at the time of sharing testimony, or just one. Those who claimed that their health and well-being were better (things were better now) after the interactive prayers numbered 45, which affirms the fulfilled purpose of visiting SCOAN (Table 6.8c). There were 181 participants who claimed that their health problems had affected their well-being adversely: some had lost their jobs, while a few were forced to retire early; others could not do chores in their home and had to rely on family members for assistance. The implication was that those who had suffered the spill-over effect of their illness were not happy about it, despite using medications. Those who had to go everywhere with oxygen tanks would likely have stayed indoors most of the time and those in wheelchairs, too.

Table 6.8b: Sampled data codes for DINAB – July to September 2020

Date	05 Jul Gr=10	12 Jul Gr=12	19 Jul Gr=30	26-Jul Gr=54	02 Aug Gr=3	09-Aug Gr=66	16-Aug Gr=43	23-Aug Gr=50	30 Aug Gr=2	06 Sep Gr=1	13 Sep Gr=55	20 Sep Gr=1	27-Sep Gr=40	Total
Code														
I confirmed the prophecy... - Gr=0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I had visited several places...- Gr=121	1	8	9	12	0	14	18	25	0	0	18	0	16	121
I have suffered from... Gr=340	7	9	29	52	1	63	41	48	1	0	51	0	38	340
I no longer use medication - Gr9	0	1	0	3	1	1	0	0	0	0	1	0	2	9
I thank God- Gr333	6	10	25	50	1	64	42	47	1	0	50	0	37	333
I used medication before...- Gr322	5	8	25	44	1	63	41	47	1	0	50	0	37	322
I'm delivered... - Gr28	0	3	7	10	0	7	0	0	0	0	1	0	0	28
I'm now free/healed - Gr340	6	10	28	52	1	64	42	48	1	0	50	0	38	340
Laying on of hand- Gr345	8	10	30	51	1	65	42	48	1	0	51	0	38	345
Married- Gr128	6	5	13	18	0	20	12	21	0	0	19	0	14	128
Mediated media- Gr336	6	10	30	48	1	65	42	46	1	0	50	0	37	336
Morning water related- Gr0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Africa- Gr3	0	0	1	0	0	1	0	1	0	0	0	0	0	3
North Central Nigeria- Gr2	0	0	0	0	0	1	0	0	0	0	0	0	1	2
North East Nigeria- Gr0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North West Nigeria- Gr0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Others Nations-Gr3	0	0	0	0	0	0	1	0	0	0	0	0	2	3
Total	45	74	197	340	7	428	281	331	6	0	341	0	260	2310

Source: Author's computation using scientific software, Atlass.ti.9

Religious visits for healing or well-being to SCOAN tend to have a preponderance among those from southern Africa. There were 112 DINAB participants from southern Africa and over 60% of these were South Africans. Those who tested positive for Covid-19 equally came predominantly from this part of Africa. Participants living in America who participated in DINAB numbered 98, Australia 7, Asia 41, and Europe 57 (Table 6.8c).

Table 6.8c: Sampled data codes for DINAB – July to September 2020

Date	05 Jul Gr=10	12 Jul Gr=12	19 Jul Gr=30	26-Jul Gr=54	02 Aug Gr=3	09-Aug Gr=66	16-Aug Gr=43	23-Aug Gr=50	30 Aug Gr=2	06 Sep Gr=1	13 Sep Gr=55	20 Sep Gr=1	27-Sep Gr=40	Total
Code														
Receive your healing-Gr32	3	5	16	7	1	0	0	0	0	0	0	0	0	32
Rolling on the floor-Gr38	1	2	14	11	0	6	1	1	0	0	0	0	2	38
Jerking...prayers-Gr16	1	1	1	6	0	2	1	2	0	0	2	0	0	16
Single-Gr0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South – East Nigeria-Gr2	0	0	0	0	0	1	0	0	0	0	0	0	1	2
South-South Nigeria-Gr0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South – West Nigeria-Gr1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Southern Africa-Gr112	4	0	5	11	0	32	14	13	0	0	17	0	16	112
The problem... Well-being-Gr181	4	7	4	11	0	18	26	39	0	0	40	0	32	181
Things are better now-Gr45	0	1	2	7	1	10	9	3	0	0	9	0	3	45

Vomiting during prayer-Gr111	2	2	14	18	1	28	15	12	0	0	14	0	5	111
W/ Africa-Gr10	0	1	1	2	0	1	1	2	0	0	0	0	2	10
Total	15	19	57	73	3	99	67	72	0	0	82	0	61	548

Source: Author’s computation using scientific software, Atlass.ti.9

Seven codes were used to capture the words related to prayers for participants (Figure 6.3, Table 6.8a, Table 6.8b and Table 6.8c), showing a total of 346 mentions during the interactive sessions, though the words were sometime directed to a group of people in their home or an individual. When this was compared with the visitors’ testimonies it was almost identical at 347 (Table 6.8c). This implied that those prayed for also testified to having their expectation for healing and health met. In a house where there was a husband, wife and two children, the prayer and testimony coding would be singular, but not the reality. To mitigate this observed challenge, the note taking (comments in the software) was used to record the event that happened during prayer and testimony on a shared basis.

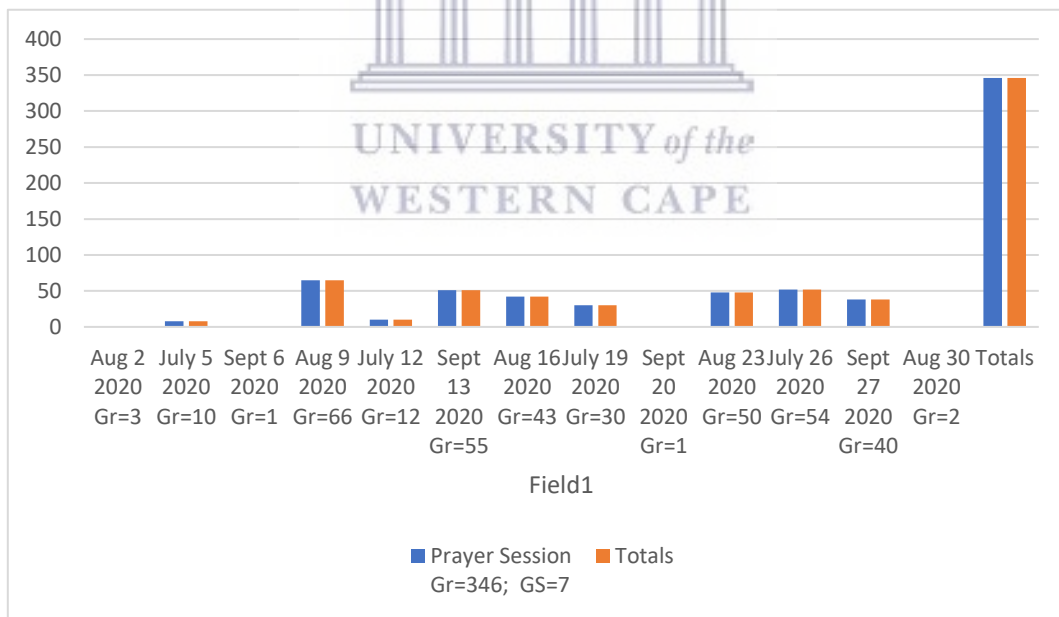


Figure 6.3: Prayer Session data for DINAB

Source: Autor’s computation from group prayer codes data used for content analysis

The ministers of SCOAN who prayed for the people did attempt touching the participants virtually by touching parts of the body through the screen. The “laying of hands” of ministers during prayer sessions numbered 345 and such touch could be related to the head, chest, hand,

and legs for “anointed touch.” It is during such touching that evil spirits manifested in the host’s body.

