

Restoration, Retrieval and Renewal:
Recovering Healing Ministry in the Church – Some Critical Reflections¹
The Very Revd Professor Martyn Percy, Dean of Christ Church, Oxford

One of the defining hallmarks of fundamentalist communities is the claim to be 'biblical'. The reasoning runs simply and clearly, and as follows: things that were practised and believed in the time of the apostles are now, once again, to be found amongst the 'chosen' or the sanctified gathering of the faithful. Put another way, it has taken this new group of true believers to recover or retrieve a lost element or authentic practice from the early church – one that the wider church had either forgotten, neglected or perhaps even repressed. Thus, the wider church, typically, is narrated as heterodox, distracted, or, at best, lacking in focus. But in the new community of the sanctified – the newly inaugurated biblical church – God's original intentions and blessing are restored.

This essay is concerned with a trinity of practical-pastoral theological questions. First, to what extent are the healing ministries – ones that are so prevalent in contemporary charismatic evangelicalism – different from those practiced in the gospels? Second, can the claims to have restored or retrieved the charism of healing ministry in the ministry of Jesus, and that of the early church, really be corroborated? Third, are the healings of the late twentieth century and early twenty-first century evangelicalism and revivalism really the same kind of phenomena that might have been witnessed in the eighteenth century? To help us pursue this investigation, we will be drawing, both empathetically and critically, on the work and ministry of John Wimber (1934-1997), a key figure in charismatic evangelicalism, revivalism and healing ministries, who enjoyed a particular international following in the latter half of the twentieth century. Wimber articulated his theological rationale as follows:

'One of the Protestant Reformation's key contributions to the church was the recovery of the centrality of the Bible in the Christian life...If we are serious about the Reformation doctrine – an idea found in the scripture – that the church reformed is always reforming, we must make room for practices like divine healing in the modern church. Divine healing undeniably was part of Christ's ministry and something that he expected the church to experience (today)...'²

¹ This essay draws upon and develops ideas originally aired in my earlier M. Percy, *Words, Wonders and Power: Understanding Contemporary Christian Fundamentalism and Revivalism*, London: SPCK, 1996 and *Power and the Church: Ecclesiology in an Age of Transition*, London: Cassell, 1997.

² John Wimber, *Power Healing*, London: Hodder & Stoughton, 1986, p. 245.

Such reasoning found its purest expression in the United Kingdom within (so-called) Restorationism – a movement that gave birth to ‘House Churches’ and other forms of communitarian Christianity from the 1960’s. Restorationists believed that God no longer had much purpose for mainstream denominations. Instead, claimed those within the Restorationist movement, God was restoring his kingdom in these latter days, and new, purer forms of Christian discipleship would emerge, in preparation for and anticipation of Christ’s imminent return. Restorationists stressed separatism (from other churches), and claimed to be restoring the original, true church that God had intended from the time of the apostles. The new House Churches emphasized charismatic epiphenomena such as healing, deliverance and speaking in tongues. They also stressed the restoration of ‘original’ patterns of church leadership, including apostles, prophets and healers.³

Alongside the development of Restorationism, and from the post-war era onwards, the emergence of charismatic evangelicals also led to a renewed interest in prophecy, deliverance and healing ministries – and in particular, there being some sense in which divine healing could be reclaimed as a fundamental charism of the true church. My doctoral study focussed on fundamentalism and revivalism, and part of this work involved the habitual attending healing meetings – as an observer, observing participant, participant observer, and sometimes just participant. I kept notes. I was absorbed by the dynamics of the gatherings, and the claims.

My purpose was not to investigate whether or not the claims to be healed were true or false – for theologians cannot know such things.⁴ Rather, the question was: what do these healing encounters and stories *mean* to those who are gathered? I would listen to eloquent sermons and testimonies from healers, who would tell you that Jesus could heal anyone and anything. (I would then watch them take off their spectacles, put them carefully in their top pocket, and invite people to come to the front for ministry - so the failing sight of the preacher seemed not to bother them, or their audience). I would puzzle over how illnesses were described, and addressed. Some of the things I saw and heard were profoundly moving. Some were troubling and disturbing. Others were risible; or just plain odd. Testimonies varied in scope,

³ On this, see Andrew Walker, *Restoring the Kingdom*, London: Hodder & Stoughton, 1985.

⁴ There are studies that purport to ‘prove’ miracles, and from the late 20th century, sympathetic treatises that explore claims of healing have been undertaken by, amongst others David Lewis (*Healing: Fiction, Fantasy or Fact?* London: Hodder & Stoughton, 1986) and Rex Gardner (*Healing Miracles? A Doctor Investigates*, London: Darton, Longman and Todd, 1986).

ranging from minor illnesses, diseases or conditions cured; to stupendous claims of lost organs regrown (e.g., eyes, arms, etc.), cancers removed, and the dead raised.⁵

But I suppose what caused me to struggle was the refusal of most speakers and preachers to readily acknowledge the relationship between cause and effect, unless it could be tied to something personal and moral. Yet according to the World Health Organisation, well over 90% of the illnesses and diseases on this planet have a single cause: poverty. We lose five million children a year, under the age of two, to perfectly preventable malaria-related fever. Clean the nearby water supply, and you eradicate the breeding grounds for the mosquitos that spread the disease. I sat through many healing meetings that described many individuals recovering instantly and miraculously from a fever. But inside I protested all the while, that even if that were true, it was quite *pointless* when the causes of fever were not addressed.

