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The Assemblies of God: Religious Beliefs and Healthcare Decisions, 2002

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The Assemblies of God Tradition

Religious Beliefs and Healthcare Decisions

By Edith L. Blumhofer

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The Assemblies of God is a Pentecostal denomination that includes some 12,000 congregations nationwide. It claims well over one million members and counts nearly two and a half million worshipers in its churches in any given week. Founded in Hot Springs, Arkansas in 1914, its headquarters since 1918 have been in Springfield, Missouri.¹

As Pentecostals, Assemblies of God members trace their history to a revival that began in Kansas in 1901 and flowered in Los Angeles between 1906 and 1908. Marked by a conviction that the end of the world was upon them, participants in this revival believed they were part of an end-times restoration of the power of New Testament Christianity, complete with the signs and wonders that had followed Christ and the apostles. Many accepted the name "Apostolic Faith Movement" and claimed that the New Testament gifts of the Spirit were restored among them. They spoke in tongues, interpreted tongues, prophesied, exercised gifts of healing, and reveled in intense religious experiences, but their greatest passion was evangelism. Since they thought Christ was about to return, they felt they had an urgent call to save the world.²

The burst of spiritual energy that animated thousands of ordinary men and women in this turn-of-the-century revival ultimately shaped a handful of new denominations as well as many less structured

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associations, but its first result was a confusing array of options—and abuses. A radical emphasis on faith beckoned some to set out, with no visible means of support, to evangelize the world; a stress on spiritual gifts led to the use of tongues and their interpretation to obtain divine guidance on whom to marry or where to live; enthusiasm for the power of the Spirit convinced some that formal education inevitably quenched the Spirit. To respond to such tendencies and to provide a degree of order while preserving congregational autonomy and “freedom” in the Spirit, several hundred Pentecostals—most, but not all, white—heeded the summons to a “general council” for Pentecostals. There they organized the Assemblies of God. They knew they needed stability, but they prized independence from “dead denominations” so fiercely that they called their new association a “fellowship” rather than a church or a denomination, and they did not bother to articulate a statement of faith.

That statement came two years later, when a “revelation” about the Trinity disrupted American Pentecostalism and permanently fractured relationships among emerging clusters of churches. In the throes of a mass exodus by those who rejected orthodox views on the Trinity and accepted rebaptism to manifest their new opinion, the Assemblies of God in 1916 crafted a Statement of Fundamental Truths. This document met the needs of the moment with a long section on the doctrinal issues at stake in the current controversy, though it did not offer statements on the full range of Christian doctrine. That came only in the 1960s, as the Assemblies of God assumed an ever larger role in the post-World War II evangelical community. Despite its omissions, the 1916 Statement of Fundamental Truths included clear language on the four points that are often regarded as the denomination’s four cardinal doctrines: humankind’s need for salvation by faith in Christ; divine healing as “in the atonement”; holiness—or sanctification—as God’s call for believers; and the premillennial and always

imminent physical return of Christ to “rapture” the church.

DIVINE HEALING

Belief in divine healing characterized early Pentecostals, who regarded it as integral to the gospel. The Assemblies of God was strongly influenced by an array of people who had embraced the notion of divine healing under the uncompromising teaching of a fiery turn-of-the-century preacher named John Alexander Dowie. A Scotsman by birth and education, Dowie began his career in Australia, then migrated to the United States in the 1880s and settled in Chicago during the 1890s. He organized the Christian Catholic Church in 1895 and attracted such a large following that in 1901 he unveiled plans for a utopian community called Zion City. Located twenty-five miles north of Chicago on Lake Michigan, Dowie’s Zion became home to some 6,000 of his followers. Dowie’s efforts revolved around healing. He prayed for the sick; bullied the medical profession; and sternly denounced all medicines, pork products, tobacco, and alcohol. No medicine could be purchased in Zion; no one could smoke within its boundaries; no physician could practice. Dowie refused to pray for anyone who did not manifest faith by discarding medicine. He welcomed the ill to large homes he called faith homes. There (without their medicines) they received instruction in divine healing, ate a healthful diet, and were buoyed by the earnest prayers of Dowie and his associates. The communal aspect of Zion City life disintegrated in 1907 amid economic woes and allegations of improprieties on Dowie’s part. This disintegration coincided with the appearance in Chicago of the first Pentecostal evangelists, who easily attracted some of Dowie’s staunchest adherents, men and women accustomed to stating their beliefs in no uncertain terms and then acting upon them. Some of these followers had been tarred and feathered in American towns when they pro-

claimed Dowie's gospel of physical healing. They brought their no-nonsense message of faith for healing—and their adamant rejection of medicine and doctors—into the Assemblies of God.³

