

Theology and Healing

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There has long been a Christian involvement in healing, but in recent years healing has become a subject of much wider interest in the church at all levels.¹ My aim in this paper is to point to some aspects of the theological context in which a Christian concern for healing has to be set; specifically, in a definition of health, in an understanding of miracle, and in a theology of suffering.

1 A theology of health

First, we can surely only understand both sickness and healing in the context of some defined concept of health. Now it happens that my wife is a doctor, so I asked her if she could give me a description of health such as the medical profession uses. Her first response was, 'You must be joking; people write *books* about that.' Medicine, after all, seemed very like theology. But she did offer me a definition of health accepted by the World Health Organization at its inauguration: 'Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.'² It is from such health that ill-health is a deviation, and to such health that healing is a restoration.

The WHO definition has been described as so idealistic as to be comparable with the state of perfection 'such as was enjoyed perhaps by archangels and by Adam before the Fall.'³ A theologian will be excused for responding, 'Exactly'. Although complete health or well-being is now enjoyed by no man, this is not an integral feature of the human condition. Man as first created enjoyed such well-being; it was through breaking his relationship with God that he lost it, and indeed became subject to the eventual dissolution of being itself at the end of the individual's life.

This insight draws attention to a modification which needs to be made to the WHO's definition, however. Man is not adequately defined until he is seen not merely as body and mind, and not merely in his relationship with other people and with the world (though it is good to be reminded of this aspect of well-being), but also in his relationship with God. It is in part precisely because the well-being of the whole man integrally includes his relationship with God that there

is such a thing as a Christian concern with healing. The physical, mental, social, and spiritual aspects of man are intertwined with each other and interact with each other.

Fundamentally, this means that spiritual well-being is basic to well-being in its other aspects. It was when man went wrong in his relationship with God that the rest of his life began to go wrong. Mal-functioning in these other aspects of his life ultimately reflects his metaphysical problem. But once this malfunctioning has begun, loss of well-being can be experienced and explained at various levels, which interact dialectically with each other. For instance, I may cease to live the life of a man who is justified by faith; overwork; and get 'flu (spiritual affects psychological and physical). But then 'flu may make me depressed psychologically and spiritually (reverse movement).

There is a further, and more controversial, aspect to the experience and loss of well-being. Genesis describes man's first sin as a response to a suggestion from another creature, a snake. Later parts of the Bible see behind the snake the activity of a supernatural being. The 'ancient serpent . . . is called the Devil and Satan' (Rev. 12:9). Indeed, all loss of well-being may be seen at this other level as demonic in origin. So dominant does the devil's power become over some individuals described in the Bible, that they may be described as totally under his control ('possessed by a devil' or 'demonized').

Well-being, and the loss of well-being, has to be seen in all these aspects. Well-being itself, however, also needs to be set in a wider context. It can be a rather static concept. A human being is not like a machine, which is designed to function in a certain way with consistency throughout its life. A person is essentially a dynamic, developing, changing entity. Well-being at 10 is not well-being at 30, 50, or 70. Even if total well-being could be achieved, it could never be achieved finally: there is always something new to enter into. Arguably, health is only a means to an end—namely growth. 'The whole body when each part is working properly [that is the means], makes bodily growth and upbuilds itself in love [that is the end]' (Eph. 4:16). To concentrate too much on sickness-health/well-being suggests an inadequate model of man. If Adam before the fall knew complete well-being, this did not mean he was fully mature in any of the aspects of that well-being. He had to grow, in body and mind, in relationships with other people, with the world, and with God. His initial loss of well-being came about through his failure in a testing situation which could have led to growth, but did not.

So perhaps we need to expand our definition: God intends for man that state of complete physical, mental, social and spiritual well-being which is appropriate to each developing stage of a person's life. It is good to be concerned for healing; but the restoring of lost aspects of well-being should be only the launching pad for growth.⁴

2 A theology of healing

Because of his love, his grace, and his positive purpose for the world, God does not abandon it to non-being. Within his activity in the world a distinction is often made between the operation of his 'common grace' and that of his 'special grace', and this distinction may be helpfully applied to healing. First, by his common grace God makes it possible for a holding operation to be effected on the results of human wilfulness. He provides various devices for making life East of Eden bearable (cf. Gen. 4:15-22; 8:21-22).