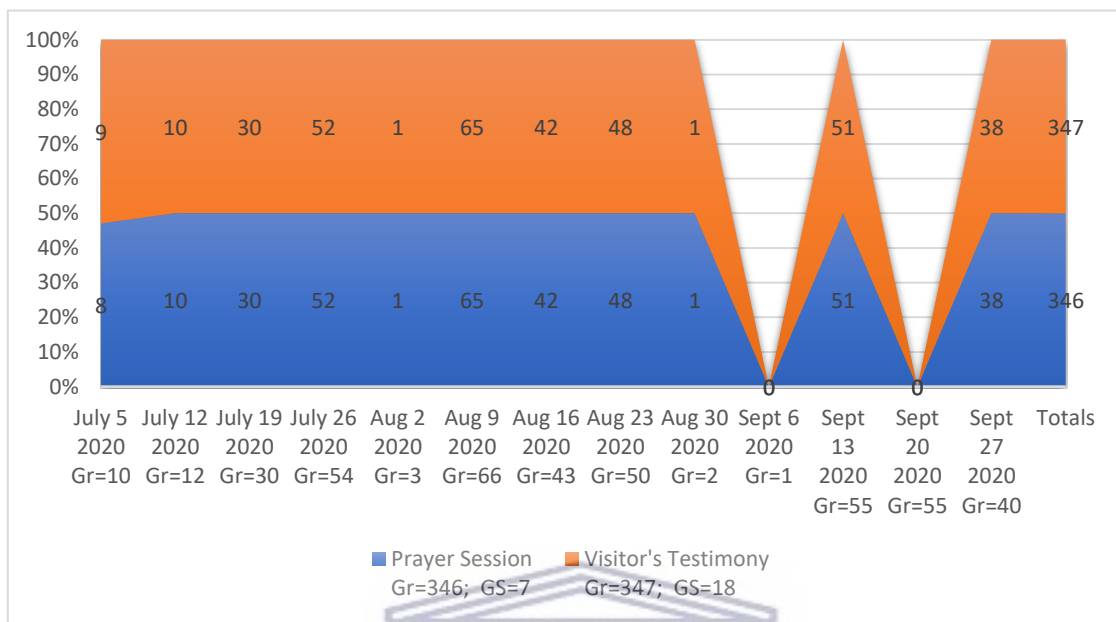


Figure 6.4: Comparison of group codes for prayer session and visitors’ testimony

Source: Author’s computation from group codes data used for content analysis

Visitors’ testimony engendered 18 coding words as described above, during and after DINAB prayer sessions. There was a total of 101 out of 347 mature adults that testified to healing or deliverance in July 2020, 157 in August, and 89 in September among adult testifiers. This implied that practically all who were prayed for did testify to having been healed (see Figure 6.4 and Table 6.9). However, there were a few instances where the visitors were unable to testify during the time slots. For example, where a family was involved, it might have been the parents only that testified on behalf of others. There were instances where individuals who held the camera for their family members would receive healing and testified but these were not part of the sampled participants. This means that, at the onset of identifying the number of participants at the scene, it would be less than those who did in the end, because of a passive participant who had to be included towards the end; such minimal variation was acceptable in terms of the dynamic methodology of research.

Observation around the content analysed for the research showed that involuntary reactions from the visitors in the month of July numbered 112, 134 in August, and 57 in September (Table 6.10). The facial expression of visitors observed during DINAB showed that there 39, 65, and 34 presented in July, August, and September respectively. The joy to have been healed

or delivered became visible in smiles or crying as people testified their lived experiences. Those who rolled on the floor in their houses numbered 28 in July, eight in August, and two people in September 2020 with a Gr index of 38. While screaming or talking as prayer was going on so as to indicate the presence of evil spirits in the visitor numbered nine, two, and two 2 for the months under study, respectively. However, vomiting of strange substances during the prayer sessions numbered 36 in July, 56 in August, and 19 for September. Some testified that an overwhelming force induced the vomiting and they could not hold it. There were two or more male adults claiming that they were pressed to go to the restroom during the prayers and afterwards felt greatly relieved and healed (see Emmanuel TV, 2020e).

Table 6.9: Group codes for prayer session and visitors' testimony July to September 2020

Group Code	Prayer Session	Visitor's Testimony	Total
Date	Gr=346; GS=7	Gr=347; GS=18	
July 5 2020 Gr=10	8	9	17
July 12 2020 Gr=12	10	10	20
July 19 2020 Gr=30	30	30	60
July 26 2020 Gr=54	52	52	104
Aug 2 2020 Gr=3	1	1	2
Aug 9 2020 Gr=66	65	65	130
Aug 16 2020 Gr=43	42	42	84
Aug 23 2020 Gr=50	48	48	96
Aug 30 2020 Gr=2	1	1	2
Sept 6 2020 Gr=1	0	0	0
Sept 13 2020 Gr=55	51	51	102
Sept 20 2020 Gr=55	0	0	0
Sept 27 2020 Gr=40	38	38	76
Total	346	347	693

Source: Author's computation using scientific software Atlas.ti. 9

Corona virus and other diseases were prevalent in the data for 2020. There were over 70 direct cases of those who tested positive for Covid-19 who contacted EmmanuelTV for prayers, but the real number is more. There was a situation in which a person with more than himself

participated in the prayers. For instance, a husband and wife in coding stands for a point count though they were two. Moreover, there were those with children and extended family members who all tested positive for Covid-19.

Table 6.10: Involuntary reactions of DINAB participant during prayers July to September 2020

Reaction	Facial expression Gr=138	Rolling on the floor Gr=38	Screaming during prayers Gr=16	Vomiting substance/ s during prayer session Gr=111	Total
Date					
July 5 2020 Gr=10	5	1	1	2	9
July 12 2020 Gr=12	7	2	1	2	12
July 19 2020 Gr=30	11	14	1	14	40
July 26 2020 Gr=54	16	11	6	18	51
Total	39	28	9	36	112
Aug 2 2020 Gr=3	0	0	0	1	1
Aug 9 2020 Gr=66	24	6	2	28	60
Aug 16 2020 Gr=43	19	1	1	15	36
Aug 23 2020 Gr=50	22	1	2	12	37
Aug 30 2020 Gr=2	0	0	0	0	0
Total	65	8	5	56	134
Sept 6 2020 Gr=1	0	0	0	0	0
Sept 13 2020 Gr=55	25	0	2	14	41
Sept 20 2020 Gr=1	0	0	0	0	0
Sept 27 2020 Gr=40	9	2	0	5	16
Total	34	2	2	19	57

Source: Author’s computation of DINAB Participant during prayers using scientific software Atlas.ti.9

However, there were over 165 cases of those who had Covid-19 with other sicknesses who contacted SCOAN for prayers. In some instances, there were families of two, three, or four members who tested positive for the virus with related symptoms, and they desired prayers against it. Some of them vomited the during prayer sessions, what is regarded to be the root cause of the sickness. For example, Felicia from Kenya and her children were suffering from Covid-19 and the test, done twice, was positive. Also, Joshua, one of the children, was asthmatic in the preceding four years, using an inhaler. He had in addition to his asthma related

symptoms of Covid-19, while Dorcas had the symptoms of Covid-19, and they all desired healing from God (EmmanuelTV, 2020f).

Likewise, Hugo and his wife from Mexico both tested positive to Covid-19. Hugo was on oxygen machine in self-isolation in his house and was very weak, he had to be on the bed resting most of the time. The wife had nonrelated Covid-19 symptoms of fever, chest pains, and stomach pains. The doctor visited their house to treat them due to insufficient bed space and congestion in the hospital. However, the couple contacted DINAB for prayers for divine healing. Hugo rose from bed as prayer was going on, he vomited, and he then walked around in the room, claiming he felt heat in his body which made him to be strong to walk. He was no longer ready to continue with the use of the oxygen machine for breathing because he believed he was healed. His wife was deeply emotional regarding healing received, and she cried a cry of joy while testifying (EmmanuelTV, 2020f).

There were two instances where the DINAB ministered to Covid-19 patients in the hospital with support from the medical personnel. Some of the patients claimed to be healed after prayers and were discharged to go home to their families after a few days (EmmanuelTV, 2020e; 2020i).

Edna from Romania said she was traumatised from childhood because of parents who were drunkards and abused each other regularly. She explained that it felt like an object entered her body causing her to be paralysed, and she was addicted to depression medication. When her mother was to die, she did so in her arms a month before, though she was sick for two years. She resorted to alcohol and smoking as coping mechanisms, but it was not working to enable her to live well. She used medication for urinary infection, could not see without glasses, and her hands always shook. She claimed to have been raped twice when she was 10-14 years old and thought she was cursed. She sought healing from God and, after prayer, she was full of appreciation for her deliverance (EmmanuelTV, 2020d).

