# Signs, Wonders and Healing

This was a book I edited. This file includes my opening introduction and suggested starting points and my conclusion. In between are the titles of the contributors’ chapters so you can at least see what the conclusion is referring back to.

## A Personal Introduction

My personal acquaintance with 'signs and wonders' dates from 1985, when a team from Vineyard Ministries came to Derby to take a small-scale weekend equivalent to the week-long teaching conferences which had been taking place in several cities in Britain. The leader, Danny  
Daniels, began to work through part of their standard teaching syllabus, drawing our attention to the nature of Jesus' healing ministry which, he implied, should be a model for ours. In the course of that, however, he told us about his handicapped daughter, who *hadn't* been healed, and about how God used her to minister to other people, not merely despite her disablement but through it. Danny Daniels won me over to take the rest of what he had to say more seriously than I might otherwise have done, by showing me — without intending to, I presume — that he lived in the real world, in a way that I have to.

I met my wife Ann over a boiled egg at a UCCF conference at Swanwick in April 1963, she a medical student, I an ordinand. In April 1965, by which time we were clear that in due course we would marry, I was in London one Sunday to see her. She had developed a limp. While we crossed from one side to the other of Aberdare Gardens in Hampstead as we walked to church in the evening sunshine, she told me without being very histrionic that the obvious diagnosis on the basis of her symptoms was multiple sclerosis, then an unfamiliar illness, now well-known. It involved a malfunctioning of the nervous system which can affect different parts of the body and result in these parts failing to respond properly to messages from the brain. Next day, Ann took herself to the casualty department of her hospital with her symptoms and her diagnosis; they fairly soon confirmed it, admitted her, and' put her on a standard treatment, a course of a drug called corticotrophin.

We had found great joy in the love God had given us for each other. Suddenly we found the whole future imperilled. Yet the experience brought to both of us a close sense of the real presence of the loving God in our lives. Further, it raised questions that we had not faced as forcefully before: what meant most to us, having God or having each other? The next Sunday I hitch-hiked back to London to see Ann in hospital. It was another warm April day and I got there in one lift in a sports car. The day seemed to bind together two apparent irreconcilables with which we have often been aware of living since, a sense of awed uncertainty about the future and a sense of thrilled joy at the loving reality of God. In the tube I found myself reflecting again on passages of Scripture that had come home to me over the previous week: 'For to me, to live is Christ' (Phil. 1:21) and 'there is nothing upon earth that I desire besides thee' (Ps. 73:25 rsv), and on the hymn that says, 'Thou, O Christ, art all I want'.

The corticotrophin did its trick and within a fortnight Ann was back to normal. A year later, just before we were married, the problem recurred, and the treatment worked again. At the beginning of 1968 we discovered Ann was pregnant and her neurologist said it was risky for her to proceed with the pregnancy; she should have an abortion. We asked to see another neurologist, who was inclined to agree, but who commented — Ann doesn't remember this bit, but I don't think I invented it — that, while it was evident from her case notes that she had the illness, he could find no trace of it in her when he examined her. He could not remember seeing someone who had had two severe attacks of the illness, as Ann evidently had, and who was now as well as she was. That was enough evidence of God being at work for us. Ann went through a fairly uneventful pregnancy and the young man who should have been flushed down the toilet is now 5ft 10, half way through university, and this weekend hosting a speaker round Greenbelt.

As far as I recall, the next decade was fairly uneventful, except for an amusing experience in 1975. Ann became ill again, when our GP happened to be on holiday. Another doctor decided to try a different form of the corticotrophin treatment, involving a more concentrated dosage. As a side effect this sent Ann off her head - manic, to use the term she prefers: she became over-active, wanting to do all sorts of things that she really hadn't got the strength in complete. It was a good experience for someone who had begun postgraduate training as a psychiatrist. As one aspect of the mania, she would wake each sunny May morning at five o'clock with messages from God in her head. These were 'obviously' psychotic delusions. The difficulty about this analysis was that she would then find the same message from God in similar words in the Scripture Union readings for the day. These came from the Psalms. The one I recall is the picture in Psalm 126 of the Lord restoring fortunes and people being like dreamers, their mouths filled with laughter and their tongues with joy. Ann had gone through a spiritually dry period, and the bout of the illness - and the mania! brought just that experience of the Lord restoring, in a way that she couldn't have dreamt would happen.

