

The pathology of church growth in Igbo land, Nigeria: an antidote to the symptoms

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Abstract

Our efforts in this research work have been geared towards examining the pathology of church growth in Igbo land: an antidote to the symptoms. The study revealed that the church's lack of adequate evangelistic strategic is mostly responsible for the stagnation of church growth in Igbo land. The objective of this research work is to present a way forward for the church growth. This study is designed to introduce a movement which is now permeating among churches virtually everywhere. The work recommended that leaders at all levels of church organizational structure should engage in study and diagnosing the pathology of church growth in Igbo land. This is to enable effective evangelism and making disciples. Methods of approach were historical, phenomenological and analytical methods coupled with the review of related extant material.

Keywords: pathology, church, ethnikitis, symptom, internal, external, growth

Introduction

This research work is not intended to be a full presentation on the topic of church growth. Rather, it is an introduction to the subject. It is intended to describe the church growth movement from the historical and biblical perspectives. The church growth happens in the local congregation. In this 21st century, a new spirit of excitement is being felt among various Protestant denominations. Experience with the church growth movement is stimulating a renewed enthusiasm to “get back to the business of the church”. Goals for growth are being adopted. Strategic for outreach are being planned. Pastors are requesting more information. Lay people are beginning to learn about church growth and want to know more. A church growth movement can be used by God to help build his church, internally and externally. Therefore, the aim of this research work is to unravel the ritual surrounding evangelical setbacks in Igbo land. To achieve this, we shall be x-raying some causal factors that are involved in the issue.

Conceptual Framework

To Hunter (1983), the church is a living organism. The church is a community of saints, a “communion sanctorum” (Uka, 1995). It is the holy presence of Christ in the world, whose fundamental task is to build communities of holy character. The church is not a building, steeple, resting place, but a people. The church is the called-out-people of God who constitute the holy presence of Christ in the world. Nowhere is the church referred to as building except as a metaphor, which denotes God’s people.

The biblical roots are in two pairs of Hebrew and Greek words. Edah (Hebrew) and Kuriakon (Greek) refer to the institution as an assembly of people, any people. But qahal (Hebrew) and Ekklesia (Greek) covenant terms move beyond to the people of God who have assembled indeed “ecclesia” (in

theological parlance refers to those who have being called out from among the people, out of the miry clay, out of Egypt, or out of the kosmos(world order) with her embellishments and allure (kosmetikos) into the kingdom of God (Ukah, 1995). Those are chosen, called and redeemed people, in the process of sanctification; a pilgrim people moving to the great banquet in the eschaton. Their warmest relationship with Christ is ultimate and constitutes the *raison d'être* of their existence.

To most of us, the church refers to our denomination or the congregation where we worship on Sundays. But the church universal is the vast invisible cloud of witnesses passing across the ages. It is universal since God calls men and women from all races, colours, cultures and corners of the globe. For this reason Christians, from the earliest creed have confessed being part of one, holy, catholic and apostolic church. This is the body of Christ in the world, body whose mission is to gather believers into confessing communities, to administer the sacraments, preach the word and make disciples (Mtt 28: 19-20; Eph 5: 23; Mtt 13: 47-50).

The church growth movement recognizes that, like any other living organism, local congregations can be healthy, or they can get sick. Churches can be diseased, and they can die. Some diseases can be diagnosed and the people of God can take steps toward helping their congregation get well again. Sometimes churches die because diseases have weakened their life processes to the point where they can no longer function.

Healthy churches grow. They mature in Christian faith and life to the point that they have offspring-a daughter church is planted. Recognizing that churches have a life cycle is a positive and helpful way to clear the roadblocks for God's spirit to promote external growth. It is very imperative to often diagnose church health status.

The study of church diseases never has to be concerned with the head of the body. The problems that hinder internal and external growth are problems that occur in the rest of the

body. The members of the body can become diseased because the members of the church are still sinners. Though forgiven through the blood of Christ on the cross; washed in the waters of baptism, and delivered out of the bondage of sin, they are still sinners.

