Charismatic healers

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Introduction

Healing has been central to the Pentecostal and Charismatic movements from their beginnings (Brown 2011; Curtis 2007; Poloma 2006). Studies indicate that healing is the most characteristic element distinguishing Pentecostals and Charismatics from other Christians (Lugo et al. 2006: 5; Brown 2011: 3; Miller 2013: 7). According to a 2006 study across ten countries conducted by the Pew Forum on Religion and Public Life, a majority of Pentecostals, ranging from 56 per cent in South Korea to 87 per cent in Kenya, declared that they have personally experienced or have been witness to divine healing of sickness or injuries (Lugo et al. 2006: 5–6). Healing and related practices such as deliverance from evil spirits or exorcism are forms of religious embodiment through which practitioners express their faith and religious identity, similar to other distinctive practices such as dress or dietary regimes (Glassman 2018: 36).

Healing is a frequent topic of Charismatic sermons and testimonies. It is regularly mentioned in prayer requests and is prayed for in private, in special prayer meetings, healing services, prayer clinics, or healing rooms. Charismatic healings are not only the profession of a few famous pastors and their healing ministries such as Oral Roberts (1918–2009) or Kathrin Kuhlman (1907–1976) in the 1940s—1970s, or individuals regarded as especially gifted such as Dodie Osteen (b. 1933), who claims to have miraculously recovered from terminal liver cancer and now offers monthly healing services at Lakewood Church, the largest megachurch in the US. According to Charismatic belief, every believer anointed by the Holy Spirit can become a channel for healing through prayer. Charismatic healing as such has strong lay and social components.

Charismatic Christians pray for holistic healing of fellow believers’ physical, emotional, and social injuries as well as on behalf of their own afflictions. Praying for healing and becoming a conduit for the Holy Spirit and its miraculous healing power encompass a broad variety of practices, which are administered in large communal settings such as worship services, small group meetings, or spontaneously among fellow Charismatic Christians in everyday situations including the privacy of one’s home. The practices employed range from praying to reading healing scriptures, from voicing declarations of healing to speaking in tongues, from laying on hands and touching the afflicted parts of the body to visualizing the healed body. Practices may include the use of anointing oil or prayer cloths to act as material carriers for
healing prayers administered by prayer ministries and delivered to believers in need, as done by Lakewood Church’s John Osteen in the 1980s. It sometimes (as at New Creation Church in Singapore) includes taking Holy Communion in a church service or administering it individually at home, thereby literally ingesting and visualizing the healing powers and promises of Jesus’ sacrifice on the cross.

Pentecostal and Charismatic Christianity comprise the fastest growing religious movement on a global scale. Candy Gunther Brown argues that ‘divine healing is the single most important category—more significant than glossolalia or prosperity—for understanding the global expansion of Pentecostal Christianity’ (Brown 2011: 14). The high mobility of lay-based healing practices plays an important role in spreading the movement and adapting it to diverse local contexts. Jörg Stolz observes that Charismatic healing techniques have been surprisingly stable through the history of the movement. He explains this stability as resulting from the fact ‘that the social mechanisms involved are on an interactional level and may function independently of larger sociohistorical changes’ (Stolz 2011: 463) and—I would like to add—are thus easily integrated into different socio-cultural contexts. Charismatic healing—usually in the form of prayer and the laying on of hands administered by lay believers—can be practised almost anywhere, at any time, and depends neither on institutionalized infrastructures nor access to trained religious experts.

In this chapter, I first delineate some central theological conceptualizations of Charismatic healing before illustrating three sets of practices common across the broad variety of religious actors and practices involved in divine healing: 1) prayer and the laying on of hands; 2) spoken declarations and positive confessions, and 3) taking bread and wine in Holy Communion. The last section of the chapter discusses the relation between divine healing and medicine. My analysis is partly based on my own fieldwork observations at Lakewood Church, USA, and New Creation Church, Singapore: currently the largest nondenominational, neo-Pentecostal megachurches in their respective countries. In both cases, popular televangelists function as senior pastors, head large media ministries, and are influential within international Pentecostal and Charismatic networks. Healing plays a central role in both churches, which stand in the tradition of the twentieth century healing ministries of Oral Roberts and the ‘Word of Faith’ theology of Kenneth Hagin (1917–2003). The historical examples from Roberts’ healing events and Hagin’s teachings combined with recent examples from Lakewood Church and New Creation Church serve to demonstrate the variety of practices and understandings referred to as ‘Charismatic healing’ in this chapter.

