


Healing ministry and ethical issues amongst Pentecostal ministries in Ghana

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Background: Healing ministries constitute a central feature of Ghanaian Pentecostalism, functioning not only as expressions of charismatic spirituality but also as informal systems of spiritual and psychosocial care within a media-driven religious environment. However, their rapid expansion has generated increasing ethical scrutiny concerning pastoral authority, accountability and ministerial conduct.

Objectives: This study examines the ethical dimensions of healing ministries in Ghanaian Pentecostal contexts, focusing particularly on the tension between charismatic healing practices and moral accountability.

Method: Using consequentialism as a normative ethical framework, the article employs contextual theological analysis to evaluate healing practices within Ghana's contemporary Pentecostal landscape, paying attention to leadership dynamics, media influence and cultural expectations for visible miracles.

Results: The analysis demonstrates that Pentecostal healing ministries provide holistic spiritual and psychosocial support and reinforce pastoral authority. However, they also generate ethical tensions, particularly regarding leader self-promotion, financial exploitation, emotional manipulation and certain deliverance practices. These challenges are exacerbated by strong cultural expectations for demonstrable miracles and weak institutional accountability structures.

Conclusion: The credibility and theological integrity of healing ministries depend upon the integration of ethical safeguards that prioritise transparency, accountability and servant leadership.

Contribution: By situating the discussion within the Ghanaian Pentecostal context, this study contributes to contemporary debates on Pentecostal ethics, charismatic authority and responsible pastoral practice in African Christianity.

Keywords: Pentecostalism; consequentialism; charismatic authority; healing ministry; ethical accountability; Ghana.

Introduction

Pentecostal and Charismatic healing ministries have emerged as some of the most visible and influential expressions of Christianity in the Global South, particularly in Africa, where they respond not only to spiritual aspirations but also function as informal healthcare systems in resource-constrained settings (Adu-Gyamfi 2023). In contemporary African and especially Ghanaian Pentecostal and Charismatic movements, healing ministries play a pivotal role in addressing congregants' spiritual, emotional and psychological needs, often in contexts where biomedical resources are limited or inaccessible (Adogame 2019; Adu-Gyamfi 2023). Divine healing is deeply embedded within Pentecostal theology and praxis, drawing on scriptural foundations such as Isaiah 53:5 and James 5:14–16, where healing is interpreted as a concrete manifestation of God's power and presence (Keener 2020).

Historically, Christian healing has been linked to the ministries of Jesus and the apostles, whose miracles were interpreted as divine validation of their authority and message (Keener 2020; Mensah 2023). These healing accounts served theological purposes and were also used by early Christian leaders to consolidate influence, build communal trust and establish social legitimacy (Grudem 2019). In Ghanaian Pentecostalism, healing ministries likewise validate spiritual authority and function as a key marker of ministerial success and church growth (Asamoah-Gyadu 2022a; Omenyo & Arthur 2023).

At the same time, the prominence of healing ministries has raised significant ethical concerns that warrant critical examination. Ethical leadership is essential in healing ministries, where the potential for exploitation and manipulation can coexist with authentic expressions of faith (Brill 2024; Brown & Treviño 2020). Issues such as self-promotion by leaders, financial exploitation of vulnerable congregants, emotional manipulation and problematic deliverance practices present serious ethical dilemmas within Ghanaian Pentecostal and Charismatic contexts (Asamoah-Gyadu 2022b; Mensah 2023). The rise of media-driven sensationalism in healing claims can lead to disillusionment amongst followers when expectations are not met and may damage public trust in Christianity more broadly (Brill 2024; Gifford 2020).

Testimonies occupy a central place in this landscape. Keener (2020) frames testimonies within Pentecostalism as a kind of narrative epistemology, where personal stories function as performative knowledge structures within communal religious experience. Anderson (2021) similarly notes that testimonies reinforce Pentecostal theology by demonstrating the immediacy of divine intervention, whilst Wilkinson and Eade (2023) highlight that testimonies operate as 'emotional rituals' that activate faith in communal settings. In African Pentecostal contexts, testimonies often function as public theology, shaping collective interpretations of divine agency and reinforcing the credibility of leaders' healing ministries (Asamoah-Gyadu 2022c).

This article explores the ethical dimensions of healing ministries amongst Pentecostal and Charismatic churches in Ghana as a contextual case study, focusing on the complex interplay between healing practices, media visibility and ethical accountability within a distinctive socio-cultural and religious environment. It employs consequentialism as its primary ethical lens, assessing practices in terms of their short- and long-term outcomes for congregants, leaders, churches and society. From a consequentialist perspective, 'what is morally right is what generates the best outcome for the largest number of people' (Shaw 2014). Bentham's classic formulation asserts that 'an action is right if and only if it tends to maximise the net overbalancing sum total of pleasure over pain for all parties concerned' (Bentham 1789). Applied to healing ministries, this implies that the ethics of divine healing are to be evaluated by examining how practices affect both ministers and members, not only in immediate spiritual experience but also in long-term spiritual, psychological, social and economic consequences.

