

Healing Miracles, Church Planting Movements, and Population Dynamics

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Abstract

Healing miracles have been among the occurrences reported among rapidly growing movements today, many of which are taking place in developing countries. Those countries are not only economically poorer than many industrialized countries but also have demographic patterns with a higher proportion of younger people. Drawing on findings from earlier research on Christian healing, this article suggests that these demographic factors may be among those which influence the perception that healing miracles seem to be more common among some rapidly growing movements as compared with more “traditional” churches.

Key Words: demography, healing miracles, movements, Wimber, “words of knowledge”

“Signs and Wonders” among Church Planting Movements

In recent decades there has been rapid growth among various movements around the world (variously characterized as “church planting movements,” “house churches,” and otherwise), mainly concentrated in developing countries of Africa and Asia. However, a possible forerunner to some of these movements, particularly in terms of the role of “signs and wonders” in evangelism, was the Vineyard movement in North America, Europe, and elsewhere. That movement was founded by John Wimber, whose books *Power Evangelism* (1985) and *Power Healing* (1986 / 1987) remain among the foundational texts for those learning how to minister in the power of the Holy Spirit. His influence and example have percolated through many of the contemporary movements which teach their disciples to heal the sick and cast out demons.

Nevertheless, the centuries-old question remains about why God seems to heal some people and not others. Although this question is unanswerable in terms of specific cases, where God alone knows best, certain statistically significant trends were discernible from a 1986 follow-up study of what had happened at a conference in Harrogate, England, where John Wimber was the main speaker. At the end of that conference 1,890 participants filled in questionnaires about their experiences. Over the following months, I conducted interviews with 100 of them selected at random by means of a random number table. This was a much more comprehensive study than my earlier research on a John Wimber conference in Sheffield in 1985 (Lewis 1986 / 1987). I believe that the trends shown in my study conducted in Britain can be extrapolated to explain some of the reasons why various movements in developing countries have seen significant growth when their preaching of the gospel has been accompanied by “signs and wonders.”

Divine Healings More Common among the Poor or Marginalized

Analysing the 1,890 questionnaires in terms of the degree of physical healing reported by respondents showed that those from the higher and more educated social classes reported significantly *less* healing than those from “working class” backgrounds (Lewis 1989, 66-67; 1993, 336-337). This result was statistically highly significant ($p < 0.001$). One possible explanation for this finding is that those who are better educated are more sceptical about supernatural healing, so have less of a “child-like” faith. This was apparently a problem with the well-educated Pharisees and teachers of the law at the time of Jesus: although they could

not deny that miracles had happened, they were uncomfortable with some of the implications so sought to explain away the data in other ways (John 9:1-41). On the other hand, many of those whom Jesus healed were those on the margins of society (e.g., lepers) or others whose disability or illness had forced them to become beggars. Jesus explicitly announced that he had come to bring “good news to the poor” (Luke 4:16-21; Matthew 11:5). In extrapolating the findings in Britain onto a worldwide scale, it should be noted that British people, including those who are “working class,” are still among the rich elite in this world as compared with many people in Africa, Asia, and Latin America. Moreover, the National Health Service in the UK provides medical care for any citizen who needs it—and at a far higher standard than is available to many poor people in developing countries. Might it be that God is more likely to heal poorer people who for one reason or another do not have access to other medical resources? Such people have no other choice but to rely on God for miraculous healing. By contrast, some more affluent Christians with access to medical care might *in practice* tend to rely more on medicines than on God, even if they pray, too—sometimes praying for God to “guide the surgeon’s hand.” These dynamics may be one of the factors contributing to the growth in developing countries of church planting movements that actively pray for physical healing and deliverance from demons.

