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The Value of Healing Prayer in Childhood Sexual Abuse Recovery

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Abstract

Childhood sexual abuse inflicts severe emotional and spiritual wounds upon its innocent victims. Clinical therapists and theological ministers have historically distrusted each other and blamed one another for inflicting more wounds upon the participants. In the past few years, secular therapists have begun to recognize the benefit of incorporating spirituality within the clinical setting. Ministries have also begun to recognize the scientific value of psychology as the study of how people develop, think, and respond. This paper explores the wounds created by childhood sexual abuse and studies the past and current relationship between therapy and spirituality. It reviews research on the effects of prayer for the healing of emotions, and surveys effective models of healing prayer.

The Value of Healing Prayer in Sexual Abuse Recovery

This paper will explore the devastating effects of childhood sexual abuse (CSA) upon its innocent victims and review the past and current relationship between clinical therapies and theologically based healing prayer ministries. Both groups have much to learn from each other. Although there is very little empirical research available documenting the benefits of prayer for the healing of emotions, much antidotal evidence exists. This paper will also survey many of the prominent healing prayer ministries available today and highlight specific elements of each which may be beneficial in the recovery of CSA survivors.

The Effects of Childhood Sexual Abuse

Browne and Finkelhor (as cited by Lurigio, Jones, & Smith, 1995) report that 20 to 40 percent of CSA victims experience psychiatric problems immediately after the abuse. Ball (1999) reports that the statistics for the frequency of sexual abuse range from 40 percent of girls and 30 percent of boys, to 60 and 45 percent respectively. Children who are abused suffer an increased incidence of anxiety, posttraumatic stress disorder, low self-esteem, physical medical abnormalities, aggression, poor social functioning, and hyperactivity (Hyde & DeLamater, 2006). Children who are sexually abused often fail to learn appropriate sexual expression, experience an extreme sense of betrayal by their abusers and significant figures who failed to prevent the abuse, and feel contaminated and powerless (Lurigio et al., 1995). These difficulties deepen and continue to cause emotional and relational distress into adult life including difficulty with intimacy, maintaining a victim mentality which increases the likelihood of future victimization, and an excessive need to control situations and others (Comiskey, 1996).

Hyde and DeLamater (2006) report that the victim will suffer more severe effects from the abuse if the abuser was a family member, if the abuse was frequent or occurred over a long

period of time, and if the abuse involved vaginal, oral, or anal penetration. Comiskey (1996) notes that the more significant the relationship between the victim and the abuser, the greater the violation of trust and emotional harm. He states that repeated abuse is far more damaging than a one time occurrence as the victim may become accustomed to the abuse and may view it as a normal part of life. Comiskey also reports that abuse has a more serious effect on a younger victim whose personality and worldview is still being formed compared to an older individual. He notes another important factor is the response of family members to the abuse. If the family denies the abuse, blames the victim, or covers it up; the victim is often forced to live with continued abuse and suffer alone.

Adults who have been abused as children often face sexual dysfunction ranging from a disinterest in sex or difficulty becoming aroused, to sexual preoccupation (Hyde & DeLamater, 2006). Adults who suffered sexual abuse as children present significantly more symptoms of anxiety, depression, panic disorders, eating disorders, and substance abuse than adults who were not abused. They also suffer from a higher incidence of obsessive compulsive disorder, dissociative symptoms, somatic distress, and those who have been ritualistically abused may suffer from Dissociative Identity Disorder (Lurigio et al., 1995).

Dissociative Identity Disorder (DID) is one of the more severe symptoms of CSA. Ball (1999) cites Ross who describes DID as “a little girl imagining the abuse is happening to someone else… The imagining is so intense… the abused child experiences dissociated aspects of herself as other people” (p.2). Although dissociation has been recognized as far back as Freud’s time, it has only recently begun to be accepted into the mainstream therapeutic community with its inclusion into the DSM-III in 1980 and remains controversial today. Gold (2000) seems hesitant to acknowledge DID as a commonly occurring symptom of CSA and

cautions against its over-diagnosis. "My impression is that… forms of dissociation at the extreme end of the dissociative spectrum such as Dissociative Identity Disorder… are over-diagnosed, while more subtle varieties of dissociative experience may go undetected" (p. 157-158). Hunter (1995) is much more open to the reality of DID and writes the following:

