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# The Dark Side of Prayer for Healing

## *Toward a Theology of Well-Being*

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### Abstract

This paper explores the relationship between disability and pentecostal theologies and practices of healing. First, it draws on the testimony of people with a disability, describing the challenge of being the “elephant in the room”: the obviously unhealed in a social space in which supernatural healing is understood to be connected to the gospel, a reward of faith, and a central part of a life and ministry of the church. Second, it deconstructs pentecostal theologies and practices of healing, identifying their potentially alienating effect. Finally, it proposes an alternative orientation, replacing the emphasis upon divine healing with a focus on well-being. To this end, it draws on the holistic intention of the pentecostal Full Gospel and relates this to the virtue tradition, with its concern for long-term flourishing in the midst of the hardship and fragility of life.

### Keywords

healing – disability – sickness – well-being – virtue

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\* This paper is dedicated to Chris Simon, who has shown his love to me through faithful prayer. To those of you who have experienced the dark side of pentecostal approaches to healing, my prayer is that you (and I) might know what it is to flourish in the midst of our hardship. Finally, I would like to express my thanks to Amos Yong, Dale Coulter, and two blind reviewers for their invaluable comments on an earlier draft of this paper.

## Introduction

Healing has been so central to pentecostal theology and practice that, alongside Spirit baptism, it has come to define the movement.<sup>1</sup> Indeed, Pentecostals have elevated the importance of miraculous healing to such an extent that it is inextricably bound to theories of the atonement and conceptions and practices of faith. There is, however, a dark side to this emphasis that is rarely acknowledged. This paper seeks to unmask the negative impact of pentecostal theologies and practices of healing upon people with permanent illnesses, injuries, and disabilities. Thereafter, it proposes an alternative way of conceiving of health, reorienting the movement toward an emphasis upon individual and social well-being.

## Testimony

It must be acknowledged up front that the impetus of this paper is thoroughly personal. On October 7, 2010 I had a serious accident that left me a C4/5 incomplete quadriplegic. As a means of processing the psychological issues that went with my loss, I wrote a memoir, *Husbands Should Not Break*, which explored my experiences in the long months of rehabilitation.<sup>2</sup> A central theme of the text was the problem of pain (theodicy) and related questions about faith, prayer, and healing, and the fact that I remained disabled notwithstanding the prayers of faithful Christians from around the world. Reviewing an early draft of that memoir, Amos Yong sent me an email that included the following comment:

I think your “testimony” (I would want to argue with all the vigor I can muster that this is as authentic a pentecostal testimony as any!) is realistic and paradigmatic: we pentecostals, not to mention Christians in general, need such an account.<sup>3</sup>

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1 Candy Gunther Brown takes this further, noting that “the pew survey singles out divine healing—more so than any other factor, including speaking in tongues and financial prosperity—as distinguishing Pentecostals and charismatics from other Christians.” Candy Gunther Brown, “Introduction: Pentecostalism and the Globalisation of Illness and Healing,” in *Global Pentecostal and Charismatic Healing*, ed. Candy Gunther Brown (New York: Oxford University Press, 2011), Kindle location 523.

2 The first draft of *Husbands Should Not Break* is complete and publication being considered.

3 Private correspondence, June 18, 2013.

Yong is here averting to the fact that testimony grounds pentecostal spirituality, outreach, and theology.<sup>4</sup> Indeed, if healing has been central to pentecostal identity, it is the priority given to testimonies about God's power that has sustained this priority. If this is so, however, what is the significance of those stories that normally go untold; those that tell of the absence of healing and the hurt that sometimes results from prayer? In Yong's email to me, his emphasis on "testimony" was intended not only to highlight pentecostal epistemology, but also to recognize that my story might not be recognised as testimony, because it highlighted my struggles and doubts as well as the permanence of my injury notwithstanding consistent prayer. I have been blessed by the faithful prayer of many friends. In their prayers are the evidence of love and a mysterious solidarity in my hardship. But I have also experienced the dark side of the pentecostal emphasis on healing, as is apparent in this extract from my memoir:

The conference speaker was from Atlanta, Georgia, and with his deep southern accent, he set out to encourage the practice of pentecostal spirituality. For me, one of the more challenging aspects was the link made between faith and healing (common to Pentecostals globally). Because of the limitations of access, I was seated on the floor of the auditorium, five rows back and directly in front of the stage and, given the size of my chair (while I am shorter than people standing up, I am a good head and shoulders taller than people when seated), I was far too visible. Whenever healing was mentioned (which was frequently), I felt myself to be the elephant in the room. Throughout the event, pastors would come my way, encourage me to have faith, and say that they were believing that I would be healed. One night, I was held back after the service for ten minutes of "encouragement" and prayer. Again, at morning tea the next day I missed out on tea and cake while being prayed for. Having coffee later that day at Starbucks, another pastor laid his hand on my shoulder and prayed for me. All of this was well-meaning, and expressed both sympathy and faithful hope. But, truth be told, it was also maddening, although I'm not really

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4 For the importance of testimony in pentecostal theology see Amos Yong, *The Spirit Poured Out on All Flesh: Pentecostalism and the Possibility of Global Theology* (Grand Rapids, MI: Baker, 2005), 162. Also James K.A. Smith, *Thinking in Tongues: Pentecostal Contributions to Christian Philosophy* (Grand Rapids, MI: Eerdmans, 2010), chap. 3. And Grant Wacker, *Heaven Below: Early Pentecostals and American Culture* (London: Harvard University Press, 2001), 58.

sure why. It may be a reflection of the paucity of my own spiritual life, or indicative of my intolerance. But it might also reflect my frustration at a church culture that seems unable to face up to the fragility of life and the permanence of suffering and disability.<sup>5</sup>

While *Husbands Should Not Break* remains as yet unpublished, I have told some of my story on my blog, ShaneClifton.com. In response to a post on the challenge of prayer, I received the following comment from Lee-Anne, who was born with scoliosis and has spent twenty-three years in a wheelchair:

It [prayer] really is the elephant in the room, particularly in pentecostal circles. Someone once said to me that Paul had a thorn in his side and I have a thorn under my bum. Still, 23 years leaves me wondering too. Sometimes it's a great blessing; it presents unique opportunities. Other times it's a source of massive frustration, as you'd know.