In the United Kingdom, obesity is now one of our biggest threats to health, and one of our biggest killers. Yet it is not a disease of the rich; but the poor. Maps of the United Kingdom spell out the demographics of obesity plainly. The concentrations of obesity lie in our poorest and most disadvantaged communities. I have been to many healing meetings that have been beautiful, pastoral and powerful. But I have never been to one in which anyone returned to their home ten stone lighter. (The dieting industry would be ruined if this happened). A recent map of Scotland, taken from September 2014,⁶ showed that the concentrations of population voting ‘yes’ to independence correlated precisely with earlier maps that chart concentrations of obesity (i.e., parts of Glasgow, Dundee, etc.).⁷ In turn, those maps of obesity also correlated precisely with indices of poverty and unemployment. And the maps charting the related consequences – cancers, heart conditions and diabetes – follow in their wake. The areas in Scotland that voted ‘no’ to independence were, unsurprisingly, the wealthiest and healthiest.

Yet one of the most interesting things about the gospels and the New Testament is the way in which they play with our sense of perspective. They make us see ourselves differently – and others, and the wider world. We are asked to read more deeply, and see relations, cause and effect, consequences and the like, differently, more wisely, and with deeper compassion. Perhaps it is this that makes us pause and reflect, and adopt some appropriate caution (note, not doubt) in relation those exponents of healing ministries that would claim to read the bible ‘literally’, and as a ‘programme’

⁵ See Ian Cotton, *The Hallelujah Revolution*, London: Little-Brown Publishing, 1995, pp. ix-xiii.

⁶ <http://www.bbc.co.uk/news/uk-scotland-scotland-politics-29255449>

⁷ <http://news.bbc.co.uk/1/hi/health/7584191.stm>

or ‘blueprint’ for how to heal today, and how to retrieve the healing ministries of Jesus and the first apostles.

Our essay began with a quote from John Wimber, and the claims made in his key books *Power Evangelism* (1985) and *Power Healing* (1986), and in many of his conferences and recorded talks, suggest that he read the epiphenomena that was present in his own revivalist gatherings and ‘healing clinics’ as more or less identical to the observations made at the revival meetings of John and Charles Wesley, Jonathan Edwards, George Whitefield, Charles Finney and others.⁸ But close attention to detail highlights some interesting differences:

CONTRASTS IN REVIVALS

<i>Phenomena</i>	<i>18th and 19th Century Revivals</i>	<i>Late 20th and 21st Century Revivals</i>
Particular aspect of God being focused upon:	The holiness of God, and the need for individuals/the Church to be likewise to have sins forgiven	The healing power of God, and the need for individuals/the Church to likewise
Primary needs of respondents to message:	To have sins forgiven	To be physically/emotionally healed and/or empowered
Falling down at meetings or being ‘slain in the Spirit’:	Individuals usually fall on their faces, as in the Bible (Matt 7.16; Luke 5.8; Acts 9.4; 1 Cor. 14.25)	Individuals usually fall on their backs
When manifestation occurred:	During preaching	During a ‘clinic’/ministry
Attitude of preacher:	Wesley did not encourage the phenomenon, often ignoring it	Very much encouraged
Congregational proxemics:	People fell down on their own, sometimes involuntarily, or as a conscious response to particular conviction	Individuals fall down once others have gathered around them and prayed for them during a clinic
Reaction of preacher to people being ‘slain	Wesley claims he ignored them or had them carried	Fallen person becomes focus of activity, since this is where the

⁸ See J. Wimber, *Power Evangelism*, London: Hodder & Stoughton, 1985, p. 37.

in the Spirit':	away	Spirit is 'resting'
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Of course, this table does not mean late 20th and early 21st century revivals are bogus in their claims to divine power. It simply shows the discrepancies in social and historical hermeneutics. So the questions I seek to raise in this essay are particularly important when one considers the emphasis placed on miracles by some movements within contemporary Christianity. Since the early 1980's, the influential 'Signs and Wonders Movement' has held that public demonstrations of the miraculous may be a pre-eminent form of evangelism. Those at the hub of the movement urged churches to practice the miraculous in their congregations and beyond, in order to verify that the power and presence of God was manifestly within them. The premise was that this represented a restoration – or the retrieval – of God's purposes for the church and world in these 'latter days'. Sometimes, the claims made by such groups in respect of being able to reproduce the miraculous lay beyond boundaries of credibility. Claims were made that the dead were raised, the chronically and terminally ill healed, the handicapped 'made whole', global disasters accurately predicted, with revivals following.⁹

Contemporary charismatic renewal has witnessed a surge in specifically spiritual healing methods. A number of healers claimed that they were operating within a 'revival tradition' that can be traced back to the New Testament, but point to specific periods of history when the church had retrieved its healing mandate. However, this account of history depends more than a little on literal and naive readings of the past. Although relatively little has been done in terms of intellectual evaluation of the revival, the field is wide open for a range of assessments.¹⁰

Granted, evaluating the effectiveness of methods of healing is an important medical, theological and phenomenological task. But my main contention is that the 'Signs and Wonders Movement' was not a retrieval of the lost charism of healing to the church. Rather, it was a bourgeois spiritualisation of divine power, focussed on individuals rather than on those alienating social, religious and political cultures that Jesus' healings invariably challenged. The 'Signs and Wonders' movement primarily blessed

⁹ The 'Signs and Wonders Movement' saw itself as part of the 'Third Wave' of the Holy Spirit in the twentieth century, and the Second Wave being the charismatic renewal of the 60's and 70's. The 'Signs and Wonders Movement' regarded healing miracles as the fount of a growing, successful church, and promoted revival and renewal across denominational boundaries. Leading exponents included John Wimber, Peter Wagner, Bill Surbritzky and Morris Cerullo. More recently, the revivalist preacher Todd Bentley has claimed that dozens of people have been raised from the dead through his ministry, with other healings including divine liver transplants and cancers eliminated.