The article pursues three main objectives. Firstly, it outlines the nature, types and operational methods of healing ministries within Ghanaian Pentecostalism. Secondly, it analyses key ethical concerns, self-promotion, exploitation, lack of transparency, emotional manipulation and deliverance practices through the lens of consequentialism. Thirdly, it proposes ethical safeguards and policy recommendations aimed at promoting transparency, accountability and servant leadership within healing ministries in Ghana. By grounding

the analysis in Ghana's specific ecclesial, media and regulatory context, the article seeks to enrich emerging conversations on ethical leadership and healing in African Pentecostalism.

Research methods and design

This article adopts a conceptual, normative and theological-ethical approach rather than an empirical or statistical research design. It does not present new empirical data; rather, it synthesises and critically analyses existing scholarly literature on Ghanaian and African Pentecostalism, healing, leadership ethics and media, alongside illustrative examples drawn from documented cases, public discourse and ministerial practice.

Consequentialism provides the primary normative framework for evaluating healing practices. Using this lens, the article assesses the outcomes of specific ministerial behaviours, such as linking financial giving to healing, media-driven self-promotion, emotionally manipulative testimony practices and certain modes of exorcism, on the well-being of individuals, congregations and wider society. This conceptual analysis is supplemented by insights from ethical leadership theory, servant leadership and pastoral care literature (Brown & Treviño 2020; Greenleaf 2002; Reave 2022).

Ghana is treated as a contextual case study for examining these issues. It is selected because of its vibrant and highly visible Pentecostal-Charismatic sector, significant media presence of healing ministries and its influence within African and global Pentecostal networks (Asamoah-Gyadu 2022a; Gifford 2020). Ghana's religious environment, characterised by strong belief in spiritual causality, widespread recourse to prayer camps and prophetic centres and an evolving regulatory framework, provides a particularly revealing context for ethical analysis.

Within this conceptual and normative design, Ghana is employed as a contextual case study for ethical analysis rather than as an empirical or statistically representative sample. Ghana is selected because of its vibrant and highly visible Pentecostal-Charismatic sector, the centrality of healing ministries within ecclesial and public life and the extensive use of broadcast and digital media in shaping religious authority and expectation. These features make Ghana a particularly revealing context for examining the ethical consequences of healing practices, especially those related to leadership authority, testimony culture, financial practices, emotional influence and deliverance rituals.

Analytically, Ghana functions as an illustrative and exemplary case through which broader ethical dynamics in contemporary Pentecostal healing ministries can be examined. The country's strong belief in spiritual causality, socioeconomic vulnerabilities and evolving regulatory environment intensify the moral stakes of healing practices and render ethical questions more visible. The focus on Ghana is therefore intended to generate context-sensitive

ethical insight rather than generalisable empirical claims, offering analytic perspectives that may illuminate similar Pentecostal and Charismatic settings across Africa and the wider Global South. The article therefore uses Ghana not as an exhaustive empirical case but as an illustrative and exemplary context within which broader questions about Pentecostal healing and ethics can be explored. The limitations of this approach include the absence of systematic empirical data, reliance on published sources and illustrative examples and a primary focus on Protestant and/or Pentecostal forms of Christianity. These limitations are acknowledged in the conclusion and point to the need for future empirical and comparative work.

Healing ministries in Christianity

Healing ministries within Christianity refer to practices that seek to invoke divine intervention to restore health and wholeness. These ministries are deeply rooted in biblical traditions, drawing on scriptural accounts of Jesus and His apostles who performed healings as manifestations of divine authority and compassion (Keener 2020). Verses such as Isaiah 53:5, 'by His wounds we are healed', and James 5:14–16, which instructs the sick to call for the elders of the church to pray and anoint them with oil, offer theological grounding for healing as part of the church's mission (Grudem 2019). In this sense, healing is not merely physical restoration but a holistic process encompassing spiritual, emotional and psychological dimensions.

Within the broader Christian community, healing ministries have evolved in diverse ways. In contemporary Pentecostal and Charismatic movements, healing is viewed as a vital expression of faith, often accompanied by communal rituals, testimonies and prayer services that foster collective belief in divine intervention (Adu-Gyamfi 2023; Mensah 2023). These ministries address physical ailments whilst also providing emotional support and strengthening community cohesion, reinforcing the conviction that health and wholeness are part of God's redemptive intent (Asamoah-Gyadu 2022a).

At the same time, healing ministries are shaped by cultural and socioeconomic contexts. In many parts of the Global South, including Ghana, healing ministries function as adjunct or alternative healthcare systems for those who cannot access formal medical services or who interpret illness through spiritual lenses (Adogame 2019; Gifford 2020). This makes the ethical conduct of healing ministries particularly critical, since the decisions of religious leaders can have significant consequences for congregants' physical, psychological, spiritual and economic well-being.

Conceptual clarification: Ethics and healing

Ethics as a concept

Ethics encompasses the principles that govern behaviour and decision-making, defining what is considered right and

wrong in personal, communal and institutional life. In Christian settings, ethical norms are often derived from biblical teachings and theological reflection and are applied to issues such as leadership, community relationships and the administration of healing (Brown & Treviño 2020).