Human attempts to restore the well-being which man has lost may often be seen as such gifts of God's common grace. Certainly the Bible accepts in principle the treatment of physical maladies by physical means (e.g. Exod. 21:19; Luke 10:34; and Luke's own profession). It is clearly a serious weakness of such enterprises as medicine, psychiatry, and social work that they concern themselves with what a Christian knows to be temporary repair work on problems that go much deeper than the levels at which they are approached by those disciplines. It is possible that they do not even paper over the cracks very well.⁵ We should not overvalue them, but nor should we undervalue them. I have several times been amazed at student essays on healing which make no reference to doctors or physical treatment. These latter are not everything, but they are something.

God's activity by his special grace is another matter altogether, however. He concerns himself with man's well-being in all its aspects. This is clear in his relationship with Israel, which affects the affairs of politics, society, and individual life, as well as what directly concerns her relationship with God (see the mixture in Deut. 28). It finds semantic expression in the Hebrew noun *shalom*, which can suggest well-being in all the aspects we have referred to above; and in the Greek verb *sozo*, which refers to making men whole both physically and spiritually. Jesus himself brings a ministry of healing to broken bodies, broken minds, broken spirits, and broken relationships. Paul sees the fruit of Christ's achievement, as it affects his own and future generations, as lying in his bringing peace between God and man, peace between Jew and Gentile, and peace between a man and himself. It consists both in the fact that 'your spirits are alive' now, and that God 'will give life to your mortal bodies also' (Rom. 8:10-11).

Final physical well-being thus belongs to the End. Indeed, of course, we do not even experience complete spiritual well-being before then. Romans 8 does not eliminate Romans 7: perhaps this would be impossible as long as the other aspects of man are not yet restored. Nevertheless, the problem of our relationship with God is now solved in principle through Christ ('your spirits are alive'). This cannot but lead to a restoring of something of our lost well-being in

other areas, even in this life. A man who comes to believe himself at peace with God will find peace with himself and with others. The metaphysical will have physical, psychological, and social consequences. There is an intrinsic, 'natural' process involved here, which a doctor should probably be able to monitor. The only thing which as a doctor he will not be able to tell is whether the fountain-head of healing, peace with God, is real or illusory.

It is because the metaphysical, psychological, physical, and social are interlinked—in health, in sickness, and in healing—that the people of God has healing as part of its regular ministry. Yahweh is his people's healer (Exod. 15:26).⁶ When someone has a skin disease, this has religious and social consequences (he is 'unclean' and forbidden social contact and admission to the sanctuary). When he finds healing, he offers sacrifice and is readmitted to the fellowship of the congregation (Lev. 13-14). It is unlikely that his healing was seen as anything other than the activity of the God who heals diseases (Ps. 103:3). This aspect of the character and activity of God, set alongside his general purpose that we should enjoy well-being at all levels of our lives, encourages us to be expectant of healing and of the restoration of lost well-being.

God heals, however, through means. Isaiah promised Hezekiah that he would be healed of an unnamed but potentially fatal illness. He also prescribed a fig poultice for physical treatment (2 Kings 20:1-7)! Asa, on the other hand, is criticized for seeking help from doctors instead of seeking the Lord (2 Chron. 16:12); this is perhaps an indictment of recourse to physical medicine without asking the right spiritual questions.⁷

James' assumption that the appropriate response to illness is to involve the leaders of the congregation in prayer, confession, and physical treatment (James 5:14-16) fits this same pattern. Illness is again assumed to raise questions concerning other aspects of the well-being of the whole man. God is involved in all these aspects; yet the ministry included physical treatment (anointing with oil surely had the latter as part of its significance, though it had other symbolic overtones).⁸

These various passages of the Bible indicate clear pointers as to a Christian response to illness. Along with other aspects of a loss of well-being, illness should naturally lead to inviting the congregation's leaders to look at the ill person in the round; to see what is wrong, to pray, and to offer whatever ministry seems to be needed. This will not rule out going to the doctor, but it will rule out going to the doctor without prayer—as if physical or psychological malfunctioning was unlikely to carry any implications with regard to one's relationship with God. There is a real danger of compartmentalizing human life here: there are certain aspects of life which are God's

concern, and others which are not. Rather, 'we use medicine along with prayer to heal ourselves physically, [and] what is helpful in psychology along with prayer to heal us of fear, guilt, or hurt'.⁹

