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HEALING MIRACLES ACROSS CHRISTIAN DENOMINATIONS

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ARTICLE:
HEALING MIRACLES ACROSS CHRISTIAN DENOMINATIONS

Divine healing is often associated almost exclusively with Pentecostal and charismatic movements. Yet the history of the Church reveals a far broader reality. This article explores how different Christian traditions—from the Puritan and Reformed world to the Christian and Missionary Alliance, the Foursquare Church, and Anglicanism—have developed, practiced, or rediscovered different expressions of healing ministry.

Drawing on my own journey from a Presbyterian background into an active practice of praying for the sick, I believe churches do not need to abandon their denominational identity or adopt a particular charismatic methodology in order to recover this dimension of Jesus' ministry. Rather, many already possess within their own history and theology the resources they need to do so.

The challenge is not to make our traditions uniform, but to build bridges that allow us to pray with expectation, humility, and biblical faithfulness. Healing belongs to the proclamation of the Kingdom of God and can find expression within any Christian community willing to ask once again: "Your Kingdom come!"

HEALING, SIGNS, AND WONDERS

For nearly seventeen years of my life, my boldest prayer for healing was, "God, please guide the doctor's hands." If I am honest, I did not expect anything to happen; I did not even truly believe that God could "guide the doctor's hands."

But my perspective changed radically when I began attending the Vineyard and, for the first time, heard people praying for physical healing with genuine expectation. At first it felt strange and even uncomfortable, yet something in my heart knew this was closer to the heart of the gospel than what I had experienced before. After some basic research, I decided to read through each of the Gospels and pay close attention to the healing miracles Jesus performed. My greatest discovery was not merely about models or methodology, but about biblical significance and perspective: more than half of the signs and wonders Jesus performed were healings1. There was no question, then, that this was important and deserved serious attention.

Even with my Presbyterian background, however, I did see—admittedly—very few healings. But I did see some, including one in my own body. When I was thirteen, I suffered an injury to my left eye that required a procedure and stitches inside the eye, which terrified me. I prayed one night, and by the next day the injury had completely disappeared.

Six years ago, we were ministering at a Pentecostal church. The pastor who invited me was a very good friend, and he wanted me both to teach on healing and to demonstrate it. At the end of the meeting, we invited anyone who needed healing to come forward, and many responded. Unlike what I was used to in my local church, they began to sing and play worship music in the background, while people in their seats began crying out loudly in prayer—two things I was not accustomed to doing. I nevertheless began praying in the brief and direct way I normally do. As I prayed, people did not seem to experience healing; on the contrary, they were becoming upset.

At first, I assumed they were upset because they had not been healed—I thought, They're disappointed. But as I continued

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I compiled a list of each of Jesus' miracles, highlighting the healings. You can find it at https://franciscotapia.org

praying for others without seeing any results, one of the leaders —also clearly offended—came forward and began praying for some of the people who had not received healing. That was when I heard the way he prayed, and it made me uncomfortable because it was completely different from the way I prayed. It sounded something like this: "Father, thank You for my brother, for his life, for his family… because he has a servant's heart and has been faithful… have mercy and look upon Your servant…" and so on—extremely long prayers, and very loud ones! Rather than becoming frustrated because I was not seeing healing, I realized that the culture of that local church interpreted "short and direct prayer" as a lack of care for people's needs. The people in that church thought I did not care whether they were healed, and that this was why my prayers were so short and precise. They were offended because the preacher—me—seemed to be dismissing them in my prayers and, as a result, they were unwilling to receive anything that might come through me.

To try something different, I went back to the first person I had prayed for—after that leader had finished praying for him without any result—and asked permission to pray for him again. He agreed, though without much enthusiasm, and I prayed something like this: "Beloved Father, thank You for Your mercy… because he is Your beloved son… You see and know his heart… and in the name of Jesus, be healed; right now I release you from this pain…" Then I looked at him and said, "Check and see whether the pain is still there or whether anything has changed." The man was completely healed.

This personal reflection has led me to a deep conviction: divine healing is not the exclusive property of charismatic or Pentecostal denominations. I firmly believe that if traditional churches intentionally set out to recover this biblical practice, they would see it manifested more frequently in their congregations.