¹⁰ See S. Pattison, *Alive and Kicking*, London: SCM, 1989, p. 50

those who already had health, wealth, status – and more besides. Jesus’ healings were very seldom directed towards individuals within such societal strata.

I am conscious that this is a serious charge, but it can be defended by attending to the following hypothetical example. Suppose a middle-aged man attends a healing meeting at which charismatic healing ministry is offered. At the close of the meeting he is approached by someone who claims to have a word from God for him, about his chest pains. The man is astonished at the accuracy of the prophecy; he does indeed suffer acute chest pains. He is prayed for, feels ‘touched by God’, and returns home rejoicing. But his problems really begin here: he returns to his home which happens to be on one of the most depressed and crime-ridden housing estates; unemployment is very high, community amenities scarce, and debt and stress-related poor health common. He takes up smoking again, and his pains soon return: his smoking is related to his stress which is in turn, related to his social conditions. Globally, the biggest single cause of illness and disease is poverty.

In the example above, the pain may well be psychosomatic, but no true healing can take root until the social conditions are materially transformed. (If this is true for the man in our example, how much more true is it for the millions who suffer illness because of malnutrition, living in slum conditions, or are the victims of war). In contrast, a ‘Signs and Wonders’ approach to healing generally dealt with inner or unseen transformations in middle-class groupings. The kind of healings claimed were usually for things that could neither be seen nor tested: headaches, backaches, heart problems or depression were typical. Mention of social transformation however, as a basis for any healing, especially for the poor, was very rare.

But my purpose here for the moment is not to examine whether or not modern Christian healing methods “work”. Clearly, many people believe they do. What is perhaps of more importance is to enquire into the original purpose of miracles, particularly those in the gospels. I wish to argue that the task of miracles in the gospels primarily have more to do with social, political and ethical considerations, rather than being naked demonstrations of divine power simply intervening in often tragic human situations – with consequent implications for their audiences and the disciples, and, therefore, for the church today.¹¹

¹¹ In saying ‘primarily’, I would want to make it clear from the outset that I am not claiming to have constructed a complete scheme for interpreting miracles in the gospels; there will be exceptions to the rule. Equally, miracles in the Old Testament and in Acts have not been considered, which some readers may also find problematic

Re-Reading Healing in the Gospels: Comparing and Contrasting

Jesus' healing ministry as recorded in the gospels appears to be extremely discriminating. On only four occasions is a healing recorded in a building used for religious purposes (see Mk. 1: 23-27, Mk. 3:1-5, Mt. 21: 14 & Lk. 13: 10-13, and their Synoptic parallels). In two of these four cases, it is a woman who is healed, whose actual right to be there must in some question. In every other case, healings by Jesus take place outside any community of faith, except where 'crowds' or the poor are deemed by an Evangelist to constitute a group of faithful people.¹² Jesus' friends or relatives are not usually the beneficiaries of his healing power either.¹³ In fact, of those who are healed, we know little, not even a name, and certainly nothing of the long-term response of those who are healed.

This may be partly due to the fact that those who are healed are either poor, voiceless, marginalised or despised within society. The form of healing is engendered by Jesus is also ambiguous, extending well beyond physical changes in a person. So, Zacchaeus has his status within his community challenged through a symbolic gesture initiated by Christ, which called in to question the 'demonising' tendencies of a hostile public in response to an unfair tax (Lk 19: 1-10).¹⁴

¹² On this, see Stefan Alkier & Annette Weissenrieder (eds.), *Miracles Revisited: New Testament Miracle Stories and Their Concept of Reality*, Berlin: De Gruyter, 2013

¹³ Exceptions to what I have stated above are few. Peter's Mother-in-Law is possibly a friend of Jesus, and is healed (Mt 8:14-15; Mk 1:30-31; Lk 4:38-39). However, she may have been a widow, and therefore her status as that may be more significant. Mary Magdalene is healed (Lk 8:2), but the precise nature of her affliction is unclear. Lazarus is raised to life (Jn 11:1-44), and is, according to John, 'beloved' of Jesus. However, caution should be exercised when reading parts of the *Gospel of John*: its allegorical and apologetic directionality suggest that it is not always to be treated as 'literal history' (see 1:1-18, 20:30-31, 21:24-25, etc). This is not to say that the gospel is 'untrue'; just the contrary. The Fourth Evangelist is clearly aiming at revealing the Truth (i.e., Christ) in his work, whilst being faithful to the historical Jesus. Yet the gospel is more than history. The 'I AM' sayings are, I think, more allegorical than historical, and the raising of Lazarus may be a 'myth' (i.e. a story that is 'true' on the inside, but not necessarily on the outside, like a parable) that is a vehicle for affirming Jesus as the Resurrection and the Life - a 'confessional story', in effect. We should note that John the Baptist is not healed by Jesus, in spite of their closeness (Mt 14:1, Mk 6:14, Lk 9: 7ff). Nor should we forget that Jesus seems to be unable to heal the victims of natural disasters (Lk 13:1-5) or massacres (Mt 3: 16ff). These instances raise important theological questions about the limits of Jesus' healing ministry: what sort of things could he not do?