Kayla from Honduras (a female) had spine problems for over 20 years; about ten years before, she started having neck problems. The doctor recommended a neck collar and lumbar corset to support the spine and a special cushion for sitting. But she had shoulder as well as body pains and she had to use a sling for the left arm. Unfortunately, she could not work as a dentist, and she was forced to retire early due to health reasons. "I want Jesus to set me free," she said. She

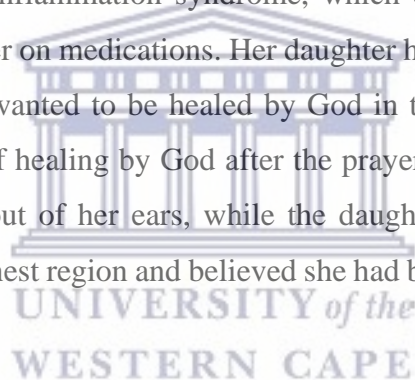
discarded the supports after prayers, as she exercised her body with great excitement (EmmanuelTV, 2020d).

The wife of Pastor Gorge as well as his family from Russia had pneumonia that affected 80% of her lungs; she also had difficulty in breathing and sometime before she had been ill, which resulted in a clinical pronouncement of her death for four minutes. Doctors had to remove the blood clots from her neck region, and afterwards she was given medication that caused swollen feet and varicose veins. She narrated that she was supernaturally kept alive by God. Her daughter had headaches, low blood pressure, and knee pains; Luke, the in-law, had severe body pains (head and back), and the Pastor desired more blessings from God. The family wanted divine healing and, after the prayers, they claimed to have been healed (EmmanuelTV, 2020g).

Ms. Griselda and Ronewa, her daughter from SA, had been diagnosed with hypertension, hypothyroidism, allergy, and inflammation syndrome, which caused pain in the back. Her doctor prescribed and placed her on medications. Her daughter had a problem with the rectum, which caused her pain. They wanted to be healed by God in the DINAB interactive prayer session. The mother testified of healing by God after the prayers but, during the prayers, she claimed to sense air coming out of her ears, while the daughter claimed to sense a heavy substance departing from her chest region and believed she had been delivered (EmmanuelTV, 2020k).

Mr Phillip, a Cuban living in Austria, had a stomach related health problem which caused him to contact DINAB for prayers as the preceding 20 years he had to toilet frequently: such as six times a day, and his doctor diagnosed chronic gastritis and diarrhoea; he further suffered from a spinal cord problem where the x-ray showed that his spine was curved at the point of his neck. Also, he had pains that hindered sleep and had difficulty to raise his arm. In addition to all these, he had prostate cancer, had been operated on for gall bladder and rectum and had spots on his body due to lack of vitamin D, and desired God's healing. He was prayed for and believed he was healed (EmmanuelTV, 2020g).

Pastor Kim (the founder of the Christian Assembly of Love), joined by his wife from Hong Kong, had sickness due to pain in his heart, lungs, and brain. He wanted God to heal him, and his wife desired healing for her inability to go to the toilet due to a dormant cancer; she has had to use medication to empty her bowels. The couples testified to the touch of God's healings



after prayers. “I felt something come out of my head,” Pastor Kim said. This evidenced a divine touch for his healing process. (EmmanuelTV, 2020h).

6.5 Hospitalization, disease and illness cases

There were five visitors who had experienced hospitalisation before seeking for prayers for healing. There was one Eric from South Africa who suffered from severely uncontrollable asthma in the preceding three years, who had been hospitalised seven times and used inhalers and nebulisers (EmmanuelTV. 2020f). Also, Kenneth had an acute kidney problem and had been hospitalised for three weeks, but claimed to be healed after prayers (EmmanuelTV. 2020k). Similarly, Leonard a Zimbabwean, had severe bronchitis and had to be hospitalised many times due to shortness of breath. Also, he was hypertensive and on medications that seemed not to be working to heal him. He wanted God to heal him through distance, which turned out not to be a barrier and testified to having been healed (EmmanuelTV. 2020g).

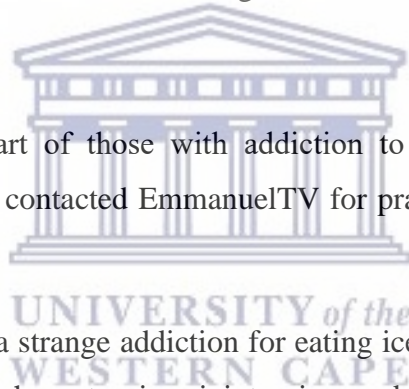
Addictions

The selected samples were part of those with addiction to alcohol, drugs, and “weird” substances who participated or contacted EmmanuelTV for prayers to be delivered from the addictions.

Ms Alice from Venezuela had a strange addiction for eating ice cubes rather than food, apart from suffering ill-health due to hypertension, joint pains, and swollen feet. She was able to testify that her health was restored and delivered from the addiction after the prayers (EmmanuelTV. 2020m).

Nelly’s daughter was addicted to eating soil, which she claimed to taste like chocolate in her mouth. But it hindered her from enjoying normal food, and her younger sister was already into the soil eating too. Both girls were delivered after the prayers, and they found no further pleasure in eating soil when it was offered to them afterwards (EmmanuelTV. 2020f).

Nana, a young girl who was addicted to eating washing powder soap from the age of five till that of seventeen, which negatively impacted her life, caused depression and low self-esteem as well as eye problems and poor academic report. She contacted EmmanuelTV for participation in the interactive prayer session for deliverance. Her mother did confirm Nana’s addiction and other health challenges. However, after the prayers she claimed to have been



delivered from the addiction and found it odd to eat the washing soap, as it now had an unpleasant taste (EmmanuelTV, 2020f).

Siviwe, a mother of two boys and a teacher in South Africa, was addicted to eating soil, white chalk, and mud bricks. Also, she had a left shoulder that was painful, and she could not raise herself up. She was unable to eat the items with relish after prayers, claiming that they were bitter, and thanked God for her deliverance (EmmanuelTV, 2020f).

Ms Patricia from Ghana was addicted to frost and ice cubes, while she ate little real food, which caused health problems such as breathing difficulty and incessant body pains. During the interactive prayers, she vomited, and afterwards claimed to have been delivered as she discovered the strange craving now tasted awful to her, and she could breathe with ease (EmmanuelTV, 2020b).

Mariam from Zambia had a daughter who had strange cravings for sand and charcoal, which started on a particular day on her way from school when a voice instructed her to eat wet soil, which she had been eating since then. The girl was prayed for and testified of deliverance as she found the coal and wet soil to have a foul taste after the prayers (EmmanuelTV, 2020b).

Those with addiction to drugs, smoking, and alcohol had different health issues to deal with. For instance, Mr Ronaldo, a Cuban living in Suriname, was addicted to marijuana in the three years prior, causing him negative health and well-being, and he lost his job due to the addiction (EmmanuelTV, 2020h).

Furthermore, Pedro, a man from Colombia, was addicted to cocaine, leading to other addictions such as pornography, masturbation, immorality (having intimacy with animals), and hearing a strange voice telling him to kill himself. He claimed to live in constant fear and was unable to hold on to a job. Since distance was not a barrier, after prayer he testified to having been delivered (EmmanuleTV, 2020c).

Sleep apnea (not related to Covid-19 symptoms)

Sleep apnea (apnoea) is a health issue in which the sufferer experiences a serious sleep disorder where breathing repeatedly stops and starts. The following were some of the cases of those who had contacted SCOAN for healing and well-being prayers around this matter.

Mrs Jane, the wife of Mr Mark from Taiwan, had sleep apnea and was on daily medication, while she also suffered from back and neck pain, which made it difficult for her to stand for a long time. After the prayer session, she claimed to have been healed and discarded her lumbar corset (EmmanuelTV, 2020k).

Mr Paulson from the USA had breathing difficulty, and the doctor recommended a breathing machine for him, and he had sleep apnea with prescribed medicine to be used for life. However, he decided to contact the DINAB of SCOAN for healing prayers. He claimed healing after the prayers (EmmanuelTV, 2020c).

A man (Hetusa) from the Cayman Island had sleep apnea since 2015, slept with a nebulizer machine, and sometimes saliva got stuck in his throat and choked him. Also, he had neck pain, which made sitting for a long time difficult due to pain in the back and near his scrotum. These health challenges debilitated his health and he desired a divine intervention through prayer from the ministers in SCOAN. During prayer, he hit himself and waved hands vigorously, which meant he was under the influence of the Holy Spirit's manifestation of power for healing, and later he indeed declared that he had been healed (EmmanuelTv, 2020c).