Multiple sclerosis is an unpredictable illness. Over a long period of years it responded so well to corticotrophin that many people who didn't happen to meet Ann during one of the relapses were unaware that she had the illness. We see the caring hand of God in the fact that she was so well through the years of our boys' childhood. In 1979 she completed postgraduate training in psychiatry, gained Membership of the Royal College of Psychiatrists, and began further training in psychotherapy. In 1980, however, the pattern of the illness changed; since then the relapses have been more frequent, and while the corticotrophin has continued to be effective, it is not 100% so. At the same time, the effects of these relapses have been compounded by a more gradual decline in Ann's mobility, so that she now walks only short distances, with a stick, has difficulty driving, and is limited in the work she can do. Obviously it has been a hard experience for me to watch her lose the ability to live a full human life and to fulfil the vocation at which she was skilled.

The years in which that has been going on have been ones in which I have come to experience and appreciate more fully aspects of charismatic renewal. I have not been 'baptized in the Spirit', nor do I speak in tongues — or perform 'signs and wonders'! But I have been drawn into a greater 'openness to God', sense of God, expectancy of his working, and willingness to take risks in prayer and ministry (including ministry of healing). We have been prayed with and ministered to on a number of occasions in connection with Ann's illness, sometimes by people who work within a 'signs and wonders' framework. We have seen answers to prayer and have seen God working in connection with Ann's illness, but not by stopping its progress. The answers and the miracles are of another kind. I know that having to live with it has changed me, making me more open to other people as well as more open to God. I know that it is sometimes out of what God has given me through Ann's illness that I minister. In a way that makes living with the experience worse; it makes God more awesome. I also know that just by her presence Ann in her weakness, her vulnerability, and her courage brings something to situations, even something of Christ. And that is also difficult to live with, because I also know that she does not find in herself that suffering draws her nearer to God, at least at the moment. I know that it has all made Christian hope more important to us both: I look forward to seeing Ann dance in heaven, let alone walk.

It will become apparent from the chapters that follow that people's own experience of healing ministry contributes significantly to the way they see these issues. That is the case with the editor, too, no doubt; so that is the background he is aware of bringing to the debate. The thesisand the questions that follow are written against the background of that experience. For me, any theory about healing and miracle has to be able to embrace that kind of — quite regular — human experience.

## Some Starting-Points

The following theses, representing my own (sometimes tentative) position on the questions about health, suffering, healing and mi**racle with which this book is** concerned, were put forward as a basis for discussion on the part of the contributors to the volume, with a view to clarifying areas of agreement and disagreement. Each pair of authors was asked to **concentrate on one section and** to take up the theses, texts and questions that most seemed to require discussion.

