

# CLASSIC FAITH ANSWERS TO CONTEMPORARY ISSUES AND QUESTIONS OF FAITH AND HEALING

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## *Abstract*

Many issues of faith and healing are controversial in modern faith teaching and practice, particularly in relationship to what is commonly called the “word of faith” movement. This article addresses several of these issues such as: the relationship of healing to the atonement, the will and sovereignty of God in relation to healing and prayer, the roles of faith and positive and negative attitudes or confessions in healing, the sources of sicknesses and hindrances to healing, use of doctors and medicine, the extent of healing that can be expected in this life and claiming a long healthy life. Answers are provided from a variety of evangelical leaders, particularly from “classic” faith, healing, and holiness movements of the nineteenth and early twentieth centuries. Focus is put on the dynamic tension and balance of the contra-polarities of truth and practice, and sound interpretation and application of Scripture.

## 1 INTRODUCTION

Many issues of faith and healing are controversial in modern faith teaching and practice, particularly in relationship to what is commonly called the “word of faith” movement, led by teachers such as Kenneth Hagin, Kenneth Copeland, Frederick K C Price, Charles Capps, and

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others. Some, such as D R McConnell and Hank Hanegraaff have considered word of faith teaching as cultic or heretical, and have gone to the extremes of rejecting all such teaching, thereby “throwing out the baby with the bathwater”. This issue was addressed in the article by Paul King and Jacques Theron entitled “The ‘classic faith’ roots of the Modern ‘Word of Faith’ Movement” in *Studia Historiae Ecclesiasticae* (King & Theron 2006).<sup>1</sup>

## 2 PURPOSE

The purpose of this article, as a sequel to the prior article, is to address some of the contemporary questions regarding faith and healing from the perspective of historic “classic faith” leaders of the nineteenth and early twentieth century faith, healing, and holiness movements, in order to form a basis for a sound theology and practice of healing. Jeremiah 6:16 says, “Stand at the crossroads and look: ask for the ancient paths, ask where the good way is, and walk in it.” The ancient paths of church history, especially through these “classic faith” leaders, can inform and provide counsel for healing theory and praxis today.

Research in my Doctor of Theology thesis through the University of South Africa, entitled *A practical-theological investigation of nineteenth and twentieth century ‘faith theologies’* (King 2001), uncovers sound principles of faith and healing theology and praxis from “classic faith” leaders, primarily teachers and practitioners from the nineteenth and early twentieth century Keswick, Higher Life, and Wesleyan healing and holiness movements. In other words, people like George Müller, Charles Spurgeon, Phoebe Palmer, Andrew Murray, A J Gordon, A B Simpson, R A Torrey, and others. These leaders are cited as authoritative because: (1) they are all almost universally considered great men and women of faith; (2) their teachings are widely regarded as sound throughout the evangelical Christian community; (3) their examples are models for healing ministries today; (4) they were, for the most part, knowledgeable about and/or utilised sound grammatical-historical principles of interpretation; and (5) while they come from various theological backgrounds and would not agree on all theological matters, they

held remarkably similar views on matters of faith and healing, and thus formed a general “classic” consensus of teaching on healing. The esteem and authority accorded to these classic leaders in evangelicalism is significant in providing sound counsel for faith and healing theory and praxis today.<sup>2</sup>

### 3 QUESTIONS

Some contemporary questions regarding faith and healing include: the relationship of healing to the atonement, the will and sovereignty of God in relation to healing and prayer, the roles of faith and positive and negative attitudes or confessions in healing, the sources of sicknesses and hindrances to healing, use of doctors and medicine, the extent of healing that can be expected in this life and claiming a long healthy life. We will look at six of the primary questions regarding healing, and the classic faith answers to those questions. These questions include:

- Is healing in the atonement?
- Should we pray “If it be Thy will ...”?
- Does faith heal?
- Do negative or positive attitudes and confessions affect healing?
- Should we abandon use of doctors and medicine?
- Can we claim a long, healthy life?

#### 3.1 Is healing in the atonement?

Belief that healing is in the atonement is based upon exegesis of Isaiah 53:4, 5; Matthew 8:17; James 5:14-16; and 1 Peter 2:24. Although some critics of modern teaching on faith and healing deny the doctrine of healing in the atonement, a multitude of evangelical scholars, ministers and classic faith leaders attest to the teaching, so many, in fact, that we can only give a listing of this “great cloud of witnesses.” This doctrine is not uniquely charismatic and nor is it a word of faith teaching, but was held as exegetically sound by non-charismatic evangelical leaders and scholars of various denominations such as the Presbyterian/Christian and Missionary

Alliance (C&MA), A B Simpson, German Lutheran Otto Stockmayer, Baptist A J Gordon, Congregationalist R A Torrey, Princeton scholars A A Hodge and J A Alexander; University of Leipzig Hebrew professor Franz Delitzsch, and Dutch Reformed Andrew Murray (Bailey 1977:43-57; Murray 1982:85ff.). Murray (1982:114), for example, asserted, "It is His Word which promises us healing. The promise of James 5 is so absolute that it is impossible to deny it. This passage only confirms other passages, equally strong, which tell us that Jesus Christ has obtained for us the healing of our diseases, because He has borne our sicknesses. According to this promise, we have the right to healing, because it is a part of the salvation we have in Christ."<sup>3</sup> Even the great Baptist preacher Charles Spurgeon (1984:130), though he did not work out a clear theology of healing, implicitly connected healing with the atonement when he made reference to Isaiah 53:5, commenting, "The Church on earth is full of souls healed by our beloved Physician."