The insistence that healing was “in the atonement” meant that Pentecostals believed Christ's death had purchased physical healing as well as spiritual redemption. They quoted familiar words from Isaiah 53: “By his stripes we are healed.” They took healing “by faith” just as they appropriated the forgiveness of sins, and then they acted upon their conviction. They accounted for those whom their prayers did not heal by explaining that either sin or lack of faith precluded healing. Early Pentecostals thought that the whole community of believers had responsibility to pray for the sick, while pastors and church leaders had a special responsibility—following the instructions in James 5—to anoint the sick with oil and offer prayer for healing. But actual healing was up to the believer, who was responsible to appropriate it by faith, unhindered by known sin or unbelief.⁴

Early Pentecostal publications record many testimonies to physical healing in response to the prayers of local communities of believers. But they also indicate that Pentecostals acted on their belief that some people possessed special “gifts of healing” by seeking out such people and requesting their prayers. Some with these “gifts” offered prayer cloths for those who could not attend services, but any evangelist who was perceived to exercise gifts of healing could count on a steady stream of health seekers soliciting his or her special prayers. Prayer was sometimes accompanied by the laying on of hands and anointing with oil. Throughout the twentieth century, a changing group of highly public figures have claimed these gifts, and hopeful believers have flocked from one to the other in search of healing.⁵ Evangelist Aimee Semple McPherson was famous in the 1920s for the “stretcher days” she included in her large city-wide campaigns.⁶ After World War II, Pentecostals—including many Assemblies of God

members—thrilled to the miracles and preaching of Oral Roberts, Jack Coe, A. A. Allen, and Kathryn Kuhlman. The concentrated and sustained efforts of healing evangelists after World War II led some to dub an interrelated cluster of ministries a salvation-healing revival.⁷ This heritage of fervent prayer for miracles, of dependence on prayer as the preferred source of healing, and of nagging guilt about lack of faith or the presence of hidden sin when prayer does not bring a miracle, are part of the contemporary legacy of many members of the Assemblies of God. A constituency attuned to seeing and feeling direct evidences of the supernatural nurtures a preference for miracles even as its leaders wrestle with modern complexities in the light of a heritage that often prefers to discount historical development and attempt a restoration of apostolic Christianity.

Dowie was not the only source of a radical rejection of medicines and doctors. Another sizable part of the first Assemblies of God constituency came from a split in the Christian Missionary Alliance, whose leader, A. B. Simpson, staunchly supported the message of healing in the atonement. Simpson did not absolutely condemn medicines, but he urged his followers to relinquish doctors in favor of prayer as a better way. He taught “divine health,” which held that the gospel “quickened the mortal body” as well as saved the soul, and argued that its physical advantages stood available to the well and the sick. Other Assemblies of God adherents had been part of the Holiness Movement, which often embraced the same message of divine healing. The consensus in the first generation might be stated something like this: When one was taken ill, the proper response was searching the heart to determine that no sin stood in the way of one's prayers. Believing prayer on the part of the individual and a supportive community followed, often including anointing with oil by one's pastor or another religious leader. Doctors, medicines, and traditional hospitals were simply not options, but “anointed handkerchiefs” from

people who claimed the gift of healing were.⁸ Teaching about divine healing in the atonement gave this view a theological base while economic realities made it a practical response. The insistence that healing was in the atonement and offered to all in response to believing prayer made it available to any and all without ritual or price. The same “whosoever will” that undergirded their Arminian gospel sounded from Assemblies of God pulpits when the subject was healing.