Anecdotally, many of the more dramatic miracles of healing, including raising the dead, seem to be reported from poor communities in Latin America, Africa, and Asia (Gardner 1983, 1930-1932; 1986, 35-38, 74, 116, 139-140, 164-165, 175-182). There are numerous examples of a breakthrough following a public miracle—a “sign” pointing to the power of God. A retired missionary through whom previously “very few people had come to the Lord,” and with “minimal tangible results,” paid a return visit to East Africa after learning how to pray for healing. She prayed for a woman who some years previously had been gored by a buffalo and had “long-term unhealed injuries.” The impact of the prayer for healing was such that “at the end of those few weeks, the local witchdoctor came to Christ and they had a public burning of all his regalia and witchcraft artefacts... and most of the village turned to Christ also” (Horrobin 2016, 62-63). A similar case was reported from northern Thailand, where the first villager to become a Christian had died (as far as the missionaries and local people were concerned) but then suddenly came back to life. She had met with Christ but was told to go back and report what she had seen. Her knowledge of other villagers’ hidden secrets was so accurate that “the village priest’s son fled, to return half an hour later and announce that he wished to become a Christian” (Gardner 1983, 1932).

Such kinds of individual cases can be multiplied exponentially if a movement actively teaches Jesus-followers to do what Jesus did in praying for healing or casting out demons. It is difficult to quantify the extent to which growth among movements expecting to see “signs and wonders” may be greater than among movements without such expectations, but the kinds of examples given above indicate that some miraculous events can precipitate many decisions for Christ: the resulting effects are rather like that of pouring petrol on an existing flame.

Younger People More Likely to Receive Physical Healing

Participants at John Wimber's conference in Harrogate ranked their degrees of healing on a five-point scale ranging from “no healing” to “a little,” “a fair amount,” “a great deal,” and “total healing.” A statistically significant finding ($p < 0.001$) was that “a great deal” or “total healing” was reported much more commonly by younger people than older people (Lewis 1989, 63-65; 1993, 335-336). Again, a variety of explanations might be offered, including the observation from everyday life that children often seem to recover more quickly from certain injuries as compared with older people. This finding about younger vs. older healings is a

statistical tendency, not an absolute rule, and there are cases of older people receiving physical healing as well. Nevertheless, it raises questions about whether or not any similar pattern can also be discerned in the ministry of Jesus. The Bible does not precisely convey the ages of most of the people whom Jesus healed, but among the cases of raising the dead two are specified as being younger people—the daughter of Jairus and the widow of Nain’s son; Lazarus might have also been relatively young if he had two unmarried sisters. We do not know the age of Tabitha / Dorcas (Acts 9:36-42), but those raised from the dead through the ministries of Elijah, Elisha, and Paul were also children or young people (1 Kings 17:17-24; 2 Kings 4:8-37; Acts 20:7-12). Furthermore, two exceptions to the generalization that those whom Jesus healed were mainly from the lower social classes actually were young people—the nobleman’s son and Jairus’ daughter, who was twelve years’ old.

John Wimber’s teaching emphasizes the importance of listening to God, in order to understand what God the Father is doing in a given situation (John 5:19). This principle applies not only to knowing what to pray for someone but also to identifying individuals that God wants to heal at that time. Such knowledge comes, per Wimber’s teaching, through specific revelations from God (“words of knowledge,” as mentioned in 1 Corinthians 12:8), some of which may be of a relatively general character whereas others can contain very specific identifying details. In one case, “the crowd would have had to have been 1200 times larger than it actually was for just one person to have had this combination of features through chance alone” (Lewis 1989, 135). Moreover, a high degree of healing was reported by 62.5% of those responding to a highly specific word of knowledge, as compared with 30% to 45% of those responding to less specific revelations (Lewis 1989, 156). Wimber was surprised when he learned that 85% of those responding to more specific words of knowledge were in their thirties or younger (Lewis 1989, 156, 158; 1993, 336). This close relationship between listening to God and seeing God’s power at work underlines the importance of maintaining a close walk with God when ministering in healing or deliverance.

It is notable that a statistical link with age applies to physical healing but not to what is loosely termed ‘inner healing’—which often involves repentance from sin or the forgiveness of those against whom one has been bearing grudges. There is no statistically significant difference between older and younger people in the results that they report from this kind of refining process. If inner healing is to some extent a preparation for heaven, does it imply that God still has a purpose in this world for those to whom he grants physical healing? In other words, is physical healing not only a gift of health in general but also a means by which those who are healed can continue to serve God’s purposes here on earth?