Daniela from Peru had gastritis and pulmonary fibrosis due to pneumonia, and she had to use an oxygen machine to breathe and had to stay in a sitting position on her bed most of the time. Also diagnosed with sleep apnea, cardiac insufficiency, and heart failure, she was filled with negative thoughts. Distance again proved not to be a barrier: it was her last hope of finally getting cured and feeling healthy which, after the prayer session, was fulfilled according to her testimony (EmmanuelTV, 2020m).

Similarly, Mr Clement from Australia (though a Congolese) constantly had to urinate at night almost hourly, and the doctor's diagnosis confirmed that this was due to severe sleep apnea, and he was given a machine for breathing, which he was told was to be used for life. He contacted SCOAN for divine healing through online prayer and he later testified to having received it (EmmanuelTV, 2020m).

Mr Jean from France had difficulty in breathing and used an oxygen machine; he had sleep apnea from childhood, which was only correctly diagnosed in 2012. Also, he had respiratory spasms: several times he stopped breathing in the night, making him feel like being inside the water. He was told by a sleep specialist that he had to use an oxygen machine for life. Since 2017, he had been using an oxygen mask with pain, as it burned his sinuses, nose, and nostrils.

Hypertension had developed due to sleep deprivation, as the machine did not make for smooth sleep at night. He had to keep a tab on his medical device, reading these for follow-ups to ensure that he stayed afloat with sufficient air. Additionally, he had disc herniation (five were compressed), so he experienced no well-being at all. He was able to breathe freely after the prayers and performed a few bodily exercises to confirm the reality of religious healing (EmmanuelTV, 2020d).

Dan, a boxing champion from France, was suffering from hypertension and sleep apnea, using breathing machine to prevent stroke. He wanted God to heal him: this was the basis for contacting the SCOAN's online prayer session. Dan was able to testify to healing after the prayer session and performed breathing exercises to prove his health claims (EmmanuelTV, 2020h).

Walking difficulty

Ms Tamara from Zambia had difficulty in walking, woke up at night several times, and sensed numbness in her limbs. Medically, she had lumbago sciatica necessitating her to use a lumbar corset and other medications. The health problems adversely affected her, family, and career. Therefore, she sought religious healing from God by way of prayer and later testified to having been healed (EmmanuelTV, 2020f).

Mr Dan from Sydney in Australia had kidney problems, numbness in one side of the body, and woke up every night for about five times to urinate for more than five years. Also, he had difficulty in walking and severe pains, and was on medication for this. Though using a nebulizer, he desired that God would heal him through the SCOAN's online prayer session. He claimed to having been healed after the prayers (EmmanuelTV, 2020f).

Yacque, a Congolese man living in South Africa, had severe back pain due to a nerve problem in his spinal cord (that is, a related health problem) that started in 2014, and he had difficulty in walking and used crutches. His doctor prescribed assorted medications to ease his pains and an anus problem. He could exercise his body freely, including bending, to show his healing after prayers (EmmanuelTV, 2020f).

Mr Raul from Mexico suffered from difficulty in walking due to lumber spondylosis related to the nerves. He experienced constant body pains, and used a lumbar corset and medication to relieve the pains. His physician suggested an operation, but said that it might not solve the

illness, which made him contact SCOAN for prayers. He walked with ease, exercised freely, and discarded the corset, and claimed he felt no pain in the body upon this (EmmanuelTV, 2020b).

Zena, a Pakistani living in Sweden had lumbar spondylosis due to lifting heavy objects. He had operations in 2013 and 2017 due to a displacement of a disc after the first surgery. He had to take strong medications and use a lumbar corset, as the surgery did not resolve the problem: he continued walking and sitting with difficulty. He contacted the SCOAN's interactive prayer for divine healing and later claimed to having been healed after the prayer session, discarding the corset and was able to attempt performing actions he could not do before (EmmanuelTV, 2020g).

Alma, a woman from Belgium, suffered from lumbar pain due to arthritis of the back for 16 years, using knee braces and a lumbar corset. Also, she had walking difficulty and she could not bend herself to do chores. She claimed to have numbness in her leg occasionally. Headaches with hypertension were part of her health challenges, for which she wanted healing for herself and family. She testified to healing after the interactive prayer session (EmmanuelTV, 2020d).

Ms Lorea from South Korea had degenerative arthritis in her knees which made walking difficult. She suffered from piles in addition to her arthritis, thus leading to depression and frustration. She lamented that she could not stand for more than five minutes and was unable to walk around her house to do chores; her husband had to do it. She had been to the hospital and was on prescribed medication for three months without relief. Mr Leo, the husband, confirmed his wife's health problems and trusted God for a miracle of healing during a DINAB session. She was able to remove her braces and walked after the prayers so as to demonstrate the healing received (EmmanuelTV, 2020d).

Moses from South Korea had walking difficulty due to spondylosis and used a lumbar corset. He was not willing to undergo surgery as suggested by his doctor, but rather wanted God to heal him. After prayers he was able to walk around his room without the use of the corset (EmmanuelTV, 2020m).

Breathing cases

Ms Glory from Colombia had pulmonary problems for twenty years, causing breathing problems and severe pains that warranted her to use inhalers. However, the problem remained,

while throat and frequent infections plagued her life (as found in displayed medical reports). She wanted God to heal her and after prayers at DINAB, she claimed healing (EmmanuelTV, 2020f).

Alma's daughter (from Belgium) had bronchitis and breathing problems and used machine to help her breathe before contacting SCOAN for prayer on their DINAB interactive prayers. However, after the prayer session, she was able to breathe naturally (EmmanuelTV, 2020d).

Ms Mabela from Mexico had breathing difficulty for two years, using an oxygen tank and breathing machine at night. She sometime had breathing episodes 26 times during a night, which could have caused brain damage and a heart problem, too. Her medical report showed that she had sleep apnea in addition to the breathing problem. She was healed in one of the prayer sessions where she narrated her story (EmmanuelTV, 2020b).

Mr and Mrs Hamoud from Algeria, of which the husband had sinusitis for 30 years, also suffered from nasal polyps, tingling all over the body, asthma and difficulty breathing, and a doctor informed him that he would use an inhaler for life; he could not sleep well at night. Mrs Hamoud spoke for the husband. He was healed after prayer, could breathe freely, and jumped up and down with ease (EmmanuelTV, 2020c).

Similarly, Mr Paulson from America, presented with breathing difficulty and used a machine due to sleep apnea; he was on medication daily. He was healed as claimed after the prayer sessions, as he could breathe without any medical support (EmmanuelTV, 2020c).

Other healing cases evidencing mediated healing from religious visits when medical treatment failed the patients are as follows.

Ms Glory's daughter (Colombian) had a colon problem that doctors could not solve but manage (medical report at hand), also she had skin problem too. However, she wanted divine healing (EmmanuelTV, 2020f).

Ms Vero, a Filipino who lived in Japan had breathing problem in the preceding twenty years, needed deliverance for her family: she had four children, but the third child was not willing to go to school due to addiction to the internet. After the prayer session was done, where she trusted God, her children were healed and delivered (EmmanuelTV, 2020d).

Angela, a divorcee from Mexico, had insomnia and headaches for over five years, pain in the brain, and noise in the head and ears as well as shakes and allergies. Medical reports could not reveal a problem and brain scan did not show anything to treat. She was placed on sleeping pills as her doctor suggested her illness was stress and depression. Therefore, she was on assorted medication. She was unable to keep a steady job due to lack of sleep, affecting her well-being. “I felt a sharp jab in the stomach and that when I vomited. Now I felt no pains, no noise in the ears and feel better already. I want to live for Jesus and work to earn a living,” she said after the prayers while sharing testimony (EmmanuelTV, 2020b).

Mr Willy from the DRC, a director of a mining company in his country, had a fractured toe. The doctor treated him and fixed Plaster of Paris (POP), moonboot and gave him crutches. He claimed not much relief, and his job came to be on the line. He could not do house chores, and went to South Africa for treatment, but his health was affecting his performance. Healing was received and his wife rejoiced with him after the prayers (EmmanuelTV, 2020b).

Marcus from the UK, a graduate lecturer at University College London, claimed to have been having spiritual attacks - spirits of death came whenever he slept. Thereafter, he felt weakness, heaviness, and stiffness of the body, which negatively impacted his life. He wanted God to heal him, and he later testified to have received healing (EmmanuelTV, 2020g).

