

Perceptions of Healing

A Qualitative Study of Christian Healing Ministries in North East England

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Introduction

Christian healing remains a contested and controversial subject. It evokes a range of reactions, from cynicism to claims of the miraculous. It is both mainstream and specialist in nature. It happens on the streets, in homes, and in conventional church buildings. Its enthusiastic proponents see healings as commonplace, where the less certain find them only occasionally. And the notion of healing itself is open to a range of definitions and interpretations.

Our study explored how the issues of healing, and the Christian healing ministry, are perceived by a select and selected group of eight church ministers in North East England. The approach was in-depth and qualitative, using semi-structured face-to-face interviews. The sample of ministers - though small in number - provided a rich and contrasting expression of healing ministries within local church and regional settings.

We did not seek to answer questions of numbers healed or prayed for, nor of how widespread any given practice of the healing ministry might be. We did, however, engage with a varied group of authorised clergy and other Christian ministers, each of whom saw in their vocations a call to seek to minister to the sick and suffering.

In carrying out this study, we were clear that we wished to honour the healing ministries of those we met, but not to do so uncritically. We were struck by the deep sense of commitment to the needs of others demonstrated by all participants. We were also humbled by the lengths to which participants were willing to go (often at notable personal cost) to seek out and serve those in need.

Aim

To identify and describe issues of meaning to ministers of the ecumenical Christian church in NE England in relation to their healing ministry, and to recognise emerging issues.

Research Questions

1. What does healing mean to practitioners, what do they identify as important, and why?
2. What are the challenges and coping strategies adopted by practitioners?
3. What are their experiences of personal support in their ministry and what are their perceived support needs?

The Research

There were eight interviewees. All were ordained church ministers. Purposive sampling was used to obtain interviewees from different denominations, geographical locations (five from north of the River Tyne, three from south of the region), of both sexes (two female, six male), and with differing Church roles. All were either currently practicing healing ministry or had recently practiced. This provided a variety of perspectives upon the healing ministry. Within this framework, interviewees were selected on the basis of convenience.

Anglican (charismatic/evangelical)	2
Anglican ('puritan'/evangelical)	1
Anglican (liberal/catholic)	1
Roman Catholic	1
Methodist	1
Non denominational Free Church	1
Pentecostal	1

Semi-structured interviews offered ministers the freedom to express their own views through personal accounts. Interviews were recorded and transcribed. Transcripts were coded and categorised with reference to the research questions. Each interview was then selectively summarised in relation to the research questions.

Findings from each interview were emailed to respondents for validation. Six of eight interviewees confirmed that findings were a true reflection of their views; two did not reply. On this basis, findings claim to be an authentic although necessarily incomplete reflection of each respondent's experience of healing ministry.

The research was reviewed by St John's College, Durham, in relation to its ethical acceptability.

Summary of Findings

What does healing mean to practitioners, what do they identify as important?

Concepts of Health and Healing

Differences of emphasis within accounts of healing underpin marked differences in healing practice. A common sense meaning of health relates to physical, mental,

emotional and, for some, social well-being. Healing here concerns the remission of symptoms and general human well-being. Yet health also entails “*wholeness in the image of Christ*”, which relates in part to coming into a relationship with Christ, and in part to the acceptance of a situation, including of suffering. Healing is then understood in terms of salvation. Healing as a matter of salvation and the forgiveness of sins also relates to sickness when this is understood in terms of sin, devilish attack, black magic, and a desire to be at peace.

The remission of symptoms is of this world, whilst salvation looks to the promise of healing in the next world. For some, God’s purpose and will is to heal in this world and they seek, expect and bear witness to miraculous healing in the present. For others, it is not God’s intention to heal everyone in this world; miraculous healing is possible but unusual. The example of the death and resurrection of Christ validates suffering as part of human experience and promises healing in the next world. Yet why one person is healed and another isn’t remains unknowable, save as the will of God, or through a common sense understanding of the nature of disease and the efficacy of medical science. In trying to resolve this question, a distinction is made between faith in God and faith in an act of God.