In any case ... *Carpe diem*. Get out there and terrorise. It's fun. You'll leave many Christians baffled.

This is especially fun—I can move my legs; so when people start yelling and grabbing and casting who-knows-what demon of lameness and whatever out of me, I take great joy in extending my feet and wiggling my toes in gratitude before threatening litigation and a kickbox to the head.

I visited a smallish church once and the pastor asked if he could pray for me. I said sure, why not? Ensue 15+ people surrounding me, casting things out of me, telling me to repent and be healed. Two of the ladies and one of the guys literally picked me up by the arms and made me stand. I had bruised biceps for three weeks and strained back muscles from being stretched standing straight with scoliosis. It went on for around 15 minutes, and every time I yelled at them to let go of me they yelled back at my “demon” to shut up.

After this adventure they gave me a copy of Joni Eareksson Tada's book—totally contradicting themselves.

So I never visited again.

I'm really nervous around conferences, prophetic stuff, because I really don't want that to be repeated. I hate being made a fuss of at the best of times, and crazies just seem to enter their element when they see me coming. (Sadly, Lee-Anne passed away in February 2014, aged 26, from complications related to her condition).

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5 *Husbands Should Not Break*, unpublished.

One of the more famous quadriplegics, Joni Eareksson Tada, recounts similar experiences. This extract comes from her book, *A Place of Healing: Wrestling with the Mysteries of Suffering, Pain and God's Sovereignty*:

Lloyd [a friend with a disability] and I had a chance to talk about what happens at healing crusades. I shared that at one time, years ago, I too had been desperate to get healed. My sister Jay and I heard that Kathryn Kuhlman, a famous faith healer, was coming to the Washington, D.C., Hilton ballroom. Stories had reached us about cancer-ridden people who'd been cured in Philadelphia, Pennsylvania, at one of her crusades. I wondered if I should go to the healing service in Washington, D.C. One morning, when Jay was putting my legs through my range-of-motion exercises, Ernest Angley came on television. He was an odd sort of man who wore a bad toupee and ill-fitting suits, and Jay and I enjoyed his antics. My sister and I stopped and watched as people dropped their crutches or got up out of their wheelchairs, many raising their hands and declaring they were free from pain. "Do you think God could heal you?" Jay asked, staring at the screen. "Maybe it is time," I replied. And so, wondering if this might be an answer to the prayers of many, we found our way to the Washington Hilton and the packed healing service in the big ballroom.

I remember the night so well, Miss Kuhlman breezed onto the stage under the spotlight in her white gown, and my heart raced as I prayed *Lord, the Bible says You heal all our diseases. I'm ready for you to get me out of this wheelchair. Please would You?* But the spotlight always seems to be directed towards some other part of the ballroom where apparent healings were happening. Never did they aim the light at the wheelchair section where all the "hard cases" were; quadriplegics like me; stroke survivors, children with muscular dystrophy, and men and women sitting stiff and rigid from multiple sclerosis.

God answered. And again, His answer was no.

After the crusade I was number fifteen in a line of thirty wheelchair users waiting to exit at the stadium elevator, all of us trying to make a fast escape ahead of the people on crutches. I remember glancing around at all the disappointed and quietly confused people and thinking, *Something's wrong with this picture. Is this the only way to deal with suffering? Trying desperately to remove it? Get rid of? Heal it?*

Tada's observation that wheelchair users were "disappointed and quietly confused" is telling, not only because it highlights the effect the pentecostal message can have on people with a disability, but also because it gives voice to their

silence; that is, those with permanent sickness, injury, and disability are given no opportunity to testify about their experience. My accident also brought me into contact with others who had confronted the challenges of disability. I developed a friendship with Jay McNeill, whose daughter was born with severe cerebral palsy. In his self-published memoir, he makes the following observation:

Sunny's cerebral palsy diagnosis was heartbreaking, and there are still times when despair floods my veins. But there's been no other choice; I've had to get on with it and not wallow in sorrow, because I know that if I don't keep going Sunny won't have the father she needs. I don't think about the future too much, because we aren't there yet and I can only take one step at a time.

And my "faith position"? I don't really have one. Some people would like me to have a more refined position on faith because it would make them feel more comfortable, but the only thing I know how to do is to keep asking God to do something. Praying that the cerebral palsy will go away seems a ridiculous idea. I feel better accepting reality than to live in a deferred state of hope. I wrestle with my responsibility as a dad to pray, but I can't allow myself to be distracted with the idea that something magical could happen.

My reluctance to pray for healing has gone hand in hand with an ongoing conviction that Sunny is wonderfully complete. Some people of faith may criticise me for not being more consolidated in my resolve to pray, but in reality there are very few people who have a child with cerebral palsy and still have the energy to believe that God will bring complete healing. When life-changing events like cerebral palsy enter your world, you are confronted with a truth that leaves no room for nonsense. It confronts the Western notion that we somehow deserve everything to be perfect, despite the sufferings in the rest of the world. I am always grateful for people's prayers and encourage them with expressions of deep gratitude, but once everyone has finished praying for healing, the reality remains that Sunny is still barely able to hold up her head. People would do better to pray the way Helena and I do: to give us strength and teach us to take delight in who Sunny is.<sup>6</sup>

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6 Jay McNeill, *Growing Sideways* (Melbourne: self published on Kindle, 2011), Kindle location 3596.

