

**PRAYING IN A NEW REALITY: A SOCIAL CONSTRUCTIONIST  
PERSPECTIVE ON INNER HEALING PRAYER**

by

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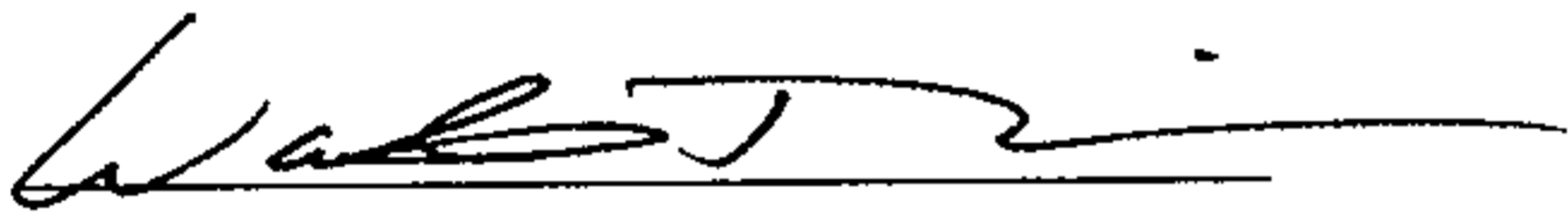
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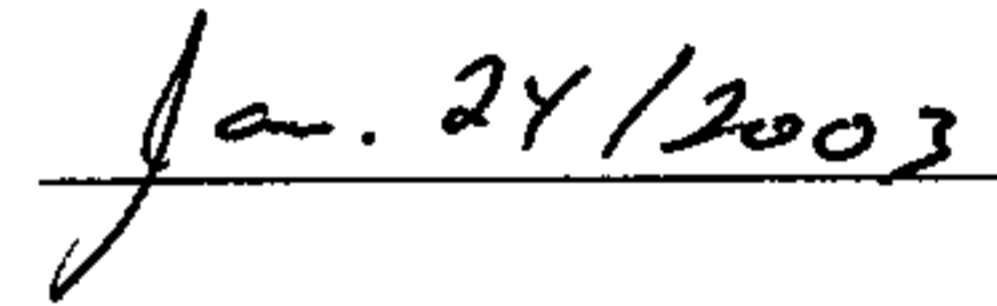
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(Mr Walter J Thiessen)



Date

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## Abstract

Inner healing prayer (IHP) warrants greater practical theological attention. The practice of IHP, most significantly developed by Agnes Sanford, has been described by many of those individuals and ministries that have seen God transform lives through it. This study focuses especially on the models developed by John and Paula Sandford, Leanne Payne, and Ed Smith as representative of IHP.

Social constructionism, particularly as it has drawn attention to the significance of narrative, provides a fresh perspective with which to interpret what is taking place in IHP. A theology centred on Jesus' proclamation and demonstration of the in-breaking reign of God combines with social constructionism to suggest that a personal Creator God, who has a privileged perspective on reality, actively joins in the social processes by which we construct our understandings of reality.

Interpreting IHP from this social constructionist perspective, this study proposes that IHP can be described as a practice in which God is invited and expected to experientially enter into the social processes by which people construct their reality. Traumatic or hurtful events have often created apparent realities that persons are unable to integrate into the central stories that identify their lives. IHP facilitates an encounter in which God's loving, forgiving presence is experienced in the midst of such hurtful events allowing a new, more integrated and hopeful, construction of reality. The faith, hope and love of those leading in IHP and the symbolic, metaphorical language contribute to the ability of IHP to affect change at an emotional level, but the central role of the imagination, especially in visualising Jesus' presence, is the most unique and characteristic aspect. This interpretation provides a viewpoint to critique the practice of IHP and suggests some ways that an understanding of God's kingdom might further enhance its practice.

A small-scale qualitative interview project offers the opportunity to assess whether this social constructionist interpretation corresponds to the way in which participants in IHP

make sense of their experience. It is hoped that the constructionist perspective offered here provides a language that can broaden an understanding of IHP, enhancing dialogue and further research.

## **KEYWORDS**

inner healing prayer; social constructionism; Agnes Sanford; John Sandford;  
Leanne Payne; Theophostic Ministry; visualis[z]ation; narrative therapy;  
healing of memories; suggestion



## CHAPTER 1 – Introduction

### 1.1 Topic

The latter half of the twentieth century saw the development and spread of a unique practice within the Christian church. Beginning with the work of Agnes Sanford (1947/1972, 1966, 1972), prayer focused on the healing of memories and emotional struggles caught the attention of many individuals seeking greater wholeness in their experience of life and God. This practice, inner healing prayer (IHP), has been written about descriptively and anecdotally by scores of practitioners, but notably little has been written in an academic context and almost no empirical research has been done.

Based on the continued growth of many ministries offering IHP (Elijah House, Pastoral Care Ministries, Theophostic Ministry, etc.), interest in this practice is not waning. IHP is ripe for greater attention by practical theologians. It is a healing activity of the church (and para-church) that warrants greater understanding and analysis that can, in turn, increase broader awareness, facilitate critical evaluation and dialogue, and encourage further research into its dynamics and effectiveness.

While other forms of Christian therapy have tended to be adaptations of secular psychotherapies, IHP with its expressed and experiential reliance on the guiding of the Holy Spirit has been more difficult to understand with social scientific frameworks based on empiricist and rationalist assumptions. For example, a Christian cognitive model, such as Robert McGee's *Search for Significance* (1992) can be easily understood by any secular therapist familiar with Rational-Emotive or Cognitive therapies; that Scripture becomes the authoritative source of healthy beliefs may be controversial but remains comprehensible regardless of one's faith. Cognitive principles play their part in IHP as well, but the deepest change in IHP is linked to an experience of God rather than a new idea. Spiritual experience, interpreted through primarily empiricist or rationalist

lenses, tends to suffer from a reductionism that leaves those involved wondering whether there has been any understanding at all.

The rise of social constructionism in recent decades has provided a language that is broadly used and understood that may be in a better position to describe a practice based on God's active participation. In a recent conference, Kenneth Gergen (2002b:284), prominent spokesperson and developer of social constructionism, addressed practical theologians affirming the opportunities provided:

Constructionist dialogues restore the parity between the scientific and the spiritual worlds of understanding.... Constructionism not only invites the scientific and religious traditions to the table as equals, but simultaneously asks us to consider the societal consequences of religious and spiritual discourses.”

The narrative perspective in particular, according to Ganzevoort (1998:24), “has a strong potential for interdisciplinary communication and research” especially because it “can include transcendence” (Ganzevoort, 1998:39). Therefore, social constructionist understandings, especially as developed in narrative therapy, seem to be a highly suitable framework with which to expand an understanding of IHP. Gergen (1994:54) states that allowing one community of meaning to enter in and evaluate another is a way to “open the door to a fuller interweaving of the disparate communities of meaning,” which, in turn, “may constitute a significant step toward a more human society.” It is hoped that by using a social constructionist perspective to interpret the practice of a very different community, this study might contribute toward the type of movement that Gergen describes.

## **1.2 Statement of the Problem**

The problem that this study will address has three aspects:

1) First, how can a practical theological approach contribute to a greater understanding of the unique dynamics of inner healing prayer as it is described by those who have developed IHP ministries and as experienced by those who seek IHP for help with emotional issues?

2) Can the information gained be described in a language that is understandable by a broad range of Christians and non-Christians interested in healing practices while still corresponding closely to the experience of participants?

3) Can the resulting interpretation offer some critical and practical suggestions for how the practice of IHP might be more effective and in harmony with a holistic understanding of the kingdom of God?

### **1.3 Thesis Statement**

This study will propose that a social constructionist perspective, particularly as it has apprehended the importance of narrative, is able to describe and interpret IHP in a manner addressing the problem as stated above. The central thesis is that IHP can be interpreted as a social process in which God is invited to participate in the reconstruction of a person's reality or story. God's participation is facilitated most characteristically through a person's imaginative openness to God's active presence and supported further by such factors as the faith, hope and love of the one(s) praying and the symbolic, metaphorical and concrete language of the discussions and prayers. The resulting experiential encounter with God has a unique ability to loosen the emotional hold of "problem-saturated" stories (White & Epston, 1990:16) and allow the heart to trust in God's loving and forgiving presence.

### **1.4 Locating My Voice**

It is important in any study to describe one's own location and context as well as the pathway one seeks to follow in the research project. It is hoped that this will invite the reader both to locate himself or herself in relation to the project and to read empathetically – to place oneself in the author's shoes so as best to understand the full potential of the study. A combination of both provides the best possibility to evaluate the results and to facilitate dialogue on the relevant topics.

First, I write as child of the Christian tradition. I grew up and was educated in a Mennonite home and community in which an Anabaptist understanding of the faith was a central aspect of individual and corporate identity. In Canada, in recent decades this was held, however, within a tension created by pulls from various sides. There were strong inroads from an evangelical piety

on the one hand and a social justice-oriented liberalism on the other. There were also pulls toward and against ethnic isolation and definitions of what it meant to be “Mennonite.” Finally there were difficult processes of trying to comprehend how the Mennonite historical experience of incredible suffering in post-Revolution Ukraine and their liberation through emigration to North and South America could be integrated with Anabaptist understandings of faith. In my own experience these pulls were further affected by my family’s increasing involvement in the Charismatic movement of the 1970’s and many subsequent inter-denominational experiences which shaped my reinterpretation of my roots and simultaneous appreciation of several other Christian traditions.

Second, my experiences and choices increasingly led me to see the value in the emerging consensus among a broad range of Christians in regard to what might be called “kingdom theology” - a Christ-centred understanding that the incarnation, life, death and resurrection of Jesus represented God’s presence and reign breaking into a largely alienated world (see Ladd, 1959, 1974; Moltmann, 1967, 1972; Jackson, 1999; Wink, 1998, Groome, 1980; Eller, 1970; Wright, 1992 1996; Snyder, 1985). As has been said by many, this in-breaking kingdom is “already and not yet.” It is present and yet not here in fullness. We are thus living in a world of incredible Spirit-empowered hope and potential while still experiencing frustration and tension when our lives and communities fall short of the full promise – an experience saturated with worship and punctuated by lament and waiting. This theology has enabled me to identify strongly with my Anabaptist roots while becoming pastorally involved in a Vineyard church and a non-denominational university. Also, especially when viewed in a manner affected by narrative and post-liberal theologians, this framework allows the by-passing of conservative/liberal tensions that I previously felt caught between.

Third, my graduate training and resulting career has focused primarily on the practice and teaching of counselling. Both my education and practice has drawn largely on deeply biblical and theological reflection as well as broad reading of the social sciences. I have generally understood these streams to enhance greatly the interpretation of the other, while still maintaining their own integrity as contrasting disciplines. Parallel to this theoretical dialectic, my practice ranges from those who seek my counselling as their pastor to those from the larger community who seek my

help without any interest in God or concern about my faith position. I thus operate in a diverse community in a wide range of “languages.”

Fourth, in regard to my subject material in this study, I have been affected by and occasionally work in the style of both narrative therapy and inner healing prayer. I would, however, see myself as being operationally defined by neither. In certain situations I practice IHP, but as I generally feel it is a more appropriate model for church-based counselling than private practice, it is not my normal methodology. Narrative therapy has stimulated my thought and practice in a number of ways, but in most counselling situations, I would not be easily identified as a “narrative therapist.” As will be clear later in this study, I am also a sympathetic but critical student of social constructionism. I believe it holds out exciting opportunities for theological reflection, but also requires significant reinterpretation or clarifications in order to be integrated with a Christian worldview. As opposed to the many who feel threatened by or closed to a constructionist rejection of “absolute truths,” I feel challenged and inspired by the hermeneutic potentials this opens up.

### **1.5 Practical Theological Perspective**

Having described some important influences that affect my vantagepoint, situating my study in relation to the field of practical theology is also required. In his review of four models (Farley, 1983; Fowler, 1983; Tracy, 1983; Browning, 1983; all in Fowler, 1985) of practical theology, one of James Fowler’s (1985:12) conclusions is that they all hold “to a genuinely dialectical approach in characterising the relation between theory and praxis.” Maddox (1990:10 who also cites Metz, 1980 in this regard) is an example of a practical theologian who stresses the “primacy of praxis in theological method” whereby “existing praxis, both Christian and general, should be the starting point and ultimate goal of theological activity.” Fowler (1985:6, citing Lamb, 1982) suggests that Tracy (1983) and Farley (1983) are examples of practical theologians who “still give the priority to theory.” Others, like Heitink (1993/1999:152) emphasise that the primacy of theory over praxis or vice versa both need to be rejected.

In this study I consider the praxis represented by IHP to be the starting point, and this undoubtedly demonstrates a slight preference toward a primary role for praxis over theory.

However, as long as the relationship between theory and praxis remains that of “mutually critical correlations” (Tracy, 1983) where the back-and-forth movement between theory and praxis continue indefinitely, and as long as Heitink’s warnings about extremes are heeded,<sup>1</sup> the question of primacy becomes less significant. As Mudge and Poling (1987:xxiv) write in unusually simple language, “*some* interpretation of the tradition comes together with *some* interpretation of the situation to create a possibly unprecedented articulation of the faith.”

As this last statement also implies, the heart of practical theology is hermeneutic. Within the tension of theory and praxis, new interpretations emerge. Again referring to the four models he reviewed, Fowler (1985:13) states, “the unifying methodological focus is to be found in hermeneutics.” The methodological centrality of hermeneutics is also stressed by Mudge and Poling (1987:xxiv) and Heitink (1993/1999:155). The focus of this study, therefore, is to articulate a fresh interpretation of the practice of IHP.

While a hermeneutic perspective remains at the heart of practical theological methodology, Heitink (1993/1999: 201-240) balances the hermeneutic focus with that of the strategic and empirical. The strategic perspective recognises, along with Maddox (1990:11) that practical theology “should seek not only to understand but also correct Christian life.” The empirical perspective recognises Browning’s (1991:182) concern that “dialogue requires avenues to experience through reason and a broader empiricism of a kind that the hermeneutical and historicist schools do not fully understand.” In this study the strategic element is represented by a brief critique of IHP from both a constructionist and theological perspective, and the empirical is represented primarily by the qualitative interviews, but the central focus remains hermeneutic and descriptive.

It is possible, however, for a hermeneutic methodology to become so focused on itself that “we inevitably end up worshipping before the altar of the sovereignty of method, on which is finally an elaborate but thinly disguised version of Enlightenment critical reason” (Fowler, 1985:15). This caution from Fowler suggests that practical theology might be better served by a ‘thinner’

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<sup>1</sup> Even with his cautions against primacy, Heitink (1993/1999:153-154) suggests that praxis should be the starting place of a process that then continues in a continual spiral.

methodology that gets less in the way of its subject and makes humbler claims for the resulting interpretation.

To this end, I have tried to keep my methodology simplified essentially to that of three voices in dialogue. Those three voices are: 1) social constructionist and narrative theorists and practitioners, 2) IHP theorists and practitioners, and 3) my own voice which contains echoes of the first two as well as representing a particular theological paradigm (kingdom theology). As the author of the study, my voice is inevitably privileged both in interpreting the first two voices and in suggesting conclusions to this dialogue. In order to qualify this privilege to some extent, I follow up the initial three-part conversation with a dialogue with a fourth voice, that of those participating in IHP.

The first two voices represent both theoretical and action domains. The social constructionist voice is more theoretical than practical, but the inclusion of narrative therapy, in particular, links the theory with concrete action. The voice of IHP, on the other hand is more practically than theoretically oriented. This voice is represented largely by the writings of those who have actually developed ministries based on inner healing, and while some theological reflection takes place in these writings, they are largely practical and anecdotal guides to the practice of IHP. It is this voice of the praxis of IHP that represents the subject of the study. While my own voice is present in varying degrees in the descriptions of social constructionism and IHP, my voice speaks most directly in the analysis and interpretation of IHP that is essentially the movement toward theory. The fourth voice, represented by the research interviews returns the focus from theory to praxis.

Heitink (1993/1999:151) defines the praxis that is the proper focus of practical theology as “the actions of individuals and groups in society, within and outside the church, who are willing to be inspired in their private and public lives by the Christian tradition, and who want to focus on the salvation of humankind and the world.” This definition clearly suggests that the practice of IHP is an appropriate starting place for a practical theological study. IHP practitioners have engaged in both action and reflection on the relevance of God’s loving presence for the experience of

personal transformation. They are engaged quite directly in “the mediation of the Christian faith” (Heitink, 1993/1999:168).

Heitink (1993/1999:193) also stresses the importance of clarifying the pneumatological assumptions that are crucial in understanding “the way in which the divine reality and the human reality can be connected at an experiential level.” In the metaphorical terms employed above, the Spirit might be seen as the fifth voice (or perhaps the first voice of five) in the conversation that is heard through all the other voices. The praxis of IHP is based entirely upon the explicit participation of God’s Spirit, as will be seen throughout. The Holy Spirit is understood as actively intervening without violating the freedom of the people involved. Primarily, “God’s Spirit uses the gifts that are inherent in our humanness” (Heitink, 1993/1999:194). Indeed much of the interest in IHP could be seen as a broadening in the gifts (particularly the use of imagination) that are made available to the Spirit.

This concern about the role of the Spirit relates also to Fowler’s (1985:13) concern about the lack of attention given to a “theory of divine praxis.” It is hoped that in the modifications I will suggest in social constructionism, as well as my description of God’s participation in IHP, some minor contributions might be made toward interpreting divine praxis in our present world.

Finally, to describe the type of attitude that I hope pervades this study, I simply wish to acknowledge the inspiration of Fowler (1985:16) as he proposes:

The way forward in practical theology involves placing more radical trust in God’s self-disclosure and promises found in our traditions of revelation; more radical investment in concrete, existential-social-historical action in anticipation of the in-breaking Commonwealth of Love; and a more radical engagement, through present action and prayer, to make us partners in God’s work of creation, governance, and liberation/redemption.

## **1.6 Structure of the Thesis**

The second chapter introduces the social constructionist voice, beginning with a brief description of some aspects of the development of constructivist thought and then the more socially-oriented



constructionist perspective, as well as examples of the effect of both strands on psychology and psychotherapy. The simultaneous increase in the attention given to the narrative form follows, again leading toward the specific interest given to narrative in psychotherapy. Constructionist and narrative emphases culminate, in this chapter, in a description of narrative therapy, a relatively recent development (White & Epston, 1990) that has enthusiastically put these emphases into practice.

The following chapter reviews the development and description of inner healing prayer. While referring to the full breadth of the practice of IHP in North America, specific attention is given to how this practice has been described in three active ministries (Pastoral Care Ministries founded by Leanne Payne, Elijah House founded by John and Paula Sandford, and Theophostic Ministry founded by Ed Smith). Characteristics common to these and most other models of IHP are discussed as well as a brief description of the theology that is explicit or implicit in the practice of IHP. The chapter concludes by highlighting some of the distinctive characteristics that are found in each of the three models given extra attention.

The fourth chapter, which most exclusively represents my voice in the conversation, begins by establishing a modified social constructionist perspective that facilitates a description of both human and divine activity. This perspective is then undergirded by a description of a theological paradigm that centres on the importance of the in-breaking kingdom of God. This paradigm is chosen because of its personal fit as well as its relevance to IHP and its potential integration with constructionist concepts. Having established this dual perspective, a constructionist interpretation of IHP follows, first through some general categories and then through a grid of the three phases of narrative therapy. This new interpretation of IHP is then briefly critiqued from both a constructionist and a theological perspective.

The fifth chapter summarises qualitative research interviews with participants of IHP. A centre in Montreal, Canada was located (Isaiah 40 Foundation) that seemed well-suited for practical and theoretical reasons, and two individuals and one couple were interviewed by the author. These interviews are analysed and summarised, followed by a discussion of the apparent degree of fit with the description of the preceding chapter.

The final chapter begins with a brief discussion of the significance of this project, particularly in applying a social constructionist framework to a practice such as IHP. The chapter and thesis end with a summary of the conclusions.

## CHAPTER 2 - Social Constructionism, the Role of the Narrative Form, and Narrative Therapy

### 2.1 Introduction

In the early days of the emerging perspective called postmodernity, theologian Stephen Crites (1971/1990:88), “wistfully,” saw the “revolutionary story” of postmodernism as

uniting the angry children of poverty and the alienated children of abundance in a common moral passion and a common sense of the meaning of their experience. Among those for whom the story is alive there is a revival of ethical authority otherwise almost effaced in our society. For it establishes on a new basis the coherency of social and personal time.

The early optimism of Crites certainly has not characterised all analyses of postmodernism. It seems to be true, however, that particularly among those who combine postmodern possibilities with the significance of the narrative form, there exists an enthusiastic and socially active perspective on our present experience that contrasts with the value-free relativism that others promote or fear as part of postmodernity.<sup>2</sup>

It would, of course, be inconsistent with postmodernism to say that one version is truer than another. Yet it is clearly the more optimistic potential suggested by Crites that this paper suggests could provide a unique and helpful perspective from which to describe the practice of inner healing prayer (IHP). This chapter will provide a brief introduction to social constructionism and recent emphases on narrative, particularly as both apply to the practice of psychotherapy. This introduction will then provide the framework for the description of IHP that follows.

While some efforts will be made to describe interconnections and development of ideas, this is not intended to establish a brief account of *the* origins and development of either social

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<sup>2</sup> Doan (1997:131) sees a similar contrast between social constructionism and radical constructivism.

constructionism or narrative therapy. As Kenneth Gergen (1994:66) asserts, “constructionism subverts attempts to locate precise origins.”

### **2.1.1 Philosophical Roots**

While some trace origins of constructivism to the pre-Socratics (Von Glasersfeld, 1995:26-27), most writers describing the rise of constructivism begin with its emergence against the rising confidence in rationality and empirical science which is most often linked to Descartes. An early voice of dissent against this confidence in human reason was Giambattista Vico, an eighteenth century Italian philosopher. Vico (in Copleston, 1960:155), whom Von Glasersfeld (1984:17) called the “first true constructivist,” criticised Descartes for building his confidence on mathematical principles which did not apply to broader reality. “The rule and criterion of truth,” Vico wrote, “is to have made it.” Rational thought could confidently state mathematical truths because mathematical concepts were a rational human construct. Less confidence is possible beyond this rational creation. Framing the issue perfectly for a Christian understanding of social constructionism, Vico (as paraphrased by W.T. Anderson, 1990:67) states, “as God’s truth is what God comes to know as he creates and assembles it, so human truth is what man comes to know as he builds it, shaping it by his actions.”

While Vico’s role is increasingly noted in relation to constructivism, Kant’s contributions have been consistently referenced (e.g. Davidovich, 1993; Neimeyer, 1995:11; Popp-Baier, 2002:41). Kant (in Copleston, 1960:250-253, 384-385) convincingly argued that human knowledge was filtered through our sensory experience and then interpreted by means of human categories. This effectively prevents us from ever knowing a “thing-in-itself.” Though this forms a significant platform in the philosophical defence of constructivism, he also contributed to the continuing Enlightenment confidence by suggesting that through intersubjective understanding, “objective knowledge of the scientific world is possible” (McCormick, 2001).

### **2.1.2 The Hermeneutic Tradition**

As certain philosophers and theologians in the seventeenth and eighteenth centuries grappled with understanding texts, primarily biblical texts, a discipline of hermeneutics developed. By the late eighteenth century, hermeneutics began to increasingly focus on the nature and role of human

behaviour and less on the text proper. This was largely due to the work of Friedrich Schleiermacher and Wilhelm Dilthey (see H. Anderson, 1997:38). The importance of hermeneutic questions has continued to increase in significance to the point where Heitink (1993/1999:179) suggests that “the hermeneutical problem is the most burning theological issue of modern times.”

Twentieth century thinkers such as Hans-Georg Gadamer, Jurgen Habermas, Martin Heidegger and Paul Ricoeur have developed this hermeneutic tradition in various ways each clarifying the dynamic, dialogic nature of the interpretive process. A lack of finality or objectivity is increasingly understood to be a part of all interpretive work (W.T. Anderson, 1990:39). Though Habermas (in Heitink, 1993/1999:135-136) in particular emphasises “validity claims,” his theory of communicative action, by which these are established, is clearly a discursive relational description rather than an attempt to statically establish the truth of a text. It is not much of a leap from these broad and rich descriptions of the interpretive process to the flexible and relational nature of knowledge that characterises social constructionism.

## 2.2 Constructivism in Psychology

Psychology, however, has spent a great deal of its history trying to establish its validity as a science. This was hardly an emphasis that lent itself to valuing the interpretive tradition or to doubting the validity of empiricist epistemology. It is quite remarkable, therefore, that by the end of the century constructivist epistemology had taken over as the basis for many of the new developments in psychotherapy. The route by which this theory has come to prominence is complex, and various strands have come together.

In the field of psychology, one of the first to use constructivist concepts and language is Jean Piaget (1929/1963, 1954, 1964/1967). Studying the cognitive development of children, he described how a child develops the ability to adapt to “new realities he is discovering and gradually constructing for himself” (Piaget, 1964/1967:22). While Piaget’s influence on child and educational psychology is unquestionable,<sup>3</sup> the constructivism inherent in his theories did not

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<sup>3</sup> Crowther (1997:2) even refers to Piaget as the “father of constructivism” who “provided the foundation for modern day constructivism,” though his influence has been much less outside of the specialty of educational or developmental psychology.

seem to have much of a direct affect on psychotherapy or the general epistemological foundation of psychology.

Perhaps the more obvious source for constructivist thinking in psychology came through George Kelly (1955/1963, 1970), whose “personal construct theory” was the first notable theory to build itself on a constructivist epistemology. Kelly (1970:1-2) called his philosophical position “constructive alternativism” and described this theory as the assumption that

whatever nature may be, or howsoever the quest for truth will turn out in the end, the events we face today are subject to as great a variety of constructions as our wits will enable us to contrive. This is not to say that one construction is as good as any other.... But it does remind us that all our present perceptions are open to question and reconsideration, and it does broadly suggest that even the most obvious occurrences of everyday life might appear utterly transformed if we were inventive enough to construe them differently.

For some, Kelly’s theory was a breath of fresh air, “a theory that gives us scope to use our imagination” (Fransella, 1970:63). While this theory, first presented in 1955 (Kelly, 1955/1963), did not exactly take the psychological world by storm, “it has had a slow almost unvarying momentum, such that uses of it and curiosity about it, mount steadily” (Bannister, 1970:viii). That momentum was to increase suddenly in the late eighties when Kelly’s influence spread beyond the boundaries of cognitive psychology and was taken up by family therapists who were becoming wary of cybernetic models (1<sup>st</sup> order cybernetics – see below) and looking for something that would free the practice from what was increasingly being considered as the false position of objective experts assessing a system they observe and advise.

### **2.2.1 Constructivism in Family Therapy**

Constructivism entered the field of family therapy through several doors. Or one might say that the germ of constructivism was there from the beginning. Von Bertalanffy’s “General Systems Theory,” a cornerstone of family therapy, criticised the mechanistic nature of cybernetics and contained the concept of “‘perspectivism’ to characterise his belief that while reality exists, we can never be fully objective about it” (Nichols & Schwartz, 1998:115).

Taking this influence further in the early eighties was the writing of Maturana and Varela (1980 in Friesen *et al*, 1989:23) which emphasised the problems of “the subject/object split inherent in general systems theory and first order cybernetics.” The new approach growing out of the view that reality is always observer-dependent became known as “second order cybernetics” (Friesen *et al*, 1989; Nichols & Schwarz, 1998). Later this transition would become overshadowed by the simpler but perhaps even more revolutionary shift to the therapist as collaborator rather than expert (Nichols & Schwartz, 1998:479).

Alongside these early ripples stirred up by Maturana and Varela, were the writings of von Foerster (1981) and von Glasersfeld (1984, 1995). “Radical constructivism,” writes the latter (1984:24)

is *radical* because it breaks with convention and develops a theory of knowledge in which knowledge does not reflect an ‘objective’ ontological reality, but exclusively an ordering and organisation of a world constituted by our experience. The radical constructivist has relinquished ‘metaphysical realism’ once and for all.”

His chapter, included in Watzlawick’s *The Invented Reality* (1984), helped to spread this influence. Other prominent family therapists like Lynn Hoffmann (1985, 1988) became associated with this philosophical move and interest spread rapidly. Now, looking back, family therapists saw the importance of the work of George Kelly and others who gave voice to a constructivist epistemology.

### **2.3 The Sociology of Knowledge**

Many other important voices were contributing to this move in the social sciences at large and it would be impossible to clarify any precise direction of influence. One important strand was that which developed in the sociology of knowledge. Perhaps the most important work here is Peter Berger’s and David Luckmann’s *The Social Construction of Reality* (1966). While other sociologists such as Karl Mannheim (1960) and Schutz (1962-1966) had already been bringing the hermeneutic tradition into sociology, Berger and Luckmann (1966:19) focused on how this went way beyond the ideological reality often emphasised by others like Mannheim, and

extended very much into “the reality of everyday life.” Compared to the more epistemologically-oriented constructivism of today, Berger’s and Luckmann’s is unique. They demonstrate how a variety of processes<sup>4</sup> such as socialization, institutionalization, habitualization and so on harden what we have together constructed into “realities” which have “a being independent of our own volition” (1966:1). However, Berger and Luckmann (1966:1) state plainly that they are not dealing with the philosophical questions of what reality is and even, in a manner which would not suit most constructionists today, insist that they are engaged in the “*empirical* discipline of sociology” with its “concrete problems” (1966:14).

#### 2.4 Social Psychology

While social psychologists have often been drawn toward the empirical and rational foundations of the individual psychologist, some such as George Mead (1962:112) focused on the central importance of social processes for individual thinking. Some of the similarities and differences with later social constructionists can be seen in his conclusion that “the content of the objective world, as we experience it, is in large measure constituted through the relations of the social process to it.” Mead is, of course, best known for his elaboration of the socially constituted self,<sup>5</sup> a concept which became so widely taught that it must have played a significant role in the quick acceptance of social constructionism in the next generation of social scientists.

A primary developer of social constructionism, after Berger and Luckmann, has been Kenneth Gergen (1991, 1994, 2002a&b). For Gergen (1994:24), social constructionism is the “full-blown successor project” that is replacing empiricist and rationalist human sciences whose foundations have been steadily eroding. According to Gergen (1994:30-63), ideological, literary-rhetorical, and social critiques have largely discredited the possibility of objective individualistic human science.

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<sup>4</sup> Like many constructionists today they describe these processes as being dependent on language (Berger & Luckmann, 1966:34-46).

<sup>5</sup> Mead (1962:158) writes, “the individual’s self is constituted simply by an organisation of the particular attitudes of other individuals toward himself and toward one another in the specific social acts in which he participates with them...at the second stage...that self is constituted...also by an organisation of the social attitudes of the generalized other or the social group as a whole to which he belongs.”



Gergen (1994: 67-69) has made efforts to distinguish social constructionism from constructivism, which remains, in his opinion, too mired in individualism. Given his role as a developer of social constructionist thought in the social sciences, it may be worthwhile to spell out the five basic assumptions that Gergen (1994:49-54) elaborates:

1. The terms by which we account for the world and ourselves are not dictated by the stipulated objects of such accounts.
2. The terms and forms by which we achieve understanding of the world and ourselves are social artefacts, products of historically and culturally situated interchanges among people.
3. The degree to which a given account of world or self is sustained across time is not dependent on the objective validity of the account but on the vicissitudes of social process.
4. Language derives its significance in human affairs from the way in which it functions within patterns of relationship.
5. To appraise existing forms of discourse is to evaluate patterns of cultural life; such evaluations give voice to other cultural enclaves.

Gergen (1994:79) thus foresees a social science in which language is no longer seen as a representative of objective realities that can be used to formulate factual understandings. Rather, social science becomes a dynamic analysis of culture and relationships that will always benefit from evaluation (understood primarily as dialogue) by other constructionists or those who perceive the world in vastly different ways. A social constructionist view is not offered as a hardened reality but is “an invitation to a dance, a game, a form of life.”

It is Gergen’s elaboration of social constructionism which has most directly and fully shaped the postmodern development of psychotherapy (Nichols & Schwarz, 1998:323). While many therapists and theorists do not necessarily take this radical of a stance, constructionism is a key component of how “family therapy was one of many social sciences turned upside down by the postmodern revolution” (Nichols & Schwarz, 1998:317).

## 2.5 The Importance of Narrative in the Human Sciences

A simultaneous development in many disciplines alongside that of social constructionism was the surge of interest in narrative.<sup>6</sup> The relationship between this growing prominence given the role of narrative and the relatively parallel rise in constructivism/social constructionism<sup>7</sup> is not especially clear. It is more clear that there is a great deal of overlap, as a constructionist epistemology seems present either explicitly or implicitly in nearly all of those who trumpet the importance of narrative. Yet it does not seem so much that a narrative focus developed *out of* constructionism as it does that the growing acceptance of a constructionist epistemology gave permission or removed the obstacles which allowed and encouraged “story” as a serious academic topic to flourish beyond the confines of literature.

### 2.5.1 Narrative as a Way of Knowing

The association between narrative and knowledge exists in the very etymology of the two words as pointed out by Hayden White (1980/1981:1) in his article, “The Value of Narrativity in the Representation of Reality.” The term “narrative” and its related forms are linked to the Latin words *gnarus* (“knowing”) and *narro* (“tell”), both of which, in turn, originate in the Sanskrit *gnâ* (“know”). For White it is precisely the bridge between knowing and telling which is provided by narrative. Narrative addresses the “problem of fashioning human experience into a form assimilable to structures of meaning that are generally human rather than culture-specific.” Narrative, then, serves as a “metacode,” a uniquely suited means to translate where other means, especially those more abstract, cannot (H. White, 1980/1981:2).

Jerome Bruner (1990) presents theories and evidence for the psychological reasons for the association between knowledge and narrative in *Acts of Meaning*. His argument (1990:80) is that “we have an ‘innate’ and primitive predisposition to narrative organization that allows us quickly and easily to comprehend and use it” and moreover that “the culture soon equips us with new powers of narration through its tool kit and through the traditions of telling and interpreting in which we soon come to participate.” To support this claim, he refers to studies that reveal the

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<sup>6</sup> I understand ‘narrative’ broadly as a temporal sequence of linked events and ‘story’ as the somewhat more specific and shaped narrative that has a beginning, middle and end as well as an implication of goal-directed causal relationship between events.

<sup>7</sup> From this point on, I will use the deliberately ambiguous terms “constructionism” or “constructionist” when referring to this epistemology in either its constructivist or social constructionist forms.

incredible narrative proficiency of young children as well as the research by Jean Mandler (1984 in J. Bruner, 1990:56), which demonstrates that “what does *not* get structured narratively suffers loss in memory.”

A tension that tends to arise when considering the epistemological role of narrative concerns its relationship with the *status quo*. Bruner (1990:49-50) suggests that a central purpose of narrative is making sense out of deviations from the “canonical.” He maintains that “*the function of the story is to find an intentional state that mitigates or at least makes comprehensible deviation from a canonical cultural pattern.*” Coming from a very different perspective but making a related point is Hayden White (1980/1981:12), who states that “the reality which lends itself to narrative representation is the *conflict* between desire, on the one side, and the law, on the other.”

A key question, then, is whether this narrative role is restraining in its conservative nature or whether it provides the creativity to integrate the new and the old. H. White (1980/1981:23), who suggests that “narrativizing discourse serves the purpose of moralizing judgments,” seems to indicate the former. A more extreme statement comes from Robert Scholes (1981:208) who claims that “traditional narrative structures are perceived as part of a system of psychosocial dependencies that inhibit both individual human growth and significant social change.” “Narrativity itself,” he continues, “must be seen as an opiate to be renounced in the name of improvements to come.”

Yet many who affirm the role of narrative appreciate it for its very liberating capability. Certainly the clearest moral value expressed in White’s and Epston’s (1990:1-37) narrative therapy is freedom from dominant, oppressive stories.<sup>8</sup> For anthropologist, Victor Turner (1980:156), the key is in the performance of the story or drama in which “something new can be generated. The performance transforms itself.”

A second closely related tension in narrative epistemology is the inherent “falseness” of a story (as constructionists would all readily admit, it must be constructed rather than discovered – its

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<sup>8</sup> These authors (and Foucault on whom many of their ideas are based) are, of course, very much aware of the danger of a dominant story shutting out new liberating knowledge. The difference is that they stress the positive potential of narrative to liberate as well as to repress.

shape is therefore imposed by selection and punctuation) versus its aesthetic “truth.” A straightforward description of the distance between a narrative and the events themselves can be seen in Hayden White’s (1980/1981:19) statement: “The reality of these events does not consist in the fact that they occurred but that, first of all, they were remembered and, second, that they are capable of finding a place in a chronologically ordered sequence.”

The difference between historical truth and narrative truth is the primary subject of Donald Spence’s (1982:25) book on the narrative nature of psychoanalysis. He writes that

the model of the patient as unbiased reporter and the analyst as unbiased listener suggests a kind of naïve realism that is hard to imagine, harder to practice, and runs counter to everything we have learned about the way we come to understand the world.

This is due in large part to the narrative traditions that form our understandings. Spence is a good example, however, of how this lack of objectivity or “falseness” is not necessarily problematic. In our postmodern climate, narrative might be considered as a more honest form for what will never be truly objective in any case. When one gives up on the concept of an essentially accurate or true representation of events, the aesthetic value and/or utility of a narrative account may be superior to the surely unsuccessful attempts to “get at the truth.” One might also speculate that the “un-storying” of events required by any non-narrative account (i.e. avoiding as much as possible any sense of punctuation, selection, or causal links) distorts the described reality to an even greater extent than when the opposite processes impose meaning onto them.

### **2.5.2 Narrative in Anthropology**

Victor Turner (1986) was an anthropologist who was strongly affected by the hermeneutical writings of Wilhelm Dilthey (see also E. Bruner, 1986a:3). Together with anthropologists like Edward Bruner and Clifford Geertz, a strongly interpretive anthropology opposed the more structurally oriented field that preceded them (E. Bruner, 1986a:4). Bruner and Turner named their orientation the “anthropology of experience” surrounding which the first symposium was held in 1980.

While Turner (1980, 1986) focused on the dramatic metaphor, Edward Bruner (1986a&b) more explicitly used the concept of narrative. In his chapter, "Ethnography as Narrative," his description of a narrative understanding of the work of anthropologists foreshadowed much that would soon become the backbone of narrative therapy. One reason for the similarity is a heavy debt to Foucault (E. Bruner, 1986b:154) in common with narrative therapy developers White and Epston (1990).

Working on an epistemology in which "stories make meaning" Edward Bruner (1986b:140) describes the revolutionary way in which the dominant story told by anthropologists about Native American culture changed between the 1930's and the 1970's. In words that would soon be descriptive of narrative therapy, Bruner (1986b:143) writes:

Only after the new narrative becomes dominant is there a re-examination of the past, a rediscovery of old texts, and a recreation of the new heroes of liberation and resistance. The new story articulates what had been only dimly perceived, authenticates previous feelings, legitimizes new actions, and aligns individual consciousness with a larger social movement.

Bruner (1986b:153) also writes about how the process of change from one story to another takes place. It is the perceived discrepancy between the previously accepted story and the new situation that leads us to discard or question the old narrative; and it is the perceived relevance of the new story to our own life situation that leads to its acceptance.

Perhaps one of the only ideas that prevented Bruner's chapter from leading directly to psychotherapy is a somewhat fatalistic attribution of the source of new narratives to the changing conditions of world history (E. Bruner, 1986b:152). To the extent that this is true, intentional re-storying "therapy" could only take place through deliberate historical and cultural change rather than a clinical setting.

## **2.6 Narrative Theology**

A discipline outside of the human sciences that nevertheless has developed a relevant interest in narrative is that of theology. In a field as ancient, hermeneutically-inclined and text-based as

theology, it is impossible to isolate an emphasis on narrative. H. Richard Niebuhr's (1941/1989) chapter, "The Story of Our Life," however, certainly helped to focus contemporary interest on narrative.<sup>9</sup> When Niebuhr (1941/1989:21) begins by pointing out that "the preaching of the early church was not an argument... but a simple recital of the great events connected with the historical appearance of Jesus Christ and a confession of what happened to the community of disciples," he foreshadows Jerome Bruner's (1986:11-43) "two modes of thought" (i.e. the logico-scientific or paradigmatic and the narrative). Niebuhr (1941/1989:40-44) goes on to approach epistemological issues when he describes the crucial duality between internal and external history, our story and the story others tell of us. He concludes that revelation can only take place within our story, a Kantian conclusion based on the difficulty of describing the "events-in-themselves." While constructionist tones can be heard in this conclusion the remaining distinction between internal and external history is problematic viewed from the more radical epistemology of most contemporary narrative theology.<sup>10</sup>

More recently and more directly Hans Frei (1974/1989) and Stephen Crites (1971/1989) have piqued theological interest in narrative. Frei's work has been influential within the field of biblical hermeneutics (whose work on narrative has often been discussed in contrast to a more radically narrative hermeneutic suggested by Paul Ricoeur; see Hauerwas & Jones, 1989:6-7). According to Frei (1974/1989:53), a narrative hermeneutic was "eclipsed" by the rhetorical claims of the right and left ("religious apologetics and historical criticism." In so doing the logic of biblical narrative was "basically altered, indeed destroyed" (Frei, 1974/1989:63). A return to narrative allows a "figural interpretation" in which the

figure itself is real in its own place, time, and right, and without any detraction from that reality it prefigures the reality that will fulfil it. This figural relation not only brings into coherent relation events in biblical narration, but also allows the fitting of each present occurrence and experience into a real, narrative framework or world (Frei, 1974/1989:64).

Frei's work placed narrative in a key role in the developing "postliberal" theology to which he made such a large contribution.

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<sup>9</sup> Hauerwas and Jones (1989:5-6) also point out the less-defined but significant contribution of Karl Barth.

<sup>10</sup> The "problematic" distinction between internal and external histories then complicates emphases on narrative derived from Niebuhr, according to Hauerwas and Jones (1989:6).

Crites (1971/1989:66) was willing to give narrative an even more fundamental role. Making a phenomenological argument that “the formal quality of experience through time is inherently narrative,” Crites asserts the fundamental role of narrative in organising a life of experience. The largeness of his claim (with obvious theological, anthropological and psychological significance) can be seen in his description of sacred stories (by which he refers to the “story within the story,” a story “not directly told”): “These are stories that orient the life of people through time, their life-time, their individual and corporate experience and their sense of style, to the great powers that establish the reality of their world” (Crites, 1971/1989:70).

He goes on to assert that consciousness itself is “in at least some rudimentary sense narrative” (1971/1989:72). His overall thesis, then, is that “stories give qualitative substance to the form of experience because it is itself an incipient story.”

Another important contribution of Crites (1971/1989:85) is his understanding of the way narrative addresses the tendency of the modern age to get trapped in mind/body dualism. A narrative approach helps us to maintain a natural unity. He writes:

The self is not a composite of mind and body. The self in its concreteness is indivisible, temporal, and whole, as it is revealed to be in the narrative quality of its experience. Neither disembodied minds nor mindless bodies can appear in stories. There the self is given whole, as an activity in time.

Though he celebrates the human drive to “overcome the restless temporality of experience” in such non-narrative expressions as painting, sculpture, and meditation (Crites, 1971/1989:84), he insists that a problem of modernity is its “demonic” tendency to “become alternately seized by desiccated abstractions and scatological immediacies, the light of the mind becoming a blinding and withering glare, the friendly darkness deepening into the chaotic night of nihilism” (1971/1989:86-87). Narrative provides the possibility for the postmodern age to avoid this danger.

Crites' influence has been wide among all those interested in narrative in theological circles and perhaps even more in helping to elaborate the importance of narrative in philosophical and psychological circles (see, for example, his inclusion in Sarbin's *Narrative Psychology*, 1986).

Together with Frei and Crites, mention must also be made of Alasdair MacIntyre (1981/1984), whose seminal work *After Virtue*, also had wide influence within and without the world of theology. MacIntyre is a moral philosopher who frames a strong argument that ethics must always be linked to a narrative context.<sup>11</sup> His ambitious and controversial thesis is that the field of morality is fragmented and chaotic because the "enlightenment project" completely divorced the study of morality from its historical or narrative contexts. This made it a project which "had to fail." A primary weakness is that without a narrative context, ethics lost sight of any endpoint or *telos* and "without a teleological framework the whole project of morality becomes unintelligible" (1981/1984:56). Analysing the history of morality, especially in ancient Greece, MacIntyre (1981/1984:144) states that "belief in the virtues being of a certain kind and belief in human life exhibiting a certain narrative order are internally connected."

The central thesis that emerges from MacIntyre's (1981/1984:216) study is that:

Man is ... essentially a story-telling animal. He is not essentially, but becomes through his history, a teller of stories that aspire to truth. But the key question for men is not about their own authorship; I can only answer the question 'What am I to do?' if I can answer the prior question 'Of what story do I find myself a part?'

It is a conclusion that radically alters the study of morality as it re-defines the selves involved as narrative selves (MacIntyre, 1981/1984:217-218).

Stanley Hauerwas (1981, 1983, with Jones, 1989) has been among the most significant spokespersons for the significance of a narrative approach in theology. While concerned with the recent surge of interest because "too often it has been put to uncritical 'faddish' uses and/or has been the focus of confusion caused by a lack of conceptual clarity" (Hauerwas & Jones, 1989:1). It is important to push beyond these potential weaknesses because narrative "is a crucial conceptual category for such matters as understanding issues of epistemology and methods of



argument, depicting personal identity, and displaying the content of Christian convictions” (Hauerwas & Jones, 1989:5).

Finally, it should be pointed out that narrative approaches to theology can reach out beyond the confines of constructionist epistemologies. One might even say that they can rise above the philosophical wrangling over epistemologies by pointing out a path which experientially lies between some of the major options. An example of this is the reliance on a narrative approach by New Testament scholar, N.T. Wright (1992). He locates his approach not within constructionist arguments but in support of a position called “critical realism.” “This critical-realist theory of knowledge and verification, then, acknowledges the essentially ‘storied’ nature of human knowing, thinking and living, within the larger model of worldviews and their component parts” (Wright, 1992:45). In spite of the acceptance of limited realism, the dialogic nature of narratives ensures that it is “essentially a *relational* epistemology” (Wright, 1992:45) which lies very near to the modified social constructionist position described later in this paper.

## 2.7 Narrative Psychology

While the significance of narrative has been noticed in various human sciences, as well as theology, the prominence narrative has gained in psychology is particularly relevant.

### 2.7.1 Psychoanalysis and Narrative

A resurgence of interest in narrative began in the early eighties primarily in the writings of Roy Schafer (1980) and Donald Spence (1982). Schafer (1980:25) bases his narrative view on an alternative reading of Freud (as opposed to the typical “essentialist and positivist” view) which can generate an understanding in which “psychoanalysis is an interpretive discipline whose practitioners aim to develop a particular kind of systematic account of human action.” As Spence (1982:21) notes, this was in part a return to a concept important to Freud:

Freud made us aware of the persuasive power of a coherent narrative – in particular, of the way in which an aptly chosen reconstruction can fill the gap between two apparently unrelated events and, in the process, make sense out of non-sense. There seems no doubt

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<sup>11</sup> Crites’s (1971/1989:87) early insight anticipated even this important argument when he wrote that “ethical authority...is always a function of a common narrative coherence of life.”

but that a well-constructed story possesses a kind of narrative truth that is real and immediate and carries an important significance for the process of therapeutic change.

Schafer (1980:30) describes psychoanalysis as a “telling and retelling along psychoanalytic lines.” The narrative understandings brought in by the analysand meet the narrative structures of the analyst and the dialogue evolves into a new and hopefully therapeutic story.

Spence (1982:35) emphasises that the narrative truth that is constructed during psychoanalysis is not historical truth,<sup>12</sup> but that “the historical truth of an interpretation is less important than is usually assumed.” More important than the archaeological discovery or even *reconstruction* of the past is the active *construction* of the past. This construction, asserts Spence (1982:175), actually “*becomes* the past in many cases because many critical early experiences are preverbal and, therefore, have no proper designation until we put them into words.” The significance of the new paradigm suggested by Spence is summed up by Robert Wallerstein (in the preface to Spence, 1982:12) who describes it as a transformation

Of reconstruction into (new) construction, of acts of discovery into acts of creation, of historical truth into narrative fit, of pattern finding into pattern making, of veridical interpretation into creative interpretation, of all interpretation into a species of (more or less) inexact interpretation, of analysis essentially as a science of recovery of the past into a science of choice and of creation in the present and future, and of psychoanalyst as archeologist and historian, into psychoanalyst as poet, artist, and aestheticist.

Together, Schafer and Spence opened a narrative door for psychoanalysis to enter the postmodern world.

### **2.7.2 Narrative and the Self**

Another cluster of psychological interest in narrative centres around the role of narrative in developing an identity or in forming a self. As early as the nineteenth century, William James (paraphrased in Polkinghorne, 1988:149) believed that “personal identity ... is an idea that a person constructs.” As mentioned earlier, Mead drew attention to the social nature of this construction. Recently, theories focusing on the narrative nature of this construction range from

the radically social views of Kenneth Gergen (1991, 1994) and John Shotter (1989) to the more individually-oriented developmental view of Dan McAdams (1993).

To many, the relationship between identity and one's life story is so self-evident that it is not at all unusual to see one's self and one's narrative to be one and the same. Indeed a recent book that combines a literary and psychological approach is entitled, *The Stories We Are* (Randall, 1995). Guy Widdershoven (1993:6-7), bringing a European hermeneutic viewpoint to the relationship of identity and narrative asserts that stories "tell us who we are." According to Widdershoven, "we only become aware of the significance of ... experiences by telling stories about them and fusing them with other stories. In this process the pre-narrative structure of experience is articulated and changed into a narrative pattern." This creates "narrative identity" which is "the unity of a person's life as it is experienced and articulated in stories that express this experience."

McAdams (1993:11) has crafted a narrative-based identity into an elaborate developmental theory. He states that "we each seek to provide our scattered and often confusing experiences with a sense of coherence by arranging the episodes of our lives into stories." In our earliest years, our lives acquire a "narrative tone," a "set of unconscious and nonverbal 'attitudes' about self, other, and world, and about how the three relate to each other" (McAdams, 1993:47). In later childhood our lives accumulate themes and ideologies which we begin to consciously fashion into a "personal myth" sometime during adolescence. This myth-making becomes a primary occupation of our adult lives:

We attempt, with our story, to make a compelling aesthetic statement. A personal myth is an act of imagination that is a patterned integration of our remembered past, perceived present, and anticipated future (McAdams, 1993:12).

Donald Polkinghorne (1988:150) is another psychologist who believes the self is a narrative creation. He states that "we achieve our personal identities and self concept through the use of the narrative configuration, and make our existence into a whole by understanding it as an expression of a single unfolding and developing story." Polkinghorne's (1988:151) interest is largely directed toward research; in this regard he concludes:

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<sup>12</sup> Due to factors such as "narrative smoothing," this is especially true of the clinical accounts of stories retold to

If the study and uniqueness of the self is achieved through the process of narrativity and if one conceives of one's own particular existence as a special story and not as a physical or mental thing, then more adequate, hermeneutically oriented research tools will be needed to study personal identity. These tools will seek to understand the self as an expression, and will be modeled on the processes a person uses to understand the meaning of a sentence, not on procedures for identifying characteristics or qualities.