*Health, suffering and healing*

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1. God's creation purpose was that humanity should enjoy fullness of life in all its interrelated aspects — spiritual, social, mental and physical. Inevitably the spoiling of our relationship with God meant us losing the other aspects of full life, and ultimately losing life itself.
2. The process of ageing, however, which includes aspects of disease, seems to be built into the nature of humanity; it need not stem from our rebellion against God (it may have been God's purpose to grant us resurrection life on completion of our 'natural' created lifespan). Thus some experience of the limitations that age and degener­ation bring to faculties such as memory, eyesight and hearing may be God's will for us. His best for us is then that we enjoy the health appropriate to our age and to his calling. This may be different from our health earlier in our lives, or from the experience of other people whom lie purposes to use in different ways.
3. Similarly, not all pain and suffering need result from the entry of sin into the world, and therefore be evils to be fought against. The subduing of the world to which humanity was commissioned (Gn. 1:28) might have been expected to include an element of these, and pain would have been associated with childbirth even if no-one had sinned. Nevertheless, sin did bring about a death which would otherwise have been unnecessary, and an increase in pain and suffering.
4. God's purpose in Christ is to give us that fullness of life in all its interrelated aspects which he originally intended for us. Healing as well as forgiveness is the fruit of his work (see Mt. 8:17 with its allusion to Is. 53). He has done all that was needed to make fullness of life in all aspects available to us.
5. He restored wholeness in different dimensions to many people during his ministry; often these dimensions were interwoven (see Mk. 2:1—12: forgiveness and healing; Mk. 10:25: healing and following Jesus). He commissioned his disciples to minister this wholeness on his behalf. He also saw demonic activity behind some sickness he came across; his response was to rebuke the evil spirit and thus to heal the person (see *e.g.* Lk. 6:26-33).
6. Sometimes people's faith led to their being healed (see Mk. 5:34), and it may be that faith on the part of *someone* was always needed if a person was to be healed (see Mt. 13:58), but faith on the part of the sick themselves does not always feature (see Mk. 2:5; *cf.* Jas. 5:15).
7. Jesus's healing ministry, that of the disciples, and that exercised in Acts, demonstrate that Jesus' coming brings a New Age. This ministry is reported as part of the gospel; it is not set forth as a model for our ministry. Where Jesus does commission the church after his resurrection, healing is not mentioned (except in the later ending to Mark). Healing in the gospels and Acts should, then, not be made the fundamental basis for our understanding of healing ministry today.
8. Although Christ achieved all that was needed to restore us to wholeness, Christians still live in this age, and enjoy only part of that fullness of life destined for them. We still live in hope, awaiting our redemption (Rom.8:23-24).
9. Some aspects of this shortfall stem from our disobedience, our stupidity *(e.g.* over diet or exercise), and our failure to lay hold on all the potential available to us in Christ. Other aspects reflect the fact that God himself does not purpose to complete our re-creation until theEnd of all things.
10. In New Testament times sickness sometimes had to be accepted (see Phil. 2:26; 2 Tim. 4:20); God did not grant every prayer for healing (see 2 Cor. 12:7-10). Paul suggests what looks like recourse to ordinary medical treatment for Timothy's ailments (1 Tim. 5:23).
11. Some New Testament passages affirm the positive value of suffering, which presumably includes ill-health (see Rom. 5:3-5; Jas. 1:2-4). The Book of Job explicitly warns against assuming that believers will not experience ill-health or can expect immediate relief if ill-health should come; and the Psalms make the same assumption. Hebrews 12 suggests that believers should expect to experience God's discipline, not uninterrupted health, wealth and ease.
12. Thus in church history and in current Christian experience many have been brought to personal and spiri­tual maturity through coping with adversity and pressure, including ill-health, rather than through calm, ease, and the removal of every pain and hurt.

*Questions*

AIs our experience of pain and sickness entirely the result of sin spoiling the world's relationship with God? Or can some pain and sickness be intended by God for our blessing?

B If the latter, how do we tell what is the significance of particular experience of pain or illness?

C In what sense does healing come to us through Christ's work on the cross?

D How much of the fruit of salvation can we expect to enjoy now, and how much belongs inevitably to the End? How does this apply to suffering and healing?

E What is the relation between faith and healing?

F What is the relation between the demonic and sickness, and how does this affect our approach to healing?

G What is the significance of the story of Job in connection with our understanding of God's purpose regarding suffering and healing?

*Healing and miracle*

1. In English, 'miracle' has two chief meanings, neither of which exactly corresponds to any biblical expressions. It sometimes denotes an 'event inexplicable by natural laws and so ascribed to divine or supernatural action’ (*Penguin English Dictionary).* Jesus' resurrection would be a clear example.
2. This is commonly the word's connotation when used today in connection with healing. Some of Jesus healings and some events in Acts would clearly be ‘miracles' in this sense.
3. Yet events that we can describe in terms of 'laws of nature' (that is, we can perceive the process whereby they came about) and ones we cannot are equally the work of God.
4. Further, it is impossible to establish that a particular event *was* a miracle, in the sense that it could never be explained in terms of ordinary processes of cause and effect (including some processes yet to be discovered).
5. We also have to allow that many illnesses *(e.g.* mos cancers) are known in a small percentage of cases to recede or even to disappear 'naturally'.
6. For various reasons, then, it is best to avoid using the term 'miracle' with regard to healings today.
7. In everyday speech 'miracle' can also denote some­thing which is remarkable and extraordinary, but is not assumed to require explanation in terms of supernatural activity. Many biblical 'signs and wonders' might be remarkable and extraordinary events which were, however, no more (and no less) 'supernatural' than other events. Exodus gives the crossing of the Red Sea a 'natural' explanation (it involved a strong east wind). Such events might still appropriately be described as 'miraculous' because they happened at particularly significant moments not only for those who received them, but for the purpose of God himself as he went about fulfilling his purpose in the world. They are signs and wonders, but are also capable of scientific description and explanation.
8. Some healing 'miracles' might also be of this kind. For instance, the paralysis of the man in Mark 2 may have resulted from his inner sense of guilt, so that the resolution of the latter (his 'inner healing') 'naturally' made it poss­ible for him to walk again. This healing is still, of course, the marvellous work of *God.*
9. It is also God who brings healing through the regular healing processes at work in the body and who enables people to understand these processes and harness them by means of medicine, surgery, *etc.* Such healings are not 'miracles', but they are still the work of God (and may seem marvellous indeed when we come to understand them).
10. Thus the appropriate reaction to illness is *both* prayer *and* recourse to physical medicine: the latter can be an act of unfaith (2 Ch. 16:12), but it can belong in the context of faith in God (2 Ki. 20:1—7). There is no tension or competition between God's two ways of bringing healing; he may use either.
11. As in Mark 2, we should not be surprised if many healings can be explained in psychosomatic terms. This does not make them any less 'signs and wonders'.
12. The gospels and Acts show that being confronted by 'signs and wonders' does not compel people to faith in Christ. Other explanations can always be thought of. To recognize an experience of healing as an expression of God's power and love and a sign of his presence is a response of faith.