They are still people who face the temptations of Satan, and sometimes they fall. Even though they are in communion with Christ in the forgiveness of the Lord's Supper, Christians are still people who fall away from God in various ways every day. God's people are saints. But at the same time they are sinners, too.

External factors affect also the health of the church. The community context, the size of the church building and national trends in attitudes about religion all play a part in the health of Christ's body. Furthermore, denominational trends can harm congregational health. Wrong theology, liturgy, doctrine, non-biblical priorities and poor programmes can cause illness in the church at local level. Unlike the biological structure of human beings and animals, the head of the church is eternal. The mark of healthy church is growth. When people get sick they call a physician. He diagnoses the problem and prescribes a medicine. He may also prescribe surgery. The idea is to help the patient get well. The whole process of diagnosing the disease and prescribing the proper treatment is very complex. Medical people call this area of study pathology. The pathology of church growth is the study of disease which affects the body of Christ. To Hunter (1983), it includes the proper diagnosis of the problems that infect the church. It deals also with methods to set the stage for growth. Like the human body, only God heals the body of Christ both internally and externally (Mtt 16:18). It is the Lord who controls and supplies the members (Eph 4:16). The church growth pathologist, like a physician, finds the cause of the problem and moves to provide the proper atmosphere in which the Holy Spirit can bring health to his body.

Just as the diseases of the body are very complex, so also are the diseases of the church. It is interesting that some people see themselves as self-appointed experts about the church. Some might say that the church is growing because the pastor preaches good sermons; or that the church is declining because the former pastor retired. While there might be some accuracy in assessments like these, chances are that these “reasons” are way off base. It takes an understanding of church growth pathology to deal with the complex body of Christ. One of the important keys to effective pathology work is to begin with sound methods of diagnosis.

Research Objectives

The objectives of the research work include:

- To carefully x-ray the causal factors of church growth setbacks in Igbo land.
- To investigate the effects of the setbacks in the spiritual, intellectual, moral, economic and social life of the Christians.
- To galvanize the consciousness of the remedies to the pathology of the church growth.
- To study the role of the church in ameliorating the church growth problems.
- To examine the implications of church policies in proffering a solution to the stagnation of church growth in Igbo land.

Significance of the Study

The importance of this research work basically stems from the fact that it addresses the factors that threatened the collective existence of Christianity in Igbo land and technically Nigeria, and offers a valid and insightful resource related extant material for further studies on foundation for church growth. It will also add academic values for future religious, sociological, and anthropological scholars especially church

historiographers who can consult such documents in order to gain useful information on the topic.

Literature Review and Hypotheses

i. Signs of healthy churches

According to Wagner (1981), there are seven vital signs of healthy churches namely:

- (a) The pastoral leadership must be people who want the church to grow and be willing to pay the cost of church growth. They must be people who are equipped to effectively implement church growth principles in the congregation.
- (b) The lay people of a healthy church are people who are also willing to pay the price for church growth. They want their church to grow. They are active and involved in the work of the Lord, using their gifts for building the body of Christ and reaching out to expand his kingdom.
- (c) The healthy church must be large enough to conduct the various ministries needed by the community. The healthy church will discover the felt needs of the people around it and grow big enough to extend the gospel to people in a relevant way.
- (d) The church that is healthy must have a proper balance of small groups within the congregation. Opportunities must be given for fellowship groups and cell groups, where people can share their faith intimately.
- (e) A healthy church is one that has basically one kind of membership. People like to be with people like themselves. They share common things like styles, goals, foods and a common language.
- (f) A healthy church is one that uses an evangelistic method that works toward making disciples.