## 2.8 Narrative Therapy

The rapidly spreading interest in narrative took a decisive step into the clinical arena with the publication of Michael White's and David Epston's *Narrative Means to Therapeutic Ends* (1990). They (1990:2) state that White's first turn toward narrative came through the "interpretive method" of Gregory Bateson (1972, 1979), while other interpretive anthropologists like E. Bruner, Geertz and Turner all played a role as well. From these, and other social scientists, White and Epston (1990:9) settled on a "strong preference" for the "text analogy," a view of social organisation that does not propose objective realities but suggests that behaviour and relationships can be conceived of "in terms of the reading and writing of texts." This led to the therapeutic assumption that

persons experience problems, for which they frequently seek therapy, when the narratives in which they are "storying" their experience, and/or in which they are having their experience "storied" by others, do not sufficiently represent their lived experience, and that, in these circumstances, there will be significant aspects of their lived experience that contradict these dominant narratives (White & Epston, 1990:14-15).

The implications of this assumption led White and Epston to the development of narrative therapy.

The sociopolitical flavour of their model was heavily influenced by the writings of Michel Foucault. White and Epston (1990:18-32) accept Foucault's linkage of power and knowledge, and this understanding has led them to understand that a dominant story, growing out of the "unitary knowledge" of oppressively used power in society, is generally linked to a person's

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"exemplify a particular principle or axiom" (Spence, 1982:213)

experience of problems. Seeking for evidence of “subjugated knowledges,” alternative stories or aspects of experience that were previously neglected become a major goal of therapy.

This consciousness of sociopolitical factors combined with the collaborative and constructionist fit of a narrative model to emerging postmodern sensibilities led to a great deal of excitement about this view of therapy, particularly with its introduction of two powerful techniques: *externalising the problem and letter-writing*. Soon interest in narrative therapy nearly eclipsed the earlier excitement in the nearest constructionist relative, the solution-focused therapy of Steve de Shazar (1991). While emphases such as collaboration and the search for exceptions provide a similarity, some narrative therapists criticise solution-focused therapy for its “apparent faith in technique” and its “almost glib assurance that there is a solution to be found” (Parry & Doan, 1994:18).

### **2.8.1 General Characteristics of Narrative Therapy**

Narrative therapy will be described by outlining first its general characteristics, followed by a brief analysis seen through three phases typical of narrative therapy.

#### **2.8.1.1 The Collaborative Stance**

Ever since the earliest days of second-order cybernetics, family therapists have been trying to extricate themselves from the problematic role of expert in relation to their clients’ lives (Freedman & Combs, 1996:5). The narrative therapist aims for a posture of humility, respect, and curiosity regarding the people and stories that present themselves in their offices. This transforms many traditional aspects of therapy including the avoidance of such important past concepts as “diagnosis” and “assessment” (Winslade, Crocket & Monk, 1997:56).

The therapist is open and up-front regarding her collaborative stance. “We cannot make any promises about the final outcome but can talk simply and openly about our approach and emphasize our preference for a partnership relation in the counseling conversation” (Winslade, Crocket & Monk, 1997:62).

For some the honesty and openness about one's stance is more important than meeting some impossible ideal of being non-directive. The importance of this collaborative stance within the postmodern context of narrative and other constructionist therapies means there has been close scrutiny of whether the therapist successfully avoids the improper use of power. Karl Tomm (1993:65), who has been among those very sensitive to this issue, is an example of this as he actually commends White for taking "a major leadership role during his reconstruction work in therapy. He takes initiative to enable clients to set new directions in their lives." However, Tomm (1993:66) also critiques White stating "this tendency to underemphasise his personal involvement in the reconstructive process may be a side effect of the lack of an open acknowledgement and critique of his own power." Rather than philosophical extremes, Tomm concludes, "deliberate therapeutic initiatives are indispensable in clinical work." It should be remembered after all, as O'Hanlon (1994:22) points out, even "the interest in narrative is not client driven."

Part of the honesty suggested is to take a clear position of "not-knowing" (Anderson & Goolishian, 1988:378; Freedman & Combs, 1996:44). This is not a pretence of general ignorance but an avoidance of certainties and pre-understanding. One outgrowth of this stance is an emphasis on questions. White and Epston (1990:17) write "re-authoring of lives and relationships is achieved primarily, although not exclusively, through a process of questioning." This sets the general trajectory of narrative therapy toward opening up possibilities rather than narrowly focusing on any reductionistic solution. Anderson and Goolishian (1988:381) write, "the goal of therapy is to participate in a conversation that continually loosens and opens up, rather than constricts and closes down." One benefit of the "not-knowing" position is the avoidance of an expertise that is often so focused on pathology that "we end up making the very things that people came to therapy to escape more real, more vivid, and more oppressive" (Freedman & Combs, 1996:46).

Parry and Doan (1994:120) sum up many of these thoughts when they build on the textual analogy of narrative therapy to suggest that therapists consider themselves as editors:

The editor's job is not to become the major author, but rather to serve as one who provides space for the client (the major author) to cut, paste, and rearrange the present story such that it suits him/her [the client] better. In narrative therapy, this is accomplished by interacting with the client in such a manner that a better story is coevolved in the process of this interaction. We further suggest that the therapist can most usefully provide space for story re-vision through a process in which listening to the client's story is carefully mixed with questioning conducted from an 'editorial' stance.

In true postmodern self-critique, they also quickly point out that the 'editor' metaphor may still sound a little too encouraging of an expert status, and that "editorial catalyst" may actually give the better idea, though they stick with the simplicity of the term 'editor' (Parry & Doan, 1994:120).

### **2.8.1.2 The Non-blaming Focus**

A second characteristic of narrative therapy is the avoidance of any blaming or identification of the problem with any persons. It is nearly an official motto of narrative therapy that "the person is never the problem; the problem is the problem" (O'Hanlon, 1994:24, attributed to White in Freedman & Combs, 1996:47). Neither the individual (the identified patient in earlier family therapy language), nor the family system is identified with the problem. O'Hanlon (1994:23) suggests that narrative therapy is the vanguard of a "third wave" of therapies that "draw attention to far larger systems, such as the daunting cultural sea we swim in."

Yet even culture is not so much blamed as it is seen as an accomplice of the externalised problem, which is often personified to the extent that it takes on nearly demonic form. O'Hanlon (1994:24) writes, "this is not a politics of blame – finding out who the terrible oppressors are (men, white people, wealthy capitalists, etc.) – but a politics of liberation on a very individual level." With the final blame landing squarely on the problem itself, the history and pain can be looked at (as opposed to O'Hanlon's second wave which minimised this type of focus, 1994:23) without turning the client into a passive victim. This non-blaming focus is, of course, most clearly incarnated in the technique of externalisation, central to narrative therapy.

### 2.8.1.3 The Hopeful Tone

Gerald Monk (1997:3-4), who compares narrative therapy to the “archaeology of hope,” asserts that:

Narrative therapy requires an optimistic orientation. The main character in the plot is frequently positioned in the therapeutic conversation as the courageous victor rather than the pathological victim, as a colorful individual who has vivid stories to recount rather than a hopeless individual leading a pathetic life. The stories will not only change the teller in the telling but will also change the counselor as a privileged audience of the tale.

When O’Hanlon (1994:22) watched a video of Michael White working with an unresponsive girl dying of anorexia, he referred to White as “more psychotically optimistic” than he was himself. A narrative therapist is convinced by theory and experience that the threads of a more hopeful, alternative story always exist.

This is not a shallow optimism, but one that energises a deeply compassionate persistence. Another commentator on White’s work writes:

There is a startling tenacity about the process, a kind of polite but unshakeable insistence on participation, a refusal to let people off the hook, even after hours and days of non-response —long silences, embarrassed shrugs, parrot-like reiterations of ‘I don’t know.’ White will not allow the people who consult him to slip away into the sad night of their misery. He simply will not give up (Wylie, 1994:42).

This kind of hope must be real and not put on for the occasion. As O’Hanlon (1994:28) states about both Epston and White: “their voices, their postures, their whole beings radiate possibility and hope.” *This hopeful tone characterises successful narrative therapy.*

Having described some of the most important characteristics of the process of narrative therapy,<sup>13</sup> I will now break the process of therapy into three movements or phases. This should not give the

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<sup>13</sup> White and Epston (1990:83) specify eight elements that would characterise a “therapy situated within the context of the narrative mode: 1) privileges the person’s lived experience; 2) encourages a perception of a changing world through the plotting or linking of lived experience through the temporal dimension; 3) invokes the subjunctive mood in the triggering of presuppositions, the establishment of implicit meaning, and in the generation of multiple perspective; 4) encourages polysemy and the use of ordinary, poetic and picturesque language in the description of experience and in the endeavor to construct new stories; 5) invites a reflexive posture and an appreciation of one’s participation in interpretive acts; 6) encourages a sense of authorship and re-authorship of one’s life and



impression, however, that these phases are clearly distinct or chronological. While there is some sense of sequence that is typical, the phases would overlap and move back and forth freely.

## 2.8.2 Three Phases of Narrative Therapy

### 2.8.2.1 Phase 1 – Deconstruction: The Possibility of a New Story

Borrowing the term from the literary philosophy of Derrida, the first phase of narrative therapy is that of deconstruction. White (1993:34) is clear, however, that in spite of a Derridian influence, his use of the term is not in “its strict Derridian sense.” He defines his use of the term as having to do with

Procedures that subvert taken-for-granted realities and practices: those so-called “truths” that are split off from the conditions and the context of their production; those disembodied ways of speaking that hide their biases and prejudices; and those familiar practices of self and of relationship that are subjugating of person’s lives (1993:34).

White (1993:35-59) cites three targets of this deconstruction: the narrative of the self, the practices of power in our culture that impose themselves into the stories of clients, and the practices of knowledge that clients tend to expect of the “experts” they face.

The primary target, of course, is that of people’s stories, and the attitude that guides deconstruction is the confidence that “those stories have many possible meanings” (Freedman & Combs, 1996:47). The listening and the questions asked by the therapist all communicate subtly or directly the social constructionist epistemology that undergirds it. In this specific case, the clients’ understanding of their own story is only one perspective on the events and experiences of their lives. The therapist’s curiosity (White, 1993:59) about the attributed meanings of the story at every level opens up a multiplicity of possible interpretations wherein the “content and meaning of people’s stories almost always become less restrictive” (Freedman & Combs, 1996:50).

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relationships...; 7) acknowledges that stories are co-produced and endeavors to establish conditions under which the ‘subject’ becomes the privileged author; and 8) consistently inserts pronouns ‘I’ and ‘you’ in the description.

The often oppressive practices of power in our culture are also deconstructed, primarily through being “unmasked” (White, 1993:53). Since this societal power operates largely by assigning a “truth” status to its own constructions, this unmasking empowers individuals to “counter the influence of these practices in their lives and relationships.” As the practices of power continue to be deconstructed, the people “no longer experience being at one with these practices and begin to sense a certain alienation in relation to them” and hence become free “to develop alternative and preferred practices of self and of relationship” (White, 1993:54). Therapists, having cultivated “a growing awareness of the dominant (and potentially dominating) stories in our society” (Freedman & Combs, 1996:58) actively challenge these dominant stories by collaboratively examining their effects. They do not take a position of neutrality that is seen as supporting the status quo, but neither are they “inflicting [their] beliefs on the people [they] work with” (Freedman & Combs, 1996:57).

Finally, the therapist seeks to deconstruct the practice of knowledge that is largely represented by himself. Traditionally, the professional expert is seen as the priest of science, declaring what is true about illness and healing. The dismantling of this disempowering story is a central motivation for the “not-knowing” stance described above. Language is used very carefully by the narrative therapist because of the understanding that language contains “built-in injunctions against questions that might be raised about their [global and unitary knowledges] socio/political/historical contexts” (White, 1993:56). It is largely for this reason that diagnostic and medical language is generally avoided.

Far and away the most important technique<sup>14</sup> for this deconstructive work is that of externalisation. David Epston (1993:161) actually recalls once asking Michael White where his work would be without externalising and White responded with an “immediate and conclusive ‘Nowhere!’” Epston agreed.<sup>15</sup>

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<sup>14</sup> In using the term ‘technique’ for externalising, I do not intend to reduce the term to something mechanically applied to therapy. Freedman and Combs (1996:47) state their belief that “when people approach externalization as a technique or a linguistic trick, it can come off as shallow, forced, and not especially helpful.” Nevertheless, externalising does play a similar role to that played by technique in other therapies.

<sup>15</sup> In his commentary on this chapter (a presentation at the “Therapeutic Conversations” conference), O’Hanlon (1993:178) suggests that important as externalising is, he hoped they were clearly exaggerating.

White and Epston (1990:38) describe externalising as

An approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem.

Externalising takes place largely through carefully worded questions which grow out of the therapist's deeply-held conviction that the "person is never the problem" (O'Hanlon, 1994:24). Many of these questions are a part of what is called "relative influence questioning" which begins "at the outset of the first interview, so that persons are immediately engaged in the activity of separating their lives and relationships from the problem" (White & Epston, 1990:42).

There is a two way direction to this relative influence questioning. The first tends to focus on "mapping the influence of the problem" in the person's life and relationships (White & Epston, 1990:42-44). Questions draw out a comprehensive story of how the problem has interfered and when, where and how the problem has been especially strong in its influence. This process not only separates the person from the problem but also implies the possibility of the exceptions that will follow.

The second direction is "mapping the influence of persons" on the 'life' of the problem (White & Epston, 1990:45-48). This continues the externalising process while drawing out aspects of the person's usually neglected role as an agent in the process. If one influences the problem, one is not a passive victim. If a person sees the way in which she has already played an active part in resisting the problem, it may not seem as impossible to believe that one can play an even more active role.

Since the problems are quickly objectified, it is important that problem definition is never imposed on the person; rather, "the persons' description of it and of its effects in their lives and relationships are privileged" (White & Epston, 1990:46-48). If initial terminology to name the problem needs adjusting (e.g. due to being too general or too specific) then this will often become apparent during the relative influence questioning. There is also a preference for more popular

rather than 'expert' terminology and, particularly with children, playful terms are often used, the best known from White's work probably being "Sneaky Poo" as the named problem for a child with encopresis.

Another belief related to externalising problems is the view that "the problem and its effects are linked in a relation of dependence" and, therefore, "the problem is dependent upon its effects for its survival" (White & Epston, 1990:61). This belief helps persons to see that any success at resisting the usual effects of a problem is also a step toward the problem's extinction. Persons come to see themselves as ones who are undermining the problem, cutting off its lifeblood. They *have a revised relationship with the problem.*

In White's and Epston's (1990:65-76) view, the process of externalising counters the modern cultural practices of objectifying and subjugating persons and their bodies. This oppressive aspect to society tends to make people "self-subjugating," guardians of the way they measure up to imposed standards, that increasingly make persons see themselves as the problem. Thus externalising not only positions persons to deal more effectively with the problems in their lives but also positions them to resist the subjugating aspects of culture which often work hand-in-hand with the problem.

Epston (1993:164-172) describes externalising discourse as contrary to the internalising discourse typical of psychology in the past, particularly those associated with a medical model.

#### **2.8.2.2 Phase 2 – Transition: Choosing the New Story**

Once space begins to be opened up by deconstructing the "problem-saturated" or dominant story (White & Epston, 1990:16), the narrative therapist patiently draws out the neglected details, events and behaviours that will contribute to the telling of a new or alternative story.

This is marked by the search for exceptions, or "unique outcomes" (White & Epston, 1990:15, after Goffman, 1961) or "sparkling events" (Freedman & Combs, 1996:89). As mentioned above this search overlaps with the part of relative influence questioning which maps the influence of the person on the life of the problem. Any effects the person has on the problem already

demonstrate that the person is an active agent who is able to nurture or starve the problem. The continuing search for the building blocks of a new story also serves to reinforce the experience of the problem as external.

Any other moments which involve a person's relative freedom from the problem are elicited and granted significance. This attention, this "noticing," is a crucial part of the search for exceptions since there is generally some awareness of these behaviours and relationships that haven't fit into the dominant story, they simply haven't been granted much significance. The therapist underlines the new significance granted to these exceptions as part of an alternative story.

As the seeds of a new story are developed, narrative therapists maintain the attitude that the clients remain the "privileged authors." The therapist does not work toward a finished story as a preconceived goal, but rather works to "co-author a story a piece at a time" (Freedman & Combs, 1996:88). To help avoid being overly directive, the emphasis remains on questions asked in a "subjunctive mood" (1996:89, cf. J. Bruner, 1986:26).

Freedman and Combs (1996:101-104) provide clear steps that can guide a therapist in the task of transforming a unique outcome into a story with a history and a future. These involve asking questions about which events or relationships in the past may have had "something in common" with the unique outcome and what impact the unique outcome might have on the future.

A word which is used by Karl Tomm (1993) to describe this phase is "bifurcation." This emphasises the movement toward a choice that a person increasingly faces between the old story and the new. This emphasis on choice is perhaps under-reported since it is indirect.

Parry and Doan (1994:56-59) describe several techniques that are a part of this phase, most of which have to do with drawing out comparisons and contrasts. One is comparing the "rules" of the old and new story, or the "specifications of personhood." They also suggest more overt training than might be typical of narrative therapists by assigning a "multiple-story exercise" (1994:59-61). Clients are invited, when confronted with troublesome situations, to "tell themselves at least three stories."

The second phase then, draws out the threads of an alternative story and raises it to the status of a possible choice to replace the older, dominant story. Contrasts and comparisons clarify what is at stake in this choice. The therapist is not a neutral bystander of this choice but a clear advocate of the new story since its origins do not lie in the intentions of the therapist but in the neglected possibilities of the client's life. These possibilities are shaped collaboratively, and the therapist actively encourages adopting this newly unfolding story.

### **2.8.2.3 Phase 3 – Thickening: Establishing the New Story**

As the client's loyalty to the new story takes root, the focus increasingly moves to "thickening" the new story (Freedman & Combs, 1996:195). Yet, deconstructing and bifurcating work still go on as well.

Apart from the concept of externalising, the main practical suggestion emerging from White and Epston (1990:188) was the use of letter-writing. They note the increasing importance of "modern documents and their role in the redescription of persons." Through a variety of letters and certificates (White & Epston, 1990:84-216), they offer "counter documents" which support a newly forming story. Letters are used for a variety of purposes, but always to help thicken the alternative plot.

Once allegiance to the new story is a clear desire, a possibility emerges to experiment with living "as if" the new story were true. This can be done first as an imaginative exercise in a clinical setting or as a behavioural experiment in the midst of a person's regular circumstances. Emphasis on the temporary, "as if" and experimental nature of this change seems to help free individuals to live differently. Experiences gained as a result become further evidence of the "real" possibility of the alternative story.

A key component of the thickening stage is the integration of the new story into a client's relationships, her social world. Two metaphors are used to this end. One is that of "recruiting an audience" (Freedman & Combs, 1996:238-263). Audiences for the new narrative may be imagined, invited to the session, or given a letter. Potential members of an audience are diverse; they may include relatives, friends, and co-workers already involved, members of a therapeutic

team (especially “reflecting teams,” other professionals, and other persons resisting the influence of similar problems - often in the form of “leagues”<sup>16</sup>). In all of these cases, the audiences can “make up local subcultures which construct and circulate alternative knowledge – knowledge that provides new lenses through which to interpret experience” (Freedman & Combs, 1996:237). Herein lies a crucial emphasis that is related to narrative therapy’s emphasis on distinctions between social constructionism and constructivism.

Other forms of thickening are as diverse as the therapist’s and client’s imagination. Awards, decrees, rituals and symbols (Freedman & Combs, 1996:250-252) are among the many additional ways in which strands of experience are added to the alternative narrative. Anthropologist Victor Turner (1986:37) writes “hard-won meanings should be said, painted, danced, dramatised, put into circulation,” and Edward Bruner (1986a:25) states “stories become transformative only in their performance.” With the emphasis on questions and story, it should be stressed that narrative therapy remains an experiential therapy. A thickened story is an experienced story.

Clearly many aspects of the thickening phase prepare the client to live in the new story, the new reality, beyond the time in which they are actively engaged in therapy. Along with this new story in particular, wholeness is also made more possible through the awareness of the re-storying process and the possibility of separating from problem-saturated stories.

### **2.8.3 Critiques of Narrative Therapy**

#### **2.8.3.1 Salvador Minuchin: Where’s the Family?**

A lively example of the critique and dialogue involving narrative therapy is the brief article by Salvador Minuchin (1998, 1999) and its follow-up commentaries published in the *Journal of Marital and Family Therapy* from October 1998 to April 1999.

Minuchin (1998), the highly respected developer of structural family therapy, questioned the reduced significance of the family in postmodern therapies such as narrative therapy in his article, “Where Is the Family in Narrative Family Therapy?” Referring both to the theories and practices

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<sup>16</sup> Such as anti-anorexia and anti-bulimia leagues.

of practitioners such as Freedman and Combs, Harlene Anderson, Karl Tomm, and Michael White, he concludes that

narrative therapy has moved away from systemic principles in order to highlight context and culture, but ....In the process, theorists seem to have misplaced the family – that prominent, intermediate locus of context and culture within which people live – and practitioners have returned to an emphasis on individual human psychology that not only is traditional but does not fit the parts of postmodern theory that emphasise social relatedness” (Minuchin, 1998:403).

More specifically, Minuchin (1998:403) feels that though narrative has contributed much of interest to family therapy, including its emphases on alternative meanings, collaboration and elegant questions, it has lost some key elements:

First, the observation of dialogues among family members and their effects on interpersonal patterns. Second, the spontaneous and induced enactments that transform a session into a live scenario, with transactions among family members that are multiply voiced and multiply acted out. Third, the recognition of the therapist’s knowledge as a positive force for healing. Fourth, the realization that a therapist’s participation in the family process provides an experiential connectedness with the family and allows for the use of self as witness, collaborator, expander, and enricher of experience. Fifth, the acknowledgement that it’s impossible for the therapist to function without bringing a personal bias into the situation; if that reality remains invisible, it must inevitably distort the patient-therapist relationship. Those are serious losses.

Responses to this article came from Combs and Freedman (1998), Tomm (1998), Sluzki (1998), Anderson (1999) and Schwartz (1999). Minuchin (1999) also responded to the comments of the first three. As a whole, these pieces could be studied from many fascinating angles, including the role of emotion and defensiveness in the midst of a dialogue about theory and practice. Apart from the counter-attacks regarding Minuchin’s lack of postmodern sensibilities, the gist of the responses seems to be that narrative therapy remains completely oriented toward a relational psychology, but that the family is: a) viewed differently from earlier systemic theories, b) is not viewed as an absolute necessity in the clinical setting, and c) is only one of many important social



contexts. Most of the different points of view seem possible to integrate when not viewing the situation polemically.

The point of contention that seems immovable, however, is the role of expertise. Minuchin (1999:13) clearly stands by the idea that “there is space and a need for benign expertise” whereas he sees postmodernists as asserting that “all organised authority is questionable, all expertise is power, and the use of power is always for increasing power.” This position strikes Minuchin as an example of political ideology overriding clinical perspective. What gives weight to Minuchin’s argument is the apparent difficulty of narrative therapists to live up to their theoretical ideals of non-expertise as Minuchin (1998:401) points out about Karl Tomm, (1993), who, in turn, suggested the same about Michael White as referred to earlier.

Granted that the non-expert role is a difficult ideal of narrative therapists, perhaps one of the therapists who addresses this issue most self-consciously is Harlene Anderson (1997:95).<sup>17</sup> Anderson avoids any position of expertise in terms of content, but is comfortable accepting the role of expert in terms of process – “a therapist is the expert in engaging and participating with a client in a dialogical process” – and critiques narrative therapists who take on the role of narrative editor and

purport to fight certain dominant social discourses [and] inadvertently and paradoxically marginalize a client when they assume their counternarrative (for example, social injustice, gender inequality, institutional colonisation) is better for a client (H. Anderson, 1997:97).

It may also be worth pointing out that Minuchin (1999:13) adds another important critique of narrative therapy concerning its privileging of language over experience. This emphasis on language threatens to ignore “mysteries that silence or obfuscate language” and “renders invisible the individual as a biological organism; temperament, sweat, pain, well-being, and diminished strength are not translated, in all their complexity, into language.” This non-linguistic aspect is a crucial part of lived experience that is probably compensated for in many practitioners’ personal styles, but the core of material on narrative therapy does not appear to address this concern.

### 2.8.3.2 A Christian Critique

Christian counsellors have certainly been among those enthusiastic about narrative therapy, but not always without misgivings. A dissertation by Robert Piehl (1999:6) addresses the dilemma faced by Christian therapists who feel that “many of the assumptions that are brought forward in narrative therapy literature embrace the kind of postmodernism that challenges traditional evangelical understanding of the Christian faith.”

Piehl (1999:6) believes that

the theoretical and practical direction of family therapy, as shaped by narrative therapy authors, prohibits those therapists whose beliefs are shaped by authoritative metanarratives (including the Christian master story) from engaging in and benefiting from the insights of the narrative approach.

Piehl provides a comprehensive introduction to the dialogue between Christian faith and narrative therapy philosophies and practices, including a detailed argument that narrative therapists misunderstand and misapply such sources as Foucault and Lyotard.

Piehl’s (1999:91-99) efforts are very thorough and point out the inconsistencies of a therapy which delegitimizes metanarratives while it cannot help setting itself up as a new metanarrative.<sup>17</sup> Related to this is the contention that “the narrative community appears to have too quickly labelled all metanarratives as oppressive and violent.” Local narratives, preferred by narrative therapists, may also legitimate violence (supported by the study of Middleton & Walsh, 1995:76) whereas metanarratives have the positive potential of supplying a global and historical perspective.

While Piehl (1999:99) stresses that caution about the use of metanarratives is necessary, his clear agenda to defend the legitimacy of the “Christian *master* story” (emphasis mine) will make his critique uninviting even among Christian postmodernists. Piehl (1999:138-141) insists that this master story is “one such nontotalizing metanarrative that posits a representation of a totality, but

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<sup>17</sup> Anderson’s (1997:211-234) therapy (“collaborative language systems” therapy) is a near cousin of narrative therapy with a social constructionist base and heavy use of the narrative metaphor.

<sup>18</sup> This critique is supported by the work of Burnette (1995) and Jameson (1991).

is not inherently oppressive.” Within a postmodern worldview this comes across as an oxymoron, especially when followed up by the bald statement: “the Bible is the text of totality.”

While Piehl feels his view is supported by the work of narrative theologians, I would suggest that the beauty of narrative theology is that it provides a pathway toward a view of the Bible that highly respects the text without requiring language of a “master story” or totalities. It is a personal, dynamic story of God’s interaction with humanity which can and has been interpreted in countless ways but which does not require legitimising language or argument. In other words, I agree wholeheartedly with Piehl’s critique of the narrative therapy (and general postmodern) community’s view of metanarratives, but the counter-suggestion of a non-oppressive valuing of the Christian story would be much more convincing without the strong language and defensive stance which Piehl uses.

## **2.9 Conclusion**

As social constructionism has increased in prominence, emphases in many forms of therapy has shifted toward the creation of shared meaning. The role of language, symbols and narratives has been noticed and increasingly made a part of psychotherapy theory and practice.

The narrative form has particularly gained prominence in recent decades, coming into focus most clearly in the formation of narrative therapy. If narrative therapists remember, as Robert Doan (1998:385) suggests, that “narrative therapy is a socially constructed reality just as much as any other set of ideas,” then the humility built into its own framework will give narrative therapy the flexibility to adapt and dialogue with other points of view.

This potential for adaptation and dialogue will allow a social constructionist perspective, especially as this perspective has highlighted the role of narrative, to suggest new insights about a different path toward wholeness, inner healing prayer by facilitating a fresh interpretation of IHP from a point of view different than those who have usually described IHP.

## CHAPTER 3 – The Development and Practice of Inner Healing Prayer

### 3.1 Introduction

The shape of Christianity changed radically during the last century. Peter Wagner (1988:17-19) describes three “waves of the Holy Spirit” that were a significant part of the changing landscape. The first wave was the Pentecostal movement, an outgrowth of the holiness movement sparked by the remarkable revival that took place in California in the 1900’s.<sup>19</sup> This movement grew rapidly, but was regarded with a great deal of suspicion and took “almost half a century to gain respectability among other Protestants.”

The second wave was the charismatic movement, which had its peak in the sixties and seventies as a similar emphasis on the baptism and gifts of the Spirit affected large portions of mainstream churches, Catholic and Protestant. Many of those involved in this movement remained in their congregations or denominations and brought renewal to these traditional bodies.

The Vineyard movement led by John Wimber beginning in the early eighties typified the third wave, according to Wagner (1988:29). This third wave, with a mixed origin including the Jesus Movement<sup>20</sup> and other evangelicals, brought similar experiences of the present power of the Holy Spirit to younger Christians and non-Christians eager to see a church that could actually “do the stuff.” The Vineyard movement intentionally sought what they came to refer to as “the radical middle,”<sup>21</sup> a blending of evangelical theology and charismatic experience (Fitch, 2000:18).

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<sup>19</sup> This event most commonly understood to mark the beginning of the real growth of the movement, though it had its antecedents. Kelsey (1973/1995:187), for example, suggests Pentecostalism began three centuries earlier in southern France.

<sup>20</sup> Many parts of the Jesus Movement were charismatic, and this movement forms one of the key links between the second and third waves of the Holy Spirit.

<sup>21</sup> The “radical middle,” according to Bill Jackson (1999:18-19), is the “perfect balance between biblical truths in tension.” Theologically, this position owed much to George Ladd (1959, 1974) and his kingdom theology of the “already here” and the “not yet here.” Other examples of tensions held together are head/heart, Word/Spirit, and divine sovereignty/human responsibility.

It is primarily among these latter two movements that inner healing prayer (IHP) developed and spread rapidly during the second half of the century (Hurding, 1995:297). In a sense it was the logical application of the charismatic experience to the wounds that so many carried from their past. Hurding (1995:297) characterises the spirituality that opened the door to IHP as exhibiting “an openness to the Spirit’s influence, a readiness to engage the less cerebral elements of human response in worship, and a profound commitment to ‘one-anotherness’ in the faith community.”

### **3.1.1 Descriptions of IHP**

While a great deal has been written about IHP, almost all of these descriptions have been written by those who are actively engaged in its practice. These accounts are largely anecdotal with more or less effort made on occasion to explain theoretical and theological aspects of what is taking place. These self-descriptions will form the bulk of the raw material for this chapter.

There has been some discussion of IHP in academic journals. Alsdurf and Malony (1980a&b) wrote a critique of Ruth Carter Stapleton’s ministry with varied published responses (Buell, 1980; Probst, 1980a; Jackson, 1980; Cerny, 1980). Later articles discussed the latent theory found in Agnes Sanford’s work (Clark, 1989; Alsdurf, 1989). Other isolated articles have provided contextual descriptions of different aspects of IHP including Chordas and Gross (1976), Furniss (1984), Hurding (1995), and Garzon and Burkett (2002). These articles have contributed to a fuller perspective of IHP, with the latest (Garzon and Burkett, 2002) pointing most intentionally toward the need and possibility for further research.

A couple of unpublished dissertations (Ten Eyck, 1993; Jones, 1998) are examples of the scant empirical research of IHP that has taken place, though an older study by Probst (1980b) represents research into a dynamic (imaging Jesus) that is closely related to IHP.

While all of these sources have contributed to a deeper understanding of IHP, there has not been a thorough analysis or interpretation of IHP from an outside perspective, nor significant attempts to understand the experience of those persons who receive IHP. This study hopes to address those gaps. This chapter, however, is intended primarily to describe the inside story of IHP as described by those who practice it.

### 3.1.2 Names and Definitions for IHP

It is somewhat ironic that few of those involved in IHP appreciate the term ‘inner healing,’ yet it continues to be heavily used. Sandford and Sandford (1992:53) suggest the term is a misnomer: “Healing suggests fixing something that is broken, whereas God has no intention of ‘fixing’ our soul.” What is required is “death and rebirth into newness of life.” They also find the phrases “healing of memories” or “healing of damaged emotions” insufficient to describe what their ministry is about. They suggest that “inner healing should really be called ‘counsel and prayer for the sanctification and transformation of all Christians.’” They continue, however, to use the term ‘inner healing’ (e.g. 1992) for the sake of broader communication, though often using the term “transformation” as a synonym.

Leanne Payne (e.g. 1981:19) avoids the term, choosing most often to refer simply to “healing prayer,” or to “prayer for healing of memories” when referring to that particular aspect of IHP. Anthropologist Charles Kraft (1993) does not mention any trouble with the term inner healing but consistently substitutes the term “deep-level healing” in his book.

Nevertheless, the term “inner healing” remains the most universally understood term to refer to a certain type of prayer ministry with a common focus.<sup>22</sup>

Michael Scanlan (1974:9) writes one of the clearest and simplest definitions of inner healing:

Inner healing is the healing of the inner man. By inner man we mean the intellectual, volitional, and affective areas commonly referred to as mind, will and heart but including such other areas as related to emotions, psyche, soul and spirit. Inner healing is distinguished from outer healing commonly called physical healing.

Scanlan also clarifies that “‘healing’ is distinct from growth or qualitative improvement. Healing means that process by which what is wounded or sick becomes whole and healthy” (1974:5), but others would not make this distinction.

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<sup>22</sup> The term “inner healing prayer” (IHP) seems to be the clearest for academic purposes and is used in the dissertations of Ten Eyck (1994) and Jones (1998). Though I would personally prefer the term “intensive prayer ministry,” I will use the term IHP for the sake of continuity with other related work.

While many different individuals and groups practice IHP in a variety of ways, there is a significant common core that will be described in detail below. A brief summary, however, is provided by Hurding (1995:297) who concludes that IHP proceeds “from a careful, therapeutic listening to the person’s story, through a number of intense, and sometimes lengthy, periods of ‘soaking’ prayer, through to an imaginative entering into the uncovered experience, ‘relived’ in the presence of the risen Christ.”

While my study has attempted to cover most of what has been written on IHP, a specific focus has been placed on three particular models: 1) John and Paula Sanford’s model (Elijah House), 2) Leanne Payne’s model (Pastoral Care Ministries), and 3) Ed Smith’s model (Theophostic Ministry). These three models are all very actively taught and practised today, and each has a great deal written about it. Both the Sandfords and Payne were mentored by Agnes Sanford, who will be discussed below, and thus represent two developments of the central strand of IHP. Theophostic Ministry is a very young model that represents many new influences and appears to have a dynamic future. While some attempt will be made to compare and contrast these and other models, this review will be more descriptive than critical at this point. My purpose in this chapter is to provide a description of IHP as it developed and particularly as it is now being practised in the three models just mentioned.

### **3.2 History and Development of IHP**

Supporters and detractors of the inner healing movement alike point to Agnes Sanford as the mother or pioneer of IHP (Payne, 1981:13; Sandford & Sandford, 1982:vi; Gumprecht, 1997:6). Agnes Sanford (1972:23, cf. 63) was raised as a Presbyterian missionary’s child in China and married Episcopal missionary Ted Sanford. She believed that everyone comes into life with “sealed orders” and that her orders were to be an “explorer and way-shower along the paths of healing and miracles.”

Struggling with manic-depression (1972:100<sup>23</sup>) and with young children who were frequently sick, her paths crossed with another Episcopal minister, Hollis Colwell. Hearing that one of

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<sup>23</sup> Most frequently she refers to the depth of the depressions rather than manic episodes.

Agnes' children was sick with an ear infection, Colwell offered to "say a little prayer for him." Although Agnes Sanford believed "in a vague, general way that God answered prayer for healing when He felt like it," she was quite surprised with this simple direct approach. The child responded immediately to the prayer and awoke free of fever and infection (1972:98-99).

Witnessing this, Sanford was perplexed and the darkness of her depression, if anything, grew worse. Finally, she felt God asking her to seek prayer from Colwell for her depression, and she did. She was greatly relieved instantly following the prayer (which followed a brief time of counselling that she impatiently tolerated and considered pointless). In her words, "All heaven broke loose upon me and within me! Great waves of joy flooded my mind" (1972:99). Later when the joy began to recede, Colwell prayed for her again and also offered strong advice that included taking two hours by herself every morning to write (1972:100).

As she recovered her strength, she sought an increase in her own gift of healing prayer, for she saw many who needed it. Colwell's example as well as the writing of Emmet Fox (1938, *The Sermon on the Mount*), combined with her own decision to focus intently on the simple prayer "Lord Jesus Christ, Son of God, fill me with Thy life" (1972:107), increased her effectiveness in prayer. Through all this she continued to "experiment" in prayer and battle residual effects of her depression.

Increasingly her prayers met with incredible results, and her ministry both in prayer and in teaching about healing prayer developed over several decades. Though her own ministry focused on physical and emotional healing, it was the emotional aspect or inner healing for which she became most known. Perhaps it was her own experience of being healed of depression that brought about this relatively unique emphasis.

She was first introduced to the notion of the "healing of memories" by a physician who prayed for her, leading to a "great release" and deeper insight into the "tremendous and wonderful power of the forgiveness of Jesus Christ" (1972:192). Though she would always pray for physical as well as inner healing, she increasingly believed that "there are times when healing of the body fails." But the "healing of the soul never fails" for "is not the healing of the soul the very purpose



of his holy sacrifice on Calvary?” (1966:42). When the Schools for Pastoral Care were formed with her husband Ted as director, its purpose was “to teach ministers that area of faith that is not taught in seminaries: healing of soul, mind and body through faith and prayer” (1972:247).

While the three “waves of the Holy Spirit” are mentioned at the outset of this chapter as the most significant Christian context in which various models of IHP flourished, there is also a significant context that cannot be omitted if the origins of IHP are to be understood. In her openness to sharing the influences in her life such as autosuggestion (1947/1972:25), *Camps Farthest Out* (1976/2001), and the writings of Emmet Fox (1938), it is clear that Sanford was strongly affected by a spiritual and philosophical milieu that Cushman (1995:117-139) describes as focusing on “healing through self-liberation” and Hazen (2000) as “the village enlightenment.” This milieu formed out of a mixture of influences on the optimistic culture of nineteenth century America. Key contributions were made by Charles Poyen’s introduction of mesmerism to the U.S. with its mixture of mysticism, spiritualism and healing techniques, as well as the resulting developments by Phineas Quimby who became the originator of what would become known as the Mind-Cure movement or later New Thought.

This mixture of spirituality and healing had a relatively unique emphasis on experimentation and a blending of scientific with religious thought. Mary Baker Eddy’s Christian Science, Divine Science, Unity and many related sects grew directly out of this milieu. The positive thinking emphases of Norman Vincent Peale and Robert Schuller also were influenced by these developments. Autosuggestion became popular on both sides of the Atlantic, but had perhaps its purest form developed by Emile Coue (1923) and Charles Baudouin (1920/1922) in France, who tried to “disentangle autosuggestion from the nebula of these doctrines” (mesmerism, Christian Science, theosophy, spiritualism, or any form of occultism) (Baudouin, 1920/1922:3). American autosuggestion, according to Baudouin, tended to be more entangled.

Agnes Sanford, with her passion for experimenting and exploring any new possibilities that would increase the effectiveness of God’s healing, explored many of these avenues and learned from them. Virtually all following her in the field of IHP have disavowed such associations, however, tainted as they arguably are with unorthodox spirituality. Her detractors, and those who

likewise criticise IHP, certainly do not overlook these associations and more will be said of this shortly.

Of those many who would continue this ministry of healing of the soul, probably John Sandford was the one most closely associated with Agnes and her ministry. John Sandford (not to be confused with Agnes' son, John Sanford, who also participated in the Schools of Pastoral Care and became a Jungian psychologist) attended a School of Pastoral Care and continued a correspondence with Agnes. Eventually she would write "he was at that time my mentor as well as my pupil, my spiritual father as well as my spiritual son" (Sanford, 1972:284), and John became a teacher at the Schools of Pastoral Care.

Through the Schools of Pastoral Care and the burgeoning charismatic movement that coincided, the effects of Sanford's ministry spread widely and rapidly. Many of those involved, such as Francis MacNutt (1974) similarly combined prayer for physical and inner healing, whereas others like John and Paula Sandford (1982, 1985, and with sons Loren, 1991, and Mark, 1992), Leanne Payne (1979/1995, 1981, 1985, 1989/1995, 1991), and Ruth Carter Stapleton (1977) focused more directly on inner healing.

Specific mention should also be made of the ministry and writing of David Seamands (1981, 1982, 1985). Trained as a professional pastoral counsellor, his thoughtfully written books (*Healing for Damaged Emotions*, 1981; *Putting Away Childish Things*, 1982; *Healing of Memories*, 1985) were easier to accept for those who would not have been as open to some of Agnes Sanford's theological freedoms and opened the door to inner healing for a much wider audience.

Though inroads were made through those like David Seamands who were more acceptable among some evangelical and mainline Christians, the bulk of this type of prayer ministry took place in the midst of the charismatic renewal and similar developments in the church. However, as evangelicals become increasingly open to gifts of the Holy Spirit and to other elements of what has been typically associated with the charismatic and other renewal movements, IHP is making

further advances into the evangelical mainstream.<sup>24</sup> This is now especially true of Theophostic Ministry, developed by a Baptist family counsellor, which is being disseminated widely in various evangelical circles in spite of its reliance on the leading and gifts of the Holy Spirit.

### 3.2.1 Relationship between IHP and Physical Healing

As mentioned regarding the ministry of Agnes Sanford, IHP developed in close association with prayer for physical healing. This would occasionally include emotional difficulties as was the case for Sanford's own healing from depression. It was not, however, until the healing of memories became a key component that IHP developed a strong independent identity.

Much of IHP remained (and still remains) closely blended with prayer for physical healing. MacNutt (1974), Shlemon (1976, 1982), Linn and Linn (1978, with Fabricant, 1984), Kelsey (1973/1995), Wimber and Springer (1987), and Pearson (1995) are examples of ministries that have kept a very integrated ministry of physical and inner healing. Part of the reason for this integration is the recognition that physical healing often involves spiritual and emotional factors such as forgiveness. Linn and Linn (1978:30-60) describe in detail the relationships they discovered between the two types of healing.

For the sake of simplicity, this study will focus on IHP where physical healing was not a significant factor.

### 3.2.2 The Relationship between IHP and Deliverance

The nature of IHP often led to an overlap with prayers for deliverance.<sup>25</sup> This was true already in Sanford's ministry (1972:155-159), though she had trouble with those who "see the devil" everywhere and insisted that "in ninety-nine out of a hundred cases it is not the devil that makes a person angry or terrified, but something in himself that needs resolving and healing through the love of Christ" (1972:155). Some ministries, such as that of Neil Anderson (*Bondage Breaker*, 1990a; *Victory Over Darkness*, 1990b) developed a form of inner healing that specialised in

<sup>24</sup> A key example is the Alpha Course, which introduces the gifts of the Holy Spirit as a key part of the Christian life.

<sup>25</sup> Deliverance is a form of ministry which deals with freeing Christians (usually) from various levels of "demonization" including, according to Sanford and Sanford (1992:28-40), "infestation," "inhabitation," "obsession," and in some rare cases, "possession."

deliverance. In the case of Anderson, he brought the deliverance ministry to a much wider spectrum of the Christian church (similar to what Seamands did for healing of memories), by emphasising “truth encounters” rather than “power encounters” (N.T. Anderson, 1990a:208).

In some cases, the lack of clarity between the two types of ministry, IHP and deliverance, have added to the controversies, and John Sandford and his son Mark wrote a book with the primary purpose of distinguishing the nature and distinct purposes of each (*A Comprehensive Guide to Deliverance and Inner Healing*, 1992). In it, John Sandford (1992:20) suggests that some of the controversy has arisen because “all too often Paula and I have to ‘mop up’ after immature deliverance ministries - just as deliverance people have had to mop up after certain inner healer’s efforts, casting away demonic presences they failed to see or deal with.” They suggest that IHP has more to do with character structures which can when unhealed serve as “dwelling places” for demons. Inner healing then focuses on dismantling the house while deliverance clears it out. (Sandford & Sandford, 1992:20-22).

Due to the potential of accumulating excess controversial baggage, this study will deliberately avoid the area of overlap and the practice of deliverance and focus on the larger portion of IHP that remains more clearly distinct, while recognising that, in practice, the two remain closely intertwined.

### **3.2.3 Controversies in its Development**

The controversy over the role of deliverance is only one of the many which have surrounded the practice of IHP. It is no surprise that this controversy existed from the beginning. Agnes Sanford was hardly one to be hampered by orthodoxy, in spite of her clear focus on Jesus. She had an experimental personality and felt free to visit seances and other spiritualist efforts to see what they were about, though she did reject them (Sanford, 1972:150-154).

A recent book by a physician, Jane Gumprecht (*Abusing Memory: The Healing Theology of Agnes Sanford*, 1997), is one example of the kind of criticism that has been aimed at the practice of IHP and Agnes Sanford in particular. Like most, this critique comes from the portion of the evangelical church which is suspicious (at best) of the charismatic movement. While usefully

pointing out some of the loose edges of Sanford's thinking and practice, its value is limited since it speaks to such an entirely different worldview – rejecting both the spiritual aspect of the charismatic movement and the dubious nature of secular psychology (Gumprecht, 1997:109-128). Still the book accurately points out how Agnes Sanford was influenced by such New Thought writers as Emmet Fox and some of her own questionable spiritual experiences (Gumprecht, 1997:29-36).

Gumprecht's book is typical of the views of what has sometimes been called the “anti-psychology movement” (Kraft, 1993:8). This has been a pervasive condemnation that has been aimed at all involved in IHP and is perhaps best known for Hunt's and McMahon's (1985) *The Seduction of Christianity* and the Bobgan's (1990, 2000) Psychoheresy Awareness Ministries. Anything remotely related to psychology and/or the New Age is a target of strident criticism, particularly related to the practice of visualisation. Though most IHP practitioners would disagree with key parts of these critiques, the controversy has certainly led to cautious defensiveness in many when referring to any appreciation of psychology or imagination (e.g. Sandford & Sandford, 1992:77-80; Smith, 2000, back cover). Those with stronger Catholic or Anglican associations seem less threatened by these particular criticisms and have expressed more open appreciation for some psychological insights (e.g. Payne, 1991:108).<sup>26</sup>

Some critiques have been aimed at specific forms of IHP and have probably served a more beneficial purpose of keeping the practice on track. One example of this is a thoroughgoing critique of Ruth Carter Stapleton's ministry found in the *Journal of Psychology and Theology* in 1980. Jim Alsdurf and H. Newton Malony (1980:179) wrote a critique that was responded to by four writers including a spokesperson for Stapleton. Alsdurf and Malony's critique is quite negative, criticising her for poor and inconsistent theology which “fails to communicate what is most powerful about the gospel – the cross and its atoning work.” Although Stapleton (1977:9, in Alsdurf and Malony, 1980:180) is quoted as saying that the “ministry of inner healing attempts to bring authentic principles of psychology under the guidance and power of the Holy Spirit,” Alsdurf and Malony (1980:80) suggest “her lack of sophistication about psychodynamic

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<sup>26</sup> All three of the models of IHP studied in depth have been significantly affected by psychological insights. What is meant here is the relative attitude of defensiveness in the way their ministries are perceived.

psychology leaves her open to incorrect reformulations of such theory.” They summarise that the result is an obtuse and naïve approach to healing” (1980:183).

While Stapleton’s spokesperson, William Buell (1980), defends her theology by, among other things, quoting her relatively conservative statement of faith, Leonard Cerny’s response is more helpful in her defence by getting to the heart of the issue. Cerny (1980:200) suggests that “while [Stapleton’s] kind of intuitive-responsive style could be a definite asset in being sensitive to others’ emotional needs, it would not lend itself well to a systematic approach to theology or psychology.” Stapleton was quite willing to hold fast to an orthodox line when speaking to evangelicals, but her willingness to speak quite accommodatingly about Christianity among groups such as the Association for Holistic Health certainly opened her up to criticism.<sup>27</sup>

The overall picture which emerges from this issue devoted to Stapleton is that of a healing ministry that developed out of her own experiences of healing and contact with groups such as “Camps Farthest Out” (with whom Agnes Sanford also associated). This ministry had a certain amount of success due to the grace of God and her own relational abilities, but its theoretical underpinnings, whether psychological or theological, were clearly not well-formulated. It is likely that the same could be said for Agnes Sanford and other early practitioners in IHP.

Quite possibly due to such early criticisms, recent writing has shown a great deal more theological sophistication, though not of an especially academic type. The writings of the Sandford’s (1992:83), for example, clearly could not be criticised for an undeveloped appreciation for the cross and the atonement, and they have specifically attempted to “ground the movement of inner healing in evangelical biblical theology.” Payne’s theology of incarnational presence is originally developed in *The Real Presence* (1979/1995) before she wrote about inner healing, and is continued consistently in her other books, especially *The Healing Presence* (1989/1995). Smith (1996/2000:19-20, 141) writes with great concern for evangelical orthodoxy, beginning with a statement of faith and noting throughout that his model is not based on

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<sup>27</sup> Part of the basis of Alsdurf and Malony’s critique in this regard is the documentation of B. Ruth Alexander’s articles in the *Spiritual Counterfeits Project Journal*, August 1978 and April 1980.

psychological models,<sup>28</sup> stressing particularly that it is not guided imagery or visualisation. Smith (1996/2000:141) avoids this supposed danger by never supplying the imagery but always inviting the person to “allow the Lord Jesus to bring truth in whatever form He chooses and you report to me what you see, sense, or hear.”

Still, Theophostic Ministry has been widely criticised in its brief history (e.g. Bobgan & Bobgan, 2000; Almy, 1999) and Smith (1996/2000:4-5) has attempted to listen and learn from these critiques, though he is clear that not all are helpful. The latter reference is specifically aimed at the Bobgan’s (1990) who run Psychoheresy Awareness Ministries, an organisation which criticises Christian counselling in general as well as such mainstream evangelicals as James Dobson and Larry Crabb.

Finally, it has not been at all uncommon for IHP practitioners to strongly critique each other’s work. Sandford and Sandford (1992:80) critique those who, like Stapleton, often encourage people to actually change a memory – in essence making the memory what one would have liked it to be. Most IHP practitioners would insist that, apart from “seeing” the presence of Jesus, who one believes by faith was actually present, the focus is not on changing the actual memory. The Sandford’s (1992:84) also criticise those who “merely soothed people.” Payne (1989/1995:180, 218-229, cf. 244-260) is sharply critical of those (often due to Jungian psychology) who “fall into a reconciliation of good and evil in matters pertaining to the soul” or those who practice “substitution” wherein they ask to “take upon [themselves] the pain, illness, fear, or even sorrow of another.” Smith (1996/2000:19-20, 141), on the other hand, ignores the existence of other forms of IHP in his manual and criticises them only by implication when he stresses, for example, the mistake of guided imagery, which others such as Payne (1989/1995:176-182) and Seamands (1985:148-149) cautiously accept when the guiding is based on Scriptural truths.

This tendency to criticise one another is undoubtedly a result of the continual swirl of controversy faced by those prominently engaged in IHP. To avoid getting tarred with the wrong brush, there has been a need to reduce unhelpful excesses in the ministries of others who are perceived as like oneself. While a sense of competition may sometimes result, this critical

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<sup>28</sup> On the back cover of his manual (1996/2000), Smith firmly states that “Theophostic ministry is not cognitive

process has certainly also reduced the likelihood of any prominent IHP practitioners promoting shoddy theology or practice.