The Gift of Healing and Role of the Intermediary

The gift of healing belongs to God; it is offered to certain gifted individuals, to the church as the body of Christ, and is taken up as part of the general ministry of ordained ministers. Medical practice is also recognised as gifted by God.

Various explanations are given of the intermediary role of the healing minister: to pray and to believe, to invoke, facilitate, mediate, and as an instrument or vehicle for God’s healing. There is also uncertainty, “*Maybe it comes through me... [I] don’t know how it works.*” Some ministers speak of inviting God into a situation. Others speak of bringing a person out of their situation, perhaps for only a short time. Some emphasise the forgiveness of sins. Others speak directly to the ailment and command it to go with an authority based on their knowledge that it is God’s will to heal.

A further expression of healing ministry is in acts of service and kindness, emphasising the integration of healing into everyday discipleship.

Practice

Scripture, mediated through churches and individuals, provides the basis for healing practice. Different emphases, contexts and traditions offer qualitatively different experiences. A distinction can be drawn between the healing implicit in an approach of ‘care with faith’ - exemplified by listening or acts of service and kindness - and that of prayers for healing offered in the context of a church service. A further distinction may be drawn between these experiences and that of being called forward and receiving the Holy Spirit in the context of a charismatic evangelical healing service. Although different practices may not be mutually exclusive, they

can be thought of as being in critical conversation with one another. The terms of this conversation include belief, scripture, context, tradition, and ethics.

Instruments of healing include offering forgiveness of sins, laying on of hands, anointing with oil, prayer, preaching, worship, conversation, and acts of service and kindness. A sacramental emphasis, including the forgiveness of sins, laying on of hands and anointing with oil, contrasts with approaches in which sacraments are used only occasionally. Whilst use of the sacraments is limited to those authorised to offer them, prayer is open to all and may take place between individuals and within non-formal prayer groups, as well as within the context of a formal service.

People can be healed through the process of preaching and, for some, proclaiming the presence of Jesus is itself healing. This shapes practice in which talking about Jesus, perhaps involving talk of the 'kingdom now,' is a significant element. A different form of talk - in which healing is claimed - is talking to people about their concerns, listening, and spending time with them as individuals. These conversations may take place in someone's home, in hospital, church or cathedral. Whilst people of faith may gravitate towards church, those in hospital are not self-selected members of a faith community. Talk in this context may still be healing, but proclaiming or even approaching the word of God may not be wanted. Two distinctions can be drawn: between direct and indirect healing practice; and between placing the individual, their needs and wishes, at the centre of the conversation, as well as talk about Jesus.

The location of healing may be within a recognised place of worship, in 'neutral' public space or in private space. This may be significant in as much as it shapes the relationship between participants, their common ground, and the nature of implied consent for what happens next. A church member knowingly attending a healing service is in a different position from a member of the public invited to take part in a faith motivated practice whilst doing something else: say shopping or lying in a hospital bed.

Healing ministry can take the form of a prominent event, can be integral to Church life without particular prominence, and can be integral to the life of the individual: practiced through a way of living in-faith that concerns acts of service and kindness. A healing event would usually follow a form familiar to church members but may not if, for example, a visiting healing evangelist held the service. Although thought of here as distinct from a 'normal' church service, a healing event may be an occasional element of normal service, either planned or spontaneous.

'Healing on the streets' provides an example of a healing event being taken into public space where passers-by are invited to take part. In churches, too, members of the congregation may be invited and encouraged to come forward for healing. Healing practice in this context may be more or less restrained. It may take the form of prayer, perhaps with laying-on of hands or anointing with oil. In some traditions 'words of knowledge' of people's ailments from the Holy Spirit can be used to encourage them to come forward, the Holy Spirit may be invited to enter, and

people may fall to the floor. Words of knowledge may also be received in other contexts - for example in prayer groups - although ministers' experiences of this differ.