In *The Pentecostal Evangel*, a weekly publication of the Assemblies of God, poems like “Jesus my Health” offered devotional encouragement to the ill.⁹ Pentecostals found it necessary frequently to denounce Mary Baker Eddy, since her followers also refused medical aid and seemed to skeptical outsiders to resemble Pentecostals.¹⁰ The question of medical precautions for the growing number of Assemblies of God missionaries led to the first unofficial easing of the popular “hard line” on medicine. Though not all took advantage of the opportunity, evidence suggests that missionaries were quietly told that taking malaria pills was a decision they could make for themselves. In the 1920s, the government of the Belgian Congo refused a party of Assemblies of God missionaries permission to travel unless they took malaria pills. They waited three months for advice from Assemblies of God headquarters. When it came, it reflected the hard-nosed common sense of one of the denomination’s founders: trust God and take your medicine.¹¹

The 1920s also brought increased awareness of the relationship among sanitary conditions, diet, and health. In May 1926, *The Pentecostal Evangel* reported on the Indianapolis Faith Hospital, started in 1924 on the model of a faith home by Assemblies of God Pastor Earl Clark. The hospital was next door to the Four-Fold Gospel Tabernacle. There the faithful tended the sick (without medicines), prayed for their healing, and travailed in prayer for their souls.¹²

A gifted physician who joined the Assemblies of God, Lilian Yeomans, beat the anti-medicine

drum during the ‘20s, ‘30s, and ‘40s by recounting her own addiction to morphine, her healing in response to the prayers of John Alexander Dowie, and her cynicism about modern medicine. Her writings and evangelistic efforts kept her opinions before the Assemblies of God constituency at least until World War II.¹³ The Assemblies of God still offers some of her books, as it does books compiled from the sermons of another stalwart foe of medicine, the outspoken British Pentecostal evangelist Smith Wigglesworth, whose work has surged in popularity in the past decade. Meanwhile, at the same time that such people thundered against the medical profession, Assemblies of God members organized to minister to the sick in hospitals in various ways—often with evangelistic motive. They worked in the same way in military hospitals, and among lepers and other gravely ill on the mission field.¹⁴

It is important to recognize this legacy, for its vestiges persist, strengthened in recent decades at the popular level by tendencies in parts of the independent charismatic renewal. Pentecostals of all denominational labels and none still flock to those who claim the ability to lengthen legs or exorcise the “demon” of cancer.¹⁵ While the Assemblies of God distanced itself officially in the 1960s from what was known as the Salvation-Healing Revival, the impulses that shaped that movement continue to thrive. The use of signs and wonders for evangelism remains attractive, and utterance gifts like prophecy and tongues still appeal to those intent on giving and receiving personal guidance, while “spiritual mapping,” territorial demons, and “dream readings” show that the Pentecostal and charismatic movements’ creative impulses still flourish.¹⁶

Apprehending an Assemblies of God “position” or “view” on medical and ethical choices is complicated by this history, as well as Assemblies of God polity. For most of its history, the Assemblies of God resisted acknowledging itself as a denomination. Rather, it regarded itself as a fellowship of ordained ministers and other authorized (credentialed) workers who

presided over churches that had considerable autonomy within guidelines provided by a General Council. This Council organized its members into geographic districts that largely follow state lines and later added regional districts to accommodate its sizable Hispanic membership.

Adding to the diversity is the fact that Assemblies of God congregations embrace widely different worship styles. Some stress experience and nurture emotional release, while others embrace a conservative style that focuses on preaching rather than on individual expression. The Church Growth Movement has considerable appeal, as has contemporary worship.

The majority of Assemblies of God adherents gather in small congregations, some of which are more “plugged in” to denominational programs than are others. Although in recent decades the denomination has found ways to demand doctrinal conformity—especially on speaking in tongues as “uniform, initial, immediate” evidence of the baptism of the Holy Spirit—it remains difficult to describe a “typical” Assemblies of God congregation, and impossible to state conclusively that Assemblies of God members adhere to all the same views regarding healthcare decisions. Ministers (and any who hold denominational credentials, e.g., evangelists, missionaries) are required to uphold official statements, but the rank and file may choose to be guided or not by those statements. This reality is further complicated by the fact that only slightly more than half of those who attend Assemblies of God churches bother to join. The Assemblies of God places negligible emphasis on ecclesiology and it often attracts a mobile constituency. While there are many ways of identifying different subcultures within the Assemblies of God, here it is probably most useful to note two major streams: those who are fourth- and fifth-generation Assemblies of God adherents, and those who have recently embraced the denomination’s emphases.

