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Inner Healing Prayer in "Spirit-Filled" Christianity

Fernando L. Garzon



Within the past 100 years, "spirit-filled" Christianity has grown from an embryonic revival meeting in Azusa Street, in Los Angeles, California, into an estimated half billion "believers" worldwide (Synan, 2001). The Spirit-filled movement emphasizes encountering God through the Holy Spirit in a personal and often dramatic way. These encounters frequently lead to self-reports of healings, glossolalia (speaking in tongues), prophecy, and miracles. Such "gifts of the Spirit" can happen in individual and corporate settings.

"Spirit-filled" Christianity encompasses several coevolving forms of Christianity (Miller, 1997). The early revivals (such as Azusa Street, mentioned above) led to numerous denominations (e.g., Assemblies of God, Pentecostal, Church of God, Church of God in Christ), which remain today. The 1960s and 1970s "charismatic movement" introduced Spirit-filled experiences into mainline Protestant, Roman Catholic, and Eastern Orthodox churches. "Third Wave" adherents are currently establishing independent churches and quasi-institutional structures. Syncretistic groups found in developing nations are blending this form of Christianity with their culture (Hollenweger, 1997).

Poloma (2003) notes that what connects this apparent diversity is "not a single leader, institution, or doctrine, but rather its worldview" (pp. 20–21). The mix of theologies and cultural traditions embraces an experientially centered "core spirituality," as described in Albrecht (1999):

In asserting an underlying spirituality, I understand that each "species" of Pentecostalism has a particular type of Pentecostal spirituality. However, I do believe that amidst the many Pentecostal spiritualities there is a core spirituality, an experience in and of the Spirit that unifies the vast variety. The core . . . mixes with many theologies, traditions, and cultures to produce a wide range of types of Pent/Char spirituality. (pp. 28–29)

Thus, although identifying common characteristics of all Spirit-filled constituents is a dubious endeavor, a shared transcendent worldview can be noted that "is a curious blend of premodern miracles, modern technology, and postmodern mysticism in which the natural merges with the supernatural" (Poloma, 2003, p. 22). A tendency toward fundamentalist dogmatism can be observed, but "the belief in and experience of a creative Spirit who is with the Word [the Bible] appears even stronger" (Poloma, 2003, p. 22). This chapter introduces the reader to Christian inner healing prayer (CIHP), an outgrowth of the Spirit-filled movement.

❖ THE DEVELOPMENT OF INNER HEALING PRAYER IN SPIRIT-FILLED CHRISTIANITY

The curious blend of premodern, modern, and postmodern elements in the Spirit-filled worldview has led to a holistic perspective on healing. Healing involves a deepening of one's relationship with God, out of which flows the secondary benefits of improved physical and emotional health (Csordas, 1988). Repentance and receiving God's forgiveness begin this spiritual perspective on healing, and extending forgiveness toward others deepens the process, permitting a greater outflow of spiritual reality into the physical and emotional realms.

A major aspect of CIHP is to facilitate Christ's presence as restorer and healer in the forgiveness process, especially when someone has experienced deep emotional wounds (J. L. Sandford & M. Sandford, 1992). Although much more scholarly work has explored the sometimes dramatic Spirit-filled deliverance-type interventions that "battle the demonic," little has been written on CIHP as the predominantly quiet alternative to such demonstrative healing strategies.

CIHP focuses on loving a needy soul to health through attentive listening, comfort, a supportive relationship, and petitioning the Divine to enter into the sufferer's pain. Hurding (1995) defines CIHP more specifically as "a range of 'journey back' methodologies that seek under the Holy Spirit's leading to uncover personal, familial, and ancestral experiences that are thought to contribute to the troubled present" (p. 297). Some forms of CIHP focus more specifically on childhood or traumatic memories and are sometimes interchangeably referred to as "healing of memory prayers." These CIHP types are "designed to facilitate the client's ability to process affectively painful memories through vividly recalling these memories and asking for the presence of Christ (or God) to minister in the midst of this pain" (Garzon & Burkett, 2002, p. 43).

CIHP can lead to a variety of client sense experiences. When effective, many clients experience powerful visual imagery; others sense a deep peace or the presence of Christ where pain once dwelled; and still others may hear the "still, small voice of the Spirit" speaking to them about their troubles.