## The Problem with Healing

This is but a sampling of the challenge facing people with permanent disabilities in negotiating prayers for healing. To make sense of these testimonies, we need to appreciate their context, since each is drawn from people living with a disability in the pentecostal community. Pentecostalism emerged at the turn of the twentieth century with its roots in revivalist premillennial evangelicalism and a “conviction that a great, worldwide outpouring of the Spirit would result in the restoration of miraculous power to the church’s mission.”<sup>7</sup> This power was to be manifest in signs and wonders, healings and miracles, and the palpable presence of the Spirit, most notably experienced in glossolalia. As the twentieth century progressed with pentecostal revival flowing in waves from one nation to another, the movement grew at an astonishing rate, so that by the turn of the century its adherents numbered a half billion people.<sup>8</sup>

Almost every commentator agrees that healing has been central to this growth. Philip Jenkins, for example, notes that “[H]ealing is the key element that has allowed Christianity to compete so successfully with its rivals outside the Christian tradition, with traditional religion in Africa, with various animist and Spiritist movements of African origin in Brazil, with shamanism in Korea.”<sup>9</sup> And it is not only resonance with indigenous cultures that attracts interest, but the fact that the pentecostal message offers the hope of divine intervention in the crises of life: health and wealth in place of the multifaceted illness that goes hand in hand with poverty. And even where poverty is not a factor, people in so-called wealthy nations are inevitably confronted by their finitude and the limits of modern science, and so are subject to psychological and physical hardships that often lead to prayer: “God help me.”

Healing ministry is generally understood as a compassionate response to the human cry for help. It finds its theological grounding in the ministry of Jesus, whose love is manifest in healing the sick. The healing ministry of Jesus is also understood to be paradigmatic; just as Jesus healed all those who came before him broken and needy, so Spirit-filled people should have faith to pray

7 Allan Anderson, *To the Ends of the Earth: Pentecostalism and the Transformation of World Christianity* (New York and Oxford: Oxford University Press, 2012), 12.

8 David Barrett, “Global Statistics,” in *The New International Dictionary of Pentecostal and Charismatic Movements*, ed. Stanley M. Burgess (Grand Rapids, MI: Zondervan, 2002), 284.

9 Philip Jenkins, *The Next Christendom: The Coming of Global Christianity* (Oxford University Press, 2011), Kindle Locations 3365–3367. See also Anderson, *To the Ends of the Earth*, 149. And Brown, “Introduction: Pentecostalism and the Globalisation of Illness and Healing,” 3, 14.

for the sick and continue his ministry.<sup>10</sup> This christological link to healing is further emphasized in the fourfold gospel that came to summarize pentecostal preaching; Jesus saves, heals, baptizes in the Spirit, and is coming again. Finally, healing is understood to be in the atonement, so that Jesus' death effects the salvation of the soul and the healing of the body (an idea that is sometimes extended to incorporate prosperity: Jesus became poor that we might be rich).

This explains the attraction of Pentecostalism and the theological motivation of charismatic healing ministers, but it does not speak to the veracity of the movement's claims that miraculous intervention actually occurs. Perhaps the most systematic study of global pentecostal healing ministries has been conducted by Candy Gunther Brown, who has sought to apply a variety of scientific methods to the testing of claims to healing.<sup>11</sup> Part of the difficulty is that healing evangelists themselves make no real effort to put their claims to the test. Describing the ministry of Randy Clarke, she notes:

Global Awakening [GA] does not bring diagnostic equipment or medical personnel to conferences, nor is there any systematic effort to track whether people continue to claim healings the next day, let alone the next year. Yet GA regularly publishes what leaders call "trip statistics" of the numbers and types of healings experienced during each international ministry trip. The term *statistics* is a misnomer that reflects the group's aspiration toward scientific legitimacy. More accurately, team leaders take an unsystematic tally of how many people seem to experience healing or deliverance or converted to Christianity each night. ... Trip statistics are inherently unreliable for multiple reasons—including inconsistent criteria for determining "healing" and implicit pressure to inflate the numbers and severity of conditions healed. Desire to count a "biblical" healing may encourage reporting improvement of a less severe condition, such as difficulty walking without a cane, as an instance of the lame walking. ...

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10 Keith Warrington, "The Role of Jesus as Presented in the Healing Praxis and Teaching of British Pentecostalism: A Re-Examination," *Pneuma* 25, no. 1 (Spring 2003): 68–69. Note that Warrington identifies this view as common to Pentecostals, although his own work is critical of this perspective.

11 *Global Pentecostal and Charismatic Healing*, ed. Candy Gunther Brown (Oxford; New York: Oxford University Press, 2011); Candy Gunther Brown, *Testing Prayer: Science and Healing* (Cambridge, MA: Harvard University Press, 2012). See also James Robinson, *Divine Healing, the Formative Years, 1830–1890: Theological Roots in the Transatlantic World* (Eugene, OR: Pickwick, 2011); James Robinson, *Divine Healing: The Holiness-Pentecostal Transition Years, 1890–1906: Theological Transpositions in the Transatlantic World* (Pickwick, 2013).

Such statistics would scarcely be considered reliable by anyone trained scientifically. However, the primary audience is not scientists but other potential GA members who want to travel where they, too, will experience the miraculous.<sup>12</sup>

What this indicates is that the rhetoric of the miracle evangelist can be a sales pitch, intended to elicit response from those in need and the support of Christians who hunger for the power of God (and who can contribute to the ministry). There is nothing inherently wrong with sales—with communicating one's understanding of the gospel—and, indeed, Brown takes a deliberately empathetic approach to her research. She is thus able to document rich testimonies to healings that seemingly defy rational explanation, and to document the self-perceptions of recipients of prayer, which generally attest to its effectiveness. She has also used empirical studies to measure the effects of prayer. In one example, a study of GA meetings in rural Mozambique focused on people seeking healing for deafness and blindness. The results found statistically significant improvements in auditory and visual acuity, of a magnitude that exceeded that of previous studies measuring the effect of hypnosis.<sup>13</sup> As Brown herself observes, though, these results need to be treated cautiously, given the limited sample size and the fact that the study did not measure long-term effects.