Charismatic conceptualizations of healing

Pentecostal and Charismatic theologies and conceptualizations of healing may vary depending on denominational genealogies and geographical location. In general, Pentecostals and Charismatics of all colours tend to be ‘evangelical,’ which means that they affirm: 1) a view of the Bible as God’s revelation to humanity; 2) a focus on the atoning work of Jesus Christ on the cross; 3) the centrality of the conversion experience often termed ‘born again,’ combined with a personal relationship with God through Jesus Christ; 4) a strong emphasis on evangelism; and 5) an emphasis on the workings of the Holy Spirit in today’s world and the life of the believer through signs and wonders (e.g. healing, deliverance, prophesy, and prosperity).

Of fundamental importance is the notion of ‘full salvation,’ granted through God’s Grace by offering God’s Son as the perfect—because sinless—sacrificial lamb. Through Christ’s death at the cross, believers are redeemed, their sins forgiven; they are cleansed, reconciled
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with God, sanctified, and saved in this life. The belief that healing is granted by God is most often justified with a biblical passage found in Isaiah 53:

Surely he took up our pain and bore our suffering, yet we considered him punished by God, stricken by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed.

(Isaiah 53: 4–5, NIV)

The passage is interpreted as a prophesy of Jesus’ atoning death at the cross by which forgiveness of sin and healing are provided. The King James Bible version of the last verse reads ‘with his stripes we are healed,’ an often-invoked declaration in healing prayers.

According to Roberts and Hagin, the classical proponents of divine healing, it is God’s will that the true believer be free of sin and healed of all disease. Diseases and all kinds of emotional or social troubles neither originate in God nor are they sent as punishment, but come from the devil and can effectively be countered by faith, prayer, and the gifts of the Holy Spirit (Hagin 1995 [1960]: 18–21; Roberts 1965 [1947]: 15). Physical, emotional, or social complications can also result from a life that is not in harmony with God and God’s will. Many testimonies of healing tell the story of how becoming a born again Christian also brought positive changes in all areas of life, including health related issues. Pastor Mark Ng of New Creation Church told the congregation how a new focus on Jesus and a Christian lifestyle changed his life for the better. Instead of focusing on his career and his financial problems, he set his eyes on Jesus, read the Bible, and prayed for direction. Subsequently, he was freed from high blood pressure and migraines, as well as his financial troubles. Although not regarded as punishment sent from God, sickness and afflictions are often interpreted as a ‘somatization of unsolved emotional difficulties connected to a non-functional spiritual life’ that is not consistent with a Christian way of life (Hovi 2018: 175).

Although my interlocutors from Lakewood Church and New Creation Church would agree that diseases are caused by the devil and not by personal wrongdoings or sin, Charismatics in other socio-cultural contexts give different explanations for the occurrence of illness and complications in the life of a believer. For example, the South Indian Pentecostals studied by Michael Bergunder regard sickness as the result of sin and a curse brought into the world to punish the human race for its disobedience to God (2011: 289). These contradictory explanations show that theologies underpinning Charismatic healing encompass a varied field and can differ substantially depending on the context.

To heal and to be healed are both considered gifts of the Holy Spirit. However, the healing process cannot be realized exclusively through practitioners’ faith in the healing granted by Jesus’ atonement; rather, divine intervention is needed to effect healing. That is why religious actors prefer the term ‘divine healing’ over the term ‘faith healing’ in order to make clear the profound difference in the source and availability of healing (Balmer 2004: 212; Brown 2011: 4–5). The latter designation, sometimes used in academic literature, emphasizes the power of the believer’s faith instead of the divine intervention that materializes in healing and is central to the emic perspective of Charismatic healing.

Most Christians engaged in Charismatic healing practices on behalf of others are not famous healing evangelists, but lay practitioners, who heal voluntarily without eliciting payment for their services. Cartledge argues that most believers see it as a vocation, an ‘expression of Godly Love’ that also serves the purpose of evangelization (Cartledge 2013: 503).
Christians volunteering as prayer partners or in prayer teams in small group meetings, prayer rooms, or prayer clinics engage in prayer on behalf of others. They do not regard themselves as particularly blessed with the gift of conferring healing and thus do not refer to themselves as ‘healers,’ although they see their role as instrumental in the healing process (Warrington 2006; Hovi 2018: 174). The influential healing evangelist Roberts formulated a similar stance, refuting the designation ‘faith healer’ and the idea that he himself can heal (Sinitiere 2015: 33):  

I want to make it clear I cannot heal. I do not claim any healing power. Only God has power to heal. I am a servant, an instrument God is using, a point of contact to help people release their faith. Our faith is in God.  

