In the roughly 100 year history of the Pentecostal movement(s), and its near-relative, the Charismatic movement(s), there has been a marked shift in attitudes toward and acceptance, even endorsement, of medicine and the medical practice. It is probably fitting to see this as an evolution in thought and practice.

My own research, published as *Pentecostal Healing: Models of Theology and Practice* confirmed that most early Pentecostals avoided or even prohibited the use of medicine and doctors. The majority held that the Great Physician had provided a remedy for sickness in the atonement and saw the instructions to the sick found in James 5 as prescriptive. It is easy to assume that the early Pentecostal stance toward medicine and doctors was an uncritical one, emerging out of ignorance, fanaticism or even superstition. Given the mythic story of origins, narrated by those both outside and inside the movement, perhaps this assumption is reasonable.

However, careful historical research has shown that early Pentecostal adherents and leaders came from both the educated and uneducated, as well as the urban and rural sectors of society. This is true of the origins of the movement globally. Beyond this, it must be noted that the early statements were taken directly from the predecessors in the 19th c. Divine Healing (formerly, Faith Cure) movement. The leaders of that movement were, for the most part, well-educated, seminary-trained, and women and men. Indeed, the man referred to as the “Father of the Divine Healing Movement,” Dr. Charles Cullis, was a well-known homeopathic physician in Boston, Massachusetts.

Furthermore, early Pentecostal discussions regarding the use of medicine often highlighted the dangers of a practice at a time when cocaine, heroin, cannabis, alcohol and morphine, commonplace in patent and non-prescription medicines, hadn’t yet been regulated in the United States. Ministers cited the addictive nature of patent medicines and drugs and the social evils resulting from those addictions. The Federal Narcotics Board in the US wasn’t established by Congress until 1922 at a time when it was estimated that one million Americans were addicted to such drugs.

Pentecostal leaders also observed how doctors became wealthier while the sick became poorer. Similarly, as early as 1906, prohibitions against the use of tobacco noted its addictive properties and its impact on family economics. This prohibition was particularly bold given the status of tobacco as a “cash crop” in the Southern region of the U. S. Other early Pentecostals discussed whether or not “natural” remedies such as warm springs or chiropractic treatments were acceptable. Many also withstood required immunizations for children, some being jailed for their lack of compliance. Most firmly held against the gamble of life insurance. All of this is to say that these stances and prohibitions were not arbitrary but were carefully and thoughtfully discussed.

As the Pentecostal movement grew and became somewhat less sectarian, leaders grappled with the innovations of medical science, as well as with the psychological theories emerging in the
mid-twentieth century. The latter had particular import to pastors grappling with counseling those in their parish. As the recognition of the link between the mind and some physical illnesses emerged in Western society, Pentecostals began to incorporate that language into their own healing rhetoric. Joseph W. Williams, in his recent work *Spirit Cure: A History of Pentecostal Healing*, demonstrates that this propensity could even be found in the preaching of tent evangelists in the post-World War II healing revival.

With the advent of the Charismatic movement in the mid-20th century, two seemingly paradoxical approaches to the usefulness of medicine and medical science came to the fore: (1) the Charismatic movement, emerging within the liturgical and mainline denominations integrated an appreciation for medical science with, perhaps, a greater appreciation for miraculous healing; and (2) the Word of Faith movement, which presented a radical version of earlier anti-medical stances. These two approaches, though apparently antithetical, are sometimes found in an unusual amalgamation. In a very helpful article, Henry H. Knight, III examines several of these 20th c. healing theologies, placing them on a spectrum between “God’s faithfulness” and “God’s freedom” or sovereignty.¹

When Lutheran, Anglican and even Roman Catholic ministers and priests, as well as medical doctors, embraced the experience of being baptized in the Holy Spirit, a merger between what had been known as “divine healing” and healing via medical means (including psychiatric ones) occurred. Morton Kelsey, influenced by Episcopalian Agnes Sanford (*The Healing Light. 1947*), published *Healing and Christianity*² in 1973 in which he traced healing practice from biblical times forward. The most important contribution, however, was his integration of Sanford’s healing theology with the psychology of Carl Jung. Dr. Standish Reed, the brother-in-law of the Charismatic Movement’s “founder” and Episcopalian minister Dennis Bennett, believing that “all healing comes from God,” developed a new school of medical thought and practice, “Logopsychosomatic Medicine”, or healing of the whole person: spirit, mind and body. In 1962, Reed founded the Christian Medical Foundation. Reed became a common fixture at Full Gospel Businessmen Association events and on the new Christian television talk shows.

By the early 1970s, classical Pentecostals, perhaps influenced by these new trends, began issuing position statements endorsing the use of medicine and the medical vocation. Pentecostal colleges, moving from the more traditional Bible college model to that of the liberal arts, implemented pre-med majors. Pentecostal medical doctors wrote articles or had regular columns in Pentecostal publications.

Francis MacNutt, a Dominican and former RC priest, also influenced by Sanford, published *Healing* in 1974. This work has become a “classic,” having sold more than 400,000 copies. A comprehensive “guide,” MacNutt’s work explores root causes of illness and the role of discernment in knowing the kind of prayer to utilize in the ministry of healing. *Healing* also includes a chapter on the relationship of healing prayer and medicine in which he cites empirical

research that documents the positive role of prayer in medical healing. MacNutt married Judith Sewell, a psychologist, in 1980 and they founded Christian Healing Ministries. Through their influence via books, workshops, a website, the need for inner healing has emerged and has been integrated into most Pentecostal/Charismatic healing theologies and practices.

Knight argues that the Word of Faith movement, with some influence from 19th c. New Thought, developed a formulaic approach to healing, insisting on the necessity of a “positive faith confession”; one makes a confession of healing with the mouth, acting on faith with no evidence. In this view, the use of medicine or consulting with doctors is viewed as a lack of faith. As with all theologies, there are degrees of difference among the practitioners but, by and large, this movement eschews medical science.

The most recent revisioning of Pentecostal/Charismatic healing theology, documented by Williams, may be found in the rise of holistic approaches to health and healing as advocated by television evangelists such as James and Betty Robinson, Joyce Meyer, and T.D. Jakes. Both Meyer and Jakes have preached the advantages of weight-loss while the Robinsons have advocated for nutrition, wellness, and preventive medicine. Candy Gunther Brown has documented the shift toward acceptance of these and other approaches in *The Healing Gods: Complementary and Alternative Medicine in Christian America*.

No other practitioner of healing ministry embodies this evolution of thought more than Oral Roberts. Healed from tuberculosis as a child, Roberts, a classical Pentecostal fully embraced the broadness of the Charismatic movement, becoming a United Methodist minister, founding a university and, eventually, made an attempt at opening a medical school and hospital, the City of Faith. Contracts of faculty members at Oral Roberts University included a wellness and exercise clause, echoing his approach to treating the whole person --- spirit, mind and body. Roberts died in 2009 at the age of 91.

**Selected Bibliography**