Ministry to those who are ill will naturally begin by focusing on the physical or psychological disorders of which the person is conscious. But if it is right that these often have spiritual problems lying behind them, then ministry will naturally be concerned to go on to discern what spiritual factors are involved. The transition in James 5 from talk of illness to talk of salvation may fit with this. The key gifts in such ministry, then, will include the discernment to perceive what is wrong at levels other than the physical or psychological. Ministry will then concentrate on the spiritual problems, in the conviction that healing here is the right route to healing at other levels. The application of spiritual resources to the spiritual problem may be expected to lead 'naturally', intrinsically, to the restoration of other aspects of well-being. On the other hand, given the dialectical interplay between loss and restoration of well-being at the various levels, sometimes the ministers may discern that behind a spiritual problem is a social or emotional or physical one (and behind that, another spiritual one!).

I think it is in this sense that there is a connection between the atonement and healing. 'He bore our sickness and carried our pain' (Isa.53:4)¹⁰ because our physical pain and sickness is tied up with our spiritual needs, to which the atonement directly relates. The power of the cross brings healing because it deals with the broken relationship with God which in a general sense underlies the loss of well-being.¹¹

But part of the wonder of this power of the cross is that it can effect its healing work without the person in need necessarily going consciously through the tracing of the links between physical, emotional, and spiritual needs. To go through this process can for many be an uplifting experience. If for others, however, facing further pains in this way is more than can be coped with,¹² then this does not mean it is impossible for the cross to bring healing even to aspects of need that a person is not consciously aware of.

The cross also signifies the victory of Christ over Satan, and healing thus includes an end to the demonic aspect to the loss of well-being. In the ministry of Jesus and the apostles, physical or psychological symptoms often seemed to reflect the activity of the devil, and their ministry thus included the deliverance of such people from the control of the devil. This seems to be part of the process of conversion for such people. It is to be noted that the Bible does not seem to envisage that believers can come under the control of the devil. He can attack them from outside, and they are then to send him packing (e.g. James 4:7). But he is not described as gaining control of them in any way. This makes me hesitant to accept talk of the

demonic oppression of believers if this implies coming under the control of the devil in some aspect of one's person against one's will.

3 A theology of miracles

So far I have been considering the healing ministry assumed to be part of the regular life of the people of God in the Bible. I have made little reference to miraculous healing.

The notion of 'miracle' is difficult to define.¹³ In a narrow sense the word is used to refer to events, or acts of God, which cannot be explained in terms of the 'natural'. But this can only lead to rather provisional decisions as to the occurrence of miracles, because we can only speak of what is at present inexplicable by natural laws. Theologically, furthermore, the definition may be questioned on the grounds that the Bible does not make a distinction between miracles and the rest of God's activity (and consequently does not lay the emphasis on the former which may be encouraged by setting apart those particular acts of God). The latter distinction easily becomes one between things God does and things that happen naturally, whereas the Bible sees all events as the activity of God.

The word miracle is also used in a broader sense to denote something extraordinary and amazing ('it was a miracle I escaped'), and this use is closer to the category of marvellous works or mighty deeds of God, which does appear in the Bible. These may or may not be miraculous in the narrow sense. They are no more God's acts than less spectacular events. What distinguishes them is that they are extra-ordinary and timely, and that they connect with God's fulfilment of his purpose for his people in salvation and judgement. It is in this sense that I shall use the word miracle in what follows.

As not all healing involves a miracle, so not all miracles are acts of healing. These take their place along with acts of deliverance from political oppression, provision of food in needy situations, and so on. Such events cluster in the ministry of Jesus, presumably because of his unique person and his unique role as the one through whom the reign of God breaks in. But they appear before him, in the lives of Moses and of prophets such as Elisha (for healing miracles, see Num. 21:4-9; 2 Kings 5:1-14). Jesus also commissions his disciples to heal, to raise the dead, and so on (Matt. 9; Mark 6:7-11; Luke 9:10). He promises that they will do greater things than he has (John 14:12). The apostles bring healing to the lame man, judgement to Ananias and Sapphira, resurrection to Eutychus (Acts 3; 5; 20). The question is: How far can we expect such miracles today? Does Jesus' commission of, and promise to, his disciples encourage us to expect miracles?