¹⁴ We should note that Zacchaeus does not concede that he has cheated the public in taxation. Luke records Zacchaeus as saying 'if' he has overcharged anyone on tax – note, 'if' – he will repay fourfold. He also volunteers half his wealth to the poor. The text clearly implies that although the

Others are forgiven before they can even confess their sin (e.g., Lk.7: 36ff & Jn. 8:1-11), resulting in a form of healing; where some would indict the individual sinner, Jesus seems to recognise the corporate and societal pressures that create the wrong. The equation between sin and suffering is one that Jesus seems to question rather than endorse.¹⁵

In virtually every healing story – and there are over forty in the gospels – the person healed is politically, socially or religiously disadvantaged – unloved or unnoticed by the majority of onlookers or witnesses. The gospel miracles then, are a record of Christ reaching out to the marginalised, dispossessed, cast-out and cursed in society and from faith communities. Christ seems to embrace those who few would consider touching. There is even a sense of urgency about this within the context of the Messianic mission. The woman healed of a crippling infirmity in Luke 13: 10-17 is healed on the Sabbath: first century Rabbinism allowed for such healing, but only when there was danger of death, which the narrative strongly suggests was not the case. Fitzmyer describes this healing as ‘the welfare of a human being [taking] precedence over...religious obligations.’¹⁶ The thrust of the narrative is to contrast the jealousy or scepticism of the ‘leader of the synagogue’ (v.14) with the plight of the ‘daughter of Abraham’: Jesus emerges as Lord of the synagogue and Sabbath in the space of seven verses – a healer whose responsiveness and urgency of ministry reflects his overall mission.

Other commentators have suggested that the link between healing and the forgiveness of sins must be linked to the perceptions of onlookers. In effect, it is only for this reason that the gospels reflect the linkage: they are not trying to make a theological point, but rather subvert a commonly held premise.¹⁷ Not only that, but authors such as Fridrichsen, Geisler and Ernst and Marie-Luise Keller suggest that the

crowd think Zacchaeus is a crook, he is in fact an honest tax collector, grateful that Jesus has refused to collude with his demonization and marginalisation.

¹⁵ For further reflection, see the discussion of Luke 13:1-5, especially verse 2 ‘Do you suppose that these Galileans were greater sinners than all the others in Galilee, because they suffered this fate?’ in Joseph Fitzmyer’s commentary (*The Gospel According to Luke X-XXIV*, Anchor Bible Commentary 28a, New York: Doubleday, 1985, pp.103ff. Fitzmyer points out that when the ‘sin-suffering equation’ is pressed by Jesus’ audience, Jesus turns the question on its head to speak about the need for all to repent. C.f. Luke 13: 36ff.

¹⁶ *Ibid.*, p.101.

¹⁷ See *The Problem of Miracle in Early Christianity*, Anton Fridrichsen, Minneapolis: Augsburg Publishing House, 1972.

act of repeating a miracle may diminish its value, relegating it to the ranks of thaumaturgy.¹⁸

The Kellers exegetical readings allow them to see miracles as 'signs' that had a unique function which in turn have been imbued with a unique status: in this respect, they are close to Fuller.¹⁹ But their shrewd analysis of the treatment of miracles in philosophical theology and biblical literature places them in a good position to discuss the 'reality' of miracles. They see them as something localised [from] beyond this world...concentrated in mysterious centres of action. They are primarily revelations that point to the ultimate dissolution between the 'natural and 'supernatural' order, but this dissolution is held in the crucified, raised and ascended Christ, which is not always consonant with the activity of the church.²⁰ In short, they are part of the created order, but not *supra*-creation in terms of eschatology; as such, critiques of their function and place are to be welcomed.

By way of comparison, much of what passes for charismatic healing movements in today's church is very different. Evangelists and healers who offer ministry usually do so in the context of a church or 'faith-gathering'. The ministry on offer is inward-looking, intended for those who join or become members. It largely leaves the dispossessed and marginalised of society alone. Where they are included, the terms are often strictly defined, whereas those who were encompassed by Jesus' healing ministry had no obstacles placed in their way, at least by him. The modern 'Healing Movement' only appears to work for 'believers', or to make people believe who would not otherwise. Frequently, those who claim to be healed already possess significant social, moral or religious status, whereas the healings of Jesus seem to be directed at people who are exactly the opposite.²¹

In fact, Jesus, both in parable (e.g. Lk. 15 - the Prodigal Son) and activity (Lk. 7 - the Woman at Simon's house) demonstrates the importance of the assurance of forgiveness being offered *before* the respondent can speak or confess their sin. The gospels seem to be saying that you can only truly confess once you have heard the words of absolution. In contrast, many exponents within contemporary charismatic

¹⁸ See N.L. Geisler, *Miracles and Modern Thought*, Grand Rapids: Zondervan, 1982, and E. & M-L. Keller, *Miracles in Dispute*, Philadelphia: Fortress Press, 1968.

¹⁹ *Ibid.*, pp.226-240.

²⁰ *Ibid.*, pp.241ff.

²¹ The question over the social status of people who are healed is a contentious one. Wimber's healing meetings seem to primarily cater for white American, European and Commonwealth middle-class people. But other healers do operate in different racial and social contexts with equally dramatic effects. For a fuller discussion of this see my *Words, Wonders and Power*, London: SPCK, 1996.

healing movements would insist on confession of sin as a precondition to being offered healing ministry.