(Roberts 1958)

Healing thus comes from a divine source, and praying Christians anointed with the Holy Spirit become channels for or mediators of God’s healing powers without being healers themselves.

Charismatic healing is understood holistically. It encompasses the physical as well as the spiritual, emotional, and social level of human beings and is understood by the actors as part and parcel of what they refer to as full salvation (Brown 2011: 5). Prayer requests for healing often refer to physical conditions as well as to emotional, relational, or social problems (Hovi 2018: 173). In the words of Roberts, healing is a process aimed at making people ‘whole’:

The healing that Jesus brings is more than spiritual, more than mental, more than physical—it is those and more. His healing is to make us ‘whole’—healthy in soul, mind and body, healthy in our relationships with others, in our attitudes, our habits, in our way of life, all the days of our life.  

(Roberts 1965 [1947]: 9–10)

Based on their research on Charismatic healing practices at the Toronto Airport Christian Fellowship Church, Margret Poloma and Lynette Hoelter describe a holistic model of Pentecostal healing in which spiritual healing based on a relationship with the divine is the basis for inner, mental, and physical healing (Poloma and Hoelter 1998: 262). Thus, from an emic perspective, once healing is experienced, the recipient has to become a believer, develop a relationship with God, and live a Christian life to make it wholesome and lasting. It explains why, for many people who report having personally experienced or witnessed divine healing without being (Charismatic) Christians, healing experiences often marked their first encounter with a miracle-working God and were the first step to their becoming ‘born again’ Charismatic Christians (Cox 2011: xviii; Chesnut 2011; Hovi 2018: 175). For Christians or believers who already belonged to Charismatic churches, witnessing or experiencing divine healing can work as a sort of ‘faith booster’ and provider of credence and certainty for the Charismatic teachings of an interventionist, miracle-working God (Brahinsky 2012: 223). For those believers, divine healing might not only lead to health and emotional and social wellbeing, but may also result in a more actively practiced Christian lifestyle, increased involvement in church life, or even a life spent in full-time ministry (Bergunder 2011: 291). Healing thus is ‘a catalyst, not an end’ which in turn can contribute to an overall sense of wholeness and improved wellbeing in all aspects of a believer’s life (Brahinsky 2012: 223).

Healing can occur instantaneously and testimonies that report of miraculous healings where believers suddenly get out of wheelchairs or throw away crutches and walk without impairment occur regularly at healing events and are recounted in sermons or printed in Charismatic sources and newsletters (Brown 2011; Singleton 2001; Stolz 2011). However, much
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more common are reports of gradual healing described as a process that takes time, regularly repeated prayers, and multiple healing prayer sessions (Hovi 2018: 174).

Charismatic healing—whether instantaneous or gradual—is carried by hope and (ideally) by unwavering faith in a miracle-working God who will deliver on his promise of healing in the future. Pentecostal theologies underpinning Charismatic healing thus leave little discursive space to deal with suffering and the resulting doubt and despair. Even permanent disability or terminal conditions are solely framed as conditions to be healed in the future and which are best dealt with through prayer, belief, and perseverance. If people succumb to their diseases and die, their passing might be framed as ‘God needed an angel’ or ‘God had a better plan,’ inadvertently relaying that, besides God’s promises of healing, believers might not be privy to all his plans (Bowler 2018).

Testimonies do not talk of failed healing prayers as these do not fit the narrative and thus, the question of what happens when Charismatic healing fails is rarely addressed. One notable exception is the attempt by Shane Clifton, himself a quadriplegic Pentecostal, to reformulate Pentecostal teachings on health and healing to include the acceptance of pain, sickness, and disability as part of human life and to account for these in Charismatic testimonies and prayer practice (Clifton 2014).

Charismatic healing practices: praying and the laying on of hands

The practice most commonly associated with Charismatic healing is prayer while laying hands on the person (Cox 1995: 109). This practice is legitimized as ‘scriptural’ because it is mentioned in the Bible and it emulates Jesus laying his hands on people for healing as described in Luke 4:40. The actual practice can be a brief, quite unspectacular act, lasting only a few moments while a short prayer is spoken; it can also be practised over a prolonged period, up to ten or twenty minutes as in examples of a Finnish prayer clinic (Hovi 2018). Most commonly, the laying on of hands is practised by touching the head, shoulder, or upper arm; with consent of the client, other parts of the body that need healing might be touched. The actual laying on of hands can be a slight touch, a firm pressing, or even a severe grip.