Juliet from Colombia had chronic neck pain which affected her head, causing severe headaches, worry, distress, and irritable moods, often such that she could not stay still. Her self-esteem was down, she felt trapped and was unable to sleep, being full of anxiety and desperation, culminating in a lonely life. She wanted God to heal her and, after prayers, beamed with a smile as she shared testimony of healing (EmmanuelTV, 2020g).

Marcella from Spain had a marital challenge when her son was four years old. It resulted in divorce. She suffered from spinal pains and a strained relationship with her son. She contacted SCOAN to participate in DINAB seeking healing from the pain of the past, including both spiritual and physical problems. After prayers, she believed she had been set free. Also, the son wanted God to deliver him from all the emotional and physical abuses he had suffered from childhood, and restore his family. He claimed that he perceived something very heavy and dark in the left of his body in the stomach, chest, and arms which, to him, was part of the healing and deliverance process, so that he was freed (EmmanuelTV, 2020g).

Lydia and her three boys and two girls came from Ghana. She had assorted health issues with her children. She had water in the lungs and an enlarged heart. Two of her sons had sickle cell anaemia, the one was asthmatic, while the girls had spiritual problems. She wanted God to deliver her household. Lydia claimed to have a hot wave in her head that travelled through her whole body, but it gripped her heart that it was as if squeezed together. But eventually she had to vomit and was able to breath with ease. One of her daughters also vomited during prayer (EmmanuelTV, 2020g).

Mr DeCarlo from Colombia had for several years suffered from alcohol and drug addiction. He lost his job due to this addiction; the wife and children were not happy with him. Also, he was involved in stealing and prostitution. He was about to be divorced because of the addiction to drugs and alcohol that sometimes made him sleep outside in a stupor, while income earned was wasted on his addiction. He wanted deliverance from the problem in his life from age 17. He vomited during the DINAB prayers and claimed to have been delivered. He then embraced his wife and children in joy with the hope to live right (EmmanuelTV, 2020c).

In Brazil, Madam Sabrina and her family (husband, two sons, and a girl) tested positive for Covid-19 with all the related symptoms; her children experienced similar symptoms, too. An imminent divorce was ironically held up by the sickness. The husband had an accident with a leg injury that was stitched but painful and wanted divine healing. He claimed such healing after prayer (EmmanuelTV, 2020d).

6.6 Analysis of narratives

The discussion used the foil of two of Hume's impossibility-of-miracle arguments and identified ten factors around visitors' frameworks in Packer and Ballantyne (2016) so as to evaluate that SCOAN visitors had their healing factor fulfilled in order to enhance health and well-being.

Hume's propositions: argument from the uniformity of experience

Proposition 1. The idea of repetitive and uniform experience forms the testimony of humans.

The data obtained in 2019 and 2020 showed that uniformity of experience happened across international borders: humans experience pains in the same way, which proved that the desire to get relief is stronger in some, depending on the level of pain and threshold to endure it. With over 500 people who visited SCOAN for healing to have been able to narrate their individual

stories without having been coerced showed their commitment to solve their health problems. The Covid-19 pandemic was another uniform experience that proved that miracles of healing exist. The 76 cases highlighted under 6.5 above, emphasise that the healing received by the patients was a miracle.

Healings were repeated in various places and ways as testified to by the beneficiaries. Those who experienced the miracle of healing, and not only eyewitness accounts, abound. The beneficiaries cut across race, culture, and political or non-political spectra. People from east, north, south, and west African countries were among recipients of the miracle of healing. Those from America, Asia, Australia, and Russia were not exempted from healing as shown by the stories of those who visited SCOAN.

The healing for sleep apnea was uniform, as those residing in the Global North and South both received it. This indicates that the miracle of healing at religious sites meet the visitors' expectations. The ten factors model found in Packer and Ballantyne (2016) is adequately addressed by these testimonies. For example, the act of praise worship that incorporate the visitors' senses, emotions, body (clapping of hands and dancing), and relational life all form part of their lived experiences at SCOAN.

Medical conditions that were healed after failed attempts in the hospitals suggested that there was a healing factor in a religious visit, especially in SCOAN. Problems around eyesight, fibroid conditions, the liver, kidneys, and walking, to mention a few, were all miraculously healed as testified to by recipients of the healing.

In addition, emotional or psychological pains that had been the root of well-being challenges were healed, given the testimonies of the people after prayers. Cognitively, the visitors to SCOAN narrated their experiences before, during, and after visits to SCOAN or participation in DINAB. Therefore, the criteria of restoration and transformation as found in Packer and Ballantyne (2016) were met, too.

Proposition 2. Miracles are not always repeated

At the regional hospital in Honduras, in the Covid-19 isolation centre, the miracle of healing was repeated in the lives of those in the ward. The patients were all adults who knew what happened in their bodies during the prayer sessions (EmmanuelTV, 2020i). Similarly, there were hospital patients from different countries who contacted DINAB from their hospital beds

for divine intervention in their lives and claimed to have been healed after prayer (EmmanuelTv, 2020c; 2020d; 2020h). The hedonistic, emotional, relational, cognitive, sensory and introspection factors combined with the spiritual dimension, which was triggered through the Holy Spirit by using the ministers to render the expected God-mediated healing service to the people.

Arguments from barbaric and ignorant nations

The people who sought religious healing from SCOAN were not barbaric and did not come from ignorant nations. The congregants came from different countries and continents in the world. Those from the USA, UK, and European countries cannot be referred to as ignorant or barbaric, but they were seeking healing when medical treatment failed to give respite. Asians from China, India, Japan, and South Korea received miraculous healing and the Africans in this 21st Century were not barbaric or ignorant.

Proposition 1. Those with good education, learning and good sense are never deluded

There were well educated people among those who travelled to SCOAN or participated in the online interactive prayer sessions. There were two retired professors who were healed through prayer at SCOAN and the Living Water Service. One was from Zambia and had hearing problems in the preceding ten years but was healed at SCOAN (EmmanuelTV, 2019h) and the other from the University of Ibadan, Nigeria, who was healed from cervical and lumbar spondylosis, osteoarthritis of the right hip, and enlarged prostate cancer (EmmanuelTV, 2019g). Medical practitioners were not deluded when they declared they had received healing, or that family members had been healed, as could be seen from respondents' narratives in 6.5 above. According to Oderinde (2021), a medical doctor who tested positive for Covid-19 with his wife had to call his pastor from the hospital for prayer and was healed.

A retired Colonel Etuka of the Nigeria Army, a 72-year-old man, had spondylosis-related sickness, leg pains, and diabetes and affirmed that the pains he suffered were unbearable in the preceding four years and that medical treatment gave temporal relief, but he had to visit SCOAN for a healing miracle (EmmanuelTV, 2019a). He experienced hedonistic problems (physical, emotional, and financial), a factor named in Packer and Ballantyne (2016). The other nine factors in Packer and Ballantyne (2016) were equally experienced by him. His relationship with his immediate family and others were affected, and introspectively he knew how he felt

before coming to SCOAN; and a week after prayer, he returned to testify that there was restoration and transformation in his life.

Hillenbrand (2021) defines religiosity as the beliefs and behaviours of individuals towards the transcendent, expressed in the intensity and contents of their faith (believing), religious practices (behaving), and religious affiliation (belonging). This definition captures the framework of a religious visit. There was the voluntary participation in the religious activity at SCOAN by visitors in reading the Bible, singing, and praying, which reflected the religiosity of the people at the site. The spiritual restoration and transformation that made the individual experience the supernatural deepened the value attached to living and what really counted. This resonates with Norman (2012), who avers that sacredness in a religious site persuades visitors to be more spiritually inclined.

Although prayer in faith does heal, it occurs only when the right condition is fulfilled (cf. Oduyoye, 2018; Olusheye, 2009). I observed that, before the ministers prayed for the people, there was a brief preaching to have faith in God, repent of their sins, and forgive others, so as to anchor the prayer to have relevance before God. Exhortation was done to remove the likely hindrance to healing and wellness.

6.7 Conclusion

The experience of visitors to SCOAN as observed and narrated by the few samples here confirm the modelled framework in Packer and Ballantyne (2016:134). That is, the ten elements of experience, namely hedonic, emotional, relational, spiritual, cognitive, physical, sensory, restorative, introspective, and transformative were observed among visitors to SCOAN. The level of each element depended on the individual visitor and social status, given their personal lifestyle. Hume's position of the impossibility of the miracle is nullified by the participants' lived experiences in this study. Furthermore, the physical and spiritual illnesses/diseases findings at SCOAN aligned with Oderinde, 2021, and Brown, 2011 studies on religious healing without medication could happen.