In saying this, I am not dismissing accounts where sin and sickness are bound up together. For example, Matt. 9:2-7 records the paralytic, where Jesus originally says to the man: “Your sins are forgiven”. The teachers of the law, scandalised by this, question Jesus’ authority to forgive, upon which Jesus simply instructs the man to walk, which he does. The social construction of reality concerning the relationship between sin and sickness in Jesus’ day was complex, involving processes of hereditary curse, personal responsibility, third-party blaming and psychosomatic causes. Jesus’ attitude to the perceived cause and effect relationship between sin and sickness is, to say the least, ambiguous; he simultaneously rejects and accepts it, treating it almost playfully at times. It is not unfair to suggest that when he does appear to acknowledge it, agreement with the link is not necessarily implied.²²

The disparities between the way in which Jesus conducted his healing ministry and the way in which modern healers usually proceed are numerous. However, what is perhaps more striking, as the table below shows, when compared to the subsequent list of healing miracles, are the *types* of people healed by Jesus, and the consequent implications for the church in ‘liberal’ and ‘conservative’ spheres.

TYPOLOGIES OF PEOPLE AND GROUPS HEALED IN THE GOSPELS

1. The ‘demonised’ (by society?), mentally ill, and therefore ostracised from society and faith community (1,9,17,21,22).
2. The handicapped - marginalised in society - due to inability to function or fit in ‘normally’ (6,7,15,16,18,40).
3. Lepers and other ‘Untouchables’ - banned from society (5,11,34).
4. Children and widows - little social status (10,14,17,30,38). [Also single mothers: 14?,30]
5. Women adjudged ‘unclean’ through sin/sickness (11,31,32; see also Lk. 7, Jn.4 and Jn.8).
6. Others judged to be ill through sin (40; but possibly the case with most sickness - see Jn.9).
7. People of other faiths (14,19,34,38).
8. ‘Multitudes’ - seemingly indiscriminate, except insofar as the gospel writers use the term ‘multitude’ to refer to those excluded from ‘normal’ religious activity and the poor in society. They

²² Fitzmyer, *Ibid.*, pp.103ff.

are to be distinguished from the religious of the day such as the Pharisee and Saducee 'denominations', as well as Elders, Scribes and Priests (3, 13, 23, 24, 25, 26, 27, 28, 36, 37).

AN OVERVIEW OF THE HEALING MINISTRY OF JESUS

<u>Description</u>	<u>Matt</u>	<u>Mark</u>	<u>Luke</u>	<u>John</u>
1 Man with unclean spirit		1:21-28	4:31-37	
2 Peter's mother-in-law	8:14-15	1:30-31	4:38-39	
3 Multitudes	8:16-17	1:32-34	4:40-41	
4 Many demons		1:39		
5 Leper	8:2-4	1:40-42	5:12-13	
6 Man with palsy	9:2-8	2:3-12	5:17-26	
7 Man with withered hand	12:9-14	3:1-6	6:6-11	
8 Multitudes	12:15-16	3:10-11		
9 Gaderene demoniac	8:28-34	5:1-17	8:26-39	
10 Jairus' daughter	9:18-19,23-26	5:22-24,35-43	8:40-42,49-56	
11 Woman with bleeding	9:20-22	5:24b-34	8:42b-48	
12 A few sick people	13:58	6:5-6		
13 Multitudes	14:34-36	6:54-56		
14 Syrophenician's daughter	15:21-28	7:24-30		
15 Deaf and dumb man		7:31-37		
16 Blind man		8:22-26		
17 Child with evil spirit	17:14-18	9:14-27	9:38-43	
18 Blind Bartemaeus	20:29-34	10:46-52	8:35-43	
19 Centurion's servant	8:5-13		7:1-10	
20 Two blind men	9:27-31			
21 Dumb demoniac	9:32-34			
22 Blind and dumb demoniac	12:22		11:14	
23 Multitudes	4:23		6:17-19	
24 Multitudes	9:35			

<u>Description</u>	<u>Matt</u>	<u>Mark</u>	<u>Luke</u>	<u>John</u>
25 Multitudes	11:4-5		7:21-22	
26 Multitudes	14:14		9:11	6:2
27 Great multitudes	15:30			
28 Great multitudes	19:2			
29 Blind and lame in temple	21:14			
30 Widow's son			7:11-17	
31 Mary Magdelene + others			8:2	
32 Woman bound by Satan			13:10-13	
33 Man with dropsy			14:1-4	
34 Ten lepers			17:11-19	
35 Malchus' ear			22:49-51	
36 Multitudes			5:15	
37 Various persons			13:52	
38 Nobleman's son				4:46-53
39 Invalid man				5:1-9
40 Man born blind				9:1-7

The types of people and groups listed in the table have their modern equivalents, and it is clear that the overwhelming focus of Jesus' ministry lay with the poor, unknown and excluded of his day. So, the healings themselves can be seen as activity which characterises the love of God for the forsaken and damned, especially those who are victims of religious, moral and societal exclusion. This love even extends to including those of other faiths, with no conditions attached; nobody becomes a Christian in the gospels, or is compelled to believe anything because of a miracle. The activity therefore stands as a literal as well as symbolic sign of God's love for the oppressed, and questions the role of religion and society in colluding with or instigating that oppression.

As Mary Grey says, the healings of Jesus are 'characterised by a redemptive mutuality in which people come into their own'.²³ This is endorsed in some of Jesus' encounters

²³ Mary Grey, *Redeeming the Dream*, London: SPCK, 1989, p. 51.

with others even where a physical healing does not take place. Mention has already been made of Zacchaeus, and, as Jean-Jacques Suurmond points out, the gospels are full of playful political subversion and ‘social healings’: ‘tax collectors become Robin Hoods who returned their money to the poor; common sluts become princesses of the resurrection preaching’.²⁴

Therefore to focus on repeating miracles as demonstrative acts and reifications of divine power for today – trying to retrieve or restore the performance and practice of healing miracles – essentially misses the original context and target of Jesus’ healings, which had radical political, social and religious dynamics that were usually missed in their day, but should not be ignored for now.²⁵

Healing as Taking on Affliction

There is a further dimension to the healings of Jesus that should be mentioned, which places his ministry in sharp contrast to much of today’s charismatic healing movements. It is the notion that there is some sense in which Jesus takes on the suffering and affliction of the individuals he cures, such that it becomes part of him. This view would not have been strange to the early Church Fathers, whose progressive move towards a richly incarnational theology required them to conclude that what was not assumed could not be redeemed. So, Jesus risks social ostracization when he dines with Zacchaeus, consorts with sinners, and receives women of dubious repute into his company, precisely in order to take on their brokenness, as well as take on the taboos of society that maintain structures that divorce the secular and sacred.