In one of his conferences on healing2, John Wimber observed that throughout Church history, every tradition has experienced healing through different models. He was convinced that healing is not reserved for a select few but is available to all—not only at the level of the individual, but also at the denominational level.

Every denomination and every movement can experience divine healing among its people. The challenge is not for these groups to change their foundational theology in order to see healing in action, but to rediscover dimensions of the Kingdom of God that may have been set aside for historical rather than biblical reasons. One such group is the Puritans.

THE PURITANS

When we speak of the Puritans, we are referring to a historical movement of the sixteenth and seventeenth centuries. Their legacy continues primarily within Reformed and evangelical circles, especially among Presbyterians, Reformed Baptists, Congregationalists, and other Calvinist Christians who emphasize the authority of Scripture, personal holiness, and expository preaching. For this reason, when people today speak of "Puritan theology," they are usually referring more to a spiritual and theological tradition within the Reformed world than to a specific denomination. Some of the best-known Puritan voices include John Owen, Richard Baxter, Thomas Watson, John Bunyan, and Jonathan Edwards. All of them continue to be widely read in these circles. Personally, I grew up hearing the stories of Jonathan Edwards and—to this day—I still read these accounts and marvel at the power of God displayed through his life.

Even John Owen, who ultimately takes a fairly cessationist position regarding the continuation of the extraordinary gift of healings, develops a clear theology of the meaning of healing.

Wimber, John. Healing Conference: Models and Methodology. VMI, 1993.

According to Owen, Jesus sends His disciples to heal in Luke 10:9 because healing functions as a sign and guarantee of the arrival of the Kingdom of God. He then connects this with Matthew 11:4–5: the blind see, the lame walk, lepers are cleansed, the deaf hear, and the dead are raised. For Owen, these works demonstrated that Jesus was the Messiah and was "bringing the Kingdom of God."3 He goes even further, stating, "This healing of diseases was a sign and an effect of His bearing our sins."4 Although he never said that healing was contained within the atonement, for Owen physical healing came through the cross because sin is the ultimate root of sickness.

The Puritans regarded believing the gospel as the essential spiritual remedy, both for repentance and for developing a proper understanding of oneself. This perspective recognized that salvation in Christ encompasses every dimension of human experience. That does not mean the Puritans were uniformly continuationist. They were not. Yet within the broad Puritan and Reformed world we find openness to extraordinary providences, remarkable answers to prayer, and, in some cases, even accounts of healings and the raising of the dead circulating within the wider Reformed world of the sixteenth and seventeenth

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Owen, John. Spiritual Gifts. Ravenio Books, 2013.

Owen, John. Two Discourses Concerning the Holy Spirit, and His Work. London: William Marshall, 1693.

centuries.5 This same intersection of theology and practice appears in a different form in A. B. Simpson and the Christian and Missionary Alliance (C&MA). If Owen maintained a theology of healing despite his cessationism, Simpson did the opposite: he built an entire denomination around it, to the point of making healing one of the four pillars of his "Fourfold Gospel." Over the years, however, that foundational emphasis gradually lost ground within the Alliance itself.

A. B. SIMPSON

Albert Benjamin Simpson represents a fascinating bridge between the Reformed tradition and the practice of divine healing. Raised as a strict Scottish Presbyterian, Simpson experienced a decisive turning point in 1881, when he received what he understood to be healing from a chronic heart condition and, shortly afterward, was baptized by immersion.

He developed what became known as the "Fourfold Gospel": Christ saves, sanctifies, heals, and is coming again. This way of understanding the gospel connected divine healing with the great themes of the historic Christian faith. The movement that would later become the Christian and Missionary Alliance—the C&MA—was founded to proclaim Christ in the fullness of His person and work.