> If the child is being abused over a long period of time and has developed to a fine degree the ability to dissociate, or split off parts of the self, then it becomes obvious that there could be any combination of DSM-III-R character pathology, as well as any level of functioning. The model for this would be a classic case of MPD in which different characterological traits, pathology, or developmental stages can be observed in different personalities. (p. 88)

Although this author agrees that the therapist must resist the temptation to become overzealous in the pursuit of DID to the point of developing tunnel vision, neglecting to investigate a potential diagnosis would prevent the client suffering DID from receiving the help that he/she desperately needs. However, it is important to be aware of a "dissociation continuum". Not all persons who have experienced CSA have dissociated to the point of having separate personalities. Many have experienced fragmentation in parts of their hearts and have simply cut off and encapsulated the wounded child deep within their souls. Others have simply learned to "check out" and engage in daydreaming to avoid dealing with unpleasant memories.

CSA survivors are often afflicted with distorted cognitions, addictions, and self-injurious behavior (Ball, 1999; Gold, 2000; Hunter, 1995). Ball (1999) observes that abuse victims frequently "alternate between emotionally 'obsessing' on what happened… and then shutting down emotionally, at which point she may report 'feeling' nothing at all" (p. 13). It is often confusing for the acquaintances of the abuse survivors who watch their loved ones alternate

between becoming so overwhelmed by traumatic memories and feelings that they simply numb out, and then wanting so desperately to feel that they inflict bodily harm upon themselves or recreate the very experience they say they want healing from. Hunter (1995) explains:

> Addiction is often a tool both to numb out when beginning to think and feel and to experience highs that allow people to know they are still alive and human when feelings of depersonalization, numbness, emptiness, and physical and emotional analgesia pervade (p. 44).

CSA survivors who profess a belief in Jesus Christ and identify themselves as “Born Again believers” often have additional obstacles to overcome (Comiskey, 1996; Smith, 1996/2005). They may experience extreme guilt and a sense that they are spiritually inferior because they continue to wrestle with the effects of CSA even after professing a belief in Jesus Christ. Because of their Christian value system, survivors frequently experience disproportionate guilt when struggling with addictive, sinful, or self-injurious behaviors (Hall, Dixon, & Mauzey, 2004). Transference is an additional problem in the Christian community as survivors impute to God the characteristics of their earthly mother or father. Frank (1993/1995) explains:

> I had looked at God as a critical parent, assuming that He was never quite satisfied with my effort and that He was watching, waiting just to trip me up. When I failed in some way, I dreaded the punishment that I knew would come. I had difficulty accepting God’s forgiveness and was convinced that I had to pay some type of penance first. (p. 45)

Regardless of the therapist’s religious orientation and belief, it is critical that the client’s spiritual conflicts be address during therapy in a way that upholds the healthy aspects the client’s belief system.

The Union of Spirituality and Therapy

The relationship between theology and traditional therapy has been tumultuous since Freud's era (Zinnbauer & Pargament, 2000). This author has personally heard numerous fundamentalist and Pentecostal preachers condemn the "evils" of psychology and cite such Scriptures as, "Forgetting those things which are behind and reaching forward to those things which are ahead, I press toward the goal for the prize of the upward call of God in Christ Jesus" Philippians 3:13b-14 (New King James Version), and "Therefore, if anyone [is] in Christ, [he] [is] a new creation; old things have passed away; behold, all things have become new" 2 Corinthians 5:17 (New King James Version). These Scriptures are erroneously used to support the preacher's idea that Christians should not spend their time dealing with past wounds, but simply "put them under the blood and follow Jesus". This author was surprised to hear a nationally known Christian speaker on pornography addiction boldly proclaim during his seminar, "Don't worry about your past wounds or triggers, just find out what the Bible says and do it!" (Gallager, 2001). Unfortunately, this narrow view of God's healing power reinforces the false belief in many CSA survivors that there is something spiritually wrong with them because they are still struggling with wounds from the past.