Carter's early teaching in *The atonement for sin and sickness* (1884), took a more radical absolutist viewpoint, similar to that put forward by modern faith teaching and practice. However, his later book, *Faith healing reviewed after 20 years* (1897), Carter moderated his earlier position, disavowing that the doctrine means that all will be healed and that medicine and doctors should not be used. Presbyterian/C&MA Greek scholar T J McCrossan's book, *Bodily healing and the atonement* ([1930] 1982) presented perhaps the most comprehensive exegetical study of the Greek and Hebrew passages in defence of the doctrine of healing in the atonement. He cited additional scholars in support of the interpretation, including Young, Leeser, MacLaren, Gaebelien, and Calvin (McCrossan [1930] 1982:13, 21, 38, 39).

Various interpretations and applications of the doctrine of healing in the atonement abound both in modern and classic faith teaching. Confusion and misunderstanding of healing in the atonement have caused some charismatic leaders such as Wimber to back off from the teaching, preferring instead to call it "healing through the atonement" or an "outcome of the atonement" (Wimber & Springer 1987:155-156). Wimber (1987:156) does acknowledge, "Not all of those who believe physical healing is in the atonement conclude

healing is automatic and immediate.” Simpson, Murray, Torrey, Carter, and Gordon would all be examples of people who support that statement.<sup>4</sup>

While these evangelical leaders believed in healing as a provision of the atonement, in contrast to some contemporary faith teachers, they, like Torrey, did not consider it a given in all circumstances. Carter (1897:113) explained the developing view of Simpson and the organisation he founded, the Christian and Missionary Alliance: “Mr. Simpson has always allowed that one’s time may come and the faith not be given, but the point here is that practically the position [of the C&MA] has been one of special answers in the will of God, not a broad atonement for all at any time.”

Torrey (1924a:28-29) believed that physical healing is in the atonement, but also recognised it as neither automatic nor absolute, saying: “While we do not get the full benefits for the body secured for us by the atoning death of Jesus Christ in the life that now is but when Jesus comes again, nevertheless, just as one gets the first fruits of his spiritual salvation in the life that now is, so we get the first fruits of our physical salvation in the life that now is. We do get in many, many, many cases of physical healing through the atoning death of Jesus Christ even in the life that now is.”

These leaders realised the ideal of healing in the atonement, but stated that not all are automatically healed. C&MA theologian and historian G P Pardington (1984:59-60) wrote with insight of some who have not received divine healing, but who received strength in their infirmities. This demonstrates a mediating approach, an understanding that healing *is* provided for in the atonement, but that not all receive the *fullness* of healing in this life. It is often a partial healing, or a supernatural enabling imparted from the Lord in the midst of weakness. Cessationists consign healing in the atonement solely to the age to come. Modern faith leaders tend to contend that healing in the atonement is completely available now. Classic faith leaders view healing as a provision of the atonement that begins in this age, but claim that it is not automatic or fully consummated until the age to come. This maintains the “already, but not yet” Kingdom principle of Cullmann and Ladd, and strikes a balance between the

two polarities. As the classic faith leaders believed, it is generally God's will to heal, but there may be exceptions. God's sovereignty rules over all His promises and provisions. We can pray expectantly for healing, but leave room for God's greater purposes, which are higher and greater than our understanding.

### **3.2 Should we pray "If it be Thy will ..."?**

A common teaching in the modern word of faith movement is that to pray "if it be God's will" or "Thy will be done" demonstrates a lack of faith, especially in relationship to healing.<sup>5</sup> Also, several classic leaders do indicate that there are times when it is inappropriate to pray "if it be Thy will." Murray (1981:82), for example, though coming from a Reformed Calvinist theology that stresses the sovereignty of God, nonetheless asserted: "The tendency of human reason is to intervene here with certain qualifiers, such as 'if expedient,' 'if according to God's will' ... Beware of dealing this way with the Master's words."<sup>6</sup>

However, it should be noted that, contrary to some modern faith teachers, classic faith teachers do not go so far as to say that believers should *never* pray "if it be Thy will." On the contrary, they also teach that there are biblically appropriate times for a prayer of seeking the will of God or of relinquishment and submission when we do not know what the will of God is (Spurgeon 1993a:53, 116; Simpson 1915:61; Smith 1987:224). They view the active and passive aspects of faith as two sides of the same coin or two polarities of truth. It is therefore appropriate at times, to trust God passively and pray, "Thy will be done," and also appropriate at other times to act on that trust and actively claim healing by faith. This leads to the classic faith understanding of the role of human beings in accomplishing the will of God. Holiness leaders from a Reformed background such as Murray (1981:222) and MacMillan (1980:64), who believed in the sovereign fulfilment of God's will, nevertheless also emphasised that human beings plays a vital role in accomplishing God's will and should not be passively resigned to whatever happens.