The case is John Welsh of Ayr, a Scottish Presbyterian pastor, son-in-law of John Knox, and a figure in the Scottish Reformed world. His biography recounts that while Welsh was in exile ministering among the Huguenots in France, a young nobleman became gravely ill and apparently died. The account states that 48 hours had passed and that, at Welsh's insistence that the young man not yet be buried, physicians examined the body for any sign of life. The narrative explicitly says that "the doctors declared him clinically dead." Then comes the remarkable part. Welsh asked to be left alone with the young man and began to pray intensely. The text recounts that during the prayer the young man opened his eyes and spoke with Welsh. The author concludes by describing the young man as having been "raised from the dead." This account appears in James Kirkton's The History of the Life and Sufferings of the Reverend John Welch.

His ministry included healing homes—where healing was understood holistically, not merely physically—an orphanage, rescue missions, and other works of compassion and mission. For Simpson, healing was not an optional addition to the gospel, but part of the fullness of the message of Christ.

Over the generations, however, healing no longer held, across much of the Alliance, the practical and visible place it had during Simpson's ministry, even though it remains part of the denomination's official theology. This illustrates what sociologists call the "routinization of charisma,"6 a concept developed by Max Weber to explain how a movement may begin around extraordinary experiences and a strong sense of calling, yet, in order to survive, must create structures, offices, processes, and traditions. The danger arises when what was created to preserve a move of God ends up preserving mainly the memory of that move. John Wimber used to say that "a revival has about a 20-year life span: 10 years of growth, gathering and increasing… and then 10 years of decline, with the end result of becoming another denomination."7

Thus, a denomination can continue affirming that God heals while, at the same time, becoming practically cessationist in its everyday experience. The doctrine remains; the expectation can disappear. The same pattern can be seen, though within a different tradition, in the ministry of Aimee Semple McPherson. If Simpson showed that healing could emerge from a Reformed background and become central to a missionary movement, McPherson did something similar within early Pentecostalism: she placed healing at the heart of a comprehensive Christological vision. Both movements were born with a strong expectation of God's supernatural intervention and articulated that expectation

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Max Weber, The Sociology of Religion. Ephraim Fischoff, Boston: Beacon Press, 1963.

Wimber, Carol, John Wimber: Así Fue, Naturalmente Sobrenatural, 2025.

around the identity of Jesus. The context and language were different; the central conviction was strikingly similar: Christ not only saves, He also heals.

AIMEE SEMPLE MCPHERSON

Although Aimee Semple McPherson emerged from early Pentecostalism, her story offers an important lesson for any denomination that, over the years, has lost some of its supernatural expectation. McPherson preached across social, racial, and denominational barriers, and healing came to occupy a central place in her evangelistic campaigns.

Her "Foursquare Gospel"—similar to what Simpson proposed for the C&MA—proclaimed Jesus as Savior, Baptizer with the Holy Spirit, Healer, and Soon-Coming King. Healing was not a secondary activity but one of the four essential ways in which the movement confessed who Jesus Christ is. In 1921, for example, the famous "Stretcher Day" in Denver drew approximately 12,000 people, many of whom were brought on beds, stretchers, and in wheelchairs specifically to receive prayer for healing. Healing had moved out of the private sphere and become a public, visible expression of the gospel.

More than a century later, the Foursquare Church continues to affirm exactly the same doctrine. Its declaration of faith still devotes an entire article to divine healing, affirms that Jesus Christ continues to heal in response to prayer, and even cites Acts 4:29–30: "stretch out Your hand to heal," so that "signs and wonders" may be performed.8

Yet there is an obvious difference between confessing a doctrine and having that doctrine publicly define the culture of a movement. The Foursquare Church today still believes in healing, but it is no longer known primarily for campaigns in which thousands of sick people are publicly brought forward for

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https://resources.foursquare.org/memories-of-healing-at-angelus-temple/

prayer, as happened in McPherson's day. The movement grew, became institutionalized, and greatly expanded the scope of its ministry. The doctrine remained, but its visible centrality changed.

This raises the same question again: how can a church preserve something theologically that gradually ceases to characterize its practice? Perhaps one of the greatest challenges facing any movement born in revival is preventing the signs and wonders that shaped its first generation from becoming merely stories about its founders.