The famous healing evangelist Oral Roberts was one of the most influential Charismatic healers of the mid-twentieth century and a model for later generations of healing ministers. He held large healing revivals, called ‘crusades’ all over the US and later also in other parts of the world. His ‘healing crusades’ were recorded and broadcast on radio and TV and thus helped spread the practice and the related theology of Charismatic healing on a global scale (Bowler 2013: 53; Asamoah-Gyadu 2018).

Recordings from his famous healing revivals from the 1950s show him speaking short prayers, invoking Christ to heal certain conditions. Roberts firmly presses his hand on the forehead and upper head, sometimes even grabbing the head of the person receiving the healing, while praying, ‘Christ, I touch her because you tell me to touch her and I believe for her healing!’ (Roberts 1957 [1976]). Roberts refers to his laying on of hands as ‘a point of contact’ that helps release someone’s faith. According to him, it is a necessary aid because people cannot see God with their own eyes and physical contact makes the connection to God tangible. Thus, it helps people feel and focus their faith and release their faith in God (Roberts 1965 [1947]: 19). Through the touch of his hand, Roberts mediates God’s healing power; he makes it ‘sense-able’ to the physical body of the believer (Meyer 2015: 141). The use of anointing oil or prayer cloths can have the same effect when regarded as ‘points of contact’ to release one’s faith. Again, Roberts emphasizes that neither hands nor oil or cloth do actually contain any healing power because it is God who heals, but they are biblically-sanctioned material
instruments that can help people release their faith in healing (Roberts 1965 [1947]: 20–22). Applying a similar logic, he extends this explanation to include modern technological apparatuses such as radio and TV. He encourages people to touch the TV set or radio while listening to his healing broadcast. He taught that touching the apparatus with one hand and the hurting part of one’s body with the other can act as ‘point of contact’ to release one’s faith and can thus render the prayer received over radio or television as effective as the laying on of hands (Roberts 1965 [1947]: 21; Brown 2011: 9).

During Robert’s ‘healing crusades,’ people usually stood in front of him while receiving prayer and the laying on of hands, often reacting emotionally, whether moved to tears or smiling in joy. Asked by Roberts, they did small exercises to demonstrate that their infirmities were healed. They moved joints that used to be limp or counted to ten without a sign of stutter. In other divine healing contexts, for example, at Kenneth Hagin worship services, Benny Hinn crusades, the Toronto Blessing movement, or Vineyard healing conferences, the physical reactions of participants receiving healing are much more pronounced. People shake in ‘holy laughter,’ trembling or falling to the ground. Such intense bodily reactions are described as being ‘slain in the spirit’ and interpreted as visible signs that believers are filled with the Holy Spirit, which does its healing work in them (Poloma and Hoelter 1998; Miller 2013: 11–12).

Healing events featuring a Charismatic healing minister and large crowds—often televised so that attendees have witnessed on screen many times what they will witness and experience while attending an event in person—can be regarded as a specific ‘sensational form’ of Charismatic healing practices (Meyer 2008: 707). Anthropologist Birgit Meyer describes sensational forms as:

relative fixed, authorized modes of invoking and organizing access to the transcendental, thereby creating and sustaining links between religious practitioners in the context of particular religious organizations. Sensational forms are transmitted and shared; they involve religious practitioners in particular practices of worship and play a central role in forming religious subjects.

(Meyer 2008: 707)

Such sensational forms can be communally-enacted religious rituals as well as individual devotional practices in which religious actors engage material objects and spaces (images, hands, oil, healing rooms) through their body, mind, and senses. During healing crusades as well as in healing prayers at home, religious practices ‘address and involve participants in a specific manner and induce particular feelings’ whereby religious experiences are enabled. As such, they produce ‘distinct sensory regimes’ and ‘specific bodily and sensory disciplines’ as well as ‘particular sensibilities’ (Meyer 2008: 708). Through attendance and witnessing such events and practices—often repeatedly—religious practitioners are socialized into and develop a specific Charismatic sensorium that Brahinsky calls ‘Pentecostal body logics’ (2012).

Charismatic healing has a strong lay component because it is not the person of the healing minister that possesses the ability to heal even if he or she is regarded as especially gifted or anointed. As healing comes from God, every believer who stands secure in his or her faith (and, depending on the denominational context, has received the gift of baptism in the Holy Spirit) can become an effective intercessor to pray for healing on behalf of others. As such, Charismatic healing prayers are strongly social. Believers pray on behalf of others while the recipients know that people are praying for and over them and, in most cases, the praying partner and the recipient of prayer are connected through touch by the laying on of hands. Brown describes this type of intimate prayer situation as ‘proximal intercessory prayer’ (Brown 2014: 60).
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The participants see, hear, and feel each other during the practice. The sensory experiences occurring during such intimate prayer sessions can include feeling heat and/or a tingling or vibrating sensation. These sense perceptions are regarded as signs for the presence of the Holy Spirit and his healing work in the body of the believer. Here, sensory perception serves as evidence of the holy intervention (Brown 2014: 61). It further shows that believing and praying are not just mental acts, but embodied practices involving the acting and sensing body of religious practitioners.