Both streams have in common the Statement

of Fundamental Truths, with its affirmation of divine healing as an “integral part” of their Christian faith. Since the 1970s, the denomination’s highest legislative body has issued occasional Position Papers that seek to clarify for the constituency a proper response to the most compelling modern religious, social, and ethical issues. While these statements have official standing and must be affirmed by ministers and other credentialed workers, their actual influence among a constituency that values a substantial degree of independence for the local church is difficult to assess. The headquarters also offers “Perspectives” on complex questions, brief statements providing guidance rooted in perceived consensus but without official sanction of the General Presbytery, the highest Assemblies of God legislative body. Taken together, these statements document a clear move away from the views on health and healing that characterized the first generation.

Several factors have influenced this shift. The constituency is more educated, and after World War II a tradition of clergy education beyond Assemblies of God institutions undoubtedly played a role in accelerating change. Ethics is a relatively new discipline in the Assemblies of God college curriculum, where it remains more conspicuous for its absence than for its influence. An end-times movement that settles in for the long term eventually turns its attention to this-worldly questions, and the experiences of history force it to wrestle with issues that once seemed to have easy answers. Such has been the case with the Assemblies of God.

Affirming the turn of its members to the medical world for healing solves some problems but also creates new dilemmas. In recent decades, the Assemblies of God has addressed—formally and informally—a growing list of ethical questions posed by advances in modern medicine. It approaches all of them from firm, biblically based convictions about the sanctity of human life and the sufficiency of scripture as the guide for all of life’s choices. The following guiding principles underlie Assemblies of God

understandings of health and healing:

- Humankind is created by God and bears God's image.
- God values human life.
- All human life is sacred.

- God gives life, and God takes life.
- God is in control; assertions of personal autonomy rebel against God's sovereignty.
- God offers forgiveness and reconciliation, but God never condones sin.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

A growing number of Assemblies of God members are healthcare professionals. A handful hold degrees from prestigious medical schools, and since the 1950s, Evangel University (formerly Evangel College), the Assemblies of God liberal arts institution in Springfield, Missouri, has offered a popular nursing program. Unlike Lilian Yeomans, for whom healing entailed relinquishing a medical practice, these modern Assemblies of God healers and caregivers find no inherent conflict between God and medicine. Some even hold Assemblies of God credentials. As has been the case on other issues, the concerns of Assemblies of God missionaries helped force reconsideration of health care at home. After considerable resistance—and before it dealt with the relationship between divine healing and medicine at home—the Assemblies of God approved a fully equipped hospital in Calcutta. It has since vastly expanded its medical presence abroad.

The Assemblies of God teaches that human beings are created by God in His image. It holds that Christians should emulate Christ's love and concern for suffering humanity and espouses an ethic that values self-denial in service to others. Caregivers serve others as ministers or servants of Christ, extending His compassion to those in need.

When Assemblies of God adherents are patients, the denomination's teaching encourages them to look to God as Source of healing while they comply with the medical advice they are offered. When possible, adherents are encouraged to seek out Christian physicians and to pray and counsel with them before beginning medical

procedures. All Assemblies of God adherents—caregivers and patients—are always encouraged to evangelize, and so the concern of either for the soul of the other may become evident in any relationship. The Assemblies of God teaches that one can be absolutely certain of one's salvation and that one who has trusted Christ need not fear death. Adherents believe that God's will overrules, that prayer is effective, and that salvation is ultimately more important than healing.

CLINICAL ISSUES

Self-determination, informed consent, and truth-telling

The denomination encourages physicians to discuss with patients the choices and circumstances of medical treatments so that patients can be informed and involved. Patients whose immediate families do not share their religious beliefs may value the counsel of fellow believers over that of family members. They may also respond more readily to the advice of an evangelical physician than to the opinions of someone who does not speak their language of religious conviction.

Anticipating difficult treatment decisions

The Assemblies of God urges its members to think about care decisions before they become critically ill and to seek the counsel of spiritual leaders, Christian physicians, and family in anticipating decisions. (See also "Forgoing life-sustaining treatment," below.)

FAMILY, SEXUALITY, AND PROCREATION

The Assemblies of God strongly endorses the nuclear family and affirms the sanctity of marriage. It supports with enthusiasm the views and programs of the popular speaker and author, James Dobson, and his “Focus on the Family.” The denomination rejects sexual activity outside of marriage and actively discourages divorce and remarriage. Assemblies of God churches often sponsor marriage enrichment opportunities.