❖ HISTORICAL BACKGROUND

In addition to its birth in the current Spirit-filled Christian movement, one might conceptualize CIHP as a recent seed planted in 2,000 years of contemplative Christian meditative prayer soil. Yet CIHP has clear differences that make it distinctive from the Christian contemplative tradition. CIHP considers current psychological findings regarding the effects of trauma, environmental deprivation, and neglect as much as the traditional concepts of sin, the fallen nature, and the demonic as precursors to soul distress. Indeed, contemporary understandings and traditional church teachings are interwoven into a conceptual framework that is acceptable to many in the Spirit-filled community (Poloma, 2003).

❖ THE MODERN HISTORY OF CIHP

The seed of CIHP sprouted in the 1950s through the ministry and writings of a Spirit-filled Episcopalian woman named Agnes Sanford. Sanford (1947/1972) theorized that just as natural laws regulate the physical world, spiritual laws regulate the realm of prayer. One might do experimentation to learn the spiritual laws governing prayer just as one might do experimentation to learn natural laws governing the physical world. Her experiments led to an appreciation for the roles of love and forgiveness as components of healing. Sometimes, she found that having the distressed person engage in imagery or visualization during prayer was helpful in deepening the prayer's impact.

Sanford's (1947/1972) writings began influencing pastors and caregivers from a variety of Christian traditions. Many apprenticed under her ministry and were eventually labeled as "inner healers." Ministers such as Francis MacNutt (1977/1999), Ruth Carter Stapleton (1976), and John and Paula Sandford (1982; see also J. L. Sandford & M. Sandford, 1992) crafted their own systems of CIHP from principles found in Agnes Sanford's writings. Other leaders have emerged as a third generation in the ongoing development of CIHP. These include pastoral counselors (e.g., Payne, 1991, 1995; Seamands, 1985), clinical psychologists (Tan, 1996), and most recently Ed Smith's (2002) theophostic prayer ministry (TPM).

❖ A SAMPLE INNER HEALING PRAYER FORM: THEOPHOSTIC PRAYER MINISTRY

Smith combined two Greek words, *theos* for "God" and *phos* for "light," in order to create a unique name for his approach. TPM, according to Smith (2002), helps God to "shine his light" into the wounds of those who are hurting. He has developed extensive training materials, which include a basic training manual with its accompanying audio/video course, a manual written to prepare clients to receive TPM, an advanced training seminar, and two weeklong "internships" of apprenticeship training.

TPM's particular approach conceptualizes a client's emotional distress as arising from maladaptive core beliefs ("lies") developed from painful experiences in childhood. The approach theorizes that for healing to occur, the original source of the pain must be discovered; the lies developed there must be identified; and Jesus must reveal His truth to the client in that place of pain, thereby dispelling the lies developed there. In some ways, TPM resembles adaptations of cognitive therapy for trauma-based or personality-disordered conditions (see, e.g., Young, Klosko, & Weishaar's 2003 experiential strategies for cognitive restructuring); however, TPM diverges greatly from such treatments in how the actual cognitive restructuring takes place (Garzon & Burkett, 2002). Therapist and client do not collaborate to restructure the lie (cognition) in the memory; rather, petition is made for Jesus to come and do this.

To begin the typical prayer ministry, a client is normally oriented to the approach through verbal preparation during the first session, listening to an introductory audiotope, and reviewing a written client manual for homework. The TPM practitioner invites the client to discuss current difficulties and aspects of his or her personal background. Probes and reflections explore client affect, and the practitioner attends to emotionally laden key words or phrases that may indicate the presence of lies. When the timing appears right, an affect bridge technique ensues in which the client is asked to drift to the place where the salient

emotions originated. The initiation of this drift might take the form of a prayer, such as, "Lord Jesus, would You take Jane to the source and origin of this pain?"

One or more memories usually surface at this point. For simplicity in this brief description, let us assume that one memory has surfaced. The lies in this memory are carefully identified, and as the "lies assessment" ends, an exposure protocol of sorts ensues. In this "protocol," the client is requested to repeat mentally the lies identified, not resisting them but rather experiencing the full affective effects of their presence. When the client appears to be doing this, the practitioner asks Jesus to come and reveal truth to the client in whatever way He chooses. This petition is made in as nondirective a fashion as possible, so that any imagery or other sense experiences that surface have not been suggested or directed by the practitioner (Smith, 2000a, 2002).

Within a few minutes, the client often perceives Christ's healing presence. This sometimes occurs through visual imagery, a deep sense of peace, hearing Jesus's voice, or in other ways. The client then reevaluates the believability of the previously held lies. If the client reports a sense of peace and calm, the prayer is considered complete. Lack of peace may indicate the presence of other memories linked to the cognition or previously unidentified lies present in the current memory.