As Janet Soskice has pointed out, it is no different in the healing miracles themselves. Noting the story of the haemorrhaging woman in Luke 8:40-56 (c.f. Mk. 5:21-43 & Mt.9: 18-34), she points out that what is striking about it is Jesus’ willingness to touch or be touched by an ‘impure’ woman. Although modern readers of the text may find

²⁴Although I dislike the word ‘slut’ in this quote, it nonetheless serves its purpose. See Jean-Jacques Suurmond, *Word and Spirit at Play*, London: SCM, 1993, p. 51.

²⁵ On this point, we note Richard Hooker’s critique of the Puritans, dated to the late sixteenth century. In the Preface to the *Laws of Ecclesiastical Polity*, Hooker argues against the Puritan claim that church life should be based only on what is demonstrably proven by scriptural precedent. This endeavour, argued Hooker, is wrongly conceived and impossible to carry out:

‘...what was used in the Apostles’ times, the Scripture fully declareth not; so that making their times the rule and canon of church-polity, ye make a rule, which being not possible to be fully known, is as impossible to be kept...in this general proposing of the Apostolical times, there is no certainty which should be followed: especially seeing that ye give us great cause to doubt how far ye allow these times...’. [Preface IV.3-4 – see Hooker’s *Laws of Ecclesiastical Polity* (Everyman Edition), Volume 1, London: J. M. Dent, 1954, pp. 77-146].

this aspect of the narrative difficult, the significance of Jesus' action should not be underestimated; '[she] defiled the teacher which, according to Levitical law, she would have done for she was in a state of permanent uncleanness, polluting everyone and everything with whom she came into contact'.²⁶ Her poverty – 'she had spent all she had' – is a direct result of her affliction. Yet Jesus, apart from healing her, also seems to challenge the social and religious forces that have rendered this woman 'contagious'. Jesus calls her 'daughter' in all three accounts, and all three Evangelists stress the woman's faith. Interestingly, the Synoptic accounts of the haemorrhaging woman are all paired with the raising of Jairus' daughter. Again, the issues of impurity (touching a corpse) and of menstruation occur: the girl is twelve, and her untimely death clearly prevents her from entering womanhood. Jesus declares her 'not dead, but sleeping', and his touch, resulting in his defilement, raises the girl.

Frank Kermode's work has important resonances with the observations made by Soskice.²⁷ Kermode's discussion of the purity issues in Mark 5 picks up on the fact that the stories of the haemorrhaging woman and Jairus' daughter have been paired and conflated.²⁸ Kermode cites as evidence for this the undue prominence Mark gives to the narrative by the sharing of the number 'twelve' (the girl is 12, and the woman has also been ill for 12 years):

'this coincidence signifies a narrative relation of some kind between the woman and the girl...an older woman is cured of a menstrual disorder of twelve years' standing, and is sent back into society. A girl who has not yet reached puberty is reborn...'.²⁹

Kermode presses his claim that the narrative is centred on gender-related taint with some force: 'they take their complementary ways out of sickness into society, out of the unclean into the clean.'³⁰ Jesus does not negate either of the women, nor does he 'demonise' their afflictions, or imply that they are unclean – the healing comes from their being accepted by him as they are: their 'defilement' is done away with.

Modern readers might well struggle with these texts, and wonder what all the fuss is about in relation to normal issues in 'feminine hygiene'. But contemporary society

²⁶ I am indebted to Dr Janet Soskice for some of these insights, in her (unpublished) paper 'Blood and Defilement', given at the Annual Society for the Study of Theology Conference, 1994.

²⁷ See F. Kermode, *The Genesis of Secrecy: On the Interpretation of Narrative*, Harvard: Harvard University Press, 1979.

²⁸ See also Ched Myers, *Binding the Strong Man: A Political reading of Mark's Story of Jesus*, Maryknoll NY: Orbis Books, 2012 (first published in 1988).

²⁹ *Ibid.*, p.132.

³⁰ *Ibid.*, p.134.

may not be quite as progressive as it imagines. The story of how the Samaritans began – the organisation founded in 1953 by the Reverend Chad Varah – has some resonance with the story of Jairus' daughter. Varah's inspiration came from an experience he had had as a young curate in the city (and diocese) of Lincoln. Varah had taken a funeral for a girl of fourteen who had killed herself because she had begun menstruating, and was mortified that the girl had to be buried in un-consecrated ground, with parts of the burial liturgy redacted as it was a suicide. Varah became concerned about the state of sex education for teenagers in the city, and started to work with young people, especially listening to those who were contemplating suicide. Varah's Samaritan movement grew rapidly when he subsequently moved to London. Within ten years, the Samaritans were a sizeable charity, offering a supportive and empathetic listening service which is not political or religious.