*Questions*

1. How do you see the relation between healing by the resources of physical medicine, and healing through prayer and seeking God 'direct'?
2. How do you see the relation between 'natural' and ‘supernatural in people's gifts of healing or special insight?

J. When we are ill, how do we decide whether to seek the resources of physical medicine or those of prayer and seeking God's 'direct' healing?

1. Both Scripture and subsequent history indicate that extraordinary healings can be brought about in the name of other gods or of demonic powers. Does this diminish the significance of signs and wonders? If not, why not?
2. In what sense does Jesus encourage his disciples to expect to do greater things than he did (Jn. 14:12)?

*Healling in church life*

25. In New Testament times, in the course of ordinary church life Christians were expected to offer a ministry of physical and mental healing as well as concerning themselves with people's relationships with God. This might involve people with special gifts (1 Cor. 12), but it was also part of regular pastoral ministry (Jas. 5:13—16). There is no reference to the rebuking of evil spirits in the course of ordinary church life in New Testament times.

26. The New Testament offers no examples of people with gifts of healing going round carrying out healing missions. Elders and people with gifts of healing fulfilled this ministry within congregations; apostles and evange­lists combined healing with preaching the gospel. This may be significant for our understanding of both the role of the evangelist and that of the healer.

27*.* It is clear from a passage such as James 5:13—16 that medically unexpected healings were part of the life of the church in New Testament times, and presumably this should also be so today.

28. It is also clear from 1 Corinthians 12 that some early Christian churches included people who had 'gifts of healing', and presumably this, too, should be the case today.

29. Such gifts might be of an explicitly supernatural kind (transcending what the person could otherwise do); they might be personal qualities and abilities given over to God for his service but inherently part of the person exercising them (so that the person would be able to do something like this even if he or she was not a Christian).

*Questions*

1. In what sense and on what basis can we take the signs and wonders performed by Jesus, his disciples, and the church in Acts as a guide to the healing ministry we should expect to see exercised in the church today?
2. What is the place of the ministry of healing in the life of the church? Does the ministry of healing belong in the context of regular public worship, or of special services, or in the home, or of healing missions, or of healing centres, or what?
3. In what way should we expect 'signs and wonders' to witness to God's presence and power? How does such ministry relate to evangelism?
4. Is it our business to attempt to discern when God might wish to do some 'sign' by healing someone? If so, how do we do so?
5. Is it our business to attempt to distinguish between divine healing in answer to prayer, and 'spontaneous remission'? If so, how do we do so?
6. What do you understand by the term 'inner healing', and how do you see the role of this ministry in the church today? How does the ministry of inner healing relate to that of physical healing?
7. What is the place for the rebuking of evil spirits in connection with healing ministry?
8. James 5:13-16 seems to encourage us to assume that healing will always follow upon anointing, believing prayer, and confession. When it does not, are we to infer that there must have been an absence of faith on the part of the elders, or that 'the prayer of faith' is a special God-given assurance that God will heal *in this case,* or that the passage encourages us to expect that the kind of person it is talking about will always be 'saved' whether or not he or she is 'healed'? Or what?

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Part 3 Healing in church life

A ministry to be encouraged *David Huggett* Response by *Philip Hacking*

A ministry easily over-emphasized *Philip H. Hacking* Response by *David Huggett*

## Conclusion: Analysing the Issues

A number of areas of agreement emerge from the above pages: that God does heal, that he uses medical and non-medical, ordinary and extraordinary methods, that in some sense healing is an appropriate concern of the church. My aim in these final pages is to analyse the areas of disagreement which also emerge or underlie the chapters.