In healing ministries, ethical concerns take on heightened significance because congregants who seek healing are often vulnerable, physically, emotionally, economically or spiritually. Leaders who minister healing thus carry significant moral responsibility. Ethical leadership in this context involves a commitment to transparency, honesty, accountability and pastoral care, ensuring that healing practices are shaped by concern for the well-being of congregants rather than personal gain or spectacular impact (Brill 2024; Brown & Treviño 2020).

Power dynamics are central to ethical questions in healing ministries. Pentecostal leaders often wield significant spiritual and symbolic authority, which can be used either for empowerment or manipulation (Nguyen 2022; Obara 2022). Practices of self-promotion, financial exploitation or emotional coercion represent ethical failures because their consequences include psychological harm, loss of trust and distortion of the gospel message. From a consequentialist perspective, such practices are morally problematic because their negative outcomes outweigh any purported spiritual benefits (Bentham 1789; Shaw 2014).

A robust ethical framework for healing ministries therefore must integrate theological convictions, pastoral responsibility and attention to consequences. When ethical stewardship is prioritised, congregants can engage in healing practices with confidence rather than fear of exploitation, and ministries can maintain integrity and credibility before God, the church and society (Brown & Treviño 2020; Gifford 2020).

Pentecostal ministry

Pentecostal ministry is characterised by a vibrant and dynamic expression of faith that emphasises the active presence of the Holy Spirit in believers' lives. Rooted in early 20th century revival movements, Pentecostalism has become one of the fastest-growing branches of Christianity worldwide, with particularly rapid expansion in Africa (Asamoah-Gyadu 2022a). Central to Pentecostal ministry is the belief in spiritual gifts, including speaking in tongues, prophecy, discernment of spirits and healing, which are understood as manifestations of the Spirit's work amongst the faithful (Keener 2020). This emphasis on experiential faith distinguishes Pentecostalism from many older denominations and creates a spiritual landscape in which personal encounters with God are highly valued.

In Ghana, Pentecostal and Charismatic ministries have adapted to local cultural contexts, blending indigenous understandings of spiritual causality with Christian

teachings to create distinctive approaches to spirituality (Adogame 2019). Healing ministries are central to this experience, addressing spiritual and physical needs and offering interpretations of suffering and deliverance that resonate with African worldviews (Adu-Gyamfi 2023; Omenyo & Arthur 2023). Leaders frequently engage in dramatic and charismatic performances that heighten the emotional intensity of healing services, creating communal atmospheres charged with expectation and faith (Wilkinson & Eade 2023).

Operationally, Ghanaian Pentecostal ministries are often informally structured yet strategically organised. They rely on rituals, testimonies, media and large-scale events to mobilise participation and sustain belief (Asamoah-Gyadu 2022c; Meyer 2022). Whilst such structures can support effective pastoral care and community building, they also raise ethical questions when leadership practices become overly centralised, personality-driven or financially opaque (Brown & Treviño 2020; Gifford 2020). Healing ministries thus occupy an ambiguous space: they are powerful instruments of spiritual care and social support, yet they can also become platforms for exploitation and abuse when ethical safeguards are weak.

Healing ministry amongst Pentecostal ministries in Ghana

Healing occupies a central place in Ghanaian Pentecostal spirituality, functioning both as a theological affirmation of God's active presence and as a practical response to human suffering. Rooted in biblical narratives and African religious worldviews, Pentecostal healing expresses the conviction that God's power remains operative in every sphere of life, physical, emotional, social and spiritual (Asamoah-Gyadu 2022b; Mensah 2023). Within this context, the ministry of healing becomes not only a sign of divine compassion but also a means of validating ministerial authority and advancing the mission of the church (Golo 2023; Omenyo & Arthur 2023). Healing serves as a bridge between faith and culture, embodying the holistic vision of salvation central to Ghanaian Pentecostalism.

Nature and/or object of healing ministry

The nature of healing ministry within Ghanaian Pentecostalism reflects a comprehensive understanding of salvation that integrates spiritual, physical and social well-being. Healing is perceived as a tangible sign of God's kingdom breaking into human experience (Asamoah-Gyadu 2022b). It functions as both a pastoral calling and a theological declaration of God's sovereignty over sickness, suffering and demonic oppression (Mensah 2023). In Ghana's religious context, healing bridges faith and culture, offering believers spiritual assurance, social empowerment and communal identity (Golo 2023; Omenyo & Arthur 2023). Healing is often regarded as a divine mandate entrusted to leaders who embody charismatic authority and act as mediators of the Spirit's power.

Furthermore, healing is an integrated activity that addresses both bodily ailments and existential crises. In Ghanaian Pentecostal discourse, healing events are frequently described as spaces where sickness, poverty, infertility, spiritual oppression and social marginalisation are confronted through divine intervention (Mensah 2023; Nguyen 2019). The object of healing ministry thus extends beyond health to encompass holistic well-being, providing congregants with frameworks for interpreting suffering, resilience and divine justice. This multidimensional focus reflects an African worldview that resists the compartmentalisation of body, spirit and society (Omenyo & Arthur 2023).