### **3.3 Common Characteristics of Various Models of IHP**

Not all forms of IHP look alike. Yet there is a significant common core that gives the concept of IHP coherence, in most cases making it fairly clear whether a ministry or form of counselling is, in fact, IHP. This section will attempt to describe this common core, briefly pointing out some of the exceptions to the central characteristics mentioned.

#### **3.3.1 Expectation and Experience**

Paul, in an oft-quoted passage, wrote that when other things fall away, “faith, hope and love abide” (1 Cor 13.13).<sup>29</sup> Jerome Frank (1961:62) in his comparative study of psychotherapy and religious healing describes all three of these central elements. Regarding hope he writes “the core of the effectiveness of methods of religious and magical healing seems to lie in their ability to arouse hope.” For similar reasons, he suggests that for a psychotherapist “at a symbolic level, it is important to mobilize the patient’s expectancy for help” (1961:233). Regarding faith, Frank (1961:62) stresses the need for some form of cultural or group assumptions that can be drawn on. “The patient’s faith in him [the healer] rests largely on his institutionalized role and the powers attributed to him by the group.” It is important that this faith is maintained by forming a theory which “cannot be shaken by failures, while every repetition of the ritual validates and reinforces it.” Finally, “the patient becomes the focus of the group’s attention and, by implication, worthy of the invocation of supernatural forces on his behalf” (Frank, 1961:63). In other words, love, too, is a normal requirement of religious healing.

In many ways, inner healing prayer as it has developed in recent decades is a return to healing methods that have been a traditional part of healing in many faith traditions. While Christian IHP is clearly unique in many ways, especially as described in 3.3 below, it shares with many forms of religious healing and certain types of psychotherapy an emphasis on fairly immediate expectation and a healing moment that is richly experiential.

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therapy, psychoanalytical, guided imagery, hypnotic suggestion, or visualization.”



The building up of hope, faith and love is a key part of that focus on expectation and experience, and these virtues are an intentional part of all IHP. Francis MacNutt (1974:150) writes “whatever else one does, it is absolutely essential that in prayer for healing, he establish an atmosphere of faith and love.” Ekeland (1997:85), writing on the source of effectiveness in therapy also puts these elements together when he writes, “we could perhaps dare to speak of love: meeting another person unassumingly. It is, however, a love that must not tie but set free. It does so only when nothing is demanded in return except hope and trust in the healing.” Besides hope, faith and love, other aspects which increase both the expectation of healing and a heightened sense of experience are found in the emphases on imagery, metaphor, symbol, ritual and the acceptance of emotion. It is no surprise that these elements can also be found in Frank’s study of religious healing (1961:36-64).

### 3.3.1.1 Hope

Hope according to *Webster’s* (1983, *Webster’s Ninth New Collegiate Dictionary*) is “to cherish a desire with expectation of fulfillment” (1983). It has often been said that hope itself is healing and is probably the most universal ingredient of any type of healing. It is the existence of a source of healing which gives rise to at least some sense of hope.

In most psychotherapy, hope is typically generated by a perception of some relevant form of expertise. While this may also be a factor in IHP it is usually downplayed in favour of a source of healing which lies in a personal, interested God. Agnes Sanford’s (1947/1972:7) first step in receiving healing is to “lay aside our worries and cares, quiet our minds and concentrate upon the reality of God.” Her ability to offer this source of hope to anyone regardless of belief is demonstrated in her readiness to instruct the person “to relax and to remind ourselves that there is a source of life outside of ourselves.”

### 3.3.1.2 Faith

Hope is, of course, inseparably linked with faith. MacNutt (1974:113) claims that “all books on healing – including *the* book on healing, The New Testament – emphasize the role that faith plays in healing.” Stated inversely, Payne (1989/1995:52) writes that healing is often blocked because

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<sup>29</sup> All Scripture references from the New Revised Standard Version, 1989.

“even those who claim to believe the Scriptures do not believe in incarnational truth, the fact that God is really with us! That He *can* transform us from within!”

While the hope is clearly that the faith of the one prayed for in the reality of God will be stirred, the faith of the one praying is certainly vital as well. In reading virtually any of the books written about IHP, one encounters a confidence and expectation in God’s healing that is sometimes mistaken for arrogance (of course, in some cases it may be) but which is more likely the gift of faith that is at the heart of their effectiveness in ministry. A classic example, already quoted above, is Sanford’s (1966:42) statement that “healing of the soul never fails.”

### 3.3.1.3 Love

The experience of love is also a crucial element of IHP, though not primarily the love of the community or even the one praying. The primary concern is on the expectation and experience of God’s love. Often the wounds that create the need for IHP are described as being fundamentally related to a lack of love; Scanlan (1974:27) suggests that “if there had been sufficient love present to us at those times, we would have been healed,” and Seamands (1985:103) refers to those who have “damaged love receptors.” (Bennett, 1982:58 and Linn & Linn, 1978:64-77, both refer to God’s unconditional love as being one of the two key presuppositions for healing.)

A secondary element, and often seen as a symbolic means by which to experience God’s love, is the love of the one praying. John Sandford (1982:386) writes about his early ministry that “people could not become whole in my counseling because it never entered my head that they needed my personal love in any more special way than generally as a Christian.” Scanlan (1974:63-70) also refers to the importance of the love of a community about which more will added below. Payne (1991:117) hesitantly uses the word bonding:

By placing the trusted one in the parental position as the sufferer relives the past, God makes of him or her a unique instrument of healing and wholeness. And it is a ‘kind’ of bonding, an attachment on the human level that enables God to multiply within that heart and mind the infilling of *storge* (nurturing, familial) love it missed as an infant.”<sup>30</sup>

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<sup>30</sup> In spite of this parental role, Payne (1991:118) clarifies that she is not talking about “re-parenting,” a concept she does not view as healthy.

Very aware of the pros and cons associated with the transference that complicates this love, Payne (1991:116-123) provides some detailed advice on maintaining a balance, including the relationship of transference to issues such as touch.<sup>31</sup>

#### **3.3.1.4 Metaphor, Imagery, and Visualisation**

From the earliest days of Sanford's (1947/1972:13) experiments in healing prayer, imagery and visualisation played a leading role. As she prayed for healing she would think of that part of the body that most needed God's life and would "imagine His light and life glowing there like a fire, shining there like a light." As she added the prayer for healing of memories to her repertoire, it was a natural move to incorporate picturing Jesus in the midst of one's painful memories (1972:196).

This may indeed be one of the most definitive components of IHP as no examples could be found of a practice calling itself IHP which did not make use of imagery, metaphor and visualisation. Aside from the most typical practice of picturing the presence of Jesus, examples of this might include picturing one's sins or difficulties metaphorically (such as a dark cloud) being handed over to Jesus or to picture oneself freed from a prior obstruction (Sandford & Sandford, 1982:204).

As has been described by many in the recent flowering of this practice in secular psychotherapy, imagery and metaphor is the language of change (Watzlawick, 1978), due to its associations with the right brain (Ley, 1979, Ley and Freeman, 1984) and/or its importance to the preverbal experiences of young children and infants (Ley, 1979).

#### **3.3.1.5 Symbol and Ritual**

Closely related to this emphasis on imagery and symbol is the use of symbol and ritual. Payne ("Restoring the Christian Soul" conference, June, 2001) is clearly among those most interested in the role of symbols because of her view on the connection between feelings and symbols. She states "there is never a feeling without a symbolic meaning, nor a symbolic meaning without a feeling." Payne views symbols as being the better route to one's inner world than emotions: "I

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<sup>31</sup> Valerie McIntyre (1999), a member of Payne's Pastoral Care Ministries team, has written a book specifically on

prefer to get someone's eye on the symbol rather than the feeling" because "dealing with the symbols allows the person to deal with their feelings as they arise." Among the symbols important to Payne (1991:163-182) are the tangible symbols traditional in church history such as crucifixes and holy water.

Such tangible symbols play a smaller role in most other models, but the general role of symbol remains. In the Sandford's model (1982:125, 385-400) the counsellor's symbolic role as parent or priest, for example, is often important.

Smith's (1996/2000:118-153) methodology is so tightly structured that it becomes a contemporary ritual, complete with its own unique terminology of "drifting" and seeking a "matching memory picture." This ritual nature provides a balancing safety for the emotional abreaction his model promotes. Most other models have a somewhat looser ritual, though many place greater emphasis on traditional rituals in the church such as the Eucharist (e.g. Pearson, 1995:188-207).

#### **3.3.1.6 Acceptance of Emotion**

One of the reasons for the separation between head and heart in the church has been the discomfort, among many Protestants in particular, with the expression of emotion, especially emotions such as anger or sadness. For IHP, dealing with these neglected emotions is very important.

Yet Garzon and Burkett (2002) see the various ways of dealing with affect as one of the key differences among the various models. In terms of regulating emotion, they see Payne as "least directive," undoubtedly a result of her preference, stated above, for focusing on symbols more than feelings. Garzon and Burkett see Seamands, Tan and Smith as all being more intentional with the way they modulate emotion during IHP. Seamands and Tan both minimise emotional response -- Seamands by engaging in dialogue to help people understand the emotions that they present while Tan, with his cognitive-behavioural orientation, "utilizes relaxation techniques to create a peaceful state" (2002:47). Smith, however, deliberately seeks to "build negative affective

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this dynamic (*Sheep in Wolves' Clothing*).

intensity rather than relieve it” (Garzon & Burkett, 2002:47), what Smith (1996/2000:133) calls “stirring up the darkness.” Smith (1996/2000:133-134) defends this as a necessary part of the process because “the lie is made evident through the pain.” The painful abreaction “is where reality and amnesia connect. This is also where the Lord Jesus is ready to bring forth truth and complete release.”

In all models, entering the affective world is important; what differs is the type of experience one is encouraged to have within this affective world.

### **3.3.2 The Traditional Healing Ministries of the Church**

While the development of IHP and its accompanying controversies in recent decades may make it seem like a new and unique practice, there are deeper roots in church tradition. Hurding (1995:297) states that “at its best, the ministry of inner healing can be seen as an integral part of the historic healing ministries.” Practitioners who would emphasise this would suggest that IHP is an adaptation of the most central aspects of soul care the church has always practised: confession, repentance, renunciation and, as a key part of all of those, the giving and receiving of forgiveness.

#### **3.3.2.1 Confession**

From its inception there have been clear links between IHP and the practice of confession (Sanford, 1972:243). The Sandford’s (1982:125) describe the role of the IHP practitioner: “First, he is a father-confessor, as in James 5:16. Hearing the confession of another, he probes for causes, admonishes and teaches as a father and pronounces forgiveness as a part of his priesthood in the priesthood of all believers.”

Payne (1989/1995:109) likewise stresses the role of confession that is made more experiential by visualising:

We then deal with this sin through confession and proclamation of forgiveness, and not just with words or from the head. We ‘see,’ for example, the confessed sin going into Christ crucified. And if there is a block to letting it go we ‘see’ it.

This reference clearly pairs both the old and the new aspects of confession as practised in IHP. Whereas the healing experience of the traditional practice of the confessional lay in the absolution granted by the authoritative priest,<sup>32</sup> the healing experience in IHP is also mediated by the imaginative faculties of the one confessing.

Theophostic Ministry, with its more refined technique, does not specifically see confession as part of the actual IHP, yet it certainly stresses the need for this as a precursor: “I lead people to pray a prayer of confession, repentance and forgiveness. I have them claim God’s grace and pardon for their sin. When appropriate confession is made, people experience release and receive divine truth” (Smith, 1996/1999:161). Similar statements would be made by most involved in IHP (e.g. Kraft, 1993:54-56; Pearson, 1995:99-105; Seamands, 1985:75-78).

### **3.3.2.2 Repentance**

Repentance is intricately linked to confession. Confession without repentance is unlikely to lead to healing of any kind for the “key to healing is repentance and forgiveness,” and “to pray for such people apart from repentance is to waste precious spiritual energy and power” (Payne, 1991:145, 147). The Sandford’s (1982:108-110), as will be spelled out in greater detail below, speak strongly of repentance in their emphasis on death and resurrection. In fact, they refer to repentance as the “death of a character structure” or simply “inner death.” Smith (1996/1999:227), however, is careful to clarify that this crucial act of repentance is not an act of self-effort but is received as a gift from God based more on the receiving of revelation than on an act of will.

### **3.3.2.3 Renunciation**

Renunciation, despite its significant tradition in the church (Fitch, 2000:116), does not come as quickly to mind for most Christians as do confession and repentance. Though the concept is implicit in most models of IHP, it is not as often mentioned. Payne (1989/1996:232-240), however, does refer to renunciation, specifically in regard to sexual sin. (Others will use the language of renunciation when they move in the direction of deliverance. Particularly worthy of

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<sup>32</sup> That this priestly authority is also still a part of IHP is clearly seen in the Sandford reference above.

mention in this regard is Neil Anderson (1990a&b) for whom renunciation becomes a central part of healing.)

#### **3.3.2.4 Forgiveness**

Strongly associated with all three of these aspects of traditional soul healing in the church is the giving and receiving of forgiveness. Theologically, forgiveness would certainly be the unifying core of IHP. The Sandford's (1982:95-106), in a chapter entitled, "The Central Power and Necessity of Forgiveness" assert that forgiveness is absolutely necessary to prevent all human resentment from reaching its natural end of death (the "law of sowing and reaping,"). Payne's (1991) *Restoring the Christian Soul*, focuses on the three "great barriers to wholeness," two of which are "failure to forgive others" and "failure to receive forgiveness." In fact, she links forgiveness to inner healing to such an extent that she says with a simple directness, "healing of memories means forgiveness of sin" (1991:68). Facing one's inner reluctance to forgive and yet making that crucial choice has brought emotional healing to a great many. For those who feel an inability to make such a choice where the wound is great, God meets them with a gift of forgiveness when they even express a willingness to will forgiveness (Shlemon, 1976:58).

### **3.3.3 Core Theology**

While many involved in IHP have been criticised for bad theology, the vast majority has maintained an orthodox core of beliefs. There is a balance in their emphasis on the trinity with Father, Son and Spirit all receiving a great deal of attention. Payne (1989/1995:158) directly states "we practice the Presence of Father, Son, and Holy Spirit, and we are not to lose sight of any one of the three." There has also been an emphasis on developing an informal theological anthropology, which has been necessary to describe the need for IHP beyond the initial gift of salvation by faith.

#### **3.3.3.1 God, the Father**

Specific attention on the first person of the Trinity tends to be devoted to replacing distorted perceptions of God as absent and judgmental with a Father who is lovingly present. Often this is seen as crucial because false perceptions of God are understood as leading to a skewing of one's soul or basic psychology; therefore, gaining a truer perception of God becomes the foundation of

healing (Payne, 1989/1995:129-156; Sandford & Sandford, 1985:28-39; Seamands, 1989:95-122; Kraft, 1993:64; Linn & Linn, 1978:64-77; Linn, Linn & Fabricant, 1994<sup>33</sup>).

While the church has, of course, focused on teaching what is perceived as a true concept of God, those involved in IHP are, like Seamands (1989:95), convinced that “along with what we have been taught about God, experiences, memories, and feelings play a large part of forming this picture. *The most determinative factor is our ‘feltness’ of who God is and what He is really like.*” The logical understanding of the Father is not seen as crucial (though this too is important) but rather the perception which is experienced and felt.

At the heart of the true concept of God which is often a part of IHP is what Rita Bennett (1982:58) refers to as “the two keys,” which are that “God is unconditional love” and that “God is omnipresent.” These are often the two aspects of God’s nature which seem contradicted by some notable aspects of people’s experiences, particularly due to the inability of parents to accurately reflect these attributes to their children. The best parents can easily communicate a conditional acceptance or show a lack of attention at a key moment in a child’s life. For many children these normal wounds are compounded by experiences of physical, sexual or emotional abuse.

The importance of the concept of a loving God for healing is self-evident. The importance of his omnipresence adds experiential reality to this love. A belief in God’s omnipresence (“incarnational reality” for Payne, 1989/1995:81-125) is what allows persons to see by faith God’s presence with them in past episodes and traumas. Assurance of His continuing presence allows the healing to transform expectations of the future and greatly lessen the fears and anxieties that might otherwise be obstacles that prevent people from walking in wholeness.

Correcting distorted perceptions of God as part of IHP is usually mediated through Jesus or the Spirit, so discussion of this process will follow. A final point concerning the first person of the

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<sup>33</sup> This final reference is to *Good Goats*, an entire book, though short and illustrated simulating a children’s book, which was written to correct what the authors see as a commonly mistaken view of God.



Trinity is that most IHP practitioners are quite traditional in picturing God as the Father.<sup>34</sup> Services which have focused on “the Father’s Heart” or “the Father’s love” have been a healing experience for many during recent renewal movements (e.g. “The Father Loves You” conference, Toronto Airport Christian Fellowship, March 2001). While some involved in IHP may feel free also to refer to the motherly aspects (or related Scriptures) about God, this would more likely be seen as rounding out a picture of the fullness of God, than be seen as related to a perception of patriarchy in father language or a concern to be more inclusive.

### 3.3.3.2 Jesus Christ

Despite some controversy regarding Stapleton’s view on Jesus (Alsdurf & Malony, 1980:176-177), all the models of IHP studied appear to be based on a view of Jesus as the divine Son of God who reveals the Father to us (Payne, 1989/1995:158-159<sup>35</sup>). Jesus thus plays a central role in IHP as the manifestation or revelation of God in the person’s experience. One of the most important features of all forms of IHP is the invitation to sense (see, hear, feel or sense) Jesus’ presence in the midst of emotion-laden situations. Trusting that Jesus will reveal himself in this way is probably the central gift of faith which IHP practitioners bring to their ministry.

Payne (1989/1995:174) is perhaps most explicit in describing the inter-relationship of one’s human ability to imagine this presence as “playing a part in opening us to the truly imaginative experience,” by which she refers to a receiving of God’s revelation. Others, partly due to the critiques of visualisation and the use of imagination, refer primarily to “seeing by faith” (Bennett, 1982:87) or “faith-picturing” (Kraft, 1993:117). Whatever the terminology, the understanding is that the real living Jesus meets the person in their imagination and reveals the truth that allows a new liberating interpretation of one’s experience (Smith, 1996/2000:140-145; Seamands,

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<sup>34</sup> Payne (1989/1995:148) especially highlights the importance of the fatherhood of God writing, “the Scriptural image of God the Father, as primarily masculine, is all-important...if we believe, as I certainly do, that it is the Masculine Voice we are listening for when it comes time to separate our identities from that of our mother’s (our source of being on the earthly plane), and that it is the Masculine Voice that blesses and affirms us finally in our gender identity and as persons.”

<sup>35</sup> Payne (1989/1995:158-159) is clear that a balanced view of the Trinity is necessarily Christocentric, for a theocentric worldview, not centred on the revelation of God in Christ, quickly becomes abstract and too close to paganism.

1985:147-149; Payne, 1981:27-29; Kraft, 1993:117-123; Linn & Linn, 1978:97-101; Scanlan, 1974:76-78).<sup>36</sup>

Linn and Linn (1978:97-101) provide some of the most detailed help for growing in the ability to see Jesus in prayer. Among their suggestions are: “gazing on him [Jesus] with so much love that I have to stop and ask him what he wants of me,” visualizing Scripture, relaxing and meditating on the name ‘Jesus,’ or simply assuming his presence and sharing thoughts and feelings with him.

It is not automatically assumed that a genuine revelation of Jesus is the only possibility that can occur when attempting such visualisation. Smith (1996/2000:137-139), for example, clearly describes the possibility of someone receiving an image of a Jesus which is false, even demonic, and describes ways for the one ministering to provide clear discernment, the primary criteria being a freedom from contradiction with Scripture. The Gospel stories, as well as the rest of Scripture, thus become important resources for understanding the presence of Jesus in IHP encounters.

Finally, a renewed, experienced or liberated relationship with Christ is not only the method but also the goal of IHP. Quoting Ephesians 3.16-17,<sup>37</sup> Payne (1989/1995:81) asserts that

to experience this prayer fulfilled in our lives is to find our true center, the ‘home within’ that is strong and solid, a place of rest and strength. From that center we live. From that center we ‘abide’ in Christ and He in us. We are to practice His Presence.

With their emphasis on death and rebirth, the Sandford’s (1991:144) suggest “here at the foot of the cross, moment by moment, day by day, is where we are either *transformed* according to God’s word – or *conformed* to the world!” While Smith’s (1996/2000:152) focus is more specifically on providing healing for the emotionally embedded lies in certain memories, he writes that “I want people to discover that Jesus is very available and ready to commune with us if we will just listen and receive.”

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<sup>36</sup> The Sandford’s (1985:47), while open to such prayer probably place less emphasis on it than most.

<sup>37</sup> “I pray that out of his [the Father’s] glorious riches he may strengthen you with power through his Spirit in your inner being, so that Christ may dwell in your hearts through faith.”

### 3.3.3.3 The Holy Spirit

Not surprisingly, since IHP is closely associated with the Charismatic renewal, IHP is understood to be highly dependent on the guidance and activity of the Holy Spirit. The Holy Spirit, not the counsellor, is understood to be the leader of the IHP process (Sandford & Sandford, 1982:136; Smith, 2000:193-196<sup>38</sup>; Seamands, 1985:27; Payne, 1981:27-28; Linn & Linn, 1978:16-18; Kraft, 1993:91-108). Payne (1981:28) suggests that this is the reason that the “healing of memories can never be reduced to a methodology,” and so it is no coincidence that Garzon and Burkett (2002:45) refer to Payne’s model as the “least operationalized.”

Even those IHP practitioners popular among a segment of the evangelical mainstream such as Seamands and Smith understand that the gifts of the Holy Spirit, most particularly the “utterance [word] of knowledge” and the gift of “the discerning of spirits” (1 Cor 12.8,10) will be actively utilised by the counsellor and perhaps others on a prayer team during IHP (Smith, 1996/2000:70<sup>39</sup>; Seamands, 1985:140; Payne, 1989/1995:35-52, 113-120; Linn & Linn, 1978:213; Scanlan, 1974:32). John Sandford (1992:80) describes two specific ways that words of knowledge are important in his ministry: “God often shows me what has happened in a person’s life. That is one way the gift of knowledge operates in the Lord’s servants – as a holy and powerful diagnostic tool. Or God shows me what He wants to happen, so I can pray that He will achieve these purposes in the person’s life.” Agnes Sanford (1966:13) referred to the gifts of the Spirit as “the spiritual tool kit with which we may do the works of Our Lord.”

### 3.3.3.4 Human Nature

Judging by the facets of human nature that are elaborated on, the theological issues that are relevant to IHP are primarily twofold: the relationships among different aspects of the whole person and the uneven journey toward healing or wholeness among these different aspects. One criticism in this area has been a sense that IHP is soft on sin and human fallenness.

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<sup>38</sup> Smith (1996/2000) is more apt to refer to God rather than the Spirit, but it is clear from occasional references (e.g. 1996/2000:70) that he is referring to God, the Holy Spirit.

<sup>39</sup> While this reference stresses the need for dependence on this gift for guidance, Smith (1996/2000:195) stresses elsewhere that words of knowledge should not be spoken out to ensure that God speaks directly to the person.

Earlier writings on IHP (e.g. Sanford, 1947, 1966; Scanlan, 1974; Linn & Linn, 1978; Bennett, 1982; Stapleton, 1977) do not emphasise sin and repentance as a central component of the healing process. It would not follow, however, that IHP ignores the theology of the Fall. Even Sanford (1947/1972:116), who acknowledged some initial weakness in herself in this regard, recognised that without an adequate focus on forgiveness, healing prayer could leave “no place for a consciousness of sin.”

Alsdurf’s and Malony’s (1980:178) criticism that Stapleton “presents us, then, with an imbalanced [sic] doctrine in which the radical nature of evil is psychologized” and “denies the evilness of the human heart” is simply not true of IHP in general (and probably was not even true about Stapleton<sup>40</sup>). In these earlier writings, most of the persons seeking help would have been experientially familiar with the church’s message of sin and guilt. What was less familiar was the experience of forgiveness. The cross was thus highlighted as a symbol primarily of Christ’s love and the atonement was the invitation to reconciliation and the experiencing of that love.

Bennett (1982:46-47) provides an excellent example of seeking language that is more relevant for healing while not abandoning an awareness of the presence of sin in the human heart. She refers to sins such as pride, greed and hate as rocks obstructing the flow of the Holy Spirit in the Christian’s life. She readily acknowledges that “some of these are from our own sins, and the remedy is repentance.” Bennett (1982:47) also suggests, however, that ‘soul healing’ is “mainly concerned with the rocks that have been dropped into our stream of life by *others*,” in other words the type of healing which has been relatively unavailable in much of the church.

Later writers such as the Sandford’s and Payne have been much more clear in both their awareness and the importance placed on sin and the cross, and the bulk of IHP has likely seemed more orthodox on this point as a result. Smith (1996/2000:224), however, in dealing with the theological issues directly may raise the issue again in some minds. His dichotomy between what he calls “sin-based theology” versus “lie-based theology” addresses what he feels is a “fundamental misconception about the root of sinful behaviour (in the true Christian).” His stance is firm that “man is born as a fallen creature, totally separated from God” and that “apart from the

atoning blood of the Lord Jesus Christ no man is made right with God” (1996/2000:225). However, the reason we “walk in defeat” as Christians is not because of our sin nature (which he feels leads to the consistent failure of self-effort) but rather due to the “lies that are at the root of our sinful behavior” (1996/2000:229). “True repentance,” Smith (1996/2000:228) concludes,

is the inner mental change which occurs when God intercedes on our behalf in the darkness of our false thinking. When we are able to receive truth in our innermost parts (subconscious mind), this truth will transfer and translate into our conscious awareness and outward behaviour. When we know the truth experientially we can walk in true victory.

While Smith is strictly orthodox on the sinful nature of unsaved humanity, he certainly downplays the role of sin and will in the life of the Christian. Though aspects of Smith’s rationale for this theological stance are based on experience (he sees consistent failure when Christians focus their efforts on sin, and victory when people are able to receive God’s gift of truth), he is also basing the distinction on a grace rather than works argument. The result appears to be a stance that looks very true experientially when viewing the lives of those set free by new truths, but which may also lead to a passivity in regard to sin in one’s life. Certainly, Smith’s view on this point does not seem to embody the active renunciation and repentance that is emphasised in the work of Payne or the Sandford’s. It seems quite possible that more controversy is on its way on this point.

Most of those seeking IHP are Christians. They have chosen to accept Christ’s sacrifice on the cross as the free gift of salvation. The struggle that is the impetus behind IHP is the failure to experience the salvation, the freedom and wholeness, which is understood to be offered to believers. The problem according to Payne (1991:68) is that

the central truth of God’s forgiveness of sin, along with all the great spiritual realities of the Kingdom of God, had been largely relegated to the abstract. Victims of the schism between head and heart, we could ‘talk’ doctrine’ but couldn’t *experience* its healing power. We could not get it from our heads to our hearts.

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<sup>40</sup> Her spokesperson, William Buell (1980:186), responded to the above criticism by stating “nowhere do I find in her

There are, in fact, two key tensions that are inherent in most models of inner healing. Both of these tensions are between one aspect of a person that is whole or relatively whole and another aspect that is in process but stuck. One tension, which is most universally characteristic of IHP, is the tension between head and heart, or logical truth and experiential knowledge (Smith, 1996/2000:206). People often cognitively understand the truth of the gospel or the kingdom long before these understandings lead to the experience of wholeness. The second tension is that between the human spirit, restored to a relationship with God in Christ, and the soul that lags behind, dragging the accumulated baggage of one's unsaved past.

Some understanding of the different facets of a person are required, therefore, in order to understand the relevance of IHP to the experience of wholeness or salvation. Most descriptions of IHP refer at some level to a traditional tripartite view of the person as body, soul and spirit. Smith (1996/2000:214) states clearly that one's spirit is completely saved when one becomes a Christian, but that the soul's salvation is in transition. Payne (1991:xiv), in a similar fashion, writes "once Christ abides within, one with our spirits [which she calls the first and primary healing], then His life can radiate throughout our souls – that is our minds and hearts." At the same time, she cautions against drawing a sharp distinction between spirit and soul, as Smith does, preferring a more integrated anthropology:

Spirit and soul differ, the faculties of the mind differ, but to try to differentiate them by separating them too closely is to do what the Scriptures do not do and what great Christian minds such as St. Augustine (in regard to spirit and soul) have failed to do" (Payne, 1991:71).

Payne (1991:53) clarifies the relationship between spirit and soul in IHP by stressing to the Christian receiving prayer that "he must know and be reminded that his spirit is ingodded: it is the 'whole place' within him, while the part of his soul that needs healing is coming into the light and being healed."

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writings and statements an indication of human self-sufficiency which decreases the significance of the atonement."

Smith (1996/2000:206) breaks down the soul (or mind) into “two basic levels:” the logical and the experiential. Most Christian teaching and counselling focuses, he feels, on the logical level, and so often only part of the soul is healed.

Payne (1991:159-161), on the other hand, feels that the “terrible schism in the heart of man” is the separation of these two levels in a way that was not true in biblical times. The distinction which we all naturally understand now between logic and the “imaginative-intuitive-symbolic ways of knowing” has come as a result of such forces as Greek philosophy and Cartesian dualism. The biblical use of the term “heart” and related words refer to “man’s inner being in an integrated way,” even referring to both the human spirit and soul. Thus she refers to the schism between heart and mind as experientially true of our unnaturally divided selves, but this is not intended to describe the essence of how humanity was created.

Another distinction regarding the soul that is important to Payne (1991:54) is that between the bent self or old man (which is the fallen soul) and the true self or new man (which is the soul newly centred on Christ). A key part of IHP is “practicing His Presence” in order to “decisively live out of that new self.”

Sandford and Sandford (1985:7) clearly preface their statement on human nature with a desire not to become entangled in theological debates and invite others to substitute their own words that describe similar aspects of humanity. They then go on to state their views concisely:

What we see is that as our spirit experiences the events of life in our body, and reacts, our soul is formed. We see the soul as the structure of heart and mind, character and personality through which our spirit continues to encounter life and expresses responsively according to the way it has interpreted experience. We see ‘self’ as an aspect of our soul. As we develop the structure of our character, in which the heart and mind interplay, that entire soul becomes in some areas a temple through which our spirit gloriously worships God and meets others, or in other areas a captivity, or worse yet, an armored tank by which our spirit rushes out to attack others.

The fluidity between spirit and soul described here is closer to that of Payne than that of Smith. Yet there is a key difference in that the Sandford's (1985; cf. Kraft, 1993:37) see that the Christian spirit, like the soul, is also in need of healing, and, in fact, they dedicate a book to this type of healing. The areas covered in this book are not so much unique as they demonstrate that the Sandford's draw their boundary between the spirit and the soul in a different place from others like Payne or Smith.

Different also from either Payne's or Smith's view is the Sandford's view on the relationship between heart and mind. In a chapter written by their son Loren (1991:146-148), clearly defined roles are attributed to the heart and the mind. "The heart feels, intuitively and understands things in a way unique among our other faculties," but it is also the "seat of our fallen emotions" and therefore not trustworthy, especially for decision-making. The mind's function is "to know objectively and then to decide what to do with what is known." The mind is not always trustworthy either but is renewed when it no longer is "the servant of the heart to justify and fortify what the heart has purposed" but instead "objectively identifies the truth of the Word of God, absorbs it, studies it, binds the whole being to it, and then sets the whole self on a course of obedience." Often this process requires the assistance of another and, hence, the need for IHP, the purpose of which is to bring "the gospel by circumstance and counsel to the unbelieving heart of the already believing" (Sandford & Sandford, 1982:25-26).

While the tension between heart and mind lines up with most forms of IHP, the primacy that the Sandford's stance places on the reputedly objective mind is exceptional among IHP practitioners with their typical emphasis on experience, symbol and imagination.<sup>41</sup> Given that the latter elements are all important to the Sandford's practice as well, one might suggest that the force of their conviction may have something to do with correcting imbalances that they have seen in the more emotionally guided prayer experiences of many people they have ministered to.

Briefly, views of the relationship to the body should also be noted. Smith (1996/2000:214), somewhat surprisingly, states outright that one's body is "non-redeemable" (basing this on 1 Cor

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<sup>41</sup> Payne (1991:68), for example, seems to state that head and heart are on a more equal, complementary footing: "the heart knows what the head does not, or conversely, the head needs to rightly comprehend and then critique what is in the heart."



15.50: “flesh and blood cannot inherit the kingdom”<sup>42</sup>). Since the origin of IHP was intertwined with the ministry of physical healing, Smith’s is a relatively unusual position. Kelsey (1973/1995:232) who describes in detail<sup>43</sup> the breakdown of mind/body dualism and its relationship to prayer for healing states that “there is no sharp line of demarcation between the religious, spiritual, emotional, and physical -- between the body and the psyche. Kelsey’s more integrated view is more typical of IHP (Payne, 1991:72-73; Sandford’s, 1985:11-12; Kraft, 1993:103; Bennett, 1982:43).

### 3.3.3.5 Revelation

A final theological note that is central enough to IHP to deserve discussion here is the nature of revelation. Revelation is in a sense what IHP is all about. Its experiential nature is based on the person receiving either directly or indirectly (through the person praying) a revelation of God’s response to the situation at hand. As mentioned above, this would happen most typically through a vision or sense of Jesus’ active presence that is initiated by imagining (faith-picturing, seeing by faith) Jesus’ presence in a troubling scene.

IHP is soaked in the charismatic or renewal theology that expects God’s Spirit to speak today. This is not, for the most part, a careless free-for-all of subjectivity. There is a great respect for and understanding of the Bible as the authoritative and necessary guide to the proper experience of IHP. Payne (1994:27) states “those with a low view of the Bible should not attempt listening prayer.” Virtually all IHP practitioners studied ground their work in an understanding of primarily the New Testament. Scripture quotations sprinkle the pages of these books and precedents and commands are sought out which defend the practice (e.g. Seamands, 1985:61-78). The most commonly quoted passage is James 5. 14-16:

Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven. Therefore confess your sins to one another, and pray for one another, so that you may be healed. The prayer of the righteous is powerful and effective.

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<sup>42</sup> This apparently does not mean, however, that physical healing is not possible (Smith, 1996/2000:20).

This appreciation for the Bible does not completely quell the tendency toward the overly subjective. As Hurding (1995:297) points out, IHP “often handles the biblical text in a more subjective and reflective way, asking ‘What does this passage say to me now?’” This, in itself, may be one valuable way to use Scripture, but it does “include the dangers of a shallow or loose use of the biblical text and context.” Certainly the relatively thoughtful and respectful use of Scriptures by the Sandford’s and Payne have helped to counter such tendencies.

For Smith (1996/2000:14), who seems most intent on perceptions of orthodoxy among relatively conservative evangelicals, his emphasis on receiving truth from God during prayer creates a potential controversy among those adamant that new revelation does not take place after the Bible was completed. While remaining firm in his belief that “Theophostic Ministry is the process of God speaking directly to His wounded sheep. True sheep still hear His voice,” he also maintains that he is not advocating a “new revelation....I do not believe that He is speaking new truth nor truth contrary to what to what He has already revealed in the Scriptures.”

Certainly most, if not all, of those involved in IHP would agree that God’s genuine revelation during IHP would never contradict Scriptures. Smith (1996/2000:140) himself stretches the limits of this, however, when he later emphasises that “the creator of the universe will not be contained in any religious, denominational theological box we might try to create.”

Most IHP practitioners stress that the source of the healing experience is God’s active intervention. Attempts to psychologize the source of healing are sharply refuted. Smith (1996/2000:136-137), again, is most intent on clarifying this. He argues that the source of the revealed truth that sets people free cannot be their “inner child” because that is precisely the part of one’s personality that stands in need of truth.<sup>44</sup> The source cannot be the counsellor because the Theophostic counsellor is careful not to tell the person the truth, but rather helps to “stir up the darkness” by giving voice to the lies.<sup>45</sup> Finally, he suggests that the source could not be demonic since, while the demonic does sometimes try to counterfeit the truth, no effectively

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<sup>43</sup> Including much medical research (Kelsey, 1973/1995:202 – 233).

<sup>44</sup> This argument may actually raise the question of whether the source could not then be one’s “inner adult.”

<sup>45</sup> This argument also seems weak as it neglects the fact that clearly stating a lie, also clearly implies the truth as its opposite.

healing truth could come from this source. He concludes, “the only logical source of truth is divine.”

Payne (1989/1995:24) argues that in spite of whatever level of training a healer may have, he is simply “inadequate, apart from God, in the face of his own and others’ needs.” It is this stance of dependence on God and his leading, and the faith that God will always respond to this invitation, that grant confidence in the divine source of the healing. Complementing this argument is the conviction that ongoing experience of Jesus’ incarnational presence is virtually synonymous with healing. Any psychological truth, however accurate, might be very helpful but could never lead to the full wholeness that true IHP offers (Payne, 1989/1995:81-83, 164).

While Payne’s arguments are more satisfying than Smith’s, there may remain a need among IHP practitioners to view the partnership between God’s intervention and psychological dynamics less defensively, in order for a clearer picture of what is happening during IHP to be fully understood. While much of IHP is highly unique and quite distinct from most secular psychotherapy, there are notable similarities with cognitive therapy (God’s truths replacing old false beliefs) and perhaps even more with some of the more experiential therapies like Gestalt, Eye Movement Desensitization Reprocessing (EMDR, Shapiro & Forrest, 1997) and Neuro-Linguistic Programming (NLP, Otero, 1986). One could safely assume that where there are similarities, the same psychological dynamics that make these therapies effective to a certain extent would be operating in IHP as well.

*Difficult but potentially useful questions might include speculating on what it would mean if, on some occasions, a person did imagine an encounter with Jesus based on what was already known, consciously or unconsciously, creating thereby an integrating, healing experience of previously known truth. This would not necessarily be God’s revelatory intervention at the moment, but it would be hard to find a theological reason to criticise the process. Granted the Holy Spirit’s presence in the person receiving prayer, it would be virtually impossible to discern in many such cases where the person’s own inner resources ended and the Spirit’s began. Is there a need to insist that it *must always* be God’s revelation at that moment?*

A related issue that is perhaps even more controversial is the role that suggestion plays in the process. Interestingly, Agnes Sanford (1947/1972:4) is nearly alone in being open to the likelihood that this plays a significant role. Sanford did not feel that there was a distinct line between God's healing interventions and the laws of nature. "Some day," she felt, "we will understand the principles that underlie the miracle-working powers of God." One of these principles is the relationship between our subconscious minds and suggestion. She felt no qualms about indicating that "nerves are like children. They respond better to suggestion than to command" (1947/1972:25-26). Yet she also affirms that "those who really experiment with prayer know from its results that it is far more than auto-suggestion. It is the inner being that is part of God<sup>46</sup> speaking to the framework of flesh." Most of those involved in IHP, however, minimise or deny the role that suggestion plays (e.g. Smith, 1996/2000:10; Sandford & Sandford, 1982:135), which is not altogether surprising given the fear and suspicion that most Christians have of anything remotely associated with hypnotism.

Overall, then, IHP would tend to hold a view of revelation in keeping with a charismatic theology of God's continuing active intervention through His Spirit. Indeed, IHP would make little sense without this understanding. It may be, however, that the insistence that it is always and only this supernatural revelation that heals prevents dialogue with other Christian or secular therapies and a fuller understanding of the dynamics of IHP. If more IHP practitioners had the freedom and openness of Agnes Sanford, there might be a greater development of this ministry, as there was in her day.

### 3.3.4 Healing of Memories

The healing of memories is such a central component of most IHP, that it has often been used as a synonymous phrase. Payne (1991:68) suggests that the term, 'healing of memories' was coined by Agnes Sanford as she added this element to her healing ministry.

Sanford (1972:192) learned to pray more specifically for the healing of memories from a physician she had met who helped her with some of her own memories. Though in *The Healing*

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<sup>46</sup> She might have raised fewer theological red flags here if she had said, "the indwelling Spirit."

*Gifts of the Spirit* (1966:107-141), she describes this ministry in detail, she provides a more succinct description in her autobiography (1972:196):

I ask Jesus to walk into the past – back through their memories – and heal all the wounded places and break off all the chains and set them free. And I *picture* Him doing so, His love flowing around and around any old wound in the memory until the feeling connected with it is completely healed, so that one can remember the very thing that used to make him unhappy, yet feel no unhappiness, but only the joy of a new freedom.

This essentially became the model for most prayer for the healing of memories. Jesus, who is understood to have been present in the past and who is not bound by time from returning to the past, is seen as an active part of that experience (Payne, 1981:27; Seamands, 1985:140; Sandford & Sandford, 1985:46). The person praying and/or the one receiving prayer picture (or in some cases hear, sense or simply understand) Jesus' presence in the memory. The receiving or offering of forgiveness is virtually always a key part of this healing experience.

#### **3.3.4.1 Which Memories Need Healing?**

While it is generally advocated to “let the Holy Spirit bring things up” (Bennett, 1982:233; cf. Scanlan, 1974:47-48), there are some characteristics of memories that are candidates for this type of prayer. The most obvious candidates are, of course, recurring memories that are emotionally disturbing. These memories may intrude directly into consciousness or may enter in the form of dreams. Seamands (1985:80-93) suggests alliteratively that these memories are usually related to experiences of hurt, humiliation, horror, and hate. There may be specific memories that are focused on or there may need to be healing related to themes or patterns that have occurred in one's past, such as a pattern of losses or separations (Payne, 1981:31).

Mark Pearson (1995:112-113) provides some of the clearest suggestions for determining which memories to focus on. Among his suggestions are: noticing “those areas in which there is an inordinate or unrealistic attraction,” looking at “those areas of ‘inability’ in which the inability is more of an emotional block than simply a lack of skill or interest,” and asking others who know the person well for their input.

Most IHP practitioners would also acknowledge the need for healing of repressed memories (Bennett, 1982:44; Kraft, 1993:114-117; Scanlan, 1974:48; Sandford & Sandford, 1982:147; Smith, 1996/2000:41-42; Payne, 1981:19).<sup>47</sup> Seamands (1985:39) submits that “the harder we try to keep bad memories out of conscious recall, the more powerful they become. Since they are not allowed to enter through the door of our minds directly, they come into our personalities (body, mind, and spirit) in disguised and destructive ways.” Clearly such memories are prime candidates for IHP.

Recent writers like Smith (1996/2000:55-57) are well aware of the possibility of and controversy surrounding “false memories” (cf. Pearson, 1995:127-130<sup>48</sup>) that arises when dealing with repressed memories. Though stating his bias against those who have the “absurd notion that most traumatic memory (especially sexual abuse) is false memory,” Smith (1996/2000:56-57) isn’t overly concerned with determining the accuracy of memories. His purpose is not in “determining what was true or false in the actual event but rather what is perceived to be true in the event.

Many IHP practitioners also give attention to prenatal memories (Sanford, 1966:122; Sandford & Sandford, 1985:27-52; 1992:373-378; Seamands, 1985:16-22; Kraft, 1993:138-144; Bennett, 1982:164; Payne, 1981:23). Several of these authors support this aspect of their ministry by referring to the work of Thomas Verny, M.D., who reports on clinical studies around the world concerning prenatal experiences in his book *The Secret Life of the Unborn Child* (1982). Verny’s (1982, in Kraft, 1993:139) conclusion is that “how he experiences it [the womb] – as free or hostile – does create personality and character predispositions. The womb, in a very real sense, establishes the child’s expectations.”

Finally, a note should be made that there is often an importance placed on seeking the “root memory” (Payne, 1981:20; Scanlan, 1974:49-50; Kraft, 1993:111; Smith, 1996/2000:50-51<sup>49</sup>). Scanlan (1974:49) clarifies that “where a root memory is involved there are many disturbing

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<sup>47</sup> The line between suppression (consciously pushing away a memory) and repression (unconsciously pushing a memory away) is generally blurred.

<sup>48</sup> Pearson (1995:129) suggests more caution than Smith, particularly before suggesting “courses of action that *might* be appropriate *if* the memory were accurate, but would not be appropriate at all if it were not.”

<sup>49</sup> Smith (1996/2000:41) calls it the “historical memory picture which matches the emotional echo,” but the concept is clearly the same.

memories built upon one root memory.... When the root is healed, new freedom is experienced in a whole series of other memories.” More surface or “secondary memories” (Smith, 1996/2000:51) are seen as valuable pathways to the root memories, but by themselves are generally seen as inadequate foci for a truly healing experience.

#### **3.3.4.2 The Goal of Healing Memories**

The goal of healing memories is often stated in terms of the person’s ability to revisit the memory without a negative emotional response. Seamands (1985:161) describes healing as meaning the “sting and pain have been removed from these memories.” Often the possibility is stated even more strongly as the ability to feel a positive emotional response to the previously troubling memory. Sandford and Sandford (1992:52) write that healing a memory

enables us to cherish even the worst moments in our lives, for through them God has inscribed eternal lessons onto our hearts and prepared us to minister to all who have suffered in the same way (Hebrews 2.18). We know we are healed and transformed when we can look back on everything with gratitude.

Smith (1996/2000:30), who uses the term “genuine recovery” for the complete healing possible for traumatic memories, states as exemplary the experience of one man for whom “the very memory he used to resist which had caused him so much pain and fear now brought him peace and solace because Jesus was there speaking the truth which had set him free.” Smith’s (1996/2000:235) claims are exceptional because of his emphasis that the results provide “maintenance-free and effortless victory.” However, by this he does not refer to a person walking in idealistic wholeness, but to complete recovery “in relation to each memory picture we process” (1996/2000:30).

The healing provided through the healing of memories, then, is a significantly changed emotional experience in relation to formerly troublesome memories. The obstacles to growth or wholeness that resulted from a wound are removed. The ups and downs of continued growth and walking with Christ go on.

### 3.3.5 Other Types of Healing in IHP

Not all IHP focuses specifically on the healing of memories. Another important focus is on healing the negative attitudes and expectations that people carry with them from their childhood into adult life. Clearly this type of healing would also be closely linked with the memories and experiences of childhood, but there may be less emphasis on such typical techniques as visualising particular memories. There is probably an endless number of variations that IHP interventions could look like in this case, and only a few examples will be mentioned.

Bennett (1982:83) describes “creative prayer” as an alternative to healing of memories prayer. This type of prayer invites “the Holy Spirit to show us brand new things.” The person here is invited to see what Jesus is showing them without a focus on a certain memory, though God’s response would often be understood as healing the effects of many memories or the whole tone of one’s childhood.

Payne (1991:23-64) writes about self-acceptance as another key focus of healing prayer. This process may begin with a prayer for the renunciation of self-hatred and be followed, perhaps, by a combination of journalling and other homework and further prayer until one experiences his/her true self as affirmed and accepted by God.

The Linn brothers (1978:199) add a unique dimension when they describe “healing the future.” This type of prayer deals primarily with a person’s fears of what might happen. They suggest that

Christ wants our fears placed in his hands so that he first can show us what he and we can do to prevent the evil and then can show us how we can grow from what must be faced. No matter what must be faced, we can have a loving response opening us up to new growth and a deeper love of God, neighbors, and ourselves – if we cooperate with God.

The process of healing prayers for the future, i.e. for fears, is similar to healing of memories in that one visualises the future one fears and then invites Jesus into that scene to reveal Jesus’ response (Linn & Linn, 1978:201).

Finally, the Sandford’s (1982:189) provide many alternative types of healing prayer corresponding to their catalogue of possible “malformations of character.” Examples would



include the authoritative breaking of inner vows (1982:204) or praying visually for the gender “poles” of a person struggling with sexual identity to be straightened (1982:315).

### **3.3.6 Summary of Common Practice**

While there is a great deal of variety in the various nuances which different practitioners and ministries give to the shape of IHP, most forms can be summarised as follows.

#### **3.3.6.1 The One(s) Praying**

While one person generally leads the prayer session, some feel that IHP is best done as a team (Scanlan, 1974:31). Others, like Francis MacNutt (1974:184), feel the privacy of the material that arises suggests limiting numbers to one or two. Secondary members of a prayer team provide more consistent intercession, additional spiritual and personal gifts, and greater safety and accountability for all. The “laying on of hands” may be part of the connection between the one(s) praying and the one prayed for.<sup>50</sup> It is usually seen as important for the leader of the team, especially, to act with faith and authority (Smith, 2000:202; Scanlan, 1974:35; Payne, 1989/1995:35-51 - often basing this authority on an understanding of the “priesthood of believers,” Sandford and Sandford, 1982:125; Payne, 1991:155) since all models encourage the ministry of the laity. Balancing the authority of the leader is the firm understanding that she is a “wounded healer” (Scanlan, 1974:30, after Henri Nouwen, 1972) aware of her own weaknesses and dependence on Christ.

#### **3.3.6.2 Preparation**

Either on an earlier occasion or at the outset of a prayer session, some time is often given over to preparing a person for what to expect (Smith, 2000:118-119). Seamands (1985:123-137) is very thorough about this preparation, advising counselling sessions and homework assignments as helpful before the prayer session.

#### **3.3.6.3 Invocation of Divine Presence**

Virtually all models begin with the invitation to God to be manifestly present and to guide the process. “At the very first, before starting the interview with the person desiring healing, we pray,

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<sup>50</sup> This language should not be misunderstood. The “recipient” of the prayer is in most cases actively praying as well.

‘Come, Lord Jesus, come,’ asking the Lord to bring up from the person’s heart and memories that which needs to come up” (Payne, 1991:155; cf. Smith, 2000:272; Sandford and Sandford, 1982:125; Sanford, 1947/1972:7; Scanlan, 1974:48; Linn & Linn, 1978:218; Seamands, 1985:141-142; Pearson, 1995:118).

#### **3.3.6.4 Listening**

The stance of those involved in IHP is “with all our beings listening both to God and to the one for whom we pray” (Payne, 1991:158). Payne (1991:155) refers to both as “related to the gifts of the Spirit.” While a person’s story is solicited and heard with full attention and respect, the listening is not in the non-directive style of Carl Rogers, lest the initiative remain with “the flesh rather than the Spirit” (Sandford & Sandford, 1982:136). Rather, the inner guiding of the Holy Spirit is attended as well. The unique experience of the person is combined with the unique direction of the Spirit to determine the agenda of the prayer session.

#### **3.3.6.5 Search for Root Causes/Memories**

During the listening and/or the prayer following the listening, the focus is on jointly discerning the most important blockage to growth (Payne, 1991:156; Pearson, 1995:110-116, MacNutt, 1974:186). Theophostic Ministry has a well-detailed protocol for this stage: Cues (“emotional expressions, descriptive words and phrases, attitudes, and physical manifestations”) are discerned during the listening and the most important “historical emotional echoes” are named and felt. The person feeling this painful emotion is then invited to “drift” back through memories until the matching memory picture becomes clear and the associated “original lie” firmly agreed upon (Smith, 1996/2000:119-131).

#### **3.3.6.6 Experiencing Jesus in the Situation**

Based on the roots discerned, the IHP can then head in various directions, most typically focused on a painful memory. Whether the situation focused on is located in the past, present or future, however, the common element is the invitation for Jesus to manifestly enter the situation that is emotionally present. Using a variety of terminology, the person is asked to picture or see Jesus in the midst of the situation (Seamands, 1985:147-149; Smith, 1996/2000:142-143; MacNutt, 1974:186).