The idea of personal prayer for people in need of healing has been most notably put into systematic practice by John G. Lake (1870–1935), a Pentecostal evangelist, through his establishment of healing rooms in the early twentieth century in Spokane, Washington, USA (Poloma 2006; Hovi 2018). The practice was picked up again and widely popularized by Ken Wimber (1934–1994) and his network of Vineyard churches (Poloma 2006: 62). Here, small prayer teams consisting of common men and women pray together on behalf of a client in small, more intimate settings than worship services or ‘healing crusades’ could provide. If the client consents, the prayer is combined with laying on of hands. Clients need not be Christians, but simply people in need of healing and open to be prayed for. In Tuija Hovi’s study of healing rooms in Finland, prayer teams did not pray in tongues because in the Finnish context, the practice could be perceived as off-putting to clients not familiar with it (Hovi 2018: 174). At New Creation Church in Singapore, where speaking in tongues is common practice in worship services, my two interlocutors who regularly prayed in the healing rooms of the church emphasized that praying in tongues is more powerful than praying in regular language (English or Chinese in that case). It is regarded as more powerful because it is the language given by the Holy Spirit. Which prayer language is chosen and regarded as most effective again depends on the particular context and the established sensational forms of Charismatic practices typical for that specific context.

Speaking and declaring healing: the practice of testimony and positive confession

A central element of Charismatic healing is prayer, the voicing of so-called words of faith (Romans 10: 8–10, KJV). What might seem as spontaneous expressions is often a learned formulaic prayer language. Proponents of Charismatic healing refer to it as ‘Word of Faith’ or ‘Faith’ theology, while the academic literature usually discusses these practices and ideas under the label ‘Prosperity Gospel’ or ‘Gospel of Health and Wealth’ (Bowler 2013; Hladky 2012). One of the founders and best known representatives of the Word of Faith theology, Kenneth Hagin, relied heavily on a passage in the Gospel of Mark: ‘What things soever ye desire, when ye pray, believe that ye shall receive them, and ye shall have them’ (Mark 11:24, KJV). Hagin spread his Word of Faith theology not only as a preacher of the Assemblies of God (from which he later separated) and as a travelling evangelist but also in his publications, radio, and television programmes (Balmer 2004: 315). According to the Word of Faith movement, divine healing was ‘bought’ by Jesus’ death on the cross for every believer (Balmer 2004: 212) and could be achieved through unshakable faith, prayers, and spoken affirmations, so-called positive confessions, and financial donations to churches or healing ministries (Bowler 2013: 41–68; Hladky 2012: 83). The following fieldwork example from Lakewood Church illustrates typical verbal, embodied Word of Faith practices, such as testimony and positive confessions.

Lakewood Church in Houston, Texas, USA, founded in 1959 by John H. Osteen (1921–1999), a Baptist preacher turned Pentecostal, stands in the tradition of Charismatic healing
ministries. Osteen was well connected with influential healing ministers and Word of Faith teachers, such as Roberts and Hagin (Balmer 2004: 516; Sinitsiere 2015: 27–48). In the 1980s, Lakewood Church became one of the leading churches in the Word of Faith movement with a strong focus on healing and the practice of positive confession as a means to achieve healing. Osteen’s sermons and publications addressed the question of how Christians can use the supernatural gifts and transformative powers of God in their lives. In a small booklet titled *There is a Miracle in Your Mouth* (1972: 7–8), he explains that in the face of illness, believers should confess God’s promises of healing and health loudly and declare themselves healed and healthy.

The story of Dodie Osteen, wife of pastor John, provides a vivid example of divine healing in Lakewood Church’s history that supports the efficacy of positive confessions for believers. Dodie was diagnosed with terminal liver cancer in 1981. As she reports in her book, *Healed of Cancer*, she used loudly spoken healing scriptures and positive confession to fight against her cancer, and the accompanying fear and pessimism that arose in the face of her diagnosis:

> But I would replace those [negative] thoughts with God’s Word and say, ‘With long life will He satisfy me, and show me His salvation’ (see Psalm 91:16). The devil bombarded my mind with every kind of fear imaginable, especially when everybody was asleep and I lay awake hurting. Pain, intense, unbearable pain, came against my body, most of it demonic, just to try my faith. I fought so hard in the middle of the night! . . . In order to keep my mind from drifting to the negative, I would walk around, saying with every step, ‘By the stripes of Jesus, I am healed . . . by the stripes of Jesus, I am healed.’