Many secular therapists have been equally closed minded about the benefits of spirituality upon emotional health and frequently view religious expression as "more closely related to pathology than to health" (Wolf & Stevens, 2001, p. 68). Additionally, psychology has viewed itself as a scientific entity with the focus being on the "empirical and observable" (p.68). Researchers have historically been unwilling to consider the benefits or effects of components that cannot be scientifically measured, calculated, or documented. Many therapists experience operational barriers to the inclusion of spirituality within therapy. Wolf and Stevens note that

many have the perception that spiritual issues should only be discussed with religious leaders and others have personal biases against religion. Hall, et al. (2004) cite research indicating that although 70 percent of counselors queried were willing to include spirituality in their sessions, 78 percent attended educational facilities that did not offer courses addressing spiritual issues and many believed themselves to lack the necessary training for such matters.

Attitudes toward spirituality within the secular therapeutic community do appear to be changing. Hall, et al. (2004) call for additional research on the benefits of spirituality on mental heath and conclude that "scientific evidence clearly indicates that involvement in religion or religious activities may be of benefit to both mental and physical health" (p. 507). Wolf and Stevens (2001) note that religious institutions can provide support to clients, their partners, and their families while providing an opportunity to experience bonding through participation in spiritual activities. Zinnbauer and Pargament (2000) write that the potential is high that the therapist and client may experience conflict in the realm of spirituality, religion, and therapy. They evaluated four common treatment styles when dealing with spirituality. The *rejectionist* denies the reality of God and may describe religion as "defensive primitive idealization and longing for an omnipotent caregiver" (p. 4). The *exclusivist* believes that God and absolute values grounded in Scripture exist and that the counselor and the client must share the same worldview in order for the therapy to be effective. The *constructivist* approach denies the existence of absolute reality and believes that individuals construct their own personal realities. The *pluralist* operates with the belief that there is an absolute reality, but allows for various interpretations of that reality. Zinnbauer and Pargament advocate the constructivist and the pluralist therapeutic models noting that both allow for a wide variety of worldviews and religious beliefs and may be more equipped to navigate through them in a more respectful way. They

point out that therapists who work with religious clients must include an assessment of the client's spirituality during the intake process. They also advise counselors to avoid functioning outside of their area of competence, and to seek additional education regarding the specific religion of their clients when they are unfamiliar with them. Therapists must be cognizant of their own value systems and seek appropriate supervision and accountability to avoid potential value conflicts. It is important for the counselor to maintain an open communication with his/her clients in order for the client to consent to the prescribed method of treatment.

Several pioneers of healing prayer, or prayer for the healing of the emotions, have successfully integrated psychology and spirituality. Among them are John and Paula Sanford, Francis MacNutt, David Seamonds, Leanne Payne (Garzon & Burkett, 2002), and Andy Comiskey (1996). Many other healing prayer ministers use models that are almost identical to recognized therapeutic techniques. Ed Smith (1996/2005), who developed *Theophostic Prayer Ministry*; and Chester and Betsy Kylstra (2001), creators of *Restoring the Foundations* prayer ministry, both use prayer models mirroring Cognitive Behavioral Therapy. Comiskey's *Living Waters* program uses a technique similar to the psychodynamic model whereby the client's family structure, personal perceptions, and responses to his/her environment while growing up are all examined in order to bring about emotional and sexual healing. These and other ministries are specifically grounded in Scripture, while recognizing the value of psychology as the scientific study of how humans think, react, and develop. They also recognize that humans were created by God as body, soul, and spirit beings. Although the spirit man is made new immediately upon salvation, the mind (a part of the soul, along with the will and emotions) is renewed throughout the believer's life through the process of sanctification. It is in the soul that the wounds and voids requiring emotional healing reside (Smith, 1996/2005). This more

balanced approach to emotional and spiritual healing allows Christians to understand why they may continue to struggle with past trauma and resulting symptoms even after professing a deep belief in Jesus Christ and following Biblical teachings faithfully. False guilt and increased shame suffered by so many Christian survivors are effectively reduced.

Studies have confirmed the positive benefits of including spirituality in both physical and mental health. Ball (1999) cites research by Benor who reviewed 131 studies on "the effects of prayer on enzymes, cells, yeasts, bacteria, plants, animals, and humans" (p. 5) and found that 77 studies indicated positive results. Ball also cites a double-blind study by Christian cardiologist Byrd who researched the effects of prayer on 192 cardiac patients compared to the control group of 201 patients who did not receive prayer. Neither the patients, nor the medical staff knew which group the participants were in. Byrd reported that those who received prayer experienced significantly better recovery. They were five times less likely to require antibiotics, three times less likely to develop pulmonary edema, and none required the insertion of an artificial airway. Twelve patients in the control group required the airway.