- (g) A healthy church follows biblical priorities. Evangelism is top priority. Social work is not neglected, but it is secondary to the goal of making disciples.

ii. Diagnosis

Diagnosing a disease in a church is a careful process of research and analysis. No one would want to call a physician who would prescribe surgery on the appendix on the basis of a complaint of abdominal pains expressed over a telephone. The physician wants to see the patient. Then he begins a series of tests. He checks a thermometer to see if there is a fever. He listens to the heart. He takes a urine sample. He pokes and prods, eliminating a whole variety of possibilities and narrowing the problem as he carefully analyzes the evidence. A thermometer never cured anybody. Yet it is a great way to begin diagnosis. The same procedure is followed in the church. There are many symptoms of sickness in the church in Igbo land. A plateau in membership may be a symptom. A crowded parking lot can be a symptom. Members are biblically illiterate, worship services that lack life, too many pot-luck suppers-these all could be symptoms of serious difficulties. The problem is that most congregations look for programmes to deal with the symptoms. The shallowness of this kind of thinking is similar to a physician who puts a bandage on all his patients whether they have a cut or bad gall bladder. When the church gets sick, it often needs a lot more than bandage response. Church growth pathology is not a series of programmes to cover the symptoms of illness. It is an approach that applies biblical principles to the root causes: the diseases that cause the symptoms.

iii. Diseases in the Church

Of the eight diseases isolated by the church growth

experts to date, two are terminal and six can be cured. Understanding the diseases and recognizing their symptoms is the first step in seeking ways to deal with them.

1. Old age- This is a terminal disease which is found in churches located primarily in rural areas. The disease of old age is best described as the condition of a church that runs out of people. In order for the church to be the church, it needs people. But in some communities, the population is decreasing. Nkalagu in Enugu state, Nigeria, is a small town made up of people who have had children, but the children grew up and moved to other locations. The reason the town was first built no longer exists. Nkalagu was a mining town, but the mines have long since been depleted. Eventually, the town is near extinction. So will the church that served it. The people remaining can still experience internal growth as they gather around the word and sacraments. Though opportunities for outreach and mission work may be found in their own town, they can still sponsor mission work with their prayers and finances in a neighbouring town, through their denomination or through an overseas mission agency. When the disease is properly diagnosed, a ministry of acceptance can lead church's people to accept death with dignity.

Old age does not designate the average age of the members of a congregation. It is a fallacy to say that a church with members who have an average age of 65, for example, cannot grow. That is not a diseased situation. It may be very healthy. Some churches serve retirement communities. Their members are elderly and actively evangelizing their friends and neighbours. Old age happens when the church runs out of people, not a certain kind of people. Old age takes place in churches located in dying communities. It is a terminal

disease. It is an opportunity for internal growth, and eventually, death with dignity.

2. Ethnikitis- This is also a terminal disease. It is a disease that strikes a church in a changing community. People of one culture make up the community and the church. A new group of people representing a different culture begin to move into the community. The first group begins moving out. They begin to commute to their church from their new homes. When a congregation is regularly conducting research in its community, it becomes aware of cultural change very early in the process of community change. At the first sight of change, the congregation should begin plans to plant a new church that is made up of people like those of the new culture. This is the type of sensitivity for new culture will be highly rejected by the new people in the community. A new church can be planted nearby, or it can be started as a separate group in the same building as the original group. Each group has its own organization, its own pastor, its own music and worships in its own language with its own kind of people. These churches make the most powerful long-term churches (Mc Gavran, 1955).

The key to understanding ethnikitis is the recognition of different cultural groups called homogenous units. The church must make opportunities available for people to become disciples of Jesus Christ without leaving their own cultures. If there continues to be less and less of the old culture in the original church, it will die of ethnikitis. The importance of planting a new church of the new culture is seen in the continual presence of God's people in the community.

3. People blindness is not terminal, yet it is often associated with churches which later contract

Ethinikitis. This disease occurs when Christians look at all other people as being the same. It is a failure to see the distinctiveness of various groups of people. It is a problem of failing to accept people as different. Until just recently, the church has been sensitive to singles. People who were unmarried, widowed or divorced were lumped into the rest of the congregation with little sensitivity to the fact that they may have special needs. The church was sometimes been blind to these people. This is a case of people blindness.