The same phenomenon appears in a different way within Anglicanism. Unlike movements such as the Alliance or the Foursquare Church, the Anglican Church was not born around a healing revival, nor did it make healing a defining doctrine of its identity. Yet precisely because of its theological breadth, sacramental tradition, and historical capacity to hold together different spiritual expressions, it has preserved spaces in which prayer for healing could develop without requiring the entire denomination to identify as Pentecostal or charismatic. This again demonstrates that divine healing does not belong exclusively to one particular stream, but can emerge within very different Christian traditions wherever there is openness to seeking God's present intervention.

THE ANGLICAN CHURCH

The Anglican Church[9] is currently the third-largest Christian communion in the world and is present in more than 165 countries. Historically, its theological and liturgical breadth has allowed renewal and healing movements to find room within it without requiring the entire denomination to adopt a Pentecostal or charismatic identity.

Some groups prefer to identify themselves as the "Anglican Communion."

One notable example was Jim Glennon, who in 1960 began a small healing service at St. Andrew's Cathedral in Sydney. The ministry grew until it was described as one of the largest Anglican healing ministries of its kind.10 Ken Blue recounts that Glennon personally told him that, in his church, more people had come to Christ through the healing ministry than through all other means combined.11

But perhaps one of the most influential encounters took place in England. David Pytches, an Anglican bishop who had served in Chile12, Bolivia, and Peru and later became vicar of St. Andrew's, Chorleywood, had personally experienced charismatic renewal and was searching for a way to equip ordinary believers to minister in the power of the Holy Spirit. In the early 1980s, Pytches and fellow Anglican David Watson hosted John Wimber in England. Wimber's visits brought a simple yet radical emphasis on healing, deliverance, spiritual gifts, and equipping the whole church to "do the works" of Jesus.

The impact was profound. St. Andrew's Chorleywood became one of the principal centers of charismatic renewal within the Church of England, and in 1989 Pytches founded New Wine, a movement born precisely from the desire to bring this experience of renewal and equipping into local churches. Its first summer gathering drew around 2,500 people, and the movement later reached thousands of churches and leaders, especially within the

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Glennon, Jim. Your Healing Is Within You: An Introduction to Christian Healing, Hodder & Stoughton, 1978, 1996.

Blue, Ken. Authority to Heal: Answers for Everyone Who Has Prayed for a Sick Friend, Downers Grove, IL: InterVarsity Press, 1987.

While living in Chile, I had the opportunity to meet one of David Pytches' disciples from the years when Pytches served as a missionary in the country. Interestingly, he now pastors one of the churches with the highest number of reported signs and wonders within the Anglican Church of Chile.

Anglican world. Wimber did not come to England asking Anglicans to abandon their tradition and become part of the Vineyard. On the contrary, his ministry helped Anglican leaders rediscover within their own churches an expectation that the Holy Spirit still heals, delivers, and distributes His gifts. It was within that relationship that New Wine emerged and a renewal was strengthened that would profoundly influence British Christianity. Healing did not need to destroy the Anglican tradition; it could renew it from within.13

The major historic Protestant denominations—including the Episcopal Church, the Evangelical Lutheran Church in America, the Presbyterian Church, the United Methodist Church, and some historic Baptist traditions—also possess resources within their own heritage for rediscovering the ministry of healing. They do not need to become Pentecostal churches or abandon their theological identity in order to begin praying for the sick with expectation. Many of these traditions have preserved practices such as pastoral prayer, the laying on of hands, anointing with oil, holistic care for the person, and a deep concern for human suffering. The challenge is not necessarily to introduce something foreign, but to recover biblical dimensions and practices that in many places have ceased to occupy a central place.

THE WILL OF GOD AND DETERMINISM

As Blue points out,14 one of the theological obstacles to the practice of healing is what he calls "divine determinism": the idea that because God is sovereign, everything that happens must necessarily express what God desires to happen. Under this logic, if a person is sick, that sickness must be God's will, and to

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Pytches, David. Living at the Edge: Recollections and Reflections of a Lifetime.

Blue, Ken. Authority to Heal: Answers for Everyone Who Has Prayed for a Sick Friend, Downers Grove, IL: InterVarsity Press, 1987.

pray persistently for healing could even seem like resistance to that will. Blue devotes an entire chapter to challenging precisely this conclusion.