Some in the modern faith movement claim it is always God's will to heal, and if healing does not take place, it is not God's fault – it is due to sin or lack of faith. What is the teaching of the classic leaders on this? Simpson (1915:160ff, 20-121) implied that faith is a key element in God's will to heal. Simpson (1992:4:336) also wrote similarly that healing is "His normal provision for the believer. It is something that is included in our redemption rights."<sup>7</sup> This sounds very much like the modern faith teaching. Yet Simpson (1996:122) and other classic leaders did not make an absolute out of this principle, but made room for exceptions, such as the sovereignty of God and the spiritual attitude and state of the individual. Torrey (1924a:19) affirmed, "Healing is to be expected. Paul himself expected healing in his own case [his thorn in the flesh] *until God definitely revealed to him that it was not His will in that particular instance*" (italics mine).<sup>8</sup> In balancing the contra-polarities of faith, it was the belief of the classic leaders of faith that while healing is generally provided for all believers through the atonement, God in His sovereignty may not heal all.

Gordon (1992:235) summed up the dynamic tension and balance between the healing promises of God and the sovereignty of God: "While we recognise the doctrine of the Divine Sovereignty, ... this should no more prevent our asking in faith for the healing of our bodies than the doctrine of election should prevent our asking with the fullest assurance for the salvation of our souls." Simpson (1919:292) also advised that a believer needs to be totally surrendered to the ultimate will of God before claiming healing.

The question of whether or not it is God's will to heal also involves the question of whether sickness comes from God. Classic faith leaders did not believe, as a general premise, that God wills or causes sickness, except as a judgment (Simpson 1992:4:335). They would trace most of the causes of sickness and suffering to the Fall and Satan's part in the matter (Simpson 1915:28-29, 96-99, 105; Carter 1884:6, 227), but would also leave room for natural physical causes (Simpson 1992:4:335).<sup>9</sup>

Anti-faith critics condemn the modern faith teaching against praying "if it be Thy will," but do not allow for times when it would be

inappropriate to pray in that way. Modern faith teaching criticises the belief that it is ever appropriate to pray “if it be Thy will.” Both positions represent divergent extremes in the contra-polarity of truth. Classic faith teaching demonstrates an equilibrium between the two poles, maintaining that there are occasions when it is proper to pray “if it be Thy will,” and there are also times in which praying that type of prayer would be inappropriate, but would indeed hinder or destroy faith. So, in different contexts it is not a case of “either-or,” but rather “both-and”. As Gordon (1992:256) expressed this dynamic tension: “Because we find both sides of this truth distinctly expressed in Scripture, we must be sure to emphasise both.”

A popular modern faith position maintains that it is God’s will for all to be healed, without exception. Their anti-faith critics maintain that it is up to God’s sovereignty, and that healing is not provided for in the atonement. Again, neither camp is completely right, nor completely wrong. Both camps represent the contra-polarities of faith. The classic faith teachers have demonstrated that a sound and strong practical faith lies between these two extremes. They show us that it is possible for a person to believe it is generally God’s will to heal and yet also believe in the sovereignty of God. Practically speaking, a person can pray for healing in confidence, because it is God’s general will unless He reveals otherwise.

### 3.3 Does faith heal?

In several passages of Scripture Jesus told people, “Your faith has healed you” (Matt 9:22; Mark 10:52; Luke 7:50; 17:19; 18:42). On the basis of these statements, at least some modern faith teachers have taken this to mean that faith is the source and origin of healing, claiming, “It’s not God who heals you, it’s your faith!”<sup>10</sup>

The problem comes in the failure to distinguish the grammatical/hermeneutical differences between *means* of healing and *source* of healing. These modern faith teachers confuse the two, interpreting these Scripture passages to mean that faith is the source of healing. On the contrary, classic faith leaders understand that God is always the ultimate source of healing, but faith is the agency or conduit through which healing can take place. Spurgeon (1996:22)



wrote, “Faith does not heal; that is the work of the atonement of Christ.” Moreover, Spurgeon (1994:28) warned that faith must not be exalted above the divine source of all blessing in the grace of God: “Never make a Christ of your faith.” This is really what some modern faith teachers have done – exalting faith above the divine source of all blessing; making a Christ of faith. C&MA founder Simpson ([nd]:62) likewise taught, “It is not the faith that heals. God heals, but faith receives it.”<sup>11</sup> Significantly, even Wigglesworth (1924:46), the Pentecostal “Apostle of Faith” who is frequently cited by modern faith teachers, would strongly disagree with the claim that faith heals, saying, “Faith is the open door through which the Lord comes. Do not say, ‘I was healed by faith’ ... I am here because God healed me when I was dying.”<sup>12</sup> A proper interpretation of the text thus understands that faith is the conduit of healing, but that God is always the source – faith does not heal, but God heals through faith.