So, the story of Jairus' daughter and that of the older woman (both women, note, are unnamed) are remarkable. The pairing of these two stories seems to turn everything around. A woman becomes a daughter, and a daughter becomes a woman. Moreover, we might also allow ourselves a little speculation. What precisely is the relationship between Jairus and the bleeding woman? Remember, Jairus is the Synagogue Ruler, and would therefore have an instrumental role in policing its precincts, keeping the impure and undesirable out. So now we have a story about immediacy and patience. The woman has waited for twelve years – and probably been excluded from worship for the same period of time. One of the subtle yet blunt exercises of power is to make people wait, or be kept waiting.

If you are in power, people wait to see you – or you keep them waiting; it is the powerless who must wait. For that appointment, the letter, the news, the interview – waiting is a form of powerlessness. Jairus kept this woman waiting for years; but he wants Jesus, to heal his daughter, *now*. What does Jesus do? He gets distracted by an apparently pointless brush with a member of the crowd, and keeps Jairus waiting – and too long too. Where is the lesson in this? This is a miracle with a moral. So, we are now in a position to understand the significance of Jesus' encounter with the two women, and their 'healing', or indeed, why Jesus bothered with lepers. When, in the midst of the dynamics of this particular understanding of the relationship between an 'impure' body and the social body, Jesus reaches out and *touches* the unclean and declares them healed, he acts as an alternative boundary keeper in a way that is religiously and ritually subversive to the established procedures of his society. Jesus disrupts and undermines the social order that declares such people outcasts. So, Jesus makes possible a new community that now refuses to be founded upon the exclusion of the other.

Whilst these elements in the gospel accounts may be implicit in the text, or buried by 'traditional' forms of exegesis, their uncovering raises serious issues for the contemporary church in its healing ministry. The taking on of another's affliction is not something many would contemplate, particularly if that requires the 'healer' to then be regarded as also being 'handicapped', 'defiled' or 'sinner'. Nowhere is this issue more acute than in the field of care for 'victims' of HIV/AIDS related cases, where 'defilement' through touch has stalked the mind of society like a ghost. (Indeed, it is interesting that the 'young man' John Wimber obliquely refers to in his speeches and publications as bringing the first experience of dramatic renewal to his Vineyard churches – a 'Jesus Freak Hippy' by the name of Lonnie Frisbee and born in 1949 – was an active homosexual. Wimber, of course, could not possibly acknowledge Frisbee's sexuality in public, as it would have alienated his evangelical followers. But Wimber was nonetheless willing and able to continue describing Frisbee as the channel and agent of God's Pentecostal blessing that had caused the Vineyard churches to become what they were. Frisbee died of AIDS in 1993).

So, my reading of this healing miracle in the gospels suggests three things. Firstly, that touching and embracing the afflicted, in the widest possible sense, is critical to Jesus' ministry. Secondly, that judging the cause of sickness, or naming it as 'sin', has no place in Jesus' ministry. Thirdly, that (somehow) inculcating the sickness itself into the body of Jesus was important. I am aware that this is effectively a call for the church to live as though the 'body of Christ has AIDS',³¹ fully assuming the personal, social, moral, medical and political problems that arise for sufferers. But to do less than this would be to fall into the familiar dualist trap, of seeing the body of Christ as pure and unassuming rather than being engaged in complex, rich, suffering and mutual intercourse with the world.

There is a fundamental sense then, in which the suffering God needs to be brought alongside the Jesus of healing miracles. The crucified Christ needs to be placed firmly in the centre of any theology of healing, not because Jesus' death somehow negates sickness, but because the death itself is the ultimate fulfilment of those miracles. In death, Jesus becomes the man who is going nowhere, an emblem of hopelessness, betrayed, vilified and cursed; he earns the scorn of society, for 'he saved others, but he cannot save himself'. So at the heart of the gospel there is a profoundly broken person, who was prepared to be broken for others, and ended up by paying the ultimate price. This vision of Jesus flies in the face of the usual portrayals one

³¹ I have borrowed this phrase from Professor Anthony Dyson's (unpublished) paper delivered at the Annual Society for the Study of Theology Conference in 1992.

encounters in the majority of modern healing movements. The emphasis is usually on Christ's strength and his ability to accomplish all things. Those who are afflicted must lose what afflicts them before they can join the company of the redeemed: that same company will certainly not be joining them, descending to their level. So as far as the Church is concerned, Paul's 'kenotic' hymn of Philippians 2 is reversed: individuals and society must empty themselves and rise to meet God on another plateau. Yet at the heart of the Eucharist, it is the action of breaking bread that signifies Christ's solidarity with his people, and points to the salvation beyond. When the church lives like this, as the broken body of Christ for the broken themselves, there is healing and redemption in abundance: the work of many communities and individuals testifies to this.³²

Before looking finally at the task of miracles, it perhaps apposite to ask 'did Jesus actually heal, or are the miracles just "signs"?' Part of the answer has to lie in locating the healing ministry of Jesus within the activity of incarnation, which, in some sense, is an ongoing process. In the incarnation, that which is symbolised in Christ is also actualised, and the hidden revealed: the church is called to live out this life too, relating the inner to the outer in all spheres. So the miracles of Jesus are real in the sense that all symbolic action became focussed in activity that was observable, reifiable and demonstrable. This apparently involves disturbing the laws of nature, but the laws are only subverted where they oppress or threaten, and Jesus' healing activity points to the importance of breaking through all oppressive barriers, be they legal, societal or 'natural'. Again, this suggests that miracles can never be 'proofs' or simple demonstrations of 'power': they always have a social-transcendent function which is primary.³³

The Task of Miracles

The social, moral, religious and political impacts of Jesus' healing miracles are inescapable. Part of the value of these miracles in Jesus' ministry, besides healing individuals, seems to be in questioning society over its attitude to sickness itself. The sin of the individual as a cause is uniformly rejected by Jesus. Instead, he tends to challenge crowds and onlookers, questioning their implicit or explicit role in the person's misfortune. For Jesus, healing is never just an action for an individual: there are always wider, corporate implications.