Assemblies of God leaders responded to the growing cultural awareness of homosexuality with a Position Paper, *Homosexuality and the Bible*, which summarizes the denomination’s views on the subject. The denomination holds that homosexual behavior is a sin and that growing public acceptance of—or tolerance for—homosexuals is a symptom of a broader “spiritual disorder” that poses a threat to the traditional family, the government, and the church. The paper argues that homosexual behavior runs contrary to God’s created order for relationships, but also that, like other sins, homosexual behavior can be forgiven and the offender reconciled.

The Assemblies of God issued its Position Paper on homosexuality in 2001 amid cultural changes that made clarification of the denomination’s historic stance seem urgent. While labeling homosexual behavior “sinful,” the Assemblies of God seeks to help the penitent toward “deliverance” from the homosexual lifestyle. It urges members not to hate or fear homosexuals, but instructs them not to condone homosexual behavior. And it advises members to enlist the help of professional counselors and pastors as well as the support of appropriate Christian organizations in the struggle to help homosexuals abandon their past and embrace the traditional relationships that adherents believe the Bible teaches.

CLINICAL ISSUES

New reproductive technologies

If a couple is unable to have children, the religious community prays for a miracle. The couple may also opt for fertility treatments. While the denomination has no specific stance on artificial insemination by donors, its members are always encouraged to evaluate decisions in the context of the sanctity of family and the understanding that life is a gift from God. While procedures using spousal ovum and sperm might be acceptable, artificial insemination by another donor might pose problems.

Contraception

Birth control is widely practiced to postpone or space the births of children. Abortion is absolutely rejected as a form of birth control, as is the aborting of a physically abnormal fetus (see “Abortion and the status of the fetus,” below).

Prenatal diagnosis and treatment

Assemblies of God members regard the embryo as a human being from conception. While they do not object to prenatal diagnosis and treatment of the fetus, they do not believe that anyone has the right to take the life of any unborn child.

Abortion and the status of the fetus

Abortion is another health-related issue that agitated the culture sufficiently to elicit a Position Paper from Assemblies of God leadership. The main points of *A Biblical Position on Abortion* are as follows: The Assemblies of God unequivocally opposes abortion, calling it “immoral” and “a sin.” In the following quotations from the document, note the repetition of “The Bible recognizes . . .,” a reminder of the denomination’s firm commitment to the verbal inspiration of Scripture:

1. The Bible recognizes that a woman is with child even in the first stages of pregnancy. . . .
2. The Bible recognizes that God is active in the creative process of forming new life. To abort a pregnancy is to abort the work God is doing. . . .
3. The Bible recognizes that God has plans for the unborn child. Only He knows the potential of this new life. . . .
4. The Bible recognizes that God is sovereign in all things, including the quality of life of the unborn child. . . .

The last point addresses directly the matter of aborting deformed fetuses, an action denominational leaders reject. When pregnancy threatens the life of the mother, on the other hand, the Position Paper offers no direct guidance beyond

urging prayer and the advice of a prolife physician.

The Assemblies of God finds many ways to encourage adherents to act on the abortion issue as involved citizens, and local churches often act on behalf of the unborn. Their leaders hope that Assemblies of God members will pray about America's moral decline and find public forums that allow them to present biblical moral instruction. They urge adherents to counsel pregnant women about the alternative of adoption. For many years, the Assemblies of God has acted on this view by supporting the Highlands Child Placement Services and Maternity Home, a facility in Kansas City, Missouri. The denomination also encourages its members to support prolife legislation, to alert their elected representatives to their views, and to oppose any legislation that threatens the "moral fiber" of American society.

GENETICS

The Assemblies of God has strong reservations about cloning. It urges members to remember "the God-given individuality of human life" and warns them: "Any attempt to procreate human life outside of God's parameters is an attempt to usurp God's greatest act of creation, that of human life possessing both

body and soul." While the denomination's Perspective paper, *Genetic Alteration and Cloning*, offers guarded approval of the cloning of animals—as long as animals are not mistreated—it firmly rejects any mixing of human and animal cells.

ORGAN AND TISSUE TRANSPLANTATION

With assurance that “our mortal body” does not inherit the kingdom of God and that at death “we have no more need of the fallen mortal bodies we now bear,” the Assemblies of God supports organ donation, offering some novel rationales. Not surprisingly, one of these is evangelistic: if the organ goes to one who is not yet “born again,” that individual may gain “time and opportunity to accept Christ.” If the organ goes to a fellow believer, it may enable

effective Christian service on the part of the recipient. A Perspective titled *Organ Donation* imagines the potential impact if Christian donors stipulated that the organs be delivered with a hand-written letter of testimony to their faith. The same document states clearly that it is not sinful to refuse to donate one’s organs. The choice is left to the individual, who is encouraged to state a preference before a crisis arrives.