### **3.4 Do negative or positive attitudes and confessions affect healing?**

According to modern faith teachers, positive mental attitudes (further: PMA) and positive confessions affect healing. Classic faith leaders taught similarly, but would not take it to the extreme of an absolute cause-and-effect formula, as do some modern faith teachers. Spurgeon (1976:470), for example, encouraged use of “the delicious and effectual medicine of ‘the joy of the Lord.’” Simpson ([nd] a:n.p.) further developed this line of thought in regard to sickness and healing:

A flash of ill temper, a cloud of despondency, an impure thought or desire can poison your blood, inflame your tissues, disturb your nerves and interrupt the whole process of God’s life in your body! On the other hand, the spirit of joy, freedom from anxious care and worry, a generous and loving heart, the sedative of peace, the uplifting influence of hope and confidence – these are better than pills, stimulants and sedatives, and the very nature of things will exercise the most benign influence over your physical functions, making it true in a literal as

well as a spiritual sense, that “the joy of the Lord is your strength.”<sup>13</sup>

The concept of faith homes developed by Blumhardt, Trudel, Simpson, Montgomery, and others in the 1800s was intended to provide a positive atmosphere of faith in which a person could receive healing, not unlike today’s retreat centres. Carrie Judd Montgomery (1888:96) founded “Faith Rest Cottage,” explaining, “The peace and quietness which pervade our little Home, and communion with those of like precious faith, will often aid the dear, struggling ones to come into the place of victory.” Thus the classic faith writers taught that a positive mental attitude *can* affect one’s health and outcome of life. However, it is not by one’s own mental effort, but by letting one’s thoughts dwell on Jesus and His Word.

Just as a positive mental attitude and words may result in positive effects – such as healing – so classic faith leaders believed that negative attitudes or words may result in negative effects. Fenelon (1973:9) warned about the consequences of a negative mental attitude: “The strivings of the human mind not only impair the health of your body, but also bring dryness to the soul. You can actually consume yourself by too much inner striving ... Your peace and inner sweetness can be destroyed by a restless mind.”<sup>14</sup> An atmosphere of faith can contribute to health, healing and success; and attitudes or an atmosphere of negativism, pessimism, doubt, or fear can indeed have negative consequences if persisted in. Biblical PMA is therefore not “mind over matter”, but Christ over mind and matter.

Simpson (1921:253) was especially concerned about how our thoughts and words affect our health: “We do not wonder that some people have poor health when we hear them talk for half an hour. They have enough dislikes, prejudices, doubts and fears to exhaust the strongest constitution. Beloved, if you would keep God’s life and strength, keep out of the things that kill it.”<sup>15</sup> At the same time, Charles Price ([1940] 1968:16), while affirming Simpson, cautioned that words must not be regarded as having a power of their own, warning that mere rote repetition is “not only unscriptural but spiritually dangerous.” PMA and positive confession can thus be valid Christian concepts, so long as they are Christ-centered and biblical.

### 3.5 Should we abandon use of doctors and medicine?

Controversy in faith teaching and practice brews today over whether or not a Christian should use doctors and medicines if he or she is attempting to walk by faith alone. Many people have sincerely asked the question, "Is it a lack of faith if I take medicine or go to see a doctor?" Practical counsel is needed on when it is appropriate to use doctors and medicine and when they can or should be abandoned for reasons of faith.

Modern faith teachers, for the most part, are not opposed to the use of medicine and doctors. However, some imply that the need to use medicine is a lack of faith on the part of humankind or that a person's faith is not strong enough or not developed enough. For instance, Frederick Price (1979:88) avows, "I don't have anything against medicine, because medicine is not against divine healing. Medicine can work with divine healing. Medicine is not God's highest or best. There is a better way when you know how to use your faith. When you have developed your faith to such an extent that you can stand on the promises of God, then you won't need medicine." Price believes that people can develop their faith by using their faith little by little to the point of no longer needing medicine. Further, Price (1976:92-93) views medicine as a crutch for those who have not developed their faith. The implication is that weak faith needs medicine, but strong faith does not.