Health and well-being are intangible components of a person's life, but vital to the survival of the person. The quest to heal or cure the body also can be achieved through medical science and/ or religion – be it indigenous traditional medicine or faith-based (that is, Christianity or Islam). However, there is a predominant acceptance in faith for the miracle of healing in Christianity and indigenous medical practice, in contrast with Islam (DeLisser, 2009:1643).

The experience is a personal journey that may be subjective, given that it cannot be scientifically tested. Each visit to a place has its inherent attributes that also define the experience within such a place. The level of participation given to visitors does create a sense of belonging or interaction with the place. The visitors to SCOAN were allowed to freely participate in church activity to the extent of singing and dancing. This enabled a better response around achieving sacred experiences and it promoted personal interpretations so as to make meaning from the visit.

The 2019 three months' sample consisted of 297 adults, apart from a few children who accompanied their parents as well as members of the extended family. The total variables analysed to capture the significance of improvement in health and well-being of visitors to SCOAN for healing was 7, 678. However, the data for DINAB presented a number of 4, 422, which shed light on the possibility of receiving healing or deliverance through the media of the internet.

The prayer, prophecy, and visitors' testimony revealed different needs among the people and were treated here as they pertained to the individual's case. There is one-on-one ministration by the ministers for those whose health challenges demanded such personal attention. There were those with visible sickness that claimed to have been healed after such ministration, and there were those whose illness was invisible who personally declared having been healed, too. Those who had an underlying spiritual foothold in terms of their health and well-being predicaments were not left behind, as evil spirits manifested, spoke out, and were cast out from their host bodies. Instances of involuntary actions of vomiting, jerking, and falling either proved the presence of evil spirits or the healing process in motion so as to conclude the deliverance from the evil spirits that cause crises of health and well-being in the visitor's life. The observed testimonies of healing and deliverance were diverse, as visitors said "thank you, Jesus" for their healings.

Chapter 7

SCOAN and the healing factor in religious visits: A conclusion

7.1 Introduction

In this study, an attempt was made to assess the impact of the healing factor in health and well-being around religious visits as based on the visitors' experience at SCOAN. Individuals, families, and friends across the world travelled to or visited the church in their quest to extricate evil spirits that had caused illness. In fact, most visitors decided to visit SCOAN after failing at other places. The deployment of social technology platforms at SCOAN made served to draw visitors to the site: relayed testimonies acted as testimonials to others to believe that their health challenges could be solved there.

When people travel outside their locality for more than 24 hours and for purposes beyond seeking employment, it is regarded as tourism. The perspective of an observer and a patient suffering from a disease would not be the same when it comes to healing, especially a religious healing. The difference may be due to the orientation around what constitutes a religious healing and how sicknesses should be treated. The Global North and the South have communities that are based on different social relationships, and religion has a different space in the people's lives. In the Global North, religion is secular, while in the Global South it is part of culture and lifestyle. In the Western world, people would seek healing from the medical hospital through a process of testing, diagnosis, and prescription of medication to treat the sickness. However, in the Global South, people may consult a traditional healer who would throw the bones to know what is wrong and which herbals are to be prescribed to cure the sickness. However, with the advent of Christianity, people have come to rely on healing from the churches that practice it or traditional religion. The research question of this study is whether and the extent to which visiting SCOAN made a significant difference to visitors' health and well-being.

The thesis considered the challenges in health and well-being in Africa that created the thirst for an avenue that fitted the realities of people in the developed and less developed world and the religious social assets derivable for the care of those sick and oppressed. The emergence of African preachers and prophets who had better knowledge of the continent and the gospel mandated for their people moved the frontiers of Christianity beyond the Western concept and

worldview of health care, shifting it towards spiritual healing with indigenous care. There is a different perception of the origin of diseases and diseases dependent on where you were residing in the world as there was a preponderance of some diseases in certain localities. For instance, HIV/ Aids were more prevalent in Africa and was especially prominent in Eswatini (27.10%), Lesotho (23.10%), Botswana (22.10%), South Africa (17.30%), Zambia (12.10%), and Uganda (6.10%) as at 2019 (AIDSinfo, n.d).

The dwindling of revenue among African governments seemed to have made some of the countries unable to meet the pledge of committing at least 15% of their yearly budgets to the health sector, as based on the Abuja Initiative of 2001 (WHO, 2011:1-4). The implication was that people in the rural areas especially had no access to health care or could not afford the available clinics or hospitals in their locality. In addition, there was fear or apathy among sick people towards such visits, due to shabby treatment. Unfortunately, the infraction of sickness in people has does not distinguish among class, race, and social status, paralysing the health and well-being of people across the globe.

In Chapter 2, literature was studied and this showed that tourism revolves around leisure, while pilgrimage is a religious dimension of a trip. Invariably, religious travel deepens the understanding that it is made for a purely spiritual quest aimed at experiencing the sacred, the sanctity of living for a higher goal towards rediscovery of the purpose of life. Illness, sickness, and disease are not the same things when viewed through the lens of bio-medical professionals. Some illnesses are not laboratory traceable and treatable under scientific diagnosis, but can be handled spiritually. There is no laboratory test or scan that can detect demonic affliction or attack on an individual. Spiritual healing can be sought through AIR) or ATR, Christianity, and Islam. Nondiagnostic sickness does not mean it cannot be healed and that is why the miracle of healing defies scientific processes. This surpassing of the scientific process of things is why a miracle must be a divine intervention. Three religious perspectives thus come into focus. The first is an embodiment of culture where intrinsic value and great attachment is anchored in religion. It dictates the way of living and decision-making such that it is referred to as the organic school. The second perspective conceives religion as part of the state in political governance. The laws of the state are crafted along religious creeds – especially in Islam where Sharia law is used in administration and for living ethics. The third perspective centres on the hotline in which religious sentiment is used to resolve or appeal to societal management. The steady growth in the number of visitors at pilgrimage sites has led to the realisation that

religious tourism cannot be ignored in the advancement of social development. Invariably, faith-based visits have shown remarkable increases in Africa, with the rise of prophetic ministers who have manifested healing powers from the 1920s to date.

Chapter 3 highlighted the lived experiences where health and healing are rooted in body, soul, and spirit according to African worldview, which is different from the Western world's perception who sees healing and health as material issues only. Healing in indigenous African society is partly based on rituals that link the living with the dead to ensure a harmonious and peaceful community. Healing and health in African society involves family and community as *ubuntu* operates where the dead are considered part of the society so that it may be peaceful and thrive. The AICs adopted some of the ascendancy of healing, health, and well-being concepts in indigenous society and introduced religious sacred objects or activities such as anointing oil, water, candles, incense and drama, including singing and dancing in their ministries, which acted as a pull/ bait for membership. The use of objects in worship in a ritualistic pattern like that of AIRs with the ministry of the Holy Spirit gives the AICs a different identity from mainline churches. However, the dilemma of African converts is to adjust to the mainline church ethos, which created a gap and a sense of loss where AICs were able to capitalise on so as to increase membership in their breakaway churches. There were those AICs that were nationalistically inclined as based on the political system in their countries, which saw colonialism as inhumane, as based on scriptural knowledge they had. The spiritualistic group in AICs valued prayer, fasting, and healing more than involvement in political agitations or governance. While the evangelistic oriented African Christians were futuristic and added more souls to the kingdom of God which they still viewed as the priority for APCs, that have a penchant for speaking in tongues in prayer. The Pentecostal group further involved educated elites and employed technological devices in their ministries. Some of them bought air slots on radio and television to propagate the gospel and others acquired their own stations in time (Ojewale, Babatope, Izeze & Opeibi, 2021; Issacson, 1990). The growth of AICs was also due to an appropriation of the Holy Spirit so as to bring about healing and deliverance based on faith. This led to the Pentecostal-charismatic preachers entering the religious space on the African continent, which changed the dynamics of healing and health altogether. The breakdown of the community web in African society due to modernization allowed the sick individual to seek healing from a doctor, a healer, or a prophet by going to them within or outside their homestead. Therefore, the study looked at one such prophet, Prophet Temitope Balogun Joshua (late), who had a notable healing and prophetic ministry.