MENTAL HEALTH

Since World War II, the Assemblies of God has sponsored a growing emphasis on counseling and psychology. Its seminary and its undergraduate colleges offer courses that train its workers to address from a clinical standpoint situations that earlier Pentecostals would have deemed spiritual rather than mental problems. Although the denomination has no official pronouncement on mental health issues, its training of mental health professionals indicates its recognition of the need for available resources to counsel and treat the mentally ill.

Assemblies of God doctrine emphasizes human sinfulness and brokenness apart from the saving work of Christ. It recognizes as well the lingering effects of substance abuse and other addictions in the lives of many recent converts. Just as the Assemblies of God endorses medicine, so it embraces the healing arts of therapy and treatment for the mentally troubled. As with other forms of illness, the denomination prays for healing while encouraging adherents to seek the assistance of competent mental health professionals.

The denomination offers training for people who plan to use counseling skills within the denomination as well as in the secular marketplace. It prepares professionals to work in state and federal institutions, substance abuse clinics, juvenile centers, and hospitals and medical clinics as well as in counseling centers and church-related settings. The focus of Assemblies of God mental health professionals is to integrate biblical, theological, and psychological principles in a way that will stimulate self-understanding and healing.

CLINICAL ISSUES

While the denomination has no official stance on specific clinical procedures that may be used in mental institutions, it always encourages participation of family and spiritual leaders in decisions about treatment and encourages the patient’s input insofar as possible.

DEATH AND DYING

The Assemblies of God teaches that to be “absent from the body” is to be “present with the Lord.” Death is the entrance to eternal life, and although parts of the end-times calendar await future fulfillment, those who die go immediately to heaven or to hell—to abundant life or to eternal punishment.

There is no official consensus on determining the moment of death, and opinions may differ about offering sustenance, especially when the dying can no longer take food and drink by mouth. Members are urged to counsel with their spiritual leaders and to make decisions prayerfully, recognizing that God is the source and end of life and that the believer need not fear death.

CLINICAL ISSUES

Suicide, assisted suicide, and euthanasia

Most basically, the Assemblies of God regards assisted suicide as an assault on the sanctity of human life and as part of a larger “evil philosophy” that devalues suffering people. In *A Biblical Perspective on Assisted Suicide*, a Position Paper, the denomination urges on its pastors their responsibility to “proclaim humankind’s dignity as God’s sovereign creation,” “reassert God’s authority over life from conception to death,” and “affirm meaning and hope for suffering humanity.” The belief in the sanctity of human life is rooted in adherence to a doctrine of creation that makes God the creator of humankind. Made in God’s image, people are valuable to God who, in Christ, paid the price for sin and purchased for His own those of His creatures who trust in Him. Suicide—assisted or not—manifests a penchant toward personal autonomy rather than a recognition of God’s right to His purchased possession—or of the value God places on every human life.

The denomination is committed to the view that God rules human existence and that God

sets the boundaries of human life. Just as God chooses the time of birth, God appoints a time for death. Thus, suicide, like abortion, is fundamentally “a violation of His prerogative” that ignores the “profound spiritual implications” of the transition from life to death to life eternal. It unduly magnifies the self and rebels against the sovereignty of God.

The core emphasis on the sanctity of all human life and the conviction that only God—who gives life—has the right to take life away also undergird Assemblies of God opposition to euthanasia. In a Perspective called *Euthanasia, [sic] and Extraordinary Support to Sustain Life*, leaders urge the constituency to be aware of abuses that may follow openness to euthanasia. They hark back to their history: “Believing that supernatural healing is always possible, no matter what the medical prognosis may be, members of the Assemblies of God are more inclined to pray for healing than to approve the taking of life, even to avoid pain and suffering.” And, since modern medicine can generally alleviate pain, they urge the faithful to remember that fear of pain does not justify mercy killing.