If it does, they will presumably remain exceptional. The extraordinary will still not be ordinary. In the biblical miracles, the

distinction between this age and the age to come is overcome. But physical renewal and judgment still belong essentially to the last day (cf. Rom. 8:11,23), and they are only occasionally anticipated in this age. For theological reasons, then, one would not expect the extraordinary to become ordinary.

Exegetically, this is supported by the use the gospels make of the miracle stories.¹⁴ The major reason for their inclusion in the gospels is surely their significance in relation to the historical ministry of Jesus. They show he is the Messiah. They presumably also to some extent provide encouraging examples for future believers who follow on from their master and who share his authority. Yet when a specific lesson is taught on the basis of a miracle story, it does not usually seem to be that the believer is now to go and do as Jesus did. In the story of the healing of the centurion's servant, for instance, the emphasis in Luke is on the extraordinary faith of the gentile; in Matthew on the eschatological and not merely this-worldly importance of this kind of faith (Matt. 8.5-13;¹⁵ Luke 7.1-10). The similar story in John includes a warning *against* seeking miracles: true faith ought not to need them (John 4:46-53). Similarly, people should not be concerned so much for bread as for living bread (John 6). One of the first, and still very instructive, exercises in redaction criticism demonstrated how Matthew took the story of the miraculous stilling of the storm and applied it to the more general crisis situations in which the church found itself (Matt. 8:18-27).¹⁶ One may perhaps compare with this the fact that most references to medicine and healing in the Old Testament are metaphorical allusions to spiritual renewal (e.g. Isa. 57:18-19).

So due allowance has to be made for the indications in the Bible that miraculous healing will not be an everyday affair. But the gospels and epistles do suggest that miracles will sometimes happen, and that we should not on theological grounds be sceptical about the evidence that God is doing mighty deeds in the church today. Many of us need to be more expectant of such events than we have been or are by nature. A congregation ought to be looking for the 'release of the Spirit' in providing gifts of mighty works in its midst (cf. 1 Cor. 12:10). We need to be of expectant faith, lest we prove too much like the widows of Israel or the villagers of Nazareth (Luke 4:24-28).

On the other hand, we are not called to be gullible. And we have to accept that we cannot programme the arrival of Elijah or Jesus. There is characterically something unpredictable and unexpected about miracles. They do not happen according to rules, including the rule of prayer and faith. They happen out of God's sovereign freedom. In this sense, we cannot expect miracles. What we can do is go to Jesus and say 'They have no wine' or 'Lord, one whom you love is ill' (John 2:3; 11:3); and see what he will do. We can go to those to whom God

seems to have given 'gifts of healing' or 'the working of miracles' (1 Cor. 12:9-10), to see whether God will work through them in this situation for his glory.

It is an unsatisfactory situation that we cannot identify clear ground rules over this matter of miracles. Life would be simpler if we could say they do not happen, or that they do in certain precise situations, e.g. if we have enough faith. But the whole question seems to have more mystery about it than that. I suppose it is in fact only like prayer in a more general sense.

4 A theology of suffering

A Christian theology of healing therefore assumes that, because of what Christ has already achieved, we can now experience something of the restoration of well-being that belongs finally to the End. Christ makes it possible for the new age, for the kingdom, for heaven itself, to begin to be a reality now.

But this process is only *initiated*. Although we 'rejoice in God through our Lord Jesus Christ, through whom we have received the reconciliation', we also and at the same time 'groan inwardly as we wait for adoption as sons, the redemption of our bodies (Rom.6:11; 8:23). Although we have a real present experience of the presence and ministry of Christ, we also look in hope to a future consummation of our experience of that ministry. 'In this hope we were saved. Now hope that is seen is not hope' (Rom. 8:24). It is integral to what it means to be a Christian that our experience is at the moment incomplete.