Little empirical research has been prior to the late 1990's on the effects of healing prayer on emotional recovery; however, new research appears to be promising. Poloma and Hoelter (1998) studied 918 self-reporting surveys submitted by people who had visited the Toronto Airport Christian Fellowship (TACF) and participated in the "Toronto Blessing", an experience said to be characterized by manifestations, healings, and varied emotional experiences. They found that prayer was significantly correlated to manifestations, meaning that those who received the most prayer were also most likely to experience the most intense bodily manifestations. Experiencing manifestations was positively correlated to a positive affect; while ritual, receiving prayer, was negatively related to positive affect. The authors surmised that those who were

already experiencing a positive affect may feel less need to ask others to pray for them, and may be more likely to pray on their own. Poloma & Hoelter found that positive emotions, bodily manifestations, and prayer (in that order of significance) were positively correlated to a report of spiritual healing. Positive emotions, manifestations, and spiritual healings were all independently related to inner healing. "The hypothesis that spiritual healing… should be strongly associated with inner healing… was supported" (p. 268). Reports of spiritual healings were positively correlated to receiving healing from a mental disorder, and a physical healing. Poloma and Hoelter write that their investigation confirms the benefit of a holistic model of Christian healing, and state that a relationship with the Creator must be in order prior to the reception of other forms of healing. They note that 91% of the respondents identify "coming to know 'the Father's love in new ways'" (p. 269) as one of the main benefits of the "Toronto Blessing" at TACF.

Healing Prayer Models

Definition of Healing Prayer

Healing prayer in the context of this paper refers to prayer for the healing of emotions. The terms inner healing, healing prayer, and prayer for the healing of emotions are often used interchangeably. Although there are many different healing ministries and healing prayer models, there are several consistencies that are found in most. Forgiveness of self, others, and God are prominent threads in the models proposed by Smith, Payne, Seamonds, Tan (Garzon & Burkett, 2002), Kylstra and Kylstra, Frost, and Comiskey. Most models surveyed ask the client to revisit the traumatic event or the event which originated his/her false belief or wound, and communicate directly with the Lord Jesus Christ in order to receive healing. Some also examine the background of the recipient to identify possible generational sins, iniquities, or curses that

may be in operation in his/her family of origin (Comiskey, 1996; Kylstra & Kylstra, 2001; Smith, 1996/2005). Finally, some healing prayer models address the controversial topic of demonization and demonic oppression which is often present in the lives of CSA survivors (Ball, 1999; Kylstra & Kylstra, 2001; Prince, 1998; Smith, 1996/2005). Various healing prayer models are surveyed and specific aspects that may facilitate healing for those in recovery are highlighted. This list is far from conclusive.

Ed Smith and Theophostic Prayer Ministry

Theophostic Prayer Ministry (TPM) is a healing prayer model that is useful for helping people overcome a wide variety of emotional issues including depression, anxiety, panic disorder, trauma, obsessive compulsive disorder, DID, and CSA (Smith, 1996/2005). The foundational premise of TPM is that emotional difficulties are rooted in lies which the person believes about him/herself. In short, a person believed a lie about him/herself at an early stage in his/her life, and lives as though a filter has been placed over his/her heart which causes him/her to interpret emotional information and life experiences based on the lie. Smith maintains that the lie is usually rooted in the client's own emotional or cognitive misinterpretation of his/her own event(s) which he/she could easily understand if objectively observing another individual. The client may be able to cognitively recognize a realistic answer, but cannot apply that answer to his/her own emotions.

Garzon and Burkett (2002) identify TPM as the most structured of the healing prayer models they have examined. Smith (1996/2005) is adamant that the prayer minister not suggest situations, ask leading questions, or offer his/her own insight to the client. Unlike other healing prayer models, he is absolutely opposed to guided imagery. To begin the TPM session, the minister asks the client to focus on the presenting emotion that he/she is experiencing and then

asks the Holy Spirit to take the person back in his/her memories to the first time the person experienced the same emotion. As the person revisits the source and origin of the negative emotion, the minister asks the Lord to reveal the lie that was believed during the event. As the client concentrates on the negative emotion and the lie, the minister asks the Lord to speak the truth to counteract the lie. Because the client hears the Holy Spirit speak the truth while remembering the source and origin of the lie, the truth moves beyond the cognitive realm into the emotional realm. Through this healing, current life situations no longer have the power to trigger the negative emotions caused by the lie and the client is better able to respond appropriately to the situation.