4. Hyper-cooperativism

This is a disease that comes from too much emphasis on ecumenical endeavours. It happens when cooperation becomes the goal rather a means to an end. Congregations may work together to promote a Christian crusade or rally. Perhaps churches will work together to conduct an evangelistic canvas of a large area. Cooperation is not bad as long as doctrinal integrity is observed. Great achievements have been made when Christians have joined forces to do the work of Christ in the world. However, cooperation for the church can be what the thyroid is for the human body. But hyper-thyroidism is too much a good thing. An asset becomes a liability. The same is cooperation. Cooperation can be good, but it should never be sought at the expense of the biblical priority of evangelism. Hyper-cooperativism can be avoided by having clearly articulated goals. It is also important that churches build strategies that directly meet the intended goals.

5. Koinonitis is a disease that gets its name from the biblical word “koinonia”, which means fellowship is an important part of the Christian church. It is a community expression of the love of Christ, the caring

concern for one another in the body. Arthritis is a condition in which the joints become inflamed. Koinonitis is a condition in which the church can be considered an inflammation of the fellowship. The church is so full of pot-lucks that the people become flat and lazy about mission and ministry.

When koinonitis strikes, the congregation becomes turned inward. The typical copout becomes, “The church is more interested in quality than quantity”. The church becomes oblivious to the world outside and the purpose of the great commission. The people take on a corporate personality which psychologists called egocentric. It is self-centred, and it is not healthy-not for people or for the churches.

6. Sociological strangulation is a disease that strikes the church that runs out of room. It is strangled by overcrowded conditions. There is not enough room in the church, the nursery is overcrowded, the parking lot is a mess-even the lavatories are inadequate to handle traffic. When churches suffer from sociological strangulation, the problem can be solved in several ways. The church can build. It can enlarge the sanctuary, extend the parking lot and add additional bathrooms or the church can spin off its members and start a daughter church in another area. Another alternative is the possibility of conducting more services at different times, or even on different days, depending on the needs and preferences of the people.
7. Arrested spiritual development is a disease of the church where members never grow up and mature spiritually. It happens when people consider confirmation a graduation from learning. The disease strikes churches where people are not involved in Bible study. People know all the right doctrine, but they are not trained to witness, visit the sick, be good stewards,

study the Bible, and lead a prayer and so on. Instead of a school of life-long learning, the church is seen as an alumni club. The real key to curing the disease of Arrested Spirituality Development is getting people into the word of God.

8. St. John's Syndrome

This type of disease is discussed in the book of Revelation of St. John. The church at Ephesus which only decades earlier was alive for Jesus Christ had lost its first love vitality. Here was no spark of enthusiasm. People had become apathetic. The church board and committees were to do business as usual. The answer for the church with St John's syndrome is comprehensive evangelism. Each generation must be evangelized.

In addition, coronavirus of 2019 is another modern disease that nearly brought church growth to its knees. It affected the church worship within the period under review (2019-2020). Church worship or service was virtually not held for some couple of months because of lockdown by state and federal governments respectively. This in turn affected the spiritual, moral, intellectual and social life of the people.

Research as an important tool

Research is an important element in the pathology of church growth. It is essential to get the facts. Is the church declining? If so by how much; for how long? What kind of people are leaving? Why are they leaving? Questionnaires, personal interviews and phone surveys should not be something foreign to the church. Pastors and lay leaders constantly analyze and probe the health of the church. The problem is that the research is often based to a large extent on a few opinions and conjectures. Church growth is

concerned with taking the guess work out of conclusions about the church. God's work in the world is too important for mistakes based on inaccurate findings. When the church gets a health checkup, the results have to be measurable quantities which can be compared and analyzed. Most denominations are conducting research in communities where they want to plant new churches. Not only is it important to discover people's felt needs, but it is essential to find out their receptivity. The denomination must know to what kind of church the people would best respond. Would they prefer a classroom type of church where minister lectures, and the people take notes on the sermons? Or are they people who would respond to the formal traditional style of worship? Community research has helped shape a variety of ministries, ranging from those centred around Christian rock music to store-front churches.