Healing also functions as a visible sign of divine legitimation. Ghanaian Pentecostal leaders often testify publicly that miraculous outcomes in healing services reinforce their spiritual authority and provide legitimacy in the eyes of congregants and wider society (Asamoah-Gyadu 2022b; Golo 2023). Healing thereby becomes both a pastoral function and a leadership resource, shaping ministers' credibility and their capacity to mobilise faith communities. From a consequentialist perspective, this raises ethical questions: when healing is closely tied to authority, the consequences of exaggerated or fabricated claims can include disillusionment, financial loss and weakened trust in the church.

In a broader perspective, the nature of healing ministry is also tied to the global identity of Pentecostalism. Ghanaian evangelists use healing to frame their ministries within transnational narratives of 'signs and wonders', attracting followers at home and abroad (Mensah 2023). Healing thus becomes both a theological object and a missionary strategy, positioning Ghanaian Pentecostalism as a global exporter of spiritual power, again intensifying the ethical responsibility associated with its practice.

Types of healing ministry

Healing ministries in Ghana exist in diverse forms, shaped by denominational traditions and theological emphases. Classical Pentecostal, Neo-Pentecostal, Charismatic, Evangelical Charismatic and independent ministries all practice divine healing in distinctive styles and frameworks (Omenyo & Arthur 2023). These variations create multiple 'types' of healing ministry, ranging from structured liturgical services to highly spontaneous and charismatic events.

One common type is *prophetic healing*, often associated with prophets and prophetesses who emphasise visions, words of knowledge and spiritual diagnoses of illness. This type is highly performative, involving dramatic demonstrations of power and the naming of unseen spiritual causes behind sickness (Mensah 2023). Prophetic healing aligns strongly with African cosmologies in which illness is frequently attributed to witchcraft, ancestral curses or spiritual attacks; consequently, such illnesses are believed to require supernatural resolution.

A second form is *evangelistic healing*, usually carried out in crusades or large outdoor meetings led by evangelists. This type prioritises the public demonstration of miracles as a tool for evangelism and mass conversion (Asamoah-Gyadu 2022a). Evangelists present healing as testimony to God's power, inviting non-believers to accept faith. These events are often accompanied by extensive media coverage, which amplifies healing testimonies beyond the immediate audience and shapes public perceptions of Pentecostal Christianity.

A third form is *pastoral healing ministry*, in which healing is integrated into the regular life of the congregation through prayer sessions, fasting, counselling and home visits. Unlike prophetic or crusade-based healing, pastoral healing is more relational and process-oriented, emphasising continuity of care, spiritual accompaniment and emotional presence (Greenleaf 2002; Reave 2022). Here, healing reflects servant-oriented ministry, where leaders walk alongside members in ongoing journeys of faith and suffering.

Together, these types illustrate the wide-ranging expressions of healing that define Ghanaian Pentecostalism. They also create varied ethical landscapes: the risks and consequences associated with a televised crusade, for example, differ from those associated with a small pastoral prayer meeting, even when both claim divine healing.

Exorcism and deliverance as healing practice

A major component of Pentecostal theology of healing in the Ghanaian context is **exorcism**, commonly framed as deliverance from evil spirits. Many ailments, whether physical, psychological, relational or economic, are interpreted as manifestations of demonic oppression or witchcraft (Asamoah-Gyadu 2022b; Omenyo & Arthur 2023). Deliverance rituals, therefore, are often presented as integral to healing, involving practices such as commanding spirits to leave, breaking 'curses', and engaging in extended prayer sessions and fasting.

On the one hand, deliverance can provide powerful symbolic and pastoral resources for people who experience suffering as spiritually caused, offering them a sense of liberation, meaning and hope. It affirms the conviction that Christ's victory over principalities and powers is effective in contemporary African realities (Mensah 2023). On the other hand, exorcism raises significant ethical concerns. Public deliverance sessions may result in shame and stigma when individuals are named as witches or as carriers of demonic influence. In some cases, people with mental health conditions are treated solely through exorcism, thereby delaying or preventing appropriate clinical care (Patton 2024).

From a consequentialist perspective, such practices must be evaluated in terms of their outcomes: if deliverance rituals

result in prolonged psychological distress, family breakdown or physical harm, then their ethical legitimacy is called into question, even when they are framed in biblical or spiritual language. Ethical deliverance practice demands informed consent, protection of dignity, sensitivity to mental health realities and clear theological teaching that resists scapegoating or blame. Integrating pastoral care and, where appropriate, clinical referral into deliverance practices can help minimise harm and enhance holistic well-being.

Modus operandi of healing ministration in Ghana

The modus operandi of Pentecostal healing ministries in Ghana is characterised by ritualised practices that combine theology, charisma and strategic organisation. Services often involve prayer lines, the laying on of hands, fasting, anointing with oil, prophetic declarations and deliverance prayers as visible channels of divine power (Asamoah-Gyadu 2022b; Nguyen 2019). These practices create environments of heightened expectation in which congregants anticipate miraculous intervention. Faith is cultivated through testimonies, scripture readings, worship and preaching that stresses God's ability and willingness to heal.