In Chapter 4, the study considered the man and ministry of late Prophet T. B. Joshua, leader and founder of SCOAN. He had a humble beginning but matured with time and was able to build a church with a global audience. He was compelled to do menial jobs during his early life, when he arrived in Lagos from his hometown of Argidi-Akoko, by washing people's feet to earn a living. The reality that a man with limited formal education was able to rise to his ultimate level before death showed his desire for self-development and to be relevant among ministers of the gospel.

Einstein, (n.d) opines that people must be grateful to be alive each day as a miracle or not from the Supreme Being. People may vacillate between these two ways or be undecided about which is right, but when you experience a miracle you know it, and cannot stop testifying about it. Nigeria heard the gospel through the missionaries from the West but now have missions and missionaries over there. Nigerian ministers tend to have spread throughout the world and influenced other ministers on the continent to have a healing and deliverance ministry. The mystery of the power behind the miracles at SCOAN will continue for a long time to come.

Those who have been healed could not but be grateful to the person used by God to deliver them from their oppression, while others may not have had good testimony about their encounters with SCOAN; to such it is fate. The blame game does not eradicate the harm done to those who were victims but may prevent other people from falling prey to false ministers that abound globally. The use of satellite and internet technologies by religious entities has created space for all, including swindlers, and everyone has the onus to take preventive measures to avoid con artists who operate under the cloak of religion.

SCOAN has a wider reach globally than any church due to the transmission of miracles without global boundaries. The inability of modern medicine to treat spiritual illnesses makes it easier for fake preachers to prey on people's thirst for healing. Satellite Television channels have made the religious space very complex and it is difficult to know who had the call of God for gathering of souls for heaven who made a self-call for pecuniary's sake (see Fascar, 2018).

SCOAN does not collect offerings directly during its Sunday services but receives donations and gifts from those who have signed in as partners and who give money to sponsor charity and other events through SCOAN. In addition, the church generates revenue from accommodation and feeding fees from those visiting the place, and on items sold. The

individual visitor has an option to visit either the physical or the virtual church, and the outcome of such is a personal experience that is unique to the person.

Chapter 5 dealt with a designated place that had a salient appeal that made it the choice of the visitor visiting for healing purposes. The information about the place might have come from friends, family, or corporate entities, such as marketing agencies. The individual would screen the place to confirm that it would be as reported or advertised. Definition of terms that were important to the study which therefore clearly defined to operationalise the content and context of text and data collection. The content analysis method was used, which was suitable for handling both quantitative and qualitative analysis, given the possibility of the process being replicable, verifiable, and predictable as an advantage. Additionally, it examined directly statements collected in terms of texts or records to grasp the nature of the relevant social dialogue; it permitted focus on data; and this kind of analysis does not make assumptions. The use of code facilitates the ability to have results that can be statistically analysed to meet a researcher's problem statement. Two of the impossibility-of-miracle arguments by Hume were used in conjunction with the ten factors outlined by Packer and Ballantyne (2016) to analyse the narratives of visitors to SCOAN. An empirical project of this nature involved a case study, which had the disadvantage that its findings could not be generalised as it was location specific.

Chapter 6 considered the purpose of visits for healing so as to recover from ill-health and ensure a well-being for those who had tried other options to no avail. The cost and benefit estimation was done by such a visitor based on their level of socio-economic status and non-computable idiosyncrasy criteria (such as desperation to be healed). The knowledge that a man or woman is a spirit being which has a soul but lives in a body which requires that he or she lives and relates with others as social beings make them different from demons. However, demons or Satan are spirit beings without human bodies that invade human bodies to live and influence such a host to do things they may not consciously do. The evil spirits are possessive, ruthless, and obsessive in disposition and influence, manipulate, and incapacitate the life of the hosts. In most cases there are more than one in the body of the person. The manifestations of evil spirits during deliverance at SCOAN affirmed that there were affliction, oppression, repression, distraction, confusion, obsession, and possession in the lives of those visitors (cf. Owoeye, 2012:100). Some of the evil spirits had names when questioned during deliverance so as to ascertain their operation in the life of the host. The study confirmed that demons or evil spirits were territorially inclined as they often resisted being cast out from the host body during

deliverance, declaring that the host belonged to them through either sinful habits or initiation/ dedication among other routes of invasion (cf. Wagner, 2009; 1998).

Health and well-being were found to be intangible components of a person's life but very vital to their survival. The quest for the human body to be healed could also be reached by the medical science and/ or religious route, be it indigenous traditional medicine or faith-based (Christianity or Islam). However, there was a predominant acceptance in faith for miracles of healing in Christianity and indigenous medical practice, more so than in Islam (DeLisser, 2009:1643).

The sample spanning three months in 2019 consisted of 297 adults, apart from a few children who accompanied their parents and members of the extended family, as has been indicated. The total variables analysed to capture the significance of improvement in the health and well-being of visitors to SCOAN for healing was 7 678. However, the data for the interactive prayer session referred to as Distance-Is-Not-A-Barrier (DINAB) in 2020 contained 4 422 quotations as total variables analysed so as to elucidate the possibility of receiving healing or deliverance through the mediated media of the internet. For example, 322 participants claimed they were on medication before contacting SCOAN to be prayed for to be healed, and later some of them testified to having been healed.

Prayer, prophecy, and visitors' testimonies revealed different health and wellness problems that were treated as they related to the individual's case. One-on-one ministration was done by the ministers for those whose health challenges demanded such personal attention. There were those with visible sickness who claimed to have been healed after such ministration, and there were those whose illness was invisible, but personally declared having been healed. Those who had an underlying spiritual foothold in their health and well-being predicaments were not left behind, as evil spirits manifested, spoke out, and were cast out from their host bodies. The repeated cases of healing of people with Covid-19 and other diseases showed that miracles of healing still existed and that people with good educational standards from the Global North sought spiritual healing when medical treatment seemed not to have given them the kind of health and well-being they desired.

7.2 Limitations

The study is limited to the healing that occurred at SCOAN in the form of a case study, and its findings are not expected to be generalised. However, the findings correlate with other

researchers' findings in other religious sites, namely that divinely mediated healing can happen to people who trust and believe in such sentiment.

There is no way to follow up visitors who claimed to have received healing at SCOAN as the data was collected from the internet without a way to contact them to see if their healing experience were still valid, say, after three months, six months, and a year on visiting SCOAN. The restriction on traveling due to Covid-19 since early 2020 till late 2021 hindered physical interviews with those willing to undergo cross-checking on their health status long after having testified to healing. The period covered was July to September in 2019 as well as 2020 so as to assess the lived health and wellness experiences of visitors to SCOAN as a global religious site.

7.3 Recommendations

The study showed that grey areas existed in healing factor in religion visits regarding health and well-being by visitors to SCOAN which would demand action to be taken by the stakeholders. The likely stakeholders were the congregants or visitors, the church, government, researchers, and the global community.

7.3.1 Congregants'/ visitors' self-knowledge

Congregants/ visitors should be well informed about their health challenges that demand a divine intervention as some of the issues observed in the study were treatable in the bio-medical sciences. Information about the relevant hospitals that can handle their case should be sought to avoid misdiagnosis.

Visitors should investigate the church or pastor/ prophet to ensure that they would not be not defrauded by fake ones. Individuals have the obligation to know the truth personally and equally hold on to the truth.

A personal relationship with God is rightful and it is possible to pray to God for healing without a third party. Relating to God works on the premise of faith which could be built up without much financial and other costs. The Bible admonishes searching the Scriptures to have knowledge and spend money for on things that gives satisfaction (Isaiah 55:1-2 KJV).

Visitors should understand that God works according to his own timetable and cannot be coerced to heal or deliver. Therefore, those who were not healed at SCOAN must realise that

it was not the right time for their healing. Visitors would have less stress and desperation to hedge against falling into charlatans if they had this self-understanding from the onset.

7.3.2 Responsibility of SCOAN

The religious entity should have a way to keep record of those who were healed, and such data should be made available to the government health ministry to have complete information about what is going on in the health sector.

The church should inform the visitors or viewers of the implications involved in the recording of their services because, in the process of being prayed for, manifestations of demonic possession could lead to unexpected reactions. There was a case of a Nollywood actor Jim Iyke who went to SCOAN because of his mother's health challenges but in the process of prayer evil spirits manifested in him. He was not aware of what transpired during the prayer and deliverance. However, after he had left and saw the video, he could not imagine those were his actions and later claimed he was manipulated (Ogar, 2017).