*1. What are the implications of gospel references to illness and healing?*

Much ministry of healing implicitly bases itself on what Jesus did, on what he commissioned his immediate disciples to do, and on what the apostles in Acts did, though it does not always make explicit the basis on which we take up the same kind of ministry. What indication does the New Testament give that the church is expected to continue the kind of spectacular healing ministry under­taken by Jesus himself, by his disciples during his lifetime, and by the apostles?

In the discussion in this book, four passages have surfaced as possible indications of this. Mark 16:17-18 must surely be reckoned out of court, since Mark 16:9—20 does not seem to belong to the original Gospel; it is missing from 'the most reliable early manuscripts' (niv). We can hardly use it to establish a point not made else­where in undisputed parts of Scripture. John 14:12 prom­ises that the disciples will do greater works than Jesus, but exegetes do not take this to denote the performing of miraculous signs and wonders greater than Jesus's (which would in any case prove too much: see Peter May, p. 41). Are advocates of the 'signs and wonders' approach misinterpreting Scripture in the light of their experience, or are exegetes misinterpreting Scripture in the light of their (lack of) experience (see 4 below)? The latter make an impressive point when they suggest that John 14:12 needs to be understood in the light of John 5:20-21, where the 'greater works' is the giving of new spiritual life to people; this does seem the natural understanding of John 14:12 also. According to John 20:21 we are sent as Jesus was, but again this cannot simply be assumed to include a healing ministry like Jesus's (Peter May, p. 40). According to Matthew 28:16-20, the disciples are to teach people everything Jesus has commanded them, but again this proves too much: there are things Jesus commanded the disciples to do which they do not have to tell others to *do,* even though they do tell them about them (Mt. 10:5; 16:20; 26:18).

There remains, then, a worrying absence of mandate from the New Testament for undertaking the kind of healing ministry that Jesus, his immediate disciples, and the apostles did.

2. *What are the implications of references to illness and healing in the epistles?*

The epistles include a number of references to illness and few references to healing ministry (see *e.g.* Philip Hacking, pp. 161-162). But the latter seem enough to me to estab­lish that healing is a natural part of the church's ministry, a more natural part than it has often been. They also establish, however, that there is nothing odd about the fact that people often do not get healed. Illness, like sin, continues to be part of life in this age. If we bracket the gospels and Acts because of the consideration just noted, what kind of mandate for what kind of healing ministry do the epistles give us? 1 Corin­thians 12 looks like encouragement towards *some* expec­tation of miracle *sometimes,* even if we accept that the miraculous will never be the norm in this age. And James 5 looks like an encouragement to take prayer for healing as a norm whether or not the leaders of the church believe they have gifts in this area.

3. *What is actually happening?*

Roger Cowley declares that 'for substantial numbers [of 'miracles'] reliable documentation is available' (p. 90); Tony Dale relates a number of experiences from his own and other people's lives. Peter May questions the interpret­ation of these. Tony Dale warns us against scepticism, Peter May against gullibility. I myself would like to believe that lots of miracles are happening, but like Peter May find hard evidence difficult to come by. The clear miracles happen somewhere else; the things that happen when I am there are more psychosomatic (though no less real and worthwhile for that) and/or rather trivial and not very like the kind of thing related in the gospels and Acts. I am a bit puzzled by the difficulty in establishing how much is happening that is medically inexplicable. This looks like a matter of empirical facts on which it ought to be possible to reach agreement!

*4. What is the significance of what is going on?*

A number of contributors give considerable space to relating their own and other people's experiences, mostly of healing being given, sometimes of it being withheld. What is the significance of this material? What is the relationship between what we learn from what is happening today and what we learn from Scripture? Roger Cowley (p. 96) affirms the primacy of biblical teaching over experience. David Huggett (p. 139), however, ques­tions whether we need explicit validation from Jesus for patterning our ministry on his, and follows it with refer­ence to his own experience which apparently provides the validation for his approach. But can it do so? How does this approach differ from the one taken by the Moonies, with their stress on experience? Thus evangelicals have traditionally maintained that we move from Scripture to experience. On the other hand, David Huggett notes that people who use Scripture to dispute his approach may have other more covert (experiential!) reasons for doing so. So even if we profess to believe that it is right theolog­ically to move from Scripture to experience, in practice our understanding of Scripture is influenced by our experience. When we recognize that, we can start safeguarding against the negative aspects to it; we are more likely to be in trouble if we do not allow for that possibility and fail to become self-critical regarding our relationship with Scrip­ture. Experience is not self-interpreting. An account of personal experiences can become the basis for reliable theological reflection only when these experiences are set in the light of Scripture. Interpreting Scripture in the light of experience is a journey round a vicious circle. We need to be wary of an unreflective matching of (alleged) experi­ences with scriptural texts superficially read. This is a danger for both 'sides' in this argument.