The real issue, though, is not so much whether miracles do happen, but whether the approach Pentecostals normally take to proclaiming healing needs radical rethinking. In fact, there is no single pentecostal theology or practice of healing; sometimes, but not all the time, it is understood as being in the atonement; some emphasize the role of the uniquely gifted healer, others focus on the universally available power of the Spirit; in early Pentecostalism medical intervention was often discouraged, while most (but not all) today recognize that God can work in and through the physician; some proponents emphasize the importance of personal faith, while others prioritize the grace of God; most Pentecostals recognize the ambiguity of suffering and healing, while others argue that God's will is for everyone to experience perfect health. Part of the difficulty is that Pentecostals have rarely thought systematically about a theology of healing. They have tended not to explore the complex relationship between primary and secondary causation, and so have not distinguished

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12 Brown, *Testing Prayer*, 151–152.

13 Candy Gunther Brown et al., “Study of the Therapeutic Effects of Proximal Intercessory Prayer on Auditory and Visual Impairments in Rural Mozambique,” *Southern Medical Journal* 103, no. 9 (September 2010): 868, doi:10.1097/SMJ.0b013e3181e73fea.

between the work of God in and through nature and miraculous intervention in natural laws. Yet in all this diversity, Gunther Brown argues that what is common is the assertion that divine healing entails “supernatural intervention.”<sup>14</sup> By definition, this is more than just the regeneration that occurs by the body’s capacity to heal naturally, and it also transcends the scientific achievements of medical science. At the least, supernatural healing implies a natural process that is speeded up or that “beats the odds.” It also embraces miraculous superseding of or intervention in natural laws.

With this in view, my first premise is that supernatural healing is rare, and that Pentecostals almost never acknowledge this rarity. Of course it is difficult for me to prove a negation. I might argue on the basis of definition: that if divine healing is miraculous, then it must be rare (or it would not be a miracle). More significantly, my argument is grounded on the assertion that there is no substantive evidence that many people with severe and permanent injuries and disabilities—in other words, those for which healing might unquestionably be considered supernatural—are supernaturally healed. And if this is so, it is possible to generalize and say that the same is likely to be true across the board. At this point I am making an appeal for honesty. It is one thing for the healing evangelist to excite the crowd attending a one-off event with assertions that supernatural healings are an everyday reality for people with faith, but a pastor who lives with her congregation week in, week out appreciates the fact that sickness is a part of life and permanent disability isn’t set aside by the thrill of the moment. Said another way, there is overwhelming evidence among people with disabilities, by the very fact of continued disability, that healing prayers are not normally answered, and that this is not because God has it in for the disabled but, rather, because supernatural healing itself is rare—is miraculous—and injury, suffering, and disability are a part of life.

My second premise, then, is that the way pentecostals preach and pray for healing negatively impacts people who are not healed, especially those with a disability. This problem is not unique to Pentecostalism, as has been emphasized by Nancy Eiesland, Thomas Reynolds, Deborah Creamer, and other disability and religion scholars,<sup>15</sup> but, given the pentecostal emphasis, it is brought

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14 Brown, “Introduction: Pentecostalism and the Globalisation of Illness and Healing,” 4.

15 Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville, TN: Abingdon, 1994); Deborah B. Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford: Oxford University Press, 2008); Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos, 2008).

TABLE 1 *Church attendance and disability*

	Non-pentecostal attenders %	Pentecostal attenders %	Difference statistically significant?
Has severe disability	2.8%	0.0%	y
Has mild disability	6.0%	1.6%	y
Disabled family member	19.0%	12.5%	y
No connection to a person with a disability	49.5%	57.8%	y

Source: 2011 NCLS Attender Sample Survey w2.<sup>16</sup>

*NB. Pentecostal may include respondents from any of the following denominations: C3 Churches, Apostolic, Australian Christian Churches (AOC), CRC Churches, Christian Life Churches, Four Square Gospel, Christian Outreach Centres, Bethesda, International Pentecostal Holiness Church, and other pentecostal groups.*

to the fore. This was readily apparent in the testimonies that started this paper, which describe feelings of disappointment, frustration, confusion, anger, and guilt, along with the occasional experience of dark humor. I noted previously that healing is ideally motivated by compassion and love, in which case there is a serious problem if the way in which that ministry occurs exacerbates the hardship of people with permanent injuries and disabilities. The trouble is that the message of healing is inevitably alienating to the “unhealed.” The consequences of this alienation are starkly apparent in research that was conducted by the Australian National Church Life Survey that measured the percentage of people who have a disability by denomination (see Table 1).

16 This chart was sent to me by the director of the National Church Life Survey, Ruth Powell (personal correspondence, July 21, 2013). The chart was developed as a follow on to the National Church Life Survey, “Personal Experience of Disability,” *NCLS Research* (2013): 11. In terms of the statistical reliability of this data, Powell noted the following: “Our assessment is that while this sample of pentecostal attenders is small and needs to be treated with some caution, we believe that these results definitely point to a possible issue and therefore warrants further investigation. That is, we should not ignore these results, not should we go out too strong with any claims” (personal correspondence, July 21, 2013).