The finding that younger people are more likely to receive physical healing has implications for one of the reasons why miraculous healings seem to be more often reported from developing countries, including those where there are rapidly growing church planting movements. The general population of those countries is on average much younger than the average age of the population in more industrially developed countries of North America, Europe, Japan, and Australasia. (Exceptions are mainly among immigrant populations in these countries.) These demographic contrasts between aging populations in highly industrialized countries and the more youthful populations of many poor countries might explain in part why miracles of divine healing seem to be more common in developing countries and may to some extent account for the growth of some church planting movements.

Signs to Non-Christians

A primary purpose of John Wimber’s “Signs and Wonders” conferences was to equip ordinary Christians in being open to the Holy Spirit and praying for healing and deliverance.

In response to being asked how they had put these teachings into practice, many interviewees replied that they had prayed for other Christians to be healed, with mixed results. However, a minority reported occasions when they had stepped out in faith to pray with non-Christians, who had often seen noticeable improvements in their conditions (Lewis 1989, 203-234). Anecdotally at least, God often seems to grant physical healing in situations where the healing is a sign to non-Christians—including the healing of older people, whose healing from a long-term disability can be a dramatic sign to others (John 5:5; Acts 4:22). A modern example of an adult being suddenly healed from a long-term disability is the case of Jennifer Rees-Larcombe, described in her book *Unexpected Healing* (1991). Her healing was described as a “Real Miracle” in the headline on the front page of her local newspaper (Bakowski 1990), so it was a witness to the whole town where she was living. Although signs as evangelistic tools were key features of the ministry of Jesus and his disciples, signs may precipitate a decision but they are not in themselves a “magic formula” to bring people to faith. Although some did put their faith in Jesus after seeing a miracle (e.g., John 2:11; John 4:53; Acts 3:1–4:4), others became more opposed (e.g. John 11:46-50; Acts 4:5-21; 5:12-18). “Signs and wonders” are not substitutes for sharing the gospel, but they are a divine *confirmation* of the truth of the message (Mark 16:20; Acts 14:3; Hebrews 2:3-4).

The fact that “signs and wonders” seem to be reported more often from rapidly growing movements than from other types of church planting might be attributable simply to the greater overall numbers of people in those movements. Moreover, there are some movements that have not had a focus on “signs and wonders” or have not been actively teaching their disciples how to pray for healing and deliverance, and such movements’ reports of miracles are apparently less common. Although God can do the unexpected, often he works in answer to prayer—in response to, hence as reflections of, his people’s expectations, to at least some extent. Might it be that some, if not many, Christians in industrially developed countries have become socialized into a certain degree of scepticism or doubt about the supernatural? If such an outlook comes from the critical thinking instilled by education, that aspect of life in industrialized settings may at least partially explain the aforementioned finding that physical healing was less commonly reported by more educated people.

On the other hand, some younger people may be more expectant in their prayers because they have not yet been so socialized into conventional church attitudes towards the supernatural. Anecdotally, I have heard of a number of cases in which people had not received healing after church leaders had prayed for them but were healed after the prayer of a younger, relatively inexperienced Christian. One example is the young woman who prayed for Jennifer Rees-Larcombe, mentioned earlier. God sees beyond people’s words into the attitude of the person’s heart. (Compare Zechariah and Mary in Luke chapter 1.) Realizing that fundamental importance of a believing attitude is one reason why, if asked to pray for someone, I often invite one or two others to pray alongside me—and I may include those who are not leaders in the church, as their faith may be greater than mine. This practice is also a way to teach others involved: first I give them an example to follow, but then I let them put it into practice themselves. This method of learning by doing is also how Jesus trained his disciples (Mathew 10:1-10).

Expectancy

One’s worldview is not innate but is learned by socialization into a community with a shared outlook on life. That process has important implications for mission, because younger people are often more receptive to new ideas and may be more willing to commit themselves to a different perspective on life. By comparison older people, whose attitudes have become more fixed, are not as receptive to new ideas—especially if they think they have more to lose if

they were to change their existing beliefs or practices. Within a “faith community” there can also be gradual shifts in attitudes towards “the supernatural” as people assess their experiences of answered prayer (or otherwise). To some extent, those who consider themselves “older and wiser” may outwardly profess a belief in miracles if it is part of the orthodoxy of the community, but in practice they may be dubious about actually praying for supernatural healing. Over time, there can be an overall shift in prevailing attitudes within the community as a whole: people’s expectations drop, they are less likely to pray seriously for a miracle, and their experience matches their expectations.