Christianity has to keep hold of this tension between a reality and an incompleteness in our experience of Christ. It is easy to lose the tension, however. Christians have usually done this by yielding their conviction that Christ can do things now. They cease to expect, for instance, a healing ministry in the present. They find it very difficult *a priori* to believe that there can have been instances of the raising of the dead. But there is as great danger of mistake in expecting too much in the present; in expecting illness never to take its toll. It often does, because we live this side of the resurrection. There is no mystery about the fact that Christians experience cancer or depression (or for that matter divorce, unemployment, and road accidents), and eventually death itself. When healing does not occur, it is worth asking whether the right spiritual diagnosis has yet been made; whether some sin is preventing healing. But we must be wary of implying that the person who is ill is to be blamed for failing to be healed (on the grounds that he *must* be not facing up to some sin, or not showing the requisite faith). This was the mistake of Job's friends.¹⁷

One reason why God does leave us this side of the End, often forced to live with pain and suffering, is that these experiences can fulfil a positive role in the growth which is God's concern for us. We have noted that growth is more important than healing, and that the importance of healing is that it can be a launching pad for growth. But suffering itself can provide this launching pad. People grow by having to go through things. Paradoxically, indeed, 'the gift of healing enables me to bear additional suffering . . . more confident that [God] will bring good from it as He has done in the past.'¹⁸

Indeed, John Hick¹⁹ has argued that the main purpose of evil is to make the world an environment in which people may grow. Now in reaction against the view that everything unpleasant in the world is to be seen as the result of human sin, and specifically of the sin of Adam and Eve, he denies that the 'fall' had anything to do with the entry of suffering into the world. There was no 'fall', and suffering was always part of God's plan for the world. This is surely an over-reaction out of one over-simplified view into another. Human experience itself suggests that life is more complex than that: we ought to take seriously the assumption in the Bible that affliction is, at least in part, a result of human rebellion against God which has turned life into less than it was meant to be; *and* that man's experience of trouble is nevertheless used by God as a means of growth (cf. Rom. 5; James 1). It may be that there are even hints in the creation story that 'paradise' was less of a holiday camp than we sometimes picture it. Man was sent into the world to subdue it (Gen. 1:28); the word used is the one for subduing a lion, and it suggests at least that being a man involves struggle and conflict. Even Jesus himself reached maturity through suffering (Heb. 2:10).

Ministering to others also customarily involves suffering, both in the development of ministering ability and in the exercise of ministry. Jeremiah and Paul both illustrate this truth. Luther found that doing theology involved affliction, trial, doubt, temptation, conflict; and believed that without this *Anfechtung* there could be no theological insight.²⁰ Here, of course, physical illness is not in mind,²¹ but it can hardly be excluded from making its contribution, especially if we are prepared to see physical health as only one of the interrelated aspects of total human well-being.

In his widely used book on *Healing*, Francis MacNutt suggests that Christian expectation of healing has been falsely inhibited by precisely the theology of suffering we have described above.²² If so, we must again avoid swinging from one false extreme to another. A theology of healing has to have room for the strong possibility that God's highest will for this person is that he should continue to live with the handicap he presently experiences. 'A crippled friend calls day and night in a demanding tone that the world should wait on her. God

yearns to heal such self-centredness. But I doubt if God yearns so to heal a fellow Jesuit whose blindness sensitizes him to hear twice as much . . . Christ may keep him blind because he works through blindness.²³

But such an example raises far less problems than those where no fruit or growth can be seen. What, for instance, of children emotionally maimed for life by the terrible experiences of their childhood?

At least we may say that God has accepted an experience of human suffering himself. Astoundingly, his own power was revealed in the abject suffering of a servant (Isa. 53:1). He is 'the crucified God'.²⁴ If, as it often seems, suffering is the most striking and most appalling aspect of what it means to be human, then at least it is something God allows to happen to himself. It is not something he merely inflicts. There is comfort in Christ in part because we can relate our afflictions to his. Precisely in such experiences we are closest to what it means to be God; not furthest away from this. Precisely at this point God can be closest to us; not irrelevant because what we have to go through he has not.

The theology of the cross in relation to suffering needs more working out. But there will remain a mystery about suffering. We shall always need the book of Job to remind us that our desire to have all the answers will not be met this side of heaven (and not necessarily even then?); we have to learn to trust (as we can in the light of the cross and resurrection) even where we cannot understand.

Such a theology of suffering as we can outline includes accepting that God may leave us in suffering, because of what can be achieved through this; that God may give us the comfort of the crucified Christ *in* suffering rather than whisking us from suffering; and that final healing belongs to the resurrection day, when 'he will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning nor crying nor pain any more' (Rev. 21:4). But it also includes the good news that in Christ there can be healing now: for the new Jerusalem is already 'coming down out of heaven from God' (Rev. 21:3). 'This is a future which interpenetrates and informs the present'; it already exists 'in the anticipatory experience of the church.'²⁵ Even now the leaves of the tree of life are for the healing of the nations (Rev. 22:2).