Yet even a very strong understanding of God's sovereignty does not require us to stop praying for the sick. A person can believe that God's decrees always come to pass and, at the same time, acknowledge something very simple: we do not know beforehand what His particular will is in every situation. Therefore, the sovereignty of God should not produce passivity, but prayer. We do not pray in order to overcome God's resistance; we pray because prayer itself may be one of the means God has determined to use.

This radically changes the question. When we stand before a sick person, instead of concluding, "If God wanted to heal this person, they would already be healed," or, "If God wanted this person to be well, this would never have happened," we can humbly acknowledge, "I do not know what God will do, so I am going to pray." And if nothing happens, we can pray again. Perhaps the answer will come with the first prayer or with prayer number 1,367; we simply do not know. What if God's will is to heal the person on prayer number 1,368? If this were the posture of many traditional churches, I suspect there would be a much greater record of healings without those churches having to abandon their own understanding of divine sovereignty.

Louis Berkhof represents the cessationist position when he argues that stronger evidence is needed to validate the continuation of the gifts of healing.15 This legitimate concern for verifiability should be addressed with seriousness and honesty.

The response should not be defensive, but constructive. A good practice is, whenever possible and with humility, to preserve

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Berkhof, Louis. Systematic Theology. Banner of Truth Trust, 2021.

evidence that supports a testimony—not for the purpose of winning an argument, but to strengthen people's faith. This approach recognizes (and validates) cessationist concerns while keeping the focus on building up the body of Christ. In all honesty, the faith of an entire community would be strengthened if, alongside a testimony, there were certified documentation corroborating what had happened. Although this might fuel the skepticism of some people, I consider it highly advisable, though by no means mandatory.

Differences in language can also create unnecessary barriers. In some charismatic settings it is common to speak of "declaring" or "decreeing" healing, expressions that can be problematic for other traditions. But we do not need those words in order to minister with authority. The Gospels repeatedly show simple, direct language: "be clean," "get up," "stretch out your hand." Instead of saying, "I decree that your shoulder is healed," we can simply pray, "In the name of Jesus, shoulder, be healed." The practice can remain the same even when the vocabulary changes. Same shirt, different color.

Finally, Jesus Himself gives us the most important theological framework: "If I cast out demons by the Spirit of God, then the Kingdom of God has come upon you" (Matthew 12:28). The healings, deliverances, and other miracles of Jesus were not isolated phenomena, but signs of a greater reality: the Kingdom of God was breaking in. An extraordinarily high proportion of the miracles narrated in the Gospels are healings and deliverances. That does not belong to a denomination. It belongs to the ministry of Jesus.

Perhaps, then, the meeting point between traditions is not to resolve all our differences about sovereignty, spiritual gifts, or charismatic terminology first. We can begin with something much simpler: Jesus taught His disciples to proclaim the Kingdom and heal the sick. What would happen if we simply began to do it?

STARTING WHERE WE ARE

My fundamental conviction is that every church can learn to pray for the sick with expectation and see God heal. This is not a triumphalist statement or a guarantee of results, but a humble invitation rooted in Scripture. Divine healing does not belong exclusively to charismatics and Pentecostals; Anglicans, Lutherans, Presbyterians, members of the Christian and Missionary Alliance, Baptists, and other traditions can also make room to seek God's intervention in the midst of suffering.

The starting point is not necessarily to change our theology or denomination, but to live out more fully what we already believe. Jesus sent His disciples to proclaim the Kingdom, pray for the sick, and minister to those who were suffering. Perhaps many churches do not need to add something entirely new, but to recover biblical practices that over time ceased to occupy a central place.

My experience ministering in different denominational contexts has taught me several principles that transcend theological differences:

- *Ministering is loving:* Ministering healing means, before anything else, loving people. We must never turn a sick person into a project, a theological demonstration, or an opportunity to prove that our model works. We pray because we love people and because we want them to experience the goodness of God.
- *Methodological flexibility:* Do not cling only to your own way of doing things. Different church cultures express prayer in different ways. When I ministered in a traditional Pentecostal church, my brief, direct prayers initially did not resonate with a congregation accustomed to long, expressive prayers filled with biblical references. When I adapted the way I prayed—without changing what I was seeking—nearly everyone we prayed for ultimately experienced healing. The practice was the same; the language had changed.