What happens if a perception of Christ's healing does not occur right away? In these instances, a search for potential obstacles begins. True to the CIHP application of both traditional church and contemporary psychological constructs, Smith (2000a) notes an ancient and contemporary mixture of such obstacles, including the presence of strong anger, unconfessed sin, dissociation, demonic interference, intellectualizing defenses, and "guardian lies," which are defensive rationalizations that impede the identification of core affects and beliefs.

Concerning demonic interference as a hindrance, Smith (2000a) does not get into dramatic "power encounters" typical of some deliverance interventions. Rather, the goal, like that of most CIHP strategies, is to quiet any disturbance appearing as demonic. TPM then focuses on any lie-based avenues that have opened the door to such "manifestations." As noted above, Smith is aware of dissociative disorders. It should also be noted that Smith (2000a) does assert that one does not have to believe in the demonic to apply his method successfully in most cases. After any obstacles are addressed, Christ is again petitioned to reveal His truth. Following a sense of peace, prayer for the Lord's blessing and affirmation of the client are made.

❖ SAMPLE CASE OF CIHP USING TPM

A large exploratory survey (Garzon & Poloma, 2003) and 16 outcomes-based case studies (Garzon, in press) suggest the merits of a randomized controlled group trial

of TPM on appropriately religious clients. Accordingly, therefore, the sample CIHP case will use this approach. The deidentified case took place in a Spirit-filled North American church's lay ministry setting. The lay ministers were a married couple supervised by a licensed mental health professional. They have received basic and advanced training in TPM and have well over 100 hours of TPM experience.

Evelyn is a 40-year-old white woman who came for ministry seeking alleviation of sexual intercourse difficulties with her husband of 5 years. These problems surfaced within a few months of getting married. During intercourse, she would sexually shut down secondary to flashbacks of childhood sexual abuse and anxiety. To cope, Evelyn has tried combining prayer with self-talk (e.g., "I know that this is my husband so this is OK . . . I am pure in Your [God's] sight so it is OK . . . please help me, Lord."). These coping strategies made physical intimacy tolerable for the first couple of years, but eventually they no longer assisted her. The subsequent stress and marital difficulties have led to recent threats of divorce, which overwhelmed Evelyn. Diagnostically, she might be diagnosed with post-traumatic stress disorder, latent onset, resulting in sexual difficulties.

Evelyn was the youngest of three children, with a sister 2 years older and a brother 4 years older. During her childhood, her parents (still currently married after 45 years) were "always arguing." She viewed her mother as loving, nurturing, and supportive but saw her father as "controlling and very critical." She did, however, have other men in her life (uncles) whom she perceived as more supportive.

Sadly, however, one uncle was not trustworthy. When Evelyn was in the fifth grade, this uncle sexually abused her four times. The first three incidents involved fondling and petting, and the last incident led to more full genital contact.

Evelyn was "saved" at age 12, but she retrospectively reports feeling "too dirty" for God. In the sixth grade, she started "rebellious," perhaps in response to her father's criticisms and her abuse experiences. As she got into junior and senior high school, arguments with her father were frequent. She eventually began using drugs, drinking, and having sex with her boyfriends. She managed to keep her grades up, which enabled her to hide these behaviors until she could find a way to leave the home. She moved out in her junior year and began working at a restaurant as a waitress.

When Evelyn was 28, her sister-in-law shared the Gospel with her, and she recommitted her life to Christ. She started attending a Spirit-filled nondenominational church and stopped drinking and doing recreational drugs. She continued growing in her renewed faith and eventually met her future husband in the church environment. After a 6-month dating period, they got married. Although her husband was aware of her past sexual abuse experiences, Evelyn did not share with him about the flashback and anxiety symptoms. As noted, the flashbacks became noticeably worse about 2 years into the marriage. Evelyn's husband's lack of understanding about her sexual difficulties caused her to feel revictimized.

Prior to the first session, the lay ministers did an intake interview and discussed the information with the licensed mental health professional who supervises their work. Evelyn was given a tape describing TPM as well as a manual (Smith, 2000b) designed to help orient persons considering this prayer ministry.