NOTES

- 1 I am grateful especially to my colleague Graham Dow for discussions which have clarified my thinking on this subject.
- 2 Quoted by A. Clare, *Psychiatry in Dissent* (Tavistock: London 1976) p 9.
- 3 A. J. Lewis, as quoted in Clare, *ibid*.
- 4 Cf. B. Martin, *Healing for You* (Lutterworth: London 1965) p 141.
- 5 Cf. the critiques of medicine by I. Illich, *Medical Nemesis* (Calder: London 1974) and of psychiatry by R. D. Laing, e.g. *The Politics of Experience* (Penguin: Harmondsworth 1967) (but see the discussion in Clare, *op.cit.*).
- 6 Strictly, in the context, the description provides the theological rationale for a concern with preventive medicine!
- 7 Post-biblical Jewish attitudes were generally hostile to the medical profession. According to the Mishnah, 'the best among physicians is destined for Gehenna' (Kiddushin 4:14). (My wife suggests this is because they will be needed there, as they will not be in Paradise!). Rashi's explanation is that '(a) they soothed their patients and so kept them from seeking God; (b) they had many human lives on their conscience; (c) they neglected the poor' (J. Jeremias, *Jerusalem in the Time of Jesus* [SCM: London 1969] p 306). Ben Sira's enthusiasm for doctors (Ecclus. 38:1-15) is exceptional and reflects Greek influence.
- 8 See the discussion in J. B. Mayor, *The Epistle of St James* (Macmillan: London 1892) in loc.
- 9 D. and M. Linn, *Healing of Memories* (Paulist Press: New York 1974) p 21. Cf. F. Macnutt, *Healing* (Ave Maria Press: Notre Dame, Indiana 1974) ch 19.
- 10 'Sickness' and 'pain' (RSVmg), I think, rather than 'grief' and 'sorrow' (RSV). Cf. C. Westermann, *Isaiah 40-66* (SCM: London 1969) p 254 (and Matt.8:17!).
- 11 It is perhaps as well to note that I do not mean to imply a one-to-one relationship between a particular man's sin and his loss of well-being. Job, and Jesus (John 9:3; Luke 13:1-5) make clear that such a link cannot necessarily be found.
- 12 Cf. M. Scanlan, *Inner Healing* (Paulist Press: New York 1974) pp 47-8.
- 13 See R. Swinburne, *The Concept of Miracle* (Macmillan: London 1970); and with reference to healing, Scanlan, pp 5-9.
- 14 I doubt if healing miracles are to be treated as a separate category from other miracles. Thus a hermeneutic of healing stories ought to be applicable to the stilling of the storm or the feeding of the thousands.
- 15 See my comments on this passage in *New Testament Interpretation* (ed. I. H. Marshall) (Paternoster: Exeter 1977).
- 16 See G. Bornkamm's examination of this passage in G. Bornkamm, G. Barth, and H. J. Held, *Tradition and Interpretation in Matthew* (SCM: London 1963) pp 52-7.
- 17 This is not to deny that the hindrances may be real (Scanlan's observation, pp 42-3, of how often unwillingness to forgive is a block to healing, is particularly striking), only to warn against an overemphasis or universalizing of this approach.
- 18 Linn, p 43.
- 19 *Evil and the God of Love* (Macmillan: London 1966; revised edition due 1977). See also N. Pittenger, 'Suffering and love', *Expository Times* 85 (1973-4), pp 19-22.
- 20 E.g. in the latter part of the 'Preface to the Wittenberg edition of Luther's German writings' (*Luther's Works* 34 [Muhlenberg: Philadelphia 1960] pp 286-7).
- 21 Unless John Osborne is right in the importance he attaches to the state of Luther's internal organs!
- 22 MacNutt, ch 4-5.
- 23 Linn, pp 2-3.
- 24 A phrase, I think from Luther, which became the title of a book by J. Moltmann (SCM: London 1974).
- 25 G. B. Caird, *A Commentary on the Revelation of St John the Divine* (Black: London 1966) p 263. Cf. W. Hendriksen, *More than Conquerors* (Tyndale: London 1962) pp 197-8.