Part of Price's belief would appear to come from Simpson and Murray. Simpson (1915:64, 68-69), for instance, taught, "God has nowhere prescribed medical 'means,' and we have no right to infer that drugs are ordinarily his 'means' ... But for the trusting and obedient child of God there is the more excellent way which His word has clearly prescribed, and by which His name will be ever glorified afresh, and our spiritual life continually renewed."<sup>16</sup> Murray (1982:18) taught similarly, "It is Jesus Himself who is the first, the best, the greatest Physician." Simpson's and Murray's teachings echo Origen's ancient counsel: "When one seeks help in illness it is possible to use the usual and simple method of medicine. It is also possible to use the higher and better way and seek blessing from Him who is God

above all, and seek Him in devotion and prayer” (Bailey 1977:178; Roberts & Donaldson 1979:662). Thus Origen, Murray and Simpson would agree with Price that medicine is not God’s highest or best.

However, that is where their agreement with Price would end. There is a subtle, but important, difference between modern faith teaching and what Simpson and Murray taught. Contrary to Price, Simpson and Murray do not consider medicine a crutch for those who have not developed their faith. Rather, such faith has to be imparted by God, not developed. For Simpson (1915:88), ceasing to use medicine is not a step to be taken to *prove* one’s faith, but a step to be taken only when God clearly gives a word or conviction of faith. It is only at that point that medicine is rightly abandoned. Only when God has given faith for healing without medicine does resorting to medicine become a sin. Simpson (1915:90) also warned against trusting in someone else’s supposed word of faith to rise from one’s bed or walk on a lame foot.

Chappell (1988:363-364) considers Simpson’s position as radical, believing that Simpson was opposed to doctors and medicine. However, Chappell is mistaken, for Simpson did not disdain the use of doctors and medicine. In fact, he clarifies his position and cautions against presumptuous abandonment of medical treatment: “We do not mean to imply ... that the medical profession is sinful, or the use of means always wrong. There may be, there always will be, innumerable cases in which faith cannot be exercised,” and there is “ample room for employment” of such “natural means” (Simpson 1915:68). He taught that unless a believer has been specifically led “to trust Christ entirely for something higher and stronger than their natural life, they had better stick to natural remedies” (Simpson [nd]b:48). Further, Simpson (1890:274) explains, “We believe that no one should act precipitously or presumptuously in this matter, or abandon natural remedies unless they have an intelligent, Scriptural and unquestioning trust in Him alone and really know Him well enough to touch Him in living contact as their Healer.”<sup>17</sup>

I would thus conclude that the classic faith teaching of divine healing without the use of medicine and doctors can still be held up as an ideal, as long as one does not become dogmatic about it. The

abandoning of medical treatment should not be done to prove one's faith, nor should it be done without seeking the Lord's will about ceasing treatment in specific cases, and receiving from the Lord a clear assurance or special faith to do so. The important point is to get the leading of the Lord and to give God all the glory regardless of whether medicine is used or not.<sup>18</sup>

### 3.6 Can we claim a long, healthy life?

A passage that is often cited by modern faith teachers is Psalm 90:10, which states, "As for the days of our life, they contain seventy years, or if due to strength, eighty years." Modern faith teaching professes on the basis of this Scripture that believers should claim seventy to eighty years of health by faith. It is sometimes implied that a Christian who dies earlier than seventy years old or dies in sickness lacked faith and let the devil steal his or her life (Kenyon ([1940] 1943:65; Hagin 1979b:14; see also McConnell 1988:157; Hagin 1979a:141). Frederick Price (1979:94) asserts that faith can lengthen one's life and lack of faith or undeveloped faith can shorten life. Price (1980:3) further teaches that stillbirths or the death of young children is due to lack of faith exercised by the parents. Capps (1980:94-96) implies that people die prematurely because they failed to exercise their authority and speak words of life and health.<sup>19</sup>

The idea that we can claim long life by faith goes back to at least the early 1800s. Tozer (1994:143) notes that "Finney used to teach that if you rest in the Lord and wait patiently for Him, you won't die until you're at least seventy-plus." It became a commonly accepted teaching in the Keswick/Higher Life movements. Murray (1982:44-35, 62) and Simpson ([Ind]c:10; 1992:3:240) also taught that it was not always necessary to die of sickness and that a person might live in health until age seventy or eighty. Spurgeon and Simpson believed Cromwell's motto: "Man is immortal till his work is done" (Drummond 1992:221).<sup>20</sup> Claiming Psalm 91:9 during the great cholera plague in London about 1855, Spurgeon recalled the words of an old hymn: "Not a single shaft can hit, till the God of love sees fit" (Drummond 1992:221).

It is true that many great men and women of faith have lived to advanced ages.<sup>21</sup> While this may seem to support both classic and modern faith teaching, modern faith teaching is often absolutist, allowing no exceptions in God's will. This was not the classic faith teaching. On the contrary, while it is possible that factors of sin or unbelief may be involved, it must not be assumed so. It may be God's time for the person to go. While it is generally and universally God's will to heal, this must not be made an absolute.