### **3.3.6.7 Receiving and Responding**

Having experienced Jesus in the situation either directly or through the one praying, the person prayed for is invited to receive what Jesus is saying or doing (often deeply felt words or acts of love and acceptance) or to respond (acting out of the love and forgiveness that is modelled or invited). Linn and Linn (1978:101) call this “living out Christ’s reactions.” Sometimes this response may take place within one’s imagination; other times it may take place in dialogue during the session or as a follow-up to the session. Confession, declaring the receiving or giving of forgiveness, renunciations of sins or idolatries, and the breaking of vows or curses are among the common responses.

### **3.3.6.8 Troubleshooting**

Nobody involved in IHP is under the mistaken impression that the process is simple and foolproof. While some sessions of IHP would be quite straightforward, very often a great deal of the time and energy is spent trying to clear away blockages. Some common blockages include difficulty experiencing/facing the painful emotions, inability to experience Jesus’ presence, resistance to forgiveness and an inaccurately discerned root cause. Smith (1996/2000:145-150) calls this part of the process, dealing with “clutter.” He and many IHP practitioners would also explore the possibility of demonic influences as part of this stage.

### **3.3.6.9 Blessings and Follow-up**

A final blessing often sees the one praying in a priestly role. She may declare forgiveness (absolution or cleansing) and offer a final invitation for Jesus’ love and Spirit to fill the person (MacNutt, 1974:187; Smith, 1996/2000:152). Specific blessings related to what has taken place might also be voiced. Spiritual protection against evil or a “sealing” of what has taken place may be authoritatively pronounced.

In order to integrate the healing into ongoing Christian discipleship, suggestions for follow-up would often be given. Readings, devotional exercises, fellowship, and other typical spiritual disciplines may be a key part of this follow-up. Often training in praying for themselves, “practicing His Presence” (Payne, 1989/1995, 1994; Linn & Linn, 1978:217-231) is a central part

of follow-up. Though Smith (1996/2000:153) proclaims that his clients do not need to exert effort to maintain their victory, he does provide them with a manual and instruct them on how to “do the Theophostic process on their own.” Some might suggest a follow-up session (Seamands, 1985:161). Follow-up suggestions may be combined with cautions about what their next days may be like, or what not to do (Seamands, 1985:161).

### **3.3.7 The Relational Context of IHP**

While the very words “inner healing” may conjure up images of inwardness and individualism, several IHP practitioners have stressed both that IHP is about relational healing and that a supportive Christian community is a crucial context for this healing.

Payne (1989/1995:36) writes, “healing has to do with mended relationships.” Forgiveness, is, after all, a relational concept. A lack of forgiveness separates people from God and from others. Kraft (1993:22) actually refers to deep-level healing synonymously with “relational healing,” referring, like Payne, to relationships with God and with others.

If healing has to do with relationships, then it is not surprising that a supportive community is an important part of IHP. Scanlan (1974:65) asserts “to the extent that true Christian communities are being formed we can expect the growing presence of healing power.” More specifically Scanlan (1974:67) describes that “there is a necessary level of affirmation which people need in order to let go of security devices, make decisions of commitment and step in faith. This supportive environment is also necessary for maintaining health and growing into the completion of healing.”

Seamands (1985:56) underlines the importance of “redemptive acceptance in the congregation” as an important part of “creating the atmosphere for healing.” He writes that most of the wounds that people carry are a result of unhealthy interpersonal relationships:

These people have learned a whole language of harmful relationships even before they learned to speak. It is essential that they now learn a new language of helpful relationships. But to learn it, they must first hear it spoken. That is why the people who make up a church play such an important part in the healing process. Supportive

Christians need to surround struggling and suffering persons with an atmosphere of understanding and love.

The Sandford's (1982:403, 412) also feel strongly about the need for a supportive community. They call for the Body of Christ to defeat individualism, and they end their first book with a resounding affirmation of fellowship:

Transformation struggles in the beginning by leaps and bounds (and pitfalls) from crag to crag of knowledge and revelation, but it is simple fellowship which walks us in the end across a level plain of rejoicing into the hall of the marriage feast! It is fellowship which graces the heart with possibility for living in heavenly repose and response. It is fellowship which sings a song to tired hearts and sparks resurrection of skills first planted by God and long forgotten by men. It is fellowship which finally enables the forgetting of what lies behind (Phil. 3.13), and makes possible pressing forward to the mark of the prize of the high calling of God in Christ Jesus (v. 14).

IHP takes place in a wide variety of contexts with varying degrees of community support and involvement. While most models have a great deal in common, each model also has its own distinctives. The remainder of this chapter will discuss some of the unique contributions of three important models of IHP.

### **3.4 John and Paula Sandford (Elijah House)**

#### **3.4.1 Background**

As mentioned earlier, John Sandford (1982:5-6) is probably the IHP practitioner who developed most closely in relation to Agnes Sanford. John taught with the Schools of Pastoral Care beginning in 1963. He became increasingly frustrated that Christians were “fumbling unwittingly with the key to the door of sanctification. Agnes had begun to reveal it....But none seemed yet to have comprehended the full vision of inner transformation by *continual* death and rebirth.” At first he envisioned this as a process of repeatedly putting to death various character structures until one became whole. He later saw this as wrong and stressed that one always lives with one's brokenness, continually walking in Christ's death and resurrection. “Christian healing,” he states,

“comes then not by making a broken thing good enough to work, but by delivering us from the power of that broken thing so that it can no longer rule us, and by teaching us to trust His righteousness to shine in and through that very thing” (1982:11). The old self is not healed or made better – “for the soul there is in that sense no healing – only death and rebirth” (1982:11).

In 1965, John Sandford and his wife, Paula, taught and practised their ministry of inner healing through a United Church of Christ in Idaho. In 1973 they formed the Elijah House ministry which continues today, with affiliated centres internationally. Father and son teams of John and Loren (1991) and John and Mark (1992) have authored two of the books emerging from this ministry.

### **3.4.2 Unique Emphases**

#### **3.4.2.1 Death and Resurrection**

Their focus on the language of death and resurrection rather than healing has continued as one of the central themes of their work. They chose the word ‘transformation’ rather than healing to better reflect this emphasis. In a later book Sandford (1992:52) succinctly writes that “by inner healing we invite Jesus to complete our transformation by crucifying us.”

The biblical basis for this emphasis is provided by verses such as “I have been crucified with Christ” (Gal 2.20) and “Those who belong to Christ Jesus have crucified the flesh” (Gal 5.20). The clear application of this principle seems a little more difficult for them to communicate but is seen as a full following through of the practice of repentance. The first part of crucifying our fleshly traits is “reckoning them as dead...believing that Jesus has already died *with* those ways on the cross” (Sandford & Sandford, 1992:61). This is followed by “coming to a perfect hatred of the evil that has gripped us.” Hating the sin is required so that “death *happens*.”

Overall, the Sandford’s emphasis on crucifixion heightens the role of repentance in their ministry as well as providing a language for communicating the way grace breaks in in the midst of our brokenness.

### 3.4.2.2 Diagnostic Categories

Another unique feature the Sandford's (1982, 1985) provide is a diagnostic catalogue for their transforming work, somewhat in the order of the DSM-IV for psychiatrists. Any of their major diagnoses could be cited as a relatively unique emphasis, including "performance orientation," "inner vows," "parental inversion" and a "slumbering spirit," but "bitter root judgments and expectancy" is perhaps the most revealing of the Sandford's views on human nature.

Bitter root judgments and expectancy is "the most common and powerful practice in the old nature that Christian counselors must work to bring to death" (Sandford & Sandford, 1992:62). Bitter root expectancy is self-fulfilling prophecy. It occurs when one is bitter about what has happened in one's past and comes to expect that this will always happen. A bitter root judgment has an even more powerful dynamic because it is seen as a necessary outcome of the "law of sowing and reaping" (Sandford & Sandford, 1992:52, cf. Gal 6.7 and Heb 12.15). By 'sowing' a bitter judgment against those in our past, we defile those we now live with and 'reap' a return of hurtful behaviour in others. When bitter roots are exposed, they are repented and taken to the cross. Accompanying the prayers of repentance are resurrection prayers for new expectancies, of blessing rather than harm (Sandford & Sandford, 1992:66-67).

### 3.4.2.3 Fathers and Mothers in Christ

Of all the IHP practitioners, the Sandford's (1982:385-400) are most likely to envision their ministry as counselling in an on-going manner. This relational aspect is most intense in the situations in which they describe the necessity to "re-parent" one who comes for help, to become "fathers or mothers in Christ." The concept came as part of a realisation that Christians "had been afraid, too individualistic, too little aware of our need for one another." The process requires sensitivity and the guidance of the Holy Spirit. It involves a unique emotional bond, varying frequencies of contact, and varying lengths of time for the relationship from weeks to years. At the heart of this process is

simple love and acceptance. Once a 'child' realises at deepest heart levels that this is no game, that he really is loved by the Lord, through this parent, for himself just because he exists; once he feels truly chosen and cherished and settles it that that love is once for all

‘given,’ never to be taken back, security settles in, and healing and maturity flow as the natural outcome (Sandford & Sandford, 1982:393).

The Sandford family has contributed a great deal of thorough and creative thinking to the practice of IHP, at the same time as they have continued the legacy of Agnes Sanford.

### **3.5 Leanne Payne (Pastoral Care Ministries)**

#### **3.5.1 Background**

Leanne Payne (details based on personal communication with Pastoral Care Ministries team member, Mark MacIntyre, June, 2001) returned to school as a mature student to study C. S. Lewis under the tutelage of Clyde Kilby at Wheaton College. At Wheaton she was also drawn into the charismatic movement at Trinity Episcopal Church. These elements combined to form a deep appreciation for the incarnational reality richly and consistently proclaimed in Lewis’s writing and experienced in Payne’s life. Eventually her passionate teaching about Lewis’s thought created such a hunger in her students that prayer for a deeper experience of Jesus’ incarnational reality became a common part of her classes.

This appreciation for prayer ministry was also affected by a growing healing prayer ministry at her church under Father Winkler, and an increasing appreciation for the work and teaching of Agnes Sanford. Eventually these influences combined to lead Payne toward the forming of Pastoral Care Ministries in and full-time involvement in IHP.

Psychologically, her work was deeply impacted by Christian psychiatrists Frank Lake and Karl Stern. Lake’s (1966) thorough integration of object-relations psychology and Christian theology provided an understanding of the effects of infantile and early childhood experiences on one’s soul, one’s relationship to God and particularly one’s sexual identity. Stern’s (1965) more philosophical writings helped shape her views on human responses to masculinity and femininity.



## 3.5.2 Unique Emphases

### 3.5.2.1 Practising the Presence

The heart of Leanne Payne's prayer ministry is the encouragement of the practice of experiencing the presence of God. Payne (1989/1995:27-31) cites such influential Christians as C.S. Lewis, Oswald Chambers, Brother Lawrence and Mother Theresa as examples of those whose lives stressed this practice. She links the need for this practice with the emphasis common to all IHP practitioners on helping the heart to catch up with the head. Theologically, she relates this to the Fall when humanity became separated from God's presence and "slipped from God-consciousness into the hell of self and self-consciousness" (Payne, 1989/1995:53).

Sin maintains this separation by turning persons away from God ("bent") toward a seeking after illusion – "rebelliously seeking after *what is not*" (Payne, 1989/1995:85). Healing for this separation is not difficult (given the atoning work of Christ) "if only we choose to die to the illusion" (Payne, 1989/1995:88). Living in the illusion is like a "man walking alongside himself"<sup>51</sup> (Payne, 1989/1995:83-88) rather than living within his "true self," walking in the presence of his creator.

Contrary to the illusion is the acceptance of the "Unseen Real," the acknowledgement that God's loving presence is always with us. Practising this awareness, "requires a concentrated effort of will at first" (Payne, 1989/1995:25). It is not, in its most basic form, anything complicated or esoteric, but "simply the discipline of calling to mind the truth that God is with us" (Payne, 1989/1995:26). Even though the goal of this practice is to "see with the eyes of our hearts," she stresses that the real presence of God is to be clearly distinguished from the sense of this presence. Blurring this distinction leads to the "disease of introspection" wherein some look inside of themselves to see whether or not God is present (Payne, 1989/1995:27).

This mental reminder alone would be little different from Christian cognitive therapy. Beyond the simple discipline of calling to mind is the often-undeveloped faculty of the imagination. Payne (1989/1995:164) specifies two levels of imagination. The highest level, or "true imagination" is

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<sup>51</sup> A phrase referring to a character in the C. S. Lewis novel, *Perelandra* (1943).

defined as an “intuition of the real” and is the “acknowledgment of objective realities (those outside the self) in their transcendent, unseen dimension (perhaps we could say, in their essence).” It is “the experience of receiving from God whether by word, vision, or (greatest of all) an infilling of Himself.” Since this level of imagination is based on receiving, it is a matter of listening and expectation.

The second level of imagination Payne (1989/1995:171-172) describes is essentially the “power to visualize” (though the visual aspect is not to be taken too literally – “one can think imaginatively without images,”). This also plays a positive role in the creative process and can “serve the true imagination in healing prayer.” Often this is done through the use of a symbol, such as the cross, which “opens us to meaning” which “streams to the deepest reaches of the unconscious.... What starts out as a deliberate visualizing of the Cross becomes an intuition of the real.”

Since the imagination is such a key part of the practising of the Presence in its richest forms, Payne (1989/1995:139-156) is careful to warn about potential misuses of imagination such as mistaking the image with the reality that it points towards – a mistake which could lead to an idolatrous or magical use of symbols. Likewise, since the “imagery really matters,” she stresses that it should be guided by a “sound understanding of the Scriptures.” Her own practice of healing prayer is sprinkled heavily with Scriptural imagery as well as such tangible traditional symbols as anointing oil, crucifixes and holy water (Payne, 1991:164-182).

### **3.5.2.2 Sexual Identity**

The first book Leanne Payne (1981) wrote on IHP was *The Broken Image*, which focused on the healing of the “homosexual crisis of identity” (1981:11). This was not a new area for IHP to explore as Agnes Sanford was known to pray for one’s “creative energy” to be brought “right back to its normal channel” (in Payne, 1981:53). According to Payne (1981:55), the sexual struggles of the homosexual were not isolated as a unique form of pathology, but rather seen as an example of the “healing of all men, for every one of us has been stuck in some diseased form of self-love.” This similarity with other aspects of sexual identity led to the follow-up book, *Crisis in Masculinity* (1985). Through Payne’s ministry experiences and these first two books on

IHP, this focus on homosexuality and sexual identity in general became a key part of her ministry and remains so today.

Homosexuality, for Payne (1981:57), is a “study in both the psychological and spiritual aspects of the identity crisis.” Both masturbation which continues obsessively after adolescence and homosexuality are forms of auto-eroticism which result from a lack of healthy self-love generally resulting, in turn, from some lack of adequate affirmation from parents and others. Many specific types of injuries to one’s sexual identity are described in detail by Payne, accompanied by the stories of those who have received lasting healing through IHP. One of the more unique and well-known of these specific types is the homosexual who is “loving a lost part of himself” similar to how some cannibals will eat those whose traits they admire in order to get their traits (Payne, 1981:46-47). One of Payne’s most prominent associates, Mario Bergner (1995), has written about his own recovery from a homosexual lifestyle.

Payne (1981:48) bases prayer for healing of sexual identities on the same principles as healing for everyone: the invoked presence of God and the overcoming of the three main barriers to healing: 1) failure to forgive others, 2) failure to receive forgiveness for oneself, and 3) failure to love ourselves aright (these barriers are more fully discussed in *Restoring the Christian Soul*, 1991). The third barrier often seems the one most associated with sexual problems, and restoration follows upon the gift of being able to deeply accept oneself. A prayer for the “release of [one’s] normal heterosexual drive” (Payne, 1981:52) can follow. Payne’s success in praying for the healing of those who struggle with their homosexual orientation stands opposed to the many who have said that such healing is not usually possible. Due to the testimony of people like Payne’s associate Mario Bergner who have been able to change to a stable heterosexual identity, secular psychiatrist, Robert Spitzer (who led the decision to have homosexuality removed from psychiatric manuals as a disorder) acknowledged that some forms of homosexuality can be changed (2001). Payne’s ministry with homosexuals has also led to a strong association with Desert Streams, a ministry for those struggling with homosexuality led by Andrew Comiskey (1989:xii).

Payne's books also reveal a theology of gender developed largely from the writings of C. S. Lewis and psychologist Karl Stern (especially in *Crisis in Masculinity*, 1985). To this she adds an interpretation which sees sexual neuroses and perversions as being analogous to ancient worship of the idols, Baal and Ashtoreth (Payne, 1989/1995:232-244). Renouncing this idolatry then becomes a part of one's affirming a healthy sense of masculinity and femininity in one's life. This renunciation is a prominent part of her healing and training conferences.

While on a practical level, Payne may be most widely known for her work with sexual identity, her theoretical contributions to an understanding of God's presence experienced through the imagination are unparalleled in the field of IHP.

### **3.6 Ed Smith (Theophostic Ministry)**

#### **3.6.1 Background**

Ed Smith's Theophostic Ministry is one of the first models of inner healing to have been developed by a professional counsellor<sup>52</sup> and it is no coincidence that it is also what Garzon and Burkett (2002:45) call, the "most operationalized" model. Smith (1996/2000:10-38) was a Christian counsellor whose orientation seemed to be predominantly cognitive. His journey toward developing Theophostic Ministry began in the early 90's when he grew frustrated with the "tolerable recovery" he was helping people towards. Usually, according to Smith (1996/2000:18), clients would "discover the reality of self-effort and determination. It will result in ultimate failure." One evening when the frustration was most intense he

cried out to God and asked Him to show me a way to bridge this gap between embracing the lie to [sic] knowing the truth.... Over the next few weeks, simple yet profound principles began to emerge in my thinking. It was as though a spigot had been turned on and the insight of this process began to flow through my mind.... They are nothing new, just overlooked. They are based on simple Biblical truths that when applied can result in what God's word says will happen (Smith, 1996/2000:38).

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<sup>52</sup> The other being David Seamands (1981, 1985)

As Smith experienced the effectiveness of his model, he quickly began to teach it in seminars around North America. His manual, first published in 1996, went through four editions in as many years with significant changes (Smith, 1996/2000:1-9). While the model is highly integrative of various Christian and secular techniques, Smith chooses to avoid any clear description of the integration of these techniques, denying many associations.

### **3.6.2 Unique Emphases**

In spite of the lack of clarity describing how the integrating has taken place theoretically, it is the combination of integrated methodology with detailed formulation of protocol which makes Theophostic Ministry quite unique.

#### **3.6.2.1 Integration of Cognitive Therapy**

The most obvious integration is the adaptation of the “truth-lie” dichotomy from Christian cognitive therapy into IHP. The problem with cognitive therapy, Smith (1996/2000:31) states, is “its dependence on the ability of the therapist in discerning the faulty thinking and supplying truth for the client to embrace.” By turning directly to God in prayer, Smith invites the intervention of Jesus to overcome this weakness. However, even in Smith’s model, the discerning of the “accurate lie” is still largely in the hands of the therapist and it is not, after all, a long journey from a lie to its opposite. Still, the clarity of the concept of replacing a false belief with a healing truth<sup>53</sup> provides a sharp focus that is sometimes missing in IHP and may be related to the lasting effectiveness anecdotally related to Theophostic Ministry.

Smith (1996/2000:35-36) stresses that people may need to be reminded that this talk of lies and truth is not an invitation for logical thinking. The Theophostic process is not cognitive therapy with prayer tacked on. Like most IHP, the intention is very much to remain experiential rather than logical. Smith provides an analogy of a “two room house” to help explain this key difference. One room, the logical room, is “bright and clear with the lights turned on.” The other room, the experiential room, has the lights off and “contains the original memories and embedded lies that shamed them. Theophostic ministry invites God to “throw open the flood lights of truth” in this dark room.

### 3.6.2.2 Clear Protocol

The other prominent integration in Smith's model is the use of intentional protocols guiding emotional states in a manner similar to Eye Movement Desensitization Reprocessing (EMDR, Shapiro & Forrest, 1997) and Neuro-Linguistic Programming (NLP, Otero, 1986). The most obvious example of this is the rating of "how true the statement [lie] feels" (1996/2000:54). Smith (1996/2000:54) acknowledges there may be a similarity with EMDR and states a disinterest in credit for originality, but does not acknowledge any reliance. His directive leading of people into and out of difficult emotional states also bears a similarity with NLP techniques.

Smith (1996/2000:39-52) describes Theophostic Ministry as based on three "essential components:" The first of these is the "historical emotional echo" which is "the feeling the person experiences each time he access [sic] an emotional memory." The second component is the "memory picture" which is "the historical memory event which feels the same way or matches the emotion the person is currently feeling." The final component is the "original lie" which is "the belief statement which is planted in a person's mind during a time of trauma."

After being prepared by a summary of the process, persons are invited to enter into and focus on their present feeling (the echo) and allow themselves to "drift" back through memories that felt the same (Smith, 1996/2000:51). This leads either directly or eventually to the relevant memory picture. Questions are asked (usually 'why' questions) to help discern as accurately as possible the original or accurate lie or "false interpretation" which is still causing difficult emotions (1996/2000:52-53). Smith (1996/2000:133-152) describes the protocol for working with lies. When a lie is discerned, it is "stirred up," deliberately creating an intense emotional state for a very brief time. During this time Jesus is invited to reveal His truth in any way and the person is invited to report what is sensed. If no truth is reported, the person is reassured and led through a survey of the possible obstacles or "clutter" which may be interfering with the process. Possible clutter includes a desire to avoid pain, defence mechanisms and the "failure to identify the original lie" among several others. If truth is received, the person is asked how true the lie then feels and if the answer is "zero," a prayer of blessing and affirmation ends the process. If the

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<sup>53</sup> This is similar to Neil Anderson's (1990a:213-216) "truth encounter," though in Anderson's model previously

emotional belief in the lie has not been reduced to zero the reason for the remaining emotion is tracked in similar fashion to the above process.

Smith's contributions seem to be especially oriented toward the development of highly refined techniques geared toward lasting emotional change. As these contributions have been quite recent, the next decade will determine what kind of effects this will have on the broader practice of IHP.

Much more could be said both about individual contributions of various IHP ministries and about details common to many models. This description, however, provides a broad summary of how the praxis of inviting God to bring emotional healing is understood by those engaged in IHP in its many forms.

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interpreted Scripture largely determines the truth.

## CHAPTER 4 – IHP from a Social Constructionist Perspective

### 4.1 Introduction

Having described the practice of IHP based on the writings of those involved, I will now add a hermeneutic layer to this description by interpreting what takes place in IHP from a social constructionist perspective. In order to do this, I need first to introduce a modified understanding of social constructionism so that God, the Creator, will be invited into the social processes by which we continue to construct our reality.

Following an introduction to my modified understanding of social constructionism, I will describe IHP through the grid of the three-phase movement of narrative therapy. Then I will reflect more broadly, still from within a modified social constructionist stance, on a practical theological understanding of what important processes are taking place in the practice of IHP.

### 4.2 Establishing a Perspective

#### 4.2.1 A Social Constructionist Perspective – Clarifications and Modifications

The point of departure from which a description begins is probably as significant as the object of that description. I will begin, therefore, by clarifying the modifications of social constructionism that will make the perspective more suitable to the task, a modification that addresses how the epistemology is affected by the positing of a personal God who communicates with the people he has created.

##### 4.2.1.1 Ontologically Mute

Probably the most threatening aspect of social constructionism for many Christians is its adamant position against absolute truth. It is crucial, however, to understand that this stance against absolutism is not an ontological statement but a phenomenological one. Regardless of how strongly the theory is sometimes stated rhetorically, social constructionism can only assert with



integrity that the distance between our perception and objective reality renders absolute knowledge impossible; the theory does not and cannot claim that objects, natural or supernatural, do not have an essential existence. As Kenneth Gergen (1994:72) states, social constructionism is “ontologically mute.” In place of ontological truth claims, positively or negatively stated, there is an invitation to dialogue.

Some authors sympathetic to a constructionist perspective still find it possible to continue to speak of truth. Parker Palmer (1998:104) describes such an understanding of truth, defining it as “an eternal conversation about things that matter, conducted with passion and discipline.” This conversation is “governed by the rules of observation and interpretation that help define us as a community by bringing focus and discipline to our discourse.”

The social processes that participate in the construction of reality will differ among various communities of discourse. Since social constructionism, as a general theory, is ontologically mute, it does not speak to either the existence or non-existence of God. The theory assumes there will be multiple accounts of the ultimate origins of life. Its principles can be applicable to either materialist, pantheist or theist constructions of reality. For this reason social constructionism is a very useful framework for facilitating dialogue between cultures. It is also one of the first psychotherapeutic frameworks that can describe, without a crippling reductionism, the practice of IHP with its dependence on the active role of the Holy Spirit.<sup>54</sup>

#### **4.2.1.2 Positing a Personal Creator God**

Reflecting on practical theology, Gergen (2002b:287-288) feels free, from within his constructionist perspective, to posit a God who, while not being the traditional “Supreme Being – an identifiable entity possessed with power, love, anger, wisdom and other attributes garnered from our discourse on human agents,” is not “distinct and distant from humankind,” but who, “radically immanent, inhabits our natural and social world.”

The ontological silence required of a social constructionist perspective does not then prevent a faith position, a positing of the existence of God. For those believing in a personal Creator of the

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<sup>54</sup> This is developed a little further in chapter 6.

universe who is both willing and able to communicate with the people created in his image (in other words the God witnessed to by the Bible), then interesting modifications of social constructionism naturally arise.

In this case, Vico's (in Copleston, 1960:155) words take on a special significance: "The rule and criterion of truth is to have made it." Vico's claim suggests that a Creator alone can construct a reality worthy of the adjective "true." A Creator God could know truth in a way that creatures could not.

When one adds to this belief that a Creator God both desires and is able to reveal himself and his truth, then the dialogical nature of social constructionism becomes supercharged. God can then be seen as an active participant in the social processes by which human reality is constructed; God joins the conversation and the possibilities shift.

In the model of truth described by Palmer (1998:99-106), a subject (rather than an object) is in the centre of an interconnected community of knowers. The "transcendent secret of the subject" which "knows itself better than we could ever know it" is a key aspect that helps this understanding of truth remain distinct from an aimless relativism. "The subject calls us out of ourselves and into its own selfhood." This concept of the transcendence of the subject becomes especially powerful if we understand the Creator and the subject taking their place together in the centre of the community of knowers. The Creator, actively revealing himself through the subject, participates in the conversation by which reality takes shape. This does not mean that a specific truth ever becomes fixed or static, nor need it ever become so. The dynamic dialogue with the Creator and the subject as central participants give substance and value to the concept of truth without requiring the false security of supposed objectivity or absolute status.

One key shift that this modification of social constructionism entails is in the direction of *critical* constructivism (Mahoney, 1988:4). This position, which suggests that there can be movement toward "truer" realities, becomes more justifiable if the One with the right to determine truth (according to Vico's assertion) is a part of the conversation. The mediated nature of God's self-

revelation, however, means that interpretation and social processes remain crucial components of our perception or construction of reality.

A critical constructivism also moves toward the balance Browning (1991:183) is seeking when he describes a blend of a hermeneutic perspective with that of the more empiricist pragmatism of James and Dewey. This is the position in which it is clearly understood “that we bring our fore-concepts to experience and always construe experience partially in terms of them,” but where it is also maintained that “some tradition-laden theories address our moral and epistemological problems better than others.”

A related shift is that the radically utilitarian nature of some constructionist theories is tempered by the addition of another criteria. That is to say, the best reality to construct is not simply that reality which works best for us (individually or corporately) but may also (or rather) be that reality which to the best of our understanding fits with God’s revelation of the subject, taking God’s input into the conversation into account. This leads naturally to a more balanced blending of tradition and creativity (assuming that God has been revealing himself throughout history rather than only to our generation).

This shift away from a purely utilitarian evaluation is somewhat similar to the way in which some constructionists, particularly those focused on narrative, add an aesthetic component to their discernment as to which is the best reality to construct. Not all constructionists are narrowly pragmatic. Some seek the reality that seems to them most beautiful, with the best ‘fit’; utility may be a part of the beauty but is not necessarily the final word. Randall (1995:67-78), for example, feels that becoming a story is how we deal with the “aesthetics of living.” He suggests “the question *what makes a good story?* ought to provide clues to what makes a ‘good life.’ Jerome Bruner (1986:13) states that the “narrative mode,” as opposed to the “logico-scientific mode,” is concerned with “good stories, gripping drama, believable (though not necessarily ‘true’) historical accounts.” In a later book, Bruner (1990:112 citing Polonoff, 1987) writes “the object of a self-narrative was ...its achievement of ‘external and internal *coherence, livability, and adequacy.*” The intuition with which such aesthetic qualities are discerned may bear witness to one manner in which God joins in the conversation even when God is not acknowledged.

#### 4.2.1.3 Socially Constructing with God

Support for the inclusion of conversation with God as a part of the social construction of reality is heard in this passage by Van der Lans (2002:32):

The psychological study of an individual's religiosity should also cover the internal dialogue between the self and another who is virtually present in memory or imagination. What matters [from the perspective of social constructionism] is that religiosity must always be studied as dialogical activity in which meanings are negotiated.

It is precisely this perspective which I am suggesting for the integration of social constructionism with a theological perspective.

Gergen's (2002b:288) immanent God is likewise understood to be a part of the social processes that construct our reality. He states

In our every action we possess the potential to share in this process (i.e. the capacity to manifest the sacred). Nor, must we view the relational process as limited to the human domain. In the generation of meaning we cannot ultimately separate that which is human from the non-human. Required for the creation of meaning – and thus the immanence of the sacred – is a generative relationship with all that we call natural and material.... As we extend the conversation of construction, we see that "all otherness" becomes "one" in relational process.

Thus, while the impersonal nature of this description does not fit with a traditional Christian understanding, the possibility of a God who is intimately involved with our dialogical constructions is quite suitable to a constructionist perspective.

For the sake of clarity, the relevance of the Creator God's participation in human social processes that build up reality would benefit from a clear description of the possible ways in which God takes part in the conversation. Obviously the significant body of theological writing on God's revelation to humanity is all potentially relevant here. Particularly, for any understanding of revelation and communication with God to be described as Christian, such communication needs to be discerned alongside a thorough familiarity and authoritative appreciation of the Bible. The

canonical process and the significant history and tradition which have ascribed authority to the Scripture as “God’s Word” are a crucial balance to what could otherwise become an individualised or distorted subjectivity.

However, as the focus of this study is on IHP, I will limit myself to the somewhat unique ways in which an understanding of God’s contributions to the conversation have been particularly developed by those in IHP. Benner (1998),<sup>55</sup> in his book, *Care of Souls*, describes a two-dimensional grid to facilitate an understanding of the range of Christian ways to experience God. One dimension is the polarity between kataphatic (image and concept-rich) and apophatic (emptying) traditions; the other dimension is defined by the affective and speculative poles. According to this model, IHP is clearly located in the quadrant between the kataphatic and affective poles, based as it is on imagery and symbolism as well as its emphasis on emotional experience. All the other possibilities for experiencing God which lie closer to the speculative and apophatic poles are possible and accepted but do not represent the unique flavour of IHP.

Leanne Payne (primarily in *The Real Presence*, 1979/1995:104-106), in her understanding of the writings of C. S. Lewis, has particularly considered the ways in which we experience God through our imagination. Based primarily on Lewis’s understanding of imagination and what he calls Joy, Payne refers to his “epistemology of the Holy Spirit,” by which “we know reality by God’s Spirit living within us.” “Joy for Lewis has to do with the Holy Spirit making God known to an alienated mankind; it has to do with a God Who sends ‘pictures’ to awaken ‘sweet desire’ in pagans, thereby calling them to Himself.” These glimpses are received by the highest form of imagination: “an intuition of objective truth lying outside of ourselves” (Payne, 1979/1995:121). This intuition could be directed toward a blade of grass when an artist sees it “as it really is” or toward a vision from God received in religious awe (Payne, 1979/1995:123-124).

Ordinary imagination, whether through visualising or other means, is not equivalent to this “intuition of the real” but “can and often does serve the true imagination in healing prayer” by “opening us to the truly imaginative experience” (Payne, 1989/1995:171, 174). Symbols and symbolic activity also serve the true imagination (Payne, 1989/1995:172).

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<sup>55</sup> Benner draws this model from Holmes, *A History of Christian Spirituality*, 1980

While abstract theologising about God has its place, who God is “retreats continually from our knowledge” by theology alone. “It is religion itself – prayer and sacrament and repentance and adoration – which is here in the long run, our sole avenue to the real” (Lewis, 1970, *God in the Dock*; in Payne, 1979/1995:35). This combination of imagination (“intuition of the real”) with the symbolic, experiential practices of “religion itself” is a very fitting description of how God is understood to enter the conversation through IHP. More practical detail about how this “higher imagination” takes place in IHP will be provided in section 4.4.3 below.

The understanding that IHP is characterised by the experience of God’s active participation in the healing process is affirmed by the research of Ten Eyck (1993) and Jones (1998). Jones (1998:96) states that “in inner healing prayer, dialogue often occurs between the person and a Divine being, Christ, God, etc.. It is a very active process unlike many forms of traditional prayer which can be more monologue and passive in nature.” Ten Eyck (1993:105) concludes that the inclusion of God in IHP is “more than an abstract awareness of God, rather is [sic] an interactive relationship between God, the client and the therapist; a relationship whereby the understanding, the image, the perception of God is often changed.” While neither Ten Eyck or Jones interprets the process in social constructionist terms, they both testify to the understanding that God is perceived as more interactively participating in the IHP process than in other forms of Christian counselling or prayer.

This brief description might be clarified to some degree when compared to Gordon Kaufman’s (1981) *Theological Imagination*. For Kaufman (1981:70-76), “an adequate understanding of God” is a result of thoughtful and explicit criteria that are used to “reconstruct traditional images and ideas...so that God will be grasped in faith and life as in significant relationship to our actual experience.” Kaufman’s view is fitting with constructionist views and has some similarities with Payne’s view above. However, even though Kaufman values the role of imagination, he maintains a distinct emphasis on idea and symbol and significantly downgrades experience except to the extent that it validates an idea. For Kaufman, only the idea of God is ever experienced; genuine experience of God is unimaginable. In other words the line between

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ordinary imagination and Payne's (1989/1995:164) "true imagination" is never crossed. The process Kaufman describes places great significance on our constructions of God but leaves little room for God's participation in the process.

Much more could be said concerning the ways in which God is a part of the dialogue in IHP. For my purposes here, this brief exploration will have to suffice.<sup>57</sup> What is foundational, however, is the awareness that for virtually all models of IHP, the prayer session is led by and based upon the presence of the Holy Spirit. God is assumed and acknowledged to be an active, present part of the dialogue, primarily through the imagination.

#### **4.2.2 A Social Constructionist Kingdom Theology**

With this modification of social constructionism in place, a theological reference point can be established alongside. The constructionist framework, as described above, is a highly appropriate accompaniment to an eschatological or kingdom theology. A kingdom theology (Ladd, 1959, 1974; Moltmann, 1967, 1979, 1992; Jackson, 1999; Wink, 1998, Groome, 1980; Eller, 1970, Wright, 1992, 1996; Snyder, 1985) is also highly suited to discuss the practice of IHP as many of those involved would hold to a similar point of view (e.g. Payne, 1989/1995:38; Kraft, 1993:25-26).

Jurgen Moltmann (1965/1967:37) writes that

the discovery of the central significance of eschatology for the message and existence of Jesus and for early Christianity, which had its beginnings at the end of the nineteenth century in Johannes Weiss and Albert Schweitzer, is undoubtedly one of the most important events in recent Protestant theology.

This eschatological focus is centred on an understanding of the kingdom of God, a concept nearly unanimously understood as the "central message of Jesus" (Ladd, 1974:57, Groome, 1980:39). More recently the kingdom of God has been described as "the biblical expression for God's essence: his unconditional and liberating sovereign love" (Van der Ven, Dreyer, & Pieterse, 1997:116).

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<sup>57</sup> More details can also be found in the previous chapter in section 3.3.3.5 on Revelation.

Vigorous debate in the twentieth century saw various interpretations<sup>58</sup> of the kingdom come and go, until a consensus began to emerge which understood the kingdom of God as having a present and future dimension, placing the present age in an overlapping position with the “age to come.” This was perhaps first described clearly in terms of Pauline eschatology by Geerhardus Vos (1952 in Ladd, 1974:68) and proclaimed as a defining element of New Testament understanding by Ladd (1959, 1974) and many others since.

This time of overlapping ages is illustrated in Jesus’ parable of the “strong man” who is bound while his house is being plundered (Mt 12.29). Jesus understood that “a decisive victory has been won. Satan has been bound; he has fallen from his place of power; but his final destruction awaits the end of the age” (Ladd, 1974:67). This aptly describes the experience of Christians who nearly simultaneously perceive the blessing of God’s nearness and the frequent pain of his apparent inaction in the face of evil.

Jewish expectations of the coming kingdom were of a time in which “Israel would be vindicated and the world at last set back to rights under its true king, Israel’s covenant god” (Wright, 1992:300). The incarnation, life, death and resurrection of Jesus fulfilled aspects of this expectation while simultaneously altering the meaning of the kingdom. In Jesus, the covenant God did return to Zion – His presence and the forgiveness this implied were manifest in Jesus and his ministry of healing and deliverance. Jesus’ public ministry was pregnant with the signs of the arrival of the kingdom (the “finger of God,” Lk11.20). Rather than a political vindication of Israel, however, the present emphasis on the kingdom was on Israel’s role as the source of blessing for the nations (Is 42.6, 49.6). The final vindication of God’s people (now understood as the spiritual children of Abraham rather than his genetic offspring) would not take place until the end of the age. This shift, of course, was one main reason that the long-awaited Messiah became a “stumbling block” to the Jews.

The tension thus created by this overlap of the ages makes a great deal of sense in constructionist terms. It is the time during which a radically new (apocalyptic) reality is being constructed.



Vernard Eller (1970:19) describes the kingdom of God as referring “precisely to the fact and character of God’s ruling and, secondarily, to the order, the situation, that is created by that rule,” while Wink (1998:64) more succinctly calls the kingdom “God’s domination-free order.” Thomas Groome (1980:36) describes the kingdom as “God in God’s supreme sovereignty who directs the world and history, unfolding there God’s vision for all creation.” In constructionist terms, the kingdom of God is God’s reality – reality the way the Creator and Ruler of the universe constructs it as he re-establishes covenant relationship with his people.

One might even make the analogy that we are somewhere between the transition and thickening stages of a cosmic narrative therapy. A shift has decisively occurred in favour of the new story, and the reality of this new story is being thickened continually, especially when the church or individual believers act in faithful loyalty to the kingdom of God. Yet there is always the danger that the old story can appear too real for a time.

Paul appears to describe this overlap between shifting realities when he writes:

Hence, as to the eating of food offered to idols, we know that "no idol in the world really exists," and that "there is no God but one." Indeed, even though there may be so-called gods in heaven or on earth—as in fact there are many gods and many lords—yet for us there is one God, the Father, from whom are all things and for whom we exist, and one Lord, Jesus Christ, through whom are all things and through whom we exist. It is not everyone, however, who has this knowledge. Since some have become so accustomed to idols until now, they still think of the food they eat as food offered to an idol; and their conscience, being weak, is defiled. (1 Cor 8.1-7)

A kingdom theology therefore represents an understanding that we are living in a time when “all things are possible” (Mk 10.27, Mt 19.26) because the kingdom has broken into our experience, yet simultaneously for a while we may need to suffer various trials (1 Pet 1.6) because the final manifestation of the kingdom is not yet here. On a more socio-political plane, when following Jesus we are “already manifesting the transformed reality of the divine order, even while living under the jurisdiction of the Domination System” (Wink, 1998:129). We become partners with

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<sup>58</sup> Typical options being the entirely apocalyptic view of Schweitzer (1911), the existential view of Bultmann (1934),

God in a process of socially constructing the reality of his kingdom, while we lament the moments when it is apparent that the reality we are co-constructing is not complete. In Ladd's (1974:113-119) terms, God's covenant people (the church as the new Israel) are "witnesses to the kingdom," "instruments of the kingdom," and "custodians of the kingdom."<sup>59</sup>

Though sides have often been taken, it should be clear that this active role given to God's people, the moral imperative of the kingdom, has its spiritual significance for the individual as well as a social significance. Groome (1980:48) describes this well when he concludes, "the social implication of the kingdom for us as individuals, as a Christian community, and as members of a larger social order, is that we contribute our part, within our own context, to promote the justice, peace, and freedom for all that is the promise of God's kingdom."

With the coming of Jesus, a new covenant has been initiated, and faithful obedience to this covenant is called for. The unique aspect of this new covenant is that God states

I will put my law within them, and I will write it on their hearts; and I will be their God, and they shall be my people. No longer shall they teach one another, or say to each other, "Know the LORD," for they shall all know me, from the least of them to the greatest, says the LORD; for I will forgive their iniquity, and remember their sin no more. (Jer 31.33b-34)

In other words, in kingdom theology, God is a part of the inner dialogue of all God's people. The obedience called for was not intended to be a dutiful adherence to a written code, but a living relationship with God's indwelling Spirit made possible through God's forgiveness. The outpouring of the Spirit in Acts 2 is therefore a key sign of the kingdom, empowering the witness, love and moral integrity of God's people.

Though the kingdom is increasingly manifest through the partnership of our faith and God's grace, the completion will not come about through social processes alone. Eller (1970:24) writes of the kingdom's completion that "gradual fulfillment is not the answer....The Bible wants both a dramatic consummation at the end (resistance to God's kingly rule is simply too deeply engrained in the world to imagine that it will just gradually evolve out) and a very real overlap in the

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and the "realized eschatology" of Dodd (1936). See Ladd, 1974:57-60.

present.” The task is too great for social construction, even for the Spirit-empowered church. God must act decisively to bring about the completion.

In the meantime, to sum up, a kingdom theology suggests that we live with the promise and the gap. We are enabled to be incredibly optimistic because of the promises and the blessings we have received and have already experienced. God’s presence is with us through the Spirit to keep our eyes focused on God, the Father, revealed in Christ, his Son. We are also enabled to be present with the suffering that we have no need to deny. Satan and evil are still at work, defeated though they may be. We freely lament while we faithfully cling to the bold promise of God’s new reality.

This kingdom theology stands in the background of my constructionist interpretation of IHP and will emerge in the foreground as a perspective from which to critique IHP at the close of the chapter.

### **4.3 Initial Points of Contact between IHP and a Constructionist Perspective**

#### **4.3.1 Immediate Points of Similarity**

Although the purpose of this chapter is not directly to compare IHP with constructionist therapies, some immediate points of similarity should be clarified at the outset. One of these involves the positive, optimistic climate that is established, and the other has to do with the goals of freedom and empowerment that are sought.

##### **4.3.1.1 Positive Climate**

Both narrative therapy and IHP are incredibly optimistic forms of therapy (e.g. Monk, 1997:4; Sanford, 1966:42). Both place a high value on the inherent worth of people and a universal (or nearly universal) expectation that people can change. Faith, hope and love are in various forms present in either case.

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<sup>59</sup> Ladd (1974:111) also cautions against equating church and kingdom.

The most significant difference in this area is in the source of the optimism. In narrative therapy the optimism appears to be based on an understanding that when people are freed from a powerless identification with the problem (“people are not the problem; the problem is the problem” O’ Hanlon, 1994:24), then they will naturally choose for themselves better stories. In other words, in a typically humanist fashion, faith seems to be placed in an inherent movement toward wholeness in people freed from oppressive, constraining narratives.

In IHP on the other hand, the source of optimism is clearly placed on the loving, active presence of God. If there is a belief in an inherent movement toward wholeness, it would be understood as the image of God created within humanity that is drawing them to a relationship with their Creator and would always be understood as existing in tension with sinful desires.

In neither case is the optimism based on a naïve view that neglects the hold that problems can have on people. Narrative therapists are well aware of the power that a problem-saturated narrative can have on people both from within and from without, just as IHP practitioners are familiar with the ubiquitous nature of sin and the very real damage to self and others caused by sin. Nevertheless, personal experiences in their own lives and in the practice of their therapy provide the confidence that these obstacles can regularly be overcome.

#### **4.3.1.2 Freedom and Empowerment**

Both narrative therapy and IHP seek to free and empower people. People seeking help are understood to be constrained and limited in their ability to live fully. Both seek to free people from negative, unhelpful pressures and beliefs from the culture and from within. They hope people will be able to gain the ability to choose paths for themselves that lead to wholeness.

In narrative therapy, the place of freedom is relatively undefined. The greatest moral value is the supreme value of postmodernity, which is tolerance and acceptance of others (see Vinden, 1998:82). Explicit direction as to the shaping of this place of freedom is avoided and seen as unempowering.

IHP does not conceptualise freedom as merely self-direction and tolerance, but as experienced relationship with God. Freedom exists only within this relationship because apart from it one is a slave to sin. Trust that God is always seeking for and willing the greatest wholeness and freedom for individuals explains how the concept “slavery with God” can be understood as equal to freedom and empowerment (cf. Rom 6). As Moltmann (1979:23) writes, “where God is king, human beings are released for their own freedom.”

### **4.3.2 Immediate Points of Difference**

Already in the clarifications of the previous sections, it becomes apparent that the differences and similarities between the two paths to wholeness lie close to each other. The differences discussed here are those considered to be the most important differences between the two systems.

#### **4.3.2.1 Faith, Confidence and Expertise**

Although, as mentioned above, narrative therapists have solid faith in the efficacy of their therapy, their overall stance is that of “not-knowing” (Freedman & Combs, 1996:44-45). The type of faith or confidence that one would expect of an expert is deliberately avoided. As pointed out in the first chapter, critiques of this stance exist within the therapy world, perhaps most articulately voiced by Salvador Minuchin (1998, 1999).

IHP practitioners do not appear to have any desire to avoid the stance of expert. They may not claim to be theological experts in academic circles, but they do proclaim their theological views with unabashed confidence. They tend not to hold back from correcting others whose views differ, and assert theories new and old with authority.

This authoritative, confident stance may not be popular among postmodernists, but it has long been a crucial part of religious and folk healing and may contribute to the healing process. Jerome Frank (1961:62-63), whose comparative study of religious and therapeutic healing was referred to earlier, states of folk healers:

The theory cannot be shaken by failures, while every repetition of the ritual validates and reinforces it. Thus knowledge of previous failures need not diminish the patient’s belief that he will be helped. The ideology and ritual supply the patient with a conceptual

framework for organising his chaotic, mysterious, and vague distress and give him a plan of action, helping him to regain a sense of direction and mastery and to resolve his inner conflicts.

Frank's quote can serve us in two ways. First, we can see that in spite of the non-expert stance idealised, narrative therapists still to some extent accomplish what Frank describes. One would not expect Michael White to seriously question the value of his therapy because a few sessions only allowed a person to feel worse. We would still expect him to be confident that narrative therapy would work and that he would still have a plan that he would communicate to this person. Indeed the one form of expertise that some constructionist therapists (e.g. H. Anderson, 1997:95) acknowledge is their expert acquaintance with their own method of therapy. Ekeland (1997), writing on the elusive factor that makes psychotherapy effective, suggests that the practitioner's faith in the meaning of her own language is the necessary condition to produce hope. IHP practitioners, likewise, have this confidence in their language and methods with the rather significant complication that their "method" makes many assumptions about the existence and character of God as well as human relations with God. In other words, the "method" of IHP involves a rather large area of expertise.

Second, Frank's quote makes plain the danger of being attracted to "putting on" a false confidence for the sake of a healing result. Deception and manipulation may well be a part of what Frank describes for many of the healers he studied.<sup>60</sup> While few would question the sincerity of people like the Sandford's or Leanne Payne, the temptations and dangers are significant, and errors in the church in this regard have certainly contributed to the resistance of expertise for some.

#### **4.3.2.2 Sin and Responsibility**

Obviously a non-religious therapy does not use the language of "sin." The question still needs to be asked how the "non-blaming stance" discussed in chapter one as characteristic of narrative

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<sup>60</sup> Most interesting of these examples is the experience of Quesalid, a Kwakiutl shaman, whose autobiography describes how he learned the art of deception and put it to healing use. Though Quesalid was critical of shamanic practices, Frank (1961:44-45) states "Quesalid's scepticism is not able to withstand his own successes and the belief of his group in his powers."

therapy compares to IHP. The role of confession in IHP makes it plain that there is a contrast here. The Christian concept of confession does not shy away from accepting blame or responsibility.

What makes confession a healing experience (see Tournier, 1957:174) rather than the negative blaming (that narrative therapists are trying to avoid are two very clearly taught presuppositions: 1) There is no condemnation involved but rather an expectation of God's complete forgiveness of the wrong-doing and acceptance of the person (Rom 8.1, 1 Jn 1.9), and 2) There is a clear expectation that grace will be given by God to empower one to step away from this wrong-doing in the future (1 Cor 10.13). In other words, any blame that may be a part of confession (and IHP) would not contribute to the negative experience of identification with the problem.

In fact, the externalising typical of narrative therapy is not far removed from talk of sin or even of the demonic in IHP. In Romans, Paul views Sin as a power that keeps us in bondage until Christ's death frees us (Rom. 5-8). This externalising language accomplishes much the same of what it does in narrative therapy, without entirely leaving us without responsibility. White and Epston (1990:65) affirm "these practices do not separate persons from responsibility for the extent to which they participate in the survival of the problem."

Viewed from another angle, my personal experience of teaching narrative therapy and externalising to Christians is that immediate concerns are raised that this concept disempowers people by inappropriately freeing them from responsibility. A great deal of convincing is required to demonstrate how "relative influence questioning," for example, actually helps people take on more responsibility to resist problems (or sins). It seems that in a helpful way, narrative therapy slips responsibility quietly in the backdoor while externalising removes the negative associations of self-blame in the front.

#### **4.3.2.3 Tradition and Commitment**

One final but substantial contrast is in response to traditional narratives. Narrative therapists tend to view traditional narratives (and certainly meta-narratives) with great suspicion and point ahead to new and creative ways to narrate one's life. IHP often sees liberation from contemporary

oppressive stories coming from narratives that were more highly valued in the past. Attitudes toward gender are a prime example. Most narrative therapists would be offended at the traditional attitude toward gender (including homosexuality) promoted at Payne's "Restoring the Christian Soul" conference (June 2001) yet this return to a more traditional story seemed incredibly liberating for many there.

A part of this more traditional orientation is the shift in value from the individual to a greater responsibility and commitment to one's family and community.<sup>61</sup> Unless there were abuse in a marriage, one would not expect any blessing for a decision to divorce a spouse as part of moving toward wholeness in IHP. This is not understood as a devaluing of the individual, but rather a trust that by living in a community that values commitment, there is the greatest likelihood of individual fulfilment.

### **4.3.3 IHP and Constructing a New Reality**

There are, then, both significant similarities and differences between the constructionist practice of narrative therapy and IHP. The next step in interpreting IHP from a constructionist perspective is to look at the role of narrative and language, key constructionist concepts, in IHP.