'I don't get a huge amount of words or images...[laughs] but lots of people I pray with prayer partners are quite open to that...'

Church leadership

Forms of church leadership and authority shape healing ministry. Church leadership is exercised within the context of church authority, and may be constituted in a more or less democratised or hierarchical form. Leadership is also exercised in the light of examples of healing practice that may differ from their church's customary practice. Church leaders have a role in developing and maintaining healing practice, and in resolving any tension arising between healing practices and church tradition.

In an area subject to uncertainty, need, and hope, the church leader's role includes shaping expectations and safeguarding practice. These can be addressed through teaching, role modelling and mentoring. Teaching may encompass healing practice, its theological and ethical framework, and extend to the nature of health, sickness and healing.

Evangelism and strengthening faith

Christian healing ministry and evangelism are intimately related - sometimes indistinguishable - as for example when speaking of the 'kingdom' in the context of a healing service. Conflating ideas of cure and salvation in the meaning of 'healing' creates a tension between two different concepts, and between a transactional and a transformational experience. Although there are clear opportunities in healing practice to strengthen faith and to seek converts by inviting people to make a commitment to Christ, healing is consistently said to be the primary motive. Yet healing as salvation entails evangelism. In managing this relationship, it is important to be sensitive to the needs, beliefs and vulnerabilities of those in want of healing. In one account it was important to treat the person as a person, vulnerable and fragile, not as a potential convert. In another account,

'For people to come to know Jesus and accept Him as Lord has got to be the main thing and healing is...peripheral to that...'

Outcomes

There is acceptance of the potential for miraculous healing, but there is doubt as well as certainty in accounts of healing outcomes. Healing is seen in the acceptance of suffering and in recognition that people may feel more at peace, *'more alright than...before'*, although their situation may not have changed. Some witness physical healing very rarely; others witness complete or partial physical healing frequently, in one account speaking of sixty or seventy per cent of cases. First and second hand

accounts of miraculous healing of severe conditions were offered. Yet doubts were also voiced: specific, in relation to particular claims, and general in speaking of a potential for make believe, delusion and naivety.

Accounts of healing are generally based upon personal testimony or witness of a physical change. Some acknowledge the importance of independent verification: for the health of those believing themselves healed, for the reputation of the church, and for the well being of the faith-community who rejoice when healing is claimed.

'Check with your doctor...you don't want people to say that they received healing whereas nothing has taken place, there is nothing to hide...'

Unacceptable practice

'Bad' practice is also spoken of within accounts of healing, linked to the need to safeguard practice. Three dimensions suggesting unacceptable practice emerge: practice that is inauthentic, perhaps cultish; delusion in relation to claims of healing; and practice that strays from a focus upon care and respect for the individual. Bad practices can, it is said, lead to people being humiliated, goaded or harangued, or being blamed for a lack of faith. Examples were also given of healing practice that had been disapproved of and stopped by church authorities. These involved a loss of control within the healing event, or the development of practices that were at odds with the particular church tradition.

What are the challenges of healing ministry?

Vulnerability

Some ministers speak of feeling vulnerable as a result of their healing ministry. Ministers may feel exposed by virtue of their prominence as a leader or healer. Some, for example hospital chaplains or those who take healing onto the streets may practice at a distance from their church. In one account an absence of empathy was said to be necessary, to avoid becoming personally troubled. Ministers speak of anxieties, stress, doubts, feelings of responsibility, and personal failure. These feelings are balanced by faith and an acceptance of events as God's will, even if that will is not fully understood; in faith, personal anxieties can be passed back to God.

Faith and expectation

While many elements of healing ministry encourage and reinforce faith, there are also challenges, including: coping with fears that healing will not occur in a particular case; maintaining faith in the face of suffering; feelings of personal failure and hurt when healing does not come about; and understanding God's purpose.