A simple example of TPM would be a CSA survivor who feels dirty when she has legitimate sex with her husband. She begins to understand that the first time she felt dirty while having sex was when she was sexually abused by her adult neighbor at the age of four. It was then that the lie was planted that "Sex is dirty, and I am dirty because I didn't stop the man from having sex with me." As the prayer minister asks the Holy Spirit to speak the truth, the client receives the truth from the Lord in a way that is meaningful to her. It may include such simple truths as, "You couldn't stop him because you were only four," or "You didn't want him to do it." Prior to the prayer, the client often understood the truth intellectually, but it has now moved into a heartfelt understanding since the truth was spoken by the Holy Spirit and was able to access the client's soul. She is now able to experience sex more freely with her husband because she is no longer bound by the lie that she is dirty because she did not stop the neighbor from sexually abusing her.

TPM is extremely effective in helping the client receive healing from traumatic events, personal misperceptions, and his/her own sinful reaction to the sins committed against him/her

(Smith, 1996/2005). It is also highly effective for complex CSA symptoms including addictions, PTSD, and DID (Ball, 1999). An in-depth examination of using TPM in the treatment of DID is beyond the scope of this paper. Although TPM shares many similarities to cognitive-behavioral therapy, it uses a more conversational prayer approach rather than a psychological treatment model or a theological study of Scripture.

Although TPM has simultaneously drawn much praise and criticism Garzon and Poloma (2005) have noted much success. They evaluated 111 responses to a survey distributed at an advanced training seminar presented by Ed Smith and found that a wide variety of people are utilizing TPM including pastors, lay ministers, and psychologists. They write, “Overall, the respondents believe this technique is very effective and have used the prayer ministry in treating a wide variety of disorders including some quite complex” (p. 387). The Christian Research Institute (CRI) (2005) has done an in-depth study of TPM spending many hours in conversation with Smith about his methods and observing TPM sessions. After reviewing the procedure, they have released a 31 page position paper on TPM stating that CRI “detects nothing unbiblical about the core theory and practice of TPM” (p. 1). However, they maintain that they do have some reservations on “Smith’s past teachings on the sin nature, sanctification, and satanic ritual abuse” (p. 1). CRI also states that they do not endorse Smith’s teaching on spiritual warfare.

Garzon (2006) summarized research findings by Teske, a doctorate student at Argosy University/Twin Cities in Minnesota, who performed 13 outcomes-based case studies of individuals who received Theophostic Ministry (TPM) for symptoms including anxiety, depression, and adjustment problems. Ten of the recipients received TPM from licensed therapists, and three received TPM from lay ministers. Recipients were tested prior to receiving TPM, after every ten hours of ministry, at the end of their TPM, and three months following the

prayer ministry. Tests given to the participants included the Symptom Checklist 90-R, the Spiritual Well-Being Scale, and the Dysfunctional Attitude Scale. Clients were asked to complete a satisfaction inventory at the close of TPM. Additionally, the progress of each client was assessed by a licensed mental health professional who did not utilize TPM, nor were they aware of the treatment model used on the participants. These therapists spoke with each client for one-half hour and examined their clinical record. The results of the Symptom Checklist 90-R identified nine participants as recovered, two as improved, one as no change, and one as deteriorated. The scores on the Dysfunctional Attitude Scale dropped indicating that the "depression-causing beliefs" (p.3) of the participants had been reduced, while the scores on the Spiritual Well-Being Scale improved. All 13 of the participants reported that they had benefited from TPM, and 11 reported improved spiritually through the experience. The independent mental health professionals reported that nine showed "very much improvement" while two showed "mild improvement" (p. 4). Garzon states that the results remained consistent during the three month period following TPM, and calls for more research "using true experimental designs" (p. 4).