The media play a central role in these operational methods. Ghanaian evangelists and pastors strategically use radio, television, social media and livestreaming to broadcast healing testimonies, frame them as evidence of divine activity and attract new participants (Mensah 2023; Meyer 2022). This media-driven approach reinforces faith amongst local congregants and globalises Ghanaian Pentecostal healing, reaching diasporic and international audiences. Testimonies function as epistemological tools that validate the reality of miracles and sustain communal belief systems (Keener 2020; Wilkinson & Eade 2023).

Operational models also include organisational strategies aimed at managing expectations and legitimacy. Some ministries employ healing calendars, accountability frameworks and verification systems for testimonies; others, however, operate with minimal oversight (Brown & Treviño 2020; Joy 2024). When implemented, such structures reflect a professionalisation of healing ministry in which charismatic spontaneity is blended with strategic order. Where absent, the risk of unethical practices and harmful outcomes is increased.

Leaders frequently develop theological narratives to address situations where healing does not occur as expected, for example, by emphasising God's sovereignty, the mystery of divine timing or the need for persistent faith (Golo 2023; Mensah 2023). These narratives can provide comfort but may also be misused to transfer blame onto congregants for lacking faith. From a consequentialist angle, the ethical quality of these narratives depends on whether they promote resilience and hope or enhance guilt, shame and spiritual insecurity.

Personnel in healing ministries in Ghana

The personnel involved in Pentecostal healing ministries in Ghana are diverse, reflecting multiple leadership and support roles. Core personnel include senior pastors, prophets, evangelists, bishops and designated healing ministers who directly administer prayer, anointing and deliverance rituals (Asamoah-Gyadu 2022b; Mensah 2023). These leaders embody the charisma perceived as necessary for healing and are often regarded as vessels through whom divine power flows. Their authority is grounded in theological training, spiritual experiences and public testimonies of healings and miracles.

Alongside prominent leaders are associate pastors, assistant evangelists and worship leaders who provide liturgical and organisational support. Worship teams shape the atmosphere of expectancy through music and prayer, whilst intercessory teams sustain spiritual engagement. These roles ensure that healing services are doctrinally framed, emotionally immersive and logistically coordinated.

Non-clerical actors, such as media teams, ushers, testimony coordinators and administrative personnel, manage the flow of services and the communication of healing outcomes. They act as institutional agents who amplify and authenticate healing experiences through recording, editing and broadcasting testimonies (Mensah 2023; Meyer 2022). The ethical responsibilities of these teams include truthful representation, safeguarding the dignity and privacy of participants and resisting pressure to manipulate content for sensational effect.

Whilst men continue to dominate senior leadership, women serve as prophetesses, pastors, intercessors and ministry coordinators, bringing important perspectives to healing practice and pastoral care (Omenyo & Arthur 2023). Generational differences also shape leadership styles: older ministers may emphasise tradition and hierarchical authority, whereas younger leaders often stress mentorship, media engagement and global connectivity (Fry & Kriger 2020; Northouse 2022). The diversity of personnel underscores that healing ministry is a collaborative spiritual and organisational enterprise; consequently, ethical responsibility is shared across multiple roles, not borne by senior leaders alone.

Ethical analysis of healing ministry in Ghanaian Pentecostalism

Healing ministry in Ghanaian Pentecostalism embodies both divine intervention and spiritual vitality, but it also raises ethical concerns that test ministerial integrity. As healing becomes increasingly publicised through media and large-scale crusades, issues of self-promotion, manipulation and financial exploitation emerge. These challenges demand critical reflection on how charisma and accountability

coexist in Pentecostal leadership (Asamoah-Gyadu 2021; Gifford 2020; Mensah 2023; Meyer 2022). The following subsections examine key ethical issues, self-promotion, exploitation, lack of transparency and emotional manipulation, through a consequentialist lens.

Self-promotion

Healing ministries often position leaders as uniquely anointed figures whose proximity to the divine legitimises their teachings and practices (Newberg 2022; Obara 2022). Through media platforms, international crusades and digitised testimonies, leaders may brand themselves as indispensable mediators of God's healing power (Asamoah-Gyadu 2021). Whilst such visibility can contribute to evangelism and the spread of the gospel, it also raises ethical questions. Scholars have cautioned that strategic use of testimonies and branding can become mechanisms for organising meaning and mobilising belief around the leader rather than around Christ or the faith community (Luhmann 2020; Taves 2020). This dynamic can create a culture of dependency in which followers perceive that healing is contingent not on faith in God but on access to a particular individual.

Cultural and ministerial pressures within Ghanaian Pentecostalism intensify the temptation toward self-promotion. Leaders are expected to demonstrate visible miracles to validate their calling, leading some to exaggerate or sensationalise healing events to sustain influence (Debrah 2021; Kalu 2023). From a consequentialist perspective, such practices are ethically problematic because their outcomes can include disillusionment, loss of trust and spiritual insecurity when claims prove exaggerated or unverified. Ethical leadership counters these tendencies by emphasising transparency, humility and Christ-centred ministry, reframing healing as a process of faith and care rather than a spectacle (Brown & Treviño 2020).