- *Persistence:* Do not give up too quickly. If a person wants to continue receiving prayer, we can keep asking with humility and expectation, without pressure or condemnation. The fact that we did not see healing after the first attempt does not mean God cannot act later. Perhaps it will happen with the first prayer or with prayer number 1,368. We simply do not know.
- *Share testimonies:* Testimonies of God's goodness build the faith of a community. We do not need to exaggerate them or turn them into propaganda. We can simply tell, honestly, what we saw and experienced. When a church begins regularly hearing stories of people who received prayer and experienced some degree of healing, its expectation naturally begins to grow as well. It is also good to tell the stories in which the testimony is simply that someone had the courage to pray without seeing the hoped-for result. That communicates the right message: we celebrate that we are praying.
- *Keep realistic expectations:* I wish I could say that every sick person we pray for will be healed, but that simply is not our present experience. We live between the "already" and the "not yet" of the Kingdom. For that reason, we can pray with genuine expectation without manufacturing results, blaming the sick person, or exaggerating testimonies. We do not know what will happen in each particular situation, and precisely for that reason, we keep praying. Our basic posture remains one of seeking and praying for healing.

There is, however, something of which I am deeply convinced: in the end, God always heals. Sometimes we see that healing now, when the Kingdom of the future breaks into our present. At other times, we wait and do not see what we prayed for. But the day will come when Christ makes all things new, death is destroyed, and our bodies are raised imperishable.

This allows us to live with mixed results without losing hope. Every healing we see today is a foretaste of that day; every

healing we do not yet see reminds us that we are still waiting for the fullness of the Kingdom.

That is why we pray for the sick. Not because we imagine we can control the results, but because we know where history is headed: toward a world in which, at last, there will be no more sickness, pain, or death.

Until that day comes, we keep praying:

"Your Kingdom come!"

CONCLUSION

Paradoxically, the practice of divine healing, when carried out with humility, love, and biblical faithfulness, does not have to divide the Church; it can unite us around the person and work of Jesus. I have seen Baptists, Presbyterians, Methodists, Anglicans, and believers from other traditions pray together for the sick when the focus is not on our differences, but on Christ.

My purpose is not to convince every denomination to adopt specific charismatic methodologies, but to invite them to rediscover within their own history and theology the resources that can help them recover an expectant practice of healing. The goal is to build bridges so that others can embrace and practice it without feeling that they must first abandon their denominational identity.

Each tradition can express this practice in a way that is consistent with its own heritage. Anglicans can find room for it within their sacramental tradition; Presbyterians can approach it from a deep trust in the sovereignty of God; Methodists can connect it with their emphasis on grace and sanctification. We do not all need to use the same language or follow exactly the same model in order to ask together for God to heal.

My own journey, from a traditional Presbyterian church into an active practice of divine healing, has taught me that the Kingdom

of God is far larger than our denominational categories. In fact, some of my earliest experiences of the charismatic work of the Spirit took place within a Presbyterian church. Over time, I came to understand that healing does not belong exclusively to a Pentecostal or charismatic stream, but is part of the ministry of Jesus and the proclamation of His Kingdom.

When we lay aside fears, prejudices, and historical barriers and return to the Scriptures with simplicity, we find Jesus proclaiming the Kingdom, healing the sick, delivering the oppressed, and teaching His disciples to do the same. Different Christian traditions may debate how every detail of these practices should be understood, but none of them needs to remain indifferent to suffering or stop asking God to intervene.

Perhaps, then, the time has come to build more bridges. Not to erase our differences, but to discover how much we can do together around what we hold in common: Jesus is Lord, His Kingdom has come, and it is still coming in fullness.

Until then, the whole Church can continue praying, expecting, and participating in what He is doing in the world.

The Kingdom of God has come, and all of us—regardless of our denomination—can be His ambassadors in a world that desperately needs to experience the healing power and love of Jesus.