The consent and confidentiality of visitor information should be considered before images are uploaded or transmitted live from churches with live streaming platforms. This would prevent any legal case or putting the visitors in disrepute that could adversely affect their future.

Viewers online should be warned ahead of likely scenes or images that may be sensitive to them, such as the image of a person vomiting, which can trigger emotional discomfort among some people. Furthermore, spiritual medical insurance should be introduced to protect the church against mishaps during the deliverance session and to assist visitors as well, where necessary.

7.3.3 Christian religious oversight

The umbrella body for Nigerian Christians known as the Christian Association of Nigeria (CAN) should have an arm that inspects what goes on in the churches in the country. This could be achieved by designing a standard format of worship pattern around which it should be evaluated whether anybody operating as a church truly represents Christ Jesus. The body should have national, state, and local government branches that would make it easier to ensure conformity to best standards. However, CAN as a body may have to incorporate due process of oversight in her mandate, while working with the Corporate Affairs Commission (CAC) unit on religious matters in promoting Christians' interest nationally.

In addition, the Pentecostal Fellowship of Nigeria that oversees churches under their ambit organisation should not use the isolation strategy that was practised by SCOAN but in Christian love should help the church to follow the expected standard, in the way Aquila and his wife assisted Apollos to deepen his knowledge where he lacked understanding, while he had the humility and readiness to learn (Acts 18:26 KJV).

7.3.4 Articulated procedure for succession

It is pertinent to emphasise that church leaders or founders should have trustee boards and succession plans to avoid churches go to the court to resolve what is Biblically unacceptable (1 Corinthians 6:4-7). Prophet T. B. Joshua's sudden death created a vacuum around who would take over the leadership of the church and the members were divided as to whether the wife of the late prophet or one of his pastors should automatically take charge. The matter of the board of trustees (SCOAN) had to be adjudicated in court, as the wife of T. B. Joshua (Mrs Evelyn Joshua) was not a church member before the death of her husband.

7.3.5 Government resource allocation capacity

It is necessary for the Nigerian government to invest more in health care to minimize bodily ailment. The Abuja Initiative of 2011 should be appraised by African health ministers annually and defaulting countries should be sanctioned to avoid carefree attitudes.

The Covid-19 pandemic vaccination drive has shown the relative ineffectiveness of African governments' efforts to meet the goal of total vaccination of the people. For instance, Nigeria, with over 180 million citizens of which half are above 18 years of age (Varrella, 2021) where the number of doses available was under 10 million as at 31 August 2021 (Unicef, n.d; Onuah, 2021). When the government asks people to get vaccinated without providing adequate doses it causes doubt its sincerity. For instance, the South African government utilises her distribution capability to dispense her vaccination implementation to ensure that those most vulnerable and susceptible to the virus are considered first, such that 60% of people over the age of 60 had gotten a jab by 30 September 2021 and over 8.6 had been completely vaccinated as at 30 September 2021, while the government targets 70% of the population to be vaccinated by the end of the year (EXPLORE GOV.ZA, 2021).

Governments in Africa should establish a liaison office that deals with religious entities in a holistic way for the sake of social cohesion and health care delivery. Partnerships with faith-

based organisations for rural health care is necessary, similar to the 700 club and Doctors without Borders.

7.3.6 Need for follow-up and ongoing research

An area for future research is visitors returning to SCAON after having received healing and what the purpose of such returning, especially after the death of Prophet T. B. Joshua, so as to see if healing and the concomitant visitors to SCOAN would continue long after his death. Similarly, there should be a follow-up research project on claimed healing after an interval of six months similar research should be conducted on other Pentecostal churches with global and local audiences to confirm healing through religious visits. Those who felt aggrieved by SCOAN should be researched and, where necessary, proper counselling or commensurate assistance should be provided, especially for those who suffered sexual abuse.

7.4 Conclusion

The narratives of lived experiences of visitors to SCOAN depict that health is wealth, and the desire to get healed is paramount for those who have sicknesses or suffer from ill-health. When access to treatment fails in one area, people have the propensity to seek it elsewhere. That is, people would travel outside their locality to get well and might do things that may find strange to get rid of bodily or emotional pain.

However, the age of the miraculous is not over, as the healing ministries of J. J. Bosworth, G. Jeffreys, Billy Graham, S. Wigglesworth, J. D. Lakes, D. L. Moody, Charles. G. Finney, Reinhard Bonnke, and a host of other preachers from the Global North exploit accounts that religious healing is part of the gospel. There was the fire of the 1906 Azuza street revival in California which was the beginning of American sermons blazing the fire of the holy Ghost in the realm of the supernatural. The entrance of African independent preachers and prophets into the ministry of the Word and prayer brought further supernatural manifestations of divine healing, as confirmed by the study.

The quest to visit SCOAN's online or physical sites by those seeking healing from physical or spiritual well-being went beyond Africa to include developed countries, as indicated. The healing process for some people is instantaneous, but later for others, depending on the nature of illness or disease. Vomiting substances that were not food objects was noticed and after such episode of the involuntary action, there were expression by visitors of feeling better or healed declared by the person who puked. The process for others might have been the casting out of

evil spirits that often claimed to have caused the health predicaments of their hosts. Once more, there were different kinds of evil spirits and their operations and purposes differed from host to host.

Interestingly, I observed a few visitors who suffered from demonic invasion were from southern and West Africa. Their names were often rooted in idol worship which served as a ground for indwelling such a person. There were those where the naming ceremony was a mere dedication to an evil spirit. Couples that experienced delays around having children and had consulted a *sangoma* might have enchanted the child. Those possessed with demons confessed that they entered some women through pregnancy or their visits to the shrine for healing.

Visitors to SCOAN as found in the data collected for 2019 could be seen reading their Bible, jotting down sermon points, and getting involved through singing of songs, which depicted their full participation or engagement in what was going on at the site (cf. Norman, 2012). Evil spirits manifested in some and were delivered through the choirs' rendition in praise worship sessions.

The study found that promiscuousness and prostitution had their root in demonic activity among humans. Sometimes, the demons would claim to have made the host to sleep around or suffer from an insatiable urge for sex. Enchanted beads triggered the user to run away from home and school so as to be free to commit sexually immoral acts even at the dead of the night.

Family involvement around the giving of care surfaced as one of the study's findings. Parents were accompanying their children so as to get healing at SCOAN, and children brought either their father or mother for healing, too. There was a three-generation illness of bedwetting where grandmother, mother, and her children, affirming that sickness or illness could be inherited, when such is not treatable through modern medicine.

The present project's careful reading of extant literature established that the living and the dead coexist together and do have a continuous relationship when viewed through an African lens. The worship of ancestors is part of African social identity and its sense history of being human. When sickness surfaces among community members, part of the search for healing is to appease the ancestors through traditional priests. The social capital embodied in common faith helps to bear the burden of health challenges or death in the form of social mourning that cushions the pain suffered. This is part of *ubuntu*, but the social capital asset in a community

could be in the negative (accusation/punishment of those adjudged to be involved in wrongdoing) or positive (forgiveness/support) which shows the duality of societal social assets.

Traffic-accident-related cases were found to warrant visits to SCOAN. Wounds that lingered were miraculously healed. Young and old people suffering from fire and hot water burns of varying degrees were brought to SCOAN for healing after hospital treatment. The present project found evidence that prayer offered to God in faith were answered.

Narratives of visitors ascertained that Hume's proposition, which was used to analyse data, was implausible. Miracles occurred repetitively: visitors' testimonies negated the argument of the uniformity of experience. Likewise, Hume's argument that miracles are not always repeated was again shown to be flawed by the data analysed for 2020 DINAB, including his assertion only ignorant nations were believed in miracles.

The research problem of the study, once more, was whether and the extent to which visiting SCOAN made a significant difference around their health and well-being. The research methodology, namely that of content analysis, evidenced that the health and well-being of SCOAN visitors were in fact improved. The facial expressions of those who had been healed or delivered were golden and showed happiness for divine intervention. Furthermore, it was clear that their visit had made a significant difference according to their own judgment. It can be concluded, therefore, that visiting SCOAN for healing improved the welfare of visitors, which could lead to a referral to others, a revisit, a spiritual revival, and the renewal of energy for purposeful living.

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