Do churches grow in situations where neither the pastor nor the people know anything about church growth? It is possible to unintentionally do the right thing at the right time and in the right place. The church of Jesus Christ sometimes grows in spite of the people in it. Church growth emphasizes the need for research so that congregations can intelligently apply biblical principles for growth in the right places with the proper timing. The Lord expects his church to be healthy, and therefore growing-internally and externally. There is nothing unspiritual about using sound diagnostic methods of research and analysis.

The church can diagnose various aspects of its spiritual health. The number of people attending worship, those involved in Bible classes, per capital percent of giving, attendance at communion, involvement in ministry-these are activities that can be measured and graphed. When the church conducts internal research, general patterns can be discovered about the overall health of the church.

Sometimes, however, the congregation might want to conduct an in-depth study of itself and/ or its community. Professional consultants are available to the church. While this concept is not new in the business world, the use of consultants is a fairly recent development in the Christian church. These consultants are highly trained in theology, biblical principles of church growth and its techniques of diagnostic research as it is applied to the church and the community. The essential task of diagnostic research is to locate the disease and prescribe ways in which the church can be healed. To date, eight diseases have been isolated and are gaining acceptance among those who study church growth (Wagner, 1979).

i. Life cycle

Every living organism has a life cycle. The same is true of the church. Churches usually begin in a flourish of missionary zeal. There is excitement that parallels the arrival of a new baby in the family. The congregation is relatively unstructured-compared to an older church. People are involved, working toward specific goals. There are building committees. People are involved in publicity. Some members are working on a honeymoon with the community, with each other, with their new building and their pastor.

There are three basic stages of health in a church. First, the church is goal-oriented. The people know why they are there. They see God's purpose for the church. They are unified and involved in strategies that are effective for making disciples. Second, the church can become task-oriented. The calendar gets full of activities. After two years, these activities become centred on trying to get through the activities. The people spend much of their time and effort on trying to do what they have always done-

trying to get through another year. The tone of this stage is one of self-serving. If this stage is unchecked, the church progresses to stage three. The third stage is terminal. The congregation becomes control-oriented. Most of the efforts and resources of the church are geared to the attempt to control the environment. The body of Christ becomes psychologically sick. The control efforts stem from a sense of instability due to the impending death. Churches, like dying people, can go through stages of death. Denial, withdrawal, rejection, anger—all of these emotions can be expressed in a dying church. As an effort to control the environment, the people resist change.

ii. Sizing up the situation

Physicians, attorneys and banks keep records. The Red Cross keeps records. Many businesses and organizations spend a lot of time and effort to store important information about those whom they serve. The church has, however, traditionally tried to avoid too much record keeping. There is sometimes an attitude that statistics and graphs are unspiritual. Consequently, when denominational report forms come at the end of the year or during synods, conferences, many priests and lay leaders shake their heads and wonder, “What do they need all this information for, anyway?” The most unspiritual part of statistics is the poor attitudes which people have about them. Numbers, graphs, records and research aids are not any more evil than telephones or insurance companies. They can be used to serve man. In the work of the church, they can be used to serve God’s glory too. God has not placed his people into the world to be ineffective. He is infinitely interested in results so much so that he would send his own son into the world die on a cross. Record keeping, graphing and measurement are ways to discover whether or not the

church is reaching its goals. Statistics are tools that can be used to God's glory. If we cannot measure faith because it exists in another person's heart and it is personal and private relationship with God. But the congregation's corporate involvement in the means of grace can be measured. How often have people participated in the Lord's Supper? Are more people attending worship regularly? Are people regularly involved in the world? These areas can be measured.