5. *How significant is the body?*

David Huggett stresses the interweaving of body and mind and thus of emotional and spiritual problems and physical illness (pp. 145-146). This rather contrasts with Peter May's opening treatment of the significance of bodily health. Does the latter underplay the body's significance in Scripture? Scripture sees human beings as a psycho-physical whole, and it is the whole person who is made in God's image. The idea of an image suggests something material and visible - an immaterial, invisible image sounds a contradiction in terms. Christologically it is important that the image of God lies in humanity's full psycho-physical nature: it is this that made the incarnation possible, indeed 'natural'. Shalom, which Peter May emphasizes, is a notion that applies to the material at least as much as the realm of the spirit, and resurrection involves the whole psycho-physical person. We do not believe in John Brown's body lying a-moulding in the grave while his soul goes marching on: his soul feels distinctly incomplete without his body and would like to have it back again, renewed, please - as 2 Corinthians 5 indicates.

Material and spiritual belong together in Scripture. If the material affects the spiritual (Peter May, p. 36), is the opposite not also true? If we are put right with God and are in this sense spiritually whole, it would be odd if that never had an effect on the rest of our persons. Sometimes I overwork because I am seeking justification by works, and I get backache or some other psychosomatic illness; getting things right between me and God and getting things right between me and my body may interact.

On the other hand, it does not seem to be the case that the more mature we are spiritually, the fitter we are physically. God does not bring his most mature saints to him by making it possible for them to evade death, but by taking them through death and making it the way to resurrection. Similarly he takes them through aging and suffering, not as something in tension with spiritual maturity and trust in him, but as a means to it. A theology of 'signs and wonders' needs to be clear what it is saying theologically about the realities of suffering and dying among the people of God, which will continue to be realities on a vast scale as long as we belong to this age (won't they?) *(cf.* Bill Lees, response p. 107).

6. *What is the relationship between the cross and healing?*

Peter May notes correctly that Matthew 8:17 is not about the death of Christ, but the actual idea that the atonement included dealing with illness does not seem to me inco­herent, though to speak of Christ atoning for our sick­nesses may be too shorthand a way to put it. My personal experience of illness may not result from my personal sin *(cf.* Job and Jn. 9). Nevertheless the presence of.illness in general in the world results from evil in the world, which itself results from the presence of sin in the world. If Christ deals in principle with sin and evil, then, he thereby deals in principle with illness. Insofar as all illness results from the presence of evil in the world, all healing, like all forgiveness, is a fruit of his death, which produces this gracious fruit before his time as well as after it. It is in keeping with this that bodily resurrection (his and ours) is, among other things, a sign that his work of atonement has been effective: the spiritual work 'naturally' has a physical outward expression. In Christ God has won the victory over evil. But resurrection belongs to the End. That victory is not yet completely effective in this age. And because the illness (and the death) of believers issue as much from the general presence of evil in the world as from our personal sin, it is also quite 'natural' that believers still experience illness and death.

7. *Prayer and knowledge of God's will*

The approach to healing ministry advocated by David Huggett emphasizes discovering whether it is God's will to heal someone, and then praying in faith for him to do so. I accept that God does sometimes reveal to us what he wants to give us, and that listening to God is an important aspect of prayer. If we know what God is going to do, we can indeed pray expectantly. Nevertheless I have two questions about this emphasis. First, is this what references to 'praying according to God's will' (1 Jri. 5:14) mean? I would have thought they more likely refer to praying for the *kind* of thing God is likely to grant (in the light of what he has done for us and the way he has revealed himself to us in Christ), such as people's conver­sion - or their healing! Which leads me to the second question. Whether or not we want to talk about prayer altering God's mind, it surely does mean asking God to do things he would not otherwise do. The prayers of Abraham, Moses, and Jesus suggest that we discover what God wants to give us partly by asking for things and seeing whether he grants them. Prayer thus involves risking the answer 'no'. It would be a shame not to pray because we lacked an assurance that God wanted to grant this particular thing: better to risk a prayer that God does not grant than to miss something he might grant (Jas. 4:2b)!