To permit a comfortable reading of Evelyn's treatment, the first session will be described in detail below, with the first-person *we* representing the lay ministry couple. The narrative elements were reconstructed on the basis of an interview done with the lay ministers, an examination of their notes, and a discussion with Evelyn. A more detailed account of Evelyn's treatment experience can be found in Garzon (in press). The material presented in this chapter has been used with permission.

During the first prayer session, Evelyn tearfully shared about the abuse and her current marital anguish. We empathized with her experience and built a solid "therapeutic alliance." We then asked the Lord to take Evelyn where He wanted her to go in her heart that connected with her pain.

Evelyn immediately drifted to the first abuse incident with her uncle. Fear and confusion enveloped the memory picture. She vividly described the scene of being an 11-year-old playing alone in the living room when her Uncle John sat down beside her and eventually began fondling her. She verbalized confusion, shame, and embarrassment, wondering also if he was going to stop. We explored the lies she believed around these feelings, which were, "I did something to provoke this. It is my fault. . . . It is my fault because it continued and it had to be kept a secret—I should have told [my parents] anyway."

"Lord Jesus, would you reveal your truth about these beliefs, or take Evelyn wherever else you want her to go?" we prayed. Evelyn drifted to the final abuse experience, when her uncle asked her parents if she could go up north with him and his wife to his cabin.

"What are you feeling, Evelyn?"

"Fear and dread."

"Help us understand the thoughts that go with this fear and dread."

"I'm angry at my parents for sending me up here. I'm angry at me, too, for not telling them what was going on." As we continued processing these feelings, she drifted without prompting to a visual image of bedtime at the cabin. Tears streamed down her face as she recounted the sexual violation. Our hearts wept for her as we periodically let her know of our presence and quietly prayed, waiting for the right time to invite the Lord's presence.

At this time, Evelyn asked a profound question that sometimes surfaces in ministry to sexual abuse victims. "Why didn't Jesus stop this? Why did He let it go on?" Knowing better than to naively try to answer such an agonizing question, we lifted it up to the Lord instead.

"Lord Jesus, why didn't You stop it?"

"Evelyn," we cautioned, "don't try to 'figure out' an answer, just listen with your heart and see if you get a sense of a response. If nothing happens, that's okay; we'll deal with that, too."

"Jesus is trying to tell me that He cared, He was there. It was not my fault. Man is fallen and sinful, what he [the uncle] did was wrong. I did not know the right thing to do. It was not my fault." Evelyn paused, "I see Jesus wrapping His arms around me [as a little girl]. He's stroking my hair and telling me 'It's OK, you are not dirty.'" Evelyn remained "in Jesus's presence" for several minutes while we silently prayed and gave thanks to God for what He was doing. At the session's end, Evelyn felt much more peaceful and felt as though there was much "revelation truth" revealed in this CIHP session.

Evelyn later reported that after she left the first session, she went home and told her mother about what had happened. The prayer, she noted, had given her the strength to do this. Her mother responded in a supportive manner, and the poisonous family secret was no more. The uncle who had committed this crime had later divorced Evelyn's aunt, so direct family confrontation of him did not take place, but much healing occurred in her parents' petition of her forgiveness for inadvertently allowing the abuse to take place in the first place.

Three more 2-hour prayer sessions were done with Evelyn. In these, further prayer processing of her abuse experiences occurred, as well as receiving "the Lord's truth" regarding painful memories of her dad's hypercriticalness. After her second session, she reported having intercourse with her husband without experiencing any flashbacks or anxiety. She stated that she was actually enjoying the experience now.

❖ FOLLOW-UP AND CASE COMMENTARY

At the time of this chapter's writing, it has been a year and a half since Evelyn received CIHP in the form of TPM. She continues to report a normal, enjoyable marital sex life and attributes this outcome to the healing she received through TPM. Her husband likewise confirms these results.

Consistent with the transcendent worldview of Spirit-filled Christianity, Evelyn attributes her healing of sexual dysfunction and posttraumatic stress symptoms to the "now," living, personal "revelation truths" that she received from Jesus. Her experience highlights the experiential encounter with the Divine that forms the core spirituality linking subtypes of Spirit-filled Christianity and their ministry strategies. Evelyn's spirituality was deepened through these intensely personal encounters, which she believed were from Christ, so emotional healing was a "natural supernatural" consequence of these experiences.