Classic faith leaders believed God could make exceptions. Murray (1982:62) wrote, "The man of faith places himself under the direction of the Spirit, which will enable him to discern the will of God regarding him, if something should prevent his attaining the age of seventy. Just as it is on earth, every rule in heaven has its exceptions." Recognising the sovereignty of God in the death of a young girl, Simpson (1996:123-124) reflected: "Sometimes the Master is taking home His child and will He not, in such cases, lift the veil and show the trusting heart that its service is done? How often He does! ... Let no one dare to reproach such a heart with unfaithfulness." Whereas some modern faith teachers would berate the child or parents for lack of faith, Simpson admonished *let no one dare* accuse anyone of lack of faith. Numerous men and women of faith have similarly lost loved ones to a seemingly premature death.<sup>22</sup>

Many other great people of faith died young or of sickness as well: John Hyde, missionary to India, who was known as "Praying Hyde" for his extraordinary life of prayer and faith, died at 29, saying he would rather burn out than rust out. Likewise, godly David Brainerd, missionary to North American Indians, died at 28. Spurgeon, who himself had a great healing ministry, died at 57 from the long-term effects of gout and Bright's disease. Great Awakening revivalist Jonathan Edwards died at 54 from pneumonia. Pentecostal healing evangelist Charles Price died at the age of 60. The godly A W Tozer died at 66. Oswald Chambers, the man of faith who was totally abandoned to God, died at 43 from complications following an emergency appendectomy. Evangelist Kathryn Kuhlman, well known for her faith healing ministry, died a year short of seventy of a heart condition contracted as a child through rheumatic fever. If some modern faith teachers are to be believed, then none of these leaders were great men and women of faith after all.

Scholars indicate that Psalm 90:10 is stating an observation of life or a basic principle, not a fail-safe promise for long life that can be claimed from God. Even if it is accepted as a general principle of life as Finney, Murray and Simpson appear to have believed, they did not consider Psalm 90:10 absolute. Modern faith leaders would do well to learn this balance from these great leaders. Modern faith and charismatic movements often lack a healthy practical theology of death, a theology that recognises God's sovereignty.

The prophet Ahijah had become blind through old age, yet operated in the supernatural gifts of prophecy and word of knowledge (1 Kings 14:4-5). Elisha performed many miracles, including raising the dead, but died of an illness. And more astounding, after his death, a dead man came back to life when his body touched Elisha's grave. We need to acknowledge what the classic faith leaders came to recognise – that while dying without sickness is an ideal to which *some* may attain, the effects of aging can occur in the most godly and those who are strongest in faith. In many cases, it is not a lack of faith; rather, God has not imparted special faith for healing. Simpson (1994:177) recognised in these biblical examples a dignity in dying of an illness that some modern advocates of faith fail to comprehend. To Simpson, then, dying of an illness may not be lack of faith, but may actually be the exercise of great faith.

Simpson's own experience fell short of his ideal of the ripe apple falling off a tree, yet he triumphed even in sickness and death. He remained in vigorous health into his seventies, but in the last two years of his life a stroke brought on periods of depression and senility. Just hours before his death, C&MA leaders gathered around him to claim Scripture promises for victory over sickness and death. The aged sage remarked to them, "Boys, I can't go that far with you now" (MacMillan 1945:423). He knew his time was nearing to an end. He understood that he had finished his course and his work was complete. Simpson shows us that death, even after illness, can be for the Christian a triumph. This is a sound practical faith theology of death.

A person who is not healed or whose prayer is not answered should not be put down or made to feel guilty. Carter (1897:91), who at one time held more extreme views, admonished, "No Christian should allow the Adversary to whip him because he is not healed, when he is conscious of a perfect acquiescence in the will of God." Even if someone does lack in faith, that person should not feel guilty or be made to feel guilty. Seventeenth-century Puritan leader William Gurnall, in his classic writing *The Christian in complete armour* ([1655] 1994) assured the believer, "God accepts your weak faith." Speaking out of his own experience, Spurgeon (1994:87), a great man of faith, acknowledged that sometimes he was weak in faith. "Faith is weakness clinging to strength and becoming strong in so doing." Even in the midst of great bouts of depression and sickness, he found strength in the little faith he had. Influenced by Puritan thought, Spurgeon (1994:26) thus exhorts that even the weak in faith are not to be criticised, but encouraged, so that their clinging to their small measure of faith in Jesus will be effective. Moreover, Spurgeon (1984:80, 295) did not berate people for their lack of faith, but rather encouraged them, "However feeble our faith may be, if it is real faith in Christ, we will reach heaven at last ... Your little faith has made you completely clean. You have as much right to the precious things of the covenant as the most advanced believers, for your right to covenant mercies lies not in your growth but in the covenant itself ... Am I poor in faith? Still in Jesus I am heir of all things." This is healthy faith counsel for those who feel they may be inadequate in this area.