*(see 1 Peter 2:24)* (Osteen 1986: 26–27)

Dodie’s story shows that she regarded the praying support of friends and family as helpful. But she also explains that ultimately healing had to be effected through becoming an active participant in her own process of healing. She read the Bible daily, she spoke words of healing about herself aloud several times a day and prayed intensely. The corresponding Bible verses, so-called healing scriptures, are printed in her book and available in prayer card format at Lakewood Church and as downloads on the church’s website. According to Dodie’s story, the ‘miracle of healing’ resulted as much from her positive confessions as it did from divine intervention. Although prayer and belief alone are not sufficient, they are paramount in attributing believers a certain amount of agency in the process of healing: believers actively demonstrate their unwavering belief in God’s promise of healing through spoken confessions and thus do ‘their share,’ whereas the actual healing can only be effected by God. Lakewood Church thus merges a ‘therapeutic ethos’ with ‘Word of Faith’ teachings (Rakow 2013, 2015).

Dodie’s ‘healing miracle’ is a central element in the narrative of Lakewood Church’s history and its story of success. Her recovery is regarded as a testimony to the supernatural powers of a God who intervenes in the life of believers as taught in worship services, Bible Study classes, and the many media formats produced by Lakewood Church. In Dodie’s narrative, healing occurs as a consequence of faith, belief, and prayer. Listening to or reading such testimonies can relay that healing is indeed reserved for those who believe and pray. This often-recounted story of divine intervention not only authenticates claims of a God who heals but also lends credibility to the efficacy of the beliefs and practices related to divine healing still preached and practiced at Lakewood Church. Testimonies of healing are thus an important part of divine healing practices as they can encourage trust, cast away doubts, and solidify beliefs in healing and a miracle-working God (Singleton 2001).
The most central practice usually integrated into prayer are spoken positive confessions of healing, for example, declaring ‘By the stripes of Jesus, I am healed.’ Such declarations are considered powerful means to manifest the desired outcome. The speaker thanks God in advance for something that will only come to pass in the future and declares the desired state to be already a fact by formulating it in the present tense. Positive confessions are expressed loudly and thus serve simultaneously as affirmation and confirmation of faith before others and before oneself. Lakewood Church regularly incorporates such faith formulas into worship services, small group meetings, and worship lyrics. In addition, daily devotionals in one’s mailbox, Bible study materials, and other religious literature contain suggestions for phrasing positive confessions and thus enable practitioners to use them at home and adapt them to their own prayer purposes (Rakow 2015).

In the context of Charismatic healing practices, spoken declarations function as positive self-conditioning as they help to anchor a certain thought or idea as real, so that the mentioned qualities subsequently actually manifest themselves in the life and the sensing body of the believer. As others have argued, religious institutions foster religious practices that subtly socialize and train members to embody and perform their religious faith—be it in communal setting of worship services, prayer meetings, or individually in the privacy of their homes (Cartledge 2013; Glassman 2018: 39; Singleton 2001). This accounts for prayer and positive confession, as well as for taking Holy Communion with the aim of receiving divine healing.

**Holy Communion: visualizing and ingesting divine health**

Taking Holy Communion in a communal setting of a church service or individually at home is another practice occasionally enacted in the context of Charismatic healing. At New Creation Church in Singapore, Holy Communion is part of every worship service. For that purpose, attendees receive a small pre-packaged Holy Communion element containing grape juice and a small wafer when they enter the auditorium. Senior pastor Joseph Prince delineates how ‘the covenant meal is God’s ‘delivery system’ of His divine promises of health and wholeness’ (Joseph Prince Ministries n.d.). According to Prince, Holy Communion is not a ritual to be observed, but a blessing to be received. The wine, the blood of Christ, is for forgiveness whereas the bread, the body of Christ, is for healing (Prince 2006: 31). Pastors of New Creation Church include these ideas in prayers and declarations when administering Holy Communion during a worship service:

say, ‘Lord Jesus, I believe you. I believe you more than any doctor’s report. I believe you more than anything else. I worship you. I believe Lord Jesus, that when you went to the cross, you gave your body to be broken, so that mine will be whole.’ Say, ‘Lord, you are better than any doctor—although we believe in doctors. We exalt your sacrifice!’ Hold the bread in your hands and say, ‘Dear Lord Jesus, I thank you that you gave your body to be broken and I declare right now that my body is whole, is healthy, is strong because of what you have done. Amen.’ Partake. Hold the cup in your hand. Say, ‘Because of His blood, Lord Jesus, because of your blood, I am righteous, the rightousness of God. Amen.’ Partake.