Leanne Payne and Pastoral Care Ministries

Pastoral Care Ministries (PCM) is one of the original prayer ministries helping men and women to overcome unwanted homosexuality. PCM is also very helpful for CSA survivors and those dealing with severe emotional wounds. Garzon and Burkett (2002) observe that Payne is the least structured of the healing models that they have studied. They identify the key to Payne's approach as her focus on "incarnational reality", or the truth that all Christians have the spirit of Jesus Christ within them who helps them live a healthy life as they relate to "Christ within, the hope of glory" (pp. 44-45). It is the focus on this truth and learning to "abide in Christ" (p. 45)

that allows the Christian to receive healing from past wounds and to live from the center of Jesus alive within his/her heart. PCM's prayer model also focuses heavily on listening prayer whereby the minister and the client both learn to develop the ability to hear the Spirit of God in relation to the client's wounds. This may often manifest as words of wisdom given to the prayer minister which he/she then expresses through prayer. Payne advocates using guided imagery to facilitate healing when necessary.

Payne's prayer model is effective both in individual sessions and large group settings. This author was in attendance at her annual PCM school in Wheaton, IL in 2005. Payne facilitated prayer for the renunciation of sexual idolatry and the cleansing of memories. Payne instructed the participants to allow the illicit images that were afflicting them to arise in their souls and to pass through them into the cross of Christ. She prayed that the Lord would give them a picture that those images were indeed being received by Jesus and removed from their hearts. After the prayer session, Payne asked participants to share the pictures that the Lord had given them and many people gave detailed descriptions of images that the Lord had impressed upon their hearts. During the same conference, one of Payne's associates gave a detailed explanation of how the Lord had healed her of fragmentation that she experienced as a result of CSA. Payne also led a corporate prayer for the renunciation of soul ties and healing from sexual abuse effectively ushering the congregation into the presence of the Lord where He was able to minister to many who had been afflicted for years.

Payne's ministry tends to have a strong scholarly and theological focus, which makes it somewhat difficult for the average reader to understand. Her corporate prayers and the individual prayer provided by her ministry team utilize the listening prayer technique and tend to be directive while allowing the Lord to deliver the specific visualizations needed for each recipient.

Restoring the Foundations

Chester and Betsy Kylstra (2001) are the authors of *Restoring the Foundations* (RTF), a healing prayer model that is almost identical to TPM (Smith, 1996/2005). The manual generally covers the same concepts as Smith's; however, it uses different vocabulary and is much easier to understand. Additionally, RTF focuses on generational sins and curses, soul/spirit hurts, and demonic oppression. The RTF website (n.d.) identifies the four key characteristics of the ministry as 1) The Christ centered nature of the ministry and the truth that His sacrifice on the cross and subsequent resurrection has opened the way for believers to live the life that He ordained for them to live, 2) The prophetic nature of the ministry whereby the minister listens to and hears the voice of the Holy Spirit as He speaks healing words, 3) The ministers pray about every aspect of ministry, and 4) The reliance upon Christ as the "Wonderful Counselor" rather than the human wisdom of the individual minister.

Additional Prayer Ministers

Garzon and Burkett (2002) summarize the prayer ministries of David Seamonds and Siang-Yan Tan. David Seamonds makes a thorough examination of the client's background before choosing the best course of action. The minister then prays directive prayers for the client asking Jesus to communicate to the wounded child within him/her and asks the client to relive significant painful events while describing his/her emotions to the Lord. The therapist actively coaches the client to engage with the Lord as necessary to help him/her process through painful events that he/she may be avoiding. If appropriate, the minister suggests imagery to help the client receive further healing. The session concludes with an exercise in forgiveness of "others, oneself, and God" (p. 44). Siang-Yang Tan combines healing prayer with cognitive behavioral therapy. Tan begins his sessions with prayer and relaxation exercises before asking the client to

relive a past traumatic experience. He then prays and asks the Lord to meet with the client to bring healing in the areas of need. Guided imagery is used as necessary. During a contemplative waiting period, Tan helps the client to report what he/she is feeling and experiencing in order to reinforce the healing. This experience ends with prayer, debriefing, and a discussion of the encounter.

Large Group Prayer Ministries

There are many healing ministries that have effectively integrated theology, psychology, Biblical teaching, and discipleship into healing programs and seminars. Francis MacNutt modified the healing prayer model of the late Agnes Sanford for applications within large group settings (Ball, 1999). Healing prayer minister and pastor, the late John Wimber, founded the Vineyard fellowship out of which came the Toronto Airport Christian Fellowship. John and Paula Sanford founded Elijah House Ministries where participants receive teachings based on Scriptural principals focused on psychological concepts in a large group setting before receiving healing prayer in smaller groups. The central themes throughout their teachings are repentance, confession, and forgiveness (Elijah House, Inc., n.d.).