#### **4.3.3.1 Stories, Worldviews and IHP**

For the most part, understandings of epistemology and narrative are not explicitly present in IHP. As mentioned earlier in this chapter, Payne is one exception who deals with epistemological questions directly. Though her focus is either on the positive possibility of God's Spirit playing an active role in our pursuit of knowledge or the cultural/philosophical movements away from this, one can easily discern the implications concerning the way Payne understands many individuals seeking healing. If the experiencing and practising of God's actual, incarnational presence is the basis of a new, liberating story, the old story must then be understood as one of experiencing God's absence in some form or another. However, in order to draw this out Payne focuses more on symbols and a person's response to symbols than to the narrative form. For Payne (June, 2001, "Restoring the Christian Soul" conference) "to tell one's story is to narrate the course of one's symbolising."



On the one hand, the lack of clarity or emphasis most models of IHP placed on eliciting a person's present (problem-saturated) story may be a weakness that somewhat inhibits the intentional construction of a new reality. On the other hand, one might recall what Crites (1971/1989:70) had to say about "sacred stories," which are usually deeper than the telling. The deepest stories in our lives may be those we are rarely able to put into words even with a therapist's skilful interviewing. The religious symbolism and prayerful imagining that are engaged in Payne's practice of IHP may reconstruct the most sacred stories (in Crites' sense), which would never have been clearly articulated in any case.

The key role which distorted constructions of God play in blocking wholeness has been mentioned, particularly in the work of Seamands (1985:107-122), who is quite direct in his role of helping to construct new conceptions of who God is. The Linn's (1994) felt so strongly about this aspect hindering healing in some situations that they wrote a book in the style of a children's book (though written for adults) to stir fresh thinking on the character of God. The book emphasises God's being characterised by love rather than judgment.

Sandford's (1982:237-266) "bitter root judgements and expectancies" are an example of problem-saturated stories that are more on a human plane that are also dealt with in IHP. Those trapped in such bitter roots are caught in narratives that keep them re-living old wounds. These negative stories are usually understood first by discerning the similarities between present circumstances and early life experiences.

Smith's (1996/2000:52) model focuses at once most clearly on deconstructing old beliefs, yet it is the model most focused on specific "lies" rather than stories. The techniques of Theophostic Ministry work with these "lies" and the memories and feelings associated with them. Though focused into a more succinct phrase, the idea is quite similar to the Sandfords' "bitter root expectancies." The lie is essentially a problem-saturated narrative summarised into its most essential statement. Where Smith's model comes closest to constructionist ideas is his emphasis that lies originate from unhelpful ("false") interpretations given to events.

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<sup>61</sup> On the other hand, the emphasis on the "Boundaries" course (based on Cloud & Townsend, 1992) at the Isaiah 40

#### 4.3.3.2 Metanarratives

Narrative therapists actively support the choice of a new story, but they do try to avoid being the author of the new story. The intended source of the new reality, the “privileged author” (Freedman & Combs, 1996:88), is the client. In the client’s life, threads are found that, with the therapist’s help, come together in the weaving of a newer, more hopeful narrative. Narrative therapists are not, however, looking for larger stories to link their clients’ lives with. Like Lyotard (1984:xxiv), narrative therapists insist on “incredulity toward metanarratives.”

IHP practitioners, on the other hand, are committed to a traditional metanarrative – the story of God’s redemption of his created people through the loving sacrifice of His Son, Jesus. The new story that is co-created in IHP is virtually always a personalised understanding of this one story. This is not a deceptive imposition, but a clearly understood context of the practice. Those who seek IHP are either already committed to this metanarrative or are intentionally choosing to explore its validity for them.<sup>62</sup>

While some postmodernists leave no room whatsoever for a healthy metanarrative, others like child psychologist Penelope Vinden (1998:82) assert that

We do need worldviews, or metanarratives, as some like to call them. We cannot live without them. Even deconstruction is a kind of metanarrative, which some maintain with almost a religious zeal, that maintains that differences, fragmentation, and sensitivity to others’ views are good and helpful.

The ideal of avoiding all metanarratives may be an ideal that simply does not correspond to the human need to make narrative sense out of one’s life. Piehl (1999:235), who offers a thorough analysis of narrative therapists’ concerns about metanarratives, concludes

if persons suffer from a profound sense of isolation and fragmentation, as narrative therapists maintain, then an important step in the healing process may be re-connecting them with the larger Christian community that is formed by the story of the God of love.

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Foundation is an example of how some traditional roles are questioned.

There is a clear content to the new story that emerges during IHP. Most centrally this is the focus on the person of Jesus, Son of God, as being present with everyone in all situations past, present, and future. His presence is always understood to be guided by loving intention, i.e. for the person's best interest. Jesus' presence in IHP is the continuation of the story of his willingness to become human and join our hurting world, demonstrating his Father's forgiveness in word and deed, and giving up his life to effect reconciliation with everyone "while we were still sinners" (Rom 5.8). Piehl (1999:234) suggests that this "Christian metanarrative offers a nontotalizing perspective as an integral aspect of itself that refutes the criticisms of the narrative therapists regarding cultural oppression."

On the one hand, this acceptance of a metanarrative appears to be the complete inverse of White's and Epston's (1990:26) avoidance of "unitary knowledges." Following Foucault, they do "not propose any alternative ideology, any other ideal unitary knowledge around which we can organise our lives." However, when we see White and Epston (1990:30) characterise the old story as being "usually relate[d] to a sense of failure to achieve certain expectations, to replicate certain specifications, or to meet certain norms," there is an unstated implication that the new story is usually centred in the release from this sense of failure. There is an implied metanarrative.

So in IHP, people are released from some sense of failure (or rejection) by a narrative of Jesus' forgiving love, while in narrative therapy people are released through a narrative of internalising their therapist's graceful support of a personal reinterpretation of their failure(s). In both cases there may, in fact, be a single central motif in the plot. The diversity with which people understand and round out the story during and following IHP may be nearly as varied as the new stories that emerge in narrative therapy. In both cases, they may essentially be stories of release from guilt, shame and fear. In IHP the distinctive element is that this release is inextricably linked with a relationship with God, whereas in narrative therapy the release, while supported by others, is founded on one's relationship with oneself.

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<sup>62</sup> Further discussion of this important dynamic will follow.

### 4.3.3.3 Language

Social constructionists emphasise the primary role that language plays in the social construction of reality. Words, the way they are put together, and the non-verbal communication that accompanies them all join to form the stuff out of which meaning is made. The language that makes up a healing process plays a special role. Ekeland (1997:80) describes this role by underlining the

completely necessary function of having a language that enables the therapist to maintain a meaningful activity when faced with the suffering of the client—and to maintain a faith in this meaning. Without such language the therapist will not be able to maintain herself in an inner dialogue--and therefore nor will she be able to put into effect the outer dialogue. Without such a language it will not be possible to create what is part of the underlying ground in every therapeutic relationship that does not collapse: hope.

According to Ekeland, then, one of the essential roles of language is to create a meaningful context within the therapist so that she can practice her healing role with faith and hope. The secondary role is then the creation of this “outer dialogue” which invites the client to share in the meaning-rich context.

The language of IHP tends to belong to two unique domains. One, of course, is the biblically-oriented language of Christian faith. The setting of IHP in this linguistic context is both enriching and limiting. Positively, the biblical or religious language may help those praying and receiving prayer to connect quickly with experiences and traditions that are life-giving. Conversely, some people will associate this language with hurtful or restrictive experiences and perspectives. The performative element of language, that Day (2002:78) points out, is a related factor. He writes “what we can say is ordained within the structures of discursive possibilities furnished by language and social convention.” One might see the problems this could easily pose for someone who is needing to talk openly about, for example, sexual struggles that are not a conventional aspect of religious language for many.

The other domain is the language of experiential therapies, language that is “metaphorical, concrete and pictorial” (Friesen *et al*, 1989:35). This language facilitates staying in an experience,

rather than talking about it. These two domains thus combine to encourage a here-and-now experience of biblical understandings of reality.

Though the words were not written about a context that would fit a narrow definition of IHP, these words by Paul Tournier (1957:132) show the natural fit of these two domains. Tournier describes the language of the Bible as

the language of the human heart, when it casts off the intellectualism in which it has been trained at school and recovers its pristine freshness. It is the language of our dreams. The thing that strikes me when I am talking with my patients is that the moment deep personal contact is made, the very style of our talk changes. Images spring spontaneously to the mind, we begin to talk in parables, and we understand one another better than when the tone of the conversation was intellectual and didactic. The conversation becomes anecdotal; but the anecdote is no longer then merely a story, it is an experience, a personal truth

Few better descriptions of the language of IHP could be found.

#### **4.4 An Analysis of IHP According to the Three Phases of Narrative Therapy**

Inner healing prayer is not a form of social constructionist therapy. As has been noted, there are both many similarities and differences between the two practices. Some key constructionist concepts are present, but not very explicitly, in IHP. Much of what takes place in narrative therapy does not occur in IHP and *vice versa*. Nevertheless the language and framework of social constructionism, as modified above, can be used to describe some of the processes that take place in IHP.

A natural structure within which to describe IHP from a constructionist perspective is that provided by the three phases of narrative therapy outlined in chapter 2. While IHP does not identify these phases - deconstruction, transition, and thickening - as such, they provide a helpful grid for organising various aspects of the IHP process. Emphasis will particularly be paid to the thickening phase where, I would suggest, the unique qualities of IHP play their most prominent role.

#### 4.4.1 Deconstruction and IHP

IHP begins to be IHP when God is explicitly invited to be a participant in the process. Every stage of IHP involves a dialogue between the one (or those) praying, the person being prayed for, and the Holy Spirit. God's very presence as a participant is the beginning of the deconstruction of the story, often found in those seeking IHP, of his absence.

While language of deconstruction is absent in IHP, Payne (1985:22) reveals an intuitive understanding of the value of deconstructing old stories when she writes that due to the invoked presence of God, "the *telling* of the story becomes not only part of its healing but its true *revealing*, for we cannot without God's help, begin to understand the true tale of our lives." The acknowledged presence of God affects even the telling of the story, beginning its deconstruction, which is then furthered through central symbols and metaphors of the Christian tradition.

One might actually suggest that Christianity is founded on a deconstructionist theme as can be seen in its representation by a symbol that is the ultimate symbol of social deconstruction – the cross. Centuries of half-hearted Christendom have watered down the otherwise obvious significance of a central, life-giving symbol that is a means of shameful capital punishment.

The cross, and all that it symbolises about the one who died on it, establishes the deconstructive nature of IHP. This will be a process of life through death. The narratives that once established the "old man" will have to die. It is in this deconstructive centrality of the cross that the Sandfords' (1992:53) are most concerned. As mentioned earlier, their insistence on the death/rebirth nature of IHP even leads to a hesitation to accept the word "healing." The old reality is not tinkered with or adjusted; it is put to death.

William James (1902/1958:53) described this life through death, here specifically the death of our attempts to consistently will ourselves to goodness:

There is a state of mind, known to religious men, but to no others, in which the will to assert ourselves and hold our own has been displaced by a willingness to close our mouths and be as nothing in the floods and waterspouts of God. In this state of mind, what we most dreaded has become the habitation of our safety, and the hour of our moral

death has turned into our spiritual birthday. The time for the tension in our soul is over, and that of happy relaxation, of calm deep breathing, of an eternal present, with no discordant future to be anxious about, has arrived.

Naming the sinfulness, or at least the hopelessness, of the old narratives or patterns is most directly accomplished in the various forms of confession. The heart of confession is this naming of the old in the context of agreeing with God that the old path can and must die. The death-like deconstruction that can come through confession is apparent in the words of Rabbi Joseph Soloveitchik (in Frankel, 1998:818) who describes confession as “a sacrifice, a breaking of the will, a tortuous negation of the human nature.” The old hopes that these narratives, thoughts and/or actions somehow protect or give life are now counted as lies. The fear that they were the only ways possible or that their slavery could not be broken are similarly seen as false, even as the deceptions of the enemy.

The concept of an active Enemy (Satan) that deceives and accuses is an important aspect of the deconstruction of the kingdom. The narrative form presumes conflict and associated with a conflict is a person or thing that opposes, which acts as the enemy (Mattingly, 1998:85). IHP often is clear in assigning this role to Satan, the Accuser. In a sense he is the only appropriate scapegoat. Wright (1996), in his thoroughgoing analysis of Jesus’ historical and theological significance, describes one of the major purposes of Jesus as the changing of the central narrative of the Jewish people. Part of what bound the Jewish nation in its ethnocentric avoidance of its calling to bless the world was its clear understanding that Rome was the enemy and that salvation would be hastened by ethnic distinctions the Jews highlighted in the Torah. Jesus declared and demonstrated that the battle was “not against Rome, but against the enemy that stood behind Rome” (Wright, 1999:36) and who was at work among the Jews as well (cf. Wright, 1992:385; 1996:201).

Similarly, Satan (or evil spirits or demons) is often named as the Enemy in IHP (e.g. Bennet, 1982:95) in a way that frees people from perceiving others in their past or present lives as the enemies who keep them defeated. This shift in the identity of the enemy makes forgiveness and sometimes reconciliation easier to imagine. At the same time an awareness of the Enemy’s work

in one's own life often prevents a paralysing self-blame for previous, in some cases grievous, wrong-doings. In both cases, the new encouragement to battle the Enemy is an energising alternative to either a repression of the effects of evil or a passive acceptance of evil. Identifying Satan as the Enemy establishes a struggle for oneself and for relationships, rather than against oneself or others.

It is not a large leap to see the similarity between externalising and biblical language of Satan and the demonic. This was even apparent to the illustrator of O'Hanlon's (1994) article on narrative therapy in *The Family Therapy Networker* who clearly represented the externalised problem as a demon that came out of a person as he spoke. While the degree to which this language is understood as metaphorical probably varies with IHP practitioners, the language always provides rich externalising possibilities.

This naming of Satan as the Enemy is also deconstructive when associated with a narrative that clearly presents Satan as already defeated. He is the Strong Man who is tied up while his house is plundered (Mt 12.9). William James, referring to this need for an enemy states, "the world is all the richer for having a devil in it, *so long as we keep our foot upon his neck*" (1902/1958:55). In other words, as long as the role of Satan remains within this larger narrative where victory is assured and fear is unnecessary, the fear and/or despair of the old narratives is also deconstructed. This may be a clear advantage of IHP over narrative therapy, which may sometimes find it difficult to undermine the emotional strongholds of the old stories; a new secular story may have trouble finding a corresponding authority to remove the fear that is bound to the present view of reality.

In summary, therefore, through the centrality of the way of the cross in Jesus' life and death, through the unveiling of Satan as the true Enemy, and through the practice of confession, the old self is put to death. In Sandford's terms, the deformed character structures are put to death on the cross. A resurrection is expected.

While not as much time, then, is spent on the deconstructive phase in IHP, it is a significant part of the process. Deconstruction is, in fact, tackled more directly. Whereas narrative therapists



deconstruct primarily through questions that raise new possibilities (White & Epston, 1990:17), IHP practitioners, who feel freer to profess a specific new reality, freely label old narratives as lies or deceptions. Like narrative therapists, however, they do sometimes trace the cultural supports that people are receiving for these unhelpful beliefs and stories.

Certainly this directive approach toward a relatively specific narrative about God's interaction with humanity is likely to be distasteful to many constructionists. While Christians might well learn to be more sensitive about this type of concern, some justifications for this directive style will be described below.

#### **4.4.2 Transition and IHP**

As the hold of despairing and “stuck” stories on persons seeking IHP are weakened, threads of a new story are discovered and created. Similar to the points made above, less emphasis is generally placed on the person's authorship of this new emerging story than in narrative therapy. Balancing this to some extent is perhaps a clearer emphasis on an intentional decision to take hold of the new story.

Constructionist understandings of change focus, of course, on the importance of cognitive construals as well as more the more complex and interdependent sources of meaning in a person's life. Mahoney's (1991:79; in van Arkel, 2001:53) statement would characterise this view when he writes, “All significant psychological changes involve changes in personal meanings, and those meanings reflect the dynamic interdependence of our thoughts, feelings, and actions.”

This understanding of change describes much of the transformation that takes place within IHP, with the many reinterpretations of experience it offers, but it omits the emphasis placed in IHP on the will and the role of God.

While IHP is sometimes described in a way that places the one prayed for in a passive posture,<sup>63</sup> more typically an emphasis is placed on the intentional choices of those receiving prayer. Indeed, Payne (1989/1995:73-74) sometimes begins with a prayer for the healing of the will so that a person is able to choose the path of healing. This example also clarifies, however, that God's role in the person's ability to choose is crucial. Though language of sin is not necessarily the focus, the concept of repentance appears to be the model of change in IHP. Just as repentance requires both a choice and the empowering grace of God, the turning point in IHP also combines these elements. It is deep change that is sought - second order change (Watzlawick, Weakland and Fisch, 1974:10). Just as something outside of the system is required to change the system itself in second order change, God is a necessary initiator of the transformation of IHP.

This reliance on God does not mean that change in IHP should be understood as similar to random or stochastic models of change (as Bateson describes, in van Arkel, 2001:49). God's empowerment for change is not random. On the contrary, God's grace for change is understood to be constant and reliable. In the confident words of Leanne Payne (June, 2001, "Restoring the Christian Soul" conference), "God never fails to come." Therefore, while God is always invited to bring change, a significant emphasis still remains on the choice of the one being prayed for. Preparing for this moment of choice, be it acute or gradual, is correlative to the transition phase of narrative therapy.

A key aspect of narrative therapy in the transition phase is the search for exceptions to the old story or "unique outcomes." In IHP this may well take place in terms of a person's past experience of God in their life. Moments of connection with God in the past can be seen as gateways for a present experience as well as functioning deconstructively in regard to the old story of God's absence or even God's perceived harmful intervention. Similarly, those praying may ask a person to name the safe people in their past. This information may then be helpful to inspire comparing God with a grandmother who was consistently loving rather than to insist on paternal metaphors when someone's father was abusive.

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<sup>63</sup> For example, Agnes Sanford's (1966:35-51) suggestions for praying for a person with severe depression (1966:35-51).

Another element of transition occurs when IHP practitioners help people learn to discern and interpret ambiguous spiritual experiences. For example, emphasising that an experience of warmth or peace during prayer could be understood as evidence of God's presence underlines minor experiences in a way similar to a narrative therapist's "noticing" and drawing attention to any new exceptions to a person's old story.

People may sometimes seek prayer because they would like to passively receive healing, but most find there needs to be an inner struggle and choice before the transition can be made from one narrative to another. Sometimes this choice is made in overcoming resistance to begin or participate in the actual praying; sometimes it is faced in taking the step to confess, forgive, or renounce. Other times it is faced most poignantly in ongoing decisions in the weeks following prayer to live out the new reality or fall back into the old.

In my experience the element of choice is faced most frequently in the decision to forgive. At this point a person in IHP might be asked to describe what the future might look like following either forgiveness or unforgiveness. This process may resemble the bifurcating efforts of a narrative therapist. The relationship between the practice of forgiveness and one's relationship with God may be addressed, or on a more prosaic level, simple clarifications about what a Christian understanding of forgiveness actually involves may be discussed. All of these interventions bring a sharp focus to the decision to forgive, and it is not unusual for this decision to come to represent the choice between loyalty to the old story or the new.

As in most forms of narrative therapy, this is not a time of neutrality. Encouragement to choose the new path is freely offered.

#### **4.4.3 Thickening and IHP**

The transcendental aspect of a reality that is a necessary aspect of relationship with God may make the thickening phase particularly essential. Many people would be hampered by a bias away from the 'reality' of the immaterial. Perhaps for this reason many of those seeking IHP are people who have made cognitive commitments to a view of reality that they do not have experiential confidence in yet.

Gordon Allport's (1960) categories of the intrinsically-oriented and extrinsically-oriented persons may refer to those who have this inner separation and those who do not. Research has supported the association between intrinsically-oriented persons and experiences of transcendence (Hood, 1973/1991). Among the types of experience that Hood studied were those with a "noetic quality" which he defines as referring to "the extent to which the experience is perceived as affirming or revealing fundamental knowledge concerning reality" (Hood, 1973:1991:93). Intrinsically-oriented persons tended toward these types of transcendental experiences (which would be characteristic of IHP) while extrinsically-oriented persons would tend to feel any experiences they did have were "of a purely subjective nature indicating nothing valid concerning the nature of objective reality" (Hood, 1973/1991:93).

Without further research into the relationship between these types of findings and IHP, there are various ways of understanding possible correlations. One possibility would be that intrinsically-oriented persons would be helped by IHP during which they would experience affirmation from God, whereas extrinsically-oriented persons, while perhaps having some beneficial experience would not interpret the experience as transcendent, as a genuine encounter with God. Hood (1973/1991:95) seems to suggest this conclusion when he writes that "one specific benefit [of intrinsic orientation] is in fact the experience of transcendence." However, a second possibility with important practical potential is whether an experience of transcendence (such as that facilitated by IHP) might possibly initiate a more intrinsic orientation. Anecdotally, this would seem to have been the experience of some in IHP. Certainly this is one area that would benefit from further research.

The most significant aspect of the thickening phase in IHP is the use of imagery and symbolism as a means by which to invite, more experientially, God's participation in the construction of this new reality. While the association between imagery and the experience of God is characteristic of IHP, psychotherapies based on imagery have blossomed in the latter half of the twentieth century. Some of these include eidetic psychotherapy (Ahsen, 1986/1978), emotive-reconstructive therapy (Morrison, 1979), active imagination exercises in Jungian therapy (Johnson, 1986), and guided

affective imagery (Leuner, 1977). Imagery also plays a central role in various therapies related to hypnosis such as autogenic training (Parker, 1986) and NLP (Otero, 1986).

While most of these therapies did not necessarily get built on substantiating theory, there has been significant research into what makes such imagery therapies effective. Much of this research seems to point toward cerebral laterality as the core issue. Imagery and emotion both seem to be strongly associated with the right hemisphere of the brain (Ley, 1979; Ley and Freeman, 1984). There have also been assertions, such as Watzlawick (1978), that language that speaks to the right brain (figurative, paradoxical, etc.) is more effective at eliciting lasting therapeutic change.

Ley (1979:50-51) suggests that there is compelling evidence that a possible reason for the role of the right hemisphere in therapy has to do with its dominance during a child's first years. Ley argues that "the emotional experiences of the infant – the sounds, pictures, images, and 'feelings' which constitute much of an infant's early experiences – are disproportionately processed and stored by the right hemisphere during the formative stages of the brain." The need, then, for imagery and experience to play a central role in therapy is because "one cannot use a left hemispheric key to open a right hemispheric lock." The amygdala, with its important role in emotional responses is also a part of this picture. Neuroscientist LeDoux (in Wylie & Simon, 2002:34) states that therapy can be "such a long and difficult process because the neocortex is using imperfect channels of communication to try and grab hold of the amygdala and control it. These concerns about accessing the necessary parts of the brain corresponds quite closely to Smith's (1996/2000:35-37) analogy of the "two-room house," with its room of logic and room of experience. He states that logic cannot turn on the light in the room of experience. In his words, "we can move out of the logical room, enter into the presence of the lie which is cloaked in darkness, and watch as God throws open the flood lights of truth.

To the extent that the key to therapeutic change is locked up within our childhood experience, it appears we must re-enter the child's right-brain-dominated world before the wounds can be healed. Perhaps this is not unrelated to Jesus' words: "Truly I tell you, unless you change and become like children, you will never enter the kingdom of heaven" (Mt 18.3). That God may be

more able to speak to us through our right brain, which we have relied on since infancy, should perhaps not surprise us.

At the same time, the connection between the right brain and childhood should probably not be overdrawn. Adult experiences, especially when they are dominated by images and emotions, are still encoded primarily in the right brain. Others also point to the therapeutic value of integrating the two hemispheres through imagery (Schaffer, 1981). It may be that one of the values of the narrative approach is similarly to ground right-brained imagery and experience with left-brained content and meaning (see also Crites, 1971/1989).

While the therapeutic effectiveness or transformative potential of imagery has been broadly noted, Probst (1980b:171-172) has demonstrated that imagery can be particularly effective when the imagery is religious. Working with mildly depressed individuals, Probst found that participants whose coping imagery included religious themes (“Christ going with me into that difficult situation”) was significantly more effective than non-religious imagery (“I see myself in the future coping with that particular situation”). It appears that the content of the type of imagery that typically accompanies IHP (essentially the same as Probst’s study) is fundamental to its healing potential. The healing is not a result of the activation of positive imagery alone. IHP practitioners would underline that the healing happens because a living God is experientially encountered in this type of imagery.

Indeed the cornerstone of the unique role of IHP is the understanding that the practice of visualising the presence of Jesus in the midst of hurtful or traumatic memories or present difficulties is an invitation to an experiential encounter with God. Visualisation is the most important means by which God enters the dialogue in which a new reality is constructed. While the healing aspects of a “new story” are often already adhered to (through familiarity with the Bible or Christian teaching), visualisation transforms these cognitive beliefs into experiences which engender a deep trust.

At the turn of the century, James (1902/1958:72) described the convincing nature of these types of religious visualisations:

They are as convincing to those that have them as any direct sensible experiences can be, and they are, as a rule, much more convincing than results established by mere logic ever are.... If you have them, and have them at all strongly, the probability is that you cannot help regarding them as genuine perceptions of truth, as revelations of a kind of reality which no adverse argument, however unanswerable by you in words, can expel from your belief.

A person will often approach IHP with a present story/reality that may already contain the *understanding* that Jesus is/was lovingly present at all times, but this understanding is undermined by the accompanying, and often deeply held, conviction that Jesus' presence is not experientially valid or true. The shift from the old reality to the new, in this case, does not shift any of the surface content, but shifts the experiential conviction toward a genuine trust and peace. Thomas Groome (1980:55) describes the same contrast when he writes about the need for faith as trust rather than simply faith as believing. In the words of many involved in IHP, understandings move from the head to the heart (Payne, 1991:68).

The difference, at least in some cases, might be seen as the result of primary versus secondary socialization. Primary socialization, "the first socialization an individual undergoes in childhood," tends to be experienced as "objective reality," thus trustworthy (Berger & Luckmann, 1966:130-131). The strong emotional attachment to those who shape this primary socialization makes this much more than a cognitive process. People whose belief in Jesus' loving presence has come primarily through secondary socialization may often lack the experiential trust in this conviction. Others, whose primary socialization contained the words of Jesus' loving presence but accompanied by experiences that sharply seemed to deny this, may similarly struggle. What IHP, with its right-brained visualisation, might provide in such cases is an experience that allows beliefs that have arisen through secondary socialization or beliefs undermined by contrary primary socialization to take on the emotional, trustworthy quality normally associated with primary socialization.

Since the manner in which this transition is approached in IHP is the moment where IHP becomes unique in church practice, this may be the point at which to ask why Christians seeking

wholeness should need a process that has not traditionally been available in the church. One might oversimplify to suggest that there are two basic forms in which reality might be thickened. One form is the route of typical socialization (which would also be secondary socialization), wherein a community creates experiences that firmly establish a generally traditional view of reality. This has been the path the church at large has followed, and most of the thickening methods of narrative therapy (letter-writing, drawing in an audience, etc.) could also be seen as socialization methods. The second form is similar to folk healing rituals and mystical pursuits, what might be called the route of imaginal or suggestive healing.

IHP blends these two forms, both of which have their own unique effectiveness. While socialization is well accepted in the church, imaginal healing has generally been looked at with suspicion. Allen Holmquist (2000:49) writes on the history of imaginal healing techniques that Christianity, fairly early in its history, rejected much of this realm because of its association with Gnosticism. Holmquist states that for the Gnostics, “the importance of ‘experience’ as the paramount way of relating to the divine and a holistic view of the human being were two of Gnosticism’s basic values.” As a result, “the use of imagination and altered states of consciousness for healing was one of the casualties of the Christian era” (Holmquist, 2000:50, based on Pagels, 1989). Without the more emotionally experiential practice of imaginal healing, however, socialization may not always be able to address the unconscious emotional hold on old views of reality.

Socialization has other problems besides effectiveness. Groome (1980:122-126) provides three reasons why typical socialization methods are not always the best way to address this need. These reasons are: 1) We don’t want to reflect society as it is, 2) We don’t want to accept the status quo of the church as it presently is, and 3) A socialization approach is not likely to lead people beyond the “conventional” stage (according to Fowler’s stages of faith, 1981). Groome concludes there

must be an educational activity which, even as it draws life from the socializing power of the faith community, also promotes a dialectical relationship between the community and its surrounding social/cultural environment, and between the community and its individual members. It must raise the critical consciousness of Christians.



Groome clearly does not have IHP in mind, but IHP has been another practice that has provided an alternative to socialization. In the case of IHP, its unique value is not its contribution to critical consciousness but rather its ability to overcome the strength of the emotional attachments to primary socialization. Yet there is one element that Groome's method and IHP share and that comes in the relationship Groome describes between Story and Vision. In Groome's (1980:193) words, vision is the "comprehensive representation of the lived response which the Christian Story invites and of the promise God makes in that Story." The visualising that occurs in IHP is similarly grounded in an understanding of the same Story. It situates oneself in the ongoing reality of that story and imagines oneself as the recipient of the promises God makes in it. One of the key differences, however, is that in most cases, IHP projects this vision into the past allowing for a reinterpretation of what has already taken place, rather than specifically focusing on a picture of the future.

In IHP, imaginal healing has found a new entrance into the church. This form of healing or change tends to blur the boundaries between imagination, suggestion and hypnosis. Each of these closely related concepts is very difficult to define or distinguish with any degree of consistency. Imagination overtly plays a central role in IHP. Suggestion, as stated previously, was clearly understood to be a part of the healing prayer process by Sanford even though the IHP literature has been relatively silent about this association ever since. Hypnosis, a taboo concept among many evangelicals, has frequently been declared to be not at all a part of IHP (Smith, 2002<sup>64</sup>; Sandford & Sandford, 1982:135), except among its detractors (Hunt & McMahon, 1985; Gumprecht, 1997:73).

Yet as long as meditative prayer and imagination are involved, similar phenomena will be at work regardless of the terminology used. Recent theories of hypnosis emphasise how closely related imagination and hypnosis are (Perry, 2001:6), and Tellegen (1978/1979, in Perry, 2001:6) calls hypnosis "the ability to represent suggested events and states imaginatively and enactively in such a manner that they are experienced as real." By this definition, hypnosis surely cannot be excluded as a possible dynamic that is involved in IHP.

Yet, the term is, perhaps, best avoided for a couple of reasons. One is that imaginal healing is an older and broader category than hypnosis; imaginal healing techniques go back for millenia whereas the term “hypnosis” was coined by William Braid in 1843 (Perry, 2001:3). Therefore, hypnosis (and mesmerism) is more accurately described as a subset of imaginal healing techniques than vice versa. The second, more practical, reason is that the less threatening term “suggestion” is probably quite capable of describing the phenomena that are involved in IHP.<sup>65</sup>

Suggestion and autosuggestion received their first thorough description by Charles Baudouin in 1920. An associate of Emile Coué, Baudouin (1920/1922:3-4) sought to “lay the first foundations...of the experimental study of autosuggestion.” Those practising autosuggestion believed that “healers, official and unofficial, have at times made use of the power of suggestion, but the use has been for the most part unconscious” (translators C. & E. Paul in Baudouin, 1920/1922:viii). Baudouin (1920/1922:26,50,77) defines suggestion as “the subconscious realization of an idea” or as “an idea which, subconsciously, transforms itself into the corresponding reality.” Reinforcing, again, the association with imagination, he goes on to say “the starting-point of suggestion is imaginative.”

The power of suggestion is clear to anyone familiar with the consistent efficacy of placebos, and Ekeland (1997) insists that this is the basis for all psychotherapeutic efficacy. As defined by Baudouin, the potential role that the “subconscious realization of an idea” has in thickening a new reality is substantial. Narrative therapists have seemed either blind to this possibility or avoid it because of potential concerns about manipulation. Yet, autosuggestion, as described by Baudouin, is stripped of its deceptive and manipulative potential by having its dynamics clearly taught and by giving control of the process to the individual.

IHP practitioners do not go this far (perhaps hampered by their relative lack of conscious awareness of suggestive dynamics) in handing the control over to the individual but tend rather to

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<sup>64</sup> Smith (2002:8) states “for the record, Theophostic Ministry unequivocally denounces all forms of guided imagery, minister/counselor directed visualization and hypnosis.”

<sup>65</sup> One attempt at distinguishing the two phenomena is “hypnotism merely exhibits in an exaggerated form (suggestive) phenomena which occur in the normal state, and there is no essential difference between heterosuggestion and autosuggestion” (Baudouin, 1920:44). Bernheim (in Baudouin, 1920:199) went further and stated “there is no hypnotism, there is only suggestion.”

see the reins as being in the hands of the Holy Spirit. Visualisation is the primary method by which suggestive phenomena are encouraged in IHP, and the Spirit is asked to work in the imagination to reveal healing truths or divine encounters. This trust in the Spirit's leading is not altogether unlike Milton Erickson's (Erickson & Rossi, 1981:51) trust in a person's unconscious. He believes that

[the unconscious] is a bit brighter than you are, because you are always handicapping yourself by your relationship with external reality. Your unconscious is much more concerned about essential values. You get in trouble when you consciously try to interfere with your unconscious, and then your unconscious punishes you for interfering with the goodness of its work. *You provide the time, place, and situation, and then you let your unconscious select out of the 10,000 things you ought to do the thing that it considers most important for you to do.*

In IHP, neither the person's unconscious nor the practitioner's intention is trusted to that extent. IHP practitioners do not see themselves as *creating* an experience, but as facilitating a genuine encounter with a living God. God's participation in this encounter can be expected not because God is easily manipulated, but rather because God is always willing to reveal himself to his children when they seek him in faith.

There is no question that the line between imagination and revelation gets blurry at this point, but the necessity for this blurriness can best be understood through Payne's (1989/1995:163-182) concept of the "true imagination" or "intuition of the real." If this process seems too intangible to be the source of a genuine encounter, the words of Martin Buber (1965 in Stewart, 1990) might be helpful to recall. In language much like that of Payne, Buber believes that all genuine encounters between persons take place by "imagining the real," by a

bold swinging – demanding the most intensive stirring of one's being – into the life of the other. This is the nature of all genuine imagining, only that here the realm of my action is not the all-possible, but the particular real person who confronts me, whom I can attempt to make present to myself just in this way....

If the imagination is by necessity the medium by which we can truly encounter even another persons, how much more is imagination a necessary pathway to a spiritual encounter with God. The blending of human imagination and divine encounter cannot be by-passed. The potential dangers of this blend are kept in check through faithfulness to Scriptures and the mutual discernment of those praying.

A significant question remains, however, regarding whether the effectiveness IHP accomplishes through imaginal techniques such as visualisation are rightfully watched with suspicion. IHP's critics have usually emphasised the hypnotic (or occult) element involved (Hunt & McMahon, 1985; Bobgan & Bobgan, 2000) and for this reason, many practitioners have distanced themselves from hypnosis, at least in terminology if not in practice, as stated earlier. Agnes Sanford is a notable exception, and Chordas and Gross (1976:252) refer to the suggestive element in positive terms.

More recently, Christian NLP practitioners readily acknowledge that their inner healing practices are a part and parcel of their normal use of NLP with its reliance on suggestion and subtle forms of hypnosis. One such NLP practitioner, Bobby Bodenhamer (2000:1), takes the position "that one cannot take part in the process of helping deeply hurting people and not use hypnosis or trance." Hypnosis, in Bodenhamer's view, "essentially describes a communication of ideas and understandings to the client in such a fashion that assists his or her receptivity." Hence, hypnotic or trance-related communication can break through the barriers discussed in regard to primary socialization, and, one might add, similar barriers associated with the strong emotionally - connected beliefs that have arisen through traumatic experiences.

One of the critiques of such methodologies from early last century is Watchman Nee's *The Latent Power of the Soul* (1933/1972). In this book, he insightfully recognises the common (suggestive) aspect in a variety of emotional abilities that are inherent in humanity and can be tapped into in many ways, individually and corporately. For Nee, tapping into this latent power is always wrong. Quite apart from his conclusions, Nee provides useful language to describe this latent "soulish" power. Nee (1933/1972:22) feels this power is wrong because those who learn to tap into it are "probably all informed by the devil." For the Bobgan's (1990, 2000) who similarly

condemn these practices, the term devil could essentially be replaced with the term “psychology” with a similar conclusion. Most of the conclusions of such critics, however, seem to be based on fear and association rather than on theology or logic. Partly this can be seen by the incredibly broad scope of the criticisms in all of the above examples. Seldom do they point out how what is actually practised by the majority of those in IHP is convincingly harmful or contrary to Scripture. Kraft (1993:8) suggests that the “anti-psychology” movement is “afraid of emotion or anything else that explores reality outside the rigidly rationalistic tradition of its type of Christianity.”

One criticism that is worthy of attention, however, is when Nee (1933/1972:50) raises the danger of manipulation that he feels is inherent in “soulish” power. Inviting the Holy Spirit’s power, which Nee contrasts with soul power, is beyond one’s control. With the Spirit, there is “no assurance whatsoever.” Here Nee would agree with the concerns of narrative therapists about being overly directive. Fear of manipulation has been perennially associated with hypnosis and suggestion, but most practitioners downplay the risk. For example, Rossi (Erickson & Rossi, 1981:2), in his introduction to a book on Erickson, writes, “therapists do not ‘control’ the patients; rather, they help the patients learn to ‘utilize’ their own potentials and repertory of unconscious skills in new ways to facilitate the desired therapeutic outcome.” In his own definition, however, Erickson (Erickson & Rossi, 1981:4) does imply that there is a risk when he writes:

Hypnosis is primarily a state in which there is increased responsiveness to ideas of all sorts. And one employs that responsiveness not by trying to force, but by trying to elicit an immediate response -- and to elicit it by having the patient participate.... For it is always a matter of *offering them the opportunity of responding to an idea.*

IHP practitioners who acknowledge the suggestive element in this form of prayer ministry have the benefit of at least understanding the risks and guarding against the possibility of conscious or unconscious manipulation. Some achieve this caution by avoiding guided imagery (Smith, 1996/2000:19). Payne (1989/1995:176) stresses that people seeking prayer be assured of the “philosophy and purpose of the one who is guiding.” She also writes that “the one doing the guiding must understand imagery and symbol and learn how to deal with any confusing or frightening *unbidden* imagery that comes up.” Thus, without acknowledging the suggestive

element directly, Payne is able both to accept its use and warn against its misuse. She suggests that Jesus made a natural use of imagery through his use of story and parable.

Others, however, try to avoid manipulation by denying the suggestive or hypnotic element, outright. This may have some merit since not knowing the rules makes it tougher to cheat (Berger, 1963:152). However, denial and ignorance also make it more difficult to be accountable. Such practitioners may even be open to the charge of using “disguised hypnosis.”<sup>66</sup> Perhaps the example of Baudouin (1920/1922:199-207) could inspire contemporary healers to match the level of transparency, scientific observation, and respect for “the autonomy of the subject” with which he approached the mysteries of suggestion. A part of his appeal for knowledge and transparency is his belief that some of the dangers of manipulation and dependence that arise with hypnosis are actually a result of implanted suggestions in the minds of those who fear the power of the hypnotist. If the fears are dispelled and people are given greater confidence in themselves, the risks actually decrease.

While the imaginative and visualising techniques of IHP are therefore among its most controversial aspects, these methods, which serve to thicken new constructions of reality, are also its most unique and potent contributions to the practice of healing. Further study of the dynamics of these experiential techniques can offer important insights into IHP and other therapies. In the end, however, the line between human imagination and God’s revelation remains a judgment of faith and spiritual discernment.

## 4.5 A Brief Social Constructionist Critique of IHP

### 4.5.1 “Believed-In Imaginings”

For my primary critique, I will begin this section with a discussion of questions that arise in response to a volume of essays entitled *Believed-In Imaginings* (de Rivera & Sarbin, 1998). This

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<sup>66</sup> “‘Disguised’ hypnosis, by contrast, is an imagination-based procedure that the practitioner does not represent as hypnotic in nature. Nevertheless, it taps into the mechanisms thought to underlie responsiveness to hypnosis -- namely imagination and absorption” (Perry, 2001:12). His concern is not necessarily that such “disguised” hypnosis is unethical in and of itself, but that it becomes more difficult to guard against the dangers that exist with the use of hypnosis. From Perry’s point of view this is particularly the dangers associated with contributing to the creation of “false memories” and iatrogenic (therapist-induced) Dissociative Identity Disorder.

focus has the advantage of applying a collection of varying constructionist understandings of phenomena that are not identical, but closely related, to practices of IHP.

The phenomena that are most in view in this volume are the development of beliefs in narratives such as alien abductions, satanic ritual abuse (SRA), and Dissociative Identity Disorder (DID, formerly known as Multiple Personality Disorder). The strongest direct point of similarity between these phenomena and IHP is the tendency of some models of IHP to “uncover” and bring wholeness to people who have been traumatised by SRA and/or identified as having DID. Even apart from this association, much of the volume speculates and reports on research in areas relevant to IHP.

The central thread of the collection is the concept of “believed-in imaginings” framed by editor Theodore Sarbin (1998a:17) as a term that understands both imagining and believing as active, constructive processes. Sarbin claims that “assigning credibility to an imagining is an action in the service of sense-making to meet the demand for a consistent self-narrative.” Imagining, for Sarbin (1998a:21,26), is less about images *per se* and more about what he calls “hypothetical instantiation,” an “as if” process that is about “narrative rather than statues or carvings.” Believings are not different than imaginings; they are imaginings that are highly valued, or, in other words, imaginings in which there is a high “degree of involvement.” While some contributors criticise the concept for appearing to assign doubt to another person’s belief (particularly Weiner, 1998), both editors insist the words are intended to be a “relatively neutral descriptor” (Sarbin, 1998b:298) as well as “nonperjorative” and “nonpathological” (de Rivera, 1998:309).

One of the strongest ideas emerging from this volume is the human need to construct narratives that make sense of their lives, especially their difficulties. To this end, it appears that people are often willing to believe narratives that seem bizarre and improbable to most others. This is particularly true when these narratives are supported by an authority figure and the narrative becomes socially or culturally available. Particularly cogent is the research reported by Lynn *et al* (1998) that documents the ability of many individuals to imitate hypnotised people and,

uncoached, elaborate similar alien abduction accounts to those who apparently believe they took place. Summarising their findings Lynn *et al* (1998:133) write:

Empirical studies support what has long been known or suspected: When memory is absent or impoverished, people fill in the gaps with imaginative constructions, with stories about what happened based on what could have plausibly occurred. In an effort to make meaning and sense out of our lives, we integrate information from a variety of sources, including family members, therapists, and stories that thrive in the culture, to stitch together our personal unknowns in a manner consistent with our present and what we know of our past.

When suggestive techniques are utilised, particularly combined with an expectation that a recovered memory will explain a present difficulty, the likelihood of constructing “pseudomemories” is quite high. Certainly this combination is present in some instances of IHP.

Apart from the danger and controversy of false memories, or even the iatrogenic creation of DID<sup>67</sup>, is the question of the integrity of the encounters with God that occur during IHP. While this question gets surprisingly little overt discussion in the IHP literature (an exception is Smith, 1996/2000:136-137),<sup>68</sup> a Christian reader of *Believed-In Imaginings* cannot help but ask the question: Are encounters with Jesus actual encounters with a living God or simply believed-in imaginings? Or they may ask the related question: “Is there a meaningful difference between the two?”

To the first of these questions, many essays in this book provide explanations for how such experiences in IHP could be imagined encounters that come to be believed-in, or in Sarbin’s (1998a:26) terms, become “highly valued.” Empirically, one would expect that there is little that can be argued to counter the possibility. Moving toward the second question, however, some interesting points are raised.

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<sup>67</sup> I.e. the acceptance of an identity of DID in a client partially or completely because such an identity was offered or suggested by the therapist (see Perry, 2001).

<sup>68</sup> Smith (1996/2000:55-57) is also an exception in referring directly to the false memory controversy and the current bias against the prevalence of DID. Regarding false memories he suggests that the focus is on the believed-in lie rather than the accuracy of the memory, while in the case of DID he simply challenges the conclusions of a skeptical



Gerrig and Pillow (1998:116) address the developmental aspects of belief and disbelief of imagined events. One of their conclusions is that “it is not necessary that people - children or adults - come to believe their own imaginings. Rather, they may come to believe the *products* of those imaginings – the rich representational structure engendered by those imaginings – with the same ultimate result.” In terms of IHP this suggests a couple of possibilities. One is that an experience of an imagined encounter with Jesus increases the expectation and understanding that such an encounter might or will occur. This would be somewhat along the lines of Payne’s (1989/1995:164) distinction between the two levels of imagination: ordinary imagination often paving the way to higher imagination, or “intuition of the real.” The second possibility is that people may not necessarily believe in or distinguish whether the encounter was real or imagined, but they believe in the effect of the encounter – the emotional effect produced or the understanding received through it. These both may well be the types of belief that most people in IHP develop. In fact, Smith (1996/2000:10) goes so far as to write “I personally and theologically do not think that people are seeing Jesus himself but rather a visual representation of the person of Christ.”<sup>69</sup>

The concept of “believed-in imagining” seems actually to correspond to the understanding of IHP practitioners, if it is truly freed of a bias against the credibility of those imaginings. Payne’s writing on imagination is most explicit, but the understanding seems to underlie its practice throughout. Actual encounters with God take place within the imagination. This is the logical, expected domain for a spiritual encounter. No one suggests they are “real” in the sense of being empirically verifiable. Imagination is simply the faculty of the mind where such experiences, genuine or contrived, take place.

Unexpectedly, the final pages of *Believed-In Imaginings* provide some helpful thoughts for discernment about whether such experiences are genuine. Using the example of Joan of Arc, de Rivera (1998:322) compares the competing views of reality (recognising they aren’t the only two options): Joan’s view that she received through visions a call from God and the view of the

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psychiatric community and asserts that the charge that DID is rare “simply is not true. It is the defense of choice of little children who are overwhelmed during traumatization” (Smith, 1996/2000:99).

<sup>69</sup> It could, of course, be said that all we ever see of anyone is a visual representation.

British and the church hierarchy in France that saw her as either deluded or a witch. He concludes that the views of the British and the church hierarchy were fear-based whereas Joan's were accompanied by a deep compassion for her country, her people and even the lives of the English soldiers. This suggests that there may be "more reality" in Joan's understanding.

Acknowledging that this may simply reflect "Christian values of love," de Rivera (1998:323 after MacMurray, 1979) goes on to suggest that "one can distinguish real from illusory religion by the way fear is overcome. Illusory religion is defensive, seeks security, and is grounded in the fear of life, whereas real religion is heterocentric, for the sake of something other than the ego." This understanding enables de Rivera (1998:323), in spite of his attempt to be both constructionist and empirical, to clearly state, "there are narratives that go beyond empirical fact, believed-in imaginings, that are dominated by love, compassion, and faith in the reality that we can never completely grasp. Such narratives minimize our defenses and our pain, help us live openly, help us care for one another." De Rivera's guidelines for discernment simultaneously offer support and a challenge for IHP.

#### **4.5.2 Faith or Overdirective?**

Concerns over the directive style of IHP practitioners is the criticism which has been most discussed earlier regarding key differences between IHP and social constructionist therapies. The confident faith of those practising IHP is certainly a central and, in most cases, probably essential part of IHP. Social constructionists generally admit that a sense of expertise in the process of therapy (as opposed to expertise about reality or human behaviour) is helpful (H. Anderson, 1997:95). While it has been a struggle, at least some have recognised, like Karl Tomm (1993), that even constructionists like Michael White are still being directive.

The aspect of IHP that is most subject to criticism is the fact that practitioners both have and communicate a confidently defined worldview. IHP practitioners are all convinced believers and proselytisers of a distinct metanarrative. This is clearly taboo territory for the typical social constructionist.

In defence of IHP, the following points might be made: 1) Most people request IHP choosing to accept (or at least experiment with) the Biblical worldview that it represents. One might almost say there is an implied contract that a biblical worldview provides the parameters in which IHP operates. As Ganzevoort (1993:283) describes, “a pastoral worker is a representative of the Christian tradition. He or she is the symbolic carrier of the story of God.” 2) There is, therefore, at least no deception involved. Where a narrative therapist may subtly direct a client toward a reality the client did not know he represented, people seeking IHP usually have some clear sense of the worldview of the practitioner. In a sense the authoritative role of the Bible for all mainstream IHP practitioners provides an accountability and transparency which is not always true for those seeking help from a secular therapist.<sup>70</sup> 3) There is reason to believe that the confidence or faith of the IHP practitioner may be more effective and more efficient in freeing people from harmful narratives in some cases (see, for example, Frank, 1961 and Ekeland, 1997) than the more subtle, collaborative method of narrative therapists.<sup>71</sup>

Nevertheless, there may sometimes be an unnecessary level of confidence in marginal points of view. On a purely anecdotal level, I have found it common for students to comment after readings in IHP that the writers seemed arrogant. Payne (1989/1995:232-236) voices her opinion on the present appearance of Baal worship, Sandford’s (1982:129) on the boundaries of free will, and Smith (1996/2000:214-216) on the stages of salvation with as much conviction as they proclaim the central tenets of the faith. Surely some humility could be gained without a weakening of the faith that helps set the context for IHP.

#### **4.5.3 Lack of Attention to the Possibilities of the Narrative Form**

No IHP practitioners studied appear to make intentional use of the narrative form. While people might, in the course of the prayer ministry, have the opportunity to share their story, and they might experience how their lives fit within the larger story of God’s interaction with his people, the narrative aspect of these occurrences is incidental.

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<sup>70</sup> For example, one might wonder how many of Michael White’s new clients would know that his therapy was strongly shaped by the political philosophy of a controversial character like Foucault (White & Epston, 1990:1).

<sup>71</sup> All of these points, but most especially the final one, require empirical verification before they could be confidently argued.

The significance of the narrative form is one of the most powerful aspects of constructionist therapy. This significance has also left its mark in other fields such as anthropology and theology. Given the evidence that the narrative form is central to the manner in which we shape our understanding of reality (J. Bruner, 1990:67-97; Crites, 1971/1989:70), and the way we understand ourselves (Widdershoven, 1993; McAdams, 1993, 1998) the potential of narrative should not be left overlooked.

Two ideas from narrative psychology might have particular relevance to the practice of IHP. Jerome Bruner (1990:49-50) asserts that narratives serve to make “comprehensible the deviation from a canonical cultural pattern.” Very often the people who are seeking IHP are those who are unable to formulate a story that makes sense of traumatic events or hurtful patterns in their lives; they can not make “comprehensible the deviation.”

When combined with the suggestion of McAdams (1998:1126) that people always have an “internalized audience” they are addressing when they form life narratives, this poses interesting possibilities for IHP. McAdams (1998:1136) even proposes that “that audience may be a kind of ideal spectator personified as a personal God.” Referring to God as an “ideal tribunal,” McAdams quotes William James (1892/1963 in McAdams, 1998:1135):

most men either continually or occasionally, carry a reference to it in their breast. The humblest outcast on this earth can feel himself to be real and valid by means of this higher recognition. And, on the other hand, for most of us, a world with no such inner refuge when the outer self failed and dropped us would be the abyss of horror.

In this view, problems develop because “some experiences remain separated from the self – that is, cut off from the main life-story structures – because the assumed audience for the telling of those experiences could not or would not hear or view such a thing” (McAdams, 1998:1136). One way, therefore, of understanding the potential narrative role of IHP, even when not directly articulated, is that IHP helps those whose narratives have fragmented. Events or patterns of events have occurred that individuals are no longer able to integrate into a story that has God as the internalised audience. As a result these events become parts of stories of fear, bitterness and

shame, isolated from other narratives of trust in a loving God. Rational beliefs about God's love and forgiveness might be unable to reach into the emotional depths of the fragmented events.