NCLS research thus confirms that pentecostal congregations have substantially lower percentages of people with a disability; or, said another way, pentecostal constituents have much less contact with people who have a disability. This data is telling, and while these statistics need to be treated with some caution, they do confirm the testimonies and intuition informing this paper, implying that people with disabilities do not feel comfortable attending pentecostal churches. There is something sadly ironic in a movement that intends to bring the healing power of Jesus to the “sick,” and instead chases away those with disabilities. At its most perverse, this is symbolized by the spectacle of the hyper-faith healing evangelist, whose travelling circus makes a freak show of injury and disability.<sup>17</sup> Beyond such events, the problems of the health and wealth message are obvious and are nicely summed up by Arlene Sánchez Walsh:

In a theology that emphasizes the inevitability that a life of faith leads to material blessings such as health and prosperity, ongoing suffering—whether on an individual or communal level—has no value or meaning. ... If a person is suffering, the condition should be temporary; it can be overcome through faith; there is no framework for understanding suffering as having collective causes or as being rooted in oppression that individuals lack the social, economic, and political power to overcome regardless of the levels of their faith. Suffering, when understood as existing outside the will of God, becomes very unattractive, and its ongoing presence necessarily either indicts God’s power and goodness, or indicts the faith levels of Christians.<sup>18</sup>

Sánchez Walsh is making the important point that pentecostal healing ministry often ignores the fact that many of those who suffer in poor communities—where healing evangelism seems to be most potent—are suffering because of their poverty, which may well have its cause in the economic imbalance in which the wealthy Western evangelist is complicit. Disability is not just an

17 See Amos Yong’s discussion of the nineteenth-century freak show. I am of the view that contemporary healing ministries often perpetuate such attitudes. See Amos Yong, *Theology and Down Syndrome: Reimagining Disability in Late Modernity* (Waco, TX: Baylor University Press, 2007), 82–84.

18 Arlene Sánchez Walsh, “Santidad, Salvación, Sanidad, Liberación: The Word of Faith Movement among Twenty-First-Century Latina/o Pentecostals,” in *Global Pentecostal and Charismatic Healing*, ed. Candy Gunther Brown (New York: Oxford University Press, 2011), 164.

individual predicament, but exists in the intersection of the structures of communities. It is as much or more a social problem than a medical one.<sup>19</sup>

It is the case that Sánchez Walsh is responding primarily to word-of-faith teaching, with its extreme conception of the power of faith that is common in global Pentecostalism but does not represent the whole story. Yet, while the extremes of the faith movement are not universal, so that many Pentecostals affirm the mysterious nature of sovereignty and do not blame the sick for their illness, nevertheless, at the heart of the pentecostal worldview is the idea that healing is God's will, that Jesus' healing ministry is an expression of his compassionate love and is paradigmatic, that people are virtuous if they persevere in prayer (for years if necessary), and that faith should be manifest in the supernatural. As a result, there is very little in pentecostal self-understanding that enables it to make room for permanent illness and disability.

Amos Yong, one of the few pentecostal scholars to engage with disability studies, admits that part of the problem is that "the Pentecostal Movement's emphasis on healing is counterproductive and even offensive to those scholars of disability who themselves have disabilities but understand these not as problems to be resolved (or healed or cured) but as part and parcel of their identity as human beings."<sup>20</sup> At stake is the assertion that theologies of healing actually entrench disability—where this term is understood not as a medical problem but as a social issue. Again, the testimonies with which we started this paper bear this out; each person felt singled out and alienated when healing prayer was emphasized.

This is hard for people to understand, since they imagine that if they were in a similar situation, then they would want nothing more than to be healed and so would welcome prayer for healing as often as it was offered. Indeed, the fact that pentecostal growth has been based on healing ministry seems to support this inclination. For most people with long-term disabilities, however, coming to accept that situation—to learn to live and even flourish with it—is one of the essential stages of *healing*. This suggests a potential way forward, a broadening of what is intended by the affirmation of divine healing, redirected to what I shall call "well-being."

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19 This is one of the fundamental insights of the disability rights movement. See Dan Goodley et al., *Disability and Social Theory: New Developments and Directions* (New York: Palgrave Macmillan, 2012).

20 Amos Yong, "Many Tongues, Many Senses: Pentecost, the Body Politic, and the Redemption of Dis/Ability," *Pneuma* 31, no. 2 (January 1, 2009): 169.

I shall return to this idea presently, but there is some value in thinking about the analogous relationship between healing ministry and the medical profession, since both assume that disability is the problem that needs to be fixed or healed,<sup>21</sup> when the real problem of disability is the normalizing attitudes and practices of the community.<sup>22</sup> As noted above, disability is as much or more a social category than it is a medical one, and disability advocates often look at dis/ability very differently from the medical profession. The issue is clearly summed up by Paul Longmore:

The perceptions and values of disabled people (particularly disability rights advocates and disabled scholars) on the one side and of many nondisabled people (particularly health care professionals, ethicists, and health policy analysts) on the other side, regarding virtually the whole range of current health and medical-ethical issues (treatment decision making, health care access and health care rationing, medical cost containment, and assisted suicide), seem frequently to conflict with one another. This divergence in part grows out of the sense, common among people with disabilities, that their interactions with “the helping professions,” medical and social-service professionals, are adversarial. But those differences of opinion also stem more basically from a clash of fundamental values. ... Medical practitioners have seen cure, or at least correction of functioning, as the only possible way to bring about the social integration of people with disabilities.<sup>23</sup>

This is not to suggest that medical intervention is unimportant (on the contrary, were it not for medical advances achieved in recent decades I would be unlikely to be alive today, and I look forward to whatever future advances occur), but it is merely one part of the “problem” of disability. And when made the center of attention, there is not only the potential for a distorted focus and misallocation of resources but, more substantially, it is likely to entrench alienation, and thus worsen disability. What should be in view, then, is not cure *per se*, but well-being in its totality. The analogy to Pentecostalism and healing is obvious, and the need for a focus that is broader than cure is more important, because

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21 I owe this analogy to a perceptive question by Dale Coulter in an early review of this paper.