In *A Biblical Perspective on Assisted Suicide*, Assemblies of God leaders acknowledge the mystery of suffering and urge effective medical care combined with emotional and spiritual help, such as is often available through the hospice movement. They encourage members to work toward “changing people’s hearts” as a prerequisite to changing their views on the sanctity of life. For Assemblies of God members, the only way truly to set things right in this world is to win souls to Christ, thus changing their hearts. The denomination also encourages adherents to offer loving care and emotional support as hospital chaplains, hospice workers, or nursing facility staff. And they advise the constituency to voice its commitment to moral values in the public arena, speaking out and electing officials who share their convictions

about the dignity of human life and humankind's dependence on God.

Forgoing life-sustaining treatment

The Assemblies of God approaches the matter of sustaining life with medical technology by reminding adherents that each one has an "appointed time" to die. Denominational leaders encourage people to anticipate the question of life support and to draw up a living will that clearly declares the patient's wishes. Patients are urged to make the decision about life-sustaining treatment after prayer and consultation with a Christian physician and a spiritual leader.

The basic issues here reflect tension between the valuing of human life and the Christian view of death as entrance into heaven. Assemblies of God members have clear teaching on what happens when a believer dies. They understand that to be "absent from the body" is to be "present with the Lord," and so they are taught to affirm the joyous hope of eternal life in the

presence of God rather than to fear death. The Assemblies of God does not have an official stance on life support, and its leaders recognize that what one person chooses may not be appropriate for another. And so they simply leave the decision to individuals, while urging members to recall that questions of life and death rest ultimately with God, making it appropriate to seek God's will for specific situations.

Last rites, burial, and mourning customs

The Assemblies of God offers no last rites, although the family may welcome the presence and prayers of its pastor. The denomination has no stance on cremation; a small but increasing number of adherents opt for cremation over burial. The Assemblies of God reminds adherents that they "sorrow not as others who have no hope." Throughout the funeral and burial, sadness is tempered by the hope of resurrection and eternal life.

SPECIAL CONCERNS

For Assemblies of God members—especially "old-timers"—concerns about modern healthcare issues start at the beginning with the use of medicine itself. The Statement of Fundamental Truths, section 12, reads: "Divine healing is an integral part of the gospel. Deliverance from sickness is provided for in the atonement, and is the privilege of all believers (Isaiah 53:4, 5; Matthew 8:16, 17; James 5:14-16)." Not surprisingly, the denomination's Position Paper on healing, *Divine Healing: An Integral Part of the Gospel*, declares this statement "scripturally sound," but it goes on to give the statement a gloss that those who wrote it in 1916 would likely not recognize. In the end, after a long, disconnected list of observations on specific verses from the Old and New Testaments that touch on healing, the writers admit: "In humility we recognize that we do

not understand all that pertains to divine healing. We still see through a glass darkly. We do not understand why some are healed and others are not. . . . Scripture makes it clear, however, that our part is to preach the Word and expect the signs to follow."

In 2000, the denomination issued a Position Paper called *Ministry to People With Disabilities: A Biblical Perspective*, in which leaders articulated a theology that made room for both supernatural miracles and compassionate outreach to the permanently disabled. They called the church to find ways to relate to people with disabilities and to affirm their dignity before God. The denomination regards disabilities as a reminder that we live in a sin-cursed world, and it urges congregations to open themselves to the disabled as people created in God's image. While insisting that the greatest need of

the disabled is salvation from sin, it calls Assemblies of God members to set an “example of servanthood that [takes] ministry beyond miracles.”

For several generations, the vast majority of Assemblies of God members have enrolled in healthcare plans and made use of doctors and medicine. In one sense, the experiences of people who turned to medical help when they failed to find supernatural healing made it inevitable that, sooner or later, Assemblies of God leaders would feel a need to offer guidance on the evident disparity between profession and reality. Denominational leaders now state plainly that the use of medicine and physicians is compatible with belief in divine healing. In fact, in the Perspective titled *Modern Medicine and the Assemblies of God*, they have turned old

assumptions upside down by describing those who refuse medicine as “inconsistent in their application of faith.” This shift leads to an attempt to combine the old with the new: “The use of modern medicine by Christians is legitimate but must never be a substitute for trusting God. Whether we are healed through the aid of medicine or supernaturally, the good gift of healing is from the Father.” And so adherents are urged to pray while they consult physicians and take their medicines. And they are reminded that medical records can attest a miracle should God choose to act supernaturally. A fundamental tension between the full apprehension of salvation now and aspects of the experience that await the eschaton is nowhere more evident than in discussions of healing in the atonement.