#### 4 CONCLUSION

These classic leaders of faith combined sound hermeneutical scriptural principles with their own experiences and ministries of healing to forge healthy principles of faith for healing. These pioneers of faith and healing saw the need for balancing the polarities of faith and healing issues, and can thus provide wise, mature, balanced counsel for teachers, practitioners, and seekers of healing in the twenty-first century. Using Scripture as their basis, they show us that healing *is* provided for in the atonement, but that not all receive the *fullness* of healing in this life. There are appropriate times to trust God passively and pray, "Thy will be done," and also appropriate times to act on that trust and claim actively by faith. Faith does not



heal, but God is the source of healing; faith is the conduit of healing. Positive attitudes and confessions can affect healing, and can thus be valid Christian concepts, so long as they are Christ-centered and biblical and balanced, not absolutist. Divine healing without the use of medicine and doctors can still be held up as an ideal, as long as one does not become dogmatic about it. The abandoning of medical treatment should not be done to prove one's faith, nor should it be done without seeking the Lord's will about ceasing treatment in specific cases, and receiving from the Lord a clear assurance or special faith to do so. As a general biblical principle, a long, healthy life can be normally expected and claimed, but not absolutely. The principle that the promises of God exist now, but not yet in their fullness, needs to be remembered and applied to maintain balance between the contra-polarities of faith.

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#### ENDNOTES

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- 1 For balanced critiques of the word of faith movement, see Perriman 2003 and Bowman 2001.
- 2 What often distinguishes these classic leaders from many modern “word of faith” teachers is that by-and-large, these classic leaders were knowledgeable about and utilized sound grammatical-historical biblical principles of interpretation, whereas many word of faith teachers have not had training in sound hermeneutics and theology. Regarding the “health and wealth gospel,” Fee (1979:3) affirms: “The basic problems here are hermeneutical, i.e., they involve questions as to how one interprets Scripture ... The most distressing thing about their use of Scripture . . . is the purely subjective and arbitrary way they interpret the biblical text.” Lovett (1988:720), formerly a professor at Oral Roberts University, also writes of his concern, explaining, “The problem with exponents of the Rhema [word of faith] interpretation is their biased selection of biblical passages, often without due regard to their context. The self-defined phrase ‘confessing the Word of God’ takes precedence over hermeneutical principles and rules for biblical interpretation. This approach not only does violence to the text, but forces the NT linguistic data into artificial categories that the biblical authors themselves could not affirm.”
- Pentecostal circles generally had an aversion to formal education owing to academic’s rejection of Pentecostal belief and practice. As a result, some charismatic and word of faith leaders eschew theology and biblical exegesis as being traditional and not Spirit-led. James Zeigler (1997), himself a former Rhema student and former director of the Holy Spirit Research Center at Oral Roberts University, pointed out that many of the Word of Faith teachers, not being schooled in the biblical languages, hermeneutics and theology, rely heavily upon a literalistic rendering of the King James English version of the Bible. They have mostly secondhand knowledge of Greek and Hebrew, based on helps such as *Strong’s Concordance* or *Vine’s Expository Dictionary*, *Dake’s Annotated Reference Bible* and the *Amplified Bible* (which some scholars believe is deficient because it gives so many options, rather than defining a term within its context). Derek Vreeland (2001:5), a defender of the basic principles of modern faith theology, nonetheless acknowledges that the writings of modern faith leaders often “lack theological sophistication and, in part, reveal a departure from the most sound of hermeneutical principles,” yet falling within the bounds (though sometimes on the fringe) of historical orthodox Christianity. Vreeland (2001:12, 19) also admits that some faith leaders use a “loose pragmatic hermeneutic” and a “selective hermeneutic.” In contrast with most modern faith teachers, the major classic faith teachers and their predecessors, by and large, had received a scholarly theological education, as that was customary at the time. In fairness to word of faith teachers, it should be noted that Kenneth Hagin’s most recent book, *The Midas Touch* (2000) does show more concern for sound hermeneutics.
- 3 See also Murray 1982:23; Douglas 1981:330.
- 4 However, Wimber (1987:154) misinterprets Torrey’s statements on healing in the atonement, asserting: “What he means is that based on what Jesus experienced on the cross we as a consequence may experience one hundred percent healing here on earth.” On the contrary, Wimber is misinformed, for Torrey (1924b:126) also declared, “Sometimes it is God’s will to heal, usually it is God’s will to heal, if the conditions are met; but it is not always God’s will to heal ... It is not always possible to pray ‘the prayer of faith,’ only when God makes it possible by the leading of the Holy Spirit.”
- 5 See Hagin 1983:10. Frederick Price goes so far as to say the Lord’s Prayer does not apply to believers today because of the clause “Thy will be done” (Hanegraaff 1993:34, 271, 286). Moreover, Price declares, “If you have to say, ‘If it be Thy will,’ or ‘Thy will be done,’ ... then you’re calling God a fool” (cited in Hanegraaff 1993:271).
- 6 See also Murray 1981:215ff. Simpson (1915:76, 79), also from Reformed background, agreed, and wrote further, “Submission to sickness is not always submission to God” (Simpson 1992:4:336; see also Finney 1978:71; Bosworth 1973:165; McCrossan 1937:317).
- 7 See also Simpson 1915:76-78.
- 8 Boardman, Cullis, Simpson, and Carter all held a similar viewpoint (see Simpson 1996:120; Carter 1884:124-133). Simpson (1992:4:197) noted that Jesus healed many, but not all (see also Carter 1897:112-113).