(Pastor Lim Liam Neo, 22 June 2014; author’s transcript)

The phrasing follows the structure of positive confessions outlined earlier. It also works with visualizations of the broken body of Christ, an image that stands for the healing promise of his death at the cross prophesized in Isaiah: ‘by his wounds we are healed’ (Isaiah 53:5, NIV).
In 2014, New Creation Church produced an animated video illustrating what happened at the cross. In the video, a broken and battered Jesus nailed to the cross absorbs all kinds of afflictions—sin, condemnation, curse, sickness, death—all depicted as greyish ghostly streams that further wrack his body under a darkened stormy sky. Vivid pictures show Jesus’ tormented, quivering body, which absorbs all these dark forces accompanied by dramatic music until he proclaims, ‘It is finished!’ In superhero animation style, his body is briefly transformed into a glorious stream of light that transforms the earth and splits open the darkened sky to reveal sunlight. Under a blue sky, white clouds, and a rainbow, Jesus speaks his final words, ‘Father, into your hands I commend my spirit’ (New Creation Church 2015).

The video vividly renders Jesus’ work of atonement on the cross and illustrates a core belief of Charismatic healing conceptualizations: that is, that Jesus defeated sickness at the cross and bought forgiveness of sin and the promise of health for every believer. Accordingly, Prince writes, ‘once we realize how much Jesus suffered so that our bodies can be made whole, we will be confident that partaking of His broken body will bring healing to our bodies’ (Prince 2006: 62). Recently, New Creation Church featured large stills from the video on LED screens during Holy Communion. The enlarged images showed details of the broken, bloody body of Christ and served as visual parallels to the words declared during the ritual. The image, the words, and the bread held up and subsequently ingested, help to materialize and embody the religious message of healing in the partaking body of the believer.

Joseph Prince advises his congregation that Holy Communion as a way to healing is neither dependent on church services nor on a pastor administering it. It can be done individually at home or among fellow Christians in smaller settings. One can use wine and bread or purchase pre-packaged Holy Communion elements similar to those used in church. In case of sickness, believers are advised to partake the Lord’s Supper daily or even, ‘like medicine,’ three times a day (Prince 2006: 45). The practice of individually taking Holy Communion at home or a hospital—often in combination with prayer and positive confessions—can provide practitioners with a sense of empowerment in the face of sickness (McGuire 1987: 366). All three practices function as embodied expressions of faith and give agency to the practitioner in need of healing. Through prayer, spoken declarations, and positive confessions, coupled with the taking of bread and wine, believers can act upon themselves and these practices provide them with a concrete pattern of action embedded in a larger theological frame.

**Relation between Charismatic healing and medicine**

The relationship between Charismatic healing practices and biomedicine is ambivalent, often complementary, sometimes existing parallel to each other, and at other times openly antagonistic. The aforementioned declaration by pastor Neo, ‘Lord, you are better than any doctor—although we believe in doctors,’ is indicative of this ambivalent position. Here, modern medicine is not rejected and belief in the abilities of doctors (if not to heal then at least to treat the symptoms) is explicitly stated, although only on second thought. Members of the congregation are encouraged to get medical treatment and to continue taking prescribed medications. Sometimes New Creation’s pastors even praise Singapore’s high standards of medical care as means for God to help believers recover. This affirmation, however, is usually followed by comments that modern medicine is often accompanied by undesirable side effects and tends to only treat the symptoms. In the context of New Creation Church, Holy Communion promises a cure without side effects, which tackles the root of the problem and costs nothing because God already paid for it with his son at the cross (Prince 2006). Similar arguments can be found throughout the field of Charismatic healing, which usually affirms medical treatments, but
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regards them as limited. The limitations of biomedical science do not apply to an interventionist God, who is able to heal even when modern medicine is unable to help, hence the declaration, ‘Lord, you are better than any doctor.’

The assumed limitations of medical science also come into play when Charismatic healing practitioners discuss the possibility of medical evaluations of their healing claims. In many cases where a miracle was proclaimed, religious actors—healing ministers as well as healed practitioners—failed to produce medical reports that sufficiently and consistently documented the previous condition and the stated improvement or healing of a patient. In some cases, fraudulent documents were produced (Brown 2015). Brown’s research revealed that Charismatics who experienced divine healing are often not interested in medical reports as evidence for godly intervention. Medical reports might be inconclusive and unable to prove anything to sceptics of divine healing and are thus regarded as superfluous, even dangerous to faith (Brown 2015: 4). To believers, testimonials, combined with sensory experiences during prayer, provide evidence for the possibility and the efficacy of divine healing (Brown 2015; Singleton 2001).