Exploitation of members and lack of transparency

Another critical ethical concern is the exploitation of members, particularly in financial and emotional terms. In some healing ministries, prosperity-oriented teaching encourages congregants to give money as a prerequisite for receiving healing, with financial 'seeds' presented as keys that unlock divine blessings (Brill 2024; Gifford 2020). Such teaching can manipulate vulnerable individuals, especially those in poverty or facing desperate health conditions, by linking divine favour to financial contribution (Debrah 2021; Mensah 2023).

Lack of financial transparency compounds this problem. Where accountability mechanisms are weak, donations given in hope of healing may be diverted for personal enrichment or opaque institutional projects, leading to the commodification of sacred rituals (Nguyen 2022; Van Dierendonck 2021). These practices undermine the credibility

of ministries and damage public trust in Pentecostal Christianity (Mensah 2023). Within a consequentialist framework, they are ethically indefensible because they generate widespread harm, material, psychological and spiritual, whilst concentrating benefits in the hands of a few.

Exploitation also takes emotional and spiritual forms. Leaders who claim unique access to divine power can foster power imbalances that discourage critical reflection and honest questioning (Asamoah-Gyadu 2022b; Obara 2022). Congregants may be pressured into unquestioning obedience under the guise of faith or blamed for a lack of healing on the grounds of insufficient belief (Ayivor 2025). The resulting shame and guilt further burden those already suffering. These outcomes violate both Christian pastoral ethics and consequentialist criteria for morally acceptable actions.

Emotional manipulation: Policy recommendations

Emotional manipulation in Pentecostal–Charismatic healing contexts occurs when spiritual authority or emotional appeal is used to influence congregants in ways that compromise their autonomy or well-being. Such practices, whether through exaggerated testimonies, pressure to give or leader-centred messaging, distort the gospel's intent and risk psychological and spiritual harm (Asamoah-Gyadu 2022b; Gifford 2020). To uphold pastoral integrity and communal trust, ministries require clear ethical safeguards. The following recommendations outline practical, theological and organisational measures for reducing manipulation and promoting transparency, accountability and Christ-centred ministry.

Transparent financial systems that promote accountability

Because consequentialism evaluates actions by their outcomes for persons (Shaw 2014), financial practices that generate harm, false hope, indebtedness or distrust are morally deficient regardless of short-term 'ministry wins'. Ethical leadership research shows that transparency and accountability reduce exploitation, normalise pro-social conduct and increase trust (Brown & Treviño 2020; Gifford 2020; Van Dierendonck 2021). In Pentecostal settings, public testimony and media amplify perceived efficacy; therefore, money–miracle linkages are uniquely susceptible to manipulation (Asamoah-Gyadu 2022c; Meyer 2022). The following policy recommendations respond to these challenges:

Financial accountability policy

The following policy framework outlines practical measures and implementation strategies for strengthening financial accountability and ethical leadership within healing ministries:

- **Independent Financial Oversight:** Establish a finance committee with at least two external professionals (e.g. accountant, lawyer) and no family members of the lead pastor; mandate annual independent audits and publish

summaries to members (Brown & Treviño 2020; Van Dierendonck 2021).

- **Decoupling Giving from Healing:** Adopt a written policy that offerings are never framed as transactional instruments of healing. Replace 'seed for your healing' rhetoric with grace-based language that affirms God's freedom and generosity (Asamoah-Gyadu 2022c; Gifford 2020).
- **Restricted Funds and Disclosures:** Create separate accounts for crusades, benevolence and media; acknowledge every restricted gift and report aggregate use quarterly.
- **Receipting and Data Protection:** Issue receipts for all gifts and prohibit public disclosure of donor identities during services.
- **Grievance and Remedy:** Set up an ombudsperson and confidential reporting channel for financial concerns, with clear timelines for investigation and remediation.

Evaluation metrics

The implementation and impact of these financial accountability measures may be evaluated using the following key performance indicators:

- Publication of audited statements within 120 days of fiscal year-end.
- Tracking and timely resolution of finance-related complaints.

Ethical leadership training that fosters trust

Emphasis on servant leadership principles

Servant leadership prioritises the well-being of followers over leader status and is associated with humility, stewardship and accountability (Greenleaf 2002; Van Dierendonck 2021). In healing contexts, servant-leaders lower coercive pressures, counter sensationalism and provide resilient care when desired outcomes are delayed (Brown & Treviño 2020; Reave 2022). This mitigates performance pressures documented in Ghanaian Charismatic media culture (Asamoah-Gyadu 2022c; Gifford 2020).

Curriculum review architecture (annual, mandatory)

Ministerial training curricula should be reviewed to emphasise the balance between spiritual authority, ethical integrity and financial transparency. Suggested modules include:

- **Module A – Power and Vulnerability:** Dynamics of dependency, informed consent in ministry, safeguarding and trauma-aware prayer (Carter & Bradley 2023).
- **Module B – Truthfulness and Testimony:** Verification standards, avoiding exaggeration and communicating 'not yet' outcomes without stigma (Keener 2020; Meyer 2022).
- **Module C – Servant Leadership Labs:** Humility practices, accountability covenants and reflective supervision groups (Greenleaf 2002; Reave 2022).
- **Module D – Media Ethics:** Framing, editing and platform policies that resist personality-cult branding (Meyer 2022; Nguyen 2022).