❖ IMPLICATIONS FOR PSYCHOTHERAPISTS

The explosive growth of Spirit-filled Christianity makes it likely that clinicians will at some time encounter these adherents as patients. Understanding the Spirit-filled worldview and "divine encounter" healing strategies these patients frequently pursue can enhance the ability to establish a working therapeutic alliance. Often, these clients will assume that the therapist takes a secularized, pathologizing stance toward religious phenomena the client regards as deeply meaningful. Accordingly, the patient will be very reluctant to share these experiences unless genuine openness, acceptance, and desire to hear about the spiritual part of their life are expressly conveyed (Richards & Bergin, 1997). Taking this religiously sensitive stance will greatly enhance the therapeutic alliance with this population.

Should the client have experienced CIHP, assessment should be made as to whether this was a positive or negative experience. Evelyn's case above highlights how profound a positive experience can be; however, negative experiences can have opposite consequences. For example, patients who did not experience a meaningful encounter with Jesus might be left with the question of "Why didn't God speak to me?" (Langberg, 1997). Understanding the CIHP outcome for a patient can inform the sensitive development of a treatment plan that incorporates awareness of this religious coping resource or sensitive explorations of disappointments in this area as well.

CIHP's explicitly spiritual focus may make it an appropriate adjunctive intervention to consider for some Spirit-filled Christian clients. Of course, thorough religious assessment, therapist competency, familiarity with the Spirit-filled Christian population, and informed consent would be needed before making such a decision (see Richards & Bergin, 1997, for an excellent discussion of how to apply these general ethical principles to spiritual interventions in psychotherapeutic treatment). Some are optimistic about the possibilities of using CIHP in a clinically and ethically sensitive manner, such as Tan (1996), whereas others are more pessimistic (e.g., Entwistle, 2004). Tan (1996) notes, "Inner healing prayer is particularly relevant in situations where the client has suffered . . . childhood traumas . . . sexual and physical abuse, rejection, abandonment [and other injuries] . . . that are still unresolved and very painful emotionally" (p. 371). Similar to the CIHP form used in the case example (TPM), Tan (1996) recommends a nondirective manner in which the therapist does not emphasize guiding any imagery that surfaces or "scripting" the patient's interaction with God. This nondirective manner may also provide a safeguard against iatrogenic injury or false memory syndrome. Richards and Bergin (1997) note diagnostic concerns for general spiritual interventions that are appropriate for those considering using CIHP. Delusional or psychotically disordered clients are not good candidates for

such interventions. CIHP has been applied to patients with dissociative conditions (Garzon & Poloma, 2003); however, thorough training both in clinical treatment and CIHP are strongly recommended when considering such a strategy. Some CIHP forms offer specialized training for incorporating this resource with such complex conditions.

Should the patient indicate that he or she has begun to see a lay minister or pastor for inner healing prayer during treatment, periodically checking to see how the experience is being assimilated will be very useful. Sometimes church lay ministers collaborate with Christian mental health professionals so as to prevent the lay ministers from working with people whose problems are above their training level (Tan, 1991); however, this ideal is not always attained. Obtaining client consent to communicate with the lay minister or pastor will maximize the clinician's ability to assess the benefit to the client of adding this adjunctive treatment.

Whatever a clinician's stance regarding the potential place of CIHP in psychological treatment, knowledge of its increasing practice among Spirit-filled Christians can aid in treating this population. Empathic understanding of these patients' worldview can enhance the therapeutic alliance, facilitate assessment, and open the door to considering valuable religious coping resources that may otherwise have been missed in psychological treatment. Let us seek to learn from these clients who seek transforming healing encounters with God.

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Islam, Divinity, and
Spiritual Healing*Qulsoom Inayat*

The belief that there is a spiritual aspect to human personality is shared by most of the world's religions. This commonly held notion, however, has been understood and expressed in a variety of ways by the different traditions. Such differences may reflect substantial differences in meanings between sets of concepts, problems of translation, as well as historical changes in the meanings of words. Religion and spirituality are key to understanding the notion of healing in Islam. Islamic spiritual healers inherited the methods that God's messengers were using, and from one generation to another they have practiced these methods up to the present time. In the Islamic tradition, healers use both medicinal remedies and spiritual means. The spiritual techniques follow principles that utilize the patient's latent energy and power contained in devotions, supplications, and meditations of the prophets, messengers, and wise men of God.

According to Witmer and Sweeney (1992), spirituality is the core unifying process that provides direction and meaning in life, whereas religion, argues Wong (1998), is one manifestation of spirituality, and as a cultural phenomenon it also includes societal institutions, shared beliefs, symbols, and rituals. More