iii. A philosophy of ministry

- (1) A philosophy of ministry gives the congregation a vision. It is a banner which reflects the image of the church. The people are unified in task and strategy, because they have a plan, a philosophy upon which they have agreed. Respective denominations, dioceses, local churches have their individual philosophy of ministries. In this way, a philosophy of ministry gives focus to the programmes and activities of the church. Priorities are considered in the light of the church's philosophy of ministry. The church leaders, councils or boards and committees are able to zero in with their energies toward certain specified ministries with which they have agreed. There is no spirit of competition because their goals have been focused and unified.
- (2) Publicity is more important to a church than most people recognize. The image the church projects often encourages or discourages people from visiting the church. Publicity often gives different and sometimes conflicting signals, about the church.
- (3) Church growth philosophy of ministry will see the people of the congregation as ministers with gifts. People will be involved in ministry according to the spiritual gifts which the spirit gives to each. Pastors see

their task as equippers of the saints. People work together for the common cause of bodily growth.

- (4) A church growth philosophy of ministry will be conservative. Conservative, in church growth terminology, reflects integrity. The body of Christ has to have a backbone. In recent years, churches have become liberal in their theology of purpose. Some Christians have become involved in every cause of labour disputes, politics, ethnicity, fighting coronavirus, to demonstrations against nuclear power plants, endsars protest, and religious bigotry. In fact, it is expected. When these areas of activity take, however, precedence and become the main purpose, churches die. Kelley (1972) has noted that conservative churches are growing, precisely because they still see their purpose as a spiritual one. Conservative churches focus their attention on giving meaning to life. The world is a beautiful mosaic of cultural groups. Church growth people call these homogeneous units. A homogeneous unit is defined as a group of people who see themselves as alike and who view others as different. Identity in this case may or may not be along the lines of race or colour. Often they are in the basis of economics, worldview, education, like and dislikes.

The church is becoming very serious about the Lord's command that disciples be made. Modern technology, recent discoveries in communication, axioms from sciences such as psychology, sociology and anthropology are being used in conjunction with God's eternal principles. Planning goal setting and regular evaluation are efforts that reflect a new integrity of a church with a renewed vision.

Recommendations

The spiritual, intellectual, moral, historical, political,

sociological and anthropological presuppositions and realities of foundation for church growth setbacks normally provided the ground upon which scholars will research on. In view of or as regards the lessons learnt from this, the following recommendations are put forward as the contributions of this research work.

1. Evangelism is the bedrock of real foundation for church growth. Churches in Igbo land should be serious with aggressive evangelism in order to bring the gospel to the unchurched ones. Every priest and lay person should also be interested in evangelism.
2. We are, as Christians in Igbo land vis-à-vis Nigeria, to stand up for the politics that unite us instead of engaging ourselves in religious bigotry.
3. The church should be goal-oriented. The people should know why they are in there. They should be united and involved in strategies that are effective for making disciples.
4. A church growth philosophy of ministers and laity should be conservative. Conservative in church growth taxonomy or terminology reflects integrity.
5. The church should be serious for workers' welfare and is non negotiable. A hungry staff cannot be effective in evangelism.
6. In respect of church economy, the members should be honest in paying tithes and other contributions that will help for church growth. The church administration especially the ordained, should be prudent in using the generated funds for effective evangelism and church planting as did by the missionaries in the past.

Methodology

This research work employed the use of primary and secondary sources to obtain data. The primary sources involved oral interviews while secondary sources entail

books, journals, artifacts, diaries, private and public brochures, homilies, archives, archaeological data and so on. The research work is also based on historical, phenomenological and analytical approaches.

Conclusion

In sum, this study presents, “The pathology of church growth in Igbo land: an antidote to the symptoms” on the level of church growth challenges, their effects on the spiritual, intellectual and moral life of the people. Furthermore, as pointed out in this paper, the churches have to enhance their strategies using modern techniques such as human-oriented policies, quality leadership, applying adequate publicity, seminar conferences, use of mass media, evangelism, revival programmes and among others.

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