22 This is the principal point of Nancy Eiesland in *The Disabled God*. Her theological insight begins with the idea that the cross and the resurrection of the nail-scarred Christ brings disability into the life of God.

23 Paul K. Longmore, *Why I Burned My Book and Other Essays on Disability*, 1st ed. (Temple University Press, 2003), 204–205.

the church can do what the medical profession cannot: create communities that welcome those with long-term injury and disability and help them to flourish.

### Reconstructing Pentecostal Theology and Practice of Healing

My purpose thus far has been to deconstruct pentecostal healing rhetoric—to unmask its dark side. My goal now is one of reconstruction: to suggest a general outline for ways in which its emphasis on healing might be reframed so as to take into account the fragility of life and the fact of illness, injury, and disability, with the concomitant assertion that God can help us to flourish in the midst of this fragility.

In “Many Tongues, Many Senses: Pentecost, the Body Politic, and the Redemption of Dis/Ability,” Yong suggests that a pneumatological imagination offers a way to begin. For him, what is central to pentecostal identity is not a fixed orthodoxy (the fourfold gospel, healing in the atonement, and the like) but shifting foundations that emerge from the experience of God’s presence and activity in the world through the Holy Spirit.<sup>24</sup> That is to say, because of its orientation to the experience of the Spirit, pentecostal theology is deliberately imaginative and therefore “open.” In respect to disability, this leads Yong to begin with the assertion that the pentecostal outpouring is first and foremost about inclusion, especially of people on the margins of society, including people with disabilities. He then develops a creative reading of the Luke-Acts narrative to provide symbolic categories for affirming the Spirit’s presence among those with dis/ability. He draws especially on the importance of glossolalia, which can be understood as a miracle not simply of speech, but also of hearing and seeing, and so incorporates the blind and the deaf. This is broadened into an affirmation that the presence of God is experienced through multisensory capacities—touching, feeling, perceiving—so that the Spirit is revealed to and empowers each person according to his or her unique ability. Thus, the pentecostal event deliberately confronts exclusion by gender, culture, class, and disability.<sup>25</sup> Yong goes on to ask:

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24 For an insight into what Yong means by “pneumatological imagination” see Amos Yong, “On Divine Presence and Divine Agency: Toward a Foundational Pneumatology,” *Asian Journal of Pentecostal Studies* 3, no. 2 (2000): 167–188.

25 Yong, “Many Tongues, Many Senses,” 177.

What if the pentecostal gift of the Spirit redeems all people—Zaccheus and the Ethiopian eunuch included—neither by transforming “them” into able-bodied standards of normalcy nor by “fixing” their incapacities or impairments so that they can interact with us on our terms, but by transforming all of us so that we can together be the new people of God?<sup>26</sup> ... This requires our own conversion so that our eyes can truly see, our ears can really hear, and our other senses can be fully activated to receive and be transformed by what such people have to offer.<sup>27</sup>

Yong does not explicitly demand that Pentecostals change their theology and practice of healing, although this is implicit in his account. Indeed, my argument in this paper is that the sort of inclusion he envisages is not possible unless such revision occurs. So, how might this be done?

At its best, pentecostal affirmations of divine healing intend to elicit a holistic conception of the gospel. This recognizes that salvation is about much more than readying souls for heaven but, rather, that God cares about our happiness—our flourishing or well-being—here and now. This holistic gospel lends itself to the insight of the virtue tradition.

I have written about virtue and disability in more detail elsewhere, along with its appropriation in contemporary psychological science of positive psychology,<sup>28</sup> but for the purposes of this paper, a brief summary is in order. The virtue tradition begins with the assertion that the purpose of life is the pursuit of happiness, understood not as mere transitory euphoria, but as earned over the course of a lifetime; as Aristotle eloquently states, “For one swallow does not make a spring, nor does one day. And in this way, one day or a short time does not make someone blessed and happy either.”<sup>29</sup> Instead, happiness is connected to the totality of a person’s flourishing, to their well-being. At its most basic, this is the pleasure (sometimes labelled gratification<sup>30</sup>) earned from the effort put into activities that we consider valuable, whether work,

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26 Ibid.

27 Ibid., 185.

28 Shane Clifton, “Happiness and Spinal-Cord Injury: A Journey through Traditions of Virtue to Positive Psychology,” *Journal of Religion, Disability & Health* 17, no. 4 (2013). Also Shane Clifton, “Spinal-Cord Injury and the Joy of Work.” *Scandinavian Journal of Disability Research*, online prepublication (2013); DOI:10.1080/15017419.2013.813410.

29 Aristotle, *Nicomachean Ethics*, trans. Susan D. Collins and Robert C. Bartlett (University of Chicago Press, 2011), 1098a.

30 Martin E.P. Seligman, *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment* (New York: Simon and Schuster, 2002), 117.

sport, church, and the like. To do well in these activities requires the exercise of the virtues, which are the habits of character necessary for success. Beyond individual activities, a person flourishes when their life is oriented to purpose and meaning. For Aristotle, the human *telos* is to be located in fulfilling one's nature as rational beings, in the contemplative pursuit of truth and goodness; an achievement dependent upon intellectual and moral virtues (as well as a certain degree of luck<sup>31</sup>). Although virtue alone is not enough to guarantee well-being, it does elicit its own reward—the internal satisfaction that is earned irrespective of external return. Building on Aristotle, Aquinas grounds the purpose of human life in our nature as people made in the image and likeness of God, so that we flourish in the pursuit of truth, goodness, and beauty, which find their culmination in the divine. He identifies three categories of virtue: intellectual, moral, and theological. Intellectual virtues orient a person to truth and help her to make wise decisions.<sup>32</sup> Moral virtues, such as prudence, fortitude, justice, and temperance (the cardinal virtues), are the midpoint between vices of deficiency and excess; for example, courage is the midpoint between fear and rashness.<sup>33</sup> The theological virtues are faith, hope, and love, which direct the Christian life and shape and facilitate the exercise of virtue.<sup>34</sup> In recent years, this tradition of virtue has been appropriated by the modern psychological sciences. While moving away from any objective human purpose, positive psychologists nevertheless agree that well-being is connected to the pursuit of (subjective) meaning and requires the exercise of virtue.<sup>35</sup>