IHP, in this understanding, intentionally invites God to be both audience and participant in the events from which God appeared absent. Symbolic language and imaginative techniques facilitate experiential connection with God that cognitive teaching could not. When persons are able to experience God's presence in relation to the hurtful or traumatic events, those events can be re-integrated into the larger story of their lives in relation to God. For some who have had little experience of God prior to IHP, the prayer experience might initiate an entirely new possibility of life with God.

While this interpretation might describe what takes place in IHP even when narrative dynamics are not acknowledged, a significant potential exists for expanding a more overt recognition of the role of narrative. Ganzevoort (1993:282) provides an example of some practical suggestions for how the role of life stories might be incorporated into pastoral therapy in ways that could easily be incorporated into IHP.

#### **4.5.4 Lack of Attention to Follow-up**

Perhaps as an offshoot of the confidence that is typical of IHP practitioners, follow-up has not received a great deal of attention. The focus on the healing that takes place in the moment, which is the strength of IHP, is often matched by a corresponding weakness in nurturing a consistent follow-through on the gains made.

In most cases, the issue of follow-up is addressed, but as IHP often takes place in settings (conferences and seminars) removed from that of professional therapy with its record-keeping and appointment-making, consistency in follow-up often remains solely the responsibility of the person involved who may or may not feel that such a follow-up is encouraged. Given, for example, Smith's (1996/2000:235) emphasis on "maintenance-free" healing, one might expect a hesitation to admit the need for aftercare.

The Sandford's on the other hand make a point of teaching "disciplines to walk in a new way" and even suggest that "the process of Christian counselling would be incomplete without instruction and support in this area." (Unpublished, "Elijah House Training for the Ministry of Prayer Counseling," sec. 1, pp.135-142))

Since the issues dealt with are as serious as those of professional counselling, IHP practitioners would do well to take this responsibility more seriously. Typical follow-up techniques of narrative therapists such as letter-writing and applying the new story to various problems and projects (Freedman & Combs, 1996:203, 208) might be examples of techniques that IHP practitioners could use as well.

While IHP is not in any way based on a social constructionist foundation, these critiques that arise from constructionist understandings might contribute some helpful possibilities from a different community of meaning (as Gergen, 1994:54, suggests).

#### **4.6 An Analysis of IHP According to a Constructionist Kingdom Theology**

Having described the process of IHP through the lens of narrative therapy, a second, related perspective will be attempted from a theological point of view that can be integrated with constructionism; i.e. the constructionist kingdom theology briefly outlined above. For the purpose of this analysis, I will break kingdom theology down into three key aspects: 1) the presence of the kingdom for the individual, 2) the presence of the kingdom for the people of God, and 3) the future hope of the kingdom.

##### **4.6.1 IHP and the Presence of the Kingdom for the Individual**

At the heart of kingdom theology is the assertion that the kingdom of God has broken into present experience. Historically this took place in the person of Jesus, and the presence of the kingdom has continued through the Holy Spirit. During Jesus' ministry the presence of the kingdom was made manifest in the lives of individuals through physical healing, deliverance from demonic oppression, the gift of forgiveness, and the gift of righteousness (Ladd, 1974:74-80, cf. Moltmann, 1979:22). These have also characterised the ministry of the Spirit-empowered church. All four of these manifestations are related to the practice of IHP.

The relationship between physical healing, deliverance and IHP has been briefly discussed in the previous chapter. It is no coincidence that where one is found the other two are likely to be nearby. Many of the early pioneers of IHP such as Agnes Sanford (1947/1972) and Frances MacNutt (1974) had ministries primarily focused on physical healing, but often found that some form of emotional healing needed to precede the physical healing. Later John Wimber (Wimber & Springer, 1987:78-79), in the early days of the Vineyard movement, would find the same association. Similar associations have usually been found between deliverance ministries and IHP.

The less dramatic gifts of forgiveness and righteousness are also closely linked to IHP. The central role of forgiveness in IHP has been outlined – both the receiving of God’s forgiveness for individual sin and also the clear kingdom link between that gift of forgiveness and the giving of forgiveness to others. Those ministering in IHP bestow forgiveness with the confidence and grace that marked Jesus’ ministry and that Jesus passed on to his disciples. Indeed, as has been mentioned above, in many cases the gift of forgiveness is virtually equivalent to inner healing. That this forgiveness in Jesus’ day was similarly experiential rather than theological is affirmed by Ladd (1974:79) when he states, “Jesus did not teach a new doctrine of forgiveness; he brought to lost sinners a new experience of forgiveness.”

The gift of righteousness, closely related to forgiveness, is “not primarily an ethical quality, but a right relationship” (Ladd, 1974:79). The close association of this quality with the kingdom is clear in the exhortation to “strive first for the kingdom of God and his righteousness” (Mt 6.33). While this right relationship certainly has an ethical aspect, the standards are too high to be met by human effort; the righteousness of the kingdom is to be received as a gift. Dependence on God, the receiving of God’s gracious forgiveness and love, and the indwelling of the Holy Spirit are all a part of this kingdom gift. This gift also has the same eschatological tension as the kingdom itself. We relate to God as people “wearing” the righteousness of Christ and we are empowered by the Spirit to be like him, even while present experience falls short of the ethical standards of the kingdom. In Ladd’s (1974:131) words: “the righteousness of the kingdom is therefore both attainable and unattainable.”

The concept of righteousness is not nearly as frequently discussed by those writing about IHP as is forgiveness. In part, this is an issue of language. Righteousness is often misunderstood by its association with self-righteousness, and images of judgment loom close. In its place is an invitation to relationship with God as an experiential reality. This invitation to relationship is integral to IHP and, as understood by Ladd above, is a near synonym with what Jesus meant by righteousness. Certainly the relationship with God offered through IHP is one linked to dependence on God, forgiveness and the Spirit. What may seem omitted at times is a clearer recognition of the ethical dimension of righteousness, but at least the later writers in the area of IHP have also emphasised repentance and renunciation.

Those holding to a kingdom theology have often emphasised “healing the whole person” (Wimber & Springer, 1987:59-76). Integrated with physical healing and deliverance as it usually is, IHP is so closely linked with all the manifestations of the kingdom for the individual that it could almost be understood as the individual, experiential application of a kingdom theology. The only weakness in such a statement is the absence of a psychological terminology in the New Testament. The worldview of the day did not have a rich vocabulary or conceptual framework to describe the emotional and cognitive inner world of individuals. It is therefore difficult to isolate what is now called IHP in Jesus’ ministry or that of the early church. If an encounter with Jesus “cured” someone from the after-effects of childhood trauma we would only have a record of it if those after-effects were manifested psychosomatically or demonically. The role of IHP in helping individuals to experience the presence of the kingdom is difficult to dispute, if the present practice of IHP remains closely linked with physical healing, deliverance, and the gifts of forgiveness and righteousness.

#### **4.6.2 IHP and the Presence of the Kingdom for the People of God**

No understanding of the presence of the kingdom can be complete without integrating the kingdom’s creation of a new covenant people. Ladd (1974:351) writes “it is inconceivable that a believer should be such in isolation. To be a believer meant to share with other believers the life of the coming age, to be a believer in fellowship, to be in the *ekklesia*.” Identifying with and



participating in the community of those who have shared the experience of the in-breaking kingdom is a key part of the reality of the kingdom.

It was mentioned above that Ladd (1974:113-119) described the church as a witness to the kingdom, an instrument of the kingdom and a custodian of the kingdom. A present witness to the reality of the kingdom is crucial. If the fellowship of the kingdom is to be manifest in the present, “then it follows that one of the main tasks of the church is to display in this present evil age the life and fellowship of the Age to Come” (Ladd, 1974:115). This community cannot be defined on family lines or old ethnic ties, but “the inclusiveness of the church must express something of that great multitude from every nation, tribe, people and tongue” (Morphew, 1991:186). The kingdom has been shaped by the one who, in his death, put to death the hostility between ethnic groups (Eph 2.16). As a result, “Jesus’ new society was the development of a new, more inclusive culture” (Dueck, 1995:42; cf. Moltmann, 1979:32).

In the church the familiar eschatological tension of kingdom theology appears again. The church is characterised by “already/not yet people” – people who are simultaneously “triumphant and groaning” (Morphew, 1991:191-203). So while bearing testimony through its fellowship to the *agape* love of the kingdom, the church also displays the incompleteness that marks this time of overlap.

The instrumental function of the church is demonstrated primarily through its continuation of Jesus’ ministry. The Spirit-empowered church carries on the ministry of healing and deliverance, and continues to proclaim the gifts of forgiveness and righteousness to all who believe in Jesus. Of Jesus’ disciples and then the church, Ladd (1974:116) writes “the same power of the kingdom worked through them that worked through Jesus.”

The final custodial function of the church is related to the concept of authority and Jesus’ words about “binding and loosing” (Mt 16.19). Referring to the ministry of Jesus’ disciples when Jesus sent them out to the cities of Israel, Ladd (1974:118) writes “their ministry had the actual result of either opening the door of the kingdom to men or of shutting it to those who spurned their message.” Primarily this relates to “effecting the forgiveness of sins.”

The instrumental and custodial functions of the church seem highly associated with the practice of IHP. IHP has provided a context where the church has done kingdom ministry – the healing work of Jesus continues, in part, through the ministry of IHP. Likewise, IHP has taken the authority of the church seriously and proclaimed and facilitated the experience of forgiveness, when elsewhere in the church, forgiveness has seemed like a theological concept difficult to apprehend (Payne, 1991:68).

However, the creation of a new community is a weaker association. Certainly some IHP practitioners have expressed the need for this experience of community. In the previous chapter Scanlan, Seamands, and the Sanford's were listed among those who stressed the importance of this community of acceptance and support. It might be assumed as well that some who have received inner healing have become more integrated into a believing fellowship as a result. Yet much of the practice of IHP seems to neglect this corporate dimension. Practically, one of the major reasons for this is that Christians often seek IHP in a context outside of their home church. IHP as a para-church ministry or as a ministry offered by a church to those from other fellowships leaves those involved caught between trying to “sheep-steal”<sup>72</sup> on the one hand, or trying to help people integrate into a fellowship which may well be inhospitable to IHP on the other.

Aside from this practical dilemma, which may be unavoidable for IHP outside of a local church context, a second factor may be that the community has been seen more as the source of support and acceptance than as the context for the calling and responsibility of the one being prayed for. IHP is relatively silent on the nature and importance of this responsibility. This silence may seem appropriate to some based on the person being, presumably, in at least some distress; patients in a hospital are not usually recruited for service. However, most of those seeking IHP are not incapacitated for ethical responsibilities in a fellowship, and certainly those who receive healing would be in a position to fulfil their role in a community as loving disciples. Moltmann (1979:30-31) describes how “communion with Jesus leads us into service” and that “praying in the Spirit,

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<sup>72</sup> I.e. luring people away from one church into another.

and intense love and concern for the life of the sick reinforce each other mutually and deepen the experience of the Spirit.” In God’s reality, care for others is a central part of being healed.

Most theologians see in the kingdom a social significance that goes beyond the community dynamics of God’s covenant people. The kingdom message is that personal and corporate repentance go hand in hand (Wright, 1996:256). In God’s new reality there is a shift in the whole manner in which social relationships are lived out, within and beyond the church. Primarily God’s kingdom undermines the oppressive and dominating aspects of the typical social order – what Wink (1998:37-62) calls the “Domination System.” Jesus continually subverts this Domination System whether it is cloaked in political or religious garb, while avoiding a violent revolutionary response that would in turn perpetuate it (cf. Wink, 1998:122-127; Wright, 1996:296). Jesus is often seen to be inaugurating this aspect of the kingdom in his synagogue quotation of Is 61.1-2:

The Spirit of the Lord is upon me, because he has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord’s favour (Lk 4.18-19).

Silence on these broader issues of ethical and social responsibilities is also characteristic of IHP. While issues of personal morality (sexual sin, workaholism, resentment, etc.) are frequently referred to, matters of societal morality (corporate greed, racism, etc.) are scarcely mentioned. At times, however, even when little is overtly highlighted, social change is witnessed in IHP. For example, Ten Eyck (1993:107-108) reports that in IHP, “men and women have equal potential to be influential” and that there is “something that indeed promotes an ecumenical spirit.” Essentially, though, it would appear as though the moral scope of IHP is limited to personal and family life; church and societal responsibility seem to be outside the boundaries of its overt concern.

#### **4.6.3 IHP and the Future Hope of the Kingdom**

IHP is a practice that is oriented toward present experience. As such it has an inherent bias toward the “already” pole of the kingdom dialectic. The emphasis is on “spreading the kingdom of heaven through the hearts and souls and minds of men” (Clark, 1976). Faith is built up by the

confidence in the present availability of God's loving presence. Yet kingdom theology stresses that both poles of the "already/not yet" dialectic need to be held in tension.

There are two important aspects to the future dimension of the kingdom. The first is the continued presence of suffering; the second is the confident hope of the coming fullness of God's kingdom. Corresponding to these two aspects are the two Christian practices of lamenting during the time of painful waiting and encouraging one another in the hope of "the glory about to be revealed to us" (Rom 8.18).

The Psalms provide many examples of laments. Without restraint the psalmist cries out "How long must I bear pain in my soul, and have sorrow in my heart all day long?" (Ps 13.2). IHP, in stressing the present positive attributes of God and faith in what he will do, may discourage such lamenting. Yet the laments themselves can lead to great emotional healing as they give voice to the inner pain and doubts that block relationship with God. This expression facilitates the renewal of relationship with God that might otherwise be blocked due to inner passive-aggressive resistance and withdrawal.

Based on experience, I would expect most IHP practitioners to be very supportive of such laments, yet their positive focus in their writing and teaching seems to make the "already" pole of the eschatological tension eclipse the "not yet." Few risk undermining the faith of persons seeking help by teaching that emotional suffering may well continue and that lamenting may be the best present option.

In the closing chapter of *Restoring the Christian Soul*, Leanne Payne (1991:219) writes about restoring the Christian virtues of hope and perseverance. While even here, her focus is clearly on expanding the unimaginable greatness of the Christian hope, she does describe the present as a time when "we inch a straight and steady line through a fallen, hostile world to our true home." Payne's flexible style seems more willing to persevere through a long battle when necessary as compared to the more operationalised Theophostic model which seems to regard relatively instant results as the norm. Smith (1996/2000:165) even states confidently that Theophostic Ministry "can remove the pain of genuine grief and loss and speed up the grieving process."

A kingdom theology clearly understands that the kingdom is not already realised but in the process of being realised (Ladd, 1974:59, after Jeremias, 1971). IHP would better reflect the kingdom if it can find a way to accept this “not yet” fully without unduly lessening its faith and optimism..

#### **4.7 A Theological Critique of IHP**

Though IHP is seen to be a good fit with a constructionist kingdom theology, comparing the practice of IHP with this theological framework highlights some possible weaknesses. The three that will be described are its esoteric nature, its tendency toward an individualistic focus, and its tendency toward an over-realised eschatology.

##### **4.7.1 The Esoteric Nature of IHP**

There is an internal inconsistency within IHP regarding whether it is “normal” Christianity or not. The New Testament seems to describe all the works of the kingdom as given to the entire body. While there are a “variety of gifts” (1 Cor 12), there is no room for an elite who have learned certain mysteries. Movement in the direction of specialised terminology and carefully regulated seminars needs to be very cautious, recognising that these esoteric notions were characteristic of the early Gnosticism that is strongly criticised in the New Testament.

While it is doubtful that many IHP practitioners, for the most part, deliberately create this mystique, it has been hard to shake. Partly this has been due to a lack of acceptance of the practice among some denominations, forcing those who find it life-giving to the sidelines. Partly this has been due to a legitimate concern that IHP can be misused; therefore significant “in-house” training has been made a major feature of most models. This is especially true of Theophostic with its highly structured training procedures and terminology. The esoteric element in Theophostic is heightened in the Advanced Training where techniques for those with DID and/or victims of SRA are taught. Their recent publication of *Keeping Your Ministry Out of Court* (Smith & Wilder, 2002), might be an increased sign of danger here.

Church-based models are most free of this esoteric tendency. Groups like the Vineyard that teach their congregations to practice IHP in the context of their ongoing local congregations seem to come closest to the expectations of a kingdom theology. Yet clearly not all Christians will find this type of support in their local church. As well, the inner healing practised in the typical Vineyard church setting may lack some of the potential that more complex models used by experienced and gifted practitioners may be capable of.

It may be that this esoteric element is an issue that needs to be held in some tension. According to a kingdom theology, God's healing power entering into the emotional needs of individuals should be a central aspect of church life. At the same time the fact that there are misunderstandings and uniquely gifted individuals may mean that at times IHP becomes more comfortable in the margins.

#### **4.7.2 The Tendency toward Individualism**

A second tension between IHP and kingdom theology is that of the individualistic focus which seems to characterise much IHP. There are at least two ways in which this is usually manifest. One is the lack of connection between IHP and the individual's relationship to society. Little is generally said in IHP about social sin, while personal sin is seen as more important. A person might be asked about her addictions but not about her participation in unjust corporate structures. The implication is that personal sin is an obstacle to wholeness but social sin is not. This dichotomy does not fit well with a kingdom theology that places a significant emphasis on freedom for the oppressed.

The source of this bias away from the social aspect of the kingdom probably has various roots in the cultural worldview in which it began and developed. One of the deepest roots may be partially explained by Cushman's (1995) description of the concept of "healing through self-liberation" which he feels is characteristic of nineteenth century America. As mentioned earlier this milieu, with its origins in mesmerism and mind-cure techniques, clearly affected the thinking of Agnes Sanford and the development of IHP. Cushman (1995:128-130) describes this thought as focused on an "apolitical interiority" which responded to the ills of its day by "entirely *ignoring* the sociopolitical realm." With its optimistic belief in abundance available to all, "the

religious commitment to community and proper living that had been at the heart of the mission of the early American colonists was subsumed by a preoccupation with personal acquisition and an obsession with the reified laws of an encapsulated mind.” Evidence of this association is seen in the frequent pairing of IHP with prosperity teaching in the charismatic movement. Summing up, Cushman (1995:133) writes:

Mesmerism was one of a number of practices that created and elaborated on the cultural frame of reference of the self-contained individual who was free from the coercions of the state, who had a personal, unmediated relationship with the sacred, who was most moral when liberated to pursue his or her own self-interest in disregard of the self-interest of others, who was naturally ambitious, acquisitive, and powerful. Before mesmerism, nineteenth century pastoral counseling shifted in this direction, and after mesmerism, some twentieth-century forms of psychotherapy, New Age ideology, religious cults, and restrictive psychological training programs have continued this tradition.

This all suggests that the optimistic individualism of American culture is so interwoven with the origins of IHP that it tends to reinforce rather than provide any critique or freedom from it. This critique, of course, could also apply to most psychotherapy (see Hillman & Ventura, 1992) and the bulk of North American evangelical and charismatic Christianity.

A contrast can be found in some Jewish writers on healing who often mention the interrelationship between *tikkun atzmi* (redemption of the inner self) and *tikkun olam* (redemption of the world) (Bronstein, 1999:39; Frankel, 1998:815). IHP would benefit from being reminded of this association.

In their teaching, the Sandford’s do include the need to break free from “corporate strongholds,” meaning the strongholds that hold us captive as “groups and even entire nations” (Unpublished training manual, “Elijah House Training for the Ministry of Prayer Counselling” Sec. 2, p. 8). However, examples of “corporate strongholds” are “racism, separation and divorce as beneficial, addiction, extremist ‘rights’ movements, homosexuality, liberalism and modernism, self-righteousness.” With the exception of racism, these are hardly the issues generally associated with the socio-political implications of the kingdom of God (see Snyder, 1985:95-110 for a fuller alternative).

Research into imagery and prayer raises some intriguing food for thought regarding this individualism. Ahsen's (1992) study into imagery and prayer compared the vividness of imagery when first a shop (symbolising the socio-economic world) and then a lake (symbolising the natural world) were imagined on their own and then while "prayer was kept in mind." The results showed that the ability to vividly imagine a shop decreased significantly while prayer was kept in mind, but that ability to imagine a lake held its own or increased. One of Ahsen's (1992:70) conclusions is that "there is little evidence that most people can handle this connection [i.e. between religious experience and economics] effectively." Ahsen even refers to the shop as "a soiled image of the grace of God." Regarding IHP, one might speculate that the socio-economic world is avoided because it is more difficult to experience God coming into this world. At the least, it seems safe to say that Ahsen's research suggests that we are badly in need of inner healing in the area of economic justice and relationships.

Van der Ven *et al* (1997:132) conclude in their study of young Christians in South Africa that "there is only a weak or no relation between the religious attitudes and the transformative orientations because a relation had never been established during the religious socialization process in their attitudinally formative years." IHP has the potential to redress this poor primary socialization, but socio-politically tends to be as mired in the status quo as is the middle class South African religious culture. The opportunity to pair kingdom healing with kingdom ethics is, for the most part, ignored.

Briefly, the second aspect of individualism is related to the lack of follow-up mentioned in the constructionist critique. While many IHP practitioners conceptualise the necessity of community support, there does not appear to me a matching emphasis on helping to create this supportive community around a person being healed. There is a more or less clearly communicated expectation that a person should quickly be able to maintain their new understandings on their own.



### 4.7.3 Inadequate Attention to the “Not Yet”

At some point almost all healing ministries have dealt with the issue of healing which does not take place. Such lack of results is threatening to the faith that is central to the ministry. As well as the implied associations between faith and the success of healing in the moment, there seems in IHP to be a confident assertion that the visualising or sensing of Jesus’ presence is always possible and will create the necessary experience for healing for most if not all individuals. A necessary balance to this position is suggested by an understanding of the ‘not yet’ of the kingdom. This balance might be supplied by what is sometimes referred to as the apophatic tradition (Benner, 1998:91).

As mentioned earlier, IHP is located solidly within the kataphatic tradition with its reliance on imagery and metaphor to increase the possibility of experiencing God. *The Cloud of Unknowing* (Anon, 1948), written by an anonymous 14<sup>th</sup> century monk, is a classic of the opposite, apophatic, tradition that emphasises the inability of images or concepts to help us to comprehend the fullness of God. In *The Cloud of Unknowing* (1948:28), the author asserts that “by the ... knowing power or the mind, God is ever incomprehensible” whereas “to the loving power or the heart, He is ever more comprehensible to the capacity of each soul to receive Him.” While the language of heart over mind is commonly found within IHP, the emphasis here is purely affective, devoid of all imagery. There are times, according to this mystical work, when all images impede our growth in relationship to God; we must pierce through the darkness that our minds face as we approach an incomprehensible God. By this darkness, the author (1948:26-27) means “a lack of knowing, such as those things that you do not know or have forgotten are in darkness. In your present state you are not able to see with your spiritual eye. It is for this reason that it is not called a cloud of air but a Cloud of Unknowing.” While both mind and heart are initially stymied by this Cloud, eventually God’s grace increases the soul’s hunger to the point where “God satisfies his hunger with the endless joy of His Presence” (Anon, 1948:29).

While this contemplative path is certainly not everyone’s experience, many believers have related to the necessity of this “dark night of the soul.” The possibility of a deep grace breaking in through this type of image-less, patient journey might be derailed by an IHP practitioner’s confidence that a healing experience through visualising Jesus is always available.

In his advice on choosing a healer, Henrik Visser (2001:173) encourages people to ensure there is “ministry for the disappointed.” He views disappointment as an inevitable part of any healing ministry and suggests that the needs of those who are not obviously healed are “one of the strongest reasons for insisting that healing ministries be within the context of loving church community.”

A lack of respect in IHP for the “not yet” pole of the dialectic can also be seen in a critique by Alsdurf (1989:247), who recognised the danger on psychological grounds, writing “those in inner healing seem to have limited appreciation for healing *as process*” but rather give the “impression that healing occurs as an event rather than a process.” The result of this insufficient attention given to process is a lack of ability for inner healers to “differentiate between the various stages through which people proceed” and to form a “framework that considers the complexity of change within persons.” Alsdurf (1989:248) fears the message people hear from inner healers is that they will be freed from the “tension of being human” rather than the more realistic expectation that a “new understanding of oneself will be gained and within it a sense of empowerment in one’s struggles as a human.”

Recent research into forgiveness also suggests there are some good reasons why process needs to be emphasised where forgiveness is encouraged. A study by Romig and Veenstra (1998) suggests that the ability to fully forgive may be dependent on psychosocial development, and more particularly a study by Worthington *et al* (2000:16) came to the “main conclusion... that anything done to promote forgiveness has little impact unless substantial time is spent at helping participants think through and emotionally experience their forgiveness.”

The wise practitioner in IHP is much more aware of the “not yet” than are those whose confidence overflows into assurances of easy and instant healing for all. Payne (1991:122) is certainly among these wiser ones, demonstrated in her comments:

The hard thing for many Christians who pray with others to realise is that we cannot always (much less immediately) relieve or even appreciably diminish people’s suffering. We cannot get in there and “fix things,” not even with an instant powerful prayer

(although sometimes we do in fact see God do it!). If we try, taking the initiative out of God's hands, we will fail. We may end up reinforcing neurotic defences as surely as the physician does who over-sedates.

In these words we see reflected a kingdom theology that truly acknowledges the "not yet." Unimaginable hope and healing are possible, but deep pain will not always be healed completely or quickly.

#### **4.8 Conclusion**

Inner healing prayer developed in the twentieth century as a creative and dynamic way for the reality of God's kingdom to transform the experience of individuals. A social constructionist perspective that includes a faith position that God is an active participant in the social processes by which we construct reality is in a unique position to interpret what takes place in IHP.

In this interpretation, God is intentionally invited to join in the conversation that is called IHP and is expected to play a leading role. Those leading the prayer facilitate this encounter by creating an atmosphere of faith, hope and love. Central Christian symbols such as the cross and Satan are applied to the present understandings of reality, and a clear choice of allegiance to a new story is often marked by decisions to confess, give or receive forgiveness, and/or renounce former attachments. Throughout this process, the language used is rich with metaphor and symbols to encourage more emotional, right-brained engagement.

The most characteristic way in which God's participation is experienced in IHP, however, is through the imagination. By visualising, or becoming aware of God's presence through some imaginative sense, ordinary human imagining opens the door to an experiential encounter with God. These experiences, which often become "highly valued" in the manner discussed by Sarbin (1998a:26), are uniquely able to re-construct understandings of reality at a deep level.<sup>73</sup> Those involved consistently declare that "IHP shortens therapy while addressing deeper, or core problems and produces more permanent results" (Ten Eyck, 1993:113), and one practitioner

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<sup>73</sup> What most IHP practitioners would call the heart (e.g. Sandford & Sandford, 1982:23; Payne, 1991:68) and what others might describe as characteristic of "primary socialization" (Berger & Luckmann, 1966:130-131) or "faith as trust" (Groome, 1980:55).

more strongly claims “maintenance-free and effortless victory” (Smith, 1996/2000:235). A study by Probst (1980b) presents some preliminary empirical verification of these claims.

This interpretation of IHP also suggests some ways in which a social constructionist perspective might critique the practice of IHP. The critiques based on the collection of essays called *Believed-In Imaginings* (de Rivera & Sarbin, 1998) and the constructionist concerns about expertise and metanarratives would indicate that IHP practitioners might develop more respect for the power of their methodology to shape the realities of the persons involved, recognising that this power might not always be in the person’s best interest. Unhelpful beliefs might be, intentionally or unintentionally formed, or narrow views of reality imposed. There is also a significantly undeveloped potential for the use of the narrative form to be integrated into the practice of IHP. Intentional use of participants’ understandings of their life stories would involve a dynamic that has been seen as closely related to one’s sense of identity.

Since the reality that IHP practitioners are representing is that of the kingdom of God, another critique is offered by comparing the practice of IHP to kingdom theology. This comparison suggests that IHP needs to be cautious about tendencies toward an esoteric style and toward a focus on the individual that might not be integrated with kingdom teaching about social issues. Finally, while most involved in IHP are well aware that the kingdom is not yet here in its fullness, a greater sensitivity to the need to wait and lament might be warranted.

## **CHAPTER 5 – Qualitative Interviews to Assess the Fit of a Social Constructionist**

### **Description of IHP**

#### **5.1 Introduction**

In the previous chapter I have described the dynamics of IHP through the lens of a modified social constructionist perspective. IHP has been interpreted as a practice of inviting God's presence into a conversation whereby the stories or realities of a person seeking prayer may be re-constructed. The purpose of the present chapter is to make an initial attempt at assessing the fit of this description for understanding the stories of people participating in IHP.

For a constructionist interpretation of IHP to serve a useful purpose, it should be able to serve as one of the possible ways for participants in IHP to make sense of their experience. The goal of the research recorded in this chapter, therefore, is to explore the viability of a constructionist description rather than to prove that this description is the best or most accurate description available. This research is the beginning of the continuing movement of the hermeneutic circle from praxis to theory and back to praxis. While the focus of this study, overall, has been more hermeneutic than empirical, a small-scale interview project was seen as an appropriate way to keep the study's "feet on the ground." A fresh interpretation of a practice such as IHP would be of little use if that interpretation bore little resemblance to the descriptions offered by those involved. A qualitative interview method was chosen as the most suitable means by which to accomplish this goal.

Empirical research in practical theology has often chosen the route of quantitative research. However, as the social sciences give increasing attention to qualitative research (Kvale, 1996:8-10; Wainwright, 1997), practical theology will undoubtedly follow suit (cf. Van der Lans, 2002). Part of the reason for this direction is the increased scepticism that surrounds the quantitative claims of empirical research (Gergen, 1994:21-22). Added to this scepticism is the growing comfort among many social scientists in relaxing the need to move closer to the natural sciences

in methodology. After all, unlike the focus of the natural sciences, “the subjects of inquiry in the social sciences can talk and think” (Seidman, 1991, citing Bertaux, 1981). A final reason for the shift is the growing importance of a social constructionist foundation for social science theory, a foundation which still accepts a role for quantitative research (Gergen, 1994:53), but which highly values the meaning-rich data that can emerge through qualitative investigation. As a result of these important movements, a logical conclusion is that “qualitative and quantitative methods are tools, and their utility depends on their power to bear upon the research questions asked” (Kvale, 1996:69).

The research question that guides this study is, “Do the stories with which people describe their experience of IHP contain the central features of the constructionist interpretation of IHP offered; that is, do participants experience God joining in their conversation co-creating new realities with them?” Wainright (1997) writes

qualitative research can be characterised as the attempt to obtain an in-depth understanding of the meanings and 'definitions of the situation' presented by informants, rather than the production of a quantitative 'measurement' of their characteristics or behaviour.

The most relevant aspect of participants' experience, for this study, is not the degree of behavioural change or other measurable quantities, but their subjective understanding of the experience of IHP. For this reason, qualitative interviews were chosen as the best way to add an empirical element to the study (cf. Seidman, 1991:4; Kvale, 1996:105; Ganzevoort, 1993:280).

The methodology and analysis of these interviews were modelled after Seidman (1991), Kvale (1996) and Ganzevoort (1998, 2001). The type of research interview called a “semistructured life world interview” by Kvale (1996:6) is “an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena.” The interviews presented in this chapter are of this type.

Randall (1995:48-57) describes four different stories that are a part of our lives: 1) the “outside story,” which is the actual existence of our lives that provides the raw data; 2) the “inside story,” which “reconstitutes the events of [our] li[ves] as memorable experiences;” 3) the “inside-out

story,” which is how we express a tiny portion of our inside stories to others; and 4) the “outside-in story,” which is how we hear others tell what they make of our story. All of these stories will emerge to some extent in the interviews. Where quantitative research usually attempts to access the “outside story” as closely as possible, qualitative interviews are based on the understanding that this story will remain fairly inaccessible as will the “inside story.” The primary data provided by the interviews is one example of an “inside-out story” that participants choose to share with the researcher. The other three types of story only appear indirectly as the sources from which the participant draws upon to construct her “inside-out story.” What “actually happened” in IHP is not in question in this research.

McAdams (1998:1126-1134) addresses the concern over the degree that defence mechanisms affect the stories participants tell in research interviews. He states

there can be little doubt that participants in life-story research – like participants in many forms of social science research – employ denial, projection, intellectualization, and other strategies outside their awareness in order to keep anxiety at bay and enhance esteem in responding to the interviewer’s questions.

McAdams goes on to point out that this does not discredit the stories that emerge because the same defence mechanisms “also likely influence just how the person has structured his or her own self-defining life story.” As a result, “this imperfect method provides narrative data that, at best, approximate in a very rough way just what kind of story or stories exist as psychologically real structures in a person’s personality.” In other words, defence mechanisms play an important role in both the “inside story” and the “inside-out story.” They may or may not be shaped specifically to match their audience, but in any case they probably bear some resemblance to some of the interior ways that a person makes sense of their experience.

No qualitative interviewer today is unaware of the fact that the resulting data, the interview transcript, is also a co-authored work (Kvale, 1996:83; Seidman, 1991:16; Van der Lans, 2002:33-34). The “outside-in story” implied by the researcher’s questions and nonverbal communication will be partly responsible for the shape of the story the participant describes. While this understanding affects the analysis and interpretation of the results, it is not usually

understood as a limitation but as a strength. Seidman (1991:16) writes “we recognise and affirm the role of the instrument, the human interviewer.”

While the resulting transcripts are, therefore, understood to be only a dim reflection of the “inside stories” of the participants, they will still demonstrate whether the constructionist interpretation of IHP will fit their “inside-out stories.” It is an important assumption of this study that with the interview method followed, the expressed stories of the participants, even integrated with the “outside-in story” of the researcher, will only be so told if that story is one of the available options that make sense of their experience. In other words, if this constructionist interpretation is not a viable option to make sense of their experience of IHP, participants will resist the language and questions that imply a constructionist perspective and continue to tell a story that makes sense to them. Thus a degree of “fit” will be established if the participants are able to tell their “inside-out stories” in a way that demonstrates a correspondence to the following four questions: 1) Do the participants’ responses seem to indicate a shift in the way they narrate their lives or construct their realities? 2) Do aspects of the IHP process seem to correlate with God’s voice in the process? 3) Does God appear to be an active participant in the dialogues that led to any changes? 4) Do other aspects of the IHP process appear to play a part in any reconstruction of reality?

Qualitative researchers vary in the degree to which they find terms like reliability and validity useful (Seidman, 1991:17; Wainwright, 1997). In my understanding the key is not in theoretical comparisons to concepts originating in quantitative research, but is found in being as transparent as possible about the process, allowing readers to make their own judgement about the usefulness of the results for meeting the research goals. As the interviewer, I made efforts throughout to allow the participants to speak to their experience with integrity. I am aware that I occasionally “got in the way,” more than is helpful, as therapeutic instincts were not always easy to suppress. Nevertheless, as a whole, the interviews conform to the quality criteria suggested by Kvale (1996:145):

- The extent of spontaneous, rich, specific, and relevant answers from the interviewee.
- The shorter the interviewer’s questions and the longer the subjects’ answers, the better.



- The degree to which the interviewer follows up and clarifies the meanings of the relevant aspects of the answers.
- The ideal interview is to a large extent interpreted throughout the interview.
- The interviewer attempts to verify his or her interpretations of the subject's answers in the course of the interview.
- The interview is “self-communicating” – it is a story contained in itself that hardly requires much extra descriptions and explanations.

These criteria help to prevent the “outside-in story” from intruding to an unhelpful degree. Of these criteria, only the immediate level of interpretation is questionable. Interpretations at a fairly direct level were made throughout the interview (in, for example, clarifying the role of God), but this deliberately did not include the larger level of interpretation (such as God's participation in reconstructing their reality) to minimise the extent to which language and concepts were imposed.

Two individuals and a couple who have all taken part to a significant extent in IHP were interviewed by the author. The small number of interviews involved establishes that the method chosen bears a similarity to case study methods in that it “is not sampling research” (Tellis, 1997). While this limits the generalisations that can confidently be made about the conclusions, these interviews will be able to provide a preliminary assessment of the correspondence of participants' stories of IHP with the constructionist interpretation suggested in this study.

## 5.2 The Interview Process

### 5.2.1 Location

The site chosen for the interviews was the Isaiah 40 Foundation in Montreal, Quebec. This organisation, which has just celebrated its tenth anniversary, was founded to support the ministry of Vina Sweetman, founder and current president.<sup>74</sup> Sweetman has been involved in IHP in various capacities for decades and the Isaiah 40 Foundation has enabled the ministry to become a

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<sup>74</sup> Much of the background information was obtained by personal interview with Vina Sweetman, July 29-30, 2002.

central and expanding focus, both through prayer counselling<sup>75</sup> at the centre and through their conferences and seminars.

The closest link between Isaiah 40 Foundation and the models of IHP studied is its association with Leanne Payne. Sweetman and Payne are friends, brought together when individuals pointed out the similarities in their work. Since then they have spoken together at conferences and training events. Sweetman is also acquainted with John and Paula Sandford and is quite supportive of their work. The same cannot be said for Theophostic Ministry, which Sweetman has serious concerns with,<sup>76</sup> though without much direct contact.

Prayer counselling at their centre in Montreal<sup>77</sup> operates much like a Christian counselling centre. Clients are scheduled for sessions with one of several counsellors available. These counsellors have a variety of professional training. There is no expectation of a “quick fix,” and sessions are frequently extended over a period of months or even years. Most of these clients would also be participants in some of their conferences (“Healing of the Whole Person” and “Christian Clinical Practice in Medicine and Psychotherapy”), or courses (“Boundaries” based on the book by Cloud & Townsend, 1992 and “Lies We Believe” based on the book by Chris Thurman, 1989).

Participants in these research interviews were all clients of Sweetman herself and had all participated in at least one conference or course as well as their private sessions. This research was not evaluative; therefore, the effectiveness of IHP was not in question. As all participants were actively participating after at least three sessions, a reasonable assumption is that all were feeling positively about their sessions, which appeared to be confirmed in the interviews. The participants were chosen by Sweetman from among the small number of her clients that were willing and available to be interviewed on the dates scheduled. She was encouraged to choose a diverse assortment of participants. The resulting participants included a young man (Andy<sup>78</sup>) who had been a depressed substance abuser trying to turn his life around after a lost job and a failed

<sup>75</sup> “Prayer counselling” is the favoured term at Isaiah 40 for IHP.

<sup>76</sup> In material prepared by Isaiah 40 Foundation for those who ask about Theophostic Ministry, questions are raised about the degree of emphasis placed on technique and the accuracy of stressing “maintenance-free victory” (unpublished material, Isaiah 40 Foundation, 2002).

<sup>77</sup> With the inherited name, “The Friendly Home,” used previously as an orphanage and women’s shelter.

marriage. He had been attending sessions for about six months. Brenda was a middle-aged woman from a wealthy background who had lived a diverse life and was dealing with the accumulated pain of having been used in various relationships. She had only attended three sessions. A middle-aged couple (Donald & Carla) were both business people who had been involved in prayer counselling for several months. Another middle-aged woman who had only been to one session of IHP also participated in the first interview, but did not have a follow-up interview as the audiotape was unable to be transcribed due to her foreign accent, quiet voice and frequent emotional difficulties.

One unusual demographic of this group was that none of the participants were active church attenders when they began their prayer counselling. Anecdotally, this would not seem typical of IHP.

While the initial research design was to interview participants before and after prayer counselling, ethical concerns arose. After one attempted contact, Sweetman and I agreed that clients who had not yet developed a relationship with a counsellor were in danger of being confused or alarmed about the prospect of an interview. As a result, all of the participants had already begun IHP before the first interview and were still actively continuing the process between interviews and following the second interview.

While both the first and second interviews were thus in the midst of their process of IHP, there was important value in the follow-up interview. Primarily, the second interview would eliminate any descriptions that were short-lived perspectives in the participant. Themes that remained somewhat consistent over two months would be expected to be of greater value to a participant in making sense of their experience. Particularly relevant was the ability of new constructions of reality to remain in place over a period of time. Secondly, the follow-up interview was expected to reveal a degree of insight into the *process* of IHP given that this was a centre that understands prayer counselling as a process more than as a single event.

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<sup>78</sup> Pseudonyms are used throughout this chapter, including the transcripts. Potentially identifying places or details in the transcripts were changed or omitted

### 5.2.2 Interview Process

Participants in the interviews were invited to take part by Sweetman, their counsellor, and were given information and consent forms (see Appendix A). Further explanation by the interviewer (myself) took place just prior to the interview. The interviews were conducted by myself and were audiotaped. The first interviews were conducted on July 30, 2002; the second interviews followed, with the same participants, on September 31, 2002.

The interviews were approximately an hour in length. They were semi-structured, based on an opening question related to the idea of “sharing their story of what led them to prayer counselling.” As a modification due to the unavailability of participants who had not yet begun IHP, participants were also asked in the first interview to try to offer their first thoughts from the perspective they would have had before they began. The second interview began with a question related to how they would tell their story two months later. Seidman (1991:9) writes that the major task of the interviewer “is to build upon and explore their participants’ responses to those questions. The goal is to have the participant reconstruct his or her experience within the topic under study.” In agreement with this principle, further questions in both interviews were based on where the participants led, with emphasis being given to questions that would invite stories related to the “topic under study.” Particularly this meant privileging questions related to past, present and future plots, the process of IHP, obstacles, goals and the role of God.

Therefore, while the free-flowing descriptions of the participants were encouraged as much as possible, in accordance with Kvale’s quality criteria mentioned above, the interviewer was still assumed to be a co-author of the resulting interviews rather than a neutral or detached observer. There was, for example, no hesitation about encouraging narration since there is no attempt to evaluate whether narrated forms spontaneously occur. Nevertheless, care was taken to allow the participants to shape and guide the flavour of the interview as much as possible within the minimal structure mentioned above.

Care was taken that ethical considerations shaped the process, in keeping with the concerns of researchers such as Seidman (1991:46-55) and Kvale (1996:109-123). The interviewer and Sweetman, their counsellor, conferred and agreed that the interview process would contribute

rather than detract from the therapeutic value of the prayer counselling. Participants were provided a brief description of the purpose of the research (Appendix A). Confidentiality concerns were addressed and discussed with all participants. Several expressed interest in seeing the resulting thesis and were told a copy would be made available to Sweetman. They were clearly informed that there would be no payment for their participation, though gifts of appreciation were distributed following each interview.

### 5.3 Analysis of Interviews

Following the interviews, the audiotapes were transcribed and are included as an appendix (Appendix B). The first interviews were transcribed by a research assistant; the second interviews were transcribed by myself.

The transcriptions were then divided into fragments for the sake of referencing and coding.<sup>79</sup> The process used in dividing the fragments was essentially analogous to the process of structuring paragraphs. While the most common fragment form was one question and one answer, many fragments consisted of several questions and brief answers focused on the same topic, while long responses were occasionally divided into two or three fragments. Fragments were always based on the content of the participants' response rather than the interviewer's question.

Ganzevoort (1998:25) observes "that one text may consist of more than one story line. These story lines can be distinguished from one another" (cf. Randall, 1995:10). Initial reading of the transcripts focused on identifying several of these themes or story-lines (Seidman, 1991:99; Ganzevoort, 2001:48) as they emerged in each interview. For the most part, the term "themes" is preferred as in many cases more than one theme clearly combined to form a larger story-line. Themes identified in the first interview were considered *a priori* themes in the second, though the second interviews were read with openness to new themes being added.

Fragments were then coded according to the theme or themes present. Since one fragment was often coded for two or more themes, the totals for the themes certainly are much greater than the total number of fragments an interview was divided into.

The action of coding these fragments should not be construed as an effort at quantitative analysis. The focus remains entirely qualitative and interpretative. Any effort at statistical analysis would be misleading, potentially miscommunicating the subjectivity of the fragmenting and coding process. For example, when quantitative references to the number of fragments coded for a specific theme are provided, this should only be understood as an approximate and subjective correlation of significance.

The final and most important step in the analysis of the transcripts was the process of summarising the interviews. Kvale (1996:184) suggests that analysis should be limited to what is “interspersed between the initial story told by the interviewee to the researcher and the final story told by the researcher to an audience.” To this end, the process of identifying and tracking themes led to an interpretive reconstruction and summary of the themes and story-lines presented. Emphasis was given particularly to the stated or apparent effect of IHP on those story-lines.

## **5.4 Summary of Interviews**

### **5.4.1 Andy**

**1<sup>st</sup> Interview.** Before IHP, Andy’s story was dominated by the themes of lostness (9 fragments) and self-blame (16 fragments). He was suicidal and found it difficult to look anyone in the eye. Both of these themes were compounded by a strong sense of being unappreciated (6 fragments).

His feeling of being lost, without direction, appeared to be the strongest characteristic of the story that brought Andy to IHP (f1:13). The experience of being lost grew fairly directly out of a marriage break-up and the loss of a job (f1:1,2,4). These losses were in stark contradiction to where he hoped to be in his mid-thirties (f1:4). Most overtly the experience of lostness focused on his inability to find a satisfying career (f1:39).

Themes of both self-blame and a lack of appreciation from others contributed to this sense of being lost as well as inferior to others. The self-blame targeted primarily his addictive

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<sup>79</sup> References to fragments consist of a first digit representing the first or second interview. Following a colon, the

behaviours, especially the “sex, drugs and rock-and-roll” that became his “idols” (f1:5 – the terminology was clearly read back into the past). The self-blame had a significant element of guilt mixed in and he developed an identity as being insecure and “submissive” (the context seeming to imply inferiority as part of this term – f1:16).

The theme of self-blame could alternate quite quickly with feeling like a victim of a lack of appreciation (f1:8). The primary villain here was his mother for whom he clearly still held resentment. He was silent about his father in terms of appreciation, though it was obvious he did not feel the same resentment towards him. He also recalled his high school days as a time when no one stood up for him including teachers or principals (f1:17).

Not surprisingly, appreciation was a key word in the new story he was beginning to experience (f1:15). Vina<sup>80</sup> helped him to find work maintaining and renovating a building. His appreciation came not only from others but from himself as he came to see “in every room a touch of [himself]” (f1:15). God’s role in the appreciation theme was ambiguous. His guilt and self-blame ensured that, while he had not thought about it directly, he was sure that “he wasn’t very pleased” (f1:21). He was hearing a very clear message about God’s love for him and was starting to feel loved and accepted and even to begin to love himself (f1:41). Both were clearly still in progress, however, and it was only after hesitation that he was able to say “I would guess that [God’s] happy” (f1:26). So while his sense of appreciating himself and feeling appreciated by God was growing, he still slipped into periods where it was easy to fall back into “old thought patterns” (f1:30).

The pattern of feeling guilt was the one that was affected most directly through prayer. Visualising Jesus (actually Jesus’ hands), he was able to feel confident that Jesus “met [him] there” (f1:28), and he gave over his guilt and accompanying feelings to Jesus (f1:26).

This moment was clearly a turning point in the story of his spiritual connection as well. The story of spiritual connection began in his childhood when God “used to speak to [him] in dreams”

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second number refers to the actual fragment number in the interview.

<sup>80</sup> In the sections closely associated with the participant’s responses, Vina Sweetman will be referred to by her first name to match the usage of the participants.

(f1:23). While he could not remember these dreams containing any verbal communication, God “would always appear” (f1:31) in these dreams, which appeared to involve events that would later take place. Even though these occurrences sometimes led to “funny looks” when he mentioned them, they were good dreams and made him feel connected to God. His last dream had been about ten years ago and involved him living, with wife and children, in the house that he had designed during high school (f1:33). This makes it easy to understand how the lack of fulfilment of this dream was so crushing to him and was connected with feelings of guilt and lostness.

The dreams also represent an ideal of relationship to God. In a telling metaphor, he described that at present he felt that God and he were still just like friends passing in the hall who merely acknowledge each other without communicating very deeply (f1:23-25). He blames the fact that this communication has not developed more quickly on his past neglect of God. There was, however, one reference to the trust required for greater communication which could, perhaps, be understood as a subconscious reference to his own need to trust God more before the communication could take place (f1:24).

Andy is very motivated to establish this communication, however, and hopes that more time spent with Christian friends will help him to grow in this area (f1:25). This determination connects the theme of determination and decisiveness to that of spiritual connection. Whenever Andy wanted to affirm his more positive direction, his statements tended toward the theme of making clear decisions and being determined to go with them. This theme (10 fragments) was a clear counter-theme both to that of lostness and self-blame. He had clear directions in which he was heading in terms of education and career. He felt empowered to make decisions and act with determination when he acted in order to “please himself” rather than “other people” (f1:14). Though he has been in counselling for ten months, and has attended the three major seminars and conferences offered, he was determined to continue “trying to get at the root of the problems” through counselling and annual attendance at the teaching events (f1:37-38).

That he still felt there were important issues ahead was apparent not only through his awareness that he was still not confident in God’s love, but also in his difficulties with his parents. His



desires to support and pray for his dad, who was suffering from Alzheimer's (f1:43,46), was blocked by his continuing difficulties with his mother. Talking about these issues appeared difficult, and as these were clearly current topics with his counsellor, I avoided delving too deeply into these topics.<sup>81</sup>

**2<sup>nd</sup> Interview.** In the second interview, two months later, there were striking differences in Andy's narration. The primary theme now was anger. By not directing questions to the time prior to counselling, the themes of lostness (no fragments) and self-blame (1 fragment) virtually disappeared from description, while themes of appreciation, determination and spiritual connectedness maintained a common thread.

The theme of anger was a new theme to this interview (14 fragments). The anger itself was not new, having been expressed throughout his life, especially when intoxicated (f2:10). Previously, however, this anger was simply understood as being a normal, bad habit learned from his father, who was "very short-fused" (f2:11), rather than something that had a legitimate reason to be felt and expressed. While unspoken resentment can be seen lurking underneath several comments in the first interview, especially some of those coded under a lack of appreciation (e.g. f1:17), anger was not openly expressed at that time nor named as a focus of treatment. This seems to demonstrate a familiar therapeutic development from depressive tendencies of internalising negative responses from others to the more empowering step of naming and appropriately expressing anger (Heitritter & Vought, 1989:175-177).

Andy's understanding was that he was in the early stages of a process of working through this anger (they had just "scratched the surface" - f2:9). He was quite clear that this process would take some time (f2:7,8) and would involve giving the feelings over to God (f2:15,16), forgiving those who had hurt him (f2:2,8). Forgiveness of his mother and brother, whose wounding behaviours were ongoing, was seen to be quite difficult, though he was sure the time would come (f2:18). The primary obstacle that he saw to this forgiveness was his own and his family's stubbornness. He seems to have already decided that a clear vindication of his chosen path is required before he will feel ready to forgive them (f2:18,19).

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<sup>81</sup> Seidman (1991:81-82) discusses the importance of avoiding a therapeutic role.

Appreciation remained a strong theme (10 fragments). A lack of appreciation from his family, particularly the lack of acknowledgement of the recent positive changes in his life, was now linked with the anger. The negative effect of this lack of appreciation was also seen as requiring the temporary “sacrifice” of these relationships for the sake of his healing (f2:27).

Positively, he still strongly connected his building renovation work with appreciation; the building itself was seen as a symbol of his self-transformation (f2:22). Coded together with the appreciation was the attentive listening of Vina, which he identified as one of the most important aspects of his counselling. This attentiveness was the characteristic that set prayer counselling at Isaiah 40 apart from previous counselling he had had.