Faith in the power of God to heal is different from expecting healing to happen in a particular case. Ministers may be misinterpreted, or lead people into unrealistic expectations and have then to cope with their reaction if these are not fulfilled. For

some the expectation of healing seems more ambiguous than for others. Where the balance of “*expectant realism*” lies may hinge on whether or not it is believed that it is God’s unequivocal purpose to cure in this world.

Institutional authority

Church authority provides validation of practice, oversight, support, and a means of safeguarding healing ministry, curbing naivety or a drift towards inauthenticity. Yet several of the accounts describe ministries offered, if not in isolation, then on the periphery of their church organisation. Although there are exceptions, training and teaching in healing ministry by churches is noted more by its absence than its presence.

Tension between individual and church practice may be evident, most clearly in an account of charismatic evangelical healing practices developed within the Anglican Church. Some feel a tension between faith and church tradition, with church tradition perhaps distracting from ‘true’ faith.

‘[Sometimes people who aren’t churched] can receive more quickly and easily than [those who have] gone through all the faith things.’

A church may be unwilling to accept some healing practices and in these difficult situations individuals may feel excluded, ‘*a pariah*’, and look for alternative ways of offering healing ministry. Yet innovative healing ministry can also be recognised and encouraged by church authority.

Outwith church authority, healing ministry also interacts with secular institutions, notably the NHS; although, this relationship was not explored.

Care for the individual

Some accounts emphasised gentleness, care and respect for the person, their wishes and their beliefs. A number of risks were described relating to individuals in want of healing: that demands may be made upon their faith that they cannot meet, that they may be placed under pressure or humiliated; that healing may be sought for the sake of the sign; and of insensitivity to those who may be vulnerable and fragile. It was also recognised that people may be led on, or be allowed to lean overlong on healing ministry, as a crutch rather than as a way to health.

What are the coping strategies and support needs of practitioners?

Personal

Practice is shaped by personal theology and supported with reference to scripture, God’s will, the example of Christ, and the Holy Spirit. Reflective reading develops theological understanding. Prayer, perhaps with fasting, helps develop a

relationship with and openness to God: for example, in better understanding God's will and being open to receiving the Holy Spirit.

More pragmatically, being able to do something for people can be helpful for the minister, who may have been affected by their suffering, as well as the family concerned. Examples are being able to baptise a stillborn child or hold a funeral. The support, where available, of the minister's wife or husband is also important.

Non-formal networks

The uniquely diverse church community can share the burden of faith, and offer continued prayer, care and support, both to those in need and to the minister. This can be a source of encouragement and personal support during more troubled periods. Strong non-formal networks provide a central element of support. These include church colleagues, inter-denominational colleagues and laity, and there are various arrangements that ensure their continuance. Friends may practice healing together. Co-mentoring arrangements may be pursued. There are meetings of various forms, coffee mornings, fraternal meetings and accountability groups. There are also ecumenical links between healing ministries; healing on the streets provides an example of ecumenical support for healing practice.

For those who regularly visit hospitals, the NHS staff and patients may offer support, and there is an informal network of hospital chaplains.

Formal support

Guidance from Church authorities is available to be sought as required, and is sometimes mandatory, such as in seeking the advice of Anglican deliverance experts. For some, formal church support can be characterised as fragmented. Emerging from some accounts is a sense of healing ministry as peripheral and of support as distant, perhaps uncertain; personal relationships may be a factor in determining whether support is sought. This may reflect experience of particular healing ministries as separate from wider ministry, in comparison to healing that is embedded within wider ministry.

There are several accounts of a minister's introduction to, inspiration, teaching and support for healing ministry being provided by enthusiastic lay members of a church. The importance of church leadership in teaching was acknowledged, but several accounts noted a general absence of formal teaching or training in healing ministry.

Perceived support needs include for structured teaching and training in healing from within churches, opportunities for internship, practicing alongside more experienced colleagues, and consistent, accessible, continuing support.