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31 What Aristotle called “external prosperity.” See Aristotle, *Ethics*, 1099b. “Those who are bereft of some of these (for example, good birth, good children, or beauty) disfigure their blessedness, for a person who is altogether ugly in appearance, or of poor birth, or solitary and childless cannot really be characterized as happy; and he is perhaps still less happy, if he should have altogether bad children or friends or, though he did have good ones, they are dead. Just as we said, then, [happiness] seems to require some such external prosperity in addition. This is why some make good fortune equivalent to happiness, and others, virtue.”

32 Aquinas, ST I–II, Q.57.

33 Aquinas, ST I–II, Q.64.

34 Aquinas, ST I–II, Q.62.

35 Martin E.P. Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-being*, reprint (New York: Free Press, 2012).

### A Pentecostal Theology of Well-Being

While this is too brief a summary, it is sufficient for now. My assertion is not only that Pentecostals should replace their emphasis on healing with the virtue tradition's conception of well-being, but that this concept better reflects what the movement intends when it prays for the sick. In the first place, healing has never actually been (or shouldn't have been) the priority of the pentecostal Full Gospel but, rather, prayer was a means of connecting people to Jesus, who offers fullness of life. This fullness does not depend upon the luck spoken of by Aristotle, but arises because life is given new meaning and purpose. It is not just a spiritual reality, but encompasses the whole of a person's life, with the promise of the presence of the Spirit in the midst of hardship, as the one who empowers us to pursue and embody truth, goodness, and beauty; where the latter is understood as referring not to the type of beauty propounded by the modern fashion industry, but as intimately related to goodness.<sup>36</sup> As a deposit of the future, the Spirit enlivens faith and hope, and so enables the overflow of the gracious charity of love (the theological virtues). This only makes sense because life is difficult and messy, because we need hope, and because in one way or another we are all disabled—some more obviously than others, and if not today than almost certainly tomorrow (or perhaps the day after). Creamer notes that to be human is to be subject to “embodied limits,” and that such limits need not be understood negatively but, rather, as “normal.”<sup>37</sup> The concept of well-being recognizes the reality of our limits. So, rather than seeking to escape our finitude, it looks to individual and communal flourishing in the midst of our limitations.

Second, in focusing on well-being rather than healing, the emphasis of baptism in the Spirit is turned away from the short-term spectacle of (hoped-for but rarely seen) miracles toward lifelong fruitfulness. Indeed, while charismatic gifts may be initial evidences of the Spirit, it is transformed minds and character that matter over the long haul, especially if happiness is understood to transcend temporary euphoria and exist in the narrative of a meaningful life. In this way, the Spirit is most obviously present when a person's character manifests the fruits of the Spirit—love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control—all of which are virtues that are central to the building a life of meaning. In fact, people with dis-

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36 Aquinas, ST I.Q.5.A.IV

37 Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities*, chaps. 5 and 6.

abilities and long-term sickness are uniquely placed to model virtue (fortitude, perseverance, resilience, and so forth), precisely because of the challenges that inevitably accompany their day-to-day experience. In this way, the focus on well-being—the broadest possible conception of health—gives people with a disability, along with their families and caregivers, a uniquely important place in the body of Christ. They are capable of modelling faith of the highest order, not as a worked-up belief in magic, but as the struggle of faithfulness won over the course of a life, however long or short that might be.

Third, if the life and ministry of Jesus is paradigmatic, it is not the miraculous and supernatural that is in view but, rather, his modelling of the love of God and neighbor.<sup>38</sup> The standout feature of Jesus' ministry is his promise of the coming kingdom of God, categorized by the embrace of those society normally excludes: the poor, women, sinners, children, meek, sick, and disabled. As N.T. Wright observes, the cures of Jesus are not described as miracles (a modern word), but as signs that reconstitute the people of God:

Jesus' mighty works could be seen as the restoration to membership in Israel of those who, through sickness or whatever, had been excluded as ritually unclean. The healings thus function in exact parallel with the welcome of sinners, and this, we may be quite sure, was what Jesus himself intended.<sup>39</sup>

That social inclusion explicitly includes people with disabilities is made clear in Luke 14, where Jesus tells the parable of a banquet in which the poor, crippled, blind, and lame are the honored guests. In ancient society, banqueting often involved entertainment by clowns and freaks (people with all sorts of *strange* disabilities),<sup>40</sup> a situation too often mirrored in pentecostal healing ministries. If the parable of the banquet means anything today, it is to insist that our

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38 Keith Warrington argues that the miracles themselves are unique rather than paradigms, pointing to the messianic identity and mission. See Keith Warrington, *Jesus the Healer: Paradigm or Unique Phenomenon?* (Carlisle, UK: Paternoster Press, 2000). Also Warrington, "The Role of Jesus." And more recently, Keith Warrington, "A Response to James Shelton Concerning Jesus and Healing: Yesterday and Today," *Journal of Pentecostal Theology* 15, no. 2 (April 2007): 185–193, doi:10.1177/0966736907076337.