³² See J. Hadley, *Bread for the World*, London: DLT, 1989, p. 87.

³³ I am grateful to the insights of Werner Kelber here, who originally set me thinking on this path. See *The Passion in Mark*, Philadelphia: Fortress Press, 1976, especially chapters 2, 3 and 7.

This observation is particularly pertinent in the context of the changes taking place in health-care at present. Besides the radical shake-ups in the financing of the National Health Service (they are perennial), there is also a political and moral shift taking place. People are increasingly encouraged to relate to a system as individuals in their own right, competing for funds, care and treatment. Increasingly, the causes of disease are portrayed as matters of individual choice: those who might have poor diets or smoke too much in, say urban priority or inner city areas, are 'blamed' for their own bad health. The rhetoric of 'choice' somehow implies that those who are ill, disabled or marginalised have partly become that through their own freewill. Even at its best, such rhetoric reduces the patient to the status of a unit of consumption, a figure whose only significance is their place on the balance sheet.

So, contemporary charismatic healing movement need to bear in mind that the gospels and the accounts of healing within them do not provide the reader with a kind of 'manual' on how to heal, or what to think about sickness. Leaving aside the worldview of first century Palestinians, the healing stories of the gospels are too symbolic to be read as aids to diagnosis and prognosis. (Presumably, one should be just as cautious about adopting the 'demonology' of the first century as much as the pre-copernican cosmology and 'flat Earth' geography of Psalm 19). Accounts of healing can't be read as a type of instruction book, any more than an artists' portrait should function as an anatomical guide for a surgeon about to perform an operation. 'Healing stories' are 'still-life' pictures, pregnant with meaning, including social and political, yet faithful to the original subject. What counts is our reaction to what we 'see', not whether or not we can copy the picture.

Contemporary charismatic healing movement, for the most part, are correctly diagnosed by Sobrino as being too 'spiritualised' in its relation to the world.³⁴ There are, no doubt, many benefits in being part of the phenomenological escapism that many believe constitutes a revival.³⁵ Healing rallies and conventions will continue to come and go; healers who emphasise methods, texts and types of faith will always abound; some will always be helped by such things, whilst others are hindered. But the healing task of the church surely lies well beyond this horizon. What I am arguing for is a 'reading' of the healing stories that involves eschewing literal or demythologised paths, conservative or liberal slants, seeking instead a shared agenda

³⁴ See Jon Sobrino, *Jesus the Liberator: A Historical Theological Reading of Jesus of Nazareth*, Maryknoll NY: Orbis Books, 1993. See also Ernesto Cardenal, *The Gospel in Solitname*, Maryknoll NY: Orbis Books, 2010 (first published in 1970). For a more devotional approach, see Jeffrey John, *The Meaning in the Miracles*, Norwich: Canterbury Press, 2001.

³⁵ See M. Percy, *Words, Wonders and Power*, 1996, Chapter 8.

for social, moral and political praxis. There are implicit imperatives in the healing ministry of Jesus that the church needs to heed.³⁶

The retrieval of healing ministries to the church, I would suggest, will only come when there is a serious theology of 'touch' in relation to pain. Moreover, this cannot just be for individuals. To refract an old saying, 'Jesus was not just tough on disease, but also tough on the causes of disease'. When he heals a person, he also touches the social context and culture that frames the disorder and disease. Jesus hears the dumb; he speaks to the deaf; he sees the blind; and he touches the untouchable. The body of Christ is richly sensate.

Touching is one of the most basic forms of human communication, and one of the most personally experienced of all sensations. Our tactile sense is the genesis of our individual and social awareness. Closeness and physical intimacy play a major part in addressing pain: a hand extended in friendship or consolation, a hug or embrace can be more profound than a thousand words.³⁷ The remarkable story of Jesus' healings is his awareness of this dynamic: he was willing to touch and be touched – he expressed grace in his physicality. Individually and socially, the church needs to contemplate real touching in response to real alienation and pain. This engagement requires a deep reaching inside itself, as well as a reaching out, drawing on the resources of the one whose incarnation is just that.

So, can the church retrieve the healing ministry of the gospels, and restore it to the present church, so that renewal and revival will come? The answer must be 'yes'. But true revival will only come when the poor are accounted for and liberated. Renewal will only come when the culture that 'blames' individuals for their sickness, along with the purchasing of 'services' and 'choices' in levels of treatment in health-care, is subverted by a more corporate sense of responsibility and a spirit of true service. True gospel healing will always be about addressing the causes of illness and disease, and challenging the political and social forces that divide and demonise in our society. If the church wants to retrieve the healing miracles of Jesus, it can't just do this personally for individuals. It will have to engage with the more subversive political motivations that lie behind Jesus' healings.

³⁶ See Pattison, p. 55ff. The theory that healing movements are a reflex response to secularisation and postmodernism remains unchallenged. I have been especially impressed with the work of Charles Davis in relation to some of these problems. See C. Davis, *Religion and the Making of Society: Essays in Social Religion*, Cambridge: Cambridge University Press, 1994, pp. 199-201, on religious hope and praxis.

³⁷ Two very helpful books in this regard are Norman Autton's *Touch: An Exploration* (1989) and *Pain: An Exploration* (1986), both London: DLT.