At this point, Andy seemed more optimistic about his relationship with God. His dream life, which he saw as an important measure of his connectedness with God, was beginning to return. He felt quite encouraged by this, in spite of continuing difficulty with remembering any details of those dreams (f2:15,17). A similar prayer exercise to that in which he worked through his guilt a few months ago was now being used to work through his anger. He experienced this process as “cleansing,” and Vina had provided the metaphor of wiping the old files off his hard drive (f2:15,16).

Finally, the theme of determination and decisiveness remained a strong element (9 fragments). This theme is linked with his significant increase in self-confidence (even in the last two months) and provided a patience and optimism that enabled him to look at difficulties and challenges ahead without dismay. His connection with God is at the core of this determination as can be seen when he states, “I told myself, ‘You’re coming here and you’re going to allow God into your life and you’re going to get better’” (f2:14). Andy came to IHP looking for a thorough life change not a quick fix, and he has not been disappointed.

#### **5.4.2 Brenda**

**1<sup>st</sup> Interview.** Brenda has a strong sense of identity as a spiritual person. An interesting element in her interview was the struggle between two stories of spiritual identity. One is the story of

continuity wherein she has always been a person with “a strong connection.” In her counsellor, she saw someone with whom she could closely identify as similarly connected. The difficulty comes in establishing if this is, in fact, a story of continuity or a story of discontinuity, of a turning point.

The story of continuity (24 fragments) has a strong foundation. She has sought out a wide variety of sources for spiritual and personal growth. While most of these might fit under a large umbrella of New Age activities, she always maintained some support for the traditional church, in spite of personal and “ancestral” wounds caused by the church (f1:3).

The story of continuity maintains this ambivalence toward the church. While she appreciates the Bible and Jesus, her appreciation is based on how these were revealed to her “through the earth” (f1:4). The continuous story is one that views her past in positive terms, perceiving that she has always given and been loved.

But the continuous story could not overlook the accumulation of people who had abused her, taking without giving in return. Nor could it account for her growing pain in feeling different and alone (f1:19,25). Increasingly she was becoming aware that there was something deep “in the blueprint of [her] life” that was “sabotaging her efforts” (f1:5). In other words, the story of pain and darkness in her life (7 fragments) was simply becoming too difficult to contain in her optimistic story. This was particularly made clear after a humiliating experience with someone who, supposedly teaching about herbs, focused on tearing down defences, mocking and humiliating her until she “lived out [her] worst fears” (f1:6). The result was a period in which things were so dark and painful that she felt suicidal (f1:11). She lost a sense of direction in the chaos of this “dark, dark, dark time” (f1:7).

Hearing a presentation by Vina, Brenda felt she was “guided there” (f1:42). She quickly identified with Vina’s spiritual connectedness and ability to speak “her language.” Here was a person who could give to her what she had been able to give to others without receiving back. In Vina, she saw the possibility of combining a spiritual connection and caring love for people with a sense of strength, honesty, and boundaries.

However, this identification eventually required a reframing of some of her past. She began to see more clearly that she had allowed herself to be abused by not setting limits in her life. While she had known she had a right to be treated better, she had felt unable to ask or insist on what she needed from others, including fair payment for services (f1:18). This new acceptance of limits clearly provided what she felt had been a missing piece in her lifestyle. She had great excitement for what this growing ability to insist on her “God-given right to be” would unlock, an understanding that began to “change the whole perspective of [her] reality” (f1:18). Gaining confidence that she did not need to be used by others or abused, began to shine a light in her darkness.

The ambivalence remained apparent in several areas, however. First, she often alternated between seeing her past as a time of being used and as a time of sharing with others who loved her. She strongly denied her counsellor’s suggestion that she had lived “without love” (f1:22), yet was never able to refer to anyone in particular who had loved her in a consistent or caring way. While accepting with excitement the need for boundaries (f1:20), she would still speak positively about how freely she had given herself, never turning people away (f1:8).

Second, she remained quite ambivalent about traditional Christian understandings. When she refers to prayer or the Bible in relation to Vina, she speaks positively while simultaneously separating herself from the traditional understandings. At one point she declares “I don’t pray... I pray all the time” (f1:41). In spite of this hesitation to connect with traditional faith, she identified with Vina in many ways, especially regarding her application of spiritual strength to caring for people (f1:42). Third she tempered her understanding of limits with a strongly expressed need to remain undefined. She did not want to describe the person she was becoming in too many words because “that would endanger [her]” (f1:41). She was clear that “she did not want to be known as anything” (f1:7). This yearning to be undefined actually began in her period of darkness, but was being maintained as a positive outlook for the future - a paradox given her awareness of the problems in the past when she saw herself without limits (f1:14).

One way she bridged the tension between the continuous and discontinuous story was that she was a “great believer in the pain and agony” (f1:41) in her life that led her to the changes she was now making.

**2nd Interview.** Brenda had only had two or three sessions in the two months between interviews, but there were some notable changes in her narration. Both themes of spiritual connectedness, the continuous identity as a spiritual person (SI - 14 fragments) and the new identification with Vina (SV - 9 fragments), remained strong. What had seemed like ambivalence between these themes in the first interview, now seemed to have settled into a paradoxical integration. This was perhaps most clearly shown when she placed herself confidently in a mediating position between “a spiritual person from a natural base and the other person is a spiritual person from the biblical base.” She confidently felt “able to support what the other two people have been sharing” (f2:11).

The story of continuity remained based on her always knowing that she was a “child of God” (f2:17), an awareness based on the “natural realm” (f2:17). Where in the first interview some of the assertions related to this theme would have simply contradicted newer insights, now an articulated awareness of how this was being altered was expressed. What she could previously assert only in the “natural realm” could now be understood and realised in the “human realm” (f2:17). She also was able to express how a clear acknowledgement of limits could be held simultaneously with being “no less limitless” because of her connection with God (f2:12).

Likewise, her identification with Vina remained based on her discernment that Vina “spoke a language that [she, Brenda] does [her]self” (f2:1). Here, too, a clearer integration was apparent. “Vina, to me, is somebody that is an embodiment of my own spirituality in a sense that while she is definitely biblical in her orientation...she comes from a place that is, for me, non-dogmatic” (f2:23). Vina’s ability to combine a biblical orientation with a non-dogmatic approach (which she feels characterises her own spirituality) is clearly understood to be what allows Brenda to attempt a similar integration.

Perhaps surprisingly, during this interview her description of this theme contained several statements describing the authority that she recognised in Vina. Brenda had “no doubt about what

she [Vina] says” (f2:18) “because she is who she is, because she is speaking the word of God.... I absolutely believe it” (f2:19). This authority is not seen as being connected with a biblical foundation or, certainly, any traditional orthodoxy, but rather Brenda’s discernment that Vina was not speaking out of her own agenda but was “channeling” God (f2:19). The unorthodox term, “channeling,” itself integrates her continuous identity and the spirituality she sees in Vina.

Further integration of these two themes can be seen in Brenda’s discussion of the church, which she likens to “a statement, but there’s no life in that statement” (f2:26). Religion is a “political tool” focused on externals, irrelevant symbols, and maintenance of an institution instead of relationship with God (f2:24-26). Her own caring for people in need, like Vina who is “here with people...doing the stuff,” represents the real church (f2:24, 25).

The theme of limits (18 fragments) also remained a strong theme. Together with Vina’s modelling, concepts related to boundaries and self-care enabled the integration discussed above. Former understandings of her value in nature and in God’s eyes did not translate into an enabling of guarding her own life and energy. Without losing touch with a strong sense of purpose as a giving person, she has just as confidently realised that allowing herself to be misused “is a gross sin because number one is the fact that I am a child of God and that as a child, as God’s creation, I have in no way the right to jeopardise it” (f2:18). An understanding of boundaries has even become a part of her service to others, as she’s been able to help some women clarify “what’s ours and what’s not” (f2:13; cf. f2:12). Her confidence about the need for these limits is not yet matched with consistent behaviour in supporting those limits (“I’m catching myself. Unfortunately I catch myself after and I say, ‘Wait’” - f2:2), but there seems to be confidence that this will continue to improve.

The theme of darkness or loneliness still emerged as significant (8 fragments). Terms used to describe the period of darkness, even in the past, were not as extreme as the first interview, but it was still seen as a period that was not entirely over: “I still feel fragile. I feel like I don’t want to be distracted too much by externals” (f2:3). As it was previously, this period, in spite of its real pain, was perceived as a necessary time of self-confrontation (f2:3,4). Perhaps now there was a

greater clarity that this self-confrontation was most particularly to bring to her awareness her need for limits (f2:4).

A couple of new themes emerged in the second interview. One was an increased awareness of a “violation” which created a fear of “opening into [her]self” (f2:16). This violation was her parents’ habit of waking her as an infant when she entered a deep sleep.<sup>82</sup> She came to feel that this experience created a fear and anxiety that limited her ability to “give [her]self to [her] work” (f2:16). Her articulation about how this was being addressed was not yet clear, but what she was learning about limits also seemed relevant to help her “reclaim [her] space” (f2:17).

The second new theme was that of a sense of confidence in dealing with the practicalities of her future life (4 fragments). This theme emerged in response to a question about changes in the last two months. Whereas previous hope for the future remained focused on abstract concepts or spiritual issues, in some of these final fragments there was a clear expression of how her new confidence was enabling practical changes. Most important of these seemed to be her ability to make progress at learning to work with computers. In the past she “felt jinxed,” but now she was able to take clear steps; the difference was “just like day and night” (f2:29). This seemed to provide important validation for the changes that had been taking place in her, directly related to being “over [her] own feet” (f2:30).

There was no mention of the strong desire to be without limits or definition in this second interview. The reason for this can only be speculated. It may be more than coincidence, however, that this sub-theme disappeared at the same time as confidence in practical steps forward grew strong and a greater integration of old and new spiritual identity developed. In other words, the emphasis on remaining undefined may have been, in part, an expression of ambivalence or confusion about the way ahead, which has lessened considerably in the intervening two months.

### 5.4.3 Carla and Donald

**1<sup>st</sup> Interview.** By far the most significant story for the couple interviewed was the story centring on the concept of boundaries (35 of 49 fragments). While some of this terminology and emphasis

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<sup>82</sup> Her parents were afraid for her because she was born premature and her brother died a crib death (f2:16).

surely grew out of the 8-week "Boundaries" course they took through the Isaiah 40 Foundation, the relevance of this concept was already apparent in previous individual therapy. The boundary story was complex. Husband and wife both had their individual boundary stories (Donald – 9 fragments, Carla – 8 fragments) with very different aspects, but each was clearly labelled as a boundary issue. They also reframed their marital issue as related to these individual and shared boundary issues (21 fragments).

Before IHP, their shared story was emphatically seen to be the story of a power struggle. This theme (8 fragments) was a frustrating and worsening tale of a couple that, though remaining connected, was increasingly unable to communicate well. Fights increased to the point where it was easier to measure the time not fighting (f1:8). This was a hopeless and "disastrous" (f1:9) story, with divorce frequently brought up as an option toward the end, usually as a threat by Donald, in other words as part of the power struggle. Individual therapy (in a secular setting), while helping each of them and introducing them to the concept of boundaries, was not able to empower them to break the grip of the power struggle, even though they began to see the origins of the struggle in the baggage theme.

The baggage theme (10 fragments) related to the unresolved issues that each of them had brought into the marriage. Though always aware of these issues at some level, this was their relatively new story about the past. For Donald the baggage was primarily related to an alcoholic mother who "emotionally abused" Donald (f1:31) and made him her caretaker, a responsibility and burden that was inappropriate. Establishing a caretaking and enabling pattern in Donald, his mother's addiction and abuse also led to a deep level of anger that he had been largely unaware of (f1:15, 31). This anger would be taken out on Carla through criticism, threats of divorce and, particularly, malevolent looks that he was not conscious of.

Carla's baggage story was one of abandonment issues. While Carla did not share clearly the source of this abandonment, her early history left Carla with a fear that people would leave her if she was honest or stood up for herself. At one point Carla expressed that her mother was still capable of reinforcing this fear (f1:43). These fears led to numbness, as she lost touch with the feelings she was unable to express.



They began to be more aware of their baggage while beginning to face the boundary problems through individual therapy, but they recognised that a rational understanding of these new stories was not powerful enough to break the hold of the power struggle (f1:8) until they came together to IHP.

While the boundaries theme is not essentially a story in religious language, the fact that the story was reinforced in a Christian context was crucial, as both had previous ideas that the ideal Christian was the “all-sacrificing Christian” (f1:1,12). Having these concepts blessed both by their counsellor and the group with which they took the “Boundaries” course eliminated their inner resistance to the concepts and boundaries became the hopeful central theme of the story in which they could be reconciled.

Carla felt she “had no boundaries” (f1:10). She was unable to stand clearly for her own interests and “voice [her] truth” (f1:10). IHP built on her individual therapy in empowering her to recognise and express her feelings, particularly to Donald. She was given the language and the encouragement to say to Donald, “You’re going over my boundary” (f1:12) and eventually even, “You’re abusing me verbally” (f1:12). Secondly, she learned that she might be helping Donald if she stopped covering up for the anger that he did not take responsibility for (f1:39).

Accepting and recognising her feelings has made Carla more alive and happy, while it has also brought pain that she knows she needs to face. She has gained the ability to commit herself to a difficult course to claim her own direction, her own value (f1:42,43). That this commitment contained an element of spiritual battle was apparent in her description of overcoming the coincidental circumstances that seemed to try to block her growth as being “just like the devil” (f1:42). Carla summed up her growth tangibly by sharing how she used to make a gesture and say “my boundaries” while her hands rested on her bosom. After growing through time she accompanied the phrase “my boundaries” with her hands extended a couple inches beyond her body. She delighted in sharing her counsellor’s resulting assessment that she was learning (f1:44).

Donald always had the ability to erect “walls,” a carefully chosen alternative term to boundaries because these walls were unable to let anyone else in to the place where he was hurting and needed help. What he needed was a “gate” (f1:24). This complemented his other boundary issue, which was his tendency to accept other’s burdens and enable their lack of responsibility. This was true in relation to Carla, an issue that was clearly still difficult though his intentions were firm (f1:16).

Carla’s ability to label Donald’s threats, criticisms and angry looks as abusive created a crisis in Donald. This crisis was deepened by the resonance of the accusation with painful memories of his mother’s labelling of him as “evil” (f1:31). He knew he needed help but was shamed at the thought of asking for help. This created the situation where the unique strengths of IHP played a particularly decisive role.

Donald’s primary spiritual story was centred on the idea of acceptance (12 fragments). The continuity of this story was as important to Donald as was the turning point in it. On several occasions, Donald emphasised that a relationship with God has “always been” a “rock solid” part of his life (f1:25,4). The strength of this story had been the “intellectual breadth” of his Anglican tradition and the key role of tolerance for other denominations and faiths. This emphasis on toleration was a “basis for forming [himself] through all of [his] life” (f1:4).

However, undermining the strengths of his religious past were two false beliefs: one, already mentioned, was the ideal of the self-sacrificing Christian; the other was that a Christian should pull himself up by his own bootstraps (f1:21). His emotional reaction to these beliefs was clear in his resentment of Christians who acted as if they were perfect.

A breakthrough for Donald occurred through visualising first a safe place (f1:26), a field where the counsellor intuitively included a large rock as a meeting place with Jesus (f1:28). This was undoubtedly an example of a “word of knowledge,” or spirit-granted intuition, into an important healing element in a person’s life. Carla eagerly suggested it “could only be direction from God” (f1:32) while Donald more reservedly said, “at least there was a spiritual empathy and feeling there that somehow is God-created” (f1:33). This moment permitted entry into a place that was

“very, very private” (f1:28), the effect of which was “like a floodgate open to me” (f1:28). In this place, he was able to ask for help, confess his abuse and receive forgiveness, which in turn allowed him to face his anger toward his mother’s abuse and forgive her (f1:31). Suddenly, after what was “almost...the culmination of all our therapy” (f1:29), his acceptance from God, though “rock solid” before, was now emotionally real in relation to his most vulnerable inner self.

Donald also contrasted this acceptance experienced in relationship to Jesus with the acceptance in secular therapy where “it was going into empty air, like there’s nobody there that’s accepted me” (f1:26). In IHP there was “somebody at the end who would hear” (f1:26).

Carla’s spiritual story seemed more centred on the theme of presence. Her story, too, was one of both continuity and change. She states that Jesus has “always been a presence” and that she “always had a good rapport” with him (f1:20). While, when she was younger, she would “just talk to him,” enjoying a relationship that was “very emotional,” in later years she compared her relationship with Jesus to that of a marriage in which it is the “commitment that holds you together,” and she would “sometimes feel more and sometimes [she] would feel less” (f1:20).

At the point of the first interview, there was no particular turning point in her spiritual relationship, though her growth in terms of boundaries had enabled her to be more connected with her feelings, in relationship to God as well as others (f1:41). While painful in other areas, in relationship to God she has felt happier, and she could “talk to him in a different way” (f1:46). There was a strong sense of expectancy that some more decisive turning point might happen during IHP for her as it did for Donald (f1:34).

**2nd Interview.** In the second interview with the couple, the boundaries theme was again strongly represented (31 of 46 fragments). Both spiritual themes (SA and SP) were still present but less of a focus (SA – 3 fragments, SP – 1 fragment). The baggage theme likewise was present though less significant than in the first interview (6 fragments); the power struggle, as an overt theme, was absent.

Some new themes emerged in the second interview, including a surprisingly prominent focus on listening and communication (18 fragments). For Donald this was part of both his individual and marital story, while for Carla this was more prominent in the marriage. The stresses in their lives recently and an incident in which a third party made Carla feel excluded were coded together as marital threats (10 fragments).

The boundary theme remained at the heart of the story of how their lives were changing as a result of IHP (and individual therapy). The concepts and vocabulary of this theme were like the ground rules that transformed their previous power struggle into useful communication and growth. Yet even while the language persisted, this theme was being transformed into, or perhaps lay alongside, the theme of listening and communication (10 fragments were coded for both themes).

For Donald, language of “opening the gate” and asking for help was replaced in importance by the idea of “listening to other people and being an understanding person” (f1:1; cf. f2:2,3,16). This also seemed to be his response to the anger that was the baggage he came into the marriage with. “Standing back a little” allowed the listening posture and avoided the past habit of “a lot of anger” and “creat[ing] a mess” (f2:2). This was also his goal in his marriage (f2:17), which he thought was being somewhat realised (f2:38). While his focus was more on the need to be a listener, he also included the need for expression of feelings, especially to counter the tendency to mind-read (f2:19,20).

Carla’s emphasis on communication certainly supported Donald’s efforts to become more of a listener, though she may have been wary of its current success. For herself, the focus was more on her need to identify and express her feelings (f2:21), and in her marriage to especially avoid “withholds” (f2:30). This was a fairly seamless transition from her own boundary issues which centred on standing up for herself.

A significant part of this interview dealt with some of the marital threats that they had endured over the two months between interviews. Some of this was simply the stress and busyness of their business and personal lives. However, a couple weeks before the second interview,

Donald's mother died. Complicating matters further, during these same last two weeks, an extended visit from a friend created an unhelpful triangle that left Carla feeling left out. These external threats to their marriage caused some of the same kinds of tensions and emotions that the previous power struggle had (during the most recent session with Vina, Carla had even got up to leave, saying "I don't want to be with this man" – f2:30). Yet their recently acquired skills in communicating, and the respect they maintained for each other's boundaries created a different interpretation of the tension that was not referred to any longer as a power struggle.

Reflecting on how these recent threats would have looked different before IHP, Donald provided an analogy of repairing a cracked wall by thoroughly digging out and filling the cracks as opposed to simply painting them over. The expressed feelings could still be messy, but led to "understand[ing] each other better." No longer were they simply painting over cracks. "It's better to get at the root causes of these things and you can plaster and make smooth and it works better" (f2:42).

The reduction in emphasis on the spiritual themes may have been in part due to the time spent in the interview on the recent events they had endured. Near the end of the interview when they did affirm these themes, they emphasised the significance in their lives of the security they received through God's love. Carla's comments were similar to those of the first interview, with the added connection of sensing God's presence at the counselling centre (f2:43).

For Donald there appeared to be a shift from a spiritual acceptance that was mostly internalised to one that was experienced in relation to a community (f2:9-10, 45-46). This was both based on an awareness that they have been too isolated (f2:9), as well as experiencing a taste of rich, community support through Vina and the others at Isaiah 40. Donald described the caring community at Isaiah 40 Foundation as being "very rooted and feels very connected. And you don't feel alone" (f2:46). He looked forward to reaching "spiritually out to other people as opposed to being so isolated" (f2:9).

## 5.5 Discussion

Several questions will be used to provide a focus to a discussion on the fit of my social constructionist description of IHP to the narrated experience of those who participated in the interviews. These questions are: 1) Do the participants' responses seem to indicate a shift in the way they narrate their lives or construct their realities? 2) What aspects of the IHP process seemed to correlate with God's voice in the process? 3) Does God appear to be an active participant in the dialogues that led to any changes? 4) What other aspects of the IHP process appear to play a part in any reconstruction of reality?

### 5.5.1 Narrative Change

*...what that is beginning to do is change the whole perspective of my reality – Brenda (f1:18)*

People investing time and energy into seeking IHP are generally those who, for some reason, are not content with their present experience and are looking for change. When participants were invited to share the story of what their experience was like before IHP, realities emerged which the participants were already somewhat separating themselves from. At the same time, in every case there seemed to be a strong need to ensure that at least one prominent story-line was based on a sense of continuity. While the participants in this study represent a very small sample, there was an interesting unanimity in every participant expressing this continuity in regard to the story of their relationship with God.

The couple, Carla and Donald, provide a classic example of one former reality that was completely abandoned. Both husband and wife viewed the months and years prior to IHP as a time of "power struggle" (f1:7). Individual therapy, while helpful, was ineffective in altering this reality (f1:9). IHP deconstructed the story of a power struggle, translating the struggle at first into a story where both had carried emotional baggage with them into the relationship (f1:8). This in turn led to boundary issues that interfered with their relationship. When seen as a power struggle, there was no way to bring their difficulties into a mutually satisfying resolution. On the other hand, boundary problems, which they each took responsibility for, could be understood as

resulting from the baggage of the past. Past wounds could be addressed and healed, and new skills and awareness could generate healthier boundaries in their individual lives as well as increase their respect for each other's boundaries (e.g. f1:12,14-17). The second interview contained only one reference to a power struggle, in spite of recent tension in their relationship. Regarding the power struggle Carla was able to say, "there seems to be much less power struggle, more talking about how we feel, communicating our feelings, more identifying these" (f2:41). The hopeless story of a power struggle had been replaced by the more hopeful story of increased awareness and respect for their own and each other's boundaries and improving ability to communicate with each other. In the metaphorical language that Donald used in the second interview, cracks in the wall that used to get a quick, ineffective cover-up, now were cleaned out, filled and properly painted (f2:42).

Andy similarly told a story with themes of being lost and self-blaming that were in the process of deconstruction. Those who didn't appreciate him and the positive changes he was making in his life were seen as "negative elements" that he needed to remove from his life until he was strong enough (f2:27). Addictions that kept the self-blame alive became known as "idols" that he was able to turn his back on (f1:5,10; f2:27). Though the lack of appreciation from family was unchanged, there were no references in Andy's second interview to being lost and little evidence of self-blame. Appreciation from his counsellor and new friendships made through the centre were a clear part of the deconstruction.

While, on the one hand, Brenda seemed particularly focused on keeping all aspects of her life integrated, she actually described the change taking place in her as "chang[ing] the whole perspective of [her] reality" (f1:18). The integration is seen in the way the pain and loneliness of the "dark, dark, dark time" (f1:7) is not deconstructed but seen as an "essential" passage, a "period of confronting [her] greatest fears" (f2:4). There is no evidence that this interpretation had not preceded prayer counselling, though some suicidal ideation suggests the dark period was not always seen in such an optimistic light (f1:11).

The clearest sense of deconstruction was in regard to having "bought into a notion that [she] had no value, no right to be" (f2:14); she "grew up not accepting, somehow not feeling that [she] had

a right” (f1:20). As a result of her sessions with Vina, this problem-saturated story was increasingly being replaced by one in which she can affirm “as God’s creation ..., I come with my first responsibility which is the fullest self...that I am availed of what I need to be the fullest spark or to shine the most brilliant shine that I can in this life” (f2:18). This is the new story that was “chang[ing] the whole perspective of [her] reality” (f1:18).

At the time of the first interview, the sharp contrast of these two views of reality seemed to create some ambivalence because of the high value she placed on continuity and integration. While she was able to set aside former views that she had “no right,” she still wanted to see her past ability to give without limits in positive terms (e.g. f1:25). In fact, though a sense of owning limits was clearly a crucial aspect of the new story where she was “entitled to shine” (f1:24), she strongly voiced the need to be “undefined” (f1:7,41). Elements of the old and the new story seemed to live alongside each other as discussed in the summary above. However, by the second interview the old and the new, while still containing a paradoxical relationship (giving generously while focusing on self-care and boundaries) seemed to be more blended; they seemed likely to work together.

As in all the interviews, one of the stories that seemed to have a strong thread of continuity was that of her relationship with God. Brenda saw herself as always having a strong spiritual connection that for her was focused to a large extent on the natural world (f1:4,22,32; f2:4,17). Her close identification with Sweetman, with her more traditional, biblical orientation, was important for her but did not create any rejection of her old beliefs. In fact, the spiritual essence of her newly forming story seemed to be expressed in her ability to relate to both natural spirituality and a more biblical faith (f2:11), provided it was free of any dogmatic expression (f2:19,23).

Both Carla and Donald also expressed a strong sense of continuity in their relationships with God. Carla had always seen Jesus as her friend who was always present (f1:20) and Donald stated his “spiritual background had always been there” (f1:4); his faith “has always been rock solid” (f1:21). Yet both developed important new strengths in relationship to God as old beliefs were rejected in favour of new ones, beliefs related to the value of individuals being free to form



healthy boundaries. Both had ideas of what it meant to be a “good Christian” that meant being “all-sacrificing” and without need for help (f1:1; also f1:12,21,24). Important spiritual growth could take place when these ideas were replaced by a reality that affirmed that “it’s okay not to be perfect” and where “respecting myself and not being afraid to tell people what I feel” is encouraged (f1:22).

Andy’s relationship with God went through the most distinct shift, yet even he did not express this as a new story replacing the old. Rather, threads of an important connection with God in his childhood (f1:23,31) were now being woven into a renewed vital relationship (f1:24,25; f2:15,16).

The consistent expression of continuity in these important stories of identity as people connected to God is striking. Speculation might attribute to Sweetman a gift of being able to draw out threads of relationship and build on them rather than establish a new connection based on a rejection of the past as might be true of some evangelical traditions. Another possibility is an inherent need in people to view themselves as never having been without some relationship with God.

These examples of continuity seem consistent with the search for “unique outcomes” or “sparkling events” in narrative therapy (White & Epston, 1990:15; Freedman & Combs, 1996:89). At the point of the interviews, participants seemed to have always been aware of these threads and valued them, though it’s impossible to tell the extent to which this positive awareness was the product of prayer counselling.

### **5.5.2 God’s Participation in the Social Processes**

*Vina asked me to visualise a safe place – some place where I would like to go and she had Jesus meet me there, and I was able to give all those feelings to him. Whatever he did with it, I don’t know – Andy (f1:28)*

An identifying characteristic of IHP is the invitation and expectation that God will participate actively in the process. The interviews demonstrate a variety of ways in which this participation is invited.

Beginning with the least explicit invitation, each interview referred to the spiritual context of the process. There was an understanding that spiritual ideas and language would be a part of this process in a way that would distinguish IHP from most secular therapies. All the participants viewed this spiritual context as an important and positive component (Andy – f1:22,42,47; f2:14; Brenda – f1:29,32;f2:19; Carla & Donald – f1:2,4; f2:43-46).

A second, related way in which God's participation is invited is in general prayers offered during the sessions. Not a lot was said about these prayers, other than that they took place (e.g. Andy – f1:22), but certainly those who write about IHP see such prayers as fundamental (Payne, 1991:155; cf. Smith, 1996/2000:272; Sandford & Sandford, 1982:125). These prayers help to create the spiritual context just mentioned as well as increasing the expectation that the counsellor is listening not only to her own intuition but to God.

The counsellor's ability to speak for God was probably a more important aspect of God's participation than is usually described in the IHP literature. Though the emphasis on listening to the Holy Spirit's promptings is certainly present in their writings, (Smith, 2000:70; Seamands, 1985:140; Payne, 1989/1995:35-52, 113-120; Sandford & Sandford 1992:80), the authority granted to this spiritual awareness by participants is perhaps underplayed. All participants spoke quite highly of Vina and recognised that God spoke through her. This was most striking in Brenda's interview when she referred to having "no doubt" about what Vina said "because she is speaking the word of God" (f2:18). This example is striking not only because Brenda clearly set herself apart from the traditional authority and dogma of the church (f2:23), but also because Brenda is clearly an independent thinker with strong spiritual views. Even while having this confidence that God spoke through Vina, she maintained the ability to disagree with Vina when necessary (f1:22), demonstrating that she still actively discerned whether Vina's judgement was her own or God's. Interestingly, part of the discernment that recognised God's voice in Vina, was

that Vina was “non-dogmatic” (f2:23), rather than one of those who were “putting their own stuff in” (f2:20).

Similar comments were made by the Donald and Carla, though their remarks included an awareness of God’s presence that was seen not only in Vina (f2:45) but also in the whole centre (f2:43-46). They experienced, simply in coming to the centre, a spiritual presence and uniquely loving community that was manifest in the staff and supporting network of Isaiah 40 Foundation.

Most explicitly, God’s participation was invited in some of the specific prayer exercises that characterise IHP. To unload his guilt, Andy was invited to “visualise a safe place” and have “Jesus meet [him] there” (f1:28). As a result Jesus “met [him] there and [he] was able to pass those feelings [guilt] on to him” (f1:28). Later the same type of prayer enabled his anger and related feelings to be passed over to Jesus as well (f2:15). While in both cases Andy was only able to visualise Jesus’ hands, it was clear to him that Jesus was present and willing to accept these feelings from him, freeing him from their ill effects (f1:29; f2:16). While this experience of God’s presence “helps more” in the sessions with Vina (f2:15), these exercises also became an important part of his developing relationship with God at home. He was able independently to pray in a similar fashion when difficult feelings arose and he wanted to “clear up his hard drive” (f2:15-16).

Similar prayer with Donald provided an even more remarkable example. Not only was Donald asked to “imagine [him]self in a field, and there is someone that you can talk to” (f1:26), but the description of the scene was surprisingly similar to a historical safe place in Donald’s life (f1:28). This intuitive accuracy, or “spiritual empathy” as Donald called it (f1:33) provided a verification that God knew Donald and was actively participating in his healing. Donald was able to ask Jesus for help, a request that until then he had found very difficult to express at an emotional level. In contrast to secular therapy where “there’s nobody there that’s accepted [him],” through this prayer exercise Donald was confident that “there is somebody at the end who would hear. There is my friend, Jesus” (f1:26).

### 5.5.3 God's Role in the Social Construction of a New Reality

*She said, 'This rock – I want you to lean against this, and I want you to imagine this other person, Christ, is leaning against this rock.' And when she said that, it was like a floodgate open to me. I was able to really go into a place that, for me, is very, very private, but also what had been created in the spiritual counselling is – **there's somebody there with me** – not only Vina, but there's somebody there who, I accept as fully human, fully divine that can give me this acceptance, this full acceptance. I may have shame. I'm not perfect, but here's someone that will accept me and say, 'I have forgiven you.' – Donald (f1:28)*

Though not clear about how prayer counselling at Isaiah 40 Foundation was going to be different from previous attempts at therapy (f1:22), Andy came determined to “allow God into [his] life” (f2:14). At the time of the first interview, God was experienced, somewhat tentatively, as a supporter of the new theme of appreciation (f1:26,47). Well aware of the concept that God was appreciative and loving, he still seemed a little unconvinced. Partly this may have been due to the lack of communication or connection he still experienced – like “somebody you know that you pass every day in the hallway and you just walk by them” (f1:23,24). An important marker for Andy, a dream-life that was part of his childhood and adolescence, had not yet been re-established (f1:23).

God played a more direct role in the removal of his guilt. Visualising Jesus' hands taking his guilt from him (f1:27-29) was an important part of the weakening of the theme of self-blame. Emotionally and physically there was an immediate “sense of relief” for the burden he had been carrying for “thirty plus years” (f1:27,29). By the time of the second interview God was able to take angry and resentful feelings from him as well (f2:15,16). This process of passing these feelings over to God “helped a lot,” providing a sense of “cleansing” (f2:16). He viewed the slow restoration of greater communication with God (evidenced for him by a return of his dream life – f2:15) as being at least partially a result of this cleansing (f2:15-16), leading to a strengthened confidence about his relationship with God.

Brenda felt she was guided to her first meeting with Vina (f1:42). God's role in constructing new realities in Brenda's life was in the authority that granted not only the right but the responsibility to care for herself and her material needs by recognising her limits. While previously her role as a nurturing and giving person led to an inability to ask or insist on what she needed from others, including payment for services, she now went so far as to call that lack of self-care a "gross sin because number one is the fact that I am a child of God and that as a child, as God's creation, I have in no way the right to jeopardise it" (f2:18). Yet the presence of God with her meant that, though her physical body entailed limits that needed to be honoured, spiritually she remained limitless (f2:12).

Indirectly, God laid a foundational role in the development of the central theme of boundaries that became so strong in Donald's and Carla's lives and relationship. False ideas about God's expectations of Christians had prevented the earlier construction of this reality in their lives. The assertion of healthy boundaries by people perceived as spiritually reliable gave God's blessing to newer understandings (f1:1,2,4,11,12).

More directly, God played a key role in breaking through walls that Donald had erected around himself and opened a floodgate (f1:28). Here was a situation in which Donald was emotionally blocked by shame from asking for the help he knew he needed (f1:25). The need increased greatly when labelled an emotional abuser by Carla (f1:31), and Jesus' presence enabled Donald to risk the shame and open up a "private place" to Jesus (f1:28). As a result he was enabled both to forgive his mother and receive forgiveness for himself (f1:31).

God's role in the changes in Carla's life was less dramatic. She had always perceived Jesus as a friend who was present and committed (f1:20), but her recent release from emotional numbness now allowed her to once again feel her relationship with God on a more experiential level (f1:46). Carla anticipated that more was yet to come between her and God (f1:34). Part of the theme of the baggage that she had carried into the relationship with her was an issue of abandonment (f1:23), that does not seem to have been a significant focus of treatment yet.

#### 5.5.4 Other IHP Contributions to Re-Construction

Many other contributions can be identified that also affected the construction of new realities in the participants' lives, though only a few significant ones will be discussed. One that came out quite strongly was the caring focused presence of the counsellor. Andy highlighted that “the most helpful part is having a counsellor who remembers from week to week what [he] tells her” (Andy - f2:24). For Brenda, this commitment and focused presence enabled the counsellor to “mirror back” what she needed to see in herself (Brenda - f2:27). “Her perception, or her willingness for truth, or her willingness to cut to the core” made Vina “almost like a parent” to Brenda (Brenda - f1:35), and Donald stated “this person is encompassing her spirit in this,” confirming that he was “in a place where people love” (Carla & Donald -f2:45).

Other specific techniques were used. Donald was asked to write a letter to his mother which played a key role in his forgiveness of her (following up on his prayer experience) and hence a step in the healing of his anger (Carla & Donald - f1:31). For Andy a crucial contribution was Vina's ability to find him a position where he could be appreciated for his work (Andy - f1:15; f2:22).

Finally, a surprisingly significant contribution for all the participants was the concept of boundaries and related language. Andy, Carla, and Donald had all attended the “Boundaries” course, an eight-week video and small group course based on Cloud and Townsend's (1992) book by the same name. For Brenda the emphasis came through her sessions with Vina. For Brenda, Carla and Donald the language of boundaries or limits was taken up as a key part of moving toward wholeness. Brenda said that at their first meeting, Vina “brought right up front my need to learn boundaries which has impressed itself on me every moment of my life since” (Brenda - f2:1). This was reflected in 37 of 73 fragments in Brenda's interviews being coded as “limits.”

Similarly, Carla and Donald had 65 of 95 fragments coded as either an individual or marital “boundary” theme (or both). Donald called the book, *Boundaries*, “a pivotal book in [his] life” (f1:4). Carla, referring to the change in their relationship since beginning prayer counselling, “we're starting to communicate and to identify certain reactions...it's the start of a healthy

relationship, where we each respect our boundaries, and we learn to identify our boundaries” (f1:23). It would seem difficult to overstate the role that the concept of healthy boundaries has played in this couple’s life.

Though he chose to attend the “Boundaries” course twice, Andy was not as oriented toward using the language. His interest in the course is evidence of the concept still being of value to him, and one can read between the lines to see how the concepts stand behind the strength of his self-determination and ability to separate himself from unhealthy pressures within his family.

### **5.5.5 Reflections on the Research**

A final issue involves reflecting on how the research might have better contributed to the research goals established. While resources always play a somewhat limiting role in research, there are some key additions that could have created more thorough results.

IHP at the Isaiah 40 Foundation is at one end of the spectrum of IHP models, namely that of fairly long term prayer counselling that integrates some of the typical visualising prayers within a broader counselling relationship. At this point a large leap would be required to generalise the results of this research to the type of IHP that would take place as a single event at a conference (and where group dynamics would play a larger role) or in an intentionally short term model such as Theophostic Ministry. Additional interviews with conference participants and clients of Theophostic Ministry would greatly increase the generalisability of the results.

A different kind of addition that would also have strengthened the results would have been an interview with the participants’ counsellor, Vina Sweetman. While Sweetman was informally interviewed as to background, the operation of the centre and her feelings about other models of IHP, she was not interviewed about how she would describe what took place in her sessions with the participants. Such an interview might have provided what Denzin (1984 in Tellis, 1997) calls “data source triangulation,” adding another perspective on the same stories that would increase the validity of the results.

An additional longer term follow-up interview with the same participants several months after the completion of IHP could provide valuable insights into which elements of and perspectives on IHP lasted over time and how they related to ongoing life. The possibility exists that the new constructions of reality that arose during IHP have difficulty lasting without the support of the counsellor and the community she represents.

Finally, apart from additional interviews, experience in doing research interviews was seen to be an acquired skill. Clearly research interviews require related but different skills from therapeutic conversation. As the interviews progressed, I became increasingly sensitive to moments when a question or the lack of a question grew more out of therapeutic concern than research goals. While, for ethical reasons, there might arguably be a time when that is the right choice – one example might be during the aborted interview with the woman who broke down repeatedly – in most cases, an interview guided consistently by stated research aims not only produces better results but is quite likely more ethical (see Seidman, 1991:81-82) as well.

## **5.6 Conclusion**

The interviews reflected significant changes in the way participants told their stories or constructed their realities. At times the framework of narrative therapy, where a “problem-saturated story” is deconstructed to make room for a more hopeful story seems to describe their experience well. Several themes that appeared to dominate participants’ experience before IHP clearly became insignificant as IHP progressed. New, more hopeful and empowering themes arose to take their place. In a couple cases, strong emotional bondages to old stories were relinquished as a result of IHP.

One of the more unexpected results of the research was that, in other situations, language of deconstruction and the choosing of an alternative story did not seem to match the experience of participants. In these cases, an apparent need for continuity suggests that reinterpreting obstacles or adding new possibilities to existing stories might better describe the type of change taking place. For some reason, this seemed especially true for how participants told the story of their relationships with God. This continuity seemed different than the type of continuity provided by



searching for “unique outcomes” in narrative therapy (White & Epston, 1990:15).<sup>83</sup> Swatton and O’Callaghan (1999:415, citing Polkinghorne, 1988) come closer to describing this dynamic when they write “healing is considered to necessitate the constant revision of the plot as new challenges are added to our lives.” Participants appear to make sense of the changes that take place in relationship to God more as a relationship freed from obstacles than as inadequate stories that need to be replaced with new ones.

All participants spoke easily about God as an active participant in their prayer counselling. God’s presence was sensed in the centre itself, his voice was heard through their counsellor, and he was directly experienced through prayer exercises using the visualisation characteristic of IHP. Through God’s presence and communication with the participants in these ways, God played a significant role in the shaping of the emerging new realities. As expected, the experience of God through visualisation was particularly effective at overcoming emotional attachments to old constructions of reality (Andy’s thirty years of guilt and Donald’s shame-based resistance to being vulnerable and asking for help).

While it was not surprising that the counsellor was seen as a mouthpiece for God’s input into the situation, the counsellor’s role in authorising new understandings was more significant than expected. This was seen most clearly in new understandings of personal boundaries being accepted as spiritually grounded. Rather than a traditional authority such as the official sanctioned ordination of a church, the counsellor’s authority appeared to have two sources. The most important source was the spiritual discernment of the participant that was partly intuitive and partly based on the combination of deep caring and straightforward insight that are embodied by their counsellor. The second source visible in all but Brenda’s interview, was that their counsellor was supported by a caring Christian community represented by Isaiah 40 Foundation.

While there were a few unexpected results, the “inside-out stories” of the participants demonstrate that participants are able to make sense of their experience of IHP in a manner that corresponds to the central features of a constructionist interpretation of the practice. All

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<sup>83</sup> Another possible interpretation of this result is that stories of relationship with God, particularly for those not integrated into a church community, are probably marginalized stories. While these stories were adapted more than deconstructed, they may, in fact, represent the alternative stories that are newly drawn into significance in IHP.

participants appear to assume that God's voice is active in the process and that God's participation is strongly associated with significant change in the way they understand their reality. At the same time, a caution is warranted about overusing terminology of deconstruction and alternative stories, as in some cases re-interpretations within a consistent story might be closer to participants' experience.

## **CHAPTER 6 – The Significance of a Social Constructionist Perspective on IHP and Conclusion**

This final chapter will begin with some suggestions as to the possible significance of a practical theological study that uses a social constructionist perspective to gain a new interpretation of a practice such as IHP. This will be followed by a summary of the conclusions reached.

### **6.1 The Significance of a Social Constructionist Perspective**

Hermans (2002:vii) writes “for practical theology, it is important to reflect on this emerging concept of social constructionism within the social sciences.” This study offers that reflection while using the perspective of social constructionism to interpret the practice of IHP. Before the final conclusion, I would like to suggest five possible reasons for the significance of the social constructionist perspective taken in this study.

#### **6.1.1 New Language with which to Understand God’s Role**

The first is that a constructionist view of IHP proposes that God’s role in this form of healing can be described in a way that is comprehensible for people with widely varying understandings of who or what “God” is. Most, if not all, IHP practitioners believe in a personal God who actively intervenes in people’s lives through his Spirit. However, someone like Kaufman (1981), who understands God primarily as a powerful symbol or idea,<sup>84</sup> could just as easily understand how the perceived experience of God in IHP helps to create a new reality for those involved. God’s role can be understood as experienced, as part of the social processes of change, without rationalist or empiricist reductionism.

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<sup>84</sup> Kaufman (1981:70-75), in describing the importance of God while clearly referring to God’s role as an idea or symbol, is an example of how constructionist concepts can be applied to a specific issue (such as attachment) from his faith position (which appears to be that of either an inseparable barrier between us and an active, personal God, or an absence of such a God altogether) in a way that can be understood by either believers in a more personal God or atheists.

Those seeking and practising IHP experience the active participation of God, as they see God revealing himself within an imagined encounter as a loving presence. This encounter often has an emotional element of confession and/or forgiveness, and nearly inevitably leads to the “high valuing” and “degree of involvement” that Sarbin (1998a:23-28) equates with “believing-in” what has been imaginatively experienced. That this process can be viewed respectfully and with the possibility of credibility within a secular community is demonstrated by the sympathetic advice on discernment offered by de Rivera (1998:322-323).<sup>85</sup>

The experience of God’s participation in IHP becomes a significant part of the “thickening” of the new story that emerges throughout. Just as the audience is always understood as a crucial aspect of any narrative understanding (McAdams, 1998; cf. Day, 2002:76), God’s place as central in that audience could hardly be overstated for those who identify themselves as Christians. Were God’s participation not experienced, the value of an emerging narrative would be much more ambiguous, and allegiance to it more tentative.

Imagination, in other words, may be conceptualised as a context for experiencing images of human creation or as the context for genuine spiritual encounter with a God who is truly “other,” or both. Whether what is taking place is a natural or supernatural process is a matter of faith, but the experience of the participant can be described as perceived. In either case, the process may look the same, and the result may bring a person to a greater wholeness. Conceiving God’s role in this way, therefore, opens the door for further study and dialogue concerning healing practices such as IHP.

### **6.1.2 Centrality of Language and Social Processes**

The second reason for the significance of a constructionist perspective on IHP is the highlighting of the role of social processes, especially language. Many would agree with Van der Lans (2002:26) that “religiosity is usually investigated as one of the characteristics of an individual person” and “religious practice is not approached as relational practice.” This description, therefore, joins voices such as his in suggesting that relational practices deserve a greater share of attention.

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<sup>85</sup> de Rivera, of course, may be a Christian, but this work, published by the American Psychological Association is

The focus on IHP is, in this view, not something that “happens to” an individual – as some kind of psychological or theological equivalent to taking medicine.<sup>86</sup> IHP is fundamentally a conversation including those praying, those prayed for, and God (as described above). This conversation also takes place within a context of the larger Christian community, the larger therapeutic community and the relationship of those communities to the community of those who are involved in IHP.

The metaphorical and symbol-rich language of IHP is a crucial element, encouraging more right-brained involvement rather than an analytical distance which might have figured more prominently in other forms of Christian counselling. This suggests the value of further study on the relationship of such language practices to experience of God and spiritual growth.

### 6.1.3 Humility and Narrative Change

A third significance grows out of the understanding of the healing that takes place as associated to reinterpreted narratives, including the identity or self that is formed through such central narratives (McAdams, 1993, 1998). This focus on narrative identity makes it easy to picture the depth and breadth of change that may be involved. An appreciation of that level of change leads, in turn, to the importance of humility for those involved in such loaded conversations.

I believe when Day (2002:83) refers to his hope that “pastoral ‘intervention’ would be sensitive to the power of narrative in religious tradition in the accomplishment of its aims,” he is referring not only to its potential efficacy but also to this need for humility. To play a role in the re-authoring of a person’s life story is a daunting responsibility. Testimonies abound of individuals who accepted a self-narrative of faithlessness and failure after fruitlessly seeking physical healing from healers who offered only two narratives: the successful healing story of those full of faith and the inadequate story of those whose healing did not occur because of their sins and/or shortcomings.

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clearly written for a secular audience.

<sup>86</sup> Of course, the significance of social processes even regarding pharmacology is worthy of attention.

Such abuses of power can be prevented by a humble appreciation for both the significance and the flexibility of narratives in one's life. The incarnational empathy emphasised in other Christian healing traditions (Oden, 1984:18-19) would seem like one example of the humble response appropriate to this narrative significance. Walking closely with another person as reinterpretations are considered would help one to be aware of potentially harmful narratives that may be forming.

Given that most IHP practitioners have had only informal training, a safe assumption is that the majority of practitioners of IHP have not intentionally studied the ethics of their practice in a way that is required of professionals. The potential of life stories to be affected by IHP for better or worse is one of several areas that underscores the need for ethical sensitivity and humility.

#### **6.1.4 The Encouragement of Optimism**

Those seeking help almost always feel stuck. Reality, as they see it, is hopeless and contains no options. Many who have come to appreciate social constructionist therapies are drawn by the optimism of a perspective that emphasises that any reality can be re-interpreted. The circumstances of any life can be newly understood as part of a narrative that is open, with various options that represent ways ahead.

Not all people who experience being stuck are attracted to an option associated with religion or prayer. Some see faith as an option that might have been positive had some door not already closed that possibility for them. Others see anything related to faith as unattractively associated with closing oneself within a small box.

Recognising that the practice of IHP can be understood as facilitating the reconstruction of any hopeless narrative raises the possibility that the "emancipatory or transforming intention" (Hermans, 2002:xvii) characteristic of constructionism is also applicable to IHP.

#### **6.1.5 Opening the Practice of IHP to Further Study and Dialogue**

The fifth and final reason I will suggest for the significance of a constructionist perspective of IHP is that it provides a language and set of concepts with which further study and dialogue can

take place. To date, IHP remains the practice of a marginal community. Only a fraction of Christians, let alone others in North America, are familiar with its dynamics and potential.

A remarkable invitation to the field of practical theology in particular comes in the form of Gergen's (2002b:284) assertion that

constructionist dialogues restore the parity between the scientific and the spiritual worlds of understanding.... Constructionism not only invites the scientific and religious traditions to the table as equals, but simultaneously asks us to consider the societal consequences of religious and spiritual discourses.

A constructionist perspective of IHP tries to bring this parity to the relatively neglected discourse of IHP. This perspective can respect the spiritual interpretations of what is taking place while not reducing the practice to what can be replicated in tightly controlled experiments. A non-spiritual language can be allowed in to witness and then bear witness to what takes place in a religious discourse without danger that the faith practice will be dissected and stripped of the unique spiritual heart that keeps it alive.

A dialogue can then be established that can promote understandings among a wider body of Christians and within the social science community. Christians unfamiliar with IHP might learn of some potentials for their own practice without, for example, adopting some of the charismatic language with which they are uncomfortable. Social scientists can learn about the unique combination of healing practices that occur in IHP that might suggest new therapeutic possibilities and new respect for the healing potential of "God-talk." The IHP community can gain a deeper appreciation for some ethical concerns about their unique form of prayer ministry, and IHP practitioners might learn to integrate other aspects, such as the psychological significance of the narrative form into their models of healing.

Dialogue, in turn, prepares the way for more research. Remarkably little research has taken place into any aspects of IHP. The field is wide open for studies of its effectiveness or of some its unique practices. Especially interesting to me is the untapped potential for study into its uniquely religious blend of suggestive, imaginative and experiential techniques. Criticism from

conservative Christians based on the alleged demonic association of some of these elements has led those who practice IHP to be in denial of the dynamics that they know by experience to be a positive healing practice. The suspicion and denial surrounding these experiential techniques makes them particularly ripe for sensitive study and research. What may be gained is an awareness of how well these experiential elements can be combined with the more typical elements of narrative therapy, on the one hand, or integrated more into everyday Christian life on the other.

A constructionist perspective on IHP can provide the needed language to bridge the gap between the marginalized practice of IHP and a broader community. Through dialogue and research, much can be gained by all participants.

## **6.2 Concluding Summary**

### **6.2.1 A New Perspective on IHP**

This study began with the introduction of constructionist and narrative thought. After likewise introducing the practice of IHP, the constructionist perspective was then used to facilitate an interpretation of IHP. In order to prepare a constructionist voice for this task, I first suggested modifications involving the faith-based inclusion of a personal, creator God. Such a faith position is understood as one of an infinite possibility of modifications of a perspective which is “ontologically mute” (Gergen, 1994:72) in and of itself. I then suggested that a theological paradigm centred on Jesus’ revelation of an in-breaking kingdom of God was particularly suited to work together with such a modified constructionist perspective.