- 9 For similar teaching from Bounds, see Dorsett 1991:230.
- 10 Frederick Price cited in McConnell 1988:97. Hagin (1979c:61) also appears to teach a form of this when he says, “Your own faith can initiate healing. . . . You don’t have to wait for God to move.”
- 11 Although Frederick Price was once a pastor in The Christian and Missionary Alliance, Price did not follow the C&MA founder’s counsel.
- 12 The classic leaders further understood that the origin of healing is not faith, but personal contact with God Himself. For instance, healing and spiritual warfare pioneer Blumhardt “insisted there could be no cure unless there was believing contact of the person’s spirit with God” (Chappell 1988:355-56 see also Simpson 1915:54, 127; Charles Price 1946:66).
- 13 See also Simpson 1984: April 8; S. D. Gordon [1924] 1985:62-63, 104, 108; Bosworth 1973:136; Howard Taylor 1932:156.
- 14 See also Hannah Whitall Smith (Strachey 1928:264); Spurgeon [nd]:87; Meyer [nd]:27; Simpson [nd] c.:12; Simpson 1984: April 8.
- 15 See also Montgomery 1921:31-32, 65.
- 16 See also Simpson 1915:65-69, 88-89.
- 17 Simpson spoke positively that “medical Science has a place in the Natural Economy.” He encouraged the development and perfecting of “every possible human remedy against all forms of disease so long as they do not exclude or antagonize His higher way.” Against extreme faith leaders like Dowie, Simpson avowed that “it would be most un-Christlike for us to denounce it or oppose it wherever it has its true place” (Simpson 1966b:59). Simpson’s friend, S D Gordon (1924:xi, 65-66), also appeared to be positive and accommodating in the use of medicine, teaching that healing may come through natural means, supernatural means, or a blend of both, depending upon the Holy Spirit’s leading.
- 18 Simpson (1922:252) provides a fitting summary of the classic faith view of healing, which is sound counsel for today: “Divine Healing is not giving up medicines, or fighting with physicians, or against remedies. It is not even believing in prayer, or the prayer of faith, or in the men and women who teach Divine Healing ... But it is really receiving the personal life of Christ to be in us as the supernatural strength of our body, and the supply of our life.”
- 19 His daughter, Annette Capps, goes so far to say that healing ministers who successfully heal others, but become sick or die, have deficiently made use of their own faith for themselves (A Capps 1987:91-92, cited in MacArthur 1992:240).
- 20 See also Spurgeon [nd]:50; Simpson 1996:116.
- 21 For example: Kenyon – 80, Bosworth – 81, Müller – 92, Murray – 88, Simpson – 76, Montgomery – 87, Finney – 83, R K Carter – 79, Boardman – 76, H W Smith – 79, Taylor – 73, Carmichael – 84, Bounds – 78, Wigglesworth – 87, Meyer – 82; John Wesley – 89.
- 22 Müller (1984:66) had exercised great faith and had seen both himself and many whom he prayed for become healed. However, his own son died as a little boy. Hudson Taylor understood the sovereignty of God in healing for he lost a child, yet his wife Maria, near death, was restored miraculously. Even then, she died several years later, but still in the middle of her years. Bounds, a great man of prayer and faith who believed in healing, nonetheless, buried his first wife and two children in a span of five years (Dorsett 1991:39). Both Phoebe Palmer and Hannah Whitall Smith – pioneering women of faith – lost children at young ages. Even Wigglesworth, whom modern faith teachers love to quote, recognized that God may sovereignly call people home to be with Him. When his own wife died in 1913, he rebuked death and she came back to life. But she told her husband that God wanted her and her work was finished, so he released her to the Lord at a young age. In contradiction to those who claim it cannot be God’s will for a person to die young or die sick, his biographer records, “Wigglesworth willingly bowed to the will of God” (Hibbert 1993:26-27). Bosworth, another favorite among modern faith teachers, also lost his son Vernon at the age of four. His first wife Stella, though having been healed several times, died of tuberculosis in the midst of his healing ministry. Bosworth (Perkins 1927:72) commented, “It seemed best to Him to call her, though still a young woman, home to Himself.” He did not blame their deaths on sin or lack of faith or failure, but rather went on to a greater ministry of healing.