- **Module E – Aftercare:** Protocols for pastoral follow-up, referrals to clinicians and crisis triage; building multidisciplinary response teams (Patton 2024).

Strategic communication policy that minimises self-promotion

Testimonies are central to Pentecostal epistemology but can be co-opted to centre on the minister rather than Christ and the community (Asamoah-Gyadu 2022c; Keener 2020; Meyer 2022). Because mediated religion shapes plausibility structures, communication ethics are themselves pastoral ethics (Gifford 2020; Meyer 2022). Suggested standards include:

- **Share-of-Voice Guardrail:** In church-owned media, aim for at least 70% of on-screen time and narration to focus on congregational stories, Scripture, prayer and outcomes, not the leader's persona.
- **Testimony Verification Procedures:** Require permission forms, clinical documentation where available, and 30-/90-day follow-ups before 'healing' stories are broadcast (Keener 2020; Meyer 2022).
- **Non-coercive Framing:** Prohibit prompts implying that refusal to testify indicates lack of faith; provide opt-out and anonymisation options (Carter & Bradley 2023).
- **Disclaimers and Aftercare:** Add statements such as, 'God heals in diverse ways and times; we celebrate all forms of care including prayer, medicine and ongoing support', and offer clear pathways to pastoral or clinical follow-up (Patton 2024).
- **Avoid Sensational Visuals and Egocentric Language:** Forbid distressing close-ups and 'before-and-after' thumbnails without explicit, revocable consent and replace 'only here' or 'my anointing' claims with Christ-centred phrasing (Asamoah-Gyadu 2022c; Gifford 2020).

Evaluation Metrics could include quarterly content audits, documentation of verification and consent procedures and feedback mechanisms for members and viewers on perceived self-promotion versus Christ-centred focus.

Safeguarding against emotional manipulation in ministry

Additional measures to protect congregants from emotional manipulation include:

- **Informed Pastoral Consent:** Before prayer lines or deliverance sessions, briefly explain what will and will not happen, emphasising freedom to decline particular manifestations and freedom to seek medical care.
- **Aftercare and Non-stigmatising Language:** Use standard phrases such as 'We continue with you in faith and care' to avoid blaming those who remain sick (Patton 2024).
- **Periodic Training:** Train ushers and counsellors to identify distress and refer appropriately; maintain referral lists for clinicians and mental health professionals.
- **Ethics Dashboard:** Track complaints, incident reports, media audits and follow-up completion, and report headline data to members annually (Brown & Treviño 2020).

Conclusion

Healing ministries represent a central and dynamic force within Ghanaian Pentecostalism, serving as a vital nexus of faith, culture and community. They provide holistic responses to congregants' physical, spiritual and emotional needs and function as both pastoral ministries and strategic tools for church growth and leadership legitimisation. Situated within Ghana's media-saturated religious environment, healing practices also contribute to the global visibility of Ghanaian Pentecostalism.

However, the same charisma and authority that enable leaders to act as conduits of divine power can, when unchecked, lead to significant ethical compromises. Persistent issues, self-promotion, financial and emotional exploitation, lack of transparency and problematic exorcism practices threaten these ministries' credibility and the spiritual well-being of congregations. From a consequentialist standpoint, practices that generate widespread harm, even when couched in spiritual rhetoric, cannot be regarded as ethically sound.

The analysis in this article has argued that the sustainability and integrity of Pentecostal healing ministries in Ghana are inextricably linked to their ethical grounding. Ethical safeguards rooted in transparency, accountability and servant leadership are essential if healing practices are to remain genuine expressions of Christian care rather than spectacles of exploitation. Policy recommendations concerning financial accountability, leadership formation, media ethics and pastoral safeguarding demonstrate that meaningful reform is possible without diminishing Pentecostal vibrancy.

This conceptual and normative study is limited by its reliance on secondary literature and illustrative examples rather than systematic empirical data. Future research could integrate qualitative and quantitative methods to examine congregants' experiences of healing ministries, assess the effectiveness of proposed safeguards and compare ethical frameworks across different African and global contexts. Nevertheless, by framing Ghanaian Pentecostal healing through the lens of consequentialism, this article contributes to emerging debates on Pentecostal ethics and offers practical signposts for ministries seeking to align spiritual power with moral responsibility.

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CRedit authorship contribution

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Disclaimer

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References

Adogame, A., 2019, 'Pentecostal healing and the challenges of accountability in African Christianity', *Journal of Contemporary Religion* 34(3), 430–455.