39 N.T. Wright, *Jesus and the Victory of God* (Minneapolis: Fortress Press, 1996), 191.

40 Louise Gosbell, "Banqueting and Disability in the Ancient World," *ANZATS Conference* (2012).

theology and practice must not alienate or put on show those identified by Jesus as central to the kingdom.<sup>41</sup>

Finally, the notion of well-being incorporates personal flourishing while also recognizing that individual health depends upon the well-being of family, friends, and the broader community. This means that prayer for a person's well-being cannot ignore the social context that frames the experience of illness and disability. Further, it stands as a direct challenge to the idea of healing as "event." If well-being is in view, then the emphasis is on the body of Christ in all of its diverse experiences, challenges, and gifts, building a community that provides meaning and enables people to flourish.

As Kathy Black observes, the transformations God effects in response to prayer "are not necessarily the kind that we recognise as miraculous, although some clearly are. ... Transformations for our well-being are present in ways that we are often not able to honour."<sup>42</sup> This has certainly been my experience. I have not had any spectacular or miraculous healing, notwithstanding prayer from thousands of people around the world as well as "the laying on of hands" by people with reputations for a healing gift. But in the face of embodied limits that once seemed insurmountable, I have since been transformed: by an outpouring of love from family and friends, by prayer that ministered grace and established hope, by acts of charity that funded rehabilitation and made my home accessible, by a Spirit-filled workplace that went out of its way to accommodate my needs and yet treated me as a scholar and a not a cripple, by providential encouragements in the many times that I was down. And as I have been helped to flourish within the limits of an SCI, the community supporting me has also been transformed and enriched.

Does this emphasis on well-being mean Pentecostals should stop praying for healing? Of course not. Prayer for healing is a compassionate response to human suffering and the cry, "God help me." Indeed, who knows what God might do in response to heartfelt prayer? Healing itself, however, is not an answer to the problem of pain, since this would raise more problems than it answers; if God's compassionate love is manifest only when a person is healed,

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41 While it is beyond the scope of this paper, there is substantive literature developing a biblical theology of healing and, in particular, critically reflecting on the healing ministry of Jesus. See, for example, Amos Yong, *The Bible, Disability, and the Church: A New Vision of the People of God* (Grand Rapids, MI: Eerdmans, 2011); Hector Avalos, Sarah J. Melcher, and Jeremy Schipper, eds., *This Abled Body: Rethinking Disabilities in Biblical Studies* (Atlanta, GA: Society of Biblical Lit, 2007); Candida R. Moss and Jeremy Schipper, *Disability Studies and Biblical Literature* (New York: Palgrave Macmillan, 2011).

42 Kathy Black, *A Healing Homiletic: Preaching and Disability* (Nashville, TN: Abingdon, 1996).

what does this have to say to the majority whose illness or disability persists?<sup>43</sup> In terms of theology, there is also the need to work through our understanding of God's work in and through nature, primary and secondary causation, and the problems created by any assertion that God needs to intervene against his own natural laws; but these issues are too complex for this brief paper.<sup>44</sup> What we can say is that prayer for healing of the sick and injured should embrace the goodness of God (as primary cause of the secondary causes) evidenced in the achievements of medicine. In many places, there is also the need to pray against the evils of war and poverty that are the principal cause of suffering and disability and, likewise, for medical justice; that the resources available to people in wealthy Western nations might be fairly and universally distributed (as a quadriplegic in Australia I need to remind myself of the privilege of the resources made available to me).

### Conclusion

In deconstructing the pentecostal theology and practice of healing, this paper has taken a potentially controversial line. In my view, it's time for the movement to face up to those elements of its theology and practice of healing that are nonsense (to quote Jay McNeill), and worse, that are hurtful, alienating, and dishonest. Having made this point, I also believe that the movement has the resources to work from a fuller conception of healing, which I have labelled well-being. A holistic gospel has very little to do with the miraculous and supernatural, but everything to do with helping people to flourish—to live purposefully and virtuously, making the most of the challenges of life. Indeed, if well-being is in view, then the order of ministry is reversed, so that people with long-term illness and disability are not just recipients of ministry, but unique and potent contributors, empowered by the spirit to teach us how to flourish, to exercise virtue, and to embody joy. And for this they don't need a high IQ, a charismatic personality, or even the capacity to speak. Instead, all that is needed is that they be granted access, made welcome, and given the opportunity to flourish and to share their unique gifts with the body of Christ.

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43 For a more detailed discussion of disability and theodicy see Yong, *Theology and Down Syndrome*, 165–169.

44 For a more detailed examination of the intersection between a pentecostal worldview, theological conceptions of divine providence, and science and the laws of nature, see Amos Yong, *The Spirit of Creation: Modern Science and Divine Action in the Pentecostal-Charismatic Imagination* (Grand Rapids, Mich.: Eerdmans, 2011).

I started this paper with a series of dark testimonies. My larger goal, though, is a different type of testimony, one that gives voice to the stories of people with a disability and to the experience of the presence of God that has empowered them to flourish.

**Epilogue by Jay McNeill (personal correspondence)**

I am sure there were many people who followed Jesus for the signs and wonders and didn't get the sacrifice or community that love demands. It is still the same today. It does make me reflect—I know this is a crass and a somewhat basic point of view but ... I think healing is just God's party trick and it isn't really that important! It has been elevated and worshipped in and of itself; it is truly heartbreaking. People will obsess over this small wonder, but they miss God in all the fuss.

If God healed Sunny, I might have become an intoxicated healing addict reducing God down to a "performance." Instead my family is rich and complex, becoming more prepared by the day to live in the mystery.

In my selfishness, if asked to go on this journey again, I would say no. But in the same breath I am not sure I would be prepared to give up what I have learned. And there lies the tension that only a few of us get to experience—lucky, aren't we? Infatuation with healing has distracted many by offering an instant coffee substitute to the broken as though it is the highest call instead of the miracle of engagement where true love is demonstrated through acts of kindness.

Jay