Using this perspective, I have interpreted IHP as a social process of “re-storying” a person’s life, of facilitating the re-construction of his or her reality. IHP is unique in both inviting God and expecting God to experientially join in the conversation with those praying and the one being prayed for. God’s reality, seen as a synonym for the kingdom, is revealed in the conversation particularly through his loving, forgiving presence manifested through the imagination, while remaining grounded in Scripture and the faith community.



Over the course of my research, two dynamics emerged that seem to have particular significance for a practical theological interpretation of IHP. One dynamic is the narrative explanation of the need for IHP. As discussed in section 4.5.3 in reference to McAdams (1998), people try to make sense of their lives by creating narratives that are told to an “internalized audience,” who for many is understood to be God. When such individuals experience traumatic events or hurtful patterns over time, which they are unable to integrate with a narrative that they are both willing and able to tell to God, these events become fragmented from their central narratives and/or identity. IHP, by inviting God to participate and reveal a new understanding of the meaning of such events, is one way in which these split-off events can be re-integrated into their central narratives.

The second key dynamic is that in order to re-integrate these emotion-laden events, a more experiential process is required than is regularly a part of church life. Rational understandings of God’s love, presence, and forgiveness do not seem able, in many cases, to affect the emotionally-grounded perspectives that have surrounded the split-off events. The caring and faith of those praying begin to open the door to a new experience, as does language rich with symbol and metaphor. The most characteristic means, however, for experiencing God in the reality-changing way required is through the imagination. Visualising Jesus in the midst of the split-off events provides a means by which a person can experientially encounter God. Persons participating in IHP perceive God responding spiritually to their invitation to enter memories and fears where previously God seemed either absent or uncaring. As a result, new understandings of God and of events are constructed in way that approximates the trustworthiness of “primary socialization” (Berger & Luckmann, 1966:130-131).

Taken together, these two dynamics offer a powerful explanation for the difficulty many Christians face in integrating emotional woundedness with their faith in ordinary church life and for the remarkable changes often reported in IHP. Many find “faith as trust” (Groome, 1980:55) difficult to live out. Those involved in IHP see many people apparently freed to experience God in more complete and emotionally restorative ways (Ten Eyck, 1993). A constructionist interpretation of IHP offers an understanding of these reports that can enable a larger practical

theological community to notice and evaluate the contribution that IHP has made to the healing practices of the church.

Further practical theological research regarding both of these dynamics would be valuable. The controversy surrounding the use of visualisation in IHP suggests an area that is particularly ripe for greater understanding. Suggestion (Baudouin, 1920/1922), placebo effect (Ekeland, 1997), NLP (Bodenhamer, 1997), hypnosis (Erickson & Rossi, 1981), and other therapies that involve imagery affirm the ability of imagination and experiential techniques in effecting change. IHP uses similar techniques that enable participants to experience God in new ways. Research by Probst (1980b) suggests God's participation in the imagery makes a significant positive difference.

Sanford's (1947/1972:25) familiarity and interest in suggestion and New Thought (through the writings of Emmet Fox) demonstrate that IHP has roots that are related to these experiential techniques. Since Sanford, these roots have been either quietly ignored or vigorously disavowed. Kraft (1993:8-9) recognises the similarity with techniques used in both psychology and even occultic activity but emphasises "the ideal combination is the power of God empowering the best techniques humans have been able to discover for dealing with deep-level problems." If the goal is combining the "best techniques" with the "power of God," then surely further study of experiential techniques is warranted, rather than avoidance of controversy. Practical theology is the ideal discipline to further this understanding.

### **6.2.2 Correspondence with Three Phases of Narrative Therapy**

Some clear contrasts with constructionist and narrative therapies make it clear that IHP is not a therapy grounding itself in constructionist theory. This contrast is especially apparent in the confident faith in their own view of reality that IHP practitioners gladly share. Yet, there are some notable similarities that make it possible for a constructionist perspective to describe what takes place in IHP. Both IHP and narrative therapy emphasise that the context of the process is a climate of caring optimism – a context of faith, hope, and love that expect to bring freedom for someone who is stuck. Therefore the three phases used in chapter one to outline narrative therapy were used as a grid to interpret some of the specific dynamics involved in IHP.

**Deconstruction** takes place by questioning the assured validity of the “old story” and especially through the powerful re-interpretive symbol of the cross. Introducing the possibility that a person’s enemy can best be understood as a spiritual enemy, Satan, who is external to oneself and others, while influencing everyone is an important concept in the kingdom with striking similarities to White and Epston’s (1990:38) “externalisation.”

**Transition** in narrative therapy involves a search for “unique outcomes” (White & Epston, 1990:15; Freedman & Combs, 1996:89), and IHP similarly contains elements of drawing out possibilities of a new story, noticing ways in which God has already been at work in a person’s life. There is also a point in IHP that comes to focus on a key decision in many cases. This element of choice is most commonly experienced in the struggle with a decision to forgive, accept forgiveness or renounce an aspect of one’s “old story.”

**Thickening** is most uniquely achieved in IHP through the means of the visualisation of Jesus’ loving presence. Though experience of God’s presence may have been an important part of other aspects of IHP (particularly as mediated by the one[s] praying), visualising and related imaginative senses (hearing or sensing through imagination) are the experiential centrepiece of IHP. Thickening also takes place through the community support of those sharing in the new story (kingdom reality). This communal element may or may not be intentionally well-integrated into the healing process.

### 6.2.3 Social Constructionist Critique of IHP

Viewed from a social constructionist perspective, IHP can be a powerful form of constructing a healthier reality in a person’s life through its optimistic, caring approach and its rich use of metaphor, symbols, imagination and re-interpretation. However, social constructionist ideas and practices suggest the following weaknesses:

- a) IHP practitioners may not give sufficient care to the ease by which people come to believe in the products of their imagination. Careful discernment is warranted to ensure that people are not encouraged to believe in imaginings that may be harmful such as “false

memories” and unnecessary acceptance of the identity of having Dissociative Identity Disorder.

- b) IHP has questionable tendencies to be devoted to one, possibly narrow, construction of reality (a metanarrative) which may at times be imposed on those seeking prayer. This danger may be mitigated by the transparency of IHP practitioners and the clear understanding of participants that the Christian metanarrative provides the foundation for the practice.
- c) Most IHP practitioners have barely tapped into the rich potential of the narrative form as a way of gaining access to a person’s broader construction of reality. While the use of symbolism, metaphor, ritual and visualisation all contribute similar possibilities, a deeper understanding of and appreciation for the role of narrative could open up new ground for IHP.
- d) While IHP practitioners that operate in a counselling centre format probably pay as much attention to follow-up as constructionist therapists, a great deal of IHP takes place at conferences and training seminars where follow-up may often be neglected. Theophostic Ministry also serves as an example of IHP that, while promoting follow-up in some form, may undermine it in other ways by strongly emphasising “maintenance-free victory” (Smith, 1996/2000:235).

#### **6.2.4 Theological Critique of IHP**

A theological perspective centred in Jesus’ revelation and demonstration of the kingdom of God suggests that IHP is an elegant example of the kingdom breaking into individual lives. IHP brings wholeness by facilitating the construction of a kingdom-flavoured reality based on Jesus’ forgiving love and his incarnational presence in all aspects of our lives. At its best IHP characterises the “already” of the kingdom, bringing powerful release and healing in the present, and helping people particularly to turn cognitive understandings into experienced reality (moving salvation from the head to the heart).

However, a kingdom theology also suggests the following weaknesses:

- a) IHP tends to ignore much of the corporate aspect of the kingdom by emphasising personal sin over social sin and individual healing over communal healing.

- b) IHP may display Gnostic or esoteric tendencies that are tempting because of the air of mystery and power such tendencies encourage. Integrating IHP practices into the regular life of a local church, avoidance of specialised language, and accountability to Scripture and a broader Christian tradition would all help to prevent these tendencies.
- c) At times, IHP may neglect the “not yet” aspect of the kingdom, missing the opportunity to be incarnationally present with people in their continuing pain.

### **6.2.5 Research Interviews**

Qualitative interviews with participants in IHP provide a practical reflection of the relevance or fit of the theoretical description of IHP offered above. The three interviews with four participants (one couple) suggest that all speak quite easily about the participation of God in the midst of IHP. Significant change in the painful or problematic themes or story-lines that led them to IHP, can be understood as a change in the way they construct their realities or in the way they narrate their lives. At the same time, the narratives with which they described their relationships with God showed a surprisingly strong tendency to be built around a core of continuity with a connection that preceded IHP.

Where significant change took place, experience of God was close at hand. God’s role in the new constructions of reality were particularly striking when emotional blockages were overcome through visualising prayer exercises characteristic of IHP. In a more general way, God’s participation was also quite significant in authorising new understandings (replacing former beliefs), particularly relating to healthy interpersonal boundaries.

### **6.2.6 Comparison with Other Research into IHP**

No other research was discovered that utilises a constructionist perspective to interpret IHP. This unique perspective creates a clear contrast between these conclusions and those of other research. To highlight the contribution of this study, comparisons will be made to three examples of research into IHP.

Research by Probst (1980b) was an empirical investigation comparing the use of religious and nonreligious imagery for the treatment of mild depression. Probst's research provides the most dependable verification of the effectiveness of religious imagery, but is not focused specifically on the practice of IHP. The therapeutic modality in her research was a form of cognitive therapy that encouraged a primarily self-directed exercise of using imagery to modify mood. The imagery used ("I can visualize Christ going with me into that difficult situation in the future as I try to cope," Probst, 1980b:171-172) bears distinct resemblance to that characteristic of IHP, making it possible to extrapolate the conclusions to IHP. Nevertheless, IHP is not directly in focus. The research lends support to the effectiveness of IHP, but the gap is significant and little is directly added to an understanding of IHP.

Another example of a quantitative study was that of Jones (1998:92) whose purpose was to "empirically examine the relationship between the types and frequency of prayer people engage in traditional vs. non-traditional prayer [sic] (IHP), to the depth of prayer experiences and psychological well-being." Among the results were the conclusions that there was a "significant positive correlation between frequency of prayer and happiness for those who engage in inner healing prayer" (Jones, 1998:93), and that "persons who engage in inner healing prayer would have more deep/intense prayer experience than persons who engage exclusively in traditional forms of prayer" (Jones, 1998:95). While these are important contributions that help to empirically verify some of the anecdotal reports of IHP, they offer very little to a theological understanding of what takes place in IHP or to the meanings people apply to their experience.

Ten Eyck's (1993:7) purpose was closer to my own. Her goal was "to investigate the relationship of IHP as an integral part of psychotherapy, through the perceptions of therapists who use it." Ten Eyck's research, based on surveys and telephone interviews, is essentially a compilation of descriptions by therapists who use IHP. Her overall conclusion is difficult to isolate but appears to centre around the idea that "people are not only responsive to IHP, but that it is pertinent to a spiritual need inadequately addressed by therapy alone" (Ten Eyck, 1993:120). While her research has more qualitative elements than Jones, allowing Ten Eyck to make a greater contribution to a hermeneutical approach to IHP, there are a couple of key distinctions between her work and mine. The most significant is that her conclusions are not interpreted from a

perspective outside of that which the therapists hold. Though her compilation broadens the description by drawing in many therapists, no new interpretation is gained beyond the many descriptions already offered in print by those who practice IHP. Secondly, by focusing her research on the therapists rather than the clients, there is no new input from the less privileged voices: those who seek out and participate in IHP.

In contrast to previous research, my research is focused on making a contribution to a practical theological interpretation of IHP. By using an outside perspective (social constructionism), the interpretation offered by this study provides more than the self-description of those practising IHP. The resulting interpretation is hopefully one that can be understood by a broader range of professionals and theorists than the self-description of IHP practitioners who assume a particular Christian worldview. As social constructionism is an important perspective in recent practical theological work (Hermans, 2002), this fresh perspective is particularly relevant to future research. This study also makes a unique contribution by comparing this interpretation to the stories participants tell of their experience in IHP.

### **6.2.7 Conclusion**

The attempt in the interviews to bring the hermeneutic spiral (Heitink, 1993/1999:153-154) from theory back to praxis is only observational. There are at least two important ways that would help to complete the next step in the spiral.

The first is the application of this interpretation to the actual practice of IHP. This could take place through thoughtful and prayerful applications of the critiques suggested, or through direct application of some of the constructionist language to the process. Using elements of this language as part of an IHP ministry might be especially valuable for people who are familiar with constructionist or other postmodern ideas and who seek IHP. Overtly describing IHP as an invitation to a three-part conversation (God, pray-ers, and prayed-for) in which a new story is given birth might be both appealing and enlightening for some people.

The second way to bring this theoretical work back towards praxis is to use the constructionist interpretation of IHP to facilitate dialogue with a broader group of people than those currently

familiar with the practice. Christians, especially therapists and pastoral counsellors who are familiar with constructionist therapies but have not known or have been sceptical of the practice of IHP, might gain a new understanding. Perhaps there are even avenues for secular theorists and practitioners to be invited into this dialogue. Gergen's (2002a&b) recent participation in a practical theological conference on social constructionism may be a sign that this type of dialogue might well be increasingly possible.

The possibility of both of these practical applications is what has inspired this project. Practical theological reflection serves the kingdom when it contributes to the transformation of the "mediation of the Christian faith" (Heitink, 1993/1999:168) by opening new doors both for the work of those in ministry and for dialogue between people seeking greater understanding of each other. The practice of IHP warrants such further attention and dialogue. The interpretation of IHP presented here offers a new understanding of how IHP is one way that Paul's prayer for the Ephesians (Eph 3.16-21) is answered for many Christians today:

I pray that, according to the riches of his glory, he may grant that you may be strengthened in your inner being with power through his Spirit, and that Christ may dwell in your hearts through faith, as you are being rooted and grounded in love. I pray that you may have the power to comprehend, with all the saints, what is the breadth and length and height and depth, and to know the love of Christ that surpasses knowledge, so that you may be filled with all the fullness of God. Now to him who by the power at work within us is able to accomplish abundantly far more than all we can ask or imagine, to him be glory in the church and in Christ Jesus to all generations, forever and ever. Amen.



## BIBLIOGRAPHY

- AHSEN, A. (1992). Imagery of prayer: A pilot experiment on concepts and contents. *Journal of Mental Imagery*, 16(3), 1-72.
- ALLPORT, G. W. (1960). *Personality and social encounter*. Boston: Beacon.
- ALMY, G. (1999). TheoPhostic counseling: Divine or what? *Psychoheresy awareness newsletter*, 7(6) ga\_tpc76.html. www.psychoheresy-aware.org. Accessed: April 13, 2001.
- ALSDURF, J. M. (1989). Personality theory or spiritual discernment? A reaction to Clark. *Journal of Psychology and Theology*, 17(3), 245-249.
- ALSDURF, J. M., & MALONY, H. N. (1980a). A critique of Ruth Carter Stapleton's ministry of "inner healing." *Journal of Psychology and Theology*, 8(3), 173-184.
- ALSDURF, J. M., & MALONY, H. N. (1980b). Response by the authors to the several reactions to 'A critique of Ruth Carter Stapleton'. *Journal of Psychology and Theology*, 8(3), 204-210.
- ANDERSON, H. (1999). Reimagining family therapy: Reflections on Minuchin's invisible family. *Journal of Marital and Family Therapy*, 25(1), 1-8.
- ANDERSON, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic.
- ANDERSON, H., & GOOLISHIAN, H. (1988). Human systems as linguistic systems: preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27(4), 371-392.
- ANDERSON, N. T. (1990a). *The bondage breaker*. Eugene, OR: Harvest House.
- ANDERSON, N. T. (1990b). *Victory over darkness: Realizing the power of your identity in Christ*. Ventura, CA: Regal.
- ANDERSON, W. T. (1990). *Reality isn't what it used to be: Theatrical politics, ready-to-wear religion, global myths, primitive chic and other wonders of the postmodern world*. San Francisco: Harper & Row.

- ANONYMOUS. (1948). *The cloud of unknowing: A version in modern English of a fourteenth century classic*. New York: Harper & Brothers.
- BANNISTER, D. (1970). Preface. In Bannister, D. (Ed.), *Perspectives in personal construct theory* (vii-viii). London: Academic.
- BATESON, G. (1972). *Steps to an ecology of mind*. Chicago: University of Chicago Press.
- BATESON, G. (1979). *Mind and nature: A necessary unity*. New York: Dutton.
- BAUDOIN, C. (1922). *Suggestion and autosuggestion: A psychological and pedagogical study based upon the investigations made by the new Nancy School* (Trans. Paul, E. and Paul, C.). London: George Allen & Unwin. (1920)
- BENNER, D. (1998). *Care of souls*. Grand Rapids: Baker.
- BENNETT, R. (1982). *Emotionally free*. Grand Rapids, Michigan: Fleming H. Revell.
- BERGER, P. L. (1963). *Invitation to sociology: A humanistic perspective*. Garden City, NY: Anchor.
- BERGER, P. L., & LUCKMANN, T. (1966). *The social construction of reality*. New York: Anchor.
- BERGNER, M. (1995). *Setting love in order*. Grand Rapids: Baker.
- BOBGAN, M., & BOBGAN, D. (2000). Theophostic psychoheresy. *Psychoheresy awareness newsletter*, 8(3) tpph83.html. [www.psychoheresy-aware.org](http://www.psychoheresy-aware.org). Accessed April 13, 2001.
- BOBGAN, M., & BOBGAN, D. (1990). *Prophets of psychoheresy II*. Santa Barbara, CA: East Gate.
- BODENHAMER, B. (1997a). Can a Christian counselor/therapist use hypnosis/trance? In [www.neurosemantics.com/Christian/Hypnosis-Trance.htm](http://www.neurosemantics.com/Christian/Hypnosis-Trance.htm). Accessed: Mar. 2, 2002.
- BODENHAMER, B. (1997b). How to take a hurt (bitter root) to Jesus. In [www.neurosemantics.com/Christian/BitterRoot.htm](http://www.neurosemantics.com/Christian/BitterRoot.htm). Accessed: Mar. 2, 2002.
- BORG, M. J., & WRIGHT, N. T. (1999). *The meaning of Jesus: Two visions*. San Francisco: HarperCollins.
- BRONSTEIN, M. (1999). Healing: A Jewish word. *Tikkun*, 14(2), 39-42.

BROWNING, D. S. (1991). *A fundamental practical theology: Descriptive and strategic proposals*. Minneapolis: Fortress.

BRUNER, E. M. (1986a). Experience and its expression. In Turner, V.; Bruner, E.M. (Eds.), *The anthropology of experience* (3-20). Chicago: University of Illinois Press.

BRUNER, E. M. (1986b). Ethnography as narrative. In Turner, V.; Bruner, E.M. (Eds.), *The anthropology of experience* (139-155). Chicago: University of Illinois Press.

BRUNER, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

BRUNER, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.

BUELL, W. E. (1980). Reaction to Jim M. Alsdurf and H. Newton Malony's critique of Ruth Carter Stapleton's ministry of inner healing. *Journal of Psychology and Theology*, 8(3), 185-190.

CERNY, I. J. (1980). Reaction to 'A critique of Ruth Carter Stapleton's Ministry of "Inner Healing"'. *Journal of Psychology and Theology*, 8(3), 198-203.

CHORDAS, T. J., & GROSS, S. J. (1976). The healing of memories: Psychotherapeutic ritual among Catholic Pentecostals. *Journal of Pastoral Care*, 30(4), 245-259.

CLARK, D. (1989). Theory of personality, illness, and cure found in the writings of Agnes Sanford and those acknowledging her influence. *Journal of Psychology and Theology*, 17(3), 236-244.

CLARK, G. (1976/2001). Our bond of faith. In *Camps Farthest Out*, <http://www.campsfarthestout.org/assobond.html>. Accessed: May 20, 2002.

CLOUD, H., & TOWNSEND, J. (1992). *Boundaries*. Grand Rapids: Zondervan.

COMBS, G., & FREEDMAN, J. (1998). Tellings and retellings. *Journal of Marital and Family Therapy*, 24(4), 405-408.

COMISKEY, A. (1989). *Pursuing sexual wholeness: How Jesus heals the homosexual*. Lake Mary, FL: Creation House.

COPELSTON, F. (1960). *A history of philosophy* (VI). New York: Doubleday.

COUE, E. (1923). *My method: Including American impressions*. London: William Heinemann.

CRITES, S. (1989). The narrative quality of experience. In Hauerwas, S; Jones, L.G. (Eds.), *Why narrative? Readings in narrative theology* (65-88). Grand Rapids: Eerdmans. (1971, *Journal of the American Academy of Religion*, 39(3), 291-311)

CRITES, S. (1986). Storytime: Recollecting the past and projecting the future. In Sarbin, T.R. (Ed.), *Narrative psychology: The storied nature of human conduct* (152-173). New York: Praeger.

CROWTHER, D.T. (1997). The constructivist zone. *Electronic Journal of Science Education*, 2(2) <http://unr.edu/homepage/jcannon/ejsev2n2ed.html>. Accessed: May 13, 2002.

CUSHMAN, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy*. Reading, MA: Addison-Wesley.

DAVIDOVICH, A. (1993). Kant's theological constructivism. *Harvard Theological Review*, 86(3), 323-352.

DAY, J. M. (2002). Religious development as discursive construction. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (63-92). Leiden: Brill.

de RIVERA, J. (1998). Evaluating believed-in imaginings. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (309-324). Washington, D.C: American Psychological Association.

de RIVERA, J., & SARBIN, T. R. (Eds.). (1998). *Believed-in imaginings: The narrative construction of reality*. Washington, D.C: American Psychological Association.

de SHAZER, S. (1991). *Putting difference to work*. New York: W.W. Norton.

DOAN, R. E. (1998). The king is dead; long live the king: Narrative therapy and practicing what we preach. *Family Process*, 37(3), 379-385.

DOAN, R. E. (1997). Narrative therapy, postmodernism, social constructionism, and constructivism. *Transactional Analysis Journal*, 27(2), 128-133.

DUECK, A. (1995). *Between Jerusalem and Athens: Ethical perspectives on culture, religion, and psychotherapy*. Grand Rapids: Baker.

EKELAND, T. (1997). The healing context and efficacy in psychotherapy: Psychotherapy and the placebo phenomenon. *International Journal of Psychotherapy*, 2(1), 77-88.

ELLER, V. (1970). *The promise: Ethics in the kingdom of God*. Garden City, NY: Doubleday.

EPSTON, D. (1993). Internalizing discourses versus externalizing discourses. In Gilligan, S.; Price, R. (Eds.), *Therapeutic conversations* (161-177). New York: W.W. Norton.

ERICKSON, M. H., Ed. ROSSI, E.L., & RYAN, M. O. (1985). *Life reframing in hypnosis: The seminars, workshops, and lectures of Milton H. Erickson*. New York: Irvington.

ERICKSON, M. H., & ROSSI, E. L. (1981). *Experiencing hypnosis: Therapeutic approaches to altered states*. New York: Irvington.

FITCH, P. (2000). *Learning to suffer well*. Capetown, South Africa: Vineyard International.

FOWLER, J. (1985). Practical theology and theological education: Some models and questions. *Theology Today*, 42(1), 43-58.

FOWLER, J. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. San Francisco: Harper & Row.

FOX, E. (1938). *The sermon on the mount*. New York: Harper & Brothers.

FRANK, J. (1961). *Persuasion and healing: A comparative study of psychotherapy*. New York: Schocken.

FRANKEL, E. (1998). Repentance, psychotherapy, and healing through a Jewish lens. *American Behavioral Scientist*, 41(6), 814-834.

FRANSELLA, F. (1970). And then there was one. In Bannister, D. (Ed.), *Perspectives in personal construct theory* (63-90). London: Academic.

FREEDMAN, J., & COMBS, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W.W.Norton & Co.

FREI, H. (1989). Apologetics, criticism, and the loss of narrative interpretation. In Hauerwas, S.; Jones, L.G. (Eds.), *Why narrative?: Readings in narrative theology* (45-64). Grand Rapids: Eerdmans. (1974, Yale University Press)

FRIESEN, J., GRIGG, D. N., PEEL, C. P., & NEWMAN, J. A. (1989). *Systemic experiential therapy: Manual for individuals and couples*. Vancouver: Western Family Learning Institute.

FURNISS, G. M. (1984). Healing prayer and pastoral care. *Journal of Pastoral Care*, 38(2), 107-119.

- GANZEVOORT, R. R. (1993). Investigating life stories: Personal narrative in pastoral psychology. *Journal of Psychology and Theology*, 21(4), 277-287.
- GANZEVOORT, R. R. (1998). Reading by the lines: Narrative analysis in empirical theology. *Journal of Empirical Theology*, 11(2), 23-40.
- GANZEVOORT, R. R. (2001). Religion in re-writing the story: Case study of a sexually-abused man. *International Journal for the Psychological Study of Religion*, 11(1), 45-62.
- GARZON, F., & BURKETT, L. (2002). Healing of memories: Models, research, future directions. *Journal of Psychology and Christianity*, 21(2), 42-49.
- GERGEN, K. J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.
- GERGEN, K. J. (2002a). Social construction and theology: The dance begins. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (3-23). Leiden: Brill.
- GERGEN, K. J. (2002b). Reflecting on/with my companions. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (273-308). Leiden: Brill.
- GERGEN, K. J. (1991). *The satisfied self: Dilemmas of identity in contemporary life*. New York: Basic.
- GERRIG, R. J., & PILLOW, B. H. (1998). A developmental perspective. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (101-120). Washington, D.C: American Psychological Association.
- GROOME, T. H. (1980). *Christian religious education: Sharing our story and vision*. San Francisco: Harper & Row.
- GUMPRECHT, J. (1997). *Abusing memory: The healing theology of Agnes Sanford*. Moscow, ID: Canon Press.
- HAUERWAS, S. (1983). *The peaceable kingdom: A primer in Christian ethics*. Notre Dame: University of Notre Dame Press.
- HAUERWAS, S. (1981). *A community of character: Toward a constructive Christian social ethic*. Notre Dame, IN: University of Notre Dame Press.
- HAUERWAS, S., & JONES, L. G. (1989). Introduction. In Hauerwas, S.; Jones, L.G. (Eds.), *Why narrative?: Readings in narrative theology* (1-20). Grand Rapids: Eerdmans.

- HAZEN, C. J. (2000). *The village enlightenment in America*. Urbana: University of Illinois Press.
- HEITINK, G. (1999). *Practical theology: History, Theory, Action domains: Manual for practical theology (Trans. Bruinsma, R)*. Grand Rapids: Eerdmans.
- HEITRITTER, L., & VOUGHT, J. (1989). *Helping victims of sexual abuse*. Minneapolis: Bethany House.
- HERMANS, C. A. (2002). Social constructionism and practical theology: An introduction. In Hermans, C.A.M.; Immink, G.; De Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (vii-xxiv). Leiden: Brill.
- HILLMAN, J., & VENTURA, M. (1992). *We've had a hundred years of psychotherapy: And the world's getting worse*. San Francisco: HarperCollins.
- HOLMQUIST, A. (2001). Consciousness and altered states of consciousness in shamanism, imaginal psychotherapies, hypnotherapy and meditation. In [www.lifecounselinggroup.org/papers/conscious.htm](http://www.lifecounselinggroup.org/papers/conscious.htm) Accessed: May, 2002.
- HOOD, R. W. (1991). Religious orientation and the experience of transcendence. In Maloney, H.N. (Ed.), *Psychology of religion: Personalities, problems, possibilities* (89-104). Grand Rapids: Baker. (1973, *Journal for the Scientific Study of Religion*, 12)
- HUNT, D., & McMAHON, T. (1985). *The seduction of Christianity*. Eugene, OR: Harvest House.
- HURDING, R. F. (1995). Pathways to wholeness: Christian journeying in a postmodern age. *Journal of Psychology and Christianity*, 14(4), 293-305.
- JACKSON, B. (1980). Stapleton: A study in psychotheological naivete. *Journal of Psychology and Theology*, 8(3), 195-197.
- JACKSON, B. (1999). *The quest for the radical middle: A history of the Vineyard*. Capetown, South Africa: Vineyard International.
- JAMES, W. (1958). *The varieties of religious experience: A study in human nature*. New York: Mentor. (1902)
- JOHNSON, R. A. (1986). *Inner work: Using dreams and active imagination*. San Francisco: HarperCollins.
- JONES, E. L. (1998). A study of traditional prayer, inner healing prayer and psychological well-being among evangelical Christians. (Dissertation (PhD), California School of Professional Psychology - Los Angeles, 1998). *AAT 9831023, B 59(04)*

- JORDAN, C. S. (1981). Mental imagery and psychotherapy: European approaches. In Sheikh, A.; Shaffer, J. (Eds.), *The potential of fantasy and imagination* (119-132). New York: Brandon House.
- KAUFMAN, G. D. (1981). *The theological imagination: Constructing the concept of God*. Philadelphia: Westminster.
- KELLY, G. A. (1963). *A theory of personality: the psychology of personal constructs*. New York: W. W. Norton. (1955)
- KELLY, G. (1970). A brief introduction to personal construct theory. In Bannister, D. (Ed.), *Perspectives in personal construct theory* (1-30). London: Academic.
- KELSEY, M. (1995). *Healing and Christianity: A classic study* (3rd ed.). Minneapolis: Augsburg. (1973, Harper & Row)
- KRAFT, C. H. (1993). *Deep wounds, deep healing: Discovering the vital link between spiritual warfare and inner healing*. Ann Harbor, MI: Servant.
- KVALE, S. (1996). *Interviews: An introduction to qualitative research writing*. Thousand Oaks, CA: Sage.
- LADD, G. E. (1959). *The gospel of the kingdom: Scriptural studies in the kingdom of God*. Grand Rapids: Eerdmans.
- LADD, G. E. (1974). *A theology of the New Testament*. Grand Rapids: Eerdmans.
- LAKE, F. (1966). *Clinical theology: A psychiatric basis to clinical pastoral care*. London: Darton, Longman & Todd.
- LEUNER, H. (1977). Guided affective imagery: An account of its development. *Journal of Mental Imagery*, 1(1), 73-92.
- LEWIS, C. S. (1943). *Perelandra*. London: John Lane.
- LEY, R. (1981). Cerebral assymetries, emotional experience, and imagery: Implications for psychotherapy. In Sheikh, A.; Shaffer, J. (Eds.), *The potential of fantasy and imagination* (41-66). New York: Brandon House.
- LEY, R. G., & FREEMAN, R. J. (1984). Imagery, cerebral laterality, and the healing process. In Sheikh, A. (Ed.), *Imagination and healing* (51-68). Farmingdale, NY: Baywood.
- LINN, D., & LINN, M. (1978). *Healing life's hurts: Healing memories through the five stages of forgiveness*. New York: Paulist.



- LINN, D., LINN, M., & FABRICANT, S. (1984). *Praying with another for healing*. Mahwah, NJ: Paulist.
- LINN, D., LINN, S. F., & LINN, M. (1994). *Good goats: Healing our image of God*. Mahwah, NJ: Paulist.
- LYNN, S. J., PINTAR, J., STAFFORD, J., MARMELESTEIN, L., & LOCK, T. (1998). Rendering the implausible plausible: Narrative construction, suggestion, and memory. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (123-144). Washington, D.C: American Psychological Association.
- LYOTARD, J. F. (1984). *The postmodern condition: A report on knowledge* (Trans. Bennington, G.; Massumi, B. Vol.10). Minneapolis: University of Minnesota Press
- MADDOX, R. L. (1990). The recovery of theology as a practical discipline. *Theological Studies*, 51(4), 650-673.
- MAHONEY, M. J. (1988). Constructivist metatheory I: Basic features and historical foundations. *International Journal of Personal Construct Psychology*, 1(1), 1-35.
- MANNHEIM, K. (1960). *Ideology and utopia: An introduction to the sociology of knowledge*. London: Routledge & Kegan Paul.
- MATTINGLY, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge, UK: Cambridge University Press.
- MEAD, G. H. (1962). *Mind, self and society: from the standpoint of a social behaviorist*. Chicago: University of Chicago Press.
- MIDDLETON, J. R., & WALSH, B. J. (1995). *Truth is stranger than it used to be: Biblical faith in a postmodern age*. Downers Grove, IL: Intervarsity.
- MINUCHIN, S. (1998). Where is the family in family therapy?. *Journal of Marital and Family Therapy*, 24(4), 397-403.
- MINUCHIN, S. (1999). Retelling, reimagining, and re-searching: A continuous conversation. *Journal of Marital and Family Therapy*, 25(1), 9-14.
- MOLTMANN, J. (1967). *Theology of Hope* (Trans. Leitch, J.) New York: Harper & Row. (1965, Christian Kaiser Verlag)
- MOLTMANN, J. (1992). *The Spirit of Life: A Universal Affirmation* (Trans. Kohl, M.) Minneapolis: Fortress. (1991, Christian Kaiser Verlag)
- MOLTMANN, J. w., M.D., HUNTER, R. J., FOWLER, J. W., & ERSKINE, N. L. (1979). *Hope for the Church*. (Ed. and trans. Runyon, T.) Nashville: Abingdon.

- MONK, G. (1997). How narrative therapy works. In Monk, G.; Winslade, J.; Crocket, K.; Epston, D. (Eds.), *Narrative therapy in practice: The archaeology of hope* (3-31). San Francisco: Jossey-Bass.
- MORPHEW, D. (1991). *Breakthrough: Discovering the kingdom*. Capetown, South Africa: Vineyard International.
- MORRISON, J. (1986). Imagery techniques in emotive-reconstructive therapy. In Sheikh, A. (Ed.), *Anthology of imagery techniques* (279-288). Milwaukee, WI: American Imagery Institute.
- MUDGE, L. S., & POLING, J. N. Editors' Introduction. In Mudge, L.S.; & Poling, J.N. (Eds.) *Formation and reflection* (xiii - xxxvi). Philadelphia: Fortress.
- MacINTYRE, A. (1984). *After virtue: A study in moral theory* (2<sup>nd</sup> Ed.). Notre Dame: University of Notre Dame Press. (1981)
- MacNUTT, F. (1974). *Healing*. Notre Dame: Ave Maria.
- McADAMS, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Guilford.
- McADAMS, D. P. (1998). The role of defense in the life story. *Journal of Personality*, 66(6), 1125ff.
- McCORMICK, M. (2001). Immanuel Kant (1724-1804) Metaphysics. In *Internet encyclopedia of philosophy*. [www.utm.edu/research/iep/k/kantmeta.htm](http://www.utm.edu/research/iep/k/kantmeta.htm). Accessed: Dec. 15, 2002.
- McGEE, R. S. (1992). *The search for significance*. Waco, TX: Word.
- McINTYRE, V. (1999). *Sheep in wolves' clothing*. Grand Rapids: Baker.
- NEE, W. (1972). *The latent power of the soul*. New York: Christian Fellowship Publishers. (1933)
- NEIMEYER, R. A. (1985). Constructivist psychotherapies: Features, foundations, and future directions. In Neimeyer, R.A.; Mahoney, M.J. (Eds.), *Constructivism in psychotherapy* (11-38). Washington, D.C: American Psychological Association.
- NICHOLS, M. P., & SCHWARTZ, R. C. (1998). *Family therapy: Concepts and methods*, (4<sup>th</sup> Ed). Boston: Allyn and Bacon. (1984)

- NIEBUHR, H. R. (1989). The story of our life. In Hauerwas, S.; Jones, L.G. (Eds.), *Why narrative?: Readings in narrative theology* (21-44). Grand Rapids: Eerdmans. (1941, MacMillan)
- NOUWEN, H. (1972). *The wounded healer: Ministry in contemporary society*. Garden City, NY: Doubleday.
- O'HANLON, W (1994). The third wave. *Family Therapy Networker*, 18(6), 18-29.
- O'HANLON, W. (1993b). Commentary (on D. Epston). In Gilligan, S.; Price, R. (Eds.), *Therapeutic conversations* (178-179). New York: W.W. Norton.
- ODEN, T. C. (1984). *Care of souls in the classic tradition*. Philadelphia: Fortress.
- OTERO, T. M. (1986). Altering your inner limits: Imagery-related techniques in Neuro-linguistic Programming. In Sheikh, A. (Ed.), *Anthology of imagery techniques* (289-312). Milwaukee, WI: American Imagery Institute.
- PAGELS, E. (1989). *The gnostic gospels*. New York: Vintage.
- PALMER, P. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life*. San Francisco: Jossey-Bass.
- PARKER, D. H. (1986). Imagery-related techniques in autogenic training. In Sheik, A. (Ed.), *Anthology of imagery techniques* (133-150). Milwaukee, WI: American Imagery Institute.
- PARRY, A., & DOAN, R. E. (1994). *Story re-visions: Narrative therapy in the postmodern world*. New York: Guilford.
- PAYNE, L. (1981). *The broken image: Restoring personal wholeness through healing prayer*. Westchester, IL: Crossway.
- PAYNE, L. (1985). *Crisis in masculinity*. Westchester, IL: Crossway.
- PAYNE, L. (1991). *Restoring the Christian soul: Overcoming barriers to completion in Christ through healing prayer*. Grand Rapids: Baker.
- PAYNE, L. (1994). *Listening prayer: Learning to hear God's voice and keep a prayer journal*. Grand Rapids: Baker.
- PAYNE, L. (1995). *The healing presence: Curing the soul through union with Christ* (2nd). Grand Rapids: Baker. (1989, Crossway)
- PAYNE, L. (1995). *Real presence: The glory of Christ with us and within us* (3<sup>rd</sup> Ed.). Grand Rapids: Baker. (1979, Crossway)

- PAYNE, L. (2001). *Restoring the Christian Soul* Wheaton College, Wheaton, IL. (Pastoral Care Ministries Conference on Healing Prayer, June 11-15)
- PEARSON, M. A. (1995). *Christian healing: A practical and comprehensive guide* (2<sup>nd</sup> Ed.). Grand Rapids: Baker Books.
- PERRY, C. (2001). Key concepts in hypnosis. In <http://www.fmsfonline.org/hypnosis.html>. Accessed: April 11, 2002.
- PIAGET, J. (1954). *The construction of reality in the child*. New York: Basic.
- PIAGET, J. (1967). *Six psychological studies* (Trans. A. Tenzer). New York: Vintage. (1964, Editions Gonthier)
- PIAGET, J. (1963). *The child's conception of the world*. Paterson, NJ: Littlefield, Adams & Co. (1929, Routledge and Kegan Paul)
- PIEHL, R. O. (1999). From narrative therapy to narrative theology. (Dissertation, Ph.D., Fuller Theological Seminary, 1999). UMI - 9925520.
- POLKINGHORNE, D. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press.
- POPP-BAIER, U. (2002). Conversion as social construction: A narrative approach to conversion research. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (41-62). Leiden: Brill.
- PRESTON, C., & VINEY, L. (1986). Construing God: An exploration of the relationships between reported interaction with God and concurrent emotional experience. *Journal of Psychology and Theology*, 14(4), 319-329.
- PROBST, L. R. (1980a). A response to Alsdurf and Malony. *Journal of Psychology and Theology*, 8(3), 191-194.
- PROBST, L. R. (1980b). The comparative efficacy of religious and nonreligious imagery for the treatment of mild depression in religious individuals. *Cognitive Therapy and Research*, 4(2), 167-178.
- PROBST, L. R. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individual. *Journal of Consulting and Clinical Psychology*, 60(1), 94-103.
- RANDALL, W.L. (1995). *The stories we are: An essay on self-creation*. Toronto: University of Toronto Press.

- ROMIG, C. A., & VEENSTRA, G. (1998). Forgiveness and psychosocial development: Implications for clinical practice. *Counseling and Values, 42*(3), 185-192.
- SANDFORD, J. L., & SANDFORD, M. (1992). *Deliverance and inner healing*. Grand Rapids: Chosen.
- SANDFORD, J. L., & SANDFORD, P. (1982). *The transformation of the inner man*. Tulsa, OK: Victory House.
- SANDFORD, J. L., & SANDFORD, P. (1985). *Healing the wounded spirit*. Tulsa, OK: Victory House.
- SANDFORD, J. L., & SANDFORD, R. L. (1991). *The renewal of the mind*. Tulsa, OK: Victory House.
- SANFORD, A. (1966). *The healing gifts of the spirit*. San Francisco: HarperCollins.
- SANFORD, A. (1972). *The healing light* (2nd.). New York: Ballantine. (1947, Macalester Park)
- SANFORD, A. (1972). *Sealed orders*. South Plainfield, NJ: Bridge Publishing.
- SARBIN, T. R. (1998a). Believed-in imaginings: A narrative approach. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (15-30). Washington, D.C: American Psychological Association.
- SARBIN, T. R. (1998b). The poetic construction of reality and other explanatory categories. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (297-308). Washington, D.C: American Psychological Association.
- SCANLAN, M. (1974). *Inner healing: Ministering to the human spirit through the power of prayer*. New York: Paulist.
- SCHOLES, R. (1981). Language, narrative and anti-narrative. In Mitchell, W.J.T. (Ed.), *On narrative*. Chicago: University of Chicago Press. (1980, *Critical Inquiry* 7(1))
- SCHUTZ, A. (1962-1966). *Collected papers I: The problem of social reality* (Ed. Natanson, M.A.; van Bredan). Dordrecht, NL: Martin Nijhoff.
- SCHWARTZ, R. C. (1999). Narrative therapy expands and contracts family therapy's horizons. *Journal of Marital and Family Therapy, 25*(2), 263-267.
- SEAMANDS, D. A. (1985). *Healing of memories*. Wheaton, IL: Victor.
- SEAMANDS, D. A. (1981). *Healing for damaged emotions*. Wheaton, IL: Victor.

- SEAMANDS, D. A. (1982). *Putting away childish things*. Wheaton, IL: Victor.
- SEIDMAN, I. E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York: Teachers College Press.
- SHAFER, R. (1981). Narrative in the psychoanalytic dialogue. In Mitchell, W.J.T. (Ed.), *On narrative* (24-42). Chicago: University of Chicago Press. (1980, *Critical Inquiry* 7(1))
- SHAPIRO, F., & FORREST, M. S. (1997). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York: Basic.
- SHLEMON, B. (1982). *Healing the hidden self*. Notre Dame: Ave Maria.
- SHLEMON, B. L. (1976). *Healing prayer*. Notre Dame: Ave Maria.
- SHOTTER, J. (1989). *Texts of identity*. London: Sage.
- SHOTTER, J. (1989). Social accountability and the social construction of "you." In Shotter, J.; Gergen, K.J., *Texts of Identity* (133-150). London: Sage.
- SLUZKI, C. (1998). In search of the lost family: A footnote to Minuchin's essay. *Journal of Marital and Family Therapy*, 24(4), 415-417.
- SMITH, E. M. (2000). *Beyond Tolerable Recovery* (4<sup>th</sup> Ed.). Campbellsville, KY: Alathia Publishing. (1996, Alathia Publishing)
- SMITH, E. M. (2002). Answers to common questions about Theophostic Ministry. In [www.theophostic.com/answers](http://www.theophostic.com/answers). Accessed: September 17, 2002.
- SMITH, E. M., & WILDER, E. J. (2002). *Keeping your ministry out of court: Avoiding unnecessary litigation while ministering to emotionally wounded people*. Campbellsville, KY: Alathia.
- SNYDER, H. A. (1985). *A kingdom manifesto: Calling the church to live under God's reign*. Downers Grove, IL: InterVarsity.
- SPENCE, D. S. (1982). *Narrative truth and historical truth*. New York: W. W. Norton.
- SPITZER, R. (2001). Presentation at the American Psychiatric Association Annual Convention. In [www.newdirection.ca/research/spitzer.htm](http://www.newdirection.ca/research/spitzer.htm). Accessed: Jan. 12. 2003.
- STAPLETON, R. C. (1977). *The experience of inner healing*. Waco, TX: Word.
- STERN, K. (1965). *The flight from woman*. St. Paul, MN: Paragon.

- STEWART, J. (1990). *Bridges not walls: A book about interpersonal communication*. New York: McGraw-Hill.
- SWATTON, S., & O'CALLAGHAN, J. (1999). The experience of "healing stories" in the life narrative: A grounded theory. *Counselling Psychology Quarterly*, 12(4), 413-430.
- TAN, S. Y. (1992). The Holy Spirit and counseling ministries. *The Christian Journal of Psychology and Christianity*, 7, 8-11.
- TELLIS, W. (1997). Application of a case study methodology. *The qualitative report*, 3(3) <http://www.nova.edu/ssss/QR/QR3-3/tellis2.html>. Accessed: May 13, 2002.
- TEN EYCK, Clare C. R. (1994). Inner healing prayer: The therapist's perspective. (Dissertation, Ed. D., University of South Dakota, 1993). *AAT 9401985, B 54(08)*, 4373.
- THURMAN, C. (1989). *The lies we believe*. Nashville: Thomas Nelson.
- TOMM, K. (1998). A question of perspective. *Journal of Marital and Family Therapy*, 24(4), 409-413.
- TOMM, K. (1993). The courage to protest: A commentary on Michael White's work. In Gilligan, S. Price, R. (Eds.), *Therapeutic conversations* (62-80). New York: W.W. Norton.
- TOURNIER, P. (1957). *The meaning of persons* (Trans. Hudson, E.). London: SCM
- TURNER, V. (1986). Dewey, Dilthey, and drama: An essay in the anthropology of experience. In Turner, V.; Bruner, E.M. (Eds.), *The anthropology of experience* (33-44). Chicago: University of Illinois Press.
- TURNER, V. (1980). Social drama and stories about them. *Critical Inquiry*, 7(4), 141-168.
- VAN ARKEL, J. de J. (2001). Understanding change as practical theologians. *International Journal of Practical Theology*, 5(1), 31-60.
- VAN DER LANS, J. (2002). Implications of social constructionism for the psychological study of religion. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (23-40). Leiden: Brill.
- VAN DER VEN, J.A. (2002). Social constructionism and theology: A dance to be postponed?. In Hermans, C.A.M.; Immink, G.; de Jong, A.; Van der Lans, J. (Eds.), *Social constructionism and theology* (291-308). Leiden: Brill.

- VAN DER VEN, J.A., DREYER, J. S., & PIETERSE, H. J. (1997). Religious consciousness in a transformative perspective. *International Journal of Practical Theology*, 1(1), 110-135.
- VINDEN, P. (1998). Imagination and true belief: A cross-cultural perspective. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (73-85). Washington, D.C: American Psychological Association.
- VISSER, H. (2001). *Healing for your hurts: Finding wholeness by choosing medical, alternative and spiritual healing wisely*. Belleville, ON: Essence.
- VON FOERSTER, H. (1984). On constructing a reality. In Watzlawick, P. (Ed.), *The invented reality* (41-61). New York: W. W. Norton. (1973, adaptation of address given at Fourth International Environmental Design Research Association Conference)
- VON GLASERSFELD, E. (1995). *Radical constructivism: A way of knowing and learning*. London: Falmer Press.
- VON GLASERSFELD, E. (1984). An introduction to radical constructivism. In Watzlawick, P. (Ed.), *The invented reality* (17-40). New York: W. W. Norton.
- WAGNER, C. P. (1988). *The third wave of the Holy Spirit*. Ann Arbor, MI: Servant Publications.
- WAINWRIGHT, D. Can sociological research be qualitative, critical and valid?. *The qualitative report*, 3(2) <http://www.nova.edu/ssss/QR/QR3-2/wain.html>. Accessed: May 13, 2002.
- WATZLAWICK, P. (1978). *The language of change: Elements of therapeutic communication*. New York: Basic.
- WATZLAWICK, P., WEAKLAND, J., & FISCH, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W. W. Norton.
- WHITE, H. (1981). The value of narrativity in the representation of reality. In Mitchell, W.J.T. (Ed.), *On narrative* (1-23). Chicago: University of Chicago Press. (1980, *Critical Inquiry* 7(1))
- WHITE, M. (1993). Deconstruction and therapy. In Gilligan, S.; Price, R. (Ed.), *Therapeutic conversations* (22-61). New York: W.W. Norton.
- WHITE, M., & EPSTON, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.
- WIDDERSHOVEN, G. (1993). The story of life: Hermeneutic perspectives on the relationship between narrative and life history. *The narrative study of lives*, 1, 1-20.



WIENER, M. (1998). Believed-in imaginings: Whose words, beliefs, imaginings, and metaphors?. In de Rivera, J.; Sarbin, T.R. (Eds.), *Believed-in imaginings: The narrative construction of reality* (31-46). Washington, D.C: American Psychological Association.

WIMBER, J., & SPRINGER, K. (1987). *Power healing*. San Francisco: Harpercollins.

WINK, W. (1998). *The powers that be: Theology for a new millennium*. New York: Doubleday.

WINSLADE, J., CROCKET, K., & MONK, G. (1997). The therapeutic relationship. In Monk, G.; Winslade, J.; Crocket, K.; Epston, D. (Eds.), *Narrative therapy in practice: The archaeology of hope* (53-81). San Francisco: Jossey-Bass.

WORTHINGTON, E. L., KURUSU, T. A., COLLINS, W., BERRY, J. W., RIPLEY, J. S., & BALER, S. N. (2000). Forgiveness usually takes time: A lesson learned by studying interventions to promote forgiveness. *Journal of Psychology and Theology*, 28(1), 3-21.

WRIGHT, N. T. (1992). *The New Testament and the people of God*. Minneapolis: Fortress.

WRIGHT, N. T. (1996). *Jesus and the victory of God*. Minneapolis: Fortress.

WYLIE, M. S. (1994). Panning for gold. *Family Therapy Networker*, 18(6), 40-48.

WYLIE, M. S., & SIMON, R. (2002). Discoveries from the black box. *Psychotherapy Networker*, 26(5), 26-37, 68.

## APPENDIX A

### Research Interviews on Inner Healing Prayer

As part of his research into inner healing prayer, Walter Thiessen, DTh (candidate), is conducting interviews with participants before and after they receive prayer counselling. His research is aimed at forming a description of what takes place during inner healing prayer in a way that might make the process better understood. Particularly, this research focuses on how prayer may change the way a person narrates (tells the story of) his/her life and experience. The interviews are **not** for the purpose of evaluating the process or those involved in it.

Walter Thiessen is a professor of counselling, as well as a therapist and pastor; however, the research is an independent project as part of his studies through the University of South Africa. If you agree to participate in this research, he will interview you twice. The first time will be shortly before you begin prayer ministry; the second time will be a few weeks following. Each interview will be approximately one hour long. It is hoped that these interviews will be a positive time for you, perhaps clarifying your own understanding of the prayer experience. You may have someone present with you at the interview, but this person would be asked not to join in the conversation. In some cases, the second interview may be over the telephone.

### Consent Form

I agree to participate in these research interviews with Walter Thiessen. I understand that this involves two interviews (approx. 60 minutes in length), and that I have the right to withdraw from the process at any time. I understand that these interviews will involve sharing my understanding of my life and experience, including the concerns that led me to prayer counselling, though I am free to share as much or as little detail as I choose.

I understand that these interviews are to be strictly confidential with the following clarifications: They will be audiotaped and transcribed (perhaps by an assistant). These interviews will be used for the sole purpose of this research study on inner healing. References in the resulting dissertation will be anonymous (or pseudonymous), and if any material is ever used in publication, further efforts will be taken to disguise details. (As well, there are always limits to confidentiality when there is an expressed risk of danger, particularly to a child.)

I understand that I will not receive payment for my participation in these interviews.

\_\_\_\_\_  
(Participant)

Date \_\_\_\_\_

\_\_\_\_\_  
(Witness)

## APPENDIX B

Interview transcripts are available from the author.  
Please inquire by phone, mail or email:

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