- Adu-Gyamfi, Y., 2023, 'Healing practices and theological shifts in Ghanaian Pentecostalism', *African Journal of Religious Studies* 12(3), 45–60.
- Anderson, A., 2021, *Pentecostal healing and global Christianity: The power of faith narratives*, Oxford University Press, Oxford.
- Asamoah-Gyadu, J.K., 2021, *Pentecostalism and the global expansion of African Christianity*, Asempa Publishers, Accra.
- Asamoah-Gyadu, J.K., 2022a, *Global Pentecostalism in Africa: Faith, politics, and economics*, Wipf and Stock.
- Asamoah-Gyadu, J.K., 2022b, 'Healing and charismatic authority in African Pentecostalism', *Journal of Pentecostal Theology* 31(2), 201–218.
- Asamoah-Gyadu, J.K., 2022c, *Spirit, power, and media in African Pentecostalism*, Oxford University Press, Oxford.
- Ayivor, S.H., 2025, 'Faith healing: Assessing the Ghanaian Pentecostal and Charismatic view through the Lens of John 11', *Ghana Journal of Religion and Theology* 15(1), 59–81. <https://doi.org/10.4314/gjrt.v15i1.5>
- Bentham, J., 1789, *An introduction to the principles of morals and legislation*, T. Payne and Sons, London.
- Brill, D., 2024, 'Ethics in Pentecostal and Charismatic leadership: Accountability and transparency', *Journal of Religious Leadership* 23(1), 45–67.
- Brown, M.E. & Treviño, L.K., 2020, 'Ethical leadership: A review and future directions', *The Leadership Quarterly* 31(6), 101379.
- Carter, J. & Bradley, T., 2023, 'Vulnerability and power dynamics in healing ministries', *Practical Theology Review* 18(2), 122–138.
- Debrah, I., 2021, 'Media, miracles, and Pentecostal authority in Ghana', *African Journal of Religion and Society* 9(3), 201–220.
- Fry, L.W. & Kriger, M., 2020, 'Toward a theory of being-centred leadership: Multiple spiritual leadership approaches', *The Leadership Quarterly* 31(2), 101–120.
- Gifford, P., 2020, *Ghana's new Christianity: Pentecostalism in a Globalising African economy*, Hurst, London.
- Golo, B., 2023, 'Healing testimonies and Pentecostal authority in Ghana', *African Theological Journal* 31(2), 55–72.
- Greenleaf, R.K., 2002, *Servant leadership: A journey into the nature of legitimate power and greatness*, Paulist Press, New York.
- Grudem, W., 2019, *Systematic theology: An introduction to biblical doctrine*, 2nd edn., Zondervan, Grand Rapids.
- Joy, S., 2024, *Strategic theology in African Pentecostalism: Leadership, media, and meaning-making*, ACTS Press, Bahuio City.
- Kalu, O., 2023, *Pentecostalism in Africa: Growth, adaptation, and challenges*, Acton Publishers, Nairobi.
- Keener, C.S., 2020, *Christo-biography: Memory, history, and the reliability of the gospels*, Wm. B. Eerdmans, Nashville, TN.
- Luhmann, T.M., 2020, *How God becomes real: Kindling the presence of invisible others*, Princeton University Press, Princeton.
- Mensah, E., 2023, 'Epistemologies of healing: Faith, testimony, and knowledge in Ghanaian Pentecostalism', *Journal of African Religions* 9(1), 51–74.
- Meyer, B., 2022, *Pentecostalism and the reshaping of African Christianity*, Cambridge University Press, Cambridge.
- Newberg, A., 2022, *Neurotheology and Charismatic leadership*, Palgrave Macmillan, Cham.
- Nguyen, H., 2022, 'Strategic communication in religious organisations: Faith branding, online outreach, and congregational engagement', *Journal of Communication and Religion* 45(1), 67–84.
- Nguyen, T., 2019, 'Charismatic authority and meaning-making in religious leadership', *Journal of Leadership Studies* 13(4), 25–37.
- Northouse, P.G., 2022, *Leadership: Theory and practice*, 9th edn., Sage, Thousand Oaks.
- Obara, S., 2022, 'Spiritual authority and leadership in African Pentecostal churches', *African Ecclesial Review* 64(2), 89–108.
- Omenyo, C.N. & Arthur, D.K., 2023, 'Healing, prophecy, and pastoral care in Ghanaian Pentecostalism', *Ghana Bulletin of Theology* 8(1), 65–85.
- Patton, J., 2024, *Pastoral care and healing ethics: Integrating faith and medicine*, Fortress Press, Minneapolis.
- Reave, L., 2022, 'Spiritual values and practices related to leadership effectiveness', *The Leadership Quarterly* 33(4), 101–125.
- Shaw, W., 2014, 'Consequentialism', in H. LaFollette (ed.), *Ethics in practice: An anthology*, pp. 102–113, John Wiley & Sons, Chichester.
- Taves, A., 2020, *Revelatory events: Extraordinary experiences and new spiritual movements*, Princeton University Press, Princeton.
- Van Dierendonck, D., 2021, 'Servant leadership and ethical ministry practices', *Journal of Business Ethics* 174(3), 471–485.
- Wilkinson, M. & Eade, J., 2023, *Testimonies in global Pentecostalism: Emotion, ritual, and faith*, Bloomsbury Academic, London.