

The Union of Spirituality and Therapy

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Previous issues of the Reconciliation Ministries newsletter have looked at and defined various models of healing prayer including Living Waters, Theophostic ministry, Restoring the Foundations, and Leanne Payne. This month's newsletter examines the union of spirituality and traditional therapy. It also takes a look at the scientific validity of healing prayer. Although relatively little scientific research has been conducted in the realm of prayer, the results are very encouraging.



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). Although it is critical that believers "find out what the Bible says and do it", this limited understanding of God's healing power reinforces the false belief in many Christians 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 health 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 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.

It is also important for Christians to remember the exhortation of Psalm 1:1 “Blessed is the man who does not walk in the counsel of the wicked or stand in the way of sinners” (NIV). Christians should seek a Christian therapist whenever possible. When this is not possible due to financial constraints or other restrictions, it is important to seek a therapist who will honor one’s value system and work within his/her Christian worldview. It is important for pastors and conservative Christians to remember that Jesus came to heal the broken hearted. He is extremely interested in the believer’s emotional health. Scripture exhorts them to put off their old man and to be renewed by the Holy Spirit in their minds (Eph 4:20-24). This is not a one-time event, but a life-long process. Isaiah writes, “‘Come now, let us reason together,’ says the LORD. ‘Though your sins are like scarlet, they shall be as white as snow; though they are red as crimson, they shall be like wool’” (Isa 1:18 NIV) Reasoning implies a conversation and a learned understanding. With that understanding comes an increased ability to live a life where one’s struggles with sin are no longer debilitating, but are now under his/her feet through the power of Jesus Christ. Believers must keep their feet firmly planted upon the Rock.

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.



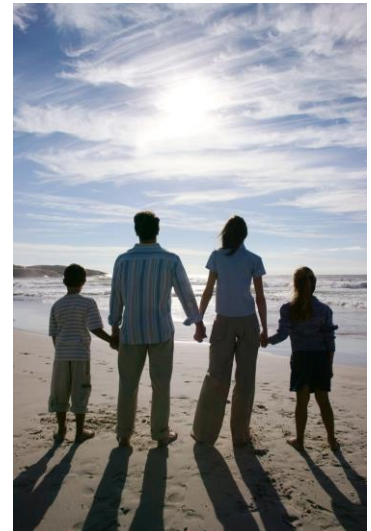
Studies have confirmed the positive benefits of including spirituality in both physical and mental health. Ball (1999) cites research by Benor who reviewed 131 studies on "the effects of prayer on enzymes, cells, yeasts, bacteria, plants, animals, and humans" (p. 5) and found that 77 studies indicated 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.

Although Theophostic prayer ministry (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).



It is encouraging that scientific research has confirmed what many of us who have benefited from prayer ministry have experienced firsthand – that healing prayer works. If you or someone you know needs help, call Reconciliation Ministries at 586.739.5114 and schedule an appointment for prayer ministry. There is no charge for the initial appointment, and rates are reasonable for subsequent appointments. Don't stay isolated in your pain any longer; there are Christian brothers and sisters who are ready to walk with you.

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