Conclusion: emerging issues

Diverse practice and accountability

These explanations of Christian healing ministry offer a coherent and largely consistent basis for practice. Yet healing ministry encompasses a range of sometimes markedly different practices, offered within the context of an ecumenical church, and according to the beliefs and experiences of individuals. Different Christian traditions and cultures, and differences of interpretation, emphasis and values, have implications for practice. Whilst the co-existence of diverse practices within a complex world is inevitable, and whilst practices may not be mutually exclusive, there is tension between differing ideas and practices. That this is so is evident through critique, preference, and terms of approval and acceptability.

Tension may also be found in relationships between church authority, and individual faith and practice. This leads to a question of accountability: how and to what or whom do individuals feel accountable for their practice. Ministers may feel accountable to the church membership, peer groups and church hierarchy. There may also be a form of self-accountability and, within the context of personal faith, accountability to God. Yet healing ministry offers a service to people who are in need. It invites the public to take part in healing services, and it offers comfort and healing within secular institutions and public spaces. Arguably, then, healing ministry has some accountability to the secular world, as well as to those in want of healing: their families and friends.

Teaching and governance

Teaching and governance are related elements that address the issue of safeguarding practice. Both require 'the thing', the phenomenon of Christian healing ministry, to be known: described, explained and evaluated. Given the diversity of healing practice, this implies being able to explain different perspectives, their relations to each other and their implications.

Arguably, 'the thing' is made up of beliefs, values, practices, outcomes, accountabilities and 'metaprocesses,' those processes through which practice is known and controlled. An inward looking focus might relate practice to its theology, to church tradition and culture, and notice differences of interpretation, their compatibility and implications. An outward looking focus might seek to establish the beneficence and non-maleficence of practice, perhaps bringing theological values into conversation with humanist values to inform the ethical framework of healing practice.

Critical conversations

In addition to an ethical conversation, a pastoral conversation would seek to develop guidance and support for healing practice. In some cases churches might seek greater clarity in relation to how the gift of healing can be expressed within their

overall ministry, and develop a conversation between this and the personal faith and practice of ministers. An ecumenical conversation would seek to describe points of difference, points of agreement, and the relative merits of practice.

These conversations address the development and maintenance of authentic practice in relation to theology, church customs and authority. There may also be merit in a healthcare conversation. Although not all medical practitioners would accept the description, medical science can be described from a faith perspective as having been 'gifted by God in God's world'. Christian healing ministry and medical practice are philosophically distinct, but they touch: medical staff, doctors, nurses and therapists are members of churches and of church healing ministry. Those seeking Christian healing also seek healing from the National Health Service, and healing is verified using medical science. Hospital visiting and chaplaincy are forms of Christian practice embedded within the NHS. These suggest a pragmatic relationship between faith and science based healthcare, but they do not indicate a deeper conversation between the two. Yet they may have much to learn from each other concerning the practice, ethics and language of care, the nature of sickness, and the place of medical science and Christian healing in the service of healthcare.

Care

Christian healing is bi-focal: looking to God and working with people. This requires faith and theological understanding, combined with empathy and a realist understanding of the nature of sickness. An assertion that empathy is a hindrance to healing ministry sets aside the importance of understanding the person as a person, to help safeguard their experience and to facilitate forms of healing that come about through empathic acts.

From this perspective it seems appropriate to act in faith yet locate the person at the centre of healing ministry, ensuring care for that person in all aspects of practice.

'...bad practice is anything that takes away that kind of the erm er what's the word er not the rights of the individual but the needs of the individual when we look beyond the need of the individual to just claiming a healing or wanting a healing for the sake of the sign rather than what's actually best for that individual person.'

'...I think it's exactly the same in the NHS isn't it good practice is often when it's surrounded by love and respect for the individual you take that out of the equation and you see all of these mishaps and bad practice.'

Variety, Variability and Virtue

This study describes a wide variety of practice within Christian healing ministry across the NE region. It also illustrates the variability of healing ministry, for example in the governance, expectations and claims of healing. The study illustrates

the virtue of healing ministry and - given variety and variability - indicates a need to consider further how virtue in this context may be safeguarded.

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