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#### HEALING AS CHRISTIAN PRACTICE

Healing refers to a restoration of health and wholeness from a prior state of sickness, including physical, emotional, and spiritual. Experiencing such evil is common in a fallen world. Ultimate healing will come in the next age, when Jesus Christ conquers death (1 Cor. 15:53–57). Yet now God still proclaims, “I am the Lord, your healer” (Exod. 15:26). The Old Testament term *shalom* includes within its orb of meaning the concept of health, as well as peace, completeness, harmony, and fulfillment. God promises *shalom* to his people (Ps. 85:8). Fulfilling the promises of Isaiah 61:1, Jesus announced that He came “to proclaim . . . liberty to the captives and recovering of sight to the blind, to set at liberty those who are oppressed” (Luke 4:18), in which a prominent part of His ministry was healing “various diseases and pains, those oppressed by demons, epileptics, and paralytics” (Mark 4:24). Messiah is called the “Prince of *Shalom*” (Isa. 9:6; Eph. 2:14).

The church continues this healing ministry. “The healing miracles that Jesus performed not only helped to establish his messianic identity, but they serve as instructive models for the church as Jesus uses people to mediate his dominion in the world” (Arnold 2012, 172). James 5:14–16 provides an important New Testament healing commission. “At the same time, James [5:16] makes clear that the church at large is to pray for healing. . . . James encourages all Christians, and especially those charged with pastoral oversight [elders], to be active in prayer for healing” (Moo 2000, 238).

#### Questions about Healing

In his extensive two-volume study of miracles, Craig Keener (2011) presents a sustained historical and theological argument for scholars who tend toward anti-supernaturalism in their study of the New Testament miracles. Keener marshals evidence from ancient and contemporary accounts of miracles around the globe (almost 400 pages of accounts with citations, ch. 7–12) and addresses the classic philosophical criticisms raised by Hume (ch. 4–6) and contemporary research bias against supernaturalism (ch. 13–15). As an example of such bias in the church, Augustine (AD 354–430) originally held that miracles could not occur, but then changed his mind when miracles took place among his own congregation and subsequently had records kept of these (Kelsey 1973, 184–189). D. A. Carson (1987, 166) notes: “There is enough evidence that some form of ‘charismatic’ gifts continued sporadically across the centuries of church history that it is futile to insist on doctrinaire grounds that every report is spurious or the fruit of demonic activity or psychological aberration.” In his book discussing culture

and worldview, Charles Kraft (2005), a former missionary and missiology professor, mentions his own personal and academic journey from reluctance to embracing a biblical supernatural perspective.

Yet it is puzzling that God raises up some and does not raise up others. God is the healer, not our prayer alone. Although Jesus Christ inaugurated the Kingdom of God, the full measure of its features will not appear until Christ's second coming—the kingdom is already and not yet. With confidence in God and following scripture, we pray for those who are sick, leaving the results up to God. God may not bring healing, as illustrated with the apostle Paul. He was instructed, "My grace is sufficient for you, for my power is made perfect in weakness" (2 Cor. 12:9).

God has designed healing capacities within the human body and also healing properties in medicine, ancient and new. Employing a balanced approach includes room for varied ways that God can heal (cf. Paul's medicinal advice to Timothy, 1 Tim. 5:23). John Wilkinson (1998, 292, 294), a former medical missionary, explains, "In the modern situation it is also possible to combine the gift of healing with training in the art and practice of medicine . . . for all true healing comes from God."

#### Categories of Healing

In his classic treatment, Francis MacNutt ([1974] 1999, 133) identified three kinds of sickness: spiritual (personal sin, requiring prayer for repentance), emotional (resulting from trauma, lies embraced, and emotional wounding from others, requiring prayer for inner healing), and physical (from disease or accident). An additional arena for healing involves prayer for deliverance from demonic oppression. Our need for healing can result from a combination of sources, involving more than one category. For example, some physical sickness results from sin (John 5:14, 9:3), and some involves demonic oppression (Luke 13:10). Missiologist Charles Kraft (2004, 258) confirms this combination view and offers this analogy to clarify Satan's attraction to our sinful habits: "[D]emons are like rats and rats go for 'garbage.'" The major problem is not the "rats" but the "garbage." Kraft suggests that we first address other arenas for healing through appropriate means (e.g., prayer, inner healing, repentance, medicine, counseling) and then turn to deliverance when needed.

Due to contemporary skepticism regarding demons and the supernatural in general, the category of demonic oppression may seem incredible, yet the traditional triad opposing the believers' relationship with God is the world, the flesh, and the devil (Eph. 2:1–3). "The Bible clearly conceives the possibility that a Christian may allow an evil force to have a controlling and dominating influence in his or her life" (Arnold 1997, 89, cf. Eph. 4:26–27). The early church practiced deliverance as part

of its two- to three-year catechumenate training prior to receiving formal church membership. "This was the logical time for the early church to deal with the evil spiritual attachments—since the vast majority of these people were in the process of renouncing their allegiances to various pagan deities and magical practices to embrace the living and true God" (Arnold 2012, 169–170).

#### Practicing Prayer for Healing

John Wimber's (1987, 199–235) five-step healing prayer model is one pattern often used or adapted:

- Step 1: Interview ("answers the question, 'Where does it hurt?' 'What do you want me to pray for?'").
- Step 2: Diagnostic decision ("answers the question, 'Why does this person have this condition?' clarifying what is the person's root problem: physical, emotional, sin/spiritual, and/or demonic").
- Step 3: Prayer selection ("answers the question, 'What kind of prayer is needed to help this person?'").
- Step 4: Prayer engagement (which takes the bulk of time) ("answers the question, 'How effective are our prayers?'").
- Step 5: Post-prayer directions ("answers the questions, 'What should this person do to remain healed?' And 'What should this person do if he or she was not healed?'").

When Richard Foster began learning how to pray for healing, he employed a "principle of progression" as we might with any other skill. "I began to pray for small things like earaches, and headaches, and colds—whatever needs arose among my family and friends. And slowly, one step at a time, I began discovering the ways of Healing Prayer" (1992, 206). Likewise, it is helpful to join an experienced team of intercessors as they pray for healing, since, as Carson (1992, 182) observes, "Christians learn to pray by listening to those around them."

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