There are cases where Pentecostal and Charismatic Christians explicitly reject biomedical intervention as an illegitimate or inferior way of treatment that can prevent healing from God because it suggests lack of faith (Glassman 2018). Why are Charismatic Christians sometimes open to incorporating modern medicine as complementary to divine healing and why do they sometimes reject it? Studies by Brown and Curtis suggest that in cases where practitioners reject modern medicine, medical care is often absent or unaffordable to practitioners and divine healing ministries the only available option to seek relief from their ailments. Anti-medical stances might also result from experiences of medical failures where modern science could not deliver on its promise to cure a condition (Brown 2011: 14; Curtis 2007). However, in most cases, ‘praying for healing is typically seen as an adjunct to mainstream medicinal practices, rather than as a reliable or foolproof alternative’ (Singleton 2001: 123). Missionary surgeon Paul Osteen, brother of Joel Osteen, occasionally preaches at Lakewood Church when he is not on a medical mission abroad. The medical mission ministry that he supports illustrates the belief that divine healing and biomedical practice can go well together or at least exist next to each other.

Summary

Charismatic healing usually rests on the assumption that God provided health and healing for every (Charismatic) believer through Christ’s atoning work at the cross. This promise of healing extends to all kinds of afflictions on the physical, spiritual, emotional, and social levels. According to Charismatic theology, healing occurs in an intricate interplay of faith, prayer, and divine intervention. The most typical religious practices used in Charismatic healing are prayer and the laying on of hands, often in combination with spoken declarations and so-called positive confessions. In some cases, pastors and believers practise Holy Communion for the explicit purpose of divine healing. The various practices discussed showed a broad variety of religious actors involved in divine healing ranging from the famous healing ministers and their healing crusades to lay practitioners mostly involved in healing prayers for their fellow Christians. Charismatic healing is thus strongly social and lay-oriented. Although believers’ faith and vocal expressions (e.g., prayer, positive confession) play central roles in Charismatic healing, the examples showed that all forms are embodied practices involving practitioners’ senses and bodies. Here, belief, faith, and religious experiences are mediated through praying, speaking, ingesting, and touching or touched bodies. Practices and the underlying theologies
might vary according to the local context, which might also have a strong influence on Charismatic healing’s relationship with biomedicine.

More comparative research is needed on specific contextual factors (e.g. socioeconomic conditions of practitioners, availability of medical care) to show how these factors might influence the attraction and practice of Charismatic healing. Another research gap relates to gender relations and gender distribution among the famous healing ministers and the lay practitioners involved in prayer rooms and prayer clinics, where a contradictory pattern is often observable: whereas at least two-thirds of lay healers are women, most of the famous healing ministers are men. And finally, research should not only address how practitioners practice and experience Charismatic healing but also what happens when healing fails and how practitioners account for these cases.

Notes

1 For the purpose of this chapter, ‘Charismatic’ and ‘Pentecostal’ in their broadest sense are used synonymous and as such mirror a convention often found in the field itself, where many Christian practitioners refer to themselves as ‘Charismatic Christians.’ Although the field is far from homogeneous and many local differences can be found, most of them emphasize the ongoing activity of the Holy Spirit and related practices, such as speaking in tongues, prophesying, and divine healing, as described in the Book of Acts.

2 I conducted two periods of fieldwork at Lakewood Church, USA, in February–March 2011 and February–April 2012, and three periods of fieldwork at New Creation Church, Singapore, in November–December 2013, April–July 2014, and December 2018.

3 Usually Romans 5:10 is used as reference and legitimation for the notion of ‘full salvation’ or sometimes also ‘complete salvation’.

4 As we will see later, there are sometimes localized exceptions to this general conviction, where Christians might interpret sickness as punishment sent from God.

5 Field notes of the author from the Sunday service at New Creation Church, Singapore, on 16 December 2018.

6 A similar view can be found regarding the Hindu guru Amma; see the chapter by Amanda Lucia in this volume.


8 Characteristic for the therapeutic ethos is the imperative of self-improvement, which posits the responsibility for healing and betterment on the shoulders of the individual who has to act upon itself and thus becomes the active agent in the process (Rakow 2013).

9 Observation made during fieldwork at New Creation Church in November–December 2018.


Bibliography


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