By contrast, where people have experience of miracles their expectancy for God to do more of the same also increases. If such an expectancy becomes infused within a movement, a large number of people begin to pray with increased faith that God will heal people. Within any movement, there is a process over time whereby disciples learn from experience. For example, within a certain church planting movement (with which I have been involved as a trainer over the last 16 years) in the last few years there has been a much greater expectancy that God will lead them by means of supernatural revelations to prepared “persons of peace.” Through visions or “words of knowledge” movement participants may be led to go to a certain village and at times God gives the names of a specific street or even a house number or some other clearly identifying information. As a result, house fellowships have been planted in many different communities.

This process of changing expectancies can occur in any fellowship or movement. It is important to note here that a lack of any expectation of supernatural activity is not the same as what Paul Hiebert labelled Westerners’ “excluded middle,” as Hiebert actually includes miracles within the “Western” or “modern” view of religion (Hiebert 1982, 39-45; 1985, 157-158). However, in practice this “modern, Western religion” may often hold a “belief that” miracles can happen (at least in theory) rather than an active “belief in” the power of God to intervene today in an actual situation encountered in real life. It might be that those whose worldviews are already more open to the possibility of supernatural encounters in one form or another may be the ones who are more willing to put their faith in Jesus into practice by expecting Jesus to do the same miracles in everyday life today as he did in Galilee approximately two millennia ago.

All Christians are bounded in some way by their particular, human expectations of what God can do. This is one reason why people often associate the term “signs and wonders” with miraculous healings, forgetting that the term “sign” in John’s gospel is not restricted only to miracles of healing. In daily life many Christians are also likely to forget that Jesus said, “anyone who has faith in me will do what I have been doing. He will do even greater things than these...” (John 14:12). I have discussed possible interpretations of these words of Jesus elsewhere (Lewis 1989, 311-319). Here it is noteworthy that one example from the just-mentioned discussion (Lewis 1989, 317-318) involves the faith of a young child who believed that God could cause a coin to materialize from nowhere. Perhaps it is necessary for God’s people to be in desperate straits genuinely to seek God to perform extraordinary and unexpected miracles. This prerequisite of desperation might be a reason why those being persecuted for their faith have sometimes experienced miracles such as flying through the air or being given supernatural power to run faster than a horse (“Brother Roman” 2018)—experiences that, while ridiculous to modern sceptical minds, actually have biblical precedents (Ezekiel 3:14; Acts 8:39-40; 1 Kings 18:46). An absence of persecution often weakens the church from the inside out, whereas the external pressures faced by the persecuted church may serve to refine and deepen their trust in Jesus. This time-proven reality may be a further reason why some types of miracles seem to be more commonly

reported among movements in parts of Asia and Africa where Jesus followers are willing to die for their faith.

Dependency upon God Alone

When God answers prayers for healing and deliverance, Christians often experience a deepening of their own faith. Moreover, they know that it is God who heals, and they cannot attribute the healing to their own character traits or other competencies. They are dependent on the Holy Spirit, a posture that promotes greater humility. Their desire to be used by God and to be receptive to the voice of the Holy Spirit may also be a motivation for holiness in their personal lives. However, these characteristics of humility and holiness among those “on the front line” in praying for healing and deliverance might be lost among movement catalysts or other Christian leaders who become engaged more in pastoral, teaching, or administrative aspects of leading a movement. Once Spirit-led Christians are no longer actively engaged in spiritual warfare, evangelism, and praying for the sick, there is a danger that they begin to rely more on their own personal traits and competencies, trusting in their human experience and methodology rather than listening to God and relying on God’s supernatural power. Even if their self-evaluations of their spirituality are high because they think that they have founded a movement (so God must be working through them, and they must be using the right methods), there is a danger of losing their cutting edge and drifting away from a close walk with God. Dependency on God alone and listening to his voice are fostered by an active involvement in personal ministry, which includes praying for those who are sick and driving out demons.

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