NOTES

1. For the history of the Assemblies of God, see Edith L. Blumhofer, *Restoring the Faith: The Assemblies of God, Pentecostalism and American Culture* (Champaign and Chicago: The University of Illinois Press, 1993).
2. For the ethos of early Pentecostalism, see Grant A. Wacker, *Heaven Below* (Cambridge, Mass.: Harvard University Press, 2001); Edith L. Blumhofer, *Pentecost in My Soul* (Springfield, Mo.: Gospel Publishing House, 1989).
3. Edith L. Blumhofer, "The Christian Catholic Church and the Apostolic Faith," in Cecil M. Robeck, ed., *Charismatic Experiences in History* (Peabody, Mass.: Hendrickson, 1986).
4. The most influential books on this subject for the formative years of the Assemblies of God came from the 19th-century Baptist, A. J. Gordon, *The Ministry of Healing*; 19th-century Christian and Missionary Alliance founder A. B. Simpson, *The Gospel of Healing*; and 20th-century healing evangelist F. F. Bosworth, *Christ the Healer*.
5. David E. Harrell, *All Things Are Possible* (Bloomington, Ind.: Indiana University Press, 1979).
6. Edith L. Blumhofer, *Aimee Semple McPherson: Everybody's Sister* (Grand Rapids: Eerdmans, 1993).
7. In addition to Harrell, *All Things Are Possible*, see Gordon Lindsay, *How You Can Be Healed* (Dallas: Christ for the Nations, 1966); David E. Harrell, *Oral Roberts: An American Life* (Bloomington, Ind.: Indiana University Press, 1985).
8. *The Pentecostal Evangel*, 29 August 1925, 9; 5 January 1929, 7.
9. 2 May 1925, 8.
10. 20 June 1925, 6.
11. For medical issues related to foreign missions, see Gary B. McGee, *This Gospel Shall Be Preached* (Springfield, Mo.: Gospel Publishing House, 1984).
12. 15 May 1926, 7; 6 November 1926, 12.
13. See any of the following by Lilian Yeomans, all published by Gospel Publishing House, Springfield, Mo.: *Balm of Gilead* (1936); *The Great Physician: Divine Healing Diamonds* (1961); *Healing from Heaven* (1926); *Health and Healing: The Royal Road to Healthville* (1938). Also, see Smith Wigglesworth, *Ever-Increasing Faith* (1924).
14. The denomination's evangelistic work among the ill as part of its foreign missionary outreach goes back at least to the 1920s. See, for example, *The Pentecostal Evangel*, 9 April 1927, 10.
15. Perhaps the best source for a general sense of how this contemporary religious scene operates may be gained from *Charisma*, a glossy monthly magazine that is a mouthpiece of the charismatic renewal. In the 1980s and 1990s, the Toronto Airport Vineyard and the Brownsville Assembly of God in Pensacola, Fla., were highly visible centers of the popular enthusiasm for emotion-packed mass meetings featuring healings and other spiritual phenomena.
16. The denomination's specific problems with the Salvation-Healing Revival had as much to do with practice as with theology. Evangelists often lacked accountability and made claims on the finances and loyalties of those who sought their prayers. Some opted to emphasize a wide range of supernatural services—exorcisms, words of knowledge, or dream readings. Their interest in spirits led them to identify territorial demons and generational curses, any of which might cause disease. As their interests expanded, they preached deliverance as well as healing, with an emphasis on the individual's deliverance from Satanic oppression of any sort.

BIBLIOGRAPHY

Assemblies of God Position Papers (available at www.ag.org/top/beliefs/position_papers/0000_index.cfm):

A Biblical Perspective on Assisted Suicide (1998)

A Biblical Perspective on Abortion (1985)

Divine Healing: An Integral Part of the Gospel (1974)

Homosexuality and the Bible (2001)

Ministry to People With Disabilities: A Biblical Perspective (2000)

Non-binding Assemblies of God Perspectives (available at www.ag.org/top/beliefs/contemporary_issues/issues_00_list.cfm):

Euthanasia, [sic] and Extraordinary Support to Sustain Life (1995)

Genetic Alteration and Cloning (1995)

Modern Medicine and the Assemblies of God (1995)

Organ Donation (1995)

Dedicated issues of *The Pentecostal Evangel*:

18 February 2001: "Healing Is for Today"

20 January 2002: "The Sanctity of Human Life"

Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, healthcare workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not

substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



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