Desert Stream Ministries (DSM), founded by Andy Comiskey, is a healing ministry which has many curriculums specializing in overcoming sexual and relational issues including homosexuality, sexual addiction, pornography addiction, marital unfaithfulness, transgender issues, difficulty with intimacy, frigidity, incest recovery and CSA recovery. DSM effectively combines theology, psychology, and healing prayer in a format that includes corporate worship, large group teaching and altar ministry, and small group sessions centered on healing prayer. The main focus of DSM is to assist Christians in developing a deeper intimacy with Jesus Christ so that He can repair faulty emotional and spiritual foundations resulting in healthier sexuality.

Living Waters (Comiskey, 1996), DSM's primary healing program, focuses 80 percent on spiritual foundations and 20 percent on boundaries. There is an adaptation of this program for persons 16-25 years old, and an eight-week evangelical version. *Redeemed Lives Ministry*, founded by Mario Bergner, offers a healing program for persons with unwanted same sex attraction similar to DSM's *Living Waters* program, but with a much heavier theological focus. Both Comiskey and Bergner were mentored by Leanne Payne of Pastoral Care Ministries. Comiskey also acknowledges a large influence from John Wimber, founder of the Vineyard Fellowship.

Shiloh Place Ministries (SPM), founded by Jack Frost, is a healing prayer ministry that specializes in empowering Christians to experience a deeper understanding of God's love as they receive healing from wounds inflicted by their earthly parents (Frost, 2002). These wounds frequently cause people to serve God out of fear and obligation rather than love and acceptance. This is a good ministry for people struggling with mother/father wounds, religiously inspired perfectionism, rejection, hopelessness, and spiritual burnout. The focus of SPM is helping Christians learn to develop a Biblical, intimate relationship with God the Father. This author has personally received deep healing from a mother wound during the altar ministry time while attending one of Frost's *Father's Embrace Encounters* in Monroe, MI (Frost, 2004). Frost effectively combines teaching, testimony, directive corporate prayer, and soaking prayer by his prayer team to allow the Holy Spirit to speak to each individual's heart as needed. He frequently references the RTF prayer model authored by the Kylstra's, and the ministry of John and Paula Sanford during his teachings. Frost is a frequent seminar speaker at TACF.

Cleansing Stream Ministries is a very theologically based healing program that may be more accepted by traditional and extremely conservative churches. The theological focus

includes such topics as walking in spiritual alignment, consecration and commitment to Jesus Christ, speaking words of life, and spiritual cleansing (Davis, 1995). The highlight of the *Cleansing Stream* program is a two day retreat which concentrates on prayer to release guilt and shame, condemnation, forgiveness, fear, and anger. One potential drawback of the curriculum is that it is written in such a way that churches bound by legalism can bring an unhealthy focus on the law which has the potential to counteract the healing prayer.

Inner Healing from Demonic Opposition

Many of the prayer ministries previously mentioned confront demonic opposition in the life of the believer through various techniques. Smith (1996/2005) prefers a minimal focus on the demonic believing that as the client receives emotional healing, the open doors (hooks) that allowed the demonic to maintain residence will be dismantled, causing the demonic elements to want to leave that person and find a more suitable host. Other ministries prefer a more structure approach to demonic deliverance. Ball (1999) relates the seven-step approach advocated by Weilert as follows: 1) the client receives substantial healing prayer, 2) a deliverance interview is conducted if the minister suspects that there is a substantial indicator of oppression, 3) discernment of spirits is used to identify the target(s), 4) the client is prepared for deliverance, 5) the actual deliverance occurs, 6) aftercare shifts the focus away from the deliverance toward personal responsibility and spiritual growth, and 7) the person learns to integrate into the Body of Christ. Regardless of the technique employed, the minister must fully believe that they do have God-given authority over the demonic realm. Ball cites Anderson who lists the following four criteria that must be met to establish authority over the demonic: the minister must believe he/she possess adequate authority, an understanding that his/her authority only comes through Christ, God ordained courage and boldness, and a complete reliance on Jesus Christ to fight the battle.

Recognizing and employing the God-given authority in the life of a believer is a powerful tool when integrated into a Christian therapeutic setting.

Conclusion

It is exciting to see that secular therapists are beginning to recognize the value of including spirituality within the clinical setting, and that theological practitioners are better understanding the value of the scientific observations made by psychology. More research needs to be done to understand how secular therapists can best navigate through the spiritual issues faced by many of their clients. Additional scientific research must also be done to verify the positive contributions of healing prayer and healing ministries and to learn how these elements can be applied in secular settings when relevant. Secular therapists, prayer ministers, and clients will all benefit as the former biases which have kept them separated continue to erode.

References

Ball, T. M. (1999). *Prayer for inner healing of memories and deliverance: A primer for churches.* Coldwater, MI: Free Methodist Church.

Ball, T. M. (1999). *Sexual abuse recovery: A primer for churches.* Coldwater, MI: Free Methodist Church.

Ball, T. M. (1999). *Dissociative identity disorder: A primer for churches.* Coldwater, MI: Free Methodist Church.

Comiskey, A. (1996). *Living waters: Sexual and relational wholeness through Christ.* Kansas City, KS: Desert Stream Press.

Davis, T. (1995). *Cleansing stream ministries: Cleansing seminar workbook.* Northridge, CA: Glory Communications International.

Elijah House, Inc. (n.d.). *Elijah House ministry brouchure.* Post Falls, ID: Author.

Frank, J. (1995). *Door of hope.* Nashville, TN: Thomas Nelson, Inc. (Original work published 1993)

Frost, J. (2002). *Experiencing the Father's embrace.* Lake Mary, FL: Charisma House.

Garzon, F. (2006). *Research findings.* Retrieved from http://www.theophostic.com/displaycommon.cfm?an=5: New Creation Publishing, Inc.

Garzon, F., & Burkett, L. (2002). Healing of memories: Models, research, future directions. *Journal of Psychology and Christianity, 21*(4), 42-49.

Garzon, F., & Poloma, M. (2005). Theophostic ministry: Preliminary practitioner survey. *Pastoral Psychology, 53*(5), 387-396.

Gold, S. N. (2000). *Not trauma alone: Therapy for child abuse survivors in family and social context.* New York: Routledge.

Hall, C. R., Dixon, W. A., & Mauzey, E. D. (2004). Spirituality and religion: Implications for counselors. *Journal of Counseling and Development, 82*(4).

Hunter, M. (Ed.). (1995). *Adult survivors of sexual abuse: Treatment innovations.* Thousand Oaks, CA: Sage Publications.

Hyde, J. S., & DeLamater, J. D. (2006). *Understanding Human Sexuality* (9th ed., pp. 424-428). New York: McGraw Hill.

Kylstra, C., & Kylstra, B. (2001). *Restoring the foundations: An integrated approach to healing ministry* (2nd ed.). Santa Rosa Beach, FL: Proclaiming His Word Publications.

Lurigio, A. J., Jones, M., & Smith, B. E. (1995). Child sexual abuse: Its causes, consequences, and implications for probation practice. *Federal Probation, 59*, 69-76.

Miller, E. (2005). *Position paper PST001: An evaluation of Theophostic prayer ministry.* Retrieved from http://www.equip.org/store/topical.asp?Div=Topics&TopID=1193&AS=: Christian Research Institute

Poloma, M. M., & Hoelter, L. F. (1998). The 'Toronto blessing': A holistic model of healing. *Journal for the Scientific Study of Religion, 37*(2), 257-272.

Prince, D. (1998). *They shall expel demons: What you need to know about demons, your invisible enemies.* Grand Rapids, MI: Chosen Books.

Restoring the Foundations Ministries. (n.d.). *What is Restoring the Foundations ministry?* Retrieved from http://www.phw.org/phwrtfm.htm: RTF Ministries

Smith, E. M. (2005). *Theophostic prayer ministry: Basic seminar manual* (3rd ed.). Cambellsville, KY: New Creation Publishing. (Original work published 1996)

Wolf, C. T., & Stevens, P. (2001). Integrating religion and spirituality in marriage and family counseling. *Counseling and Values, 46*(1), 66-75.

Zinnbauer, B. J., & Pargament, K. I. (2000). Working with the sacred: Four approaches to religious and spiritual issues in counseling. *Journal of Counseling